FACTORS INFLUENCING UTILISATION OF INUA JAMII PROGRAMME'S PERSONS WITH SEVERE DISABILITIES CASH TRANSFER ALLOCATION BY BENEFICIARY HOUSEHOLDS IN MANYATTA CONSTITUENCY, EMBU COUNTY

BY:

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A Research Project Report Submitted in Partial Fulfilment of the Requirements for the Degree Award of Master of Arts in Project Planning and Managementofthe University of Nairobi

2017

DECLARATION

This research report is my original work and has not been presented for award of a degree in any University or any other institution of higher learning.

Signature………………………………….. Date………………………….

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This research report has been presented for examination with my approval as University Supervisor.

Signature………………………………….. Date……………………………………

Prof.CHRISTOPHER GAKUU

The University of Nairobi

DEDICATION

I dedicate this work to the entire disability fraternity ofEmbu County. I also wish to thank my loving husband Ronald Elly Wanda and our dear son DaniMunene Wandafor their unwavering support, encouragement and belief in me.

ACKNOWLEDGEMENTS

My sincere gratitude goes to my supervisor, Professor Christopher Gakuu for accepting and giving me guidance in the production of this research study. I also wish to thank Mr. Amos Gitonga, the Centre Organizer, Meru Extra Mural Centre and the entire academic staff in the School of Continuing and Distant Education of the University of Nairobi for their guidance during my study.

I acknowledge the support of my fellow M.A. students in Project Planning and Management class of 2016 at the Embu Sub-Centre, who demonstrated sincere desire to learn by sharing and contributing to class discussions.

My deepest thanks to all respondents who gave substantial information needed for the success of this research study.

Last but certainly not least, I wish to thank my family and friends for their encouragement throughout thisacademic journey.

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LIST OF ABBREVIATIONS AND ACRONYMS

BWC	Beneficiary Welfare Committee
CSAC	Constituency Social Assistance Committee
CT	Cash Transfer
HH	Household
KPHC	Kenya Population and Housing Census
MEACLSP	Ministry of East African Community, Labour and Social Protection
MS	Multiple Sclerosis
NCPWD	National Council for Persons with Disabilities
NHIF	National Hospital Insurance Fund
OVC	Orphans and Vulnerable Children
PWD	Persons with Disabilities
PWSD	Persons with Severe Disabilities
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WFP	World Food Programme

ABSTRACT

Throughout history, with regard to the right to social protection, persons with severe disabilities (PWSDs) have struggled to live full and productive lives as independently as possible. This is because in societies, especially in developing countries such as Kenya, where there is scarcity of resources, even much less dedicated for PWSDs; stigma, discrimination and attitudinal and environmental barriers continue to pose a serious challenge. The primary purpose of this study was to investigate the factors that influencethe utilization of the *Inua Jamii* Cash Transfer programme and its allocation to persons with severe disabilitiesand their households.The study was guided by four objectives: To establish how household characteristics; caregiver factors; individual characteristics of PSDW; and to finally examine how government regulations influence the utilization of PWSD's Cash Transfer allocation by beneficiary households.The researchsite was located in Manyatta, one of four sub-counties that make up Embu County, in Eastern Kenya. This area was selected owing to its good mixture of child, young adults and adults with PWSD in the County. Ethical permission for the researchwas obtained from the National Council for Science and Technology (NACOSTE), the University of Nairobi's Research Ethics Committee as well as the Embu County government. All participantsconsented to participate in the study, either directly orindirectly through written proxy consent from parentsor grandparents for those participants with intellectualdisability.Based on the social model theoretical framework, a conceptual map was designed to demonstrate the relations between the independent, dependent and moderating variables of the study. The social model providedthe study with a broader framework by which the caregiver practices were examined as opposed to the medical model which would have limited the study.The study adopted a descriptive research design. Data was cleaned, tabulated and analysed with the use of Statistical Package for Social Sciences (SPSS 21.0).The study begun through a pilot study involving 10 PWSD-CT beneficiary households (10% of 99) from neighbouring Runyenjes Constituency before embarking on the actual study so as to test the validity and reliability of the data collection instruments as well as to create an insight concerning the interests of the study.Aligned to its objectives, the study found that the household head significantly influenced the decision on the utilization of the cash transfer allocation at 51%. In the study's second objective it was found that women bear the greatest burden of caring for PWSD where 89.6% of the caregivers were women. While in the third objective of the study, it was found that 9.4 percent of PWSD were 70 years and above while 17.7% of PWSD have chronic illnesses which increased their healthcare costs. In the forth objective of the study, evidence from the study shows that there seems to be very little monitoring of the utilization of cash transfer allocation by beneficiary households by government agencies.Also the government's existing operations manual only gave general suggestions on how the allocation should be utilized i.e. to meet the household's basic needs.Although it is well documented that caregivers are often faced with significant social, physical, psychological and economic burdens, there has been fewer studies dedicated at examining the impact of government initiated programmes aimed at the PWSD and the caregiver in Kenya. This study is useful to the GoK, Embu County Government as well as the caregiver and scholars concerned with improving the wellbeing of PWSDs. For instance, the study found that although 59.4% of the beneficiaries that received the PWSD Cash Transfer, cited small scale farming as their other source of livelihood nearly 80.2% of the households had children less than 18 years who are dependents. This exacerbated poverty at the household level that many a time led to other forms of social violence in the household.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

All over the world, national and local governments are preoccupied with addressing the wellbeing of persons with disabilities. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) has defined disability as "long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder a person's full and effective participation in society on an equal basis with others" (United Nations, 2009: 4).

It has been estimated by the World Health Organisation (WHO) that approximately 10 percent of the world's total population are persons with disabilities.It is also stated that nearly 80% of these individuals live in the developing countries (WHO, 2006). At least 93 million children aged 0–14 years are estimated to have moderate to severe disabilities, and 200 million children are estimated to have cognitive or socio-emotional delays (WHO, 2011).

In Kenya, according to recent figures, the population of persons with disabilities (PWD) is estimated to be around6.6 million out of a population of 44 million (Kenya Association of Manufacturers, 2014). Like in most other developing countries, PWDs in Kenya are also marginalised and continue facing many problems as a result of their disabilities. Most have no access to education, health, employment or rehabilitation. The majority continue to experience hardships as a result of in-built social, cultural and economic prejudices, stigmatization and more often, abuse and violence. Additionally, disabled women are more disadvantaged due to their gender and their disability.

Persons with severe disability (PWSD), which this research project report is primarily concerned with, typically demonstrate a limited ability to communicate effectively. According to a recent study by Griffin and Smith (2016), persons with severe disabilities tend to use non-verbal communication which is often idiosyncratic and at times confusing. This has led to the justification of the control of their Cash Transfer Allocation by their caregivers. The control of the cash transfer by the caregivers has very often been deemed so because of the beneficiary's disability that often makes it difficult to determine their capacities. As a result of this situation, a

communication gulf has emerged between the PWSD and the caregiver, who determines how the cash transfer money is utilised. Thishas led to accusations of social violence and deprivation of the PWSDby their caregivers.

Indeed, it could be argued from the onset that when we adopt a broader conception of deprivation to include the poverty of PWSD that include those suffering with psycho-social problems which may include demoralization, the deprivation of PWSD may actually constitute a form of social violence. Deprivation is multidimensional given the fact that there are so many different things which members of a given community maybe deprived of. This multidimensionality makes deprivation of PWSD difficult to quantify. For instance, Dennis Pringle (1999: 314) demonstrated some of the difficulties in attempting to quantify deprivation, for instance, to paraphrase a question that he had posed earlier, how do we weight the absence of an indoor toilet for a severely disabled person in say Manyatta constituency as opposed to say the PWSD's access to a maternity clinic in Embu County?Furthermore, Pringle (1999) has pointed out that the problem of deciding upon an appropriate weighing is compounded by the fact that the relative importance of these features is likely to vary considerably from one severely disabled person to another, as well as their ages, for instance whether it is an elderly person, or a child, or for that matter even an expectant mother and so forth.

Unlike poverty, the extent of which can be quantified in monetary units, there are no obvious units to measure the extent of deprivation. The extent to which a poor PWSD falls below the acceptable standard can be expressed at least in monetary terms. Deprivation in contrast, is a diffuse concept related to the quality of life, such as, for instance, a deprived person with a severe disability lacking access to various features which other people in a given society regard as 'normal', if not essential, for a reasonable quality of life.

Here in Kenya, the geo-spatial dimensions of poverty play a significant role in understanding the dynamics that affect the well-being of PWSD. Poverty and social inequality are, by definition, social problems, but the processes that generate these inequalities do not take place in isolation. They are affected by other dynamics in local settings such as the politics of the county government. This has capacity to also produce different outcomes that affect different PWSD in different counties as well as constituencies like Manyatta in Kenya. Some of these conditions and characteristics may include for instance natural resources such as the recently discovered oil in Turkana County and the on-going intra-community conflict in that region – this has capacity

to further severe the well-being of PWSD in the area. Other factors might include,location relative to services and other geographically disadvantaged counties such as counties in the North-Eastern region of Kenya, which due to the historical legacy that has led to their relative deprivation (lack of infrastructure and insecurity), they are under the current Constitution entitled to the national equalization fund. Additionally, other characteristics that have an impact on PWSD deprivation are as a result of cumulative historical legacy of past social, economic, cultural, political and administrative processes (physical infrastructure of the constituency such as Manyatta, or Embu County itself).

Although some of the processes discussed above that generate social inequalities which in turn have an adverse effect on PWSD are largely of a social and economic characteristic, they cannot be fully understood unless they are located within a certain historical and geographical context (Pringle, 1999). These may include entitlements such as the *InuaJamii* Cash Transfer programme as well as other related factors such as household characteristics, caregiver factors and the individual circumstances of the PWSD him/herself for instance nature and severity of their disability, age, marital status, education level, health status among others.

1.2 Statement of the Problem

Throughouthistory, PWDs have struggled to live full and productive lives as independently as possible. This is because in societies the world over and especially in a developing country such as Kenya, where there is a scarcity of resources, even much less for PWSDs, stigma, discrimination, attitudinal and environmental barriers continue to pose a challenge to PWSDs. According to VanmalaHiranandani (2005), many societies in the developing world through their legislation, policies and practices, have continued to regard the disabled person as unfit for society, as sick, as functionally limited, and as unable to work. This is a major problem that continues to impact negatively on Kenya's PWSDs community as well as their caregivers by exacerbating their poverty and deprivation.

The 2016 World Bank Report on Poverty and Shared Prosperity (2016) report estimated that in 2013, an estimated 767 million people were living under the international poverty-line of US$1.90 a day. In Sub-Saharan Africa alone, it was estimated that 388.7 Million people were poor, translating to 50.7 per cent of the world's poor.

In Kenya, according to the Economic Survey of 2014, poverty incidences per county ranged from a low of 21.8 per cent in Nairobi to a high of 87.5 in Turkana. This implies that two in

every 10 people in Nairobi live below poverty line compared to nine in every 10 people living in TurkanaCounty (Kenya Economic Survey, 2014).

In a related study by Kenya National Bureau of Standards (KNBS), using the Gini index which measures the extent to which the distribution of consumption expenditure among individuals or households within an economy deviates from a perfectly equal distribution found that Embu County's Gini index is 0.379 compared with Turkana County, which has the least inequality nationally (0.283). A Gini index of '0' represents perfect equality, while an index of '1' implies perfect inequality (KNBS, 2013).

Although poverty in general is a problem in the country, the extent to which a poor severely disabled person falls below the acceptable standard in Kenya is worse. A severely disabled person is often deprived of access to various features which other people in a given society regard as 'normal', if not essential, for a reasonable quality of life.

Therefore, there is a need for a study aimed at establishing what role initiatives such as *InuaJamii* Cash Transfer programmes has played in uplifting the lives of PWSDs and their caregivers aimed at looking into the government policies related to the initiative, its utilization in the households as well as the characteristics of PWSDs that influence its allocation and utilization.

1.3 Purpose of the Study

The purpose of this study was to investigate the factors that influence the utilization of the *InuaJamii*Programme'sPersons with Severe Disabilities Cash Transfer allocation by beneficiary households in Manyatta Constituency of Embu County.

1.4 Objectives of the study

1. To establish how household characteristics influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households
2. To establish how caregiver factors influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households
3. To assess how characteristics of individual Persons with Severe Disabilities influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households

4. To examine how government regulations influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households

1.5 Research Questions

1. In what ways do household characteristics influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households?
2. What caregiver factors influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households?
3. What characteristics of the individual Persons with Severe Disabilities influence the utilization of the Persons with Severe Disabilities Cash Transfer allocation by beneficiary households?
4. How do government regulations influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households?

1.6 Significance of the Study

This study will be useful in informing disability practitioners, the Government of Kenya, donors, and the caregiver and about the caregiver and the environmental characteristics associated with positive and negative practices related to the *InuaJamii*PWSD Cash Transfer Programme, which may assist with identifying families of those with severe disabilities that may need more support.

1.7 Assumptions of the Study

The study assumed that respondents answered the questions honestly and truthfully and that all questionnaires were duly completed and returned for analysis. It also assumed that the Manyatta Sub-County Social Development Officer, to whom the interview guide was administered, was available, willing and able to provide accurate information with regard to the utilisation of the PWSD-CT allocation by beneficiary households.

1.8 Delimitations of the Study

The study was conducted in Manyatta Constituency of Embu County, and sampled from the 131 beneficiary households that were benefiting from the *Inua Jamii* Programme's PWSD-CT during the May-June payment Cycle. The study aimed at determining the factors that influence the utilization of the PWSD–CT allocation by beneficiary households. This is mostly because PWSD, due to severity of their disability, are largely not able to make decisions on how their

allocation is utilised within the household and are therefore entirely dependent on the decisions of the caregiver and/or the household head and the household members. Aspects looked into included the household characteristics, characteristics of the individual PWSD, caregiver factors and government regulations.

1.9 Limitations of the Study

Apart from considerations arising from the choice of variables in this study, considerations were given to the limitations imposed by the definitions of the area, Manyatta Constituency in Embu County, to which the data in this study referred. For example, households with PWSD in the Cash Transfer Programme are widely dispersed or remotely located and made research observations a bit difficult. This limitation was overcome by interviewing beneficiaries or caregivers as they collected they cash transfer allocation for the July – August payment cycle.

1.10Definition of Key Terms Used in the Study

Beneficiary household	Selected households who are enrolled and benefiting from the programme.
Caregiver	A person giving care to an OVC, Older Person or PWSD in a home environment and who is officially recognized by the programme as providing care for the beneficiary.
Household	A group of persons living together where they cook and eat together and take commands from one central person (household head).
Household Allocation	Money received through the PWSD – CT programme.
Household Head	One of the members of the household recognised as the head of the unit by the other members of the household unit or by himself (or herself) if living alone
Person with SevereDisability	A person who needs permanent care including feeding, toiletry, and protection from danger from themselves, other persons or from the environment. They also need intensive support on a daily basis which keeps their parents, guardians or caregivers at home or close to them throughout.
Principal Beneficiary	The person with severe disability for whom the cash transfer is targeted
Utilisation	Putting PWSD cash allocation benefits into meaningful use

1.11 Organization of the Study

Chapter one gives the background of the research and introduces the problem statement. It outlines the purpose of the study and its objectives as well as its research questions. The significance, delimitation, limitations and assumptions of the study are also explained. Significant terms used are have been operationally defined. Chapter two presents a review of literature and relevant research associated with the problem addressed in this study. Chapter three presents the methodology and procedures used for data collection and analysis. Chapter four contains an analysis of the data and presentation of the results. Finally, chapter five offers a summary and discussion of the findings, implications for practice and recommendations for future research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter addresses relevant literature and theoretical models in disability studies addressing factors that influence PWSD cash transfer allocation and utilisation. This chapter also discusses the work of other scholars relevant in this research project report. The chapter will feature theoretical and conceptual framework upon which the study's variables shall also be discussed.

2.2 Utilisation of Cash Transfer Allocation

Throughout history, PWDs have struggled to live full and productive lives as independently as possible. This is because in societies the world over, especially in a developing country such as Kenya where there is a scarcity of resources and even much less for PWSDs, stigma, discrimination and attitudinal and environmental barriers continue to pose a challenge to PWSDs. According to VanmalaHiranandani (2005), many societies in the developing world through their legislation, policies and practices, have continued to regard the PWD as unfit for society, as sick, as functionally limited, and as unable to work. Hiranandani argues that there is as such need for the notion of disability as an individual problem to be debated as being derisory and conceptually fallacious.

A study by Hughes et al. (2011) has demonstrated that people with severe disabilities need extensive support to engage meaningfully with life and to take up the daily activities that people without disabilities engage in ordinarily. Such supports are required because their disabilities often make it difficult to determine their capacities. In another study, Nakken and Vlaskamp (2007) pointed out that as a consequence, a communication gulf can emerge between persons with severe disability of an intellectual nature and those who care for, educate and support them. This gulf can be characterized by mutual misunderstanding in interactions involving PWSDs and those with whom they come into contact including their caregivers.

2.2.1 *Inua Jamii* Programme

The current *Inua Jamii*Cash Transfer Programme is a Kenya Vision 2030 flagship project aimed contributing to the realization of the social pillar mentioned above.The Cash Transfer for PWSD was launched in June 2011. It is aimed at adults and children with severe disabilities, who require full time support of a caregiver.

2.2.2 Utilisation of Cash Transfer Allocation

Whether having a significant input through the *Inua Jamii* Cash Transfer Programme would be sufficient to make much of an impact upon the structural inequalities that exist not only in Kenya as a country, Embu as a county, or Manyatta as a Constituency, remains unclear. One thing clear perhaps is that the absence of a significant input does little to reduce the vulnerabilities of the PWSDs most at risk.

2.3 Household Characteristics and Utilisation of Cash Transfer Allocation

The programme is an amalgamation of three cash transfer programmes namely the Orphans and Vulnerable Children Cash Transfer (OVCT), Older Persons Cash Transfer (OPCT) and Persons with Severe Disability Cash Transfer (PWSD-CT). In all three programmes, beneficiary households receive an allocation of Kshs 2,000 a month, paid every 2 months (GoK, Cash Transfer Operations Manual, 2013).

Whether having a significant input through the *InuaJamii* Cash Transfer Program would be sufficient to make much of an impact upon the structural inequalities that exist not only in Kenya as a country, Embu as a County, or Manyatta as a Constituency, remains unclear. One thing clear perhaps, is that the absence of a significant input does little to reduce the vulnerabilities of the PWSD most at risk from poverty and deprivation as forms of social violence.

2.3.1 Other important characteristics that the utilisation of the cash transfer allocation

2.3.1.1 Household head

The person in charge of the household.

2.3.1.2 Household size

The size of the family is another important factor in allocations

2.3.1.3 Household Income

How much, for instance does the family have as income, aside from the allocation

2.3.1.4 Household Composition

This includes; age, chronic illnesses, disability, orphanage status and so forth

2.4CaregiverFactors and Utilisation of Cash Transfer Allocation

Examining factors that are associated with caregiver practices for those affected with severe disability is a complex multi-factoral process given the variability and interdependence among the health condition the PWSD, the caregiver or family, household, the socio-cultural and physical environment (Gannoti et al., 2013).

2.4.1 Relationship to PWSD

Griffiths and Smith's (2016) study looking at the communication interaction between PWSD and their carers revealed that PWSD and multiple disabilities have a functional ability to engage in communication and that they do this in tandem with their communication partner, usually their caregivers. PWSD such as those with multiple sclerosis can display a multiple combination of deficits such as behavioural and environmental problems, physical, cognitive as well as psycho-social. According to Khan et al. (2007), multiple sclerosis impairments may include strength, coordination, memory, urinary urgency, spasticity all these often lead to limitation of activity. These may include mobility, incontinence, pain, cognitive deficits and self-care. These tend to restrict them in participating in activities in society such as driving, managing finances and having meaningful work. According to the study by Khan et al., the chronic and disabling nature of multiple sclerosis very often tend to have negative effects on family dynamics and therefore MS carers are at high risk of developing psychological and even physical morbidity. A separate study by Dunn (2010), has further observed that family members are usually burdened by a wide range of caregiving tasks that often disrupt normal family life as well as other daily routines in the house. This leads to a reduction in the quality of life for both the PWSD and his or her caregiver.

