

**FACTORS INFLUENCING CIVIL REGISTRATION OF HOUSEHOLD
IN CASH TRANSFER FOR ORPHANS AND VULNERABLE
CHILDREN PROGRAMME IN KARABA LOCATION, MBEERE
SOUTH SUB-COUNTY**

BY

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**A Research Project Report Submitted in Partial Fulfillment of the
Requirements for the Award of the Degree of Master of Arts in Project
Planning and Management, University of Nairobi.**

2017

DECLARATION

I declare that this research project report is my original work and has not been presented anywhere else.

Signature.....

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This research project report has been submitted for award with my approval as university supervisor.

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DEDICATION

This work is dedicated to my husband Peter, my children; Miriam, Julia, Lydia, Nancy and my grandchild Adelle.

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TABLE OF CONTENT

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENT	v
LIST OF TABLES	ix
LIST OF FIGURES	x
ABBREVIATIONS AND ACRONYMS	xi
ABSTRACT.....	xii
CHAPTER ONE: INTRODUCTION.....	1
1.1 Background of the study	1
1.2 Statement of the problem	3
1.3 Purpose of study.....	3
1.4 Objectives of the study.....	3
1.5 Research questions.....	3
1.6 Significance of the study.....	4
1.7 Delimitations of the study	4
1.8 Limitation of study.....	4
1.9 Basic assumptions of the study	4
1.10 Definitions of Significant Terms used in the Study.....	5
1.11 Organization of the study.....	5
CHAPTER TWO: LITERATURE REVIEW	6
2.1 Introduction.....	6
2.2 The concept of cash transfer	6
2.3 Birth registration and children protection.	10
2.4 Demographic characteristic of the caregiver and civil registration	11
2.4.1 Gender of care giver.....	11
2.4.2 Age of Care Giver	12
2.4.3 Education level of Care Giver.....	13
2.5 Challenges faced by OVC caregiver and civil registration.....	14
2.6 Priorities on the use cash transfer and civil registration	16
2.7 Household size and civil registration.....	17

2.8	Government Policy and civil registration	18
2.9	Theoretical framework.....	19
2.9.1	Maslow’s theory of needs (Hierarchy of needs).....	19
2.9.2	Max-Neef Need theory.	20
2.10	Conceptual framework.....	20
2.11	Explanation of conceptual framework.....	21
2.12	Summary of literature review and research gap	21
CHAPTER THREE: RESEARCH METHODOLOGY		23
3.1	Introduction.....	23
3.2	Research Design.....	23
3.3	Target Population.....	23
3.4	Sample size and sampling procedure.....	24
3.4.1	Sample size	24
3.4.2	Sampling Procedure	24
3.5	Methods of Data Collection	25
3.6.1	Pilot Testing.....	25
3.6.2	Validity of instruments	25
3.6.3	Reliability of instruments.....	26
3.7	Data analysis techniques	26
3.8	Ethical Considerations	26
3.9	Operational Definitions of Variables.....	26
CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION		28
4.1	Introduction.....	28
4.2	Questionnaire return rate.....	28
4.3	Demographic information of the caregivers	28
4.3.1	Distribution of the caregivers by gender.....	28
4.3.2	Occupation of the caregivers	29
4.3.3	Distribution of respondents by age	29
4.3.4	Marital status of the caregiver.....	30
4.3.5	Head of the Household.....	30
4.3.6	Registered caregiver.....	31
4.3.7	Level of education of the caregiver	31
4.4	Challenges faced by the caregiver and civil registration	32
4.4.1	When enrolled in CT-OVC.....	32

4.5	Household priorities and civil registration.....	33
4.5.1	Person who collects Cash from service provider.....	33
4.5.2	Amount of cash transferred.....	33
4.5.3	Decision on the prioritization of cash utilization.....	34
4.5.4	Uses of cash transferred.....	34
4.5.5	Cash transfer expenditure.....	35
4.5.6	Number of children registered before Enrolment into the programme.....	35
4.5.7	Acquisition of birth certificates for all children after enrolment into the programme..	36
4.5.8	Reasons for not having Birth certificates after enrolment in the programme.....	36
4.5.8.1	Means of transport to the registration office.....	36
4.5.8.3	Transport cost to registration office.....	37
4.5.8.4	Other reasons.....	37
4.5.9	Survival of biological parents of the OVCs.....	37
4.5.10	Available documents for the deceased parents.....	38
4.5.11	Reasons for lack of death certificate.....	38
4.6	Size of the Household and Civil registration.....	39
4.6.1	Number of children in the households.....	39
4.29	Summary of the findings.....	40
CHAPTER FIVE: SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS AND		
	RECOMMENDATIONS.....	41
5.1	Introduction.....	41
5.2	Summary of Key Findings.....	41
5.3	Discussion.....	41
5.3.1	Demographic characteristics of the caregiver.....	42
5.3.2	Challenges faced by caregiver and household civil registration.....	43
5.3.3	Household priorities and civil registration.....	44
5.3.4	Size of the household and civil registration.....	44
5.4	Conclusion.....	46
5.5	Recommendations.....	47
5.6	Suggestions for further study.....	47
REFERENCES.....		48
APPENDICES.....		53
Appendix I:	Introduction Letter.....	53

Appendix II: Questionnaire for caregivers.....	54
Appendix III: Focus group discussion guide for children	57
Appendix IV: Interview guide for implementing agency	58
Appendix V: Interview guide for district civil registrar	59
Appendix VI: Plagiarism Report	

LIST OF TABLES

Table 3.1	Target population	23
Table 3.2	Sample size	24
Table 3.3	Operationalization of Variables	27
Table 4.1	Response rate	28
Table 4.2	Gender distribution of the respondents	29
Table 4.3	Occupation of the caregivers	29
Table 4.4	Distribution by age.....	29
Table 4.5	Marital status of the caregiver.....	30
Table 4.6	Head of the household	30
Table 4.7	Registered caregiver.....	31
Table 4.8	Level of education of caregivers.....	31
Table 4.9	When enrolled.....	32
Table 4.10	Possession of National ID before enrolment	32
Table 4.11	Person who collects cash	33
Table 4.12	Amount of cash transferred.....	33
Table 4.13	Decision on the prioritization of cash utilization.....	34
Table 4.14	Amount of cash transferred.....	34
Table 4.15	Other uses for the cash transferred.....	35
Table 4.16	Number of children with Birth certificates before enrollment into the programme.....	35
Table 4.17	Acquired certificates for children after enrolment into the programme	36
Table 4.18	Means of transport to the registration office.....	36
Table 4.19	Transport cost.....	37
Table 4.20	Living status of biological parents of the OVCs.....	38
Table 4.21	Document available	38
Table 4.22	Reasons for lack of death certificates	38
Table 4.23	Number of children per household	39
Table 4.24	Cross tabulation showing relationship between level of education and decisions in civil registration.....	39
Table 4.25	Cross tabulation between challenges faced by caregiver against civil registration.....	40

LIST OF FIGURES

Figure 1	Conceptual Framework.....	21
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ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter for the Right and Welfare of the Child
AVS	Annual vital Statistics Report
CT	Cash Transfer
CT-OVC	Cash Transfer for Orphaned and Vulnerable Children
DCO	District Children Officer
DCR	District Civil Registrar
FGD	Focus group discussion
GOK	Government of Kenya
HH	Household
HIV/AIDS	Human Immunodeficiency Virus/Acquired immune Deficiency Virus
JLICA	Joint Learning Initiative on Children and HIV/AIDS
KAIS	Kenya Aids Integrated Survey
KIBHS	Kenya Integrated Budget household survey
MICS	Multiple Indicator cluster Survey
NGOS	Non-governmental Organizations
NHIF	National Hospital Insurance Fund
NSSF	National Social Security fund
OPCT	Older Person's Cash Transfer Programme
OPM	Oxford Policy Management
SITAN	Situational Analysis of Women and children
SP	Social Protection
UN	United Nations
UNCRC	United Nation Convention for the Rights and Welfare of the Child
UNIAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nation Children Emergency Fund
USAID	United States Agency for International Development.

ABSTRACT

Cash Transfer for Orphans and Vulnerable Children Programme (CT-OVC) is one of the major initiatives by the Government of Kenya to support vulnerable children. Birth and death registration are of a particular importance in promoting and protecting the rights of the child. Absence of care giver's identity card, death certificates for the deceased parents and child's birth certificate increase the chances of violation of a child's basic rights. Acquisition of death and birth certificates remains low despite government intervention. The purpose of the study was to establish the influence of cash transfer for orphans and vulnerable children programme on civil registration in Karaba Location of Mbeere South Sub-county. The study sought to determine how demographic characteristics of the caregivers, challenges faced by caregivers, household priorities of caregivers and household size affect civil registration. The study was conducted in Karaba Location of Mbeere South Sub-county using descriptive study design. The target population was 399 respondents comprising of 377 Caregivers, 20 children, 1 Children Officer and 1 Civil Registrar. The sample size was 102 respondents. Systematic sampling was used since a complete list of caregivers was available. Primary data was collected using a questionnaire, interview guide and focus group discussion guide while secondary data was obtained from documents review. Data was analyzed using statistical package for social sciences and presented in frequency tables and cross tabulations. Study findings indicated that demographic characteristics of the caregiver such as age, gender occupation and education level affected decisions on acquisition of civil registration. It was also deduced that the prioritization of needs in the household affected acquisition of civil registration since food and education were given a higher priority. Challenges such as high transport costs, drunkenness of some caregivers, misplacement of documents and also the amount given to the OVC being inadequate were some of the challenges cited by the caregivers and civil registrar. It was noted that the OVC were not involved in making decisions on use of the money despite the fact that they were the reason for the programme. It was concluded that demographic characteristics, challenges faced by caregivers, prioritization of needs and household size influenced civil registration in Karaba Location. The study recommends that civil education should be carried out from time to time to the registered caregivers and possibly to the affected families in order to ensure that civil registration is taken seriously.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

International human rights instruments have long recognized social protection as fundamental human right. Most notably, rights for all citizens are enshrined in Articles 22 and 25 of United Nations Universal Declaration of Human Rights, 1948, that states that everyone as a member of society, has a right to social security and to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care and necessary social services. The commission for African union identified social protection programme as a key tool in tackling extreme poverty in Sub-Saharan Africa .Kenya is a signatory to Livingstone declarations of 2006 which committed African governments to improve on implementations of social protection programme. In the Livingstone call for action, the African government then agreed to integrate social transfers within the national development plans and budget within 2-3 years.

According to Bequele A. (2005), birth registration started during the colonial times. It was optional for Africans and even after independence, national legislation largely stemmed from colonial laws and did not incorporate people's cultural practices. Millennium Declaration adopted by all 191 United Nations member states in September 2000, The plan of Action of A World Fit For Children adopted by 189 member states at the United Nations Special Sessions on Children in May 2002, acknowledge that there is need to develop a system to ensure registration of every child at or shortly after birth and fulfill the right to name and nationality in accordance with national laws and relevant international instruments. Global framework for the protection, care and support of orphans and vulnerable children in a world with HIV and AIDS (2004), Strategy number 3, ensures access for orphans and vulnerable children to essential services, including education, healthcare, birth registration and others.

The United Nations Convention on the Right of the child (UNCRC) article 7(1) gives every child the right to name and acquire nationality, to be registered at birth, right to know and be cared for by her/his parents and place the obligation on the state to ensure these rights. Article 6(2) of the ACRWC also establishes a child is right to be registered immediately after birth. Kenya has ratified both CRC and ACRWC. Both the CRC and ACRWC place a legal

obligation on state parties to in accordance with their constitutional process, to adopt the legislation to give effect to the CRC (1989) article 4 and ACRWC article 1(1) (1990).

