

**INFLUENCE OF CASH TRANSFER PROGRAMMES ON SOCIO-ECONOMIC
WELLBEING OF BENEFICIARY HOUSEHOLDS IN BUNGOMA COUNTY,
KENYA**

By

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**A research project report submitted in partial fulfillment of the requirements for
the award of the degree of Master of Arts in Project Planning and Management of
the University of Nairobi**

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DECLARATION

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

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

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DEDICATION

This research project is dedicated to caregivers of millions of children in Africa orphaned or made vulnerable by HIV and AIDS. Most of the caregivers are very poor, and face difficult circumstances in providing for the needs of children under their care. This necessitates programmes to support caregivers in investing in human capital development of the children under their care to reduce intergenerational transition of poverty.

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TABLE OF CONTENT

| Title | Page |
|---|-------------|
| DECLARATION..... | ii |
| DEDICATION..... | iii |
| ACKNOWLEDGEMENT..... | iv |
| TABLE OF CONTENT..... | v |
| LIST OF TABLES..... | xi |
| LIST OF FIGURES..... | xiii |
| LIST OF ABBREVIATIONS AND ACRONYMS..... | xiv |
| ABSTRACT..... | xv |
| CHAPTER ONE..... | 1 |
| INTRODUCTION..... | 1 |
| 1.1 Background of the Study..... | 1 |
| 1.2 Statement of the Problem..... | 5 |
| 1.3 The Purpose of the Study..... | 7 |
| 1.4 Research Objectives..... | 7 |
| 1.5 Research Questions..... | 8 |
| 1.6 Significance of the Study..... | 8 |
| 1.7 Limitations of the Study..... | 9 |
| 1.8 Delimitations of the Study..... | 10 |
| 1.9 Basic Assumptions of the Study..... | 11 |
| 1.10 Definition of Significant Terms used in the Study..... | 11 |

| | |
|--|-----------|
| 1.11 Organization of the Study | 13 |
| CHAPTER TWO | 15 |
| LITERATURE REVIEW | 15 |
| 2.1 Introduction..... | 15 |
| 2.2 Evolution of Use of Cash Transfer in Social Protection..... | 15 |
| 2.3 Types of Social Cash Transfer Programmes..... | 18 |
| 2.4 Cash Transfer Conditionalities | 19 |
| 2.5 Use of Cash Transfer Money by Beneficiaries | 26 |
| 2.6 Cash Transfer Programmes and Family Relations..... | 28 |
| 2.7 Cash Transfer Programmes and Social Networks | 29 |
| 2.8 Influence of Cash Transfer on Economic Well Being of Households..... | 32 |
| 2.8.1 Cash Transfers and Crop Farming..... | 35 |
| 2.8.2 Cash Transfers and Livestock Farming | 36 |
| 2.8.3 Cash Transfers and Participation in Labour Market..... | 37 |
| 2.9 Summary of Literature Reviewed..... | 39 |
| 2.10 Theoretical Framework..... | 41 |
| 2.11 Conceptual Framework..... | 46 |

| | |
|---|-----------|
| CHAPTER THREE | 47 |
| RESEARCH METHODOLOGY | 48 |
| 3.1 Introduction..... | 48 |
| 3.2 Research Design..... | 48 |
| 3.3 Target Population..... | 49 |
| 3.4 Sample Size and Sample Selection | 49 |
| 3.5 Research Instruments | 51 |
| 3.5.1 Piloting of the Study | 53 |
| 3.5.2 Validity of the Instruments | 54 |
| 3.5.3 Reliability of the Instruments | 55 |
| 3.6 Data Collection | 56 |
| 3.7 Data Analysis Procedures | 57 |
| 3.8 Observance of Ethical Standards in the Study | 58 |
| CHAPTER FOUR..... | 59 |
| DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION | 59 |
| 4.1 Introdution..... | 59 |
| 4.2 QuestionnaireReturn Rate | 59 |
| 4.3 Demographic Characteristics of Respondents | 59 |
| 4.3.1 Gender of Respondents..... | 60 |
| 4.3.2 Age of Respondents..... | 60 |
| 4.3.3 Marital Status of Respondents | 61 |
| 4.3.4 Education of Level Reached by Respondents | 63 |
| 4.4 Respondents' Household Characteristics..... | 64 |

| | | |
|---------|---|----|
| 4.4.1 | Size of Respondent’s Household | 65 |
| 4.4.2 | Children Cared for in Respondent’s Households | 67 |
| 4.4.3 | Fostering of Children in Households | 68 |
| 4.5 | Enrollment to Cash Transfer Programmes..... | 69 |
| 4.6 | Use of Cash Transfer Money by Beneficiaries | 71 |
| 4.6.1 | Main Use of OVC-CT Money in Households | 71 |
| 4.6.2 | Decision on Use of Cash Transfer Money..... | 73 |
| 4.6.3 | Participation in Making Decisions Over Use of Cash Transfer Money | 73 |
| 4.6.4 | Proper Use of Cash Transfer Money in Households | 75 |
| 4.6.5 | Conflicts over Use of Cash Transfer Money in Households | 76 |
| 4.6.6 | Causes of Conflicts over Cash Transfer Money in Households..... | 77 |
| 4.7 | Influence of Cash Transfer on Social Wellbeing of Households..... | 79 |
| 4.7.1 | Quality on Family Relations in Cash Transfer in Households | 80 |
| 4.7.2 | Change in Family Relations After Enrollment on Cash Transfer | 82 |
| 4.7.2.1 | Nature of Change in Relations among Children in Households | 82 |
| 4.7.2.2 | Change in Relations between Caregivers and Children in Households | 83 |
| 4.7.2.3 | Change in Relations with Spouse..... | 84 |
| 4.7.3 | Influence of Cash Transfer on Social Networks of Households | 86 |
| 4.7.4 | Community Benefits from Cash Transfer Money | 89 |
| 4.7.5 | Feelings towards Beneficiaries of Cash Transfer | 90 |
| 4.7.5.1 | Feelings of Neighbours about Beneficiaries of Cash Transfer | 90 |
| 4.7.5.2 | Feelings of Relatives about Beneficiaries of Cash Transfer | 93 |
| 4.8 | Influence of Cash Transfer on Economic Wellbeing of Households..... | 94 |

| | | |
|---------|--|-----|
| 4.8.1 | New Investment in Cash Transfer Beneficiary Households | 95 |
| 4.8.1.1 | Type of New Investment in Cash Transfer Beneficiary Households | 95 |
| 4.8.2 | Influence of Cash Transfer on Farming Activities in Households | 96 |
| 4.8.2.1 | Changes in Acreage of Land Famed by Households | 97 |
| 4.8.2.2 | Use of Fertilizers by Beneficiary Households..... | 98 |
| 4.8.2.3 | Change in Use of Fertilizers in Cash Transfer Households | 99 |
| 4.8.2.4 | Changes in Crop Yields of Cash Transfer Beneficiary Households ... | 100 |
| 4.8.3 | Influence of Cash Transfer on Livestock Farming in Households | 101 |
| 4.8.3.1 | Livestock of Greatest Value Kept by Beneficiary Households..... | 101 |
| 4.8.3.2 | Changes in Livestock Farming in Beneficiary Households | 104 |
| 4.8.4 | Influence of Cash Transfer on Labour Participation..... | 106 |
| 4.8.5 | Improvement in Overall Economic Wellbeing of Beneficiary Households | 109 |
| 4.9 | Measures to Enhance Social-Economic Wellbeing of Beneficiary Households . | 110 |
| 4.9.1 | Contribution of Cash Transfer to the Wellbeing of Households | 111 |
| 4.9.2 | Measures to Enhance Cash Transfer Contribution to Social Wellbeing | 112 |
| 4.9.3 | Measures to Enhance Contribution of Cash Transfer to Economic Wellbeing of Households | 114 |

| | |
|---|------------|
| CHAPTER FIVE | 116 |
| SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS. | 116 |
| 5.1 Summary of Findings..... | 116 |
| 5.2 Conclusions | 120 |
| 5.3 Recommendations of the Study | 122 |
| 5.4 Suggestions for Further Research | 124 |
| REFERENCES..... | 126 |
| APPENDICES | 141 |
| Appendix A: Questionnaire for Household Head | 141 |
| Appendix B: Focused Group Discussion Guideline | 151 |
| Appendix C: Children Officers’ Questionnaire | 152 |
| Appendix D: Document Analysis Schedule | 155 |
| Appendix E: List of Villages from Which Respondents for the Study Were Selected | 156 |
| Appendix F: Map of Bungoma County | 107 |
| Appendix G: Letter of Consent to Participate in the Study | 108 |
| Appendix H : Research Authorization Letter | 109 |
| Appendix I: Research Permit | 110 |

LIST OF TABLES

| Title | Page |
|---|-------------|
| Table 4.1 Marital Status of Respondents | 61 |
| Table 4.2: Highest Level of Education Reached By Respondents | 63 |
| Table 4.3: Size of Respondents' Households | 65 |
| Table 4.4: Number of Children in Respondents' Households | 67 |
| Table 4.5: Number of Children Fostered in Respondents' Households | 69 |
| Table 4.6: The Main Use of OVC-CT Money in the Beneficiary Households | 71 |
| Table 4.7: Cause of Conflict over Use of Cash Transfer Money..... | 77 |
| Table 4.8: Relations among Children in Beneficiary Households..... | 80 |
| Table 4.9: Nature of Change in Relations among Children in Household | 82 |
| Table 4.10: Nature of Change in Relations between Children and Caregiver..... | 83 |
| Table 4.11: Change in Relations between Caregiver and Spouse | 84 |
| Table 4.12 Influence of OVC-CT on Social Networks of Households | 86 |
| Table 4.13: Ways in which Community Benefits from OVC-CT Money..... | 89 |
| Table 4.14: Feelings of Neighbours towards Beneficiary Households..... | 90 |

| | |
|---|-----|
| Table 4.15: Feelings of Relatives towards Beneficiary Households | 93 |
| Table 4.16: New Investments in Cash Transfer Households..... | 95 |
| Table 4.17: The Main Crop Grown by Households of Respondents | 96 |
| Table 4.18: Nature of Change in Use of Fertilizers | 99 |
| Table 4.19: Main Cause of Change in Farm Yields..... | 100 |
| Table 4.20: Livestock of Greatest Value Kept in Households..... | 101 |
| Table 4.21: When Beneficiary Household Started Keeping Livestock of Greatest Value | 102 |
| Table 4.22: Changes in Livestock Keeping in Beneficiary Households | 104 |
| Table 4.23: Reason for Leaving Employment among Beneficiaries of OVC-CT | 107 |
| Table 4.24: Keeping of Savings by Beneficiaries of Cash Transfer | 110 |
| Table 4.25: Main Contribution of Cash Transfer to the Wellbeing of Households..... | 111 |
| Table 4.26: Measures to Enhance Relationships in Households | 112 |
| Table 4.27: Measures to Enhance Social Networks of Beneficiary Households | 113 |
| Table 4.28: Measures to Enhance Economic Wellbeing of Households | 114 |

LIST OF FIGURES

| Title | Page |
|--|-------------|
| Figure 2.1: Conceptual Framework Showing Influence of Cash Transfer on Socio-Economic Development..... | 46 |

LIST OF ABBREVIATIONS AND ACRONYMS

| | | |
|---------------------|---|---|
| AIDS | - | Acquired Immuno –Deficiency Syndrome |
| DCS | - | Department of Children’s Services |
| FGD | - | Focused Group Discussion |
| IGA | - | Income Generation Activity |
| ND | - | No Date |
| OVC-CT | - | Orphans and Vulnerable Children Cash Transfer |
| OVC | - | Orphans and Vulnerable Children |
| OVP&MOHA | - | Office of the Vice President and Ministry of Home Affaires |

ABSTRACT

Conditional cash transfers are increasingly being promoted as the best practice in the social sector for developing countries. In Kenya, Orphans and Vulnerable Children Cash Transfer was introduced as the first cash transfer programme on pilot basis in 2004 in response to the impacts of Human Immuno Virus and Acquired Immuno Deficiency Syndrome on children in the country. After 2004, the government of Kenya expanded the coverage of the Orphans and Vulnerable Children Cash Transfer, and started cash transfer programmes for other vulnerable groups, yet there were no extensive empirical studies carried out to determine the influence of the programme on socio-economic wellbeing of the households. The purpose of this study was to evaluate the influence of cash transfer programme on the socio-economic wellbeing of beneficiary households in Bungoma County of Kenya. The objectives of the study were to establish how caregivers registered on Orphans and Vulnerable Children Cash Transfer in Bungoma County use the money transferred to households, determine the influence of Orphans and Vulnerable Children Cash Transfer programme on the social wellbeing of beneficiary households and assess influence of the Orphans and Vulnerable Children Cash Transfer programme on economic wellbeing of the beneficiary households. The study also sought to establish measures that needed to be implemented to enhance contribution of the Orphans and Vulnerable Children Cash Transfer programme on improvement of socio-economic wellbeing of households in Bungoma County. The study was based on Robert Putman's 1995 theory of Social Capital. The study adopted a descriptive survey research design. The target populations for the study were 250 caregivers registered on the Orphans and Vulnerable Children Cash Transfer programme in 2006. The study involved a sample of 75 caregivers selected through multistage sampling. The data for the study was collected by use of questionnaires, Focus Group Discussions and content analysis, and analyzed using descriptive statistics. The study found that majority of caregivers used the money they received from Orphans and Vulnerable Children Cash Transfer to meet educational needs of the children; the programme had contributed to good relations within the beneficiary households, but had led to emergency of deep jealousy against beneficiary households; and, the programme had positive influence on economic wellbeing of beneficiary households, but had not removed the beneficiary households from extreme poverty. The study recommended that mechanisms be introduced to provide opportunity for children in households to participate in making decision on use of money transferred to households and in evaluation of the programme to enhance safeguards against possible misuse of funds by caregivers; the community to be sensitized on the programme objectives and enrollment criteria to reduce ill feelings against beneficiaries; the amount disbursed to be increased, and the programme be re-designed to include conditions requiring beneficiaries to invest part of the money in economic development; and programme designed to consider household characteristics such as number of children in determining amount of money transferred to beneficiaries households. The study suggested a research to be carried out focusing on children in the beneficiary households to establish their views on aspects focused on in this study.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Conditional cash transfers (CCT) are increasingly being promoted as the best practice in the social sector for developing countries (Handa and Davis, 2006). Although the use of cash transfer as instruments of social protection has been noted to have originated in Europe, the first well known CCT programs were implemented in Latin America in the 1990s to alleviate poverty and create conditions for upward social mobility through human capital investments (Teixeira, 2009).

Oosterbeek, Ponce and Schad (2008) identified Brazil as the first country to have adopted CCT in 1995 when the government implemented a programme called *Bolsa Escola* and *Bolsa Familia*. Mexico on the other hand implemented *Progresa*, later named *Oportunidades*, while Nicaragua adopted the *Red de Proteccion Social*. Other CCT programmes that were started in Latin America in 1990s included *Programa de Asistencia Familiar* in Honduras and *Subsidio Unico Familiar* in Chile (Son, 2008). The CCT programmes introduced in Latin America and Caribbean countries as tools of social protection had a wide range of good outcomes as noted by Borraz and González (2009). Their key benefits included increased food consumption and improved school enrollment among beneficiaries (World Bank, 2011).

On the basis of the success of CCT programmes in Latin America, Fiszbein and Schady (2009) noted that countries in different parts of the world over the years adopted CCT programs at a prodigious rate. As a result, in 2009, there were over 30 countries in the world operating some form of CCT programmes (The World Bank, 2011). In 2010, the number of developing countries in the world which were operating cash transfer programmes had risen to 45, benefiting more than 110 million families (CARA, 2010). In many of the developing countries, Mehrotra (2010) noted that cash transfer programmes were being perceived as an effective tool for poverty alleviation. The quick adoption of CCT programs following experience in Latin America made CCT programs to be rated as one of the most widely adopted anti-poverty initiatives in the developing world during the last decade of the 20th Century (Aber and Rawlings, 2011).

Although CCT programmes were adopted by countries in all continents, the programs were adopted most in Asia and Africa. In Asia, large-scale CCT programmes were implemented in Bangladesh, Indonesia (Fiszbein, Schady, Ferreira, Grosh, Kelleher, Olinto, and Skoufias, 2009), and in Philippines (Royat, 2009). Indonesian government started by implementing unconditional cash transfer program in October 2005, in which eligible households received 100,000 IDR per month (Royat, 2009). In July 2007, the unconditional cash transfer programme in Indonesia was replaced by a conditional cash transfer programme. The target groups in Indonesian CCT programme were poor households with pregnant women and children aged between 0 and 15 years. Through the Indonesian CCT program called *Program Keluarga Harapan* the government hoped to reduce maternal and child mortality, ensure universal coverage of basic education, reduce child labour and encourage children to attend school (Royat, 2009).

The Government of the Philippines adopted a CCT Program called *Pantawid Pamilyang Pilipino Program*. The *Pantawid Pamilyang Pilipino Program* as adapted from the CCT Programs in Latin America was a poverty reduction strategy that provided cash grants to extremely poor households to allow the members of the families to meet certain human development goals (United Nations, 2009). As noted by the United Nations, the *Pantawid Pamilyang Pilipino Program* helped Philippines fulfil its commitment to meet the Millennium Development Goals, mainly to eradicate extreme poverty and hunger, achieve universal primary education, reduce child mortality, improve maternal health, and promote gender equality.

Bangladesh on the other hand implemented several cash transfer programmes, the key one in education being the Female Secondary School Assistance, which incorporated multiple interventions whose aim was to close the gender gap in secondary education and raise the status of women in the economy and society. The other cash transfer introduced in Bangladesh was the Primary Education Stipend Program (PESP) established in January 2003, which aimed to increase educational enrolment and reduce the rate of dropout of poor students, thus eliminating child labour and alleviating poverty.

As was the case with Asia, the success of CCT programs in Latin America made many countries in Africa to adopt CCT as a tool of social protection. Thus, various cash transfer programmes for poorest households were implemented in Lesotho, Malawi, Mozambique, Zambia and Zimbabwe. Cash relief grants to food-insecure households were implemented in Ethiopia, while child support grants were implemented in Ethiopia, Namibia and South Africa. On the other hand, child care grants focusing on orphans and

other vulnerable children were implemented in Lesotho, Malawi, South Africa, Tanzania and Kenya, while disability grants were implemented in Lesotho, Namibia and South Africa (Pearson and Alviar, ND; Kakwani, Soares, and Son, 2005).

South Africa is one of the earliest countries in Africa to implement cash transfer programmes on the continent. The government of South Africa started implementing unconditional cash transfer programme called Child Support Grant (CSG) in 1998 as one of a system of unconditional benefits to children, people with disabilities and elderly people. By early 2006, the government of South Africa was providing the three main grants for over one quarter of the total population of 44 million (Lund, Noble, Barnes and Wright, 2008).

Cash transfers were first introduced in Kenya on a pilot basis in 2004 for orphans and vulnerable children in response to HIV and AIDS. The first cash transfer programme in Kenya was called Orphans and Vulnerable Children Cash Transfer (OVC-CT). According to Pearson and Alviar (ND), the impetus for developing cash transfer programme in Kenya stemmed from the realization that the other elements of social protection in Kenyan society, especially family and communal mechanisms, were breaking down in the face of the growing HIV/AIDS pandemic. Thus, with assistance from UNICEF, the Department of Children's Services developed small pilot schemes in Garissa, Kwale and Nairobi districts. In this pilot scheme, beneficiary household were given a monthly payment of Kshs.500. In 2005, the Department of Children's Services expanded the cash transfer programme to 10 additional Districts, using the government's own resources, reaching a further 2,500 households. The amount of money paid to

beneficiaries was increased to Ksh 1,000 in 2006 (Ward et al., 2010). From July 2006 to June 2009 the cash transfer programme design in Kenya was revised, and the programme expanded further.

In Western Province of Kenya, OVC-CT was first introduced in Bungoma district in 2005, being funded by the government. In 2008/2009 financial year, OVC-CT was expanded to cover all districts in the Western Province, except Mt. Elgon district. Besides, OVC-CT in Bungoma district was taken over by UNICEF as a sponsor, and the programme expanded to cover 4690 beneficiaries.

1.2 Statement of the Problem

After introducing OVC-CT programme in Kenya on pilot basis in 2004, the government continued to scale up the programme to benefit more households and cover more districts. The expansion of the programme was accompanied with annual increase in budgetary allocation to fund the programme. In the 2007/2008 financial year, the programme was scaled up to cover 37 districts, benefiting 25,000 households. In the 2008/2009 financial year the programme was further expanded to cover 47 districts, benefiting 65,000 households, with an annual budget of kshs 1,289,380,098. In the 2008/2009 financial year, the government of Kenya allocated kshs 579,736,300 to OVC-CT budget, while development partners put in Kshs 709,643,798 (Republic of Kenya, ND). It was projected that by 2012 the OVC-CT programme in Kenya would have been scaled up to cover 100,000 households, benefiting some 300,000 OVCs (Ward et al., 2010).

While the overall aim of introduction of OVC-CT in Kenya was to enhance human capital development, human capital emerges out of social capital, whose development depends upon relationships in the family and other support networks (Gauntlett, 2011). This makes aspects of social networks and family relationships of households benefiting from OVC-CT to be of critical concern in any evaluation of the impact of a cash transfer programmes on the recipient communities. If relationships in families are not good, this can have negative impacts on the mental health of the children, and in the long run affect their education, thus retarding overall human capital development. On the other hand, if OVC-CT programme negatively affects the social networks of beneficiary households, this will leave the households more isolated, and therefore increase their social vulnerability when they exit the programme.

Ottebjer (2005) noted social capital to play a crucial role in functioning of the community life across a variety of domains spanning from prevention of juvenile crime, promotion of successful youth development, the development of norms of labour market attachment, the enhancement of schooling and education, the smooth functioning of democracy and political government and advancement of economic development. Purman (2005) noted the networks and the associated norms of reciprocity which are central to social capital to have value for the people who are in them, and also to have demonstrable externalities, with public returns. This means that if cash transfers in Kenya would have negative influence on relations within beneficiary households, and social networks of the caregivers in the households, this would have negative effects on various aspects Kenya's social and economic wellbeing.

The government of Kenya had over the years expanded the coverage of OVC-CT, and started cash transfer programmes for other vulnerable groups on the premise that OVC-CT programme had been successful in Kenya. However, there was no extensive empirical research carried out to evaluate the influence of the programme on socio-economic wellbeing of the households benefiting from the programme. It was in view of this that the researcher set out to evaluate the influence of OVC-CT programme on socio-economic wellbeing of households in Bungoma County of Kenya.

1.3 The Purpose of the Study

The purpose of this study was to evaluate the influence of cash transfer programme on socio-economic wellbeing of beneficiary households in Bungoma County of Kenya.

1.4 Research Objectives

The objectives of the study were:

1. To establish how caregivers registered on Orphans and Vulnerable Children Cash Transfer in Bungoma County use the money transferred to the households.
2. To determine influence of Orphans and Vulnerable Children Cash Transfer programme on the social wellbeing of beneficiary households in Bungoma County
3. To assess influence of Orphans and Vulnerable Children Cash Transfer programme on economic wellbeing of the beneficiary households in Bungoma County.

4. To establish measures that need to be undertaken to enhance the contribution of Orphans and Vulnerable Children Cash Transfer programme to improvement of socio-economic wellbeing of households in Bungoma County

1.5 Research Questions

The study sought to answer the following questions:

1. How do caregivers registered on Orphans and Vulnerable Children Cash Transfer programme in Bungoma County use the money transferred to the households?
2. How does the Orphans and Vulnerable Children Cash Transfer programme influence social wellbeing of beneficiary households in Bungoma County?
3. How does the Orphans and Vulnerable Children Cash Transfer programme influence economic wellbeing of the beneficiary households in Bungoma County?
4. What measures need to be undertaken to enhance the contribution of the Orphans and Vulnerable Children Cash Transfer programme on improvement of socio-economic wellbeing of households in Bungoma County?

1.6 Significance of the Study

This study was found necessary because there were no extensive empirical studies on OVC-CT in Kenya, yet Farrington, Harvey, Holmes and Slater (2007) had noted the types and levels of social impact of different kinds of cash transfer programmes in different contexts and how such contexts change when cash transfers are introduced to be important. Financial Assistance, Land Policy and Global Social Rights (ND) on the other

hand noted that while there were numerous reports on cash transfers by practitioners, scholarly research on cash transfer programmes were still in its infancy.

The findings of this study were deemed to be useful in providing additional information to existing literature on OVC-CT in Kenya. Further, it was hoped the findings from the study will generate debate more academic debate and interes on the place of CCT as social safety nets in Kenya, and serve as a springboard for further research in other areas of CCT not considered under this particular study.

Considering that the government and other agencies use alot of money to finance implementation of OVC-CT in Kenya, it was hoped that the findings from the study would provide feedback to the government and other agencies that have provided funds to support OVC-CT programme in the country. The findings were also deemed to be significant in providing insights for policy formulators in developing a social protection policy for Kenya, besides providing useful information to the Department of Children's Services in Kenya for improving the design and implementation of OVC-CT program in the country.

1.7 Limitations of the Study

This study focused on beneficiaries enrolled on government sponsored OVC-CT programme in Bungoma County. In collecting the data from the respondents, the researcher was faced with challenges of illiteracy of respondents and the problem of language barrier. The residences of the beneficiaries also widely spread out in the locations sampled, which posed a risk of getting lost or using lot of time to locate their

homes. The researcher thus decided to use the questionnaire by himself to collect data. This helped avoid errors and problems that could have occurred if the researcher had given the questionnaires to respondents to fill on their own.

The researcher made use of research guides who helped identify homes of the sampled respondents. This helped trace homes of respondents and thus reduced risks of getting lost and losing time searching for homes of respondents. The research guides also served as interpreters, whereby they helped to interpret some terms used by the respondents. This enabled the researcher to administer the instruments and collect data from respondents of different languages.

1.8 Delimitations of the Study

The study was carried out in Bungoma County. Bungoma County was selected for the study because it was in Bungoma where OVC-CT was first introduced in Western Province of Kenya, before being expanded to cover other districts that formerly formed Western Province.

Although OVC-CT programme was being implemented in 10 locations at the time of study, the study focused only on 5 locations in Bungoma County in which OVC-CT started to be implemented in 2005. Further, the study only involved beneficiaries of OVC-CT who had been on the programme for at least six years. This was because in the programme design, the beneficiaries were expected to exit the programme after benefiting for five years to give room for new beneficiaries to be enrolled. It was envisaged that after five years the beneficiaries had benefited from the programme long

enough for the influence of the programme on the socio-economic wellbeing of the beneficiary households to be evaluated.

1.9 Basic Assumptions of the Study

The study was based on the following assumptions. First, the researcher made an assumption that the respondents provided genuine and true information. The second assumption was that the households enrolled on OVC programme in the study area were properly targeted by the Department of Children's Services, and thus were economically poor, and had orphans and vulnerable children.

1.10 Definition of Significant Terms used in the Study

Orphans and Vulnerable Children: Include children affected by HIV and AIDS, or children in distress, children in extremely difficult circumstances, and children in need of special protection.

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

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

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

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

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

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

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

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

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

1.11 Organization of the Study

The study is organized into five chapters. Chapter one is the the introduction, chapter two is on literature review and chapter three is on research methodology. Chapter four is on data analysis, presentations, interpretation and discussions. On the other hand, chapter five presents the summary of the findings, conclusions and recommendations.

Chapter one includes the background to the study, statement of the problem, purpose of study, objectives of study and the research questions that guided the study. Chapter one also presents the significance of study, the basic assumptions of study and the limitations of the study. It also has delimitations of the study and definitions of significant terms.

Chapter two has introductory issues relating to cash transfer programmes. It also contains discussions on types of cash transfers used in different parts of the world. The remaining sections of chapter two contains discussions of literature on studies carried out in different parts of the world which are directly related to the objectives of this study.

Chapter three has a description of the methodology that was employed in the study. This includes a description of the research design that was adopted in the study, the target population, sample size and sampling procedures and data collection instruments. It also describes how the instruments were piloted, and how validity and reliability of the research instruments were determined. Further, the chapter presents procedures of data collection for the study, data processing and analysis techniques and the ethical considerations which were made in the study.

In chapter four, an introduction of the chapter is presented, outlining what the study set out to do, and an overview of the objectives of the study. The second section of the chapter presents the return rate of the instruments used in the study, while the third section describes the demographic characteristics of the respondents that participated in the study. The remaining section of the chapter presents data analysis, presentation of findings and their discussions in line with the objectives of this study. The fifth chapter on the other hand presents a summary of the findings of the study, and the conclusions on each of the objectives of the study. Further, the chapter presents recommendations for policy action and suggestions for further studies.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

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

2.2 Evolution of Use of Cash Transfer in Social Protection

Giving special consideration about the poor and the vulnerable that forms the basis of social protection policy and cash transfer originated in Europe. Hanlon, Hulme and Barrientos (2010) noted that the idea started in the 16th Century in England by governments accepting collective responsibility for ensuring subsistence for all. This was followed by implementation of old age insurance and sickness benefits in Europe in late 19th century. In the 20th century, United Nations helped shape development of the idea of social protection by making provision of adequate standards of living a human right. According to Hanlon et al. (2010), the early introduction of measures aimed at the poor and the vulnerable had the benefit of creating a firmer underpinning for development in the industrialized countries by giving people more security and promoting labour mobility. However, these measures had backlashes in the mid 19th century and late 20th

century as the rich accused the poor of being responsible for their poverty and thus undeserving of assistance, an attitude that persists in the United States of America (Hanlon et al., 2010).

Pearson and Alviar (ND) also point to Europe as origin of cash transfers. Pearson and Alviar traced the origin of cash transfers to Europe in early years of the twentieth century. They noted that in the early years of twentieth century, several countries in Europe started complementing the forms of social assistance that were by then in existence by cash transfers. The use of cash transfers in Europe went a level higher after Second World War. Fajth and Vinay (2010) observed that after the Second World War birth grants were offered in parts of Europe conditional on birth registration. Romania as noted by Fajth and Vinay was conditioning universal child allowances to school attendance to restore its falling enrolment rates following the 1989 revolution. Bangladesh on the other hand started the Female Secondary School Assistance project to address gender imbalances in education in 1993. Pearson and Alviar (ND) noted that it was from Europe that use of cash transfers 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 20th century.

According to Pearson and Alviar (ND), further spread in the use of cash transfers to the poor as a key tool of the state slowed greatly until in 1990s when a wave of new programmes started in several countries in Latin America, including the *Progres*a programme in Mexico, *Familias en Accion* in Colombia and *Bolsa Familia* in Brazil. The new model of cash transfer programmes in Latin America demonstrated to have

excellent impact in terms of health, nutrition and education for the targeted population at relatively low costs, which contributed to increased adoption of cash transfers as instruments of social protection in different parts of the world.

While Hanlon et al. (2010), and Pearson and Alviar (ND) noted cash transfer to have generally originated in Europe, Basset (2008) observed that CCTs had their origin in Mexico and Brazil in the late 1990s as ‘home-grown’ initiatives that paired an income transfer with required behaviours for recipients. These initiatives in Mexico and Brazil later grew into large national-scale programs. As noted by Basset (2008), these early programs in Mexico and Brazil grew to become the largest and best-known CCTs, functioning as central elements of their countries’ social protection and poverty reduction strategies. From the success and popularity of CCTs across Latin America, CCTs emerged in Africa, Asia, and the Middle East and begun to take on new forms of conditionalities in response to the specific needs of poor people in each country.

Basset (2008) noted the evolution of CCTs to have occurred in several phases. The first generation of programmes, which began in Latin America in the 1990s, typically included both education and health conditions. The second generation of CCTs emerged in South and East Asia, focussing almost exclusively on increasing access to schooling for girls. These CCTs generally took the form of a scholarship programmes contingent upon school attendance, but having no health conditionalities. The third generation of CCTs expanded to cover international emergency settings and domestic urban development programmes.

2.3 Types of Social Cash Transfer Programmes

Social cash transfers are regular non-contributory payments of money provided by government or non-governmental organisations to individuals or households, with the objective of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability (Samson, 2009). Samson notes that transfers can be unconditional, conditional on households actively fulfilling human development responsibilities, or else conditional on recipients providing labour in compliance with a work requirement. The transfers can be universal or explicitly targeted to those identified as poor or vulnerable.

Conditional Cash Transfers are transfers made subject to certain actions or activities by the beneficiaries. Conditions are applied in order to ensure that the beneficiaries act in a way that the programme designers consider appropriate, and/or avoid inappropriate actions such as ‘undesirable spending’. The main motives for linking social transfers to conditions is because some financing agencies see poverty as associated with inadequate access to nutrition, health, education or housing. They therefore see enhanced expenditures on these as potentially desirable with respect to poverty reduction, and so ‘tie’ transfers in various ways and to varying degrees to evidence that recipients have been spending them as intended (Schubert and Slater, 2006).

While different objectives have been pursued through CCT programmes, as noted by Handa and Davis (2006), most CCTs have the same dual objectives, combining long-run human-capital development with short-term poverty alleviation. Likewise, Lund, Noble, Barnes, and Wright (2008) noted cash transfers to be one of a range of measures for

addressing poverty. Similarly, Borraz and González (2009) noted reduction of intergenerational transmission of poverty as the main objective of CCT programmes. As a kind of social policy, CCT is targeted towards families living in extreme poverty in order to alleviate poverty in the short term and increase investment in human capital of the families in the long term.

Son (2008) noted two types of cash transfers; conditional and unconditional to be among the important safety net programmes that have so far been implemented. Agüero, Carter and Woolard (2007) singled out the Child Support Grant in South Africa as a case of unconditional cash transfer. According to Pearson and Alviar (ND), the main types of social cash transfers aiming at basic social protection are noncontributory pensions, social assistance to families or households and cash transfers, which may be conditional or unconditional.

2.4 Cash Transfer Conditionalities

Generally, CCT programmes require recipients to undertake certain behavioral changes in return for the transfers. While the conditions which beneficiaries are required to fulfill are determined by the components of the CCT, Fiszbein and Schady (2009) noted that many CCT programmes condition their transfer both on enrollment and regular attendance of household children in school and on regular health center visits for the younger children and pregnant women. As the largest conditional cash transfer in the world, the *Bolsa Família* in 2012 was providing forty-one million people (22% of the Brazilian population) with between 32 to 242 *reís* per month (approximately USD 17 and USD 124, respectively) to families earning less than 140 *reís* per capita per month (

approximately USD 74). As noted by Bither-Terry (2012), this monthly income was provided to beneficiary families on condition that children in the household regularly attended school and participated in preventative healthcare programs. For families to qualify for the *Bolsa Familia* programme of Brazil they were expected to meet the criterion of a monthly income of R\$70 to R\$140 per person when they had children between the ages of 0 to 17 years old, or a monthly income of up to R\$70 per person regardless of the age of all members (Lee, 2011). The main conditionalities for *Bolsa Familia* programme were that children 6-15 years old to maintain 85 per cent school attendance, and the children up to six years old to have their immunisation status confirmed. Further, the children upto six years together with pregnant women, were expected to have regular health check-ups (Soares, Ribas and Osorio, 2007)

Once registered on the programme, the beneficiary families were required to ensure school enrollment and a minimum attendance record of 85% for children and teenagers between the ages 6 to 15 years old and a minimum attendance record of 75% for teenagers between the ages of 16 to 17 years old for them to continue benefiting from the programme. Further, families were required to achieve complete immunization for children under the age of 7 years old, prenatal care for pregnant women and postnatal care for women as long as they are breast-feeding as noted by Lee (2011).

Oportunidades in Mexico, initially referred to as PROGRESA was launched in 1997 as a revolutionary, incentive-based poverty alleviation programme (Rowe, DN). The programme consists of educational, health and nutritional components (Parker, 2003). Under PROGRESA, education component was given emphasis as an important link

between human capital, productivity and growth, and also because it is a strategic factor in breaking the vicious circle of poverty (Skoufias, 2001). As noted by Skoufias, investment in education through PROGRESA was seen as a way of facilitating growth while simultaneously reducing inequality and poverty. The objectives of the PROGRESA program were to improve school enrolment, attendance and educational performance. This was to be achieved through a system of educational grants; monetary support for the acquisition of school material; strengthening the supply and quality of education services; and cultivation of parental responsibility for, and appreciation of the advantages stemming from, their children's education.

Cash transfers under PROGRESA were mainly awarded to mothers every two months during the school calendar and all children over the age of 7 years and under the age of 18 years were deemed eligible. To receive the grant parents were required to enrol their children in school and ensure regular attendance of a minimum rate of 85% for both monthly and annually. Failure to fulfil this condition would lead to the loss of the benefit, at first temporarily, but eventually permanently as noted by Skoufias (2001).

Under *Oportunidades*, small amounts of money were dispensed bimonthly to poor families, which the families were free to spend as they wished as long as they fulfilled programme conditions. The programme beneficiaries were required to ensure that children regularly attended school, and that family members obtained preventive medical care through regular clinic visits and attendance of educational talks (Rowe, DN). Through school attendance for children, and through attendance of preventive medical care by members of the families, *Oportunidades* aimed to provide short-term income

poverty relief while promoting the formation of human capital as a means to break the intergenerational transmission of poverty as noted by Rowe. Under the education component, *Oportunidades* provided monetary educational grants for each person less than 22 years of age enrolled in school between the third grade of primary and the third grade of high school. The amounts of the monthly grants ranged from about \$US10.50 (105 pesos) in the third grade of primary to about \$US58 (580 pesos) for boys and \$US66 (660 pesos) for girls in the third year of high school (Parker 2003).

The health component of *Oportunidades* involved provision of preventive basic health care services for all members of beneficiary families. In the nutrition component, a fixed monetary transfer equal to about \$US15.50 was provided monthly for beneficiary families to facilitate improvement in family food consumption and access to nutritional supplements for children between the ages of four months and two years, and to pregnant and lactating women (Parker, 2003). All the monetary benefits under *Oportunidades* as observed by Parker were given directly to a woman of the family and were adjusted every 6 months for inflation.

Under the educational component, beneficiaries of Indonesian CCT were required to ensure primary school enrollment of all children 6 to 12 years old, minimum attendance rate of 85% for all primary school-aged children, and junior secondary school enrollment of all 13 to 15 years old. Educational conditions in Indonesian CCT also included a minimum attendance rate of 85% for all junior secondary school-aged children (ILO, ND).

Nicaragua started *Red de Proteccion Social* (RPS), which became one of the world's most widely recognised CCTs, mainly for the impact it had in a short period on the education and health of beneficiary children (Moore, 2009). The overall objective of the programme was to achieve higher levels of well-being among the extremely poor population of Nicaragua, supporting the accumulation of human capital, with the programme's cash transfer component, being a mechanism by which to encourage beneficiaries to invest in their own human capital development as noted by Moore. RPS consisted of payments of cash transfers that were distributed to a female head of household as long as the household fulfilled prescribed obligations. According to Moore, transfers were given to females because it was believed that they were more likely than men to use them in ways that would benefit their children. The RPS of Nicaragua had educational, health and nutritional components, with demand-side transfer and corresponding supply side transfer as observed by Moore (2009).

The nutritional component Nicaragua's RPS involved giving a bi-monthly food transfers at the household level, regardless of the size and composition of the family (Moore, 2009). This was because it was feared that giving transfers at the individual level would encourage households to have more children. The food transfers in Nicaragua's RPS were intended to address the food shortages faced by many poor households. As noted by Moore (2009), receipt of the food transfer was on condition that the household participated in bi-monthly educational seminars for the female titled beneficiaries and that the children in the household attended the required medical check-ups. Further, children were required to remain at a healthy

weight, so that if they were below weight for two consecutive check-ups, the household would forfeit their transfer.

In order to receive the bi-monthly School Transfer, beneficiary households with children between the ages of seven and thirteen who had not yet completed fourth grade had to attend classes regularly. If the children missed more than the excused absences, they were required to provide a doctor's note to avoid being penalised. This transfer was given at the household level, so if one child did not attend school while the others did, the household forfeited their transfer for that cycle. As well as ensuring that fertility choices were not tied to benefits, this policy encouraged households to send all children to school and to treat co-responsibilities as a group effort. The education component also included a School Pack, which was an annual transfer given at the individual on condition that the eligible children enrolled in school (Moore, 2009). Households were expected to use the School Pack money to ensure that their children were appropriately dressed and prepared for classes.

Indonesian CCT had health and educational components. Under the health components, beneficiaries were expected to fulfill key conditions, which as noted by ILO (ND) included:

- i. Four prenatal care visits for pregnant women;
- ii. Taking iron tablets during pregnancy;
- iii. Delivery assisted by a trained professional;
- iv. Two postnatal care visits;
- v. Complete childhood immunizations;

- vi. Ensuring monthly weight increases for infants;
- vii. Monthly weighing for children under three and biannually for under-fives; and
- viii. Vitamin A twice a year for under-fives.

Malawi through the Mchinji Social Cash Transfer Pilot Scheme aimed at reducing poverty, hunger and starvation in all households living in the pilot areas, which were ultra poor and were labour constrained. Labour constrained households were those households that had no able bodied household member in the age group 19 to 64, who are fit for work, or when one household member in the age group 19 to 64 years, who was fit for work, had to care for more than 3 dependents. The scheme also aimed at increasing school enrolment and attendance of children living in target group households (Schubert and Huijbregts, 2006).

The monthly cash transfers in Malawi's Mchinji Social Cash Transfer Pilot Scheme varied according to household size and took into account the level of education at which children were enrolled. It too into consideration whether the household had children enrolled in primary and/or in secondary school (Schubert and Huijbregts, 2006). As noted by Schubert and Huijbregts (2006), the cash transfer for one person household was MK 600 (approximately USD 4), that of two person household was MK 1,000 (approximately USD 7), while that of three person household was MK 1,400 (approximately USD 10). For a household of four and more persons, the cash transfer was MK 1,800 (approximately USD 13). For children enrolled in primary school, a bonus of MK 200 was added, while a bonus of MK 400 was added for children enrolled in secondary school. The Kalomo Pilot Social Cash Transfer Scheme in Zambia as noted

by Schubert (2005) had three objectives, one of which was to reduce extreme poverty, hunger and starvation in the 10% most destitute and incapacitated (non-viable) households in the pilot region;holds). Its main focus was on households that were headed by the elderly people caring for orphans and other vulnerable children (OVC).

In the Kenyan case, the main conditions which OVC-CT caregivers are required to fulfill as reported by Ministry of Gender, Children and Social Development (ND) are:

- i. Making sure all children aged 4-17years living in the household are enrolled in primary schools and attend regulary;
- ii. Take all children aged 0-1 years living in the household to health clinics for immunization, and those aged 1-5 years old for Vitamin A administration and growth monitoring;
- iii. Ensuring all children under the caregiver are provided with basic necessities such as food, clothing and shelter and are taken to health facility for proper health care when sick;
- iv. Protecting all children under care from all forms of abuse such as exploitative labour, disinheritance, sexual exploitation and neglect.

2.5 Use of Cash Transfer Money by Beneficiaries

Different beneficiaries use cash transfer money for different purposes. In a survey carried out in Mexico, 70 percent of the households responded that they used the PROCAMPO money to purchase inputs (Sadoulet, de Janvry and Davis (2001). Slater and Mphale (2008) reported that in both Mphale's Hoek and Maseru districts, of Lesotho, cash

transfers were primarily used by beneficiaries to buy food and to meet other basic household needs, such as candles and paraffin (Daniel, 2011). Schubert and Huijbregts (2006) noted that beneficiaries in Mcinji social cash transfer pilot scheme used the monies received for meeting their most basic needs in terms of food, clothing, education materials and access to health services. However, Huijbregts noted that some beneficiaries of Mcinji social cash transfer pilot scheme had invested money from the scheme in improving their shelter and in acquiring small livestock.

In a study of the impact of social cash transfers on informal safety nets in Kalomo District of Zambia, Wietler (2007) found that most of transfers were in most cases spend on food. However, Wietler noted that half of the beneficiaries were able to invest parts of their money in hiring friends or relatives to plough their fields or build up a barn. According to Wietler, half of the beneficiaries spend money on school requirements like books or pens for their dependants, with five household heads reporting to have used the transfer money to buy small livestock like goats and chicken. As noted by Wietler, buying livestock was considered a way of saving as well as multiplying the value of the transfers.

The study by Wietler (2007) involved 32 interviews held with heads of incapacitated households in three rural and two urban CWACs. Quantitative data were obtained from records kept by CWAC members in the study sites, while qualitative research methods including semi-structured interviews, focus group discussions, case studies, and social relations mapping were used to obtain qualitative data. Qualitative interviews were held with head of destitute households in an area which was not covered by the Scheme and

with beneficiