

**DETERMINANTS OF EFFECTIVE UTILIZATION OF CASH
TRANSFER FOR ORPHANS AND VULNERABLE CHILDREN
BY CAREGIVERS IN KENYA: A CASE OF TIGANIA WEST,
MERU COUNTY**

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OF NAIROBI**

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DECLARATION

I declare that this research report is my original work and has not been presented for any award in any other university.

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

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DEDICATION

I dedicate this work to my grandmother Joyce Wairimu who inspired and encouraged me to get university education and even get to greater heights. Her support and encouragement gave me the strength to do this work.

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ABBREVIATIONS AND ACRONYMS

CCTs	-	Conditional Cash Transfers
CGP	-	Child Grant Social Transfer Programme
CT	-	Cash Transfer
CT-OVC	-	Cash Transfer for Orphans and Vulnerable Children
DCO	-	District Children Officer
DFID	-	Department for International Development
GOK	-	Government of Kenya
HHs	-	Households
LEAP	-	Livelihood Empowerment Against Poverty Programme
MK	-	Malawi Kwacha
MLSSS	-	Ministry of Labour, Social Security and Services
NSPS	-	National Social Protection Strategy
OVC	-	Orphans and Vulnerable Children
PROUT	-	Progressive Utilization Theory
UCT	-	Unconditional Cash Transfer
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
USD	-	US Dollars

ABSTRACT

Kenya like other developing countries has had its share of social economic challenges one of them being the growing number of orphans and vulnerable children in the society due to HIV/AIDS, the breakdown of the traditional family structures, change in family values among others. The government and its partners, the donors has been providing social assistance to extremely poor households living with orphans and vulnerable children through a cash transfer programme with clearly stipulated objectives with the caregiver in the household expected to utilize the cash stipend to promote their human capital development. The purpose of the study was to investigate the determinants of the effective utilization of cash transfer for orphans and vulnerable children by caregivers in Tigania West Sub-County which has 1320 beneficiaries in the programme. The study was guided by four objectives namely; To establish the extent to which the level of education of caregivers determined effective utilization of cash transfer grants for orphans and vulnerable children in Tigania West, To examine the effect of the size of the household on effective utilization of cash transfer for orphans and vulnerable children in Tigania West, To investigate the extent to which the gender of caregivers determine effective utilization of cash transfer grants for orphans and vulnerable children in Tigania West and to explore the extent to which complementary services determine effective utilization of cash transfer grants for orphans and vulnerable children in Tigania West. A descriptive survey research design was used where data was collected directly from the beneficiaries of the programme across three locations through questionnaires, observation and interview schedules. The 1320 beneficiary households formed the target population. Purposive sampling was employed in the first instance followed by proportional quota sampling. Finally, descriptive statistics were used to analyze data with help of Statistical Package for Social Scientists Program (SPSS) and presentation done in tables, frequencies and percentages. In addition, a few test statistics were performed on the data through chi-square. The study had a response return rate of 89%. The findings of the study revealed that the gender of the caregiver, the size of the household and the quality and availability of complimentary services were strong determinants in the effective utilization of the cash transfer. However, the level of education of the caregiver was not a determinant in the effective utilization of the cash transfer since most of the caregivers were illiterate. The study established most of the caregivers having experienced challenges in the uptake of civil registration as a complimentary service and were merely motivated by the programme objectives. The study recommends due consideration of the size of household in the design of the cash transfer programme to promote effective utilization of cash transfer. Additionally, it recommends a limited entrepreneurial approach rather than mere handouts in the cash transfer to reduce dependency. Further, a recommendation of a gender based approach has been made considering the dominance of female as caregivers in the programme in order to enhance the effectiveness of the design and implementation of the programme.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Cash transfers are direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise and smooth incomes. The term “cash transfer” encompasses a range of instruments such as social pensions, child grants or public works programmes (DFID, 2011). In most developing countries, cash transfer programmes targeted to orphans and vulnerable children are expected to provide a wide range of economic benefits including but not limited to social protection. Recipients of cash transfers for Orphans and Vulnerable Children therefore do not receive government or donor money as mere handouts. Therefore, the utilization of cash transfers by beneficiaries has for a long time been the concern of donors and respective governments. Examples of cash transfers with a utilization aspect targeted on children at the household levels are the Conditional cash transfers (CCTs) programs like Opportunidades in Mexico, Bolsa Familia in Brazil, among many others around the world (Morley and Coady, 2003).

The agenda on utilization of cash transfers has also been promoted for the political acceptability of programs. This is because taxpayers and donors may agree to fund a cash transfer program, only if the recipients display a given socially acceptable behaviour (DeJanvry and Sadoulet, 2005). The argument that conditions are politically appealing is based on the idea that conditions satisfy the tax base that their money is being spent well (Garcia and Moore, 2012).

Cash transfers have been in existence for a long time. Managed by public authorities, cash transfers sourced from taxes, to poor people, were already in place in several countries in Europe by the early years of the last century complementing other forms of social assistance, such as free education and subsidised health care and housing (Pearson and Alvair, 2009). Eventually, Cash transfers programmes spread across the Atlantic to

the USA and Canada and to other parts of the world such as Australia and South Africa towards the middle of the last century and brought with them a more emphasis on the aspect of utilization of resources by beneficiaries.

In Latin America, cash transfers were designed with some measures to demand effective utilization of resources from the selected beneficiaries. In Mexico, a cash transfer programme, Oportunidades has established specific objectives targeted on beneficiaries of the cash transfer set as conditions to enhance various children outcomes (Ningenda, 2005). In order to enhance effective utilization of the cash transfers, many such large cash transfer programmes have been made conditional, with payment dependent on regular school attendance, or use of preventive health services or other specified conditions (DFID, 2006). An example of this is Bolsa Familia – a Brazilian national programme with strong political support that transfers \$6-19 to a household a month to an estimated 5 million families, at a cost of 0.15% of gross domestic product (Rawlings, 2004). The main focus of Brazil's Bolsa Familia, is to break the inter-generational transmission of poverty by conditioning cash transfers on beneficiary compliance with human capital requirements like school attendance, vaccines and pre-natal visits (Lindert, Linder, Hobbs and Brière 2007). The Bangladesh Female Secondary School (FSS) Stipend Programme paid school fees and transferred an incentive payment direct into girls' bank accounts on condition of at least 85% school attendance, remaining unmarried until at least 18 years old, and passing exams. This is said to have increased enrolment rates by at least 12% per year in rural areas. Drop-out rates fell for some time, but are now rising due to the introduction of conditions based on performance (DFID, 2005). Oportunidades in Mexico provides cash transfers linked to children's enrolment and regular school attendance and to clinic attendance (Skoufias, 2001). The PROGRESA (later renamed Oportunidades in 2002) conditional cash transfer scheme in Mexico boosted demand by women for antenatal care by 8%, and contributed to a 25% drop in the incidence of illness in newborns and 12% lower incidence of ill-health among under five-year-olds compared with non-Progresas children (Skoufias and McClafferty, 2000). Evidence from Latin America suggests that there is a direct causal relationship between conditionalities and increased uptake or utilization of services. In Peru, for instance, CCTs encouraged

greater demand for services from beneficiary populations, which in turn influenced the government's decision to allocate increased funds similar services as a result (Fiszbein and Schady, 2009). However, a wide range of other factors at different levels could affect the delivery, uptake and outcomes of CCTs: for example, household decision making patterns could shape how the cash transfer funds are spent on access to health and education services (Diepeveen & Stolk, 2012).

In Africa, the design of most cash transfer programmes has slightly taken a different shape with most cash transfers having little or no conditions attached on their utilization. In spite of a proportion of cash transfers being increasingly designed as CCTs, the conditions are said to be “soft” with no penalties for non-compliance and with a flexible application (Garcia and Moore, 2012). The idea of imposing soft conditions was thought as the best option where beneficiary households agree verbally or in writing that they will abide by listed conditions (World Bank, 2009). Hanlon, Barrientos and Hulme (2010) questions the importance of conditionalities, citing numerous cases in which unconditional programmes improved welfare while Jaspers, Harvey, Hudspeth, Rumble and Christensen (2007) cite the inappropriateness of CCTs in many parts of Africa due to the general poor quality of services. World Bank, (2012) instead proposed a strong communications strategy supporting maternal and children's nutrition to help beneficiaries make appropriate investments in nutrition and health without the need for conditions.

Conditions or no conditions in cash transfers; little has been said about other determinants that drive beneficiaries to utilize cash transfer resources effectively for the purposes intended by donors and governments. Despite the popularity of CCTs, little is known about how the gender of the recipients of the cash account for the observed outcomes (Filmer and Schady, 2009). Findings from Ghana's LEAP program indicated that households utilized conditional cash transfers for all children (both beneficiary and non-beneficiary) residing in the households of caregivers (Dako-Gyeke and Oduro, 2013). This suggests that household size, rather than programme conditions, influenced the spending decisions of caregivers, While Gaarder and Todd (2010) identified

conditionality as key to increasing service utilization, they also noted that providing information to poor women induced behavioural changes. In Kenya, Cash transfer had began as far back as 2004 with a pilot project with only 500 households spread out in Nairobi, Kwale and Garissa with each household getting a monthly cash transfer grant of K.sh 500 (Kenya OVC Secretariat, 2010). By December 2012, the government had succeeded in providing regular bi-monthly cash transfers of K.sh 4,000 to over 153,139 households nationwide across 47 districts. Between 2013 and 2014, beneficiary households were scaled up from 153,139 to 253,000 with a budget of over 6.5 billion (MLSSS, 2014). The main objective of the CT-OVC Programme is to provide a social protection system through regular and predictable cash transfers to families living with OVCs in order to encourage fostering and retention of OVCs within their families and communities, and to promote their human capital development. According to the Kenya OVC Secretariat (2013) the programme was specifically aimed at increasing school enrolment, attendance and retention of OVC aged between 6-17 years; increase access to health care among 0-5 year old children through immunization and growth monitoring; improve nutrition and food security by providing regular and predictable income support to extremely poor households with OVCs, and increase the number of OVCs accessing birth certificates and death certificates for the deceased parents and national identity cards for the household members who are above 18 years.

Considering the large amounts being allocated to such programmes, countries in Latin America have linked them to incentives to encourage the uptake and utilization of education and health services for children. Cash Transfer programmes such as Mexico Oportunidades and Brazil Bolsa Familia cash payments are made conditional on specific behaviour like school attendance of children, visits to health clinics or regular immunizations to induce effective utilization of cash transfers (Fiszbein and Schady, 2009).

While the design of Cash transfer programmes with specific conditions may be considered as a major determinant in the effective utilization of cash transfers in Latin America, most cash transfer programmes in African countries with Kenya included are

mostly unconditional where regular and predictable transfers of money are given directly to beneficiary households with few or no conditions for their utilization (OVC secretariat, 2013). Unconditional Cash transfers do not require recipients to strictly meet conditions of using basic health services or sending their children to school (Asfaw et al., 2012). However, even without Conditions being attached in the design of cash transfer programmes, impact evaluations in Kenya have found significantly high expenditures on food and health services among beneficiary households as well as favourable outcomes on schooling (Muyanga, 2014). Since Kenya has only applied “soft” conditions that encourage behavioral change but do not penalize beneficiaries for non-compliance, other determinants could be responsible for the effective utilization of cash transfers for Orphans and Vulnerable Children. This study is therefore intended to establish the determinants responsible for the effective utilization of cash transfer by caregivers in Kenya with the main focus in Tigania West Sub County, Meru County. The cash transfer programme is supposed to support five key areas namely: food consumption, education, health, civil registration and strengthening capabilities within the households.

In Tigania west, Meru County, the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) was first implemented in 2005 and covered 2 locations namely Athwana (169 HHs) and Miathene (96HHs). However in 2013-2014, the programme was scaled up to all the 15 locations with a total of 1320 HHs (DCO, Annual report, 2014). No conditions have been imposed on caregivers as incentives to invest in the human capital development.

1.2 Statement of the Problem

The government of Kenya with its partners, UNICEF, DFID and the World Bank has funded the Cash transfer programme for orphans and vulnerable children with billions of shillings since 2005. Budget allocation to the programme increased almost 12-fold between 2005/06 and 2008/09, from US\$ 800,000 to over US\$ 9 million (Ikiara, 2009) with a few commensurate studies on effective utilization of the funds.

Some studies done in Kenya on Cash Transfers focused only on the outcomes (Mariara, 2013), the challenges (Mohammed, 2012) and implementation (Sanganyi, 2011, Muyanga, 2014) of cash transfers for OVC and not on the factors that determine how cash transfer is effectively utilized within benefitting households. A study carried out on the determinants of effectiveness of cash transfer programmes on the livelihood status of the urban poor in Korogocho Slums, Nairobi County (Nyokabi, 2013) focused on an urban setting quite different from the rural setting of this study. The social livelihoods of beneficiaries of cash transfer in the rural setting in Kenya such as in Tigania West Sub-county are uniquely dynamic; and other factors may definitely come into play to determine how the cash transfer is utilized to derive the desired outcomes for OVC. While the above researches have been undertaken on the implementation and the impact of cash transfer elsewhere, no study has been done on the determinants of effective utilization of grants in the cash transfer programme in Tigania West in Meru County; hence the researcher seeks to investigate these determinants of effective utilization of Cash Transfer in Tigania West Sub-County.

1.3 Purpose of the Study

The purpose of the study was to investigate the determinants of effective utilization of cash transfer for orphans and vulnerable children by caregivers in Kenya focusing on the cash transfer programme for orphans and vulnerable children in Tigania West sub-county.

1.4 Research Objectives

The study sought to meet the following objectives;

- i) To establish the extent to which the level of education of caregivers determine effective utilization of the cash transfer grant for orphans and vulnerable children in Tigania West.
- ii) To examine how the size of the household determine effective utilization of the cash transfer grant for orphans and vulnerable children in Tigania West.
- iii) To investigate the extent to which the gender of caregivers determine effective utilization of the cash transfer grant for orphans and vulnerable children in Tigania West.

- iv) To explore the extent to which complementary services determine effective utilization of the cash transfer grant for orphans and vulnerable children in Tigania West.

1.5 Research Questions

The research study was guided by the following research questions:

- i) How does the level of education of caregivers determine effective utilization of the cash transfer grant for orphans and vulnerable children in Tigania West?
- ii) How does the size of household determine effective utilization of the cash transfer grant by caregivers for orphans and vulnerable children in Tigania West?
- iii) How does the gender of the caregiver enhance effective utilization of the cash transfer grant for orphans and vulnerable children in Tigania West?
- iv) To what extent do complementary services determine effective utilization of the cash transfer grant for orphans and vulnerable children in Tigania West?

1.6 Significance of the study

The study sought to bridge a significant knowledge gap in the cash transfer programme and hence intended to inform the policy and decision makers especially The Government of Kenya and donors in designing effective cash transfer programmes while taking into consideration factors that motivate and drive beneficiaries to use the cash transfer optimally for the realization of social outcomes for orphans and vulnerable children. This will in turn form the basis for scaling up the programme in all parts of the country and to all households with orphans and vulnerable children. The study will also be vital to Non-Governmental organizations with similar programmes across the county. Finally the study will be of great importance to future academics whereby the findings will form a base for further research work.

1.7 Limitations of the study

The study focused on the cash transfer beneficiary households with orphans and vulnerable children in Tigania West. The dialect spoken by the area resident is different from the researcher and language barrier limited the researcher. However, this was

overcome by engaging research assistants drawn from the local people. Most of the residents in the area are also expected to be illiterate and understanding the research instruments will be a tall order. The research assistants came in handy to interpret the instruments.

1.8 Delimitations of the Study

The study focused on beneficiary households of the cash transfer programme for orphans and vulnerable children in Tigania West Sub-County in Meru County. The beneficiaries were spread across the 15 sub-locations with a total of 1320 households in the whole sub-county as per the year 2014. The target population was considered a good representation and thus the findings of this study may be generalized to all households benefitting from cash transfer in Kenya.

1.9 Basic Assumptions of the Study

The researcher assumed that the majority of the beneficiaries of the Cash transfer programme had a concrete idea of what it entails. The researcher assumed that the targeted respondents fully participated in the research and their responses were honest.

1.10 Definitions of Significant terms used in the Study

Caregiver	A carer or unpaid person either a parent, guardian or a relative of a child who cares or helps a child or children in a household in their daily living.
Cash Transfer	Direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise and smooth incomes
Complementary Services	Services intended to be utilized by beneficiaries of Cash transfer to tackle intergenerational poverty akin to education, health, nutrition and civil registration.
Conditional	State of cash transfer programme with conditions to enhance utilization of funds by caregivers.
Conditionalities	A set of conditions or the totality of conditions in cash transfer programme.

Conditions	A set of requirements Caregivers of Orphans and Vulnerable Children are expected to fulfill to enhance the well-being of the children.
Determinants	Factors that affect the use of cash received from the programmes
Effectiveness	The optimum use of the Cash received from the programme and producing a desired result as intended or expected.
Beneficiary household	selected households targeted and enrolled in the Cash Transfer Programme
Orphan	A child who has lost one or both parents
Social Protection	Programmes concerned with preventing, managing, and overcoming situations that adversely affect people's well-being.
Soft Conditions	A set of requirements that encourage behavioral change but do not penalize beneficiaries for non-compliance.
Unconditional	State of cash transfer programme being without any conditions or which has opted for soft conditions.
Utilization	Putting to use of the cash transfer for the purpose intended by the government or donors.
Vulnerable	A state of high exposure to certain risks combined with reduced ability to protect or defend oneself against those risks and cope with their negative consequences.
Vulnerable Child	A child whose well-being, including access to basic services, adequate care or a secure home environment, is threatened as a result of orphan hood, chronic illness or disability.