2.4.2 Age of the Caregiver

The age of the caregiver in relation to that of the PWSD is an important determinant on how they communicate and engage and this can also have an effect on how the cash transfer allocation is used or abused. Other studies have shown that caregivers are central to recognizing behaviours indicative of pain experienced by the PWSD and reporting these to the relevant health

professionals. They are an important source of information on the experience of pain because of an intimate knowledge of those they care for (Bottos and Chambers, 2006) and because of their regular contact with service users. Health professionals often rely on caregivers attending consultations to provide information which helps assess and diagnose pain. Therefore, it is of great importance to consider caregivers' perceptions and experiences of caring for people in pain.

Turk et al.(2012) have noted in their interviews with 59 carers and 98 adults with intellectual disabilities that at times, caregivers were reluctant to seek healthcare if they thought the complaint of a PWSD was 'trivial' or the person would not benefit from a doctor's intervention.

2.4.3 Level of Education

Some types of disabilities may be more strongly related to parents' disciplinary responses and violence toward the child than others. For example, if their child's disability involves difficulties with verbal communication (e.g., the child is deaf or has problems processing language), parents may be more likely to use corporal punishment because they feel unable to communicate with the child verbally to use reasoning or explanations. Consistent with this perspective, Knutson, Johnson, and Sullivan (2004) found that mothers of children with profound hearing loss were more likely than mothers of children without hearing loss to report that they would use corporal punishment in response to hypothetical child transgressions and to report that they would escalate their response to corporal punishment if the child persisted in misbehaviour despite mothers' attempts to stop it.

2.4.4 Health Status

Ruth Evans and Agnes Atim (2011), whose study explored the divergences and interconnections between the concepts and practices of care, disability and HIV in the context of East Africa, have observed that the vulnerability of disabled people to HIV infection has only recently been recognised and disability issues have been largely neglected in global and national HIV&AIDS policy responses. This is linked to underlying assumptions that disabled people are sexually inactive, unlikely to use drugs and are at less risk of rape and sexual violence. Recent research has refuted these assumptions and revealed that disabled people are particularly susceptible to HIV infection as a result of a range of factors, including their low socioeconomic status and heightened vulnerability to sexual exploitation and abuse (particularly disabled women and girls)

compared with nondisabled people, and their limited sexual health awareness because of low levels of literacy, poor access to education, inaccessible sex education resources and sexual health advice and testing centres.6 The UN Convention on the Rights of Persons with Disabilities does not explicitly refer to HIV or AIDS in the definition of disability(Evans and Atim, 2011: 1438).

2.5 Characteristics of the Individual PWSD and Utilisation of Cash Transfer Allocation

Social exclusion is one important characteristic that affects the well-being of a PWSD. It can be regarded as a form of deprivation, in the sense that people who are socially excluded are deprived from the things which they are excluded. Whereas poverty and material deprivation may be regarded as indicators of social inequality affecting generally persons with disabilities (PWD), social exclusion, is related more to the concept of power or lack of power. PWSD tend to be mostly socially excluded. They are not only deprived of material or non-material features regarded by other non-disabled persons as essential to a reasonable quality of life: PWSD are also deprived of a significant influence in controlling the processes that give rise to the social exclusion inequalities (Heywood, 1999).

According to British political theorist Andrew Heywood (1999) it is impossible to argue that what a person says he or she wants is in his or her own interest. In effect, the expressed preferences of each person are the only reliable guide to their own genuine interests. “Felt” interests, for instance, Heywood points out, are “real” interests. He argues that to impose any other conception of ‘real’ interests is elitist, even authoritarian, since it denies that ordinary people know what is best for themselves (Heywood, 1999: 129). This is a fate that usually PWSD experiences to a large degree.

The relationship between poverty, deprivation as social violence can be viewed in different ways. Cook et al. (2007) have suggested that poverty is a cause of deprivation, arguing that it is impaired spending power which forces people to forego some of the features which are regarded by others as an essential component of a quality of life. Poverty is as such a form of resource constraint, whereas deprivation refers to the implications of this resource constraint upon consumption. We can argue therefore that disability, particularly severe disability increases the likelihood of hardcore poverty. The 2016 World Bank Report on Poverty and Shared Prosperity estimated that in 2013, an estimated 767 million people were living under the international poverty line of US$1.90 a day. In Sub-Saharan Africa alone, it was estimated that 388.7 Million

people were poor, translating to 50.7 per cent of the world's poor (World Bank, 2016). PWSD run a greater risk of poverty, whether defined in absolute or relative terms. Poverty in turn, increases the likelihood of actual material deprivation. Poverty also increases the likelihood of non-material deprivation such as poor health or demoralization.

According to Allen and Thomas (2000), in their study of poverty and development have given an alternative characterization of poverty as to concentrate on measuring the various dimensions of deprivation separately and then put them together. They have pointed out that the UNDP has followed this approach and developed a series of composite measures. On the one hand, it has produced the Human Development Index (HDI) and a number of variants. In the HDI indices, the UNDP considers health of a population which it measures by life expectancy; the educational attainment of a given community; and its material standard of living, which it measures by Gross Domestic Product (GDP) per capita (usually in US Dollars). More recently, the UNDP has produced a Human Poverty Index (HPI) which also has variants. The HPI is used to measure deprivation in a given community, for example by looking at vulnerability to death at a relatively early age, deprivation in knowledge and a lack of a decent living standard (Allen and Thomas, 2000:16).

2.5.1 Age of PWSD

The age of the PWSD is important characteristic that plays a big role in the allocation and utilisation of the cash transfer monies. A younger PWSD is likely to have lesser a say in perhaps how the sums are used and for what purposes, for instance.

2.5.2Gender and nature of the disability

The gender, the socially constructed role of the PWSD as well as the nature of the disability is an important characteristic that may determine how he or she interacts with the caregiver and society at large as well as the dynamics of socio-cultural power politics in the household.

2.5.3 Level of Education

How well educated a PWSD is a characteristic that may also inform the utilisation of the cash transfer allocation in a given household. The better educated the PWSD is, the better a contribution he or she may make in relation to the allocation and its utilisation.

2.5.4 Marital Status

Being married or not is a not only a legal status, it is also a cultural and social status which plays a strong role in determining issues of rights and entitlement within a given household. Therefore, a PWSD individual is likely to be affected dependent on his or her marital status, for women especially issues such as inheritance rights in the household or property entitlement are some of the issues that may emerge in relation to her allocation based on marital status.

2.6 Government Regulation and Utilisation of Cash Transfer Allocation

Since gaining independence in 1963 from the United Kingdom, Kenya's successive post-independence governments, through various policy documents have made several attempts at examining the disability constituency with a view of integrating it into the mainstream development action plan. The first attempt was the *Ominde*Commission of 1964, which recognized the need for education and training in the disability sector. This led to the Parliamentary Sessional Paper number 5 of 1968 which in turn led to the setting up of the Vocational Rehabilitation Division in the Department of Social services. The first initiative from this effort was the establishment of the Industrial Rehabilitation Centre in Nairobi in 1971 – which gave birth to a further ten rural vocational rehabilitation centres were subsequently established countrywide to offer artisan courses such as carpentry, dress making and leatherwork. In 1975, the special education section was set up within the ministry of education to coordinate education for children with special needs. Independent sections with specialised staff responsible for every disability category were later established within the inspectorate and curriculum development arms of the Ministry of Education. In 1981, the government set up the National Fund for the Disabled Trust to offer assistance to both individuals and institutions assisting the disabled. In 1984, the Ministry of Education introduced the Educational Assessment and Resource Services (EARS) which has greatly improved the growth and quality of educational services for children with special educational needs (KNBS, 2013; Wanda, 2016).

2.6.1 Kenya Vision 2030

Kenya Vision 2030 as the national blue print on development features three pillars namely the economic, social and political that it considers as important in order for the country to achieve its national objectives. The Social Pillar complements the 2010 Constitution by reinforcing ideas of

poverty eradication especially in vulnerable groups such as the elderly and persons with disabilities.

Over the past forty years, several changes have taken place in Kenya that have led to improvements for PWDs and PWSDs. For instance, the reigns of President Daniel ArapMoi (1978 to 2002) and MwaiKibaki's (2003 to 2013) saw the enactment of the Persons with Disabilities Act of 2003 that led to the formation of the National Council for Persons with Disabilities (NCPWD) – an organization set up to represent the welfare of Kenya's PWDs and their interests. The incumbent administration of President Uhuru Kenyatta, continue to administerthe values embedded in Kenya's Vision 2030 national development plan, which has spelt out important aspects for the creation of social equity and wealth creation opportunities for the poor with emphasis on different categories which include geographical units, income status, sex and age (GoK, Kenya Vision 2030).

2.6.2 Social Rights in Chapter Four of the 2010 Constitution

Above all these developments, perhaps the most momentous was the promulgation of the current Constitution of Kenya in August of 2010. According to Wanda(2016),the Constitution has been instrumental in many ways, to all Kenyans regardless of their social backgrounds including persons with disabilities. This Constitution introduces the Bill of Rights in Chapter four which is significant in raising the bar of equality in terms of economic, social and political equality. The rights of persons with disabilities in Kenya are protected not only in the Bill of Rights but also through various Acts of Parliaments and provisions stipulated in various policy documents such as the Social Protection Policy.