Committee on the rights of a child, (2005) observed that the registering children are a major challenge in Sub-Saharan African country.

Plan of action towards Africa for children (2008-2012) article 111(7) (a) calls for universal birth registration through comprehensive measures including campaigns and appropriately resourced systems. Consequently, several national plans of action on orphaned and vulnerable children from cote d Ivoire, Kenya, Ethiopia, Lesotho, Rwanda, Nigeria, New Zealand and Zambia acknowledge that birth registration is essential to enable children access other services. Rate of birth registration is low in rural areas, children born to vulnerable parents, children who are refuges or internally displaced and children belonging to minority groups despite the government intervention (UNICEF (2005a).

Eastern and Southern Africa has 24% birth registration rate, west and Central Africa has 41% registration rate, which are respectively the lowest and third lowest regional rates in the world. South Africa has the second lowest birth registration rate which is a total of 36% of children being registered ((UNICEF, 2008). Eastern and Southern Africa have the lowest birth registration rates in the world of 66% of unregistered populations. 19.7million children are not registered. Most care givers do not understand the protection measures offered by birth registration and many do not consider registration as an immediate need. Birth and death registration are of a particular importance in promoting and protecting the rights of the child. Absence of care givers death certificates and child's birth certificate increases the violation of a child's basic rights (a bid).

The Kenyan Constitution article 12(b) states that every citizen is entitled to a Kenyan Passport and any other document of registration or identification issued by the State to its citizens. Article 53(a) adds that every child has a right to a name and nationality from birth (K. C, 2010). According to KDHS (2014), 67 % of children in Kenya have been registered which is at 7 % improvement compared with 60 % of KDHS 2008-2009. However, only 24 % of the children have a birth certificates. Despite of many interventions by international and local organizations, attention to birth registration, provision for registration of all children at birth is still a major challenge for many countries and regions.

1.2 Statement of the problem

Kenya total population according to the 2009 census is 38.6 million, of which 21 million are 0-4 years (KPHC, 2009). According to SITAN, (2014), approximately 3.6 million Kenya children are OVC. Most of these are separated from their parents due to parents' death, poverty, natural disaster and disintegration of families through separation and divorce. An estimated 1.2 million of these children have lost one or both parents to AIDS. The children need alternative family care. One of the alternative family care programmes is the CT-OVC in which the orphaned and vulnerable children are catered for by care givers. The OVC are vulnerable when they lack their birth certificate, death certificate for the deceased parents and caregiver's identity card. Lack of these vital civil documents has made the OVC lack services such as registration for exams. The care givers are funded with the aim of ensuring that the OVC's needs are catered for. Besides food and clothing, the funds are meant to stand for civil registration. However, the care givers might fail to cater for some needs (e.g. registration etc.) due to various reasons. There is thus a need to study how the cash transfer programme effect the acquisition of civil registration documents.

1.3 Purpose of study

The purpose of the study was to establish how Cash Transfer for Orphan and Vulnerable Children Programme influence civil registration in Karaba location of Mbeere South Sub-county.

1.4 Objectives of the study

The study was guided by the following objectives

- i) To find out how demographic characteristics of the caregivers influence civil registration in Karaba location in Mbeere South Sub-county.
- ii) To assess how challenges faced by caregivers influence civil registration in Karaba Location in Mbeere South Sub-county
- iii) To determine extent to which household priorities influence civil registration in Karaba location Mbeere. Sub-county
- iv) To examine influence of household size on civil registration in Karaba Location of Mbeere South Sub-county

1.5 Research questions

- i) How do demographic characteristics of the caregiver influence civil registration in Karaba Location of Mbeere South sub-county?

- ii) How do challenges faced by caregivers influence civil registration in Karaba Location of Mbeere Sub-county?
- iii) How do household priorities influence civil registration in Karaba Location of Mbeere South Sub-county?
- iv) How does household size influence civil registration in Karaba Location of Mbeere South Sub-county?

1.6 Significance of the study

The study's significance stems from the need to bridge the knowledge gap that still exists and finding out the extent to which the cash transfers have enabled caregivers acquire ID, OVC access birth certificates and death certificate for deceased parent. It was important to bridge that information vacuum as a vital step towards ensuring that the intended impact of the programme is realized. Understanding civil registration as a fundamental human right is key to addressing barriers to effective and sustainable civil registration systems. The study aimed at providing insights for advocating for civil registration to ensure that children rights and protection mechanisms are addressed and integrated into laws, policies, action plans and poverty reduction strategies.

1.7 Delimitations of the study

The study focused on the influence of cash transfer for orphans and vulnerable children programme on civil registration in Karaba location in Mbeere South, Sub-county. The households are benefiting from GOK cash transfer for orphans and vulnerable children .The study limited in coverage in that sample size is small in view of the large and even increasing population of OVC in the country, but their characteristics were almost the same .The households are poor and mostly are in the rural areas. It was also noted that resources and time for the study imposes a constraint on how much was to be effectively covered.

1.8 Limitation of study

Language barrier was expected to pose a challenge during data collection .The caregivers are illiterate elderly people and translating questionnaire into local language during interview was a challenge. However, this was overcome by engaging local research assistants who speak the local dialect.

1.9 Basic assumptions of the study

The study assumed that the respondents would be available to answer the questions correctly and trustfully. The study also assumed that the funds would be available at the time of

research and that the weather conditions would also be friendly to ease travelling to meet the respondents.

1.10 Definitions of Significant Terms used in the Study

Birth registration: Is the official recording of the birth of a child

Caregiver: A person who is enrolled in the CT-OVC programme to collect the cash transfer.

Cash transfers for orphan and vulnerable children program: This is cash disbursed to families to take care of food, clothing, education, health, acquire birth certificates for children, death certificates for deceased parents and identity cards for caregivers.

Challenges faced by caregiver: The problems encountered by the care giver as they register for birth certificates for OVC, death certificates for deceased parents and their IDs

Demographic characteristic: Refers to age, gender and education background of caregiver

Civil Registration: Acquisition of birth certificates for Orphan and Vulnerable Children, death certificate for deceased parent and identity card for caregiver

Household priorities: The preferred use of cash transfer according to the needs of the household

Household size: Number of children including fostered children in the family

OVC: A child who has lost one or both parents, lives in a household where at least parent, caregiver, or child is chronically ill, lives in a child headed household where the caregiver is at least less than 18 years old

Vulnerable: A state of high exposure to certain risks combined with reduced ability to protect or defend oneself against those risks and cope with their negative consequence

1.11 Organization of the study

This research project is organized in five chapters. Chapter one gives the general introduction to the study, statement of the problem, the purpose of the study, the study objectives, research questions, limitation and delimitation of the study, basic assumptions and definition of significant terms. Chapter two presents the literature review, theoretical information which used to cover the study. This review includes published and unpublished materials. Chapter three consists of research design and methodology used in sampling, instruments for data collection and data collection procedures. Chapter four covers the data analysis, presentation and interpretation while chapter five consists of summary of findings, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the studies done in the field of cash transfers to Orphans and Vulnerable Children in relation to access to civil registration. It looks at the importance of cash transfers to OVC and households caring for them. It also addresses gender dynamics in the utilization of the benefits, barrier to civil registration and influence of household sizes on civil registration.

2.2 The concept of cash transfer

Universal declaration of human rights (1949) was made as a common standard of achievement for all peoples and all nations. It declared that every individual and every organ of society, keeping the Declaration, shall strive by teaching and education to promote respect for the identified rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance. Article 22 and 25 of these universal declarations provide the rationale for social security to vulnerable groups to which children are included.

National governments and the international community have increasingly recognized the value of social cash transfers in achieving the Millennium Development Goals (MDGs, 2000). Cash transfers not only tackle income poverty, they also provide effective support for broader developmental objectives. In addition to the social contribution, cash transfers support economic objectives. They have the potential of increasing productivity and stabilizing domestic demand. Cash transfers are increasingly acknowledged as an effective tool to reducing inter-generational poverty.

Social transfers provide an important risk management tool for the poor at three levels: reducing the poverty resulting from shocks (drought, floods, sudden food price increases, and others), reducing vulnerability and strengthening coping mechanisms, reduce the impact of shocks on livelihoods by stimulating economic activity; and protecting households by reducing the impact of shocks on productive assets, for example, sale of their livestock. At the household level, transfers reduce the risk by providing security of a guaranteed minimum level of income. This enables poor households to send children to school as they could afford

for them not to be working, as well as afford fees, uniforms and other school expenses (Samson, at el.2006).

Social protection is arrange of protective actions carried out by the state and others in response to unacceptable levels of vulnerability and poverty, and which seek to guarantee relief from destitution for those sections of the population who for reasons beyond their control are not able to provide for themselves(Livingstone, 2006). The guiding principles of the African union are based on human rights, the rule of law, good governance and enhancing the living conditions of the African people. Social transfers are a new development concept and are seen as an under exploited means of providing basic social protection to those sections of the population who are not able to provide for themselves (Tabor.2002). Social transfers are regular and predictable transfers, often in the form of, cash provided by the state as part of a social contract with its citizens.

Cash Transfer is also a relatively new social protection strategy that is being adopted by various developing countries to cushion the poor and vulnerable from hard economic times. They include child support grants, orphan care grants, disability grants, social pensions, and transfers to poor households, among others. Their objective is to alleviate poverty, provide social protection, or reduce economic vulnerability. Some cash transfers may be unconditional while others are conditional. Conditional cash transfers are aimed at promoting particular behaviors, such as school attendance or regular health checkups or acquisition of civil registration documents, (DFID, 2002) .Cash transfers have been implemented in various countries globally. Cash transfers are defined as regular non-contributory payments of money provided by governments or non-governmental organizations to individuals or households, with the objective of decreasing chronic or shock-induced poverty, addressing social risks and reducing economic vulnerability

Cash transfers have become a critical aspect of social policy agenda. There is a growing interest in the potential of cash transfer to promote and protect livelihoods in the context of both International development and human assistance. They are cost effective and easier to distribute than food aid. Countries are moving from seeking to deal with chronic food insecurity through the delivery of emergency food aid to cash based social protection (DFID, Slater 2007). The traditional social protection interventions such as price subsidies, food based safety nets and public works like food for work have proved to be an inefficient

mechanism of transferring income to the poor, who require long term predictable social assistance. Cash transfers to orphans and vulnerable children are intended to protect extremely poor orphans and vulnerable children (OVC) from the negative effects of poverty and retain them in the community.

In Kenya, the implementation of social protection initiatives has been informed by international and local experience .Kenya is a signatory to Copenhagen declaration of 1995 which urged heads of states to ensure national budget and policies are provided to meet basic needs, reduce inequality and target poverty as a strategy. Cash transfers allow for more efficient and effective support and in the long term respond to economic shocks or chronic poverty. Cash transfers have demonstrated a strong potential to reduce poverty and strengthen children's education, health, and nutrition, and thus can form a central part of a social protection strategy for families affected by HIV and AIDS (Adato M. & Bassett 2008 *et al*).