1.11 Organization of the Study

This research project is organized in five chapters. Chapter one provides the general introduction of the study which includes background information to the study, statement of the problem purpose of the study, study objectives, research questions, limitations and delimitations of the study, basic assumptions and definition of significant terms. Chapter two presents the literature review highlighting theoretical information covered in the study with the aim of identifying information gaps. It includes review of all available materials and books, articles and journals published and unpublished. Chapter three covers the research design and methodology used, sampling, instruments for data collection, data collection procedures and data analysis. Chapter four covered data analysis, presentation and interpretation while chapter five gives a summary of findings, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter is a review of the studies done on the field of cash transfers to Orphans and vulnerable children. The chapter highlights the concept of cash transfer, caregivers and describes both the conditional and unconditional cash transfers to develop a background to the variables.

2.2. The concept of cash transfer

Cash transfers are direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise and smooth incomes (DFID, 2011). Cash transfers are provided to vulnerable households or individuals in order to ensure a minimum level of well-being (Chapman, 2006). Cash transfers can take the form of income support, child grants, disability benefits, foster care grants, scholarships and stipends, or non-contributory (social) pensions. They can also be in the form of cash grants, vouchers, food, agricultural inputs, medicines, and school fee or health care waivers (Vincent and Cull, 2009).

Cash transfers managed by public authorities sourced from taxes, to poor people, were in place in several countries in Europe by the early years of the last century complementing other forms of social assistance, such as free education and subsidized health care and housing (Pearson, 2009). Cash transfers have an objective of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability (Samson, 2009). The notion of the use of cash emerged as a counter alternative to food aid and handouts, the assumption being that, giving people food continued to perpetuate the cycle of poverty by creating dependency (Hanlon et al., 2010). Cash transfers have been a form of famine relief for a long time, for example in India as early as 1880 (UNICEF, 2007). Cash transfers are now at the forefront in policy discussions, both as a development tool, for providing an effective social protection for vulnerable groups and as an alternative to food aid in humanitarian crises (NORAD, 2008). Cash transfers designed as longer-term social assistance are beginning to be seen as a better option than

recurrent provision of large volumes of emergency food aid, because of the greater resilience they offer the poor in the face of shocks and stresses (Slater, Farrington, Holmes, and Harvey, 2008). Ressler (2008) has urged that providing people in situations of distress with cash as a means of social protection is a viable alternative form of assistance, can be targeted and distributed safely, and that people use the money sensibly on basic essentials and on rebuilding livelihoods. According to UNICEF, there are several factors that influence the use of cash transfers, including, whether other assistance is provided at the same time and in what form, seasonality, the total size of the cash transfer, the frequency and timing of payments, the pre-existing income levels of the recipient households or individuals and who takes control of the cash in the household.

4.3.1 The role of Caregivers in cash transfer utilization

OVCs are deprived of all their basic needs with regard to nutrition, clothing and shelter, basic education and access to health services. Schubert (2005) contends that the most cost-effective way to improve the welfare of the OVCs is to economically empower their caregivers. It is assumed that more than 50% of the cash transfers received by the heads of critically poor households will be spent on meeting the needs of the OVCs living in these households. Muyanga (2014) concedes that regular delivery of the cash transfer is made to the caregiver within the household who most effectively allocate it in line with the programme objectives.

The age, gender, health status and the level of education of caregivers are possible determinants of utilization of cash transfers (Mutwiri, 2015). According to Mutwiri, these house level characteristics of caregivers determine whether cash transfer plays its purpose in enabling OVCs to access secondary education. In a study in rural Kenya, Skovdal (2011) noted that majority of primary caregivers were women, often older women, who were looking after adult children and grandchildren. He also noted that primary caregivers were also children, often young girls caring for sick parents, grandparents, and siblings.

Therefore Caregivers are central in the administration of cash transfer in the beneficiary household. The recipients of the transfer (main caregivers) are generally women heads of the household. In some 92% of the cases, it is the main caregiver who decides how to use the transfer, either alone or in consultation with other adults in the household (Ward, Hurrell, Visram and Riemen schneider, 2010)

Aluoch (2013) observes that educational attainment of caregivers is important in terms of helping children under their care in educational needs. Caregivers of higher educational attainment are much more likely to appreciate difficulties of children and help them overcome such difficulties than caregivers with low education attainment.

4.3.2 Conditional cash transfer programmes

Conditions have become an important component in most cash transfers. Conditional cash transfers are programmes that transfer cash, generally to poor households, on the condition that those households make pre-specified investments in the human capital of their children (Standing, 2012). Conditional cash transfer is tagged as a magic bullet in development and perceived as a panacea to escape poverty, promote inclusion and provide the much needed stimulus to enhance the human capital development of children (Adato and Hoddinott, 2010). The CCT may be perceived as a mechanism to get the poor on the right track – i.e. with the underlying assumption that the poor do not know what is good for them (NORAD, 2008). When a government is of the opinion it knows more than the poor themselves what actions they should take to increase their wellbeing, conditioning the cash transfers to these actions would lead the poor to act in accordance with the government’s prescriptions for a better life (Villanger, 2008) and where the undervaluing of services such as education or health care are assumed to be keeping the poor from making optimal decisions (Manley, Gitter and Slavchevska, 2012).

The academic discussion on the pros and cons of social cash transfers is filled with fears that the heads of beneficiary households or whoever has control over the transfers will misuse them for selfish reasons and for ‘undesirable consumption’ like tobacco, alcohol, gambling and prostitution (UNICEF, 2007). To control and reduce this perceived risk, most Latin American schemes impose conditions on their beneficiaries to enhance the

utilization of cash transfers and maximize benefits and imposing a behavioral condition on transfer recipients setting minimum requirements on beneficiaries' attention to the education, health, and nutrition of their children (Janvrey and Sadoulet, 2005). These programmes distribute cash payments to participants if they meet conditions typically including sending children to school and/or getting regular health care (Manley et al., 2012). Experience in Latin America suggest that conditionality may be appropriate to raise enrolment rates for girls when there are strong cultural barrier against educating girls – or other types of discrimination against girls schooling (NORAD, 2008).

Most specifically, Conditional cash transfers give money to poor people in return for fulfilling specific behavioral conditions. All households receiving the cash transfer that include children, pregnant women or breastfeeding mothers, (whether in poverty or in extreme poverty) are required to comply with conditions associated with regular school attendance, prenatal care, health visits, vaccinations, and growth monitoring. Children 6-16 years old must attend school at least 85 per cent of the time, and children aged 16-17, 75 per cent (Fultz and Francis, 2013).

The broad aim of conditionality is to improve human capital outcomes and promote resilience through impacts on behavior. Bastagli (2009) urges that by adding conditions, Cash Transfers aim to incentivize investment in mid- to long-term human capital accumulation, which can be under-served by poor people making short-term coping decisions. Brazil's *Bolsa Familia* and Mexico *opportudidades*, two of the world's largest Cash Transfers with eleven and five million beneficiaries respectively, have strongly incorporated the component of Conditions in Cash Transfers. For example, Brazil's *Bolsa Familia* is a family stipend that requires school attendance, growth monitoring and immunization and prenatal care for pregnant women (De Janvry and Sadoulet, 2005).

It has been urged that Conditional Cash Transfers trigger acceptable behaviour towards what the governments or implementers deem to be in the best interest of children and building of their capital development. This is especially in the case when uneducated parents may not be informed about the value of education, especially outside the community, or when the future value of education is underestimated by households based

on the current assessment of the value of education (Janvrey and Sadoulet, 2005). Under these conditions, imposing conditionalities on transfers may well be doubly welfare enhancing. CCTs programs implemented at a large scale in several middle income countries like Mexico, Brazil and Colombia have had reasonable success in meeting their basic objectives, namely reducing poverty and increasing educational achievements (Schultz, 2004), improving child and maternal health (Gertler, 2004), reducing malnutrition and reducing child labor (Hoddinott and Skoufias, 2004). The Bangladesh Cash for Education programme has resulted in a 20% – 30% increase in school enrolment and these children are likely to stay in school up to two years longer than other children (Barrientos and Dejong, 2004).

4.3.3 Unconditional cash transfers

Cash Transfer programmes in Latin America have spread into the African continent albeit with a watered down zeal on the conditional component; tending towards unconditionality. Regular and predictable transfers of money are given directly to beneficiary households without conditions contrary to the practice in Latin America where recipients are required to meet certain conditions such as using basic health services or sending their children to school (Asfaw et al., 2012). Although interest in CCT has been growing, cash transfer programs in Africa have tended to be largely unconditional rather than conditional (World Bank, 2012). CCTs are normally linked to service utilization provided by education and health infrastructures which are however insufficient in Africa. This has made it impossible to apply the full force of Conditions in African countries (Hanlon et al., 2010). However, where CCT programs are in existent in Sub-Saharan Africa, the use of “soft” conditions, which impose no penalties for noncompliance, is quite common (Mugaka, 2010). Even in programs that enforce hard conditions in Africa, most countries apply them flexibly. For example, conditions may be applied only in locations with adequate supply-side infrastructure or in areas that receive additional supply-side investments (Garcia & Moore, 2012). Even though the Kenya CT-OVC programme is modeled on the conditional transfer programmes in Latin America, capacity constraints in Kenya have restricted the implementation of conditions (Barrientos, Byrne, Villa and Peña, 2013)

It has been urged that delivering cash transfers without any conditions empowers the household to choose how to use the money. Preliminary results on an evaluation done by UNICEF on Malawi Unconditional Cash Transfer show that the monies are being used wisely and invested in meeting immediate basic needs, such as soap, food, education materials, health, clothing, shelter but also in livestock, poultry, seeds and fertilizer and in small savings (UNICEF, 2007). This is contrary to the notion that that some recipients would *not* have used these services if the transfer had been unconditional (NORAD, 2008).

The Kalomo Pilot Social Cash Transfer Scheme in Zambia is a good example of UCT. The beneficiary households are free to spend the transfers in any way they want. It is up to beneficiary households to decide whether they want to consume, save or invest the money according to their needs and interests (UNICEF, 2007). The results of an evaluation on CT-OVC programme suggest that the cash transfer has indeed changed beneficiaries' consumption preferences negating the necessity of conditions (Kenya CT-OVC evaluation Team, 2012). In situations of emergency and acute crisis caused by rising food prices, a UCT is said to be more appropriate than CCT. Garcia and Moore (2012) propose a strong communications strategy supporting maternal and children's nutrition to help beneficiaries make appropriate investments in nutrition and health without the need for conditions.

As evidenced in some studies, the question of imposing conditions in the African situation has been more than controversial making the line between unconditional transfers, transfers with soft conditions, and transfers with hard conditions often blurred. For example, Kenya's CT for OVC has conditions outlined but it has been recognized that requiring households to fulfill conditions is not always feasible. Even though some conditions are still not enforced, households are encouraged, through community awareness campaigns, to invest in their children's education and health care whenever possible (Garcia and Moore, 2012).

2.3. Determinants of effective utilization of Cash transfer grants

Cash transfers are not just handouts thus entrusting cash to individuals has remained a matter of great concern for the fear of misuse. They are provided to be used by the recipients in pursuance to specific objectives that result in human capital development of the OVC (Adato and Hoddinott, 2010, Asfaw et al., 2012). The basic assumption of the Cash Transfer programme for Orphans and Vulnerable Children in Kenya is that beneficiary households spend the money wisely. Experience of this scheme strongly suggests that in this context poor people are not irresponsible and know best how precarious their situation is and what they need most in order to survive and develop. At the same time, households are not supposed to misuse the transfer, meaning that money should not be spent on alcohol, gambling or exclusively consumed by one household member. The transfer is meant for the entire household. It is also assumed that the heads of the beneficiary households spend most of the transfer on orphans and other vulnerable children living in their households. (Kenya OVC secretariat, 2013).

UNICEF (2007) identified the size of the household and the person who controls the cash transfer at household level as significant determinants on the impact of social cash transfers on the well-being of members of beneficiary households, and specifically on children. Apart from imposing conditions on the cash transfer, other motivators within the benefitting households may determine how effective the resources are utilized for the OVC. This study will examine possible determinants in the effective utilization of Cash Transfer for OVC such as the level of education of caregivers, the household size, and gender of caregivers and complimentary services to be utilized.

2.4. Level of Education and effective utilization of cash transfer

Education is generally the transmission of knowledge, skills, values, beliefs and habits. In Kenya, education has been a critical issue since independence and it is considered as the main key to the development of African countries. According to Adato and Hoddinott (2010), social protection helps strengthen access to education, reduce chances of intergenerational transmission of poverty and accelerate economic growth. In the social protection discourse, most CT programmes lay a special emphasis on the education of the OVC yet little is mentioned on the literacy or the education of the caregiver or the

household head and the bearing it has on the use of resources at the household level, yet as early as in the 1960s, Nyerere (1968) had recognized the liberating effect of education that promoted self-consciousness and self-awareness with due impact on the immediate neighborhood and the environment.

In his speech to a seminar on *education and training and alternatives in education in African countries*, organized by the Dag Hammarskjöld Foundation and held in Dar es Salaam, Tanzania in May 1974, Mwalimu Julius Nyerere emphasized the role of education as a means to liberate both the mind and the body of man. Nyerere (1974) view of education as a means of mental, social and economic liberation also echoes its ultimate function of breaking the intergenerational poverty through human capital development. With the financial resources from CT programmes, caregivers are expected to facilitate this role of education. Therefore, the level of education of a caregiver could play a critical role in enhancing the quality of life of the OVC in the household. For example, primary level education is widely perceived to have a key role in reducing poverty and is positively associated with development-related outcomes such as improving productivity (Rose and Dyer, 2008).

UNESCO (1990) recognized the importance of both formal and non-formal education in changing people's attitudes so that they have the capacity to assess and address their sustainable development concerns. The Medium Term Plan for Kenya's Vision 2030 recognizes the need to have literate citizens and sets a target of increasing the adult literacy rate from 74% in 2007 to 80% by 2012 (KIPPRA, 2013). Human Capital Theory associated with the work of Becker (1975) asserts that education creates skills which facilitate higher levels of productivity amongst those who possess them in comparison with those who do not. Using the 'normal' assumptions of competitive labour and goods markets, it follows that those with higher levels of education seem to have, on average, higher levels of productivity and those with no education tend to have earnings profiles which remain pretty flat throughout their lives (Oxaal, 1997). Oxaal also observes the implication of the Human Capital Theory that an effective anti-poverty strategy (such as the Cash Transfer) should enhance their productivity in the informal urban and rural economy.

Inadequate education can be considered as a form of poverty which hampers learning in developing countries through poor nutrition, health, home circumstances and parental education (UNESCO, 2008). Education can increase uptake of preventative care (Feinstein, 2006). Caregivers with low levels of education were also found occupying low status jobs which were less rewarding therefore given the high dependency ratios that characterize orphan caregiver households, the quality of orphan care was affected as caregivers were not in position to provide all their basic needs such as education, access to proper health and a balanced diet (Kigozi, 2005). In Zambia, Seidenfeld, Handa and Tembo (2013) investigated education outcomes related to enrollment, on-time enrollment, and attendance for children ages 6 to 16 and by gender. As predicted from a simulation with baseline data, they did not find any overall impacts on education outcomes to the entire group. However, they found strong impacts on these outcomes for children whose mothers were less educated. In other words, on average, the lower a mother's level of education completed the greater the impact that CGP (Child Grant Social Cash Transfer Program) had on her children's education. Children living in a beneficiary household were 1% point more likely to ever enroll in school and 2 % points more likely to enroll on time, for every year less of education their mother has. These were statistically significant impacts of the program on the treatment group compared with the control group. Typically a mother's education is expected to be positively correlated with her children's education which was not the case in the study.

The same study carried out in Zambia by the same Seidenfeld et al., (2013) using the same sample found that at baseline, children of more educated mothers were more likely to be enrolled in school and attending school regularly. While well-educated mothers were enrolling children in school at baseline, the cash transfer had little opportunity to improve the way they acted, the cash transfer enabled and motivated less educated mothers who did not enroll their child in school at baseline to change their actions and start enrolling their child in school, leading to a program impact on education for children with less educated mothers, but no impact on education for children with educated mothers because these children were already enrolled and attending school.

Education, including formal education, public awareness and training are recognized processes by which human beings and societies reach their fullest potential. Education is critical for promoting sustainable development and improving the capacity of the people to address environment and development issues (UNESCO, 2008). Educators must therefore develop long-term educational relationships with clientele and focus on changes in learning and behaviour that leads to change in social, environmental, and economic conditions (Franz, 2002).

Cash transfers are modest grants which are designed for specific outcomes in the benefitting communities and should be effectively utilized. With the governments 'focus on the millennium goals and vision 2030, effective utilization of grants is of great significance. A systematic process of creating awareness to clarify objectives is therefore crafted into the programme design to maximize the intended benefits and desired outcomes (Kenya OVC Secretariat). The task of creating awareness in the targeted areas for the programme is mainly tasked to the DCO and the AAC, the local advocates of children rights at all levels down to the grassroots. With this in mind, the level of the education of caregivers may be considered key in the effective utilization of available resources in the household for the benefit of OVC. Literacy has important educational benefits since Parents who themselves are educated, whether through schooling or adult programmes, are more likely to send their children to school and more able to help the children in the course of their schooling.

The results of an audit undertaken by the National Gender and Equality Commission (2014) where 203 beneficiaries participated indicated that only 61 beneficiaries (30 %) had received training about their rights and entitlements since they joined the program. A majority of those trained were recipients of the CT-OVC. Some of the beneficiaries were not aware of amounts payable to them, frequency of payment and eligibility criteria. The audit went on to state that lack of adequate sensitization of beneficiaries and caregivers about the fundamental principles and provision of the cash transfer programs explained these low levels of awareness and understanding.

In Mexico, women with no or low literacy had the most difficulty following verbal health explanations by medical personnel (Dexter et al., 1998). Bolivian women who attended literacy and basic education programmes displayed gains in health-related knowledge and behavior, unlike women who had not participated in such programmes; the former group was more likely, for instance, to seek medical help for themselves and sick children, adopt preventive health measures such as immunization and know more about family planning methods (Burchfield, Hua, and Rocha, 2002).