2.7 Theoretical Framework

There are two major theoretical models largely used in disability studies, namely the Medical Model and the Social Model. In the past few years, the medical model has been discredited due to its rigidity. This is because it focuses the problem of disability as if it was restricted only to the person who had the disability. It emphasizes on 'correcting' the handicap in the PWD in order to enable them 'fit' into the society, through rehabilitation, treatment and so forth. In recent times, scholars engaged in disability studies have relied abandoned the medical model and adopted the social model. This is because the social model offers a wider scope of analysis when looking at disability research. The primary argument in support of the social model in contrast to the

medical model is that it sees the society as the primary cause of disability in a given environment. It therefore advances the need to remodel society to accommodate the person with disability. In other words, it is aimed at removing disabling barriers in society and creating an enabling environment for the PWD to participate meaningfully in society.

2.7.1 Social Model Theory

This study adopted the social model as a theoretical framework.This model provides a broader framework by which the caregiver practices can be examined as opposed to the medical model which is concerned about individual coping mechanisms. The social model of disability defines impairment as 'the medically defined condition of a person's body/mind' and disability as 'the socially constructed disadvantage based upon impairment' (Wendell, 2001: 22).

This model is suited to this study because of its multi-factoral, cross-cultural and family constructed meanings that this study will incorporate. Therefore this study looking at interactions of PWSD with their caregivers in relation to the use of the *Inua Jamii*Cash Transfer Programme will highlight the importance of socially constructed meanings of severe disability behaviour, development as well as variation in the expectations for skills in development and behaviour. Recent studies on cross-cultural variability in caregiver practices have highlighted the importance of cultural beliefs, religion and socio economic status. All these affect the well-being of the caregiver as well as the PWSD.

2.8 Conceptual Framework

In this study the dependent variable will be the utilization of cash transfer allocation by beneficiary households while the dependent variables are household characteristics, government policies, caregiver factors and the characteristics of the individual PWSD. The moderating variables in the relationship between the dependent and independent variables are religious factors and socio-cultural factors. The indicators for the dependent variable are expenditure of the PWSD CT allocation, involvement of PWSD in decision making over expenditure, living conditions of the PWSD e.g. nutrition, sleeping area, clothing, health and conflict over expenditure. The conceptual framework is illustrated in Figure 1.

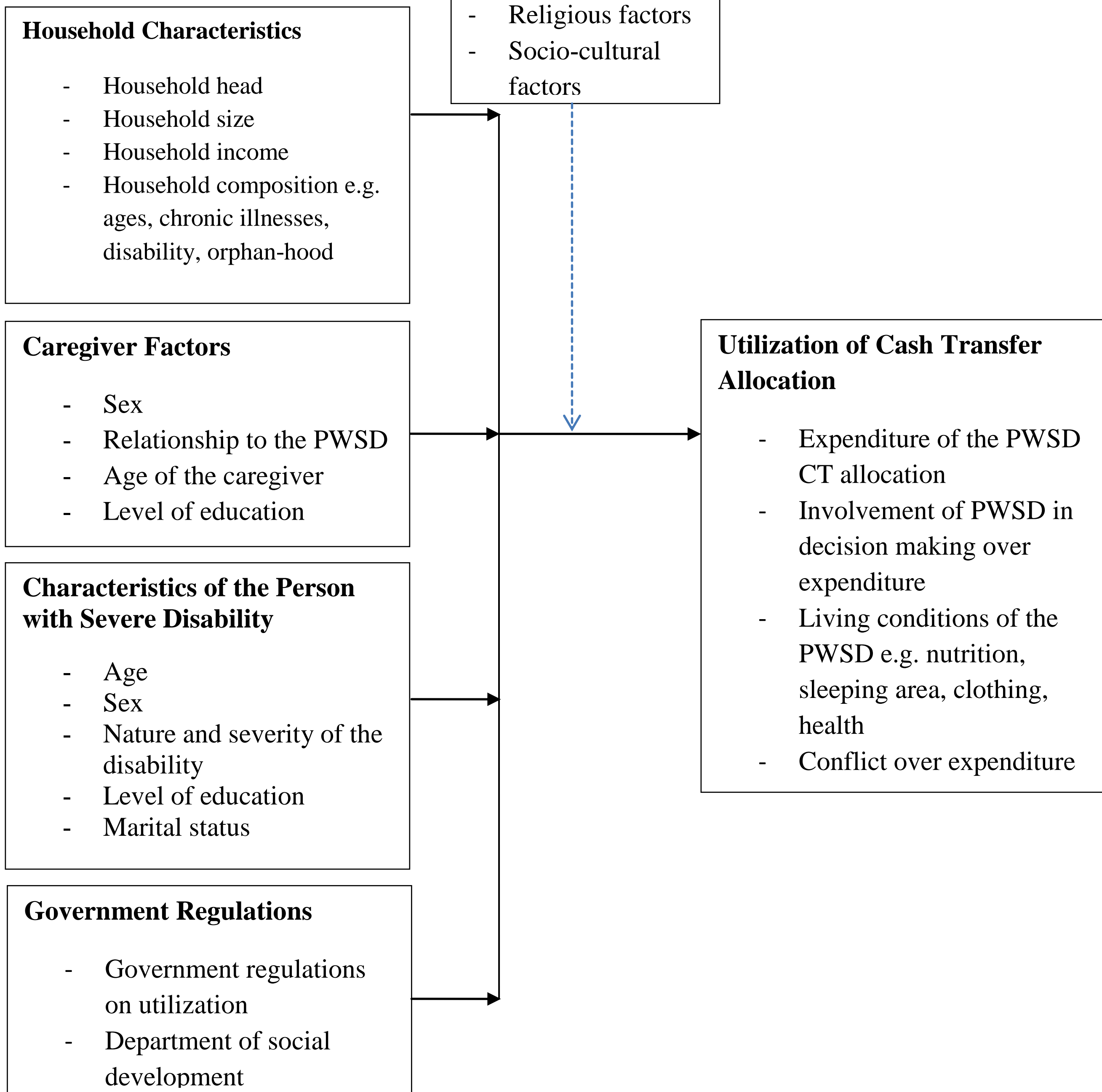

Figure 1: Conceptual framework

2.9 Summary of Reviewed Literature

This chapter reviewed literature related to the utilization of *Inua Jamii* Programme's persons with severe disability cash transfer allocation,which is a flagship project under the social pillar of the Kenya Vision 2030 development blueprint. It looked at factors such as household and individual PWSD characteristics involved in the use of cash transfer allocation. It also looked at caregiver factors involved in the utilization of the allocation as well as the influence of government regulations in the utilization of the allocation. The literature reviewed in the course of the discussion touched on the medical model but narrowed down on the social model as this was felt more applicable in the theoretical framework of the study. The social model was selected because it provides a broader framework by which the objectives of the study can be analysed. A conceptual framework was then developed to demonstrate the relations of the study's variables in relation to the objectives.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology that was used in the study. The chapter therefore presents the research design, target population, sample size and sampling techniques, the data collection tools, data collection procedures and data analysis and data presentation methods and ethical issues.

3.2 Research Design

Kerlinger (1986) defines research design as a plan, structure and strategy of investigation so conceived as to obtain answers to research questions or problems. It details procedures that are considered necessary for data collection and analysis to be used for the study. For a research design to be considered good, bias should be minimized and accuracy of data obtained maximized, ensuring there are very few errors. It should also provide information that is adequate to ensure the research objective's analysis is carried out extensively without losing perspective (Yin, 2013).

In view of this, a descriptive research design was used for this research. According to Mugenda and Mugenda, (1999), descriptive research is a systematic collection and analysis of data in order to answer questions concerning current status of a program, report or activity. It is concerned with determining the frequency with which something occurs or the relationship between variables (Brymanand Bell, 2003). This approach was thus deemed appropriate for this study, since the researcher was able to collect detailed information through descriptions which were useful for identifying variables and hypothetical constructs related to determinants of utilization of *InuaJamii*PWSD-CT allocation by beneficiary households in Manyatta Constituency. This method provided descriptions of the variables in order to answer the research questions in the study.

3.4 Site Description

The *InuaJamii* Cash Transfer programmes namely OVCT, OPCT and PWSD-CT operate nationally in all the 290 constituencies across the 47 counties (Cash Transfer Operations Manual, 2013).The study was carried out in Manyatta Constituency between the months of July and

August 2017. Manyatta Constituency is one of the four constituencies in Embu County of Kenya. According to the 2009 Kenya Population and Housing Census (KPHC), the constituency has a population of 154,632 persons. Manyatta Constituency is largely characterized by a rural settlement pattern with only one major urban centre namely Embu Town. The constituency has 10 locations namely; Gaturi South, Kathangariri, Kibugu, Kithimu, Mbeti North, Mbuvore, Municipality, Ngandori East, Ngandori West and Ruguru (KPHC, 2009).

3.5 Target Population

Ngechu (2004) defines a population as a well-defined or set of people, services, elements, events, group of things or households that are being investigated. Busha et.al, (1980) state that "a population is any set of persons or objects that possesses at least one common characteristic." The target population in this study was 131households caring for persons with severe disabilities in Manyatta Constituency, currently benefitting from the PWSD-CT programme (Manyatta Sub-county Department of Social Development, June 2017). According to the Cash Transfer Operations Manual (2013), a household qualifies to be enrolled into the PWSD-CT programme if it meets the following criteria; It has member who is a person(s) with severe disabilities, is extremely poor earning a monthly income of less than Kshs. 2,000, is not enrolled in any other cash transfer programme, is not receiving a regular pension, beneficiary has resided in a location for more than a year and that the beneficiary is a Kenyan citizen.

3.6 Sample Size and Sampling Procedure

While a sample is a carefully selected portion or part of the target population, sampling is a procedure where a fraction of the data is taken from a large set of data, and the inference drawn from the sample is extended to the whole group.

In view of this, the researcher adopted a statistical model initiated by Yamani and Keyton (2001) to determine the sample size of this study:

The formula $n = N \div (1 + NE^2)$

Where;
n = intended Sample size
N = Population size
E = degree of tolerable error
1 = Constant

Therefore, applying the formula and allowing 5% error margin, we have:

$n = 131 \div (1+131(0.05)^2$

$n=131 \div (1+ (131*0.0025)$

$n=98.68$

Hence, n = 99 PWSD-CT Beneficiary Households in Manyatta Constituency

Determination of the current PWSD CT beneficiary households was established from the April to May Payment Cycle payroll which was obtained from the Manyatta Sub-County Social Development Office. Simple random sampling technique was used to identify the first PWSD-CT beneficiary household in a location and then the next households were identified through snowball sampling technique. This is a non-probability sampling technique that is used by researchers to identify potential subjects or respondents in studies where subjects are hard to locate as is the case with PWSD-CT beneficiary households in Manyatta Constituency. This type of sampling technique works like chain referral. After observing the initial subject, the researcher asks for assistance from the subject to help identify people with a similar trait of interest (Castilo, 2009).

3.7 Data Collection Instruments

The research adopted qualitative and quantitative techniques of data collection. Quantitative data was collected through the use of structured questionnaires that were administered to the sampled 99 PWSD-CT beneficiary households while qualitative data was collected through interview of a key informant who is the Manyatta Sub-County Gender and Social Development Officer II using an interview guide.

3.7.1 Pilot Testing of the Data Collection Instruments

A pilot, or feasibility study, is a small experiment designed to test logistics and gather information prior to a larger study, in order to improve the latter’s quality and efficiency. A pilot study can reveal deficiencies in the design of a proposed experiment or procedure and these can then be addressed before time and resources are expended on large scale studies (Borg and Gall, 1989). Based on Orodho’s (2009) recommendation that a sample size of 10% of the sample population is good enough for piloting of instruments, a pilot study involving 10 PWSD-CT beneficiary households from neighbouring Runyenjes Constituency was conducted before the actual study so as to test the validity and reliability of the data collection instruments as well as

to create an insight concerning the interests of the study. Reliability was achieved by employing the split-half method to compute reliability coefficient that was 0.86that falls within the acceptable limit of 0.7-1 (Nachmias and Nachmias 1996).

3.7.2 Validity of the Data Collection Instruments

Validity indicates the degree to which the instrument measures the constructs under investigation (Mugenda and Mugenda, 1999). Validity is judged by the ability of a tool to measure accurately what it ought to measure. There are three types of validity tests namely; criterion, content and construct validity. Criterion validity refers to the likelihood that a question will be misunderstood or misconstrued. Pretesting is a good way to increase criterion validity. Content validity is used to measure the degree to which the sample of the items represents the content that the test is designed to measure. A measure possesses construct validity to the degree that it confirms to predict correlations with other theoretical propositions (Yin, 2013).

Criterion validity was used to establish the validity of the data collection instruments. This was done by pre-testing the instruments amongst 10 PWSD-CT beneficiary households in Runyenjes Constituency.

3.7.3 Reliability of the Data Collection Instruments

Reliability is the measure of the degree to which a research instrument yields consistent results or data after repeated trials (Mugenda and Mugenda 2003). A pre-test of the instruments was carried out in 10 PWSD CT beneficiary households in Runyenjes Constituency to determine reliability. Elimination, alteration and improvements were done on the data collection instruments based on the findings from the pilot study.

3.8 Data Collection Procedure

The researcher sought an introductory letter from the University of Nairobi in the School of Extra-Mural Studies and authorization letters and research permit. These documents enabled the researcher to secure an authorization letter from the County Coordinator for Social Development in Embu County. The letter introduced the research to the respondents before administering questionnaires. The researcher then embarked on administering data collection instruments to the sampled respondents. The questionnaires were administered by trained data enumerators. The data enumerators were trained by the researcher in understanding the sensitive and ethical nature

of the research involved in disability studies in order to maintain dignity and confidentiality of the respondents.

3.9 Data Analysis Techniques

Data analysis is the process of bringing order, structure and meaning to the mass information collected (Mugenda&Mugenda, 2003). Data was edited for completeness, accuracy and completeness in order to identify and eliminate errors made by respondents. Coding was done to translate question responses into specific categories. Statistical Package for Social Sciences (SPSS) was used to generate frequency distributions using descriptive statistics in order to examine the pattern of the responses. The findings were presented in form of Tables, frequencies and percentages in order to bring out the relative differences of values.

3.10 Ethical Considerations

Informed consent to become a participant in the study was sought before administering the questionnaire to any selected respondent. Participants were given assurance that their identity would remain anonymous in order to uphold their privacy. Administration of the questionnaire was done in confidence in order to provide a comfortable environment for the respondent to give truthful and accurate responses.

3.11 Operationalization of Variables

Table 3.1 shows how the variables were operationalized in the study to have them measurable. It indicates the general objective, the variables, their indicators, the form of measurement, scale of measurement and the data collection tool.

Table 3.1: Operationalization of Variables

Objective	Variable	Indicator(s)	Scale	Data Collection Method	Data Analysis
To establish the household characteristics that influence utilization of the PWSD CT allocation by beneficiary households	Independent variable Household characteristics	- HH head - HH size - HH income - HH Composition	Nominal Ordinal Ratio	Questionnaire	Correlational and descriptive analysis
To establish the caregiver factors that influence utilization of PWSD CT allocation by beneficiary households	Independent variable Caregiver factors	- Sex - Relationship to PWSD - Age - Level of education	Nominal Ordinal Interval	Questionnaire	Correlational and descriptive analysis
To assess the characteristics of individual PWSD that influence utilization of PWSD CT allocation by beneficiary households	Independent variable Characteristics of the PWSD	- Sex - Age - Nature and severity of the disability - Level of education - Marital status	Nominal Ordinal Interval	Questionnaire	Correlational and descriptive analysis
To examine the government policies that influence utilization of PWSD CT allocation by beneficiary households	Independent variable Government regulations	- Government regulations on utilization - Monitoring by department of social development - Enrolment into the programme	Ordinal Interval	Interview Guide	Descriptive analysis

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1. Introduction

This chapter presents the findings of the study carried out. The purpose of this study was to establish the factors that influence the utilization of the cash transfer allocation by PWSD-CT beneficiary households in Manyatta Constituency. Data analysis was done using SPSS and is presented using frequency and percentage tables. The presentation of data, analysis and discussions were guided by the study objectives which were to establish how household characteristics, caregiver factors, individual PWSD characteristics and government regulations influence utilization of PWSD-CT allocation by PWSD-CT beneficiary households.

4.2. Return Rate

The total sample size was 99 PWSD-CT beneficiary households in Manyatta Constituency. Out of these, 96 valid responses were received yielding a response rate of 96.9%. According to Mugenda and Mugenda (1999), a response rate of 50 percent is adequate for analysis and reporting; a rate of 60 percent is good and a response rate of 70 percent and over is excellent. Based on this assertion, the response rate of 96.9% was considered to be excellent.

4.3. Demographic Characteristics of the Respondents

This section covers the bio-data of the respondents under the following headings: sex, level of education and age of household head, caregiver and PWSD.

4.3.1. Distribution by Gender

Findings revealed that 53.1% of the household heads were female while 46.9% were male. Further, 89.6% of caregivers were female while 10.4% were male and 53.1% of PWSD were female while 46.9% were male. Table 4.1 is a presentation of the data obtained on the respondents' gender.

Table 4.1: Gender of Respondents

Sex	Household Head	%	PWSD	%	Caregiver	%
Male	45	46.9	45	46.9	10	10.4
Female	51	53.1	51	53.1	86	89.6
Total	**96**	**100.0**	**96**	**100.0**	**96**	**100.0**

4.3.2 Distribution by Age

The study sought to determine the ages of the caregivers and the PWSD. Table 4.2 presents findings on the ages

Table 4.2: Age of Respondents

Age	PWSD	Percent	Caregiver	Percent
0-10	21	21.9	0	0
11-20	29	30.2	0	0
21-30	15	15.6	10	10.4
31-40	14	14.6	26	27.1
41-50	5	5.2	23	24.0
51-60	1	1.0	31	32.3
61-70	2	2.1	4	4.2
71-80	9	9.4	2	2.1
Total	**96**	**100.0**	**96**	**100.0**

4.3.3 Distribution by Education Level

The study revealed that 68.8% of household heads had primary education, while 72.9% of PWSD had no education at all. Majority of the caregivers at 64% had primary education and only 5.2% had post-secondary education.

Table 4.3: Education Level of Respondents

Education Level	Household Head	%	PWSD	%	Caregiver	Percent
None	14	14.6	70	72.9	13	13.5
Primary	66	68.8	19	19.8	62	64.6
Secondary	16	16.7	3	3.1	16	16.7
Vocational / Post-secondary	0	0	4	4.2	5	5.2
Total	**96**	**100.0**	**96**	**100.0**	**96**	**100.0**

4.4 Household Characteristics and Utilization of Cash Transfer Allocation

The study sought to establish how household characteristics influenced the utilization of cash transfer allocation by beneficiary households. These included the household head, household size, household income and household composition.

4.4.1 Household Head

As established in Table 4.3, majority of the household heads were females at 51% while males were 45%. 68% of household heads had up to primary level of education while 16% had secondary education and 14% had not gone to school. Further, 65.6% of household heads were parents of the PWSD as illustrated in Table 4.4.

Table 4. 4 Relationship of Household Head to PWSD

Relationship	Frequency	%
Parent	63	65.6
Child	11	11.5
Sibling	6	6.3
Self	5	5.2
Other Relative	11	11.5
Total	**96**	**100.0**

4.4.2 Household Size

The study sought to establish how the size of the household influences utilization of the PWSD-CT allocation. The average household size was 5 household members. Table 4.5 illustrates the household size.

Table 4.5: Household Size

Household Size	Frequency	Percent
3	16	16.7
4	23	24.0
5	29	30.2
6	10	10.4
7	6	6.3
8	5	5.2
9	2	2.1
10	4	4.2
13	1	1.0
Total	**96**	**100.0**

4.4.3 Household Income

The study sought to establish the household's average monthly income and their sources of livelihood. 88.5% of households reported their gross monthly income to be less than Kshs 5,000. Only 2% of the households had a gross monthly income above Kshs 10,000.

Table 4.6: Average Monthly Income

Average Monthly Income (Kshs)	Frequency	%
2000 to 5000	85	88.5
5001 to 10000	9	9.4
10001 and Above	2	2.1
Total	**96**	**100.0**

4.4.4: Sources of Livelihood

While 100% of the beneficiaries received the PWSD Cash Transfer, 59.4% cited small scale farming as their other source of livelihood while 33% identified casual labour as their source of livelihood as illustrated in Table 4.7.

Table 4.7: Main Source of Livelihood

Source of Livelihood	Frequency	%
PWSD-CT	96	100
Business	6	6.3
Farming	57	59.4
Casual Labour	33	34.4
Begging	1	1

4.4.5 Household Composition

The study sought to establish the presence of other vulnerable persons in the households including other persons with disabilities, children under 18 years, older persons, chronically ill people as well as orphans and vulnerable children. As illustrated in Table 4.8, households with children under 18 years who are dependents comprised 80.2% of the population while 14.6% of the households had other persons with disabilities. Other vulnerable persons included older persons at 9.4%, chronically ill persons at 8.3% and orphans and vulnerable children at 4.2%.

Table 4.8: Other vulnerable persons in the household

Other Vulnerable Persons in the Household	Frequency	Percentage
PWD	14	14.6
Children Under 18 Years	77	80.2
Older Persons over 65 years old	9	9.4
Chronically Ill Persons	8	8.3
OVCs	4	4.2

4.5 Caregiver Factors and Utilization of Cash Transfer Allocation

Caregiver factors such as gender, age and level of education are illustrated in Tables 4.1, 4.2 and 4.3 respectively.

4.5.1 Relationship of Caregiver to PWSD

The study sought to establish the relationship of the caregiver to the PWSD as illustrated in Table 4.9. Majority of the caregivers (67.7%) were parents of the PWSD.

Table 4.9: Caregiver Relationship to PWSD

Relationship	Frequency	Percent
Child of PWSD	8	8.3
Parent of PWSD	65	67.7
Guardian of PWSD	2	2.1
Sibling of PWSD	9	9.4
Spouse of PWSD	3	3.1
Other Relative	9	9.4
Total	**96**	**100.0**

4.6 Characteristics of the Person with Severe Disability and Utilization of Cash Transfer Allocation

The study established that 46.9% of the PWSD were male and 53.1% were female. The average age of PWSD was 27 years with the majority of the beneficiaries lying in the 11 to 20 years age bracket represented in Table 4.2. Further, majority (72.9%) of the PWSD had never gone to school.

4.6.1 Marital Status of PWSD

The marital status of the PWSD is presented in Table 4.10 where 88.5% of the PWSD have never been married.

Table 4.10: PWSD Marital Status

PWSD Marital Status	Frequency	Percent
Married	6	6.3
Separated	2	2.1
Widowed	3	3.1
Never Married	85	88.5
Total	**96**	**100.0**

4.6.2 Nature and Severity of the Disability

The highest percentage of beneficiaries had multiple disabilities at 39.6% with 90.6% being severely disabled, which conforms to the programme's requirement that the PWSD be one requiring 24-hour care due to the severity of the disability, as is the case with persons with multiple disabilities. These findings are illustrated in Tables 4.11 and 4.12.

Table 4.11: Nature of Disability

Nature of Disability	Frequency	Percent
Physical	34	35.4
Visual	4	4.2
Mental	20	20.8
Multiple Disabilities	38	39.6
Total	**96**	**100.0**

Table 4.12: Severity of Disability

Severity of PWSD Disability	Frequency	Percent
Moderate	9	9.4
Severe	87	90.6
Total	**96**	**100.0**

4.6.3 Other Vulnerabilities

The study also considered other factors that may compound the PWSD's vulnerability. They were orphan-hood, living alone and having chronic illness represented in Table 4.13.PWSD with chronic illnesses were17.7% while 14.6% were orphaned which compounded their vulnerability.

Table 4.13: Other Vulnerabilities

Orphaned	%	PWSD Lives alone	%	PWSD Chronically Ill	%
14	14.6	2	2.1	17	17.7

4.7 Government Regulations and Utilization of Cash Transfer Allocation

The study sought to establish whether the utilization of the cash transfer was monitored and if so, by whom. It revealed as illustrated in Table 4.14 that 78.1% of monitoring was done by the department of social services. The beneficiary welfare committees (BWC) which are formed at locational level and comprise of *Inua Jamii*programme beneficiaries and/or caregivers including the OPCT, OVCT and PWSDCT, were second in terms of monitoring at 58.3% while 15.6% of the beneficiaries admitted that their households had never been visited for monitoring by any agency.

Table 4.14: Monitoring of Utilization

Monitoring Group	%
BWC	58.3
Social Services	78.1
CSAC	8.3
Local Administration	2.1
NCPWD	2.1
No Monitoring	15.6

4.8 Utilization of Cash Transfer Allocation

The study revealed that majority of the households did not involve the PWSD in making the decision on how the cash transfer allocation was utilized with 56.3% of the respondents strongly disagreeing that PWSD were involved in determining the utilization of the cash transfer

allocation and a further 17.7% disagreeing. Only 16.7% strongly agreed that the PWSD was involved in the utilization decision.

Table 4.15: Extent of involvement of PWSD in the Utilization Decision

	Frequency	Percent
Strongly Disagree	54	56.3
Disagree	17	17.7
Uncertain	7	7.3
Agree	2	2.1
Strongly Agree	16	16.7
Total	**96**	**100.0**

4.8.1 Determination of How the Cash Transfer Allocation is utilized

Most of the decision on the utilization of the cash transfer allocation was made by the caregivers at 55.2%. The household heads also significantly influenced the decision on utilization at 51%.

Table 4.16: Determination of How the Cash Transfer Allocation is utilized

Decision maker	Percent
PWSD	15.6
Household Head	51
Caregiver	55.2
Government Officials	0

4.8.2 Cash Transfer Allocation Expenditure

Table 4.17: Expenditure

Table 4.17 provides a breakdown of how households spent their cash transfer allocation. The study found out that households spent the bulk of the allocation on food at an average of Kshs 1,192.81 followed by healthcare at an average of Kshs 314.17. This was due to the fact that the programme provided a selective NHIF cover for beneficiaries of the *InuaJamii* cash transfer programmes during the 2016/2017 financial year.

Table 4.18: PWSD Contribution to Household Income

	Food	Energy	Water	Education	Medication	Telephone	Transport	IGA	Diapers	Clothi
N	96	96	96	96	96	96	96	96	96	96
Mean	1192.81	45.73	60.35	128.85	314.17	3.69	29.67	50.69	137.50	26.04
Median	1000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mode	1000	0	0	0	0	0	0	0	0	0
Minimum	0	0	0	0	0	0	0	0	0	0
Maximum	2000	500	500	1600	2000	60	500	1140	1000	500

The study sought to find out the extent to which the PWSD himself/ herself contributed to the overall household income. Table 4.18 reveals that 90.6% of the PWSD contributed to a very low extent the household income, aside from the PWSD cash transfer allocation. However, the study also revealed that 3.1% of the PWSD did contribute to a high extentto the household income. This reveals a discrepancy in the recruitment of beneficiaries as they may not necessarily have been persons with severe disabilities. On the flipside, it may mean that the households were incredibly needy that the cash transfer allocation was the sole source of income for the households.

Table 4.19: PWSD Contribution to Household Income

The study established that 90.6% of the PWSD contributed to a very low extent to the total household income. It was however noted that the cash transfer allocation of Kshs 2,000 was considered as contribution to the gross household income.

	Frequency	Percent
Very low extent	87	90.6
Low extent	4	4.2
Moderate Extent	2	2.1
Very High Extent	3	3.1
Total	**96**	**100.0**

Table 4.20: Amount set aside for PWSD

The study established that 93.8% of the households did not set aside any money for the PWSD as savings or for meeting their personal special needs. The reasons for not setting aside are presented in Table 4.19.

Table 4.21: Amount set aside for PWSD

Reason for not setting aside cash for PWSD	Frequency	Percent
0	6	6.3
It is not sufficient	88	91.7
It is not a priority	2	2.1
Total	**96**	**100.0**

Table 4.22: Observed living conditions of the PWSD

The study sought to establish the general living conditions of the PWSD represented in Table 4.20.

	Sleeping Area	%	Clothing	%	General Hygiene	%	Health Status	%
Bad	7	7.3	2	2.1	3	3.1	34	35.4
Fair	68	70.8	81	84.4	67	69.8	46	47.9
Good	21	21.9	13	13.5	26	27.1	16	16.7
Total	**96**	**100.0**	**96**	**100.0**	**96**	**100.0**	**96**	**100.0**

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the findings of the study, discussions, conclusions and the recommendations that were made from the research. Proposals for interventions and areas for further research are suggested.

5.2 Summary of Findings

The purpose of this study was to investigate the factors influencing utilization of *Inua Jamii*Programme's persons with severe disabilities cash transfer allocation by beneficiary households in Manyatta Constituency. The findings presented are derived from the objectives of the study and the research questions which were formulated to help in the investigations.

As a response to the study's first objective it was found that the household head significantly influenced the decision on the utilization of the cash transfer allocation at 51%.

In the study's second objective it was found that women bear the greatest burden of caring for PWSD where 89.6% of the caregivers were women.

In the third objective of the study, it was found that 9.4 percent of PWSD were 70 years and above while 17.7% of PWSD have chronic illnesses which increased their healthcare costs.

In the fourth objective of the study, the government's existing operations manual only gave general suggestions on how the allocation should be utilized i.e. to meet the household's basic needs. Also evidence from the study shows that there seems to be very little monitoring of the utilization of cash transfer allocation by beneficiary households by government agencies.

5.3 Discussion

The research study was aimed at answeringfour questions.First, in what ways do household characteristics influence the utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households? Second, what caregiver factors influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households? The third

question the study preoccupied was what characteristics of the individual Persons with Severe Disabilities influence the utilization of the Persons with Severe Disabilities Cash Transfer allocation by beneficiary households? And finally, the study sought to find out how government regulations influence the utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households?