The Government and civil society organizations have done a lot to address the situation of OVC in the country but many of them still remain outreached. The family is the natural and basic unit for growth and development of children. Raising children in family setup has long term benefits. It is important that interventions for OVC focus on facilitating family and community fostering. Strengthening the Capacities of households to be able to take care of OVC has been identified as a key priority area in responding to the situation of OVC in the Country .It is in this spirit that Kenya Cash Transfer Program to support poor households taking care of OVC was introduced in 2004. Since 2004, Kenya has piloted and implemented a wide range of social protection initiatives, many of which have benefited children. They include ,orphans and vulnerable children cash transfer CT-OVC), Older persons cash transfer(OP-CT),Persons with severe disability cash transfer (PWSD-CT)Hunger safety net programme (HSNP),Blanket supplementary Feeding ,scholarships and Bursaries, Northern Kenya Education Trust Funds (NOKET),Constituencies Bursary Scheme, Output-Based Approach (OBA),Maternity vouchers, National Health Insurance Fund(NHIF),School feeding and Home Grown school feeding (NPA,2015-2022). Cash transfer programmes have empowered more families providing alternative care arrangement for orphans and vulnerable children (Save the children, 2012).

Cash Transfer for Orphans and Vulnerable (CT-OVC) programme started in 2004 with 500 households (HH) spread in Garissa (50 HHs), Kwale (130 HHs) and Nairobi (320HHs),

getting a monthly transfer of Kshs. 500 each. (OVC Secretariat, 2010). Results from this pilot were positive and since then the programme has expanded to supports approximately 260,000 households in all 47 Counties in the 290 Constituencies, and in 2,671 Locations in Kenya. This support enables poor households who are taking care of OVC to purchase basic items such as food, clothing and beddings, school requirements and access to medical services and acquire birth certificates for OVC, death certificates for deceased parents and ID for the caregiver. The overall objective of the Kenya Cash Transfer Programme is to provide a social protection mechanism through regular and predictable cash transfers to extremely poor households taking care of OVC in order to encourage fostering and retention of these children within families/communities, and to promote their human capital development. Specifically, the programme aims at increasing school enrolment, attendance and retention of OVC aged between 4-17 years; increase access to basic health service and reduce mortality and morbidity rates among 0-5 year old children through immunization and growth monitoring; promoting nutrition and food security income support to extremely poor, and encourage caregivers to obtain birth registration certificates for the children, death certificates for the deceased parents and national identity cards for the for caregivers(OVC secrtariate,2017).

CT-OVC Programme is an HIV/AIDS mitigation programme targeting households that are: taking care of OVC below the age of 18 years, extremely poor, the caregiver or the child in the household chronically ill OR severely disabled and HH not benefiting from a similar social protection programme. The selected caregivers of beneficiary households receive cash payment of Kshs.4, 000 every two months where they present themselves to either Payment Service Provider (PSP) Agent, or a Mobile Unit, or a Branch Banking Hall (OVC Secretariat, 2017). The Kenya CT-OVC Programme is a Government effort to reduce vulnerability and subsequent suffering among the poorest Kenyan households taking care of OVC managed by the Department of Children's Services in the Ministry of East African Community, Labour and Social Protection. The programme is one of the flagship projects of Kenya Vision 2030. Initially the payment systems were on a manual platform, but this has now been wholly replaced by the current electronic payment system where PSPs are contracted for the service of disbursing funds to beneficiary households and they are required to reconcile payments after completion of the transfer window of 21 days, and refund the unclaimed funds to the Programme. The cash benefit value has also gradually increased from an initial amount of Kshs. 500 to the present Kshs. 2,000.The cash is presently transferred to beneficiaries through Kenya Commercial Bank (KCB) and Equity Bank Limited (EBL), with 200,000

households being paid through KCB and the remaining 60,000 households paid through EBL (OVC Secretariat, 2017).

2.3 Civil registration and children protection.

The importance of birth registration is raised in the preamble of the UN convention on the rights of the child, article 7 of the convention and UN general assembly resolution. “A world fit for children” reaffirms government commitment to ensure the birth registration of all children and invest in care for, educate and protect children from harm and exploitation. Convention on the Rights of the Child protects the rights of society’s most vulnerable individuals, its children. The UNCRC protects children’s rights by setting non-negotiable standards and obligations to health care, education, and legal, civil, and social services. The UNCRC reaffirms the responsibility of the State to the protection of children’s rights, without discrimination of any kind and through the adoption of all appropriate legislative, administrative, and budgetary measures and any other measures that may be necessary.

Civil registration is utmost important for both states and individuals. Civil registration helps the state to know the population and make planning policies well, acts as a source of protection for individuals as such systems provide legal documentation establishing an individual identity, age ,nationality, and kinship which are necessary proof for securing property right ,accessing basic services such as health and education. Birth or death registration is important in understanding impacts of HIV pandemic over other diseases. It is also argued that, civil registration systems are fundamental to safeguarding human rights as such system establish and provide legal documentation of births, foetal deaths, marriage, divorce and death (UN. 1998).

The Livingstone call for action is rooted in both the conferences recognition that social protection is a basic human right as stated in the United Nations declaration, 1948 article 22 and 25. The delegates generally agreed that; social protection strengthens the social contract between the state and citizens’ social cohesion, reducing poverty and promoting economic growth, relieving suffering, increases human capital by helping families maintain health and educate their children, promotes investment and consumption which stimulates local markets and benefits the whole community. Even though it is understood by Sub-Saharan Africa states that birth registration systems is a vital mechanism to respecting children’s rights, most

countries are unaware of the importance of the death registration systems, consequently no accurate data on death is available (Bequel, A. 2005). Absence of caregivers' death certificate increases the violation of child's human rights to inheriting property which is key for a child's sustainable livelihood and food security (Rose, L.2006).

2.4 Demographic characteristic of the caregiver and civil registration

Characteristics include age, gender and education background of caregiver and their influence on household civil registration.

2.4.1 Gender of care giver

Most part of the world, women are selected as recipient of cash grant. In Ghana's Livelihood Empowerment Against Poverty (EAP) recommend that female should be prioritized, as this is likely to have maximum impact on households, (Gbedemah et al, 2010). Designating women to receive and manage household cash transfers is linked to several benefits including strengthening women's economic status, contributing to a more equitable distribution of decision-making power within families, increasing family spending on food and health, and improving outcomes for children. An evaluation done to Axios OVC program in Burkina Faso on support given to women head taking care of OVC showed that the funded and trained caregivers were able to care of their families, (Axion International,2000).

In Africa women play a key role in society. They dominate household head especially in rural and urban settings, food production, and provision of domestic energy and trading of basic goods. Engaging in informal commercial activities is an opportunity for many women to branch out while still being able to undertake the domestic and family responsibilities that society has placed on them, (UNOCHA, 2010). According to Nori, (2009), women provide more social support to others and are more engaged in their social networks, Evidence has supported that the notion that women may be better providers of social support and are likely to seek out support to deal with stress. Additionally social support may be more beneficial to women.

Cash transfers empower individuals and households to make their own decisions for improving their lives. It has been noted that men who received the cash benefits at times misappropriated the funds by spending it on unintended purposes. To work effectively, cash transfers must be linked to a wider array of social services for vulnerable families, as well as to systems that promote access to education, health, protection and justice systems. In

Malawi, the social transfer's scheme has reduced the likelihood of female and child headed household resorting into 'risky behavior' such as transactional sex in order to survive (Schubert et al, 2006).

The impact of cash transfers on the well-being of members of the beneficiary households and on the children in these households is influenced by who controls the cash transfers at the household level. Households in developing countries spent cash transfers income primarily to improve nutrition. In many countries the cash transfers are disbursed to women, thereby promoting empowerment and more balanced gender relations. Cash transfers also play a major role in the protection strategy for those afflicted by HIV/AIDS, malaria and other life-threatening diseases. (Samson et al, 2006). It is argued that not only are women more likely to look after their own children, they are more likely to take care of orphans. It is further argued that female-headed households generally assume care of more orphans than male-headed households. Research in Malawi has established that orphaned children expressed a preference for their grandparents over other adult relatives as their primary caregivers (UNICEF, 2006).

Birth registration is particularly important because it often functions as the gateway to the registration of other vital events and to adult identity documentations. Although lack of birth certificates is a problem for both women and men, it is more of a problem for women due to the different risks they face from sex, trafficking, early marriage, and because of their vulnerability to discrimination and passing on this disadvantage to their children in the event they become single mothers, widowed, divorced. Children without a birth certificate tend to be poorer and they are likely to belong to vulnerable groups as adults. Registration data from China and India sites on registration indicators that female deaths are less likely to be registered than male deaths, (Rao *et al.*2005). According to KDHS (2014), the household population constitutes 137,780 persons of which 51 percent are female and 49 percent males. Nationally one third of the household are headed by women. A higher proportion of rural are headed by women 36% and 27%, respectively.

2.4.2 Age of Care Giver

Poverty affecting children in Sub-Saharan Africa has been exacerbated by HIV and AIDS. The increasing magnitude of orphan and vulnerable children in difficult situation is raising concern at community, national and international level. More than 12.3 million children

under the age of 18 years have lost one or both parents to AIDS (UNICEF, 2004). Majority of orphans continue to be taken in by the extended families. Grandparents are the most common caregivers although a non-negligible proportion of orphans are cared by older orphan (Subbaro and Collory, 2003). An evaluation on CT-OVC baseline of 2008 revealed that 18 % of OVC are being cared for by a grandmother. This reflects the important role of grandparents in caring for OVC (OPM, 2008). Household caring for double orphans are nearly twice as likely to be headed by an older person 55 years and over, than household with non-orphaned children (Clark and Monasch, 2004).

According to UNICEF (2006:15), the probability of finding an older person living with an orphan is high. Evidence from various parts of the country shows that poor elderly grandparents have emerged as the most important category of caregivers for the orphans. In Kenya, it is reported that 51% of double or single orphans who are not living with the surviving parent are being raised by their ageing grandparents. There are also alarming number of households which are headed by a child. There is also evidence that cash transfer can address age based social exclusions (Ikiara, G.2009).

2.4.3 Education level of Care Giver

Study by Adam, M. (2014), indicates that a parent with different education type differs significantly in influence on civil registration. Education is the main source of human capital formation and ultimately a curtailed tool for poverty avoidance. It is expected that living conditions of the household will vary across difference levels of education attainment with higher education most likely to predict better living standard. There is significant difference among parents with different education levels and civil registration. Parents with tertiary education were noted to have higher birth registration as compared to primary, secondary and those with no education. Households with educated spouses are associated with a significant increase in the registered birth when compared to those with non-educated spouses. Adam further concluded that economic status and parents' education are almost significantly related to civil registration.

According to Algokhan, (2000), education has positive impact on poverty reduction, household with formal education have higher welfare than households without formal education. Muyanga (2008), Ray (2002), and Aliber (2001), suggest those female headed households are more vulnerable to poverty, implying that being a single mother by choice or

by circumstances is closely connected to poverty. They argue that men have access to formal education, and other productive resources than their female counterpart: thus wage differentials.

2.5 Challenges faced by caregiver and civil registration

Limited access to registration facilities has been a key impediment in acquisition of these civil documents. The caregivers are forced to travel long distance to acquire birth and death registration documents from registration facilities. Women have many demands on their time; including taking care of the household and sometimes they cannot travel freely outside their village. Women can stay without ID and claim that they are unaware of importance of identity cards. On the other hand men travel a lot and they need identity cards more than women (World Bank, 2006).

The birth and death certificates are acquired at a fee. The caregivers of OVC usually come from poor households to which food and water are their most urgent need. As a result, every coin is directed to the acquisition of food and civil registration documents may not be a priority to them. Many of the caregivers, especially the old aged lack the knowledge about how to acquire the civil registration documents for their dependents. The process of acquiring civil registration has many procedures which caregivers are not conversant with. They also don't have the knowledge of why these documents are important. Unfortunately, they only realize their importance when they are in need of government services and one or more of these documents are a requirement.

Social customs surrounding marriage and death for example polygamy has been a traditional practice in many societies in Kenya. This has also been legalized by the 1st May, 2014 polygamy legalization when the Kenyan parliament passed a bill allowing men to marry multiple wives. Where a husband to a number of wives dies, the death certificate can only be put under the custody of one wife. The custodian of the death certificate in many instances has been found to deny its access to the other members of the family, to this extent therefore, acquisition of birth registration documents has been a challenge to polygamy marriages. Discrimination against women, especially widows, divorced women, single mothers, migrants, women from minority ethnic or religious groups can lead to under registration. In Cameroon, for example married woman must present her marriage certificate when applying for an identity card, a requirement that is not applied to men (Vandenabee *et al*, 2007). In

Indonesia, married couples without a marriage certificate must obtain one in order to obtain birth certificates for their children that include both parents' names. Possession of a birth certificate with only the mother's name is stigmatizing (World Bank, 2006).

According to a comparative report prepared for UNICEF in November 2005, section 7(1) of the registration rules requires the applicant to provide the following information relating to the mother in Form No. 1; full name of the mother, normal residence of the mother and age of mother at birth. The identification of a father is not compulsory for birth registration. Section 12 of the Registration Act states that no person is to be entered in the register as the father of any child except for the joint request of the father and mother and upon the production to the registrar of evidence that the father and mother were married according to law or in accordance with some recognized customs.

In addition, the applicant's obligation to provide a marriage certificate depends on whether the birth registration falls inside or outside the first six months of the child's birth. To this extent therefore, the many requirements for birth registration have affected negatively the acquisition of birth documents for the children, so is to the acquisition of other civil registration documents. However, there are procedural requirements for civil registration documents acquisition in Kenya which have made caregivers reluctant in civil documents acquisition (Melissa, 2008). Due to above mentioned challenges acquisition of these documents has remained at a very low level (MIC, (2008). To overcome challenges of birth registration the committee on the rights of the child agreed on the following guideline:

Universal birth registration where state parties will ensure compulsory and timely birth registration for all children born within the state with special attention on children born in rural areas, marginalized and most vulnerable groups and facilitate parents to register children born around.

Free registration: birth registration should be free of cost at all levels including birth certificate.

Accessible birth certificate to all: Birth registration should be well coordinated (decentralized) and equally accessible to all parents in a national territory.

Late registration: the state should ensure that a late registration for older children is facilitated without enforcing late registration fees.

Preservation of identity: ensure that children have the right to preserve their identity name, family relations, especially born out of wedlock and measure should be taken against simulation of birth certificate.

Equal access to services: children should not be denied access to services because they lack birth certificates. Provision should be made to ensure that children without birth certificates are accommodated while steps are taken to facilitate access to birth certificate

2.6 Priorities on the use of cash transfer and civil registration

The number of children in the household influences spending decisions and determines how cash transfers are utilized in the household. The amount of money received from cash transfer get in to household purse to increase monetary income of household. However, decisions regarding how cash is utilized are responsibilities of the caregivers who are obliged to spend the money on beneficiary orphans and vulnerable children. According to Schubert and Slater (2006), the unconditional use of cash transfers may cause undesirable spending. Muchunje and Mafico (2010), suggest that the value of cash should not be limited to ability to support the achievement of their objectives but should ensure the protection of society most vulnerable.

The UNCRC advocates for child participation in all decision making processes that affect the said children. It is for this reason that the committee on the rights of the child identified article 12 (participation) as one of the fundamental principles of the convention. According to Corsaro (2005), children are competent persons actively involved in constructing their own social lives. Neglecting their agency undermines their capacity to be active social actors and change agents. Despite emerging ideas of children participation in developing policy discourse, their voices and experiences remain predominantly muted rendering them invisible in policy and practice (ibid). The CT-OVC programme facilitate child participation where child headed households are acknowledged to take care of OVC. This structure recognizes the evolving capacity for children and allows for child headed household as long as the eldest is at least 12 years. Such children are then charged with the responsibility of taking care of their siblings; nurturing and protecting them, (Pais, 1998).

A study done in Kenya at Makueni and Busia observed that CT was used to purchase basic household necessities (food, beddings, clothes etc.), buy housing materials (shelter), civil registration, meeting school requirement levies, uniform, extra-tuition and paying health bills. These expenditures are to a great extent related to the strategic objectives of the education,

health, food security and civil registration. The CT is also used to sustain livelihood activities and secure future, including saving to start small business, purchasing domestic animals, investing in small scale farming and contributing to merry go-round groups. Savings are made possible through support groups that enable the involving of resources. Cases of misuse of funds were reported according to key where male recipient have used some of the cash to buy alcohol although this is rare (only 3 cases reported with the majority of the cash being used as indicated above). On approximately 75% of fund were spent on consumption expenditure and 25% is invested(Ouma W. 2012).

CT gave freedom to spend the money on what they needed unlike other social like food aid, public works, (*kazi kwa vijana*). They felt the amount paid was not commensurate with the work done. Tensions among caregivers was noted at the household levels regarding use of CT, mostly between spouses, with women accusing men on spending the CT on alcohol especially in household where men are listed recipient of CT. Tension between caregivers and OVC was arising because some OVC were seen and have become arrogant and disrespectful to their caregivers making demands on them as they are aware caregivers receive the CT on their behalf (ibid).

2.7 Household size and civil registration

Widespread poverty in the country which is at 46 % of the population, subjects most Kenyans especially orphans and vulnerable children to serious deprivation of basic necessities of life. Poverty, compounded by the upsurge of HIV/AIDS and the weakening community structures has exposed children into vulnerability that is manifested in food shortage, lack of shelter, lack of medical care, high school drop-out, malnutrition, high mortality rate; and this has worsened the living conditions of this segment of our society(UNICEF, 2015). Some empirical studies have investigated changes in household composition and its influence on household welfare. Olaniyan, (2000), Duncan, (2003) and Azuibuike, (2012), found that the larger a household composition, the more poverty ridden it is. They argue that the African setting with her extended family ties create rooms for more dependant relatives which put strains on the income of household head.

The use for all children in the household negatively affected civil registration. Given that the beneficiaries' household are poor, it is likely that children are deprived some basic needs. Poor families are reluctant to make necessary expenditure to register their children because these families do not realize the importance of birth registration to children. Eldomold et al

(2001), add that smaller households are better than larger household .They argue that increase in household size puts extra burden on the family. The larger the household size, the larger the resources required to meet the basic needs of food and other necessities. McKay, (2001) also posits that large household size experiences poverty relatively to their counterpart.

According to Aniceto C. *at el* (2005), large family size reduces household saving, lowering the already low national saving. Therefore, vulnerability to poverty increases with family size. Caregivers who have many children in their household have difficulties in getting birth certificate for all children. They state that children have a lot of demands and the cash transfer is insufficient to cover all expenses. Increase in civil registration appears to benefit better off households,

2.8 Government Policy and civil registration

Requirements for birth registration are ID of child's father, his nationality, and identification of child's mother. Birth registration within six months of life is compulsory for all children in Kenya, irrespective of race, gender or ethnicity. Kenya imposes a small fee for a birth certificate and late registration fee after six months. Without registration, children in Kenya are prohibited from sitting national examinations which are considered mandatory for attendance at primary school and secondary school. It may also be difficult to obtain a passport without birth registration or an adoption certificate (UNICEF, 2012).

In 2008/2009, the birth rate in Kenya for children below the age of 2 was reported at 59.5% (KDHS2008-2009).Section 2 of the registration Act, creates a duty on specific persons to give notice of the birth to the registrar of the registration area in which the birth occurs. Section 7(1) on registration rules provide that a person registering birth in a compulsory registration area must complete in duplicate a birth registration form inform No.1 to the schedule of the regulation rules and deliver it to registrar or deputy registrar, form No.1 includes spaces for the name of the child's father and mother as well as whether the mother is married to the father. The applicant must provide the identity card of the mother for birth registration. Form No.1also requires; full name of the mother, normal residence of the mother, age of the mother at birth. However, Identity of the father is not compulsory for birth registrations. If applicant is not a Kenyan, a proof of marriage is necessary for birth registration. Single mothers must proof that they are not married to the father through chief's letter or sworn affidavit. Some caregivers have slow awareness on policy documents required for birth registration such as, birth notification card or immunization card, parent identity

cards or death certificates for the diseased parents .To address the gap in the birth registration, the program has provided assistance to OVC HH. This was evident during OPM evaluation of CT- OVC done in Kenya which showed an increase in ownership of birth certificate by 12 %, (OPM.2010).However lack of ID for some potential beneficiaries delayed procurement processes making the household not to access money, (ibid).

2.9 Theoretical framework

The rationale of cash transfer is based on challenges facing the households caring for OVC. These challenges are related to their needs. These needs are complex and diverse. When the caregiver is unable to provide economically to the household his or her ability to provide emotional and psychological stability and care to the children is compromised. Cash transfer for orphans and vulnerable children is offered to poor households in order to meet their basic needs and increase their chances of accessing services which they otherwise could not. This study will therefore be guided by Maslow's hierarchy of need and Max-Neef need theories.

2.9.1 Maslow's theory of needs (Hierarchy of needs)

Abraham Maslow developed Hierarchy of needs theory in 1968. The theory stipulates that human needs are arranged in a hierarchy. The hierarchy has 5 levels as shown below:

- 1. Physiological needs.** These are the fundamental requirements for human survival. The human being cannot do without them. These include: Food, shelter, oxygen, sleep, water
- 2. Safety needs.** This safety could be economic or physical. Economic needs manifest itself in form of: job security, insurance policies. Safety needs include: personal needs, financial needs, health and wellbeing, safety net against accidents among others.
- 3. Love and belonging.** This is a social need related to intimacy and acceptance from others.
- 4. Esteem needs:** Esteem is the normal human desire to be accepted and be valued by others. It implies recognition by others that a person is competent or respected.
- 5. Self-actualization:** These needs relate to the fulfillment of a person's innate potential as a human being. At self-actualized people possess attributes that are consistent with highly competent and successful individuals.

Maslow's hierarchy of needs is displayed in the shape of a pyramid, with the largest and most fundamental levels of needs at the bottom (physiological needs), and the need for self-actualization at the top. Cash transfer for orphans and vulnerable children helps households meet their fundamental needs (physiological needs) of food, shelter and clothing. Physiological needs brings fulfillment in the person hence making it possible for persons to achieve the other needs in the pyramid which include: esteem, need to love and be loved,

safety needs and finally self-actualization. The basis of Maslow theory is that human beings are motivated by unsatisfied needs, and that certain lower needs need to be satisfied before higher needs can be satisfied. This hierarchy of needs is useful in illustrating the needs of OVC and cash transfer programme is supporting the households to meet these needs in order to reach their potentials (Schuck and Rosenbaum, 2006)

2.9.2 Max-Neef Need theory.

Max-Neef argues that there are nine fundamentals needs for children in order to grow well. They are; subsistence, protection, affection, understanding, participation, leisure, creation, identity and freedom. These needs are constant through all human cultures and across historical time period but are satisfied using different strategies. Max-Neef further argues that these needs are interrelated and interactive and there is no hierarchy as postulated by Maslow in Maslow's hierarchy of needs. The caregivers have tendency of focusing a lot on physical needs of children such as food, clothing, shelter and others and forget about other needs children have. The two schools of thought are agreeable that people have needs, but only differ in their view on addressing these needs. Children right to participation in meeting their needs is incorporated in Max-Neef's theory (chamber, 1993).

2.10 Conceptual framework

The conceptual framework shows the relationship between dependent variable household civil registration and the four independent variables namely; demographic characteristics of the caregiver, challenges faced by the caregivers, prioritization of cash transfer and household sizes. It also presents moderating variable which is the government policy. This concept is represented in the Figure 1.

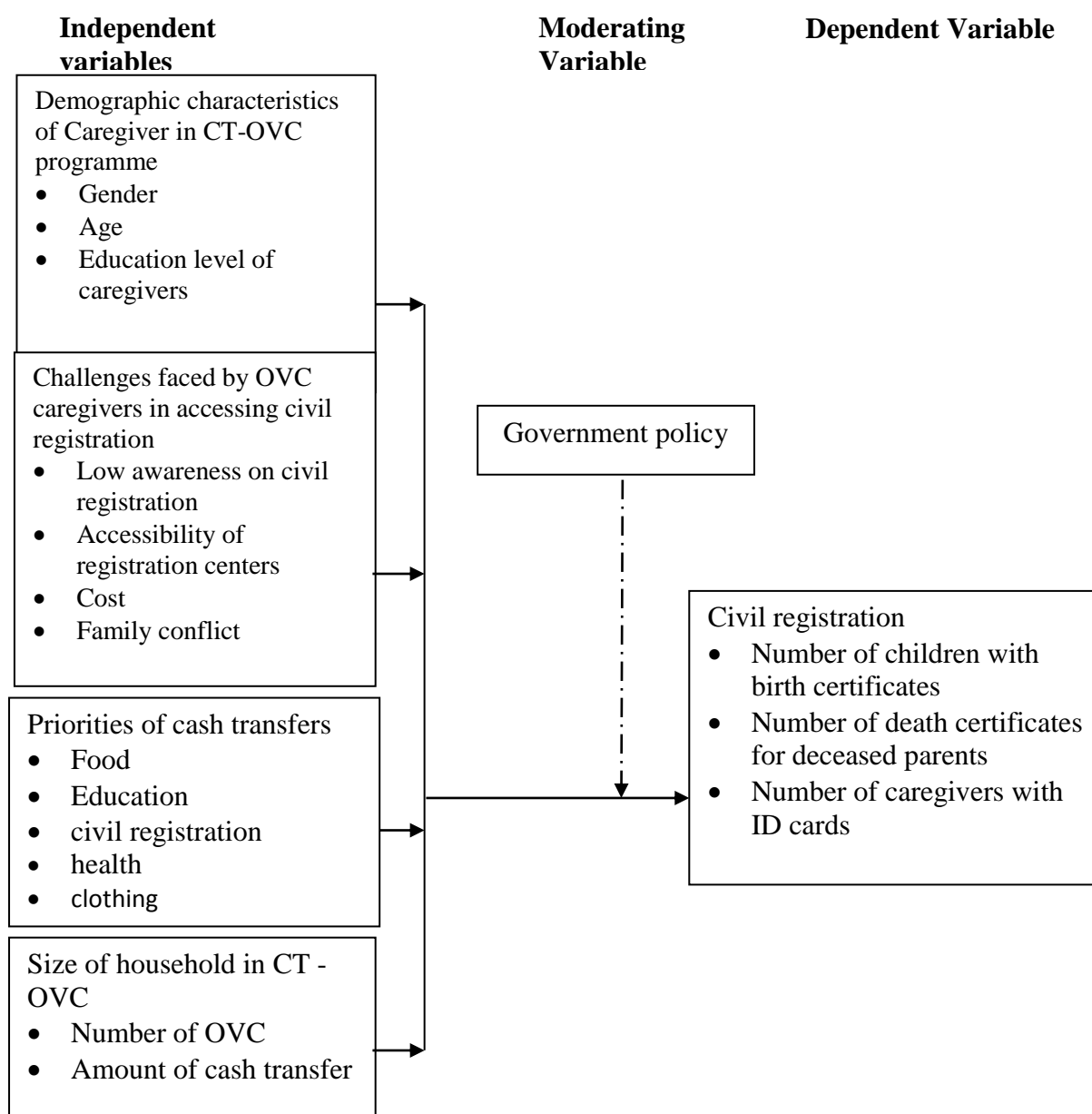


Figure 1 Conceptual Framework

2.11 Explanation of conceptual framework

The access to civil registration is influenced by age, gender, education of caregiver, challenges faced by caregivers, prioritization of cash transfer and size of the household. Lack of required documents and other resources to facilitate registration make the household fail to access basic services like registration for national exams among other services.

2.12 Summary of literature review and research gap

The study aims at looking at challenges that hinders communities from accessing birth registration systems, which renders 54% of the Kenyan children not to be registered.

The study also aims at providing crucial insights on how a strong civil registration system can help policy and decision makers to meet the challenges of birth registration , strengthen registration systems and link it to the access of basic essential services such as education, health care and protection of children from abuse, violence, exploitation and loss of inheritance.

Various studies have been done on CT-OVC programme for example influence of cash transfer on orphans and vulnerable children on access to primary education in Kwale district (Tsuma, 2010) challenges facing implementation of cash transfer in Kasarani (Sanganyi, 2011), challenges facing the implementation of cash transfer programme in Garissa (Mohamed, 2012), factors influencing implementation of cash transfer in Kenya (Muyanga, 2014) and others. However, no study has been done in Mbeere South District to find out whether the objective of civil registration in the household is being achieved. The study seeks to fill the knowledge gap on civil registration among the beneficiaries.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter comprised of methods utilized to carry out the study. The chapter gives details of the research design used, target population, sample size and sampling procedures, tools and techniques of data collection, pretesting, data analysis and ethical considerations.

3.2 Research Design

This study used a descriptive research design. This method is more precise and accurate since it involves describing and documenting aspects of a situation as it occur naturally (Polit and Hunger, 1999). The respondents were interviewed in their natural setting where they narrated their experiences. Descriptive survey design was useful in describing household civil registration and challenges faced by the caregiver in obtaining civil registration. Both qualitative and quantitative approaches were used to establish the relationship between variables and to facilitate the collection of information, of determining the population parameters. According to Singleton et al. (1998), descriptive surveys permit description of large and heterogeneous populations economically.

3.3 Target Population.

The target population of the study was 399 household in the cash transfer programme in Karaba location which has 2 sub -locations namely; Karaba and Wachoro (DCO, 2010). The population included caregivers and children especially those aged 12-17 years since they are able to articulate issues. It also targeted District children officer who is directly involved in implementation of the programme and civil registrar involved in civil registration. The key informers were DCO and District civil registrar.

Table 3.1 Target population

Respondent	Frequency
Caregivers from Karaba	165
Caregivers from Wachoro	212
Children	20
District Children Officer (DCO)	1
District Civil Registrar (DCR)	1
Total	399

3.4 Sample size and sampling procedure

Sample size and sampling procedure are presented

3.4.1 Sample size

Sampling is the process of choosing a relatively small number of individuals, objects or events in order to find something about the entire population. Sampling is done because a complete coverage of the population is not possible. It also requires small portion of the target population. Sampling also offer more detailed information and high degree of accuracy as it deals with smaller units and it is a representative of a large population. A sample size of 80 caregivers was established using the Yamane's formula (Yamane, 1967).

$$n = \frac{N}{1 + N(e)^2}$$

Where, n = the sample size,
 N = the size of population
 e = error of 10%

Thus

$$n = \frac{377}{1 + (377)(0.1)^2} = 80$$

By using the Yamane's formula of sample size with an error of 10 % the calculation from a target population of 377 caregivers came up with 80 respondents of CT-OVC in Karaba location. Raphael, *et al* (2012) recommends 8-10 participants in FGD. Therefore, 10 children were preferred to take part in each Focus Group Discussion at Karaba and Wachoro sub locations. Two key informants took part in the study to make a total of 102 as shown in Table3.2.

Table 3.2 Sample size

	Population	Sample size
Caregivers	377	80
Children	20	20
DCO	1	1
Civil Registrar	1	1
Total	399	102

3.4.2 Sampling Procedure

Using the mobilization lists from the District children's Office, the 377 caregivers making the sampling frame were clustered into groups of two caregivers. A random starting point was

noted and from each cluster, the first caregiver was selected systematically until the sample size was reached to take part in the study. This gave a sample of 80 caregivers. Cluster sampling was appropriate because a complete sampling frame was readily available. It was easy, convenient, saved time, economical and the sample was evenly distributed over the population thus representative, Niceto & Orbit Jr. (2005). Purposive sampling method was used to identify 20 OVC aged 12-17 years and 2 key informants to participate in the study.

3.5 Methods of Data Collection

Data collection instruments for the study included questionnaire and interview guide. Questionnaires were administered to caregivers enrolled in CT-OVC programme, whereas interview guide was used to gather information for the study from key informants. Two Focus group discussions composed of 10 OVC in each group was guided by interview guide. Questionnaire was used because it is easy to compare and analyze, reliable, can be completed anonymously and administered to a large number of OVC caregivers. On the other hand, key informants are useful because they are flexible, knowledgeable, have access to information on cash transfer and its effect on civil registration and they link the beneficiaries to other stakeholders. Focus group discussion was done in order to identify the issues not previously brought up by the caregivers and to confirm the issues that had come up during individual interview with caregivers. Document review made the secondary source of information for better understanding of CT OVC program and its effect on civil registration.

3.6.1 Pilot Testing

Connelly (2008) suggests that a sample size of 10 respondents is a reasonable size for pretesting of a study. A pilot study was done in Mavuria using 10 respondents in the sample. This was preferred for pretest to achieve reasonable power to detect fairly prevalent problem in the questionnaire (Thomas *et al*, 2014).

3.6.2 Validity of instruments

Validity of an instrument is the degree to which an instrument measures what it is supposed to measure and consequently permits appropriate interpretation of scores (Nachmias and Nachmias, 1996). The questionnaire was based on the objectives of the study and was read out to the caregivers to ensure clarity and understanding. Instruments developed for data collection were given to the supervisor for approval before they were used on the sample population. The instruments were also pretested. This helped to improve the content validity of the data that was collected.

3.6.3 Reliability of instruments

Reliability is a measure of the degree to which research instruments yield consistent results (Mugenda and Mugenda, 2003). The reliability was measured by split half method where a sample of 10 caregivers in Mavuria location took part in pilot study. The questionnaire questions were divided into two parts. The even questions were separated from odd questions then given to the 10 respondents. Each half of the questions of each of the respondents was scored and a correlation coefficient was determined using Statistical Package for Social Science. Spearman correlation coefficient of 0.77 was obtained. This showed that the measure was good.

3.7 Data analysis techniques

The data generated from the study was both qualitative and quantitative in nature. The data was analyzed by the use of Statistical Package for Social Science. The data collected was compiled, tabulated and presented in tables.

3.8 Ethical Considerations

The study upheld human rights and dignity. Permission was sought before asking questions about the study. The purpose of the study was clarified as purely academic. The respondents' information was treated with confidentiality.

3.9 Operational Definitions of Variables

The operational definitions of variables measured the variables appropriately. The table explained how variables were operationalized.

Table 3.3 Operationalization of Variables

Objectives	Variable	Indicators	Measurement Scale	Tools of analysis	Type of analysis
To find out how demographic characteristics of the caregivers affect civil registration in Karaba location in Mbeere South Sub-County.	Independent -Gender -Age -Education -Occupation	-Number of males and females -Level of education	Nominal	Frequencies & Percentages	Descriptive
To assess how challenges faced by caregivers affect civil registration in Karaba Location in Mbeere South Sub-County.	-Low awareness on civil registration -Accessibility of registration centers Cost	-Number of children with birth certificates -Number of caregivers with ID s. -Number of death certificates of the deceased parents.	Nominal Nominal	Frequencies & Percentages	-Descriptive
To determine extent to which household priorities affect civil registration in Karaba location Mbeere South Sub-County.	-Food -Education -Civil registration -Health	-Number of Priorities	Nominal	Frequencies & Percentages	Descriptive
To examine effect of household size on civil registration in Karaba Location of Mbeere South Sub-County	-Members of household.	-Number of OVC	Nominal	Frequencies & Percentages	Descriptive
	Dependent Civil Registration	Number of OVC with birth certificate Number of death /burial certificate Number of caregivers with ID	Nominal	Frequencies & Percentages	Descriptive

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents the data analysis, presentation and interpretation on the study as per the data collected through questionnaires, interview schedules and content analysis. It presents findings on demographic characteristics of the caregivers (age, gender, and level of education occupation), size of household and civil registration, household priorities and challenges faced by caregivers

4.2 Questionnaire return rate

The instruments were administered to 102 respondents of whom 80 were caregivers, 20 children, 1 Children officer and 1 civil registrar officer. For the caregivers, questionnaires were used while for the rest, interview guides were used. The response rate is reported in Table 4.1

Table 4.1 Response Rate

	Issued	Returned	Percentage returned
Caregivers	80	80	100
Children	20	20	100
Children Officer	1	1	100
Civil Registrar	1	1	100
	102	102	100

The response rate was 100%. This was the case due to the procedure used. The questionnaire was administered, waited for and taken away after completion.

4.3 Demographic information of the caregivers

This section details the demographic characteristics of the sampled population. The study sought to identify characteristics such as age, gender, marital status, head of household, registered caregiver, level of education of the respondents as well as their occupation.

4.3.1 Distribution of the caregivers by gender

The gender of the caregivers was as reported in Table 4.2

Table 4.2 Gender distribution of the respondents

Gender	Frequency	Percentage
Female	74	92.5
Male	6	7.5
Total	80	100

Table 4.2 shows 92.5% (74 in total) of the respondents were females while 7.5% (6 in total) were males. This shows that most of the respondents were females. It is argued that women are more likely to take care of children who are not their own than men. This explains why few men are caregivers.

4.3.2 Occupation of the caregivers

It was necessary to get the occupation or the economic activities that the respondents are engaged in. The response is as given in Table 4.3

Table 4.3 Occupation of the caregivers

Occupation	Frequency	Percentage
Farming	28	35
Employment	0	0
Self employed	4	5
Casual labor	44	55
No response	4	5
Total	80	100

From Table 4.3 above, Majority (81.8%) of the respondents were casual laborers. This indicates their limited resources and great need for help which indicates that they were included into the OVC programme out of the great financial need.

4.3.3 Distribution of respondents by age

Age of the respondents is useful information needed in characters being studied. Therefore, the respondents were requested to give or indicate their age. The results were as shown in Table 4.4

Table 4.4 Distribution by age

Age in years	Frequency	Percentage
31-40	5	6.25
41-50	25	31.25
51-60	18	22.50
Above 60	32	40.00
Total	80	100.0

Table 4.4 shows that majority of the caregivers (40%) were over 60 years old and hence elderly. This then indicates that most orphans in this district are cared for by the aged people. It is argued that the probability of finding an older person taking care of orphans is higher in Kenya (Cheng S.T, 2009; Siankam B, 2009). It has also been found that most orphans wish to live with their grandparents than other. The study shows that majority of the grandparents may be too old and poor to provide the care needed by the children and may not protect their rights.

4.3.4 Marital status of the caregiver

The caregivers were asked to indicate their marital status. The responses are shown in Table 4.5.

Table 4.5 Marital status of the caregiver

Marital status	Frequency	Percentage
Single	4	5.00
Separated	5	6.25
Married	22	27.50
Widowed	49	61.25
Total	80	100

Study findings in Table 4.5 indicate that out of the 80 respondents, 49 of them were widowed which represent 61%, 22 of them (27%) were married, 5 (6.25%) were separated and only 4 forming (5%) were single. The findings indicate that the caregivers actually need the OVC transfers by the fact that most of them are without the other parent to care for them.

4.3.5 Head of the Household

The respondents were asked to give information regarding household head and their response is shown in Table 4.6

Table 4.6 Head of the household

Head of household	Frequency	Percentage
Mother	41	51.25
Father	9	11.25
Grandfather	6	7.50
Grandmother	23	28.75
Others (son)	1	1.25
Total	80	100

Study findings in Table 4.6 indicate that the majority of the heads of the households are female. This also coincides with the previous findings that the majority of the caregivers were

female. The results also rhyme with the fact that most of the OVC are taken care by mothers and the grandmothers as also indicated in the findings.

4.3.6 Registered caregiver

The study sought to find out who in the house-hold was registered as the caregiver as this is likely to affect the usage and prioritization of the cash at the household level.

Table 4.7 Registered caregiver

Registered caregiver	Frequency	Percentage
Mother	44	55.00
Father	6	7.50
Grandfather	5	6.25
Grandmother	24	30.00
Other relative	1	1.25
Total	80	100

From Table 4.7, 55% of the caregivers are mothers, grand-mothers form 30% while fathers and other relatives form the smallest group of the caregivers at 7.5% ,6,25% and1.25% respectively. Mothers and grandmothers form the bulk of caregivers. It is argued that women are to care of orphans and it is also more likely to find female-headed households taking care of orphans than male-headed house- holds. Research has shown that orphans are more willing and likely to be taken care of by their mothers or grandparents than other relatives and this explains why only one was cared for by the relative.

4.3.7 Level of education of the caregiver

The researcher sought to find out the level of education of the care giver as this is likely to impact in the care of the OVC especially in prioritization of needs such as civil registration. Findings are shown in Table 4.8

Table 4.8 Level of education of caregivers

Class	Frequency	Percentage
Never been to school	28	35.00
Primary	39	48.75
Secondary	12	15.00
Tertiary	1	1.25
Total	80	100

Table 4.8 shows that majority of the caregivers (48.75%) had primary school education, 15% had secondary school level of education, 1% had tertiary level of education and 35% had

never been to school. Studies have shown that most of the caregivers have limited education being illiterate or semi- illiterate. This may bring about the issues such as ignorance about importance civil registration.

4.4 Challenges faced by the caregiver and civil registration

This section concerns the challenges faced by the caregivers and their effect on civil registration

4.4.1 When enrolled in CT-OVC

The OVC were asked to state when they became beneficiaries of the cash transfer programme. This is reported in Table 4.9

Table 4.9 When enrolled

If Caregiver had ID	Frequency	Percentage
2010	77	96.25
Can't remember	3	3.75
Total	80	100.00

Table 4.9 shows that out of the eighty respondents, 77 of them became beneficiaries in 2010. Only 3 of them did not recall when they started getting the benefits. It was also observed that the three respondents who could not recall were above 61 years and also never been to school

4.4.2 Possession of caregiver's ID card

The study sought to know whether the caregivers obtained the ID before or after enrollment in the programme. The data obtained is reported in Table 4.10

Table 4.10 Possession of National ID before enrolment

If Caregiver had ID	Frequency	Percentage
Had ID	74	92.5
Did not have ID	6	7.5
Total	80	100.0

The study findings indicate that the majority of the caregivers (92.5%) had identity cards before enrollment to the programme. Only a small percentage of the caregivers did not have the identity cards and they said that they obtained the identity cards after enrollment into the programme. One of the requirements of the caregivers is to have an identity card before they are able to access the OVC transfers. This shows that the programme influences civil registration.

Further, the caregivers who did not have ID cards were asked state reasons why they lacked the ID cards. The six caregivers who had no ID cards indicated that they did not have access to necessary documents to enable them get ID cards.

4.5 Household priorities and civil registration

The study sought to find out the register caregiver entitled to collect the cash, head of the household, amount disbursed to the household, decision makes in regard to use of money as well as priorities of the household.

4.5.1 Person who collects Cash from service provider

The respondents were required to say who receives the cash from the service provider. This is indicated in Table4.11

Table 4.11 Person who collects cash

Who collect cash	Frequency	Percentage
Caregiver	70	87.5
Household head	10	12.5
Total	80	100.0

The study findings indicated that the caregivers are the majority in collecting the money from the service providers. This was indicated by the 70 of the caregivers the remaining 10 respondents indicated that the head of the household collected the money from the pay point. It was however noted that it is the caregiver who prioritized on how to spend the amount as indicated by 50% of the respondents.

4.5.2 Amount of cash transferred

Information on amount of transfer to the benefitting household was sought and indicated in Table.4.12

Table 4.12 Amount of cash transferred

Income	Frequency	Percentage
1000	0	0
2000	80	100
3000	0	0
4000	0	0
Total	80	100

All the respondents indicated that they received a total sum of 2000 Kenya shillings from the OVC programme. This shows uniformity in dissemination of the money to the OVC in the location. The little amount however is not enough considering the numerous needs in the OVC house-hold.

4.5.3 Decision on the prioritization of cash utilization

The decision maker on utilisation of cash in the household was reported in Table 4.12

Table 4.13 Decision on the prioritization of cash utilization

Prioritization of cash utilization	Frequency	Percentage
Wife	42	52.50
Husband	3	3.75
Children	0	0
Both husband and wife	1	1.25
Grandfather	6	7.5
Grandmother	28	35.0
Other	0	0
Total	80	100.0

Study findings indicated that the prioritization of the use of the cash transfer mainly was determined by the mothers and the grandmothers who were also the caregivers. Children were never involved in making decisions about the use of the cash transferred.

4.5.4 Uses of cash transferred

It was necessary to get priorities on the use of money given to the family taking care to OVC. The results were as shown in Table 4.14

Table 4.14 Amount of cash transferred

Income	Frequency	Percentage
Education	26	33.0
Food	46	57.5
Medical care	2	2.5
Civil registration	5	5.5
Clothing	1	1.25
Entertainments	0	0
Total	80	100

Most of the money was used for food related expenses at 57.5%, followed by education at 33%, medical care 2.5%, civil registration 5.5%, and clothing 1.25%. None of the

respondents stated that the money is used on entertainment and non-essential commodities such as alcohol, tobacco and clothes for the adults. However, the transfer amount was found to be inadequate to meet all household needs.

4.5.5 Cash transfer expenditure

The respondents were required to indicate other uses of cash transfer apart from food, education, health, civil registration and clothing. This is shown in Table 4.15

Table 4.15 Other uses for the cash transferred

Other use	Frequency	Percentage
Business	3	3.75
Farming	20	25.00
Purchase of livestock	30	37.50
Non-response	27	33.75

Study findings indicate that the caregivers also invested the money in farming, rearing of livestock and also as capital for small businesses. This indicated that the caregivers put the money into proper use. It also explains the responsibility vested on women in managing small amounts of money through proper budgeting. This also indicates why the female are the most appropriate in taking care of the needs of the OVCs.

4.5.6 Number of children registered before Enrolment into the programme

The study intended to find out the number of children who were registered prior to joining the program. The following information is shown in Table 4.11

Table 4.16 Number of children with Birth certificates before enrollment into the programme

Certificates	Frequency	Percentage
Had certificates	36	45
Did not have	44	55
Total	80	100.0

From the findings, 36 (45%) respondents indicated that the children had birth certificates while 44 respondents (55%) indicated that the children did not have birth certificates. After joining the programme, 34 respondents indicated that the children acquired the birth certificates while 14 respondents indicated that they had not acquired the birth certificates yet.

4.5.7 Acquisition of birth certificates for all children after enrolment into the programme

The study intended to find out whether caregiver acquired the birth certificates after enrolment into the program. The following information shown in Table 4.17.

Table 4.17 Acquired certificates for children after enrolment into the programme

Acquired birth certificate	Frequency	Percentage
Yes,	61	76.25%
No	14	17.5%
No answer	5	6.25
Total	80	100.0

The study findings indicate that majority of the respondents acquired birth certificates for all the children after enrolment into the programme. This indicates the influence of the programme to civil registration.

4.5.8 Reasons for not having Birth certificates after enrolment in the programme

The 19 respondents who said that they did not acquire certificates after enrolment into the programme cited reasons such as the process being too long, sickly caregiver, transport costs availability of means of transport and also family conflicts after the death of the OVC's parents. The challenges are indicated in details in the following tables.

4.5.8.1 Means of transport to the registration office

The mode transport used by the caregiver to access the office for services is indicated in Table 4.18

Table 4.18 Means of transport to the registration office

Means of transport	Frequency	Percentage
Bodaboda	32	40.00
Public vehicle	37	46.25
Walk	11	12.75
Total	80	100.0

Movement in order to obtain the civil registration documents posed a challenge to the process. This was indicated by the fact that majority of the respondents had to use either public means or motorbikes (bodaboda) in order to access the registration office. This was indicated by 46.25% of the respondents who used public transport and the 40% of the respondents who used bodaboda in order to gain access to the registration offices. This was also indicated by the amount of money that was spent for transport as indicated in the

findings in the table 12 below where clearly money was spent. Basing on the fact that only 2000 shillings was given to the caregivers through the programme, spending as much as an amount between 300 and 1200 did not make any economic sense. This calls for decentralization of the registration offices to as near as the place where the pay-point of the OVC cash was. This would enable the caregivers to access the two services together.

4.5.8.3 Transport cost to registration office

Information on travel expenses incurred to registration was sought. This is recorded in Table 4.19

Table 4.19 Transport cost

Cost of transport	Frequency	Percentage
Less than 300	15	18.75
300-600	40	50
600-900	16	20
900-1200	9	11.25
Total	80	100.0

From the study findings, majority of the caregivers spent between 300 and 600 shillings. This was indicated by 50% of the respondents, 20% respondents spent between 600 shillings and 900 shillings, 18.75% of them spent less than 300 and 11.25% spent above 900 shillings. This indicated the high cost of transport to the registration offices.

4.5.8.4 Other reasons

Civil Registrar cited several reasons which made OVC not have birth certificate despite the motivation of cash transfer. Challenges such as Lack of documentation for OVC and deceased parents, withholding of documents especially to the separated families, Low awareness on importance of civil registration and realize their use when they want to access services ,accessibility to the registration office, Lack of knowledge especially on how to acquire the civil registration certificates. In addition family conflicts especially where the in-laws fail to release burial permits become a challenge. Lack of adequate information such as when the OVC was born also become problem during the civil registration process. It was also established that some mothers give birth without identity cards which makes registration of birth certificates difficult.

4.5.9 Survival of biological parents of the OVC

This is indicated in the Table 4.20

Table 4.20 Living status of biological parents of the OVC

If parents alive	Frequency	Percentage
Both deceased	69	86.25
Both alive	16	7.50
One alive	5	6.25
Total	80	100.0

From the findings, 68 which makes 86 % of the respondents indicated that both parents of the OVC were deceased; 16 respondents making 7.5% indicated that the parents were both alive while the remaining 5 respondents (6.25 %) indicated that only one parent was alive.

4.5.10 Available documents for the deceased parents

Information on available document for deceased parent was required. Proper documentation ensured OVC protection. This is shown in Table4.21

Table 4.21 Document available

Document	Frequency	Percentage
Death certificate	33	41.25
Burial permit	16	20.00
None	31	38.75
Total	80	100.0

The findings indicate that 33 (41 %) of the respondents affirmed existence of death certificates; 31(20%) respondents indicated that the burial permits were available; 16 (38.75 %) respondents said that the death certificates were not available.

4.11 Reasons for lack of death certificate

The 31 respondents further indicated that the certificates were unavailable as a result of misplacement of burial permits, irresponsible behaviour of the men caregivers who spent much time drinking instead of following up the registration process and also conflicts in the family which delayed the process. This is indicated in the Table 4.22

Table 4.22 Reasons for lack of death certificates

Reason	Frequency	Percentage
Misplacement	14	45.16
Drunkenness	10	32.26
Family conflicts	7	25.58
Total	31	100.0

From the study finding, the main reason for missing death certificate is misplacement at 45.16% followed by drunkenness at 32.26% and the lowest is family Conflicts at 25.58%.

4.6 Size of the Household and Civil registration

The respondents were requested to indicate household size affected civil registration.

4.6.1 Number of children in the households

The number of children is represented in Table 4.23

Table 4.23 Number of children per household

Average Number of children	Frequency	Percentage
1-2	21	26.25
3-4	44	55.00
5-6	12	15.00
>7	3	3.75
Total	80	100.0

From the Table it is clear that, majority of respondents had an average of 3-4 (55%) children. This was indicated by 44 respondents, 21 respondents indicated that the households had an average of 1-2 (26.25%) children, 12 respondents indicated that the households had 5-6 children (15%) and only 3 respondents had a total of more than seven and above (3.75%) children. These findings indicated that the number of children were too many to be catered for using the two thousand shillings given as cash transfers.

Table 4.24 Cross tabulation showing relationship between level of education and decisions in civil registration

		Extent to which level of education of the caregiver influences civil registration			Total
		Had birth certificates	Did not have birth certificates	No answer	
Level of education	Never been to school	8	20	0	28
	Primary school	19	20	0	39
	Secondary school	12	0	0	12
	Tertiary school	1	0	0	1
Total		40	40	0	80

The cross tabulation indicates the significant role of level of education in making decisions regarding civil registration, the majority of the caregivers who never went to school did not have birth certificates of the OVCs, this was also indicated by the caregivers who had minimum primary school education.

Table 4.25 Cross tabulation between challenges faced by caregiver against civil registration

		Access to civil registration		percentage	Total
		With certificates	No certificates		
challenges	Lost documents	0	6	49.3	6
	Alcohol abuse	0	3	16.4	3
	Family conflicts	0	2	0.1	2
	Long process	0	3	34.2	3
Total		61	14	100	75

From the cross-tabulation, the challenges adversely affected the respondents who did not have the birth certificates. Any respondent who did not have a birth certificate despite of it being a necessity was affected by one challenge or another.

4.29 Summary of the findings

This section presents data collected from the respondents on their general information and further information on the three objectives of the study. The findings are presented in form of tables, frequencies and percentages. Narrative presentation and interpretation and discussions are used.

From the findings, it was found out that demographic characteristic of the caregiver, size of the household, challenges faced by the caregivers and prioritization of the family needs influenced the civil registration.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter outlines a summary of the key outcomes from the focusing on the issues emerging in relation to the objectives of the study. This chapter also presents discussions and recommendations made from the study as well as presenting the conclusions of the study and identifies the area for future research.

5.2 Summary of Key Findings

The study examined how Cash Transfer for Orphan and Vulnerable Children Programme influenced civil registration in Karaba location of Mbeere South Sub-County. It established how demographic characteristics of the caregivers influenced civil registration in Karaba location in Mbeere South Sub-County, analyzed challenges faced by caregivers on civil registration in Karaba Location in Mbeere South Sub-County , determined the extent to which household priorities influence civil registration in Karaba location Mbeere South Sub-County and also examined the influence of household size on civil registration in Karaba Location of Mbeere South Sub-County.

From the study findings, the age of the caregiver and education of the caregiver played a role in civil registration of the OVC. It was established from the study that the majority of the caregivers were above 60 years. The six caregivers who lacked copies of identity cards were also from the group of the caregivers who aged sixty years and above. It was also established that the caregivers above sixty years also had the highest number of OVC without birth certificates.

Study findings indicated that challenges such as high transport cost, alcoholism, misplacement of essential documents and also family conflicts affected the civil registration in the location.

It was established that the household priorities affected civil registration. Majority of the caregivers gave civil registration third priority after food and education respectively.

The study also indicated that all caregivers received a standard amount of Ksh.2000 irrespective of the number of children under their care. The amount was little to meet the needs of house-hold with many children, it was further established that children are not involved in deciding how the transfer is used.

5.3 Discussion

5.3.1 Demographic characteristics of the caregiver

The study established that the majority of the caregivers (92.5%) were women who had low level of education. This was indicated by 49% of the caregivers who had gone up to primary education, actually according to the study findings, 35% of the caregivers had never gone to school, 15% had gone to secondary school, and only one had tertiary education. Majority of the caregivers were casual workers as indicated by 55% of the respondents. The high number of women as caregivers rhymes with a report by UNICEF in 2016, that majority of the caregivers of cash transfer programmes are women, as also evidenced by Zambia's Child Grant Program, where 99% of beneficiaries are women, as the unconditional cash transfer (equivalent to US\$12/month) is given to primary caregivers in households with children age 0-5.

The high number of female caregivers is further explained in KDHS (2014), where the household population constitutes 137,780 persons of which 51 percent are female and 49 percent males. Nationally one third of the household are headed by women. A higher proportion of rural are headed by women 36% and 27%, respectively

Designating women to receive and manage household cash transfers is linked to several benefits including strengthening women's economic status, contributing to a more equitable distribution of decision-making power within families, increasing family spending on food and health, and improving outcomes for children. (Gbedemah et al, 2010).

In many countries the cash transfers are disbursed to women, thereby promoting empowerment and more balanced gender relations. Cash transfers also play a major role in the protection strategy for those afflicted by HIV/AIDS, malaria and other life-threatening diseases. (Samson et al, 2006). It is argued that not only are women more likely to look after their own children, they are more likely to take care of orphans. It is further argued that female-headed households generally assume care of more orphans than male-headed households. Research in Malawi has established that orphaned children expressed a preference for their grandparents over other adult relatives as their primary caregivers (UNICEF, 2006).

The majority of the respondents were also widowed as indicated by 61% of the respondents. The characteristics analyzed clearly give a picture of widowed elderly women with low level of income and high illiteracy and who have a responsibility of taking care of OVC and more so ensuring that the OVC go through civil registration. This poses a challenge in the process and explains why some OVC lack birth certificates and the reasons as to why death certificates of the deceased parents lack.

5.3.2 Challenges faced by caregiver and household civil registration

The researcher was able to identify some of the challenges in household civil registration. It was indicated that alcoholism in the families, misplacement of documents, high transport costs and also family conflicts affected civil registration especially in acquisition of death certificates of the deceased parents and birth certificates of the OVC. Some caregivers also indicated that they failed to obtain registration documents since they did not know where to get them. This indicates high level of ignorance mainly as a result of illiteracy.

Challenges such as Lack of documentation for OVC and deceased parents, Withholding of documents especially to the separated families, Low awareness on importance of civil registration and realize their use when they want to access services and Accessibility to the registration office. From the registrar of persons, the following information it was noted that since the year 2010, issuance of birth certificates and death certificates in the beneficiary families increased since money for transport and for other registration related fees was available, sensitization of essence of registration documents was emphasized during the caregivers meetings. The programme also prepared others not in the programme to acquire the necessary documents with hope that they would be enrolled into the programme.

The registrar also cited out that the high number of children posed a burden to the caregivers since the cash transferred was not enough. According to the information obtained from the registrar, registration of death especially for the poor parents did not seem important. Loss of important documents also seemed to be a challenge experienced during the civil registration process. Lack of knowledge also was a challenge especially on how to acquire the civil registration certificates. Family conflicts especially where the in-laws fail to release burial permits become a challenge. Lack of adequate information such as when the OVC was born also become challenging during the civil registration process. It was also established that some mothers give birth without identity cards which makes registration of birth certificates difficult.

The registrar gave strategies that are implemented to address such challenges which included advising parents to obtain copies of IDs to enable them register their children too, establishment of mobile offices for the purposes of registration and ease transport costs and also networking with other service providers in order to ensure that the children obtain birth certificates. It was established that implementers of the programme introduced a waiver for OVC HH to acquire civil documents and enhancement of mobile registration and community sensitization on importance of civil registration

5.3.3 Household priorities and civil registration

From the study findings, the caregivers who were the primary decision makers in prioritization of expenditure of the cash transferred put food as first priority, followed by education. Registration followed as a third priority. Based on the amount of cash transferred, it can be deduced that there is usually little or none of the amount to use on registration. None of the sampled 80 respondents prioritized civil registration despite the fact that it was equally important. The women caregivers also made the decisions on prioritization. Some of the caregivers were able to invest in other projects such as goat and cow rearing and also in merry go rounds. This indicates also how illiteracy had a high influence on civil registration. Further, all the decisions were made by adults without involvement of the OVC despite the fact that they were the reason the households were selected for the Programme. The findings did not agree with Max Neef need theory of human need which clearly stipulates that children participation is important in making decisions to meet their needs. The theory advocates for child right to participation in all matters that affect them.

Most of the money was used for food related expenses at 57.5%, followed by education at 33%, medical care 2.5%, civil registration 2.5%, and clothing 1.25% .None of the respondents stated that the money is used on entertainment and non-essential commodities such as alcohol, tobacco and clothes for the adults. However, the transfer amount was found to be inadequate to meet all household needs. The findings relate to Maslow's hierarchy of need theory in fact that the money was used to meet Physiological and safety need which are lowest in the hierarchy.

5.3.4 Size of the household and civil registration

From the study findings, it is clear that, majority of respondents had an average of 3-4 (55%) children. This was indicated by 44 respondents, 21 respondents indicated that the households

had an average of 1-2 (26.25%) children, 12 respondents indicated that the households had 5-6 children (15%) and only 3 respondents had a total of more than seven and above (3.75%) children. These findings indicated that the number of children were too many to be catered for using the two thousand shillings given as cash transfers. According to Aniceto C. *at el* (2005), large family size reduces household saving, lowering the already low national saving. Therefore, vulnerability to poverty increases with family size. Caregivers who have many children in their household have difficulties in getting birth certificate for all children. They state that children have a lot of demands and the cash transfer is insufficient to cover all expenses. Increase in civil registration appears to benefit better off households. Eldomold et al (2001), add that smaller households are better than larger household .They argue that increase in household size puts extra burden on the family. The larger the household size, the larger the resources required to meet the basic needs of food and other necessities. McKay, (2001) also posits that large household size experiences poverty relatively to their counterpart.

The children were aware that cash transfers for OVC was money meant to assist orphans and vulnerable children in order to be able to access school, have food and also take care of other needs. The children were able to pinpoint that the money was meant for the needy children in the poor families. All the children interviewed benefited from the Programme. They were also aware that there are children who do not benefit from the Programme. The children listed some uses of the cash transferred such as paying school fees, buying food, livestock, paying hospital bills and also constructing houses. However, none of the children participate in making decisions about the money. All the children interviewed affirmed that they had birth certificates .They also indicated that they obtained them after joining the Programme. All the registered caregivers of the children had identity cards, and those with deceased parents had death certificates. The children were also quick to add that the money should be increased and also to be disbursed regularly. They also suggested that the offices should be brought nearer.

Findings from the implementing agency explained that the beneficiaries of the cash transfer Programme were Poor households taking care of OVC below 17years.The beneficiary included members of the households. The registered caregiver received the money. The cash disbursed amounted to Ksh2000 per month which is paid bi-monthly. The implementing agency was of the opinion that the money is not adequate especially for families with many

children because their needs are many and vary from one family to another. The cash transferred is equal irrespective of number of children in the household.

The implementing agency also elaborated that the beneficiaries used the amount to buy food, clothing, shelter, civil registration, Education, small business, and buying of livestock

Cases of misuse were also cited by the implementing agency especially in drinking.

From the interview with the implementing agency, it was also established that the cash transfers had influence in civil registration. All caregivers have been able to collect ID cards in order to access payment in the banks using smart card biometrics and IDs which is mandatory in money transactions for CT -OVC Programme, sensitization of caregivers on importance of civil registration, the Programme requires the caregiver to have the ID in-order to access the money, one of the Programme objective is civil registration which includes acquisition of ID cards of the caregiver, birth certificates for OVC and death certificate for diseased parents, the collaboration with the civil registrar to facilitate faster registration for example helping the caregiver who have no proper documentation for OVC to acquire them and holding sensitization meetings on civil registration and establishment of mobile registration offices.

5.4 Conclusions

The study findings demonstrate that Cash Transfer has influenced civil registration. The study revealed that demographic characteristics such as education level and age influenced household civil registration.

The study also revealed that majority of the caregivers faced challenges in civil registration of which some are ignorance based while others are as a result of limited resources. Family conflicts also affected civil registration.

It was noted that the caregivers prioritized food and education to civil registration. The caregivers however did not misuse the money given. The inadequacy of the money given was also cited as a reason why all the needs could not be given top priority.

The size of the household influenced civil registration. The household with many children felt the burden of caring for them and some have not acquired civil documents. The study also revealed that though the Programme targets the welfare of children, their voice is non-existent in family decision making. Children participation and involvement was not considered necessary by the community especially the caregivers yet they are the reason for the Programme.

5.5 Recommendations

From the content analysis, responses from the care givers and the children, several recommendations were drawn.

- The beneficiaries should be encouraged to start income generating projects,
- Those to be exited from the cash transfer to undergo economic strengthening
- Continue creating awareness on civil registration through barazas,
- Strengthen mobile registration in order to ease challenges on transport
- Follow up on civil registration in the programme after enrolment, in the programme
- Enforcement of the law should be taken seriously to ensure that all the children are registered.
- Work together with head teachers to ensure all enrolled children have birth certificates
- Increase payments according to household size,

5.6 Suggestions for further study

The study on influence of Cash Transfer for Orphans and Vulnerable Children on Civil Registration be replicated to other locations in order to assess whether the objective of civil registration is being achieved.

It is also important to carry out study on influence of cash transfer on health and well-being of OVC

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APPENDICES

Appendix I: Introduction Letter

Miako Grace Nyawira
P.O Box 16
Kerugoya

To all beneficiaries,

RE: REQUEST FOR PARTICIPATION IN A RESEARCH STUDY

My name is Miako Grace Nyawira, a graduate student at the University of Nairobi. I am conducting a research on influence of Cash Transfer for Orphans and Vulnerable Children Programme on civil registration in Karaba Location of Mbeere South Sub-County for my Master of Arts degree in Project Planning and Management. I kindly request you to allow me to ask you some questions on this subject. All information provided will be treated with complete confidentiality and used for research purposes only. Your participation in the study will not affect any benefits/services you are getting from this programme.

Thank you for your cooperation.

Yours faithfully,

Miako Grace Nyawira

L50/6635/13

Appendix II: Questionnaire for caregivers

Enumerator Name: _____ Number of respondent: _____

Sub-Location: _____ Village: _____

Date: _____

Demographic Characteristics of the caregiver

1. Name of caregiver (optional): _____

2. Gender

Male []

Female []

3. What is your occupation?

Farmer []

Casual worker []

Employed []

Self-employed []

4. Age category

Below 18 years []

19- 30 years []

31-40years []

41- 50 years []

51 - 60 years []

61 and above []

5. Marital status

Single []

Married []

Separated []

Widowed []

6. Who is the head of this household?

Mother []

Grandmother []

Father []

Others (Specify): _____

Grandfather []

7. Who is the registered caregiver?

Mother []

Grandmother []

Father []

Others (Specify): _____

Grandfather []

8. What is your level of education?

Never been to school []

Primary []

Secondary []

Tertiary []

Household Civil Registration and Challenges Faced by the Caregivers

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

10. Did you have the ID card before enrolment?

Yes []

No []

11. Have you acquired the ID after enrolment?

Yes [] No []

12. If **NO**, what is the main reason for not having ID?

Size of the household and civil registration

13. What is the total number of children in this household?

1 - 2 [] 3 - 4 [] 5 -6 [] 7 and above []

14. Before you joined the Programme how many children had/had no birth certificates

With birth certificates [] without birth certificates []

15. After joining the programme, have you acquired birth certificates for all children?

Yes [] No []

16. If no, what is the **main** reason for children not having birth certificates?

Cost too much [] don't know where to register for birth certificate []

Must travel too far [] Late registration did not want to pay fine []

Others: Specify_____

17. What is your Means of transport to registration office?

Bodaboda []

Public vehicle []

Other (Specify):_____

18. How much do you spend for transport to registration office?

Less than Kshs.300 [] Between Kshs. 301 and 600 []

Between Kshs.601 and 900 [] Between Kshs. 901 and 1200 []

More thanKsh1200 []

19. Are biological parents of the children alive?

Both deceased [] One deceased [] Both alive []

20. What documents are available for the deceased parent(s) to prove death?

Burial permit [] Death certificate []

21. If NO death certificate, please explain

Household priorities

22. Who collect the cash from the payment service provider?

Caregiver [] Household head [] other family members []

23. How much is the cash transfer per month?

Ksh. 1000 [] Ksh.2000 [] Ksh.3000 [] Ksh. 4000 []

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

Husband []

Wife []

Both husband and wife []

Children []

Grandfather []

Grandmother []

Other (please specify) _____

25. How do you spend the money from the programme? Please rank with the most important use as number 1 to number 6 in the order of priority.

Use	Ranking
Education	
Food	
Health	
Civil registration	
clothing	

26. What other use apart from above is the money used for?

Thank you for your time and cooperation.

Appendix III: Focus group discussion guide for children

Number of participants: _____

Male: _____

Female: _____

Date: _____

1. What is CT- OVC Programme?
2. Who benefits from the programme?
3. Do your household benefit from the programme?
4. Are there other children who are not in the programme?
5. What does your caregiver do with the transfer received? Have there been any cases of misuse?
6. Do you participate in deciding the use of money?
7. Do you and other children in the household have birth certificates?
8. If yes when did you get them?
9. If no what are reasons for not having them?
10. Does your caregiver has identity card and deceased parents have death certificates or burial permits?
11. What are your suggestions on how the programme can improve civil registration?

Thank you for your time and cooperation

Appendix IV: Interview guide for implementing agency

Date of interview: _____

Name of key informant: _____

Title: _____

Gender: _____

1. Who are benefiting from cash transfer?
2. Who receives the transfer from the pay point?
3. What is the amount disbursed? What is your view on its adequacy in relation to household size?
4. What do caregivers do with the transfer received? Have there been any cases of misuse?
5. In what ways has transfer addressed civil registration?
6. What challenges do caregivers face during civil registration?
7. What are your suggestions on how the programme can improve civil registration?
8. What do you suggest can be done to change the negative effects?
9. Do you have any suggestions on how to improve the programme?

Thank you for your time and cooperation.

Appendix V: Interview guide for district civil registrar

Date of interview: _____

Name of key informant: _____

Title: _____

Gender: _____

1. What is CT OVC programme?
2. In what ways has transfer addressed household civil registration from 2010?
3. How does the number of children in the household influence civil registration?
4. What challenges do caregivers of OVC face during civil registration? What have you done to address civil registration problems?
5. What are the government policies in place for civil registration?
6. What could implementers of the programme do differently to make sure all households access civil registration?

Thank you for your time.