2.5. The household size and utilization of cash transfers

Household size refers to the number of people that inhabit a given dwelling unit. The household unit is central to decision making affecting the household. In a study carried out in Ghana on the Livelihood Empowerment Against Poverty (LEAP) programme by Dako-Gyeke and Oduro (2013), it was found that the educational needs of the OVC were not met since the conditional cash received from the LEAP program was not spent on beneficiary children alone. The caregivers used the money for all dependants in their households and this negatively affected the school attendance of OVC. The finding that all children of school-going age in the households included in this study, irrespective of the household size were enrolled in school suggests that the number of non- LEAP beneficiary children in the selected households did not prevent the caregivers from enrolling beneficiary OVC in school.

The amount of money received from cash transfer gets into the household to increase the monetary income of the household. The ‘effective’ value of the transfer – and, hence, its potential impact – varies with the size of the household (Ward et al., 2010). Family size might affect the marginal benefit of changing behaviour or influence perspectives on the most appropriate way to spend cash resources (Diepeveen and Stolk, 2012). However, decisions regarding how cash is utilised are the responsibility of caregivers, who are obliged to expend the money on beneficiary orphans and vulnerable children. Gathering information on the number of children in the households and how that influenced households’ spending decisions was necessary because it could determine how cash transfers were utilised in households (Dako-Gyeke and Oduro, 2013). Dako-Gyeke and Oduro further found that the African Cultural inclinations involved sharing and aligned

the decisions of caregivers. In most of the households in the study area in Ghana, caregivers utilised the cash received from LEAP for all children in the household irrespective of who was a beneficiary or not due to family cohesion and communal living. Although the extended family networks could negatively affect beneficiary OVC's school attendance and retention, the family is regarded the best place for caring for OVC. As Lund and Agyei-Mensah (2008) suggest, the household is an important place for effective care of the OVC because of the familial and community care. In most instances, the family and the communal clan function as social support systems for individuals in need such as orphans and vulnerable children (Dako-Gyeke and Oduro, 2013).

Where children were expected to be registered with National Health Insurance Scheme in the LEAP programme, caregivers taking care of many children alleged high financial burden and the insufficiency of the cash transfer to cover all the expenses. In other instances the caregivers reported spending a greater part of the cash transfer on food items due to the large number of children (both beneficiary and non-beneficiary) in their households. The cash was exhausted in the first week and it was difficult to provide adequate food for the children in their respective households. The length of time the cash transfer remained in the households was very short suggesting that the inflow of cash every two months failed to sustain the households till the next payment. Although, the cash transfers were to be utilised conditionally, the living arrangements, especially household size influenced spending decisions of caregivers (Dako-Gyeke and Oduro, 2013).

On nutrition, the findings in the LEAP programme indicated that the extended family living structure negatively affected the number of meals beneficiary OVC had in a day. This was due to the family and the communal clan functioning as social support systems for individuals in need (Awusabo, 1995). Caregivers had a cultural responsibility to share the food with all the children in the compound (Dako-Gyek and Oduro, 2013).

In Malawi, the amount of cash assistance beneficiaries received is weighted according to household size (UNICEF, 2007). The monthly cash transfer takes into account if the children are enrolled in primary and secondary school. A one person household gets MK 600 (USD 4), A two persons household MK 1,000 (USD 7), A three person household MK 1,400 (USD 10) and a 4 and more persons household MK 1,800 (USD 13). Zambia scheme pays USD 8 per month irrespective to the size of a household. However, Cash Transfer evaluation reports in Kenya, UNICEF (2007) found that there was a large impact on per capita expenditure, particularly for food and health care but the impact was found to be much larger and only statistically significant for small sized households.

In Zimbabwe, eligible households receive bi-monthly unconditional cash payments that range in size from US\$10 to US\$25 per month based on household size. However in Kenya, there was concern with policy makers and donors about the heterogeneity of impacts between small and large households given that the transfer is flat, regardless of household size. Impacts on expenditures decreased with household size, including for purchases of household durables such as bed sheets and mosquito nets (Azzarri and Campos, 2010). The benefit of increased consumption is concentrated in smaller households, since the value of the transfer (per capita) is diluted in larger households, reinforcing a case for indexing the payments in some way to household size (Ward et al., 2010).

The Child Grant Social Transfer Program (CGP) in the Republic of Zambia targets households with children under age 5 living in districts and provides each household with 60 kwacha (ZMW), or roughly U.S. \$12, a month, regardless of household size (Seidenfeld et al., 2013). In a study carried out by the Ministry of community Development mother and Child Health (MCDMCH) in Zambia in 2013, there was a notable difference on food expenditure between household sizes. In smaller households, the impact of the CGP on food was concentrated on cereals (where 45 percent of the impact on food is derived) followed by meat (15 percent), fats (14 percent), and pulses (13 percent). Given the flat cash transfer in Zambia, impacts on total expenditure were found to be double the size for small households as they are for larger households. However, there were significant impacts on education spending among large households

and little or no impacts among small households. This result was consistent with the demographic profile of larger households, which contained proportionately more school age children relative to smaller households. Conversely the impact of the CGP was much larger among smaller households for health spending than larger households which is consistent with the larger proportion of very young children in smaller households.

However among larger households, the impact of the grant on food was driven by meats (32 percent) and then cereals (30 percent). In Kenya, Asfaw et al., (2012), reported that beneficiary households consumed significantly more dairy/eggs and meat/fish as compared with control households; particularly true for smaller households and those that was female-headed. Receipt of cash transfer led to a 15% point increase in the share of small sized households on the accumulation of some productive assets. The impacts are largest for small households (1-4 members) since the transfers are flat across household size. Consumption impacts of the transfer decrease with household size, especially when the transfer is flat.

2.6. Gender of caregivers and utilization of cash transfer

For a long time, gender has been considered to have a significant effect on issues concerning development. There seems to be a prevalent notion that transferring money to mothers is more likely to have positive effects on their children's well-being than if the money were transferred to fathers. One of the more recent evaluations of Latin American CCTs summed up the prevailing regional view: 'the administration of household resources by women produces better results in food security and in the quality of life of children' (Villatoro, 2004).

Individual household members do not always share the same priorities or preferences. Evidence suggests that men and women frequently have very different roles and priorities when it comes to household decision-making (UNICEF, 2007). Therefore, the impact of social cash transfers on the well-being of members of the beneficiary households and on the children in these households is influenced by who controls the transfers at the household level. Household level decision making becomes crucial in determining how the cash is utilized and whether the targeted child or children would benefit fully from the

cash transfers. (Dako-Gyek and Oduro, 2013). Most studies have found that Cash transfer delivered to the mother is believed to improve the wellbeing of her children than cash given to men and more could have been achieved if the gender component had been included in the overall program design (Villanger, 2008). Resources given to the mother in the household is regarded to have positive spillages to the children of the household (Haddad, Hoddinott and Alderman, 1997). On the other hand, research in Mexico, Costa Rica and Honduras shows that men may withhold up to 50% of their income from the household, leaving women and children in a situation of “secondary poverty” (Bradshaw and Viquez, 2008).

Gender differences in the disposition of cash resources remain marked in most countries; with a substantial proportion of household income from cash transfer being spent by men on leisure and items of personal consumption (Bradshaw 2002; Chant 2006). Several studies find that women and men take different investment decisions regarding children’s health, education, labour market participation and food consumption (Thomas 1994; Duflo 2003). These findings suggest that women make better decisions at the household level for suitable outcomes of the children when they are in control of resources such as the cash transfer. However, it can be urged that traditional roles of women are reinforced through a positive discrimination of preferring women over men in most cash transfers. For example, The National Social Protection Strategy (NSPS, 2007) for Ghana recommended that female caregivers be prioritized as this was likely to have a maximum impact on households (Gbedemah, Jones and Perezniето, 2010).

However in some cases, women were found to dominate as beneficiaries in most cash transfers. A study by Zezza, Brière and Davis (2010) found this domination of women as heads of households in Kenya and Malawi to be 67% and 64% respectively. The study found that the way the cash transfer was utilized greatly differed between genders. Women, more than men were likely to utilize cash transfer to tangibly benefit children. For example in Kenya, male-headed households were able to acquire farming land but were less likely to acquire radio or mosquito nets. They also spent less on health than female-headed households. In both countries (Zezza et al., 2010) found that asset preferences seemed to differ according to the gender of the head of household. The same

study found that households with male heads seemed more likely to invest in productive assets in both countries while households with female heads invested more in children's education (Kenya) and spent more on food and health (Kenya and Malawi).

In an evaluation of the impact of CCTs in Nicaragua, it was found that CCTs led to an increase in food and education expenditures, an improvement in school attendance, and higher investment in children's human capital, (Maluccio and Flores, 2005). However, given that these programs' recipients were all women, it was impossible to determine whether outcomes would be different if the money were given to men. In other words, the income effect could not be distinguished from the effect of giving the cash transfer to women instead of men. Maluccio and Flores urged that the lack of a counterfactual in which fathers receive the transfer made it difficult to assess the idea that mothers are prone to invest in their children's welfare. Given that the CTs were also conditional in Nicaragua, it is possible that the effects and outcomes on children were not based on the pure decisions of caregivers but on incentives in the CCTs.

In other studies Duflo (2000) and Edmonds (2005) exploited the implementation of an old age pension program in South Africa to estimate the impact of the beneficiary's gender on children's outcomes. Duflo finds that money in the hands of women has a considerable effect on girls' anthropometry measures, but has only a small impact on boys. However in the same study, Duflo suggests that South African women have a stronger preference for their children (grandchildren) wellbeing. She explicitly states that her findings should not be blindly generalized to other developing countries due to differences in preferences and cultural norms. Cash transfers for Orphans and Vulnerable Children in Kenya and especially in the area proposed for the study is not restricted to old persons only. In fact, the recipients are composed of heterogeneous age groups including children who head households. This is supported by anecdotal evidence from the Zambia and Malawi schemes which shows that not only elderly persons, but also mothers of all ages and even children heading a household use transfers wisely and to the advantage of the children (UNICEF, 2007)

However, further studies by Edmonds (2005) found money in the hands of men to have a considerable effect on boys' school enrolment, and no impact on girls', while transfers to women do not have an effect on children's school enrolment. More interestingly, money in the hands of women is more likely to be spent on children and education, but it does not affect the probability that these children enrol in school. On the other hand, cash transfers to men do not increase school spending, but they do have a strong and positive effect on children's school enrolment. This means that while money in the hands of women has a higher impact on household expenditures on children and education, it does not affect the probability that children will enrol in school. On the other hand, money distributed to men does not increase schooling expenditures, but it does have a strong and positive effect on children's school enrolment.

2.7. Complementary Services and utilization of cash transfer grants

Social transfers can be an effective way of targeting resources to the poorest and socially excluded, to help get and keep children in schools and to use health services (DFID, 2006). Conditional cash transfers have always tied beneficiary households to service utilization. CCT programmes in Latin America have attached pre-conditions that encourage desired health-seeking and educational enrolment behavior such as accessing clinics, immunization programmes and enrolling children in school) to state cash transfers (Neves, Samson, Niekerk, Hlatshwayo and Du Toit, 2009).

It has been urged that many of the world's poorest people cannot use or effectively demand education and health services - even when the government has a policy of free universal services at the point of delivery to all its citizens (Chapman, 2006). However, in Latin America (LA), Conditional Cash Transfer (CCT) programmes have been effective in ensuring higher school attendance and greater health services use, both of which are valuable inputs for human capital development and future productivity. In Mexico, for example, the Oportunidades programme increased attendance by 8.7% for children in the sixth grade (Fiszbein and Scady, 2009).

Evidence from a range of studies indicates that social transfers act as effective incentives to increase poor people's demand for services and improve their education and health outcomes. Conditional cash transfer programmes have increased school enrolment and attendance rates among poor families, often significantly. The Bangladesh cash-for-education programme has resulted in a 20-30% increase in primary school enrolment among beneficiaries who are likely to stay in school up to 2 years longer than other children (Marcus, 2004). However, cash transfers need not be made conditional on school attendance to impact on children's education. For example, the Kalomo unconditional cash transfer pilot scheme in Zambia, where transfers are made to the most vulnerable households had overall absenteeism from school decline by 16% over the first nine months (Gorman, 2004)

Kenya's CT-OVC programme is designed to provide regular cash transfers to extreme poor families living with OVC in order to foster their continued care and promote their human development through basic education, basic health and nutrition services (GOK, 2010). Garcia and Moore (2012) state the main objectives of the programme as keeping orphaned and vulnerable children within families and facilitating investment in health and schooling; reducing mortality and morbidity among children under five years of age; school enrolment and attendance by children aged six to 17. The service component emerges out very clearly with the mention of education, health, and nutrition. Cash transfer grants are intended to link beneficiaries to these services with the aim of human capital development. The Unconditional CTs in Malawi and Zambia schemes also try to coordinate with and refer their beneficiaries to other social services using district, sub-district and community level committees. They also arrange for extension workers (health, nutrition, hygiene) to counsel beneficiaries when they gather monthly at pay points. For example, in Malawi the social marketing of mosquito nets for children is done at the pay points (UNICEF, 2007). In order to meet the essential needs of children living in ultra-poor HIV and AIDS affected households, social cash transfer schemes have to be complemented by and coordinated with other social services in the areas of education, health, home based care and psychosocial support, family support and alternative care (Barrientos and De-Jong, 2004).

2.7.1 Quality and Accessibility of Complementary Services

While cash transfers in Latin America are conditioned on particular health, nutrition and education behaviours, their ability to contribute as planned however, depend on the quality and scope of these services. This conditionality means that variability in quality and access to services might influence households' willingness to abide with conditions and the extent to which health, education and nutrition outcomes are realized through the use of the services. (Fiszbein and Schady, 2009). It has been urged that there is little point in having conditionalities if the services that the recipients are meant to use in return for benefits are defective or absent altogether (UNICEF, 2012).

Fultz & Francis (2013) have further urged that Conditional cash transfer programmes can achieve their health objectives only if there is an adequate health infrastructure in place providing goods and accessible services. They continue to note that even in Mexico; increased utilization is accompanied by some downsides. For example, they ascertained variation in the quality of health services that resulted in lower provision of contraceptives after delivery to adolescents living in Oportunidades households than in a comparable group of non-participants (39% versus 48%). They concluded that long waits for appointments, shortages of medications, low level of care, and discourteous treatment by health professionals led some families to decline participation in Oportunidades noting the importance of improving the quality and increasing the supply of available healthcare.

Other extraneous factors found to impede the utilization of cash transfer towards health and education by the indigenous people of Mexico are systematic discrimination against by inaccessible language of instruction in schools, distance to travel to health and education services, and a chronic lack of social mobility (Browne, 2013). In another scenario, cash transfers may influence utilization, but school performance outcomes may be confounded by issues such as poor school quality and unfavorable teacher-to-pupil ratios. Miller (2009) contends that it may take years for supply size interventions aimed at improving school quality to take effect.

The Kenyan education system also faces significant challenges related to school access and quality of learning. 25% of children do not transition from primary to secondary school. Gender, place of birth and family income remain strong predictors of school enrollment at all levels (Nicolai, 2014). The government has improved access to education by launching a tuition-free secondary education policy in 2008. This policy was followed by a significant increase in enrollment, which reached 67% in 2012 (The World Bank, 2014). However, this policy has done little to improve equity because schools still charge fees for operational expenses. These fees are unaffordable for poor families who must also purchase uniforms, food, textbooks, and school supplies. In 2008, for example, the annual cost of secondary education was twelve to twenty times more than the monthly income of parents in rural areas, where more than 80% of the population lives (Ministry of Education, 2010). In addition to monetary impediments, physical access to schools in rural areas remains a serious barrier. The government is often unable to build sufficient classrooms to accommodate growing student enrollment and teachers frequently teach outdoors. When school buildings are present, they are often two to three miles away overwhelming distances when shoes are a luxury, roads are impassable, safety is at risk, and children are relied upon to help parents with chores (Moulton, 2001).

Even where health care is available, the quality is often severely deficient, leaving its effectiveness well short of potential efficacy. One review concludes that, despite the claimed efficacy of primary health care interventions, the evidence is mixed on whether primary care clinics have any impact on population health (Filmer, Hammer, Pritchett, 2000). This discouraging conclusion is attributed to the poor quality of public primary health care in many parts of the developing world. Lavy and German (1984) decried decline in quality of public health care in Ghana which was associated with 40% fall in utilization within only five years (1979-1983).

Other studies found poor quality of health services a major problem in many, but not all, developing countries (Filmer, Hammer, Pritchett, 2000). Facilities open and close irregularly (Banerjee, Deaton and Duflo, 2004); absenteeism rates of doctors and nurses

can be very high, staff can be hostile, even violent to patients (Dodd and Munck, 2001); misdiagnosis is not uncommon, medicines are all too often unavailable, sometimes due to staff pilfering for use in private practice and there is inappropriate prescribing and treatment. Deficiencies in quality have direct implications for access to effective health care (World Bank, 2004). In Kenya, the situation is not any better.

The Republic of Kenya (2011) reports that in Kenya, per capita food availability has declined by more than 10 per cent over the last decade. The Policy paper says that food availability and access in Kenya are influenced by the ability of individuals and households to produce their own food in sufficient quantity and to generate income to purchase food, the adequacy of infrastructure, effectiveness of food distribution systems and the affordability of food prices. According to the World Food Program (WFP), the average Kenyan family spends almost half of their household income on food which is an indicator of poverty and food insecurity (WFP,2011).

However, Conditional Cash Transfer have the assumption that public services are actually in place and functioning, have capacity to receive more users, that they are within a reasonable distance from the beneficiaries, and that traveling and usage of the service is safe (NORAD, 2008). This is not the case in many African countries and it will be interesting to explore how Cash Transfer beneficiaries seek these services through Unconditional Cash Transfers which are most common. Adato and Hoddinott (2008) have advised that before turning to a CCT, one should assess whether the low utilization of the services stem from inadequate quality or capacity of the actual public service, a task that has been devoted too little attention by the implementing agencies.

2.8. Theoretical Framework

The study is based on the Progressive Utilization Theory (PROUT). PROUT is a social and economic theory developed in 1959 by the late Indian scholar-author and activist Prabhat Ranjan Sarkar. The Theory advanced by Sarkar (1959) addresses the world systems of inequality. According to Sarkar, the material world is but an expression of consciousness and humans are stewards rather than ultimate owners of any physical wealth. This spiritual basis of PROUT has important implications for the management of physical resources, for the development of human resources and for the establishment of

proper government. Sarkar agreed with some aspects of modern welfare economics and stated that the minimum necessities of life should be guaranteed to all members of society. If we want to bring about the economic well-being of all of the people, then we must also make sure that some geographic areas are not depressed while other areas are thriving. The best way to bring about economic development and prosperity for everyone is to decentralise the economy, develop all sectors of the economy and to strive for regional economic self-sufficiency. Miller (2000) in his theory of Social Justice places the responsibility of allocating and distributing resources to people on social institutions.

PROUT is a social economic model that promotes the welfare and development of every person, physically, mentally and emotionally (Sarkar 1959). PROUT recognizes all material goods as common property and seeks the rational and equitable distribution of that property to maximize the physical, mental, and spiritual development of all people (Onwuka et.al, 1985).

Sarkar (1959) actively sought a practical alternative to the theories of Marxism (communism) and Capitalism. The departure of PROUT is that it is based on universal values recognizing and protecting the rights of all to the fulfillment of their basic needs; the protection of the environment, plants and animals; and a dynamic, incentive-based multi-tiered economy with local and cooperatively-employee-owned enterprises at its core. It encourages a balance in the effort of satisfying individual and collective needs. It states that no one should be left behind as society marches forward. Compared to this idealism, the current policy interventions such as Social Cash Transfers for OVC have equally focused on poverty eradication and emphasize redistributive economic systems. Social protection interventions can be viewed in the light of PROUT as they are designed to contribute to reducing inequality - both by redistributing income and by facilitating the very poor and marginalized people's participation in economic growth (Marcus, 2004).

According to PROUT, the source of the immediate problem is not shortage of resources but their poor utilization. A narrow range of resources are badly overused and misused. To cure these maladies, PROUT's economic program promotes economic decentralization, in which people have a real say in their economy. It is economic

democracy that will produce long term expansive effects and full, balanced and sensible utilization of our planet's many resources, i.e. *maximum utilization*. Progressive utilization theory states that the resources of the universe are a joint property of the human society, with right for maximum and proper utilization. The theory emerges with the social concept of proper utilization of natural and human resources. Both conditional and unconditional Cash transfer programmes are tied to specific objectives to enhance social-economic outcomes for Orphans and vulnerable children. Further, in CCT programmes a certain kind of behavior that is welfare enhancing is expected of beneficiaries towards the effective utilization of cash transfer and maximization of their benefits (Janvrey and Sadoulet, 2005).

According to PROUT, economic democracy tends to fall evenly and fairly over the whole globe like an indiscriminating blanket. And, to take the same approach from beneath – so that at the basic level everyone has their minimum necessities of life met, to get them into as many pockets as possible,. Importantly, also to provide incentives so more people can activate their special potentialities, creatively, innovatively, intellectually; so that in turn they will stimulate production, jobs and wealth. More often than not proponents of Conditional cash transfers have justified conditions as a means to reinforce monetary incentives for households to invest more in the human capital of their children for example, when there is inadequate information about the returns to these investments, myopia, “incomplete altruism” between parents and their children, or externalities that are not taken into account by households (Fisbein and Schady, 2009). In the spirit of SPROUT, cash transfer programmes can be designed to promote a wide range of benefits which include immediate poverty alleviation; improved health, nutrition and education outcomes; economic productivity and growth; empowerment and social cohesion. In the longer-term, growing evidence (most importantly from Mexico) indicates that cash transfer programmes can catalyze important effects that can help to break the intergenerational transmission of poverty (DFID, 2011).

The essence of PROUT is that an expanding circle of resources is used at a proportionate, or even contracting, rate of speed (per resource) benefiting an increasing number of people. These people in turn activate their potentials and contribute themselves and the unique resources of their lands and other resources, and human minds and inner potentials, as further new resources. Beneficiary caregivers in cash transfer programmes act as intermediaries in the transfer and the transformation of monetary resources to human resource and capital through the children they take care of. The PROUT theory is relevant in this study as it establishes the moral and ethical basis of resource redistribution in the society and effective utilization by those who are entrusted with them. To conserve existing resources, their use is a paramount question that requires continuous dialogue across all levels.

2.9. Conceptual Framework

Creswell (2002) posits that a conceptual framework is made up of the following variables: independent, intervening and dependent variables. The independent variables are the variables which a study seeks to examine in order to determine their impact on a particular subject matter. The following were the independent variables in the study: gender, education level, size of the household and complementary services. The intervening or mediating variables get in between the independent and dependent variables and mediate the effect of independent variable on the dependent variables in a study (Thompson, 2006). The intervening variables for this study are: government policy and level of programme awareness by caregivers including the attitude of caregivers like the fear to lose the grant.

The dependent variables are influenced by independent variables and in this particular case, the dependent variable for the study are: number of orphans and vulnerable children enrolled in the programme and attending school, the type of food taken, number of children with birth certificates and clinic cards, acquisition of assets and the duration the cash grant lasts in the household. Figure 2.1 below presents is a figurative representation of the conceptual framework of the study.

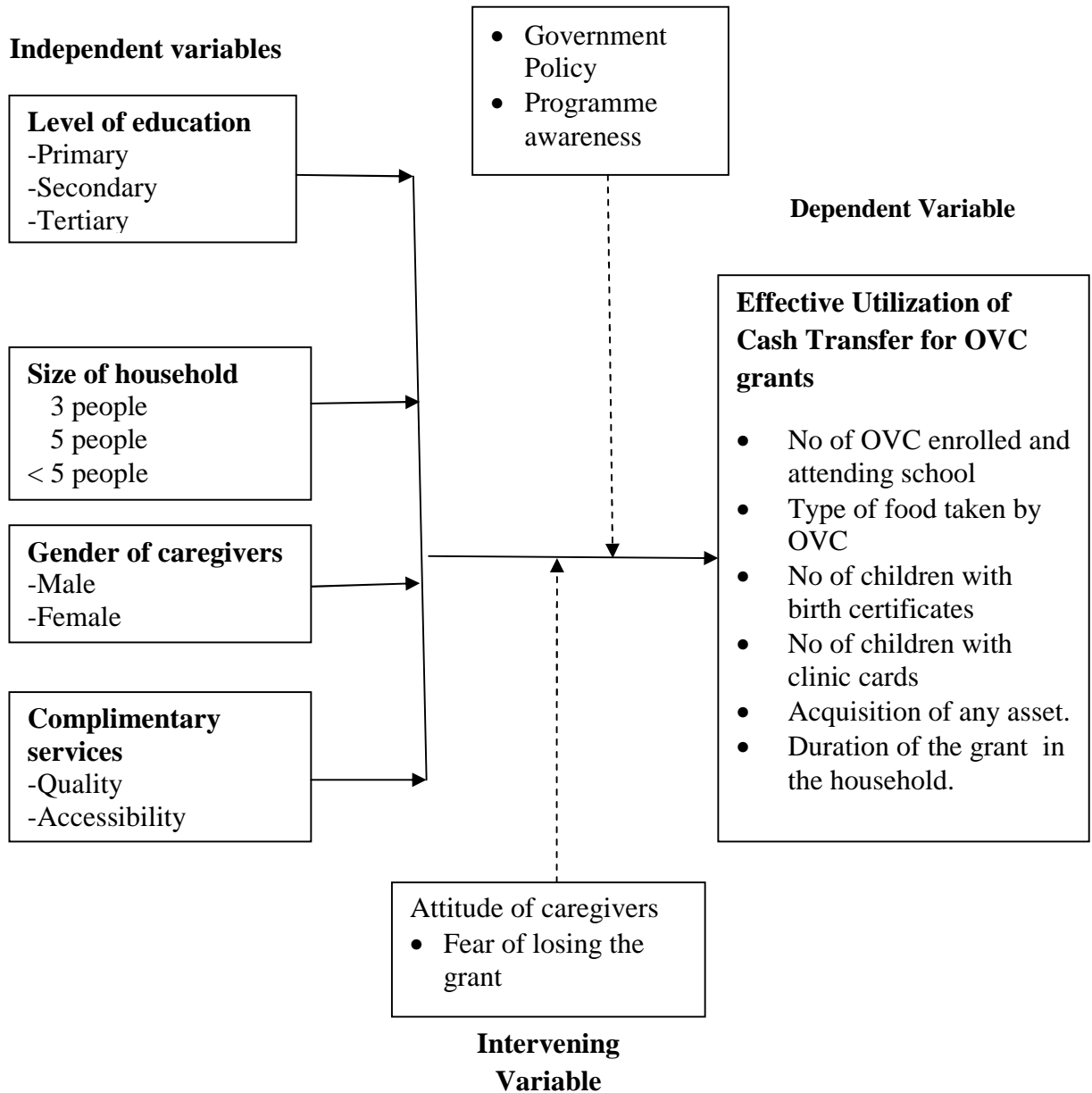


Figure 1: Conceptual Framework

2.10. Summary of Literature reviewed and Research gap

The chapter was a review of what other researchers have done on the determinants of effective utilization of cash transfer by caregivers in other parts of the world. The review has described both conditional and unconditional cash transfers. Conditional cash transfer has been found to be very instrumental in Latin America as the major determinant of cash transfer utilization. However, in Kenya, the Unconditional cash transfer is more pronounced and only a few studies have been done on what makes caregivers utilize cash transfers effectively in the absence of conditions.

The literature also reviewed what other scholars have mentioned on the significance of education and its effects on resource utilization by those who have it. For example, Rose and dyer (2008), associate education with development related outcomes while Kigozi, (2005) observed that the level of education of caregivers affected the quality of life of orphans in the household. While there is much emphasis on the education of the OVC through the utilization of cash transfer, there is less attention given on the education level of the caregivers and the effect it may have on the future wellbeing of the OVC

Dako-Gyek and Oduro (2013) carried out a detailed study on the effect of household size on cash transfer utilization for orphans and vulnerable children in the LEAP program in Rural Ghana. In Kenya the household size has been found to have impact on nutrition intake in the household (Asfaw et al., 2012) yet little has been done on the size of household as a determinant of effective utilization of cash transfers in Kenya and no such study has been carried out in Tigania West sub county.

Gender can be said to be the most significant variable in most studies as one of the major factor determining the use of resources in the household. The literature on the effect of gender is quite inexhaustible but notably; Duflo (2000) and Edmonds (2005) found money in the hands of women to have positive impacts on household's members' especially orphaned children. Most of these studies were done where cash transfer was preferably given to women by program design such as in Nicaragua (Maluccio and Flores, 2005), and where it was difficult to assess outcomes if money was given to men. The CT-OVC programme in Kenya does not discriminate between gender and it will be

interesting to find out the pattern of cash transfer utilization. Finally, the literature reviewed studies done on the utilization of complimentary services such as health, education, and nutrition and birth registration. In Kenya, the CT-OVC programme in most cases does not tie beneficiary households to service utilization due to the absence or limited infrastructure (UNICEF, 2012) but expects them to use these services. Challenges in the effective use of services have been identified even in Latin America where there is CCTs (Miller, 2009). Caregivers could face different experiences in Kenya while seeking to utilize the services.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methodology that will be applied by the researcher in the study. This will include the research design, target population under study, sampling and sampling procedures, research instruments for data collection, validity and reliability of data collection instruments, data analysis techniques, operational definition of variables and ethical considerations.

3.2 Research Design

A Research design consists of arrangements of conditions for collecting and analysing data in a way which gives relevance to the cost of and purpose of any research programme (Kothari, 2003). The procedures selected by the researcher to achieve the intended goals in the study constituted the Research design. The research study was undertaken by use of descriptive survey. A descriptive survey is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals. This type of research attempts to describe such things as possible such as behaviour, attitudes and characteristics. Descriptive studies are not only restricted to fact finding but may often result in formulation of important knowledge and solutions to important problems (Mugenda and Mugenda, 2003).

3.3 Target Population

Mugenda and Mugenda (2003) describe population as the total number of elements or individuals under investigation by a research study. By the end of 2014, The GOK had implemented the CT-OVC in all the **15** locations in Tigania West sub-county bringing a total number of **1320** beneficiary households into the fold (Kenya OVC Secretariat, 2014). All the **1320** caregivers representing the households as beneficiaries of the Cash Transfer constituted the target population for the study.

3.4 Sample size and sampling procedures

Due to limited time and resources, to study the entire target population of **1320** caregivers in the beneficiary households would have been costly. As described by Mugenda and Mugenda (2003), a proportion of the population under study was derived for the research study. This constituted a sample designed to determine the proportion from the population (Kothari, 2004). In the first instance, Purposive sampling was applied in the study. Kothari (2004) considers purposive sampling to be more appropriate when a known characteristic of the population is to be studied intensively. From the target population of **1320** beneficiary households, the researcher purposively sampled three locations namely Athwana (199HH), Kiandiu (47HH) and Miathene (74HH) which are as old as 10 years in the CT-OVC program. The three locations were considered due to their longer gestation period in the program. Thereafter, a study sample size was derived through proportional quota sampling to arrive at 132 households which is 10% of the target population of 1320 households. According to Mugenda and Mugenda (2003), 10% of accessible population is adequate for descriptive study as shown in the table below.

Table 3.1: Distributions of Households

OLD CT-OVC LOCATIONS	MIATHENE	KIANDIU	ATHWANA	TOTAL
Beneficiary households	74	47	199	320
Proportional quota sample	31	19	82	132
% of the selected population	41.9%	40.4%	41.2%	41.25%

3.5 Data collection methods

The study employed both quantitative and qualitative methods. Questionnaires were designed to collect data from beneficiary caregivers. Observation guides went hand in hand with questionnaires to supplement data collection and a key informant interview schedule designed for the Sub-County Children's Officer.

3.5.1 Questionnaire

The questionnaire collected data on the opinions, knowledge as well as attitudes of beneficiary caregivers towards the cash transfer. The questionnaire is considered to be more

cost effective as well as being able to collect information from a large number of respondents within a short time.

3.5.2 Observation guide

Observation method entails the collection of information by way of the researcher's own observation, without interviewing the respondents. It involves the systematic noting and recording of events, behaviours and objects in the social setting chosen for the study (Westbrook, 1994).

Observation method was used to supplement other research methods in the study. The researcher documented situations, actions and interactions noted while carrying out the study. The researcher also observed the living conditions of beneficiary caregivers, including the condition of their houses, and the presence of domestic animals and the physical condition of children in the beneficiary households.

3.5.3 Key Informant Interview

Key informant interviews are qualitative in-depth interviews with people who are knowledgeable in the community, who are likely to provide the needed information, ideas and insights based on knowledge of a particular issue (Kumar, 1986). The interview guide was used used to collect data from the Sub-County Children's Officers to establish their opinions on what determines effective utilization of cash transfer in Tigania West Sub-County. The researcher opted to use face to face interviews due to their likelihood to achieve a high response rate and their usefulness in obtaining detailed information about personal feelings, perceptions and opinions.

The researcher engaged the services of the two research assistants. They were given orientation on what was expected before sending them to the field to assist in the distribution and thereafter collection of the filled questionnaires.

3.6 Validity of research instruments

Validity is a measure of the degree to which result obtained from data represents the phenomena under study (Mugenda and Mugenda, 1999). According to Kothari (2004), the validity of the data should be checked with utmost care. The research used content validity as a measure of the degree to which the data collected using the questionnaire

shall represent the objectives of the study. A pilot study was undertaken on the beneficiaries of CT-OVC in one of the three locations to test the validity and content of the instruments through the help of a research assistant. The researcher engaged ample discussion on the meaning of terms with experts in the subject matter and also with the supervisor. To ensure construct validity, the stated questions were limited to the conceptualization of the variables.

3.7 Reliability of the Research Instrument

Reliability is a measure a measure of the degree to which a research instrument yields consistent results or data after repeated tests when administered a number of times (Mugenda and Mugenda, 2003). Reliability of the instruments was ascertained through a pilot study conducted on beneficiary households. Pre-testing was undertaken to gauge the clarity and relevance of the instrument items so that those items found to be inadequate for measuring variables will either be discarded or modified to improve the quality of the research instruments. The researcher used the split half method whereby a sample of 20 caregivers was made to fill the questionnaires. The questionnaires were divided into equal halves and an internal analysis score obtained for each half through the application of SPSS. The scores derived were then correlated using the Spearman correlation Formula. The coefficient correlation score was found to be 0.736 establishing the reliability of the instrument.

3.8 Data analysis and Presentation techniques

Both qualitative and quantitative data was generated by the study. The data generated from structured and semi structured questionnaires was recorded, coded, numbered and classified under different variables for easy identification and then summarized. Descriptive statistics was used to analyze data with the help of Statistical Package for Social Scientists and presented in tables, frequencies and percentages. Finally, a few test statistics such as chi-square and spearman correlation analysis will be performed on the data to deduce more information on the characteristics of the population.

3.9 Ethical issues

Ethics is an integral part of research studies. They promote research integrity and a better alignment of research with social needs and expectations (The European Commission, 2010). Utmost care was undertaken to ensure respect of the participants in the study. The

respondents, whose consent was duly sought to participate in the study, were given the assurance that the information they gave would be treated with utmost confidence. Privacy and dignity was observed throughout the research study and codes instead of names of respondents were used.

3.10 Operational Definitions of Variables

The operational definitions of variables helped to measure the variables appropriately. Table 3.2 shows the type of data that the study will gather how it will be analysed.

Table 3.2: Operationalization of Variables

Objectives	Independent Variable	Indicators	Measurement scale	Measurement	Type of analysis	Level of analysis
To establish the extent to which the level of education of caregivers determine effective utilization of cash transfer grants for OVC in Tigania West	Education level of the caregiver	Primary	Ordinal	Number of OVC enrolled and attending school Number of children with birth certificates Type of meals Taken by the OVC	Quantitative	- Descriptive -Test Statistics such as chi-square test.
		Secondary				
		Tertiary				
To establish the effect of the size of the household on effective utilization of cash transfer for OVC in Tigania West.	Size of the household headed by caregivers	1-2 persons	Ordinal	Duration of the cash grant in the household Type of asset acquired by use of the grant	Quantitative	- Descriptive -Test Statistics such as chi-square test.
		3-5 persons				
		Over 5 persons				
To investigate the extent to which the gender of caregivers determine effective utilization of cash transfer grants for OVC in Tigania West.	Gender of the caregiver	Male	Nominal	Percentage of household decision making by either gender Accessibility to Health facilities	Qualitative	- Descriptive -Test Statistics such as chi-square test.
		Female				
To establish whether existing complimentary services determine effective utilization of cash transfer grants for OVC in Tigania West.	Complementary services 1) Education 2) Health 3) Nutrition	Accessibility	Ordinal	Number of children with clinic cards	Quantitative	- Descriptive
		Quality				

Source: Author (2016).

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

The chapter presents data analysis, presentation and interpretation of the study findings, the findings were based on all data collected from the field. The purpose of the study was to investigate the determinants of effective utilization of cash transfer for orphans and vulnerable children by caregivers in Kenya focusing on the cash transfer programme for OVC in Tigania West sub-county. Data was analyzed regarding general information like gender, size of households and education level of the respondents among others. The findings were then presented in tables, frequencies and percentages. A few test statistics were performed on the data to determine association between variables.

4.2 Questionnaire return rate

A total of one hundred and thirty two (132) questionnaires were distributed to the respondents across Tigania West Sub-County. Out of 132 questionnaires, 118 questionnaires were returned representing an 89% return rate, which was adequate for analysis.

4.3 Demographic characteristics

The study sought to determine the demographic characteristics of the respondents based on gender, age, marital status and educational levels of the beneficiary caregivers.

4.3.1 Gender of caregivers

The study sought to determine the respondent's gender as shown in Table 4.1

Table 4.1: Demographic characteristics by gender

Gender	Frequency	Percentage
Male	15	12.7%
Female	103	87.3%
Total	118	100.0

Majority of the respondents 103(87.3%) were female while male were 15(12.7%).

4.3.2 Age of caregiver

The study sought to investigate the respondent's age bracket as shown in Table 4.2.

Table 4.2: Age category of the respondents

Age	Frequency	Percentage
19-40 Years	19	16.1%
40-60 Years	69	58.5%
61 Years and above	30	25.4%
Total	118	100.0%

Of the respondents sampled 69(58.5%) were in the age category of 40-60 Years, 30(25.4%) were in the age category of 61 years and above while 19(16.1%) were in the age category of 19-40 Years.

4.3.3 Marital Status of caregiver

The study sought to determine the respondent's marital status as shown in Table 4.3.

Table 4.3: Marital status of the respondents

Marital status	Frequency	Percentage
Single	14	12.86%
Married	33	27.97%
Separated	2	1.69%
Divorced	3	2.54%
Widowed	66	55.93%
Total	118	100.0%

Majority of the respondents 66(55.93%) were widowed, 33(27.97%) were married, 14(12.56%) were single while 5(4.24%) were divorced or separated.

4.3.4 Level of education

The study sought to investigate the respondent's level of education as shown in Table 4.4

Table 4.4: Level of education

Education level	Frequency	Percentage
Never been to School	32	27.1%
Primary Drop out	51	43.2%
Completed Primary	25	21.2%
Secondary Drop out	6	5.1%
Completed Secondary	3	2.5%
University	1	0.8%
Total	118	100.0%

Majority of the respondents 51(43.2%) were primary school drop outs with another 31(26.3%) either having completed primary or having dropped out of secondary school. 32(27%) had never been to school. A small number, 4(3.3%) had secondary or university level education indicating that majority of the residents were illiterate.

4.4 Household characteristics

The study sought to determine household characteristics on the basis of the size of the household, children aged between 5-18 years and those aged below 5 years living in the household.

4.4.1 Size of the household

The study sought to determine the size of the household as shown in Table 4.5.

Table 4.5: Size of the households among the respondents

Size of household	Frequency	Percentage
1-2 Persons	19	16.1%
3-5 Persons	27	22.9%
Above 5 Persons	72	61.0%
Total	118	100.0%

Majority of the respondents, 72(61%) had a household size of five persons and above, 27(22.9%) had between three and five persons while 19(16.1%) had between one to two persons. It shows that majority of beneficiary households were crowded. This could have the effect of diluting the value of the cash transfer grant transferred to the household hampering effective utilization on targeted OVCs.

4.4.2 Children living in the household

The study sought to investigate the number of children living in the same household who were between 5-18 years as shown in Table 4.6

Table 4.6: Members (5-18 years) living in the same household

5-18 years	Frequency	Percentage
0	5	4.2%
1	14	11.9%
2	22	18.6%
3	31	26.3%
4	15	12.7%
5	8	6.8%
6	9	7.6%
7	8	6.8%
8	3	3.5%
9	2	1.7%
10	1	0.8%
Total	118	100%

Majority of the respondents 82(69.5%) had between one and four children living in the household. The average number of children living in a household was 3.5.

The study also sought to investigate the number of children who were under the age of 5 as shown in Table 4.7.

Table 4.7: Number of children below 5 years in the household

Children under 5 years	Frequency	Percentage
0	68	57.6%
1	25	21.2%
2	15	12.7%
3	4	3.4%
4	3	2.5%
6	2	1.7%
9	1	0.8%
Total	118	100.0%

Majority of the respondents 68(57.6%) indicated that they had no children under 5 years living in the household. 40(33.9%) respondents had between one and two children,7(5.9%) had between three and four children's. One respondent had highest number of children's as 9. Since all households were enrolled in the programme in 2005 (Kenya OVC Secretariat, 2005) most of the children had grown up and were well over the age of five, prompting caregivers to make more investments on children education compared to health utilization.

4.5 The design of the Cash Transfer programme

The CT-OVC programme is designed without conditions. However, it has clearly spelt out objectives which could be to a certain extent be perceived as conditions by beneficiary caregivers who are aware of what is expected in the programme. The size of the cash transfer grant is a significant component in the cash transfer.

4.5.1 Perceived Conditions in the Cash Transfer programme

The study sought to investigate beneficiary caregiver's opinion on the presence of programme conditions as shown in Table 4.8

Table 4.8: Perception on Presence or absence of conditions.

Perception of conditions	Frequency	
Percentage		
<i>Presence of conditions</i>	68	59.6%
<i>Absence of conditions</i>	46	40.4%
Total	114	100.0%

Majority of the respondents 68(59.6%) thought there were conditions specified in the CT-OVC while 46(40.4%) thought that were no conditions. These perceptions of conditions were important since they motivated majority of beneficiary caregivers to effectively utilize the CT-OVC grants in line with the programme’s objectives. Table 4.9 shows how the respondents identified these conditions.

Table 4.9: Conditions identified by respondents

Perceived conditions	Frequency	
Percentage		
<i>Taking care of the OVCs</i>	65	95.6%
<i>Taking children to school</i>	3	4.4%
Total	68	100.0%

Of the 68 respondents who admitted that there were specified conditions in the programme, 65(95.6%) identified taking care of the OVCs as the first condition while 3(4.4) identified taking children to school as the second condition. This is a clear indication that majority of the respondents were aware of their responsibilities in the CT-OVC in utilization of the cash grant.

4.5.2 Adequacy of the Cash Transfer grant

The study sought to establish whether the amount of the cash transfer given had been adequate as shown in Table 4.10.

Table 4.10: If the amount has been adequate

Adequacy of the amount	Frequency	
Percentage		
<i>Adequate</i>	14	11.9%
<i>Inadequate</i>	104	88.1%
Total	118	100.0%

Majority of the respondents felt that the amount given was inadequate to cater for all their needs at 104(88.1%) while 14(11.9%) felt that the amount was adequate. The respondents proposed the amount that they thought was adequate as shown in Table 4.11

Table 4.11: Amount suggested by the respondents

Suggested amount	Frequency	Percentage
3,000	9	9%
4,000	6	6%
5,000	17	17%
6,000	8	8%
7,000	4	4%
8,000	5	5%
10,000	33	33%
12,000	7	7%
15,000	6	6%
18,000	1	1%
20,000	4	4%
Total	118	100%

According to the Sub-county children's Officer, the amount for the cash transfer was limited to K.sh 4,000 in a 2 months cycle. However, the majority of the respondents 33(33.0%) suggested the amount to be increased to K.sh 10,000, 17(17.0%) suggested the amount to be increased to K.sh 5,000, 9(9.0%) suggested the amount to be increased to K.sh 3,000 per month. From the analysis the minimum suggested amount was K.sh 3,000 per month while the maximum suggested amount was K.sh 20,000 per month. The mean

suggested amount was K.sh 8,540 per month. The inadequacy of the amount of cash transfer grant was decried by most beneficiary caregivers.

4.6 Utilization of the Cash Transfer grant

The study sought to investigate how the beneficiaries utilized the CT-OVC grant.

4.6.1 Savings from the Cash Transfer grant

The study sought to investigate whether beneficiary caregivers made savings from CT-OVC grant as shown in Table 4.12.

Table 4.12: Whether beneficiaries made savings from Cash Transfer grant

Savings from Cash transfer	Frequency	Percentage
<i>Yes</i>	4	3.4%
<i>No</i>	112	96.6%
Total	116	100.0%

Majority of the respondents made no savings from the cash transfer funds at 112(96.6%) while a paltry 4(3.4%) made some savings. Most beneficiaries lacked savings from the Cash transfer grant probably indicating a good absorption of the stipend on the various needs of the OVCs in line with the programmes objectives. Saving is not one of the objectives of the Cash Transfer programme. For those who made savings, the approximate amount of savings made is shown in table 4.13.

Table 4.13: Amount of savings made from the Cash Transfer grant

Amount saved	Frequency	Percentage
K.sh 1,000-5,000	3	75.0%
Less than K.sh 1,000	1	25.0%
Total	4	100.0%

Of the four beneficiaries who made some savings, 3(75%) made a saving of between K.sh 1,000-5,000 while 1(25%) made a saving of less than K.sh 1,000. The absence of money for saving from the Cash Transfer grant is an indicator that most of it was used up to fulfill the objectives specified in the programme.

4.6.2 Prioritization in utilization of the grant

The study sought to investigate how the beneficiaries prioritized the use of the grants from CT-OVC programme as shown in Table 4.14.

Table 4.14: Prioritization in utilization of the Cash Transfer grant

Priority in utilization	Rank
Education	1
Food	2
Health	3
Clothing	4
Payments of debts	5
Buying of Seeds	6
Buying of livestock	7
Investing in business	8

From the analysis the top most priority was on basic wants like education, food, health and clothing in that order being a very strong indicator that prioritization in utilization of CT-OVC grants was done according to the specified objectives.

4.6.3 Amount spent on basic needs

The study sought to find out the amount spent on basic needs and items as shown in Table 4.15.

Table 4.15: Amount utilized on basic needs in one payment cycle

Lower limit in Ksh	0	1	501	1001	1501	2001	2501	3001	3501		
Upper limit in Ksh	0	500	1000	1500	2000	2500	3000	3500	4000		
<i>School fees</i>	<i>Frq</i>	6	7	10	3	39	6	31	5	9	116
	<i>%</i>	5%	6%	9%	3%	34%	5%	27%	4%	8%	100%
<i>Food</i>	<i>Frq</i>	11	19	43	19	0	22	2	0	0	116
	<i>%</i>	9%	16%	37%	16%	0%	19%	2%	0%	0%	100%
<i>Medical care</i>	<i>Frq</i>	49	56	8	1	1	1	0	0	0	116
	<i>%</i>	42%	48%	7%	1%	1%	1%	0%	0%	0%	100%
<i>Rent</i>	<i>Frq</i>	110	5	1	0	0	0	0	0	0	116
	<i>%</i>	95%	4%	1%	0%	0%	0%	0%	0%	0%	100%
<i>Investment</i>	<i>Frq</i>	103	9	3	0	0	1	0	0	0	116
	<i>%</i>	89%	8%	3%	0%	0%	1%	0%	0%	0%	100%
<i>Acquisition of assets</i>	<i>Frq</i>	81	21	10	2	2	0	0	0	0	116
	<i>%</i>	70%	18%	9%	2%	2%	0%	0%	0%	0%	100%

39(34%) of the respondents interviewed spent an average of K.sh 2000 on school fees while 31(27%) spent an average of K.sh 3,000 on school fees. The average/mean spent by all respondents on school fees was K.sh 2,207.59. The maximum spent by a beneficiary caregiver was K.sh 4,000 on school fees, an indication that most of the beneficiaries used the grant in line with the programme objectives.

Of the respondents 43(37%) spent within K.sh 1,000 on food, 19(16%) spent Ksh 1,500 on food, 22(19%) spent K.sh 2,000 on food. The maximum spent by a beneficiary on food was Ksh 3,000. The average/mean spent by all respondents on food was K.sh 1,109.83.

Majority of the respondents spent nothing on medical care at 49(42%) while 56(48%) spent between ksh 1 to 500 on medical care. The maximum spent by beneficiary was Ksh 2,400 on medical care. The average/mean spent by all respondents on medical care was K.sh 328.88 while there total sum was K.sh 38,150.

Majority of the respondents spent nothing on rent at 110(95%) while 5(4%) spent within Ksh 500 on rent. The maximum spent by beneficiary was Ksh 1,000 on rent. The average/mean spent by all respondents on rent was K.sh 27.59 while there total sum was K.sh 3,200. Being a rural community, not much was utilized for rent. Majority of

beneficiary caregivers rightfully prioritized utilization of cash transfer on human capital development of the OVCs. Majority of the respondents spent nothing on investment at 103(89%). Only 12(11%) spent up to ksh 1000 on investment. The maximum spent by a beneficiary on investment was K.sh 2,500. The average/mean spent by all respondents on investment was K.sh 80.17 while the total sum was K.sh 9,300. This is an indication that majority of the beneficiaries did not have any investment with CT-OVC grants. Rather than invest on capital goods and properties, most of the cash was directed towards human capital development of the OVC in health and education utilization. DFID (2012) has cited cash transfer as one of the potential way to improve human capital development of vulnerable children.

Majority of the respondents spent nothing on acquisition of assets at 81(70%). While 21(18%) spent up to Ksh 500, 14 (13%) of the respondents spent between Ksh 501 to Ksh 2,000 on the same. The maximum spent by beneficiary was Ksh 2,000 on acquisition of assets. The average/mean spent by all respondents on acquisition of assets was K.sh 215.65 while the total sum was K.sh 24,800. This is a clear indication that the majority of the respondents acquired negligible assets with CT-OVCs grants.

4.6.4 Decisions on utilization of the Cash Transfer grant

The study sought to investigate on the one who makes decisions on how CT-OVC grants are spent in the household as shown in Table 4.16.

Table 4.16: The decision maker on how the grant is spent at the household level

Decision maker	Frequency	Percent
<i>Husband</i>	6	5.1%
<i>Wife</i>	85	72%
<i>Husband and Wife</i>	12	10.2%
<i>Children's</i>	4	3.4%
<i>Grandfather</i>	2	1.7%
<i>Grandmother</i>	9	7.6%
Total	116	100%

From the analysis, 85(72.0%) of the decisions on how the money is spent is made by the wife, 12(10.2%) by both husband and wife, 9(7.6%) by the grandmother while only 6(5.1%) decisions by the husband. This is an indication that women made major decisions on how the CT-OVC funds were utilized in the household. It can also be urged that the large number of women enrolled in the CT-OVC programme influenced this outcome.

4.6.5 Preference on utilization of the Cash Transfer grant

The study also sought to investigate major preference on how the funds were utilized as shown in Table 4.17

Table 4.17: Major preference on utilization of the grant

Preference	Frequency	Percentage
<i>Buying land and other assets</i>	10	8.5%
<i>Payment of debts</i>	2	1.7%
<i>Buying seeds and fertilizer</i>	4	3.4%
<i>Buying school books and fees</i>	100	84.7%
<i>Other</i>	2	1.7%
Total	116	100%

The Majority of the respondents at 100 (84.7%) preferred buying school books and paying school fees, 10(8.5%) than buying land and other assets 4(3.4%) and buying seeds and fertilizer. This is an indication that most beneficiary caregivers understood the objectives of the programme and utilized the CT-OVC grants effectively

4.6.6 Enrolment of orphans and vulnerable children in school

The study sought to investigate the number of children enrolled in school in each household as shown in Table 4.18.

Table 4.18: Number of children enrolled in school in each household.

Enrolment	Frequency	Percentage
0	4	3.4%
1	17	14.7%
2	27	23.3%
3	18	15.5%
4	30	25.9%
5	10	8.6%
Total	116	100%

Majority of the households had 4 children enrolled in school at 30(25.9%), 27(23.3%) had 2 children's in schools, 18(15.5%) had three children's in school, 17(14.7%) had one child in school. The highest household had 7 children's in school. The average number of children enrolled in school in each household was 3.08 Children's, an indication that majority of the school going children's were in school.

4.6.7 Graduation of orphans and vulnerable children to high school

The study sought to investigate the number of boys and girls who have graduated to high school in the cash transfer households since enrollment in the programme as shown in Table 4.19.

Table 4.19: Number of households with graduated beneficiary children

No of girls/boys	Households with Graduated boys		Households with Graduated girls	
	Frequency	Percentage	Frequency	Percentage
0	56	48.28%	61	52.59%
1	44	37.93%	34	29.31%
2	11	9.48%	16	13.79%
3	4	3.45%	5	4.31%
4	1	0.86%	0	0.00%
Total	116	100.00%	116	100.00%

From the analysis, 56(48.3%) of the respondents had not graduated any boy from primary to secondary school, 44(37.9%) had graduated one boy from primary to secondary school while 11(9.5%) had graduated two boys from primary to secondary school. Only 4(3.4%) had graduated three boys from primary to secondary school.

Majority of the respondents had not graduated any girl from primary to secondary school at 61(52.6%), 34(29.3) had graduated one girl from primary to secondary school while 16(13.8%) had graduated two girls from primary to secondary school. There is a clear indication that utilization of CT-OVC grants on girl education is highly wanting. It is either those girls in beneficiary households dropped early out of primary or there is a cultural bias to girl's education.

4.7 Education and level of awareness on the Cash Transfer programme

The study sought to investigate the level of awareness of beneficiary caregivers on their being targeted in the programme and their level of awareness on the utilization of the cash transfer.

4.7.1 Awareness on being targeted for the Cash Transfer programme

The study sought to find out the beneficiary caregivers' level of knowledge on being selected in the programme as shown in Table 4.20

Table 4.20: Knowledge on selection

Knowledge on selection	Frequency	Percentage
<i>Yes</i>	103	87.3%
<i>No</i>	15	12.7%
Total	118	100%

Majority of the respondents were aware on why they were selected to the program at 103(87.3%) while 15(12.7%) were not aware why they were selected to the program. Awareness of beneficiary caregivers indicated knowledge on the design and objectives of the programme.

4.7.2 Awareness on utilization of the Cash Transfer grant

The study sought to investigate the awareness of beneficiary caregivers on the use of CT-OVC grants as shown in Table 4.21.

Table 4.21: Knowledge on use of the Cash Transfer grant

Knowledge on use of grants	Frequency	Percentage
<i>Yes</i>	87	73.5%
<i>No</i>	31	26.5%
Total	118	100%

Majority of the respondents were aware on how to use the bi-monthly payment at 87(73.5%) while 31(26.5%) were not aware on how to use the bi-monthly stipend. This is a clear indication that the majority of the respondents were aware of the purpose of the grant in spite of the high levels of illiteracy. Such knowledge is vital for the effective utilization of the cash transfer.

4.7.3 Identified needs for utilization of the cash transfer grant

The study sought to investigate the identified needs to address with the cash transfer grants as shown in Table 4.22.

Table 4.22: Needs to address in the household as identified by the respondents

Priority in utilization	Rank
<i>Buying books and school uniforms</i>	1
<i>Food</i>	2
<i>Health</i>	3
Total	3

The first need to be addressed by the grant in the household as identified by the respondents was buying of books and uniforms, followed by food and lastly on health.

4.7.4 Awareness of beneficiary rights in the Cash Transfer programme

The study sought to investigate whether the beneficiary caregivers were aware of their rights in the programme as shown in Table 4.23.

Table 4.23: Knowledge on beneficiary rights

Knowledge on rights	Frequency	Percentage
<i>Yes</i>	62	52.5%
<i>No</i>	56	47.5%
Total	118	100%

Majority of the respondents were aware of their rights as the beneficiary at 62(52.5%), however almost half the number at 56(47.5%) were not aware of their rights.

4.7.5 Community awareness in the Cash Transfer programme

The study sought to investigate the frequency of community awareness sessions attended by beneficiary caregivers in the programmes as shown in Table 4.24.

Table 4.24: Number of community awareness sessions attended

Awareness sessions	Frequency	Percentage
0	9	7.8%
1	21	18.3%
2	44	38.3%
3	41	35.7%
Total	115	100%

Attending community awareness sessions imparted knowledge on the programme as well as the importance of utilizing complementary services like education, nutrition and health. Majority of the respondents attended two awareness sessions at 44(38.3%), 41(35.7%) attended three awareness sessions, 21(18.3%) attended one awareness sessions while 9(7.8%) attended none.

4.8 Size of the household and effective utilization of the Cash Transfer grant

The study sought to investigate the size of the household as a determinant in the effective utilization of cash transfer for OVCs.

4.8.1 Enrolment of children in the Cash Transfer programme

The study sought to find out the number of children enrolled in the programme as shown in Table 4.25.

Table 4.25: Number of children’s enrolled/not enrolled in the programme

No of Children	Enrolled		Not Enrolled	
	Frequency	Percentage	Frequency	Percentage
1	15	12.7%	22	18.6%
2	28	23.7%	35	29.7%
3	28	23.7%	38	32.2%
4	25	21.2%	14	11.9%
5	13	11%	7	5.9%
6	2	1.7%	1	0.8%
7	3	2.5%	1	0.8%
8	3	2.5%	0	0%
9	1	0.8%	0	0%
Total	118	100%	118	100%

Majority of the respondents had two and three children’s enrolled as OVCs at 28(23.7%); the highest had 9 children enrolled as OVCs. The average number of children’s per household was 3.3. A total of 389 children’s were enrolled as OVCs in the programme. Majority of the respondents had three children not enrolled as OVCs at 38(32.2%), 35(29.7%) had one child not enrolled as OVCs. A total of 194 children’s were not enrolled as OVCs in the programme.

4.8.2 Programme conditions on utilization

The study sought to investigate whether the programme has conditioned beneficiary caregivers to use the cash transfers only on the OVCs as shown in Table 4.26

Table 4.26: Whether programme has conditioned use on beneficiary children only

Conditions on use	Frequency	Percentage
<i>Yes</i>	48	40.6%
<i>No</i>	70	59.4%
Total	118	100%

Majority of the respondents opined that the CT-OVC programme do not condition them to use the grant only on the OVCs at 70(59.4%) while 48(40.6%) felt otherwise. The

unconditional status of the programme definitely influenced the way the cash transfer grants were utilized by beneficiary caregivers. Beneficiary caregivers find it difficult to separate OVCs from other children due to traditional leanings of the African societies.

4.8.3 Adequacy of the Cash Transfer grant for the household

The study sought to establish whether the amount given for beneficiary households had been adequate to cater for needs of the OVC as shown in Table 4.27.

Table 4.27: Whether the amount has been adequate for household.

Adequacy of amount	Frequency	Percentage
<i>Adequate</i>	23	19.5%
<i>Not Adequate</i>	95	80.5%
Total	118	100%

Majority of the respondents felt that the amount given as monthly stipend was not adequate to cater for all needs of the household at 95(80.5%) while only 23(19.5) felt that the amount was adequate.

4.8.4 Duration of one cycle payment in the household

The study sought to establish the length of time the cash transfer in one cycle lasted in the household as shown in Table 4.28.

Table 4.28: Duration of use of cash stipend in the household

Duration of use	Frequency	Percentage
<i>Less than one week</i>	74	62.7%
<i>Two weeks</i>	28	23.7%
<i>Three weeks</i>	9	7.6%
<i>One Month</i>	7	5.9%
Total	118	100%

Majority of the residents utilized the cash stipend in less than a week at 74(62.7%), in two weeks 28(23.7%), in three weeks 9(7.6%) and in one month 7(5.9%). In less than two weeks, most beneficiaries had exhausted the cash transfer in the household.

4.8.5 Assistance provided to other children in the extended family

The study sought to investigate whether other children in the extended family benefited from the cash transfer meant for the OVCs as shown in Table 4.29.

Table 4.29: Whether any assistance is provided to other children in the extended family.

Assistance to extended family	Frequency	
Percentage		
<i>Yes</i>	18	15.3%
<i>No</i>	100	84.7%
Total	118	
	100.0%	

Majority of the respondents did not provide any assistance to the children in the extended family at 100(84.7%) while those who provided assistance were 18(15.3%).

4.8.6 Consumption of food in the household

The study also sought to investigate the rate of consumption of some basic foods in the beneficiary households as shown in Table 4.30.

Table 4.30: Rating of consumption of some basic foods

Type of food	RATING			
	Often	Rarely	Very rarely	Never
<i>Meat</i>	3(2.6%)	20(17.2%)	76(65.5%)	17(14.7%)
<i>Bread</i>	5(4.3%)	34(29.6%)	64(55.7%)	12(10.4%)
<i>Fruits</i>	29(25.0%)	68(58.6%)	6(5.2%)	13(11.2%)
<i>Eggs</i>	1(0.9%)	34(29.8%)	63(55.3%)	16(14.0%)
<i>Milk</i>	45(39.1%)	45(39.1%)	22(19.1%)	3(2.6%)
<i>Vegetables</i>	68(59.1%)	32(27.8%)	8(7.0%)	7(6.1%)

There was a low utilization of CT-OVC grant on proper nutrition. Meat was consumed very rarely at 76(65.5%), followed by bread at 64(55.7%), eggs at 63(55.3%), followed by milk at 22(19.1%), then vegetables at 8(7.0%) and lastly by fruits at 6(5.2%).

Vegetables were consumed often at 68(59.1%), followed by milk at 45(39.1%), followed by fruits at 29(25.0%), then bread at 5(4.3%), followed by meat at 3(2.6%) and lastly by eggs at 1(0.9%).

4.9 Caregivers and utilization of complementary services

The study sought to investigate linkage of beneficiary caregivers to complementary services to encourage utilization of cash transfer grants.

4.9.1 Linkage to complementary services

The study sought to establish the extent of linkage of beneficiary caregivers to complementary services as shown in Table 4.31

Table 4.31: Linkage of caregivers to complementary services

Complementary Service Linked	Education		Health		Food and Nutrition		Civil registration	
	Freq	%	Freq	%	Freq	%	Freq	%
Yes	66	61.1%	62	59.0%	63	59.4%	40	38.8%
No	42	38.9%	43	41.0%	43	40.6%	63	61.2%
Total	108	100.0%	105	100.0%	106	100.0%	103	100.0%

Majority of the respondents said they were linked to education complementary service at 66(61.1%) while 42(38.9%) said they were not linked to education complementary service. A good number of the beneficiaries said they were linked to health complementary service at 62(59.0%) while 43(41.0%) said they were not linked to this key service. Of the respondents 63(59.4%) said they were linked to food and nutrition complementary service while 43(40.6%) said they were not linked to the service. Majority of the respondents said they were not linked to civil registration services like birth certificates at 63(61.2%) while 40(38.8%) said they were linked to this service. In spite of the CT-OVC programme being unconditional, beneficiary caregivers seem to have automatically linked themselves to services which were readily available. Caregivers gave their judgment to complementary services that were not easily accessible by failing to form strong linkage with them and failing to utilize them effectively. Contrary to giving civil registration a negative judgement, a whopping 69% had acquired

birth certificates for the OVC perhaps due to fear of exclusion. Linkage to civil registration was low at 38.8% compared to education (61.1%) health (59%) and food and nutrition (54.4%).

4.9.2 School enrolment and attendance

The study sought to investigate the enrollment and attendance of OVCs in school as shown in Table 4.32.

Table 4.32: Whether all children between 5-17 years are enrolled in school

Enrolment and school attendance	School enrolment		School attendance	
	Frequency	Percentage	Frequency	Percentage
<i>Yes</i>	110	93.2%	94	79.7%
<i>No</i>	8	6.8%	24	20.3%
Total	118	100%	118	100%

The CT-OVC grant was used to enroll and retain children in school. Majority of the beneficiaries children were enrolled in school at 110(93.2%). However, 8(6.8%) children were not enrolled in any school. Of the children who were not in school, the beneficiaries indicated the reason that the program was not running during their school going age. Majority of the beneficiaries children attended school on a regular basis at 94(79.7%) while 24(20.3%) did not attend school on a regular basis.

4.9.3 Reasons for irregular attendance

The study sought to find out the reasons for the irregular attendance of OVC in school as shown in Table 4.33.

Table 4.33: Reason for not attending school on a regular basis

Reason Percentage	Frequency	
<i>Lack of school fees</i>	20	83.3%
<i>Lack of food</i>	4	16.7%
Total	24	100.0%

The CT-OVC grant did not stop irregular attendance of school. Majority of the respondents indicated the reason for irregular attendance of school as lack of school fees at 20(83.3%) while 4(16.7%) as lack of food.

4.9.4 Immunization of children below the age of five

The study sought to investigate whether beneficiary caregivers regularly utilized health complementary services by taking children below the age of 5 for immunization as shown in Table 4.34.

Table 4.34: Whether children’s below age of five were regularly immunized

Regularly immunized	Frequency	Percentage
<i>Yes</i>	86	74.1%
<i>No</i>	30	25.9%
Total	116	100.0%

All the children below age of 5 years were regularly immunized as indicated by the respondents at 86(74.1%). The uptake of health services for the under-five was influenced by the accessibility of health centers which was rated averagely at 49%.

4.9.5 Complementary services in terms of quality

The study sought to investigate the extent to which respondents rated complementary services found in their area in terms of quality as shown in Table 4.35

Table 4.35: Rating of the complementary services in terms of quality

Complementary service	Service Quality				
	Excellent	Very good	Good	Fair	Poor
<i>Education</i>	6(5.1%)	22(18.8%)	53(45.3%)	32(27.4%)	4(3.4%)
<i>Health</i>	4(3.4%)	21(17.8%)	55(46.6%)	36(30.5%)	2(1.7%)
<i>Nutrition</i>	3(2.5%)	10(8.5%)	39(33.1%)	56(47.5%)	10(8.5%)
<i>Civil Registration</i>	1(0.9%)	4(3.9%)	23(20.4%)	44(38.9%)	41(36.3%)

A majority of the respondents rated the quality of education complementary service as good at 53(45.3%), health at 55(46.6%), nutrition at 39(33.1%) and civil registration service at 23(20.4%). The quality of civil registration service was rated poor at 41(36.3%), nutrition at 10(10.5%), education at 4(3.4%) and health at 2(1.7%).

4.9.6 Complementary services in terms of accessibility

The study sought to investigate the extent to which respondents rated complementary services found in their area in terms of service accessibility as shown in Table 4.36.

Table 4.36: Rating of the complementary services in terms of accessibility

Complementary service	Service Accessibility				
	Excellent	Very good	Good	Fair	Poor
<i>Education</i>	13(11.2%)	30(25.9%)	57(49.1%)	13(11.2%)	3(2.6%)
<i>Health</i>	17(14.5%)	20(17.1%)	49(41.9%)	27(23.1%)	4(3.4%)
<i>Nutrition</i>	4(3.4%)	9(7.7%)	47(40.2%)	46(39.3%)	11(9.4%)
<i>Civil Registration</i>	1(0.9%)	5(4.5%)	25(22.3%)	55(49.1%)	26(23.2%)

A majority of the respondents rated the accessibility to education complementary service as good at 57(49.1%), health at 49(41.9%), nutrition at 47(40.2%) and civil registration service at 25(22.3%). The accessibility of civil registration service was rated poor at 26(23.2%), nutrition at 11(9.4%), health at 4(3.4%) and education at 3(2.6%). This is an indication that civil registration services accessibility was a major challenge among the respondents. Secondly, beneficiary caregivers seem not to have assimilated CT-OVC programme's objective of acquiring birth certificates due to little or lack of awareness.

4.10 Agreement of respondents on indicators of some aspects of the programme

The study sought to establish the extent of agreement or disagreement with given aspects of the Cash Transfer for Orphans and Vulnerable children as shown in Table 4.37.

Table 4.37: Level of agreement on various indicators of the programme

Gender of caregivers	<i>Strongly agree</i>	<i>Agree</i>	<i>Not sure</i>	<i>Disagree</i>	<i>Strongly disagree</i>
Gender of caregivers has a positive effect on effective utilization of cash transfer in the household	29(24.6%)	35(29.7%)	25(21.2%)	24(20.3%)	5(4.2%)
Better decisions are made in the utilization of cash transfer in male headed households than in female headed households	12(10.2%)	13(11.0%)	19(16.1%)	52(44.1%)	22(18.6%)
Women spend more of the cash transferred on food, education and health of the children than men.	50(42.2%)	35(29.7%)	8(6.8%)	23(19.5%)	2(1.7%)
Size of the household	<i>Strongly agree</i>	<i>Agree</i>	<i>Not sure</i>	<i>Disagree</i>	<i>Strongly disagree</i>
The size of the household adversely impacts on the utilization of cash transfer for the OVCs.	39(33.1%)	70(59.3%)	2(1.7%)	4(3.4%)	3(2.5%)
The smaller the household, the more effectively cash transfer grants are utilized in the household for the OVC	44(38.3%)	46(40.0%)	12(10.4%)	12(10.4%)	1(0.9%)
Education of the caregivers	<i>Strongly agree</i>	<i>Agree</i>	<i>Not sure</i>	<i>Disagree</i>	<i>Strongly disagree</i>

More educated caregivers are able to use cash transfer for OVC more effectively.	33(28.2%)	52(44.4%)	10(8.5%)	18(15.4%)	4(3.4%)
Education level of the caregiver informs the use of cash transfer for food, school and health of the OVC in the household.	39(33.0%)	45(38.5%)	16(13.7%)	14(12.0%)	3(2.6%)
Education level of the caregiver increases the uptake of health, education and nutrition for the OVC.	27(25.2%)	57(53.3%)	7(6.5%)	16(15.0%)	0 (0%)
Complementary services	<i>Strongly agree</i>	<i>Agree</i>	<i>Not sure</i>	<i>Disagree</i>	<i>Strongly disagree</i>
The high cost of complementary services discourages the uptake by caregivers for OVC	33(28.2%)	58(49.6%)	9(7.7%)	15(12.8%)	2(1.7%)

From the analysis gender of the caregivers influenced the way the cash is utilized in the household with 64(54.3%) agreeing and strongly agreeing that Gender of caregivers has a positive effect on effective utilization of cash transfer in the household. Majority of the respondents strongly agreed that women spend more of the cash transferred on food, education and health of the children than men at 50(42.2%). 52(44.1%) of the respondents disagreed that better decisions are made in the utilization of cash transfer in male headed households than in female headed households. This is an indication that women subject the cash transfer for OVC to more effective utilization than men.

The size of the household also affected funds utilization with 70(59.3%) agreeing that the size of the household adversely impacts the utilization of cash transfer for the OVCs at 70(59.3%). A majority of the respondents felt that the smaller the household, the more effectively cash transfer grants are utilized in the household for the OVCs at 90(78.3%) agreeing and strongly agreeing. The education levels also affected the use of OVCs funds

where educated caregivers are able to use cash transfer for OVC more effectively at 85(72.6%). Majority of the respondents agreed that the high cost of complementary services discouraged uptake by caregivers for OVCs at 91(77.8%). Through the observation method, the study sought to establish how the respondents utilized the cash transfer for Orphans and vulnerable children on shelter, nutrition, health and civil registration.

4.11 Living conditions of household members

Through observation, the study sought to investigate the living conditions of the beneficiaries including the condition of their houses, the presence of domestic animals and the physical condition of the children in the beneficiary households.

4.11.1 Utilization of cash transfer grant on shelter

The study sought to find out the type of shelter with beneficiary caregivers and to establish whether Cash transfer grants were used for its maintenance as shown in Table 3.38.

Table 4.38: Type of the shelter for the respondents

Shelter Percentage	Frequency	
<i>Mud walls with iron roof</i>	69	58.5%
<i>Timber walls with iron roof</i>	44	37.3%
<i>Brick walls with iron roof</i>	3	2.5%
<i>Others</i>	2	1.7%
Total	118	100.0%

The shelter type for majority of the respondents was mud walls with iron roof at 69(58.5%), 44(37.3%) had timber walls with iron roof while the rest had brick walls with iron roof at 3(2.5%).

4.11.2 Utilization of cash transfer grants on repair of shelter

The study sought to find out whether beneficiary caregivers utilized the cash transfer on repair of shelter as shown in Table 3.39.

Table 4.39: Whether the Cash Transfer grant was used for the repairs

CT grants used	Frequency	
Percentage		
<i>Yes</i>	63	53.4%
<i>No</i>	55	46.6%
Total	118	100.0%

Majority of the respondents had utilized their CT-OVC grants for repairs to their houses while 55(46.6%) had not utilized the funds for any repairs. An indication that majority of the funds had been utilized to meet the basic need of shelter/housing. Basic personal health depends on the state and maintenance of shelter which was generally of acceptable conditions to the standards of the community.

4.11.3 Utilization of the Cash Transfer grant on kitchen gardening.

The study sought to find out whether there was an established kitchen garden for the household to support good nutrition as shown in Table 4.40

Table 4.40: Presence of an established kitchen garden

Kitchen garden	Frequency	
Percentage		
<i>Yes</i>	21	17.8%
<i>No</i>	97	82.2%
Total	118	100.0%

From the analysis, 97(82.2%) of the households had no kitchen garden while only 21(17.8) had an established kitchen garden, an indication that knowledge on basic nutrition was highly lacking in spite of confessed linkage to food and nutrition complementary services. The study went further to establish the nutrition status among the OVC in the household as shown in table 4.41

Table 4.41: Presence of malnutrition among the children

Malnutrition Percentage	Frequency	
<i>Yes</i>	5	4.3%
<i>No</i>	107	91.5%
<i>Disability</i>	5	4.3%
Total	117	100.0%

From the analysis, there were very few cases of malnutrition at 5(4.3%), 5 (4.3%) cases of disability and no cases of malnutrition at 107(91.5%). Despite the absence of kitchen gardens for many households being at 17.8%, it seems caregivers maintained acceptable standards of nutrition for the OVCs (91.5%). This could have been due to the linkage to food and nutrition complementary services at 59.4%.

The study sought to establish the presence of domestic animals as shown in Table 4.42

Table 4.42: Presence of domestic animals to promote nutrition

Domestic animals Percentage	Frequency	
<i>Chickens</i>	8	6.8%
<i>Cows</i>	5	4.2%
<i>Goats</i>	16	13.6%
<i>Cows, chicken and goats</i>	35	29.7%
<i>Chicken, goats and sheep</i>	41	34.7%
<i>None</i>	13	11.0%
Total	118	100.0%

From the analysis, majority of the respondents had chicken, goats and sheep at 41(34.7%), others had chickens, goats and cows at 35(29.7%) while 13(11.0%) had no type of domestic animals in their households. This is an indication that majority of these beneficiaries valued the importance of these domestic animals as a source of meat and milk for nutritional requirements of the OVCs.

Therefore the study sought to find out the extent of cash transfer utilization on acquisition of domestic animals for the household as shown in Table 4.43

Table 4.43: Whether acquired through CT-OVC grants

CT grants used	Frequency	
Percentage		
<i>Yes</i>	76	64.4%
<i>No</i>	29	35.6%
Total	105	100.0%

Majority of the respondents acquired their domestic animals through the CT-OVC funds at 76(64.4%) while 29(35.6%) had acquired their domestic animals without using CT-OVC funds. Linkage to food and nutrition services seems to have motivated caregivers to utilize the CT-OVC grants to acquire some domestic animals as a source of protein for the OVCs.

4.11.4 Utilization of the cash transfer grant on Civil registration.

The study sought to establish the presence of birth certificates among the OVCs in beneficiary households and the reasons for not having acquired them as shown in Table 4.44.

Table 4.44: Presence of birth certificates for OVCs

Birth Certificate(s)	Frequency	
Percentage		
<i>Yes</i>	80	69.0%
<i>No</i>	36	31.0%
Total	116	100.0%

Majority of the respondents had acquired birth certificates for OVC at 80(69.0%) while 36(31.0%) had no birth certificates. Some of the beneficiary caregivers (31%) had not utilized the CT-OVC grants to acquire birth certificates as expected. The weak linkage of caregivers to Civil Registration complementary service caused by inaccessibility of

service points was the main cause of low utilization. Beneficiary caregivers clarified the reasons for lack of birth certificates for the OVC as shown in Table 4.45.

Table 4.45: Reasons for not having birth certificates for OVCs

Reason	Frequency	Percentage
<i>High Cost</i>	19	52.78%
<i>Long distance</i>	13	36.11%
<i>Born at home</i>	3	8.33%
<i>Others</i>	1	2.78%
Total	36	100.0%

Majority of the respondents cited high cost of obtaining the birth certificates at 19(52.78%), 13(36.11%) cited long distances while 3(8.33%) said the children were born at home. This is an indication that high cost and long distances were the major challenges that faced the 80% who had acquired birth certificates for their children. The high cost of acquiring birth certificates was due alleged corruption at services points since in practice it is relatively cheap to get a birth certificate. Effective utilization of the grant was hindered by inaccessibility to complementary services related to civil registration. The effort made to acquire the birth certificates was as a result of the requirements of the programme.

4.11.5 Utilization of the cash transfer grant on child health

The study sought to find out beneficiary caregivers use of the cash transfer on the health of the OVC. Table 4.46 indicates how the children’s hygiene was rated.

Table 4.46: Hygienic condition of the children’s

Hygienic conditions	Frequency	Percentage
<i>Good</i>	96	81.4%
<i>Poor</i>	22	18.6%
Total	118	100.0%

Majority of the children’s had good hygiene at 96(81.4%) compared to 22(18.6%) who had poor hygiene. This shows proper linkage to public health complementary services. Further, the study sought to establish whether beneficiary caregivers had obtained clinic cards for the OVCs as shown in Table 4.47.

Table 4.47: Presence of clinic cards for the OVCs

Clinic card(s)	Frequency	
Percentage		
<i>Yes</i>	96	82.1%
<i>No</i>	21	17.9%
Total	117	100.0%

Majority of the respondents had health clinic cards for the OVCs at 96(82.1%) while 21(17.9%) had no clinic cards. This shows that some of the beneficiaries were not properly linked to health services to address some health needs of the OVCs and therefore failed to achieve some of the objectives of the CT-OVC programme.

4.12 Cross tabulation of variables

The variables were cross tabulated through Chi-Square to establish their relationship with the in dependent variable.

4.12.1 Chi-Square: Size of household and utilization of cash transfer

The purpose of the study was to examine how the size of the household determines effective utilization of cash transfer grants for OVC in Tigania West. The analysis compares the size of household and the duration of cash transfer for one cycle in the household as shown in Table 4.48.

Table 4.48: Size of the household versus duration of use of the cash grant

		Duration of use of the cash in the household					Total
		Period	1 week	2 weeks	3 weeks	1 Month	
Size of the Household		Count	17	1	1	0	19
	<i>1-2 Persons</i>	% within Size of the Household	89.5%	5.3%	5.3%	0.0%	100.0%
		Count	17	9	1	0	27
	<i>3-5 Persons</i>	% within Size of the Household	63.0%	33.3%	3.7%	0.0%	100.0%
		Count	40	18	7	7	72
	<i>Above 5 Persons</i>	% within Size of the Household	55.6%	25%	9.7%	9.7%	100.0%
		Count	74	28	9	7	118
	Total	% within Size of the Household	62.7%	23.7%	7.6%	5.9%	100%

The size of the household affected the duration of the use of the cash transfer funds, 40(55.6%) of households with 5 persons and above utilized the funds for one week, 17(63.0%) of households with 3-5 persons utilized the funds for one week while 17(89.5%) of households with 1-2 persons utilized the funds for one week. From this we conclude that the many households with larger number of persons utilized the funds for a short duration as compared to smaller sized households. The Chi-square value has been calculated as shown in Table 4.49.

Table 4.49: Size of the household and duration of use chi-square test

	Value	df	Asymp. Sig. (2 sided)
<i>Pearson Chi-square</i>	12.158	6	0.039
<i>Likelihood ratio</i>	15.638	6	0.016

Total Cases 118

Our p-value is 0.039 which is a low probability making our variables dependent and thus concluding that the size of the household affected the duration of use of the cash stipend.

4.12.2 Chi-Square: Gender and utilization of cash transfer

The purpose of the study was to examine the extent to which the gender of caregiver determined effective utilization of cash transfer grants for OVC in Tigania West. Table 4.50 shows the pattern of decision making in relation to the gender of the beneficiary caregiver.

Table 4.50: Caregiver’s gender versus decision making on household spending

		The decision maker on how the cash transfer grant is spent							
		Husband	Wife	Husband & Wife	Children	Grandfather	Grandmother	Total	
Gender of the Respondent	Male	Count 4	1	6	1	2	1	15	
		% within Gender of the Respondent 26.7%	6.7%	40%	6.7%	13.3%	6.7%	100%	
Gender of the Respondent	Female	Count 2	84	6	3	0	8	103	
		% within Gender of the Respondent 1.9%	81.6%	5.8%	2.9%	0%	7.8%	100%	
Total		Count 6	85	12	4	2	9	118	
		% within Gender of the Respondent 5.1%	72%	10.2%	3.4%	1.7%	7.6%	100%	

The gender of the caregiver determined how the money was utilized in the household, when the gender of the caregiver was female, most decisions were made by wife at

84(81.6%), when the gender of the caregiver was male, few decisions were made by both husband and wife at 6(40.0%) and 4(26.7%) made by husband. This is a clear indication that the female gender made major decisions on how the cash stipend was to be utilized in the household.

Table 4.51 summarizes the Chi-square results of the influence of gender on decision making.

Table 4.51: Caregiver's gender versus the decision making on Chi-Square test

	Value	d.f	Asymp. Sig. (2 sided)
<i>Pearson Chi-square</i>	55.270	5	0.000
<i>Likelihood ratio</i>	43.961	5	0.000
Total Cases	118		

Our p-value is 0.000 which is a very low probability making our variables dependent and that concluding that the gender of the caregiver affected the decision on how the stipend was to be utilized.

4.12.3 Chi-Square: Level of education and utilization of cash transfer

The purpose of the study was to examine the extent to which the level of education of caregivers determined effective utilization of cash transfer grants for OVC in Tigania West.

Table 4.52 relates the level of education of the caregiver with a few aspects of utilization of the cash transfer.

Table 4.52: Level of education of the caregiver verses utilization of the cash transfer grant

		Utilization of the cash transfer grant							
		Education	Food	Health	Clothing	Livestock	Business	Total	
Level of Education of Respondents	<i>Never to School</i>	Count	16	14	0	1	0	1	32
		<i>% within Level of Education of Respondents</i>	50%	43.8%	0%	3.1%	0%	3.1%	100%
	<i>Primary Drop out</i>	Count	35	15	0	0	1	0	51
		<i>% within Level of Education of Respondents</i>	68.6%	29.4%	0%	0%	2%	0%	100%
	<i>Completed Primary</i>	Count	19	5	1	0	0	0	25
		<i>% within Level of Education of Respondents</i>	76%	20%	4%	0%	0%	0%	100%
	<i>Secondary Drop out</i>	Count	3	3	0	0	0	0	6
		<i>% within Level of Education of Respondents</i>	50%	50%	0%	0%	0%	0%	100%
	<i>Completed Secondary</i>	Count	3	0	0	0	0	0	3
		<i>% within Level of Education of Respondents</i>	100%	0%	0%	0%	0%	0%	100%
<i>University</i>	Count	1	0	0	0	0	0	1	
	<i>% within Level of Education of Respondents</i>	100%	0%	0%	0%	0%	0%	100%	
Total	Count	77	37	1	1	1	1	118	
	<i>% within Level of Education of Respondents</i>	65.3%	31.4%	0.8%	0.8%	0.8%	0.8%	100%	

From the analysis, majority of the respondents utilized the stipend on education and food irrespective of their level of education. This is an indication that education levels did not affect much the utilization of the CT-OVC funds a part from the stipulated use.

Table 4.53 summarizes the Chi-square results of the influence of education on utilization of cash transfer.

Table 4.53: Level of education and utilization of the grant chi-square test

	Value	d.f	Asymp. Sig. (2 sided)
<i>Pearson Chi-square</i>	17.612	25	0.858
<i>Likelihood ratio</i>	18.328	25	0.828
Total Cases	118		

Our p-value is 0.858 which is a high probability making our variables independent and that concluding that the level of education does not have any effect on how the stipend was to be utilized.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the findings of the study, conclusions, findings and recommendations of the study. The chapter also presents discussions and recommendations made from the study and finally presents the conclusion of the study identifying areas of further research.

5.2 Summary of findings

The summary of findings consist a brief explanation of the outcome of the study in relation to the objectives enumerated at the beginning of the study. The study found out that majority of beneficiary caregivers were female at 87.3% which was found to greatly impact on the utilization of the cash transfer grants for the OVCs. 54.3% of the respondents were also of the view that female gender has a positive effect on utilization of cash transfer in the household. Since women made the bulk of beneficiary caregivers at the 87.3% they were found to make major decisions on how the CT-OVC grant was utilized. From the analysis, 72% of the decisions on how the money is spent are made by the wife. The Pearson value of 0.000 was very low and made the variable dependent where the gender of the caregiver affected the decision on utilization.

On utilization of the CT-OVC funds, majority of the respondents gave a major preference on the buying of school books and paying school fees at 84.7%, 8.5% on buying land and other assets, 3.4% on buying seeds and fertilizer. Having women being the majority of the caregivers at 87.3%, there was more preference on the care of orphaned children. There was less preference on accumulation of assets with the grant utilization due to the reduced number of men in the programme.

The study also found that the majority of the respondents were illiterate with primary drop outs at 43.2%, another 26.3% either having completed primary or being secondary drop out and 27% never been to school. Only a small number, 3.3% had secondary or

university education. The Pearson value of 0.858 is a high probability making our variables independent leading to the conclusion that the level of education does not have any effect on how the stipend was to be utilized. However interestingly, 44.4% and 33% of the respondents respectively agreed and strongly agreed that more educated caregivers are able to use the cash transfer grant more effectively recognizing the value of education of the caregiver.

The findings further revealed that the size of the household has an effect on funds utilization with 59.3% agreeing that the size of the household adversely impacts on the utilization of cash transfer for the OVCs. A majority of the respondents, 78.3% opined that with smaller household, cash transfer grants are more effectively utilized in the household. 88% of caregivers also felt that the amount given was inadequate to cater for all their needs. Inadequacy of the stipend could have been caused by the large number of dependents living in the household which had the majority of caregivers (69.5%) having between one and four members living in the same household effectively diluting the value of the cash grant for the OVCs.

The findings reveal that the quality and accessibility of complementary services greatly determined how the cash transfer was utilized. Though no complementary service got much rating for its excellence, education and health received average ratings in terms of service quality with respondents giving ratings of 45.3% and 46.6% respectively saying the services were good. Service accessibility was also rated on average with Education, Health and nutrition being rated good at 57%, 49% and 47% respectively. However, the utilization of cash transfer grant for civil registration was greatly hampered by service quality and accessibility.

5.3 Discussions of Findings

The cross tabulation of the level of education of caregiver yielded a value of 0.858 on the Chi-square revealing a high probability; making our variables independent and thus the conclusion that the level of education does not have any effect on how the stipend is to be utilized. Majority of the respondents effectively utilized the stipend on education and

food irrespective of their level of education. Therefore, the level of education of the caregiver did not determine the effective utilization of the cash transfer grant apart from the stipulated use. This concurs with a study done on the determinants of effectiveness of cash transfer programmes on the livelihood status of the urban poor in Korogocho Slums, Nairobi County (Nyokabi, 2013) where the education level of the recipient of cash transfer for OVC was found not to determine the use to which the cash enhances the livelihood of the household.

However, the outcome of our study is however in dispute with Kigozi's (2005) view that the low level of caregiver's education affected the quality of life of an orphan. Inversely and in tandem with the findings of this study, Siedenfield, Handa and Tembo (2013) found strong impacts on education outcomes for children whose mothers were less educated. For the less educated caregivers, positive outcomes on the utilization of cash transfer may arise from the desire to recover a lost opportunity and impact this on the OVCs who are a future generation and build their human capital development. Another motivation on utilization rather than the education of the caregiver may arise from the perceived linkage of beneficiary utilization of the cash transfer to schools which make caregivers strive to attain the education objective for the OVC. Although majority of the caregivers were found to be illiterate in the study, 53.3% appreciated the significance of education in increasing the uptake of complementary services for OVCs while a combination of 72.6% both agreed and strongly agreed that education can be an efficient tool for effective utilization of cash transfer.

The analysis of the data revealed that the size of the household determined effective utilization of the cash transfer grant for OVC in Tigania West. The size of the household was cross tabulated with the duration the cash transfer lasted in the household. The size of the household determined the duration of the use of the cash transfer funds; 55.6% of households with 5 persons and above utilized the funds for one week, 63.0% of households with 3-5 persons utilized the funds for one week while 89.5% of households with 1-2 persons utilized the funds for one week. From this analysis it can be concluded that many households with larger number of persons utilized the funds at a short duration compared to smaller sized households. The chi-square test also revealed a low probability

making our variables dependent and thus concluding the size of the household determined the duration of use of the cash stipend. However, there is a notable disconnect with a study done in Ghana by Gyeke and Oduro (2005) which associated cultural influence in the form of extended family to utilization of cash transfer. The study done in Tigania West found little or no influence on the impact of the extended family on the use of the grant by caregivers. Benefits of the cash transfer grant were selfishly contained in respective households. Those who provided assistance to the extended family with the CT-OVC grants were a mere 15.3% while 84.7% concentrated utilization within the beneficiary household. The value of the grant was not diluted by the extended family as Awusabo (1995) found in Ghana where the number of meals a beneficiary OVC had in a day was negatively affected due to the extended family in larger households. The dilution of the value of cash transfer in larger households referred to by Ward et al., (2010) can be compared to the shorter duration of the cash grant in larger households.

Of the respondents sampled, females represented a whopping 87.3% while males represented 12.7% hence a big variation. However, a study done by Zezza et al.,(2010) in Kenya but which considered households with the average of 56 years found a lower domination of women in the cash transfer programme at 67%. The large number of women in the programme ultimately influenced the bulk of household decision making due to differentiated roles and priorities between male and female caregivers. Zezza et al., (2010) posited that male preferences tended towards acquiring productive assets rather than the indirect investment in the long-term human capital development of the OVC. The large number of women in the programme greatly determined the direction of utilization of the cash transfer. Villatoro (2004) viewed women as able to produce better results in food security and in the quality of life of children.

When gender of the caregiver was cross tabulated on who made the decision on the use of the stipend, the results indicated the gender of the caregiver having determined how the money was utilized in the household. When the gender of the caregiver was female; most decisions were made by wife at 81.6 %, than when the gender of the caregiver was male. A few decisions were made by both husband and wife at 40% and 26.7% made by husband. This is a clear indication that the female gender made major decisions on how

the cash stipend was to be utilized in the household. The chi-square test revealed a low probability making our variables dependent and thus concluding that the gender of the caregiver affected the decision on the use of the cash stipend.

From the analysis, majority of the respondents rated the accessibility of education complementary service as good at 49.1%, health at 41.9 %, nutrition at 40.2 % and civil registration service at 22.3%. A majority of the respondents rated the quality of education complementary service as good at 45.3 %, health at 46.6 %, nutrition at 33.1% and civil registration service at 20.4%. Civil registration was rated poorly in terms of quality and accessibility among the respondents.

From our analysis, there is a heavy utilization of the cash transfer for OVC on education where it was ranked first in the priority index. Caregivers preferred buying books and paying school fees at 84.7% to boost education. Nutrition complementary services were rated fairly at 47.5%. This denotes inadequate support from nutritionists to guide caregivers on good practice on nutrition. This explains why 82.2% of the households observed did not have an established kitchen garden to plant vegetables. However, despite the absence of kitchen gardens for many households, caregivers maintained acceptable standards of nutrition for the OVCs at 91.5%. Only 4.3% of the children were found to be malnourished. This could have been due to some linkage to food and nutrition complementary services at 59.4% and perhaps due to their own effort to seek these services and fulfill some project objective. The absence of kitchen gardens is an indicator of most households being unable to produce their own food in sufficient quantity and generate income to purchase food. According to World Food Program (WFP, 2011), the average Kenyan family spends almost half of the household income on food. The study found linkage to civil registration fairly weak with 61.2% of caregivers confessing no linkage to the complementary service. They cited difficulties such as the high cost and distances. Moulton (2001) decried physical access to complementary services a serious barrier to utilization. The study found both quality and accessibility to health and education relatively good and no extraneous factors were reported by respondents. Brown (2013) noted such extraneous factors like distant to travel and access to health and education services as barriers limiting utilization of complementary

services. The study did not find decreased utilization of public health care as Lavy and German (1984) found in Ghana. Actually Filmer, Hammer and Pritchett (2000) found poor quality of health services a major problem in many but not all developing countries. Our study did not get into the specifics of quality and accessibility parameters such as absenteeism of doctors and nurses (Dodd and Munich, 2001) and instead focused merely on the behavior and perception of caregivers in the uptake of these services.

5.4 Conclusions of the study

Since the cash transfer grant was not being provided in a vacuum, a range of factors were found to enhance its effective utilization by caregivers in Tigania West. The caregivers are expected to promote the education, health, food security and obtain birth certificates for the Orphans and vulnerable children in their household. The study examined the determinants of effective utilization of cash transfer by caregivers for the orphans and vulnerable children in Tigania West such as the level of education, gender of the caregiver, the household size and complementary services. The study traced the use of the cash stipend by caregivers to ascertain whether these were determinants of effective utilization of the cash transfer grant. The study also examined aspects such as decision making, preferences and linkage to complementary services. The study also applied observation into a few aspects and indicators of programme outcomes to establish the level of utilization by caregivers in areas such as nutrition, health and civil registration.

Although formal conditions were not in place to enhance utilization, caregivers were found to have good understanding of programme objectives. Despite there being no such conditions, caregivers had a perception of conditions leading to the use of the grant in line with the programme objectives. An example is where majority of caregivers had already acquired birth certificates for the OVCs in the household in spite of the challenges faced in acquiring the same.

The study revealed that effective utilization of Cash Transfer program funds was determined by various factors including the gender of caregiver, the size of the household and the extent of the quality and availability of complementary services. According to the research findings, the size of the household was identified as one of the determinants of

effective utilization, followed by gender of the caregivers and lastly the quality and extent of availability of complementary services. The level of education of the respondent was identified as the least determinant of effective utilization of the cash transfer grant by caregivers in Tigania West Sub-County. Hence it can be concluded that the size of the beneficiaries' household is the key determinant of effective utilization of the cash transfer grant by caregivers.

5.5 Recommendations

Based on the findings of the study the following were the recommendations:

1. The study found that the value of the cash transfer grant was concentrated with smaller households and diluted with larger households. Therefore, in order to enhance the value of the cash transfer, the amount of the cash transfer should be indexed to the size of the household especially with the number of the OVCs. This will have an effect of improving the quality of life of individual orphans.
2. The inadequacy of the cash transfer grant was decried by most caregivers in the programme. The granted amount was not adequate for the support of the OVC especially in larger households. It is necessary to shield the stipend from prevailing market forces to promote its effectiveness. The size of the grant also requires regular review pegged on the rising standard of living.
3. Apart from the usual stipend, the study proposes a separate kit designed to empower and strengthen the household with entrepreneurial skills through small business training and start up kits. This will ultimately free the cash transfer grant from competing household needs and enhance effective utilization thus reducing dependence of beneficiaries on the government stipend.
4. The government and its partners should also improve supply side interventions for the Cash transfer programme and build and strengthen the existing infrastructure to enhance caregiver uptake of services for the OVC. The study noted lethargy of some caregivers in the uptake of some complementary services due to quality and accessibility issues. For example, the delivery systems for civil registration needed

to be brought closer to the people in the sub county and the red tape that makes it very expensive removed.

5. The findings revealed a conspicuous domination of the female gender in the cash transfer programme. The study found gender to be a strong determinant in the effective utilization of the cash transfer grant. It is therefore recommended that a gender based approach is integrated in both the programme design and implementation. Programming with a gender approach and consideration will encourage inclusiveness and improve efficacy in the process of implementation.

5.6 Suggestions for Further research

In the process of the study, the researcher identified some gaps that could not be filled due to limitations of the study:

1. The research has unearthed a wide gap on the capacity of complementary services which are some of the supply side interventions in the cash transfer programme. The uptake of these services by beneficiary caregivers largely depended on their quality and availability as well as other inherent characteristics which the study could not delve into due to its delimitations. Therefore, a detailed Study may be undertaken on the influence of complementary services on the cash transfer.
2. The study focused solely on the effective utilization of cash transfer by caregivers. While reviewing literature, the researcher noted the critical role played by caregivers in the cash transfer programme considering their age, gender, gender and the level of education among other variables. Further studies may be done focusing on the role played by the beneficiary caregiver in Cash transfer programmes for OVC.

3. Through observation, the researcher was able to investigate the fragmented nature of endeavours by beneficiary caregivers in strengthening and improving nutrition and food security for their households. A detailed study can be done focusing on the impact of Cash transfer for orphans and vulnerable children on Food security in Kenya. Such a study may be significant since other more focused interventions are currently in place to ameliorate the food situation in the country.

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APPENDICES

Appendix 1: Letter of transmittal

Stephen Njenga Mwangi
Department of Extra Mural Studies
University of Nairobi-Meru Centre
P.O BOX 30197-00100
Nairobi

E-mail:

Dear Sir/Madam:

RE: LETTER OF TRANSMITTAL OF DATA COLLECTION INSTRUMENT

My name is Stephen Njenga Mwangi and I am carrying out a research study for the award of a Master Degree in Project Planning and Management of the University of Nairobi. The purpose of the study is to establish the determinants of effective utilization of cash transfer for orphans and vulnerable children by caregivers in Kenya focusing on the cash transfer programme for OVC in Tigania West sub-county.

On successful completion of the research, the findings will be useful to the government in assessing if the government long-term objectives towards achieving Vision 2030 are being realized. Your input is therefore very important in determining the success of this research and will be treated in total confidentiality.

Attached please find a questionnaire that requires you to provide necessary information by answering questions honestly and objectively. Do not write your name anywhere the questionnaire. Please cooperate with my research assistants when filling in the questionnaire.

Yours Sincerely,

Appendix 2: Questionnaire for Beneficiary caregivers

INSTRUCTIONS: Please answer this questionnaire as truthfully as possible. All information provided will be treated with utmost confidentiality and used for research purposes only.

Enumerator Name: _____ Number of respondent: _____

Sub-Location: _____ Village: _____

Date: _____

PART A

(1) Demographic Characteristics of the respondents.

Please indicate your gender:

Male Female

(b) Please indicate your age category.

Below 18 years 19- 40 years 40-60years 61 and above

(c) Please indicate your marital status.

Single Married Separated Divorced Widowed

(d) Please indicate your level of education.

Never been to school Primary Dropout Completed primary Completed Secondary Tertiary
 Secondary Drop-out Completed Secondary Tertiary College
 University

PART B

(2) Household Characteristics

(a) What is the size of the household?

1 – 2 persons 3 – 5 persons Above 5 persons

(b). How many members of the household between 5-18 years live in this household? Please state the number _____

(c) How many children in this household are below 5 years?

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

(a). In your opinion, are there any conditions specified in the Cash Transfer? Specify (if any)

(b). Is the amount in the cash transfer adequate for all the basic needs of the children?
 Yes No
 If no, what amount do you suggest should be given per month? _____

(c). Do you make any saving out of the CT-OVC grants you receive?
 Yes No
 If yes, how much have you been able save?
 Kshs 1,000 – 5,000
 Kshs 5,000 – 10,000
 Kshs 10,000 – 50,000
 More than kshs 50,000

(4) Gender of the caregiver and utilization cash transfer for OVC

(a). How do you spend the money from the programme? Please rank the most important use as number “1”.

Code	Utilization	Ranking
1	Education	
2	Food	
3	Health	
4	Bride wealth	
5	Payment of debts	

6	Clothing	
7	Seeds	
8	Livestock purchase	
9	Treatment of livestock	
10	Business	
11	Other (specify)	

(b). In one payment cycle of two months, kindly list the approximate amount you spend on the following:

- 1) School fees : K.sh: _____
- 2) Food : K.sh: _____
- 3) Medical care : K.sh: _____
- 4) Rent : K.sh: _____
- 5) Investment : K.sh: _____
- 6) Acquisition of Assets : K.sh: _____

(c). Who in the household makes decisions on how the money is spent?

- Husband
 Wife
 Both husband and wife
 Children
 Grandfather
 Grandmother
 Other (please specify) _____

(d). What is your major preference as a caregiver in the utilization of the cash transfer received?

- Buying land and other assets for the family
 Payment of debts
 Buying seeds and fertilizer
 Buying school books and paying fees
 Other (Specify) _____

(e). How many children are enrolled in school in this household? _____

- (f). How many children enrolled for the programme have graduated to high school in this household with the support of the cash transfer?

Boys: _____

Girls: _____

(5) Education and level of awareness of caregiver

- (a). Do you know why you were selected as a recipient of Cash Transfer for OVC?

Yes No

- (b). Do you know how you are supposed to use the bi-monthly payment?

Yes No

If yes, state the needs you are expected to address in the household

i) _____

ii) _____

iii) _____

iv) _____

v) _____

- (c). Do you know your rights as a beneficiary in the CT-OVC programme?

Yes No

If yes, specify some of

them _____

- (d). How many community awareness sessions for CT-OVC have you attended in the last one year? One Two Three None

(6) Size of the household and utilization of CT-OVC funds

- (a). How many children living in the household are enrolled in the programme as OVCs?

- (b). How many children living in the household are **not** enrolled in the programme as OVCs? _____

- (c). Does the CT-OVC programme condition you to use the cash transfer grant only on the OVC(s) in the household? Yes No

(d). How do you consider the amount of cash transfer grant in relation to the size of the household? Adequate Inadequate

(e). How long does the two monthly payment cash transfer remain in the household?

Less than one week

2 weeks

3 weeks

1 month

More than 1 month

(f). Do you provide any assistance to other children in the extended family with the cash transfer grants? Yes No

If yes, give the reason(s) why you do so?

(g). How often are the following types of food consumed in the household?

TYPE OF FOOD	RATING			
	Oftenly-4	Rarely-3	Very rarely-2	Never-1
Meat				
Bread				
Fruits				
Eggs				
Milk				
Vegetables				

(7) Caregiver and service utilization

(a). Has this household been formally linked to any of the following complementary services for utilization in the CT-OVC programme?

(i) Education (Schools) Yes No

(ii) Health (Health care centers) Yes No

(iii) Food and Nutrition Yes No

(iv) Civil Registration Yes No

(b). Are all the children between ages 5-17 years enrolled in school in this household?

Yes No

If no, explain why?

Do school going children attend school on a regular basis?

Yes No

If no, explain why?

Are children below the age of 5 years in this household regularly immunized?

Yes No

If no, explain why?

(c). Using the tables given below, rate the Complementary services provided in your area in terms of **Quality** and **accessibility**.

TABLE 1: Quality

Complementary Service	Service Quality				
	Excellent-5	Very good-4	Good-3	Fair-2	Poor-1
Education					
Health					
Nutrition					
Civil Registration					

TABLE 2: Accessibility

Complementary service	Service Accessibility				
	Excellent-5	Very good-4	Good-3	Fair-2	Poor-1
Education					
Health					
Nutrition					
Civil Registration					

- (d). Please use the key provided to indicate (use a tick) your extent of agreement or disagreement with the following aspects of the Cash Transfer for Orphans and Vulnerable children.

5=strongly agree 4=Agree 3=Not Sure 2=Disagree 1=Strongly Disagree

(1) Gender of caregivers	SA	A	N	D	SD
	5	4	3	2	1
Gender of caregivers has a positive effect on effective utilization of cash transfer in the household					
Better decisions are made in the utilization of cash transfer in male headed households than in female headed households					
Women spend more of the cash transferred on food, education and health of the children than men.					

(2) Size of the household	SA	A	N	D	SD
	5	4	3	2	1
The size of the household adversely impacts on the utilization of cash transfer for the OVCs					
The smaller the household, the more effectively cash transfer grants are utilized in the household for the OVC					

(3) Education of the caregivers	SA	A	N	D	SD
	5	4	3	2	1
More educated caregivers are able to use cash transfer for OVC more effectively					
Education level of the caregiver informs the use of cash transfer for food, school and health of the OVC in the household.					
Education level of the caregiver increases the uptake of health, education and nutrition for the OVC.					

(4) Complementary services	SA	A	N	D	SD
	5	4	3	2	1
The high cost of complementary services discourages the uptake by caregivers for OVC					
The cost of complementary services is considerably low to encourage uptake by caregivers for OVC.					

Appendix 3: Observation guide for respondents households

INSTRUCTIONS: Please observe as keenly as possible the living conditions of the beneficiaries including the condition of their houses, the presence of domestic animals and the physical condition of the children in the beneficiary households and take notes in a separate notebook.

Name of the Enumerator: _____ Number of respondent: _____

Sub-Location: _____ Village: _____

Date: _____

1. Take note of the number of persons living in the household and the number of houses within the compound.
2. Take note of an established kitchen garden if any and the vegetables grown in them.
3. Request to see and note the clinic cards of the Orphaned and Vulnerable Children and note the health centers indicated.
4. Request to see and note the birth certificates of Orphaned and Vulnerable Children living in the beneficiary household. Find out and note the reasons for not having a birth certificate.
5. Observe and take notes on the apparent health of the beneficiary Orphaned and Vulnerable children and report any case of malnutrition.
6. Note the presence of chicken, goats and other domestic animals in the compound and find out if they were acquired through CT-OVC grants.
7. Request to see any item acquired with CT-OVC grants and state its significance for the beneficiary OVCs.
8. Observe and take notes of the general hygiene of the OVCs and what they are wearing i.e. clothes, shoes etc.

9. Observe the shelter conditions of the household i.e. walls, roofs and the floors. Find out whether any CT-OVC grants has ever been used for any repairs and how much was used if any.

Appendix 4: Informant Interview guide for children officers

1. What are the caregivers expected to do with the money they receive from the CT-OVC Programme?
2. Do you think the level of education of the beneficiary caregivers influences the way cash transfer grants are utilized?
3. How often are awareness sessions done for beneficiary caregivers?
4. Do you consider the size of the household to be a determinant in the effective utilization of the CT-OVC grants? Why?
5. Do you think women more than men utilize cash more effectively for the benefit of the OVC?
6. Suggest measures that can be adopted in order to enhance utilization of cash transfer grants for Orphans and vulnerable children?