The study as such set out to achieve thisaim by adopting the social model approach in its theoretical framework.This model providedthe study with a broader framework by which the caregiver practices were examined as opposed to the medical model which would have limited the study.The social model was thought suitablein this suitable due to its multi-factoral, cross-cultural and family constructed meanings that this study incorporated. For instance, the interactions of PWSD with their caregivers in relation to the use of the *Inua Jamii*Cash Transfer Programme highlighted the importance of socially constructed meanings of severe disability behaviour, development as well as variation in the expectations for skills in development and behaviour. The study also came across cultural beliefs, religion and socio economic status as important factors in caregiver practices and in the well-being of PWSDs.

In addressing the first objective of the study which sought find out how household characteristics dthe use of PWSD Cash transfer allocation in each beneficiary households, it was found that the household head significantly influenced the decision on the utilization of the cash transfer allocation at 51%. Therefore it is possible to argue that the PWSD CT programme should take into account the household head in the programme's capacity building efforts such as inclusion in the beneficiary welfare committees which currently only comprises of beneficiaries and their official caregivers.

The results confirm that women were the majority of carers for PWSDs, managing on averagea household size of 5 members. 89.6% of caregivers were female while 10.4% were male. Indeed from our data illustrated at large in Chapter 4 of this study, household heads were females at 51% while males were 45%. 68% of household heads had up to primary level of education while 16% had secondary education and 14% had not gone to school. Further, 65.6% of household heads were parents of a PWSD.

Households with children under 18 years who are dependents comprised 80.2% of the population while 14.6% of the households had other persons with disabilities. Other vulnerable persons

included older persons at 9.4%, chronically ill persons at 8.3% and orphans and vulnerable children at 4.2%.

This study'sfindings as a resultappears to support other research studies such as Ertekin et al (2014) that have demonstrated that women continue to bear the brunt and burden of carers and caregivers and the soft violence that the responsibility entails. There is therefore a need to look at the Cash Transfer programme with this specific evidence in mind and make adjustments that will positively improve not only the wellbeing of the PWSD but also of his or her female carer.

In addressing the second objective, the study sought to establish what caregiver factors influence the utilization of PWSD Cash transfer allocation by beneficiary households. From the onset, based on the data collected from the field, women appear to bear the greatest burden of caring for PWSD where 89.6% of the caregivers were women. Further, the highest number of caregivers is elderly aged between 51 and 60 years (32.3%). This could be attributed to rural urban migration where young parents leave their children with severe disabilities under the care of their grandparents. It could also be due to orphanagethat has been caused as a result of high prevalent of HIV and AIDS related diseases often caused by poverty.

Indeed, the study found that a majority of households that is 88.5% reported their gross monthly to be less than Kshs 5,000. Only 2% of the households had a gross monthly income above Kshs 10,000.The study found that although 59.4% of the beneficiaries that received the PWSD Cash Transfer, cited small scale farming as their other source of livelihood nearly 80.2% of the households had children less than 18 years who are dependents. This exacerbated poverty at the household level that many a time led to other forms of social violence in the household.

Individual characteristics of PWSD, spelt out as the third objective of this study, and the role that they plays in determining the utilization of the Cash transfer allocation by beneficiary households were an important factor.Figures showed that 9.4 % of PWSD were 70 years and above 17.7% of PWSD have chronic illnesses which increased their individual healthcare costs. The level of education of each PWSD was another factor that was crucial in determining how the Cash Transfer monies were used in a household. Generally speaking, disabilities, very often prevents school attendance of children and youth with disabilities and restrict human capital accumulation and may thus lead to limitedemployment opportunities and reduced productivity

and earnings in adulthood especially for personswith a severe disability onset at birth or during childhood.The study revealed that 68.8% of household heads had primary education, while 72.9% of PWSD had no education at all. Majority of the caregivers at 64% had primary education and 5.2% had post-secondary education.

It is important to note that the relevance and intensity of how individual characteristics of a PWSD in influences the use of Cash Transfer monies will vary depending on many factors,including the socioeconomic status of a family before the onset of childhood disability,the timing of disability onset (for example, at birth, early childhood), the type andseverity of disability, the interaction between individual's disability and the schoolenvironment in the community, as well as the cultural and education policy background.That said, the findings in Tables 4.11 and 4.12 of this study shows that the highest percentage of beneficiaries had multiple disabilities at 39.6% with 90.6% being severely disabled, which conforms to the programme's requirement that the PWSD be one requiring 24-hour care due to the severity of the disability, as is the case with persons with multiple disabilities.

This study addressingthe forth objective,examinedthe principal role that government regulations play in the use of PWSD Cash transfer allocation by beneficiary households. One thing clear was that one of the most significant weaknesses in the current devolved institutional system in Kenya is the limited capacity for horizontal and vertical coordination of issues affecting PWSDs. For instance, the data collected in this study demonstrates that the mechanisms for horizontal coordination at the county level that have been put in place by Embu's County government through its ministry for Gender, Youth and Social Services to cater for matters that affects PWSDs have not been ample. At the county level, the county government has the responsibility for coordinating the provisions of public service to PWDs.There is a need, and this study therefore proposes for an improvement or a better synergy of communication between the local and national offices in order to mainstream much needed services to PWSDs and their caregivers.

Indeed one of the key issues of local development in Embu County that has reoccurred numerously during the course of data collection phase of this study has been the question of democratic deficit in many local partnerships that champion disability issues. The answer to

which according to participants' input, lies in the inclusion of many disable person in local decision-making organs and boards. Therefore, it appears that attention ought to be directed towards ensuring, generally speaking, that other board members of partnerships in Embu County are representative of well-defined disabled people's interests and these partnership structures provide opportunities for the interests of the socially excluded, particularly those affected by severe disabilities to be well represented.

The study found that there was a serious lackof clearly stated guidelines on the utilization of the cash transfer allocation. The existing operations manual only gave general suggestions on how the allocation should be utilized i.e. to meet the household's basic needs.

There was little monitoring of utilization of cash transfer allocation by beneficiary households by government agencies.Monitoring by department of social development is mostly done in households where there have been reports of inappropriate utilization.Monitoring by government agencies, CSAC and BWCs motivates households to utilize cash transfer allocations prudently for fear of being exited from the programme.Existing Complaints and Grievances mechanism of the programme is not fully embraced by beneficiaries due to lack of awareness.Households generally use the cash transfer allocation to meet basic needs such as food and clothing as well as transport, diapers, medication and physiotherapy.

5.4 Conclusion

The history of persons with disabilities all over the world is dented largely with misery. Studies have shown that long-term physical, mental and intellectual impairments particularly of a severe nature are serious hindrance to a person's full and effective participation in society. Therefore cash transfer programmes are governments' response to rectify the imbalance that has been brought forth by PWSD. Here in Kenya, the GoK has made such an attempt as well. The scope of this study was limited to looking at *InuaJamii*Programme's PWSD-CT and specifically the role the programme has played in uplifting the well-being of PWSDs and their caregivers in Manyatta Constituency in Embu County. This study employed descriptive research design, in data collection and analysis. This approach was deemed appropriate since the researcher was able to collect detailed information through description that helped to identify the study's variables in relation to the *InuaJamii's* PWSD-CT programme through a sample size of 99 beneficiary households. The results confirm that household characteristics do influence the

utilization of the PWSD-CT allocation by beneficiary households. For instance, level of education of the household head. The study revealed that 68% of household heads had primary education whereas 72.9% of PWSD had no education at all. In the past, the government paid little attention to PWSD although the introduction of *InuaJamii*Programme has been a response in recognition of this fact. More still needs to be done. The study has demonstrated that although 88.5% of families had a household income of less than Kshs 5,000 per month. Given that the average household size according to the study is 5 persons, this translates to less Kshs 40 per person per household. Such households would be classified as living in abject poverty according to the United Nations Human Development Report that has designated abject poverty as any person living on less than two dollars a day.

5.5 Recommendations

From the study, the following recommendations are made to optimize utilization of the PWSD Cash Transfer Allocation by beneficiary households;

i. The study established that there was a low level of monitoring by the government on the utilization of the cash transfer allocation by beneficiary households due to limited human and financial resources. Towards this, the study recommends the equipping Social Development as well as the National Council for Persons with Disabilities (NCPWD) Officers with financial and human resources to conduct regular monitoring of households. Further, the programme should facilitate the Beneficiary Welfare Committees (BWCs) with financial resources and training to complement monitoring by government officers due to their proximity to the beneficiaries.
ii. The programme should organize sensitization sessions and training of caregivers and household members on the *InuaJamii*programme and financial literacy and support income generating activities in order to optimize utilization of the cash transfer allocation and minimize dependency on the programme
iii. Increase the cash transfer allocation from the current Kshs 2,000 per month, which 91.7% of the respondents cited as not being sufficient due to increased cost of living
iv. The programme should be redesigned to be universal and cover all persons with severe disabilities as has been done with the older persons cash transfer programme which will cover all older persons aged 70 years and above beginning January 2018. This will

significantly reduce the burden of caring for PWSD especially on households which have more than one PWSD and ensure that all households with PWSD are supported.

v. Potential caregivers should be carefully and consultatively vetted during targeting to ensure that the most responsible persons are registered as caregivers to collect the money on behalf of the PWSD and determine the utilization. This will ensure prudent utilization of the cash transfer allocation.

vi. The government should diversify payment options for beneficiaries to include mobile money transfer as a payment option to save on transportation costs as well as ensure security of the beneficiaries.

vii. The programme should promote gender mainstreaming to ensure holistic approach to caring for PWSD for the improvement of the well-being of PWSD as evidenced in the finding that there are more female than male caregivers and household heads (Table 4.1). This will also address the challenge of gender based violence which affects negatively the utilization of the cash transfer allocation.

viii. The programme through the National Council for Persons with Disabilities should provide assistive devices and services such as wheelchairs and diapers which are expensive and take up household resources including the cash transfer allocation in order to promote the dignity and social and economic participation of PWSD and their caregivers

ix. The government should support education for PWSD especially so because education for PWSD is expensive due to increased cost of care

x. The *InuaJamii*Programme secretariat should come up with clearly stated guidelines on utilization of the cash transfer allocation which should be clearly communicated to the beneficiaries

xi. Create awareness among beneficiaries, household members, the community and other stakeholders on the complaints and grievances mechanisms established by the programme in order to promote accountability in utilization of the cash transfer allocation.

xii. Although there is no age limit for PWSD, the study recommends that those PWSD who are 70 years and above, who formed 9.4 percent of the total number of PWSD, be

transferred to the older persons cash transfer (OPCT) programme in order to create room for more PWSD to be enrolled into the PWSD programme.

5.6 Areas for Further Study

Based on the findings of this research study, the following are suggestions for further study;

1. The influence of gender based violence on utilization of PWSD CT allocation program
2. The effects of HIV and AIDS and other chronic illnesses on the utilization of PWSD CT
3. The contribution of PWSD-CT programme to literacy among PWSD

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APPENDICES

APPENDIX I: LETTER OF INTRODUCTION

WinnieKananuMeeme

University of Nairobi

School of Continuing & Distance Education

P.O. Box 30197 - 00100, **NAIROBI**

Dear Sir/ Madam,

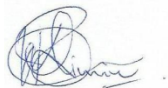
RE:RESEARCH QUESTIONNAIRE

I am a postgraduate student in the Department of Extra Mural Studies at the University of Nairobi.

I am currently carrying out a research on factors influencing the utilisation of *InuaJamii*Programme's Persons with Severe Disabilities Cash Transfer allocation by beneficiary households in Manyatta Constituency, Embu County. You have been selected to participate in this study.

Kindly provide honest and accurate answers to the questions in this questionnaire to enable gather data for research. I wish to assure you that the information provided be treated with utmost confidentiality and will only be used for the purpose of this study.

Yours faithfully,



WinnieKananuMeeme

Reg. No.: L50/85385/2016

APPENDIX II: QUESTIONNAIRE

DATE: ____

QUESTIONNAIRE NUMBER: ________________LOCATION:___________________

NAME OF DATA ENUMERATOR: ____

QUESTIONNAIRE FOR PWSD CT BENEFICIARY HOUSEHOLD

The researcher seeks to investigate the factors influencing the utilization of the *InuaJamii*Programme's Persons with Severe Disabilities Cash Transfer allocation by beneficiary households in Manyatta Constituency. Kindly spare some time to provide the information as accurately as possible. Any information supplied will be strictly confidential and will be used for academic purposes only.

(*Respondent should either be caregiver or the household head)*

Respondent (tick the one that applies): Caregiver ( ) Household Head ( )

SECTION A: GENERAL INFORMATION

1. In which year did this household start benefitting from the PWSD-CT programme? __________

SECTION B: HOUSEHOLD CHARACTERISTICS

2. Sex of household head: Male ( ) Female ( )
3. Level of education of household head?
   a. None ( )
   b. Primary ( )
   c. Secondary ( )
   d. Vocational ( )
   e. Post-secondary ( )
4. What is the relationship of household head to the PWSD?
   a. Parent ( )
   b. Spouse ( )
   c. Child ( )
   d. Sibling ( )
   e. Other (*specify)* _________________________________
5. How many members does this household have? (number of people who cook and eat together and take commands from one central person (household head)) ______________
6. Apart from the principal beneficiary, does the household have a person(s) in any of the following categories? (*tick all that apply)*
   a. Person with disability ( )
   b. Children below 18 years ( )
   c. Older person 65years and over ( )
   d. Chronically ill ( )

e. Orphaned and vulnerable children ( )

7. Which of the following describes your household's main source of livelihood?
    a. Employment
    b. Business
    c. Farming
    d. Both business and employment
    e. Cash transfer
    f. Other (*Specify*)____
8. What is the average monthly income from all sources for this household?
    a. Kshs 2,000 to 5,000
    b. Kshs 5,001 to 10,000
    c. Kshs 10,000 and above

SECTION C: CHARACTERISTICS OF INDIVIDUAL PWSD

9. Age in years (___)
10. Sex: Male ( ) Female ( )
11. Nature of disability
    a. Physical ( )
    b. Visual ( )
    c. Hearing ( )
    d. Mental ( )
    e. Albinism ( )
    f. Epilepsy ( )
    g. Multiple Disabilities ( )
12. Severity of disability;
    a. Moderate ( )
    b. Severe ( )
13. Other compounding characteristics of the PWSD
    a. Orphaned ( )
    b. Lives alone ( )
    c. Chronic illness ( )
    d. Other (*specify*) ______________________________
14. Level of education
    a. None ( )
    b. Primary ( )
    c. Secondary ( )
    d. Vocational ( )
    e. Post-secondary ( )
15. Marital status
    a. Married ( )
    b. Divorced ( )
    c. Separated ( )
    d. Widowed ( )
    e. Never married ( )

16. On a scale of 1 to 5, with 1 being to a very low extent and 5 being to a very high extent, to what extent does the principal beneficiary (the PWSD) contribute to the overall household income?(*tick as appropriate*)

    1 ( )2 ( )3 ( )4 ( )5 ( )

SECTION D: CAREGIVER FACTORS

17. Age of caregiver in years __________
18. Sex of caregiver Male ( ) Female ( )
19. What is the caregiver's level of education?
    a. None ( )
    b. Primary ( )
    c. Secondary ( )
    d. Vocational ( )
    e. Post-secondary ( )
20. What is the caregiver's relationship to the person with severe disability?
    a. Child of PWSD ( )
    b. Parent of PWSD ( )
    c. Guardian of PWSD ( )
    d. Sibling of PWSD ( )
    e. Spouse of PWSD ( )
    f. Other (*specify)*_________________

SECTION E: UTILIZATION OF THE CASH TRANSFER ALLOCATION

21. Who determines how the cash transfer allocation is used in the household?
    a. PWSD ( )
    b. Household head ( )
    c. Caregiver ( )
    d. Government officials ( )
    e. Other (specify) ______________________________
22. On a monthly basis, how much of the cash transfer allocation does the household spend on the following;

Item	Amount (Kshs)
Food	
Energy (kerosene, firewood, charcoal electricity, gas)	
Water	
Education	
Medication	
Rent	
Telephone communication	
Transport	
Loan repayment	
Leisure	
Income generating activity	

Other (*specify)*	

23. Is there an amount set aside specifically for the principal beneficiary (PWSD)?
    Yes ( ) No ( )
    a. If yes, how much? Kshs _________
    b. How is this amount utilized? ____
24. If no, why?
    a. It is not sufficient ( )
    b. It is not a priority ( )
    c. The PWSD will not put it to good use ( )
    d. The PWSD has all he/she needs ( )
    e. The PWSD cannot make financial decisions due to their age and/or disability ( )
    f. Other (*specify)*____
25. Circle the response that best characterizes how you feel about the following statement; 'The PWSD is involved in the decision on the utilization of the cash transfer allocation in this household'

    1 = Strongly disagree 2 = Disagree 3 = Uncertain 4 = Agree 5 = Strongly disagree

26. Has there been any conflict within the household with regard to how the cash transfer allocation is utilized? Yes ( ) No ( )
27. If yes, what was the reason for the conflict and how was it resolved? ____
    ____
28. (The data enumerator should observe and rate the living conditions of the PWSD using the scale 1 = Very bad, 2 = Bad, 3 = Fair, 4 = Good, 5 = Very Good)
    a. Sleeping area ____________
    b. Clothing ________________
    c. General Hygiene ________________
    d. Health status ___________________

SECTION F: GOVERNMENT REGULATIONS

29. Who monitors how the cash transfer is utilized?
    a. The Beneficiary Welfare Committee (BWC)
    b. The Social Services Department Officials
    c. The Constituency Social Assistance Committee (CSAC)
    d. The local administration (chief, assistant chief, ward administrator etc)
    e. No one
    f. Other (*specify)* ____

Thank you for your time

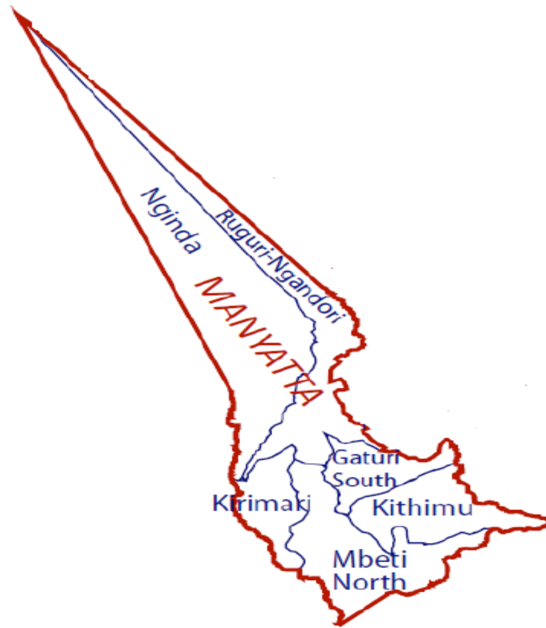
APPENDIX III: INTERVIEW GUIDE FOR THE MANYATTA SUB-COUNTY GENDER AND SOCIAL DEVELOPMENT OFFICER II

Date of Administration ____________________________________

The information given in this interview will purely be used for educational purposed only. Kindly answer them as truthfully and honestly as possible.

1. What are the selection criteria for targeting PWSD-CT beneficiary households?
2. Under what conditions is a household exited from the PWSD-CT payroll?
3. Are there guidelines that guide households and/ or caregivers on how the PWSD-CT allocation should be used?
4. What do households mainly use PWSD-CT allocation for?
5. In your view, do households make proper use of their PWSD-CT allocation?
6. Have there been problems over use of PWSD-CT allocation reported to your office?
   a. If yes, of what nature were the complaints?
7. On a scale of 1 to 10 with 1 being the lowest and 10 the highest, has the overall situation of the principal beneficiaries who are the PWSD improved as a result of the PWSD-CT programme? ______________________. Please give reasons for your answer
8. Does your office monitor how households utilize their allocations? Yes ( ) No ( )
   a. If yes, how often?
   b. If no, why?

APPENDIX IV: MAP OF MANYATTA CONSTITUENCY



Source: Embu County Integrated Development Plan 2013 - 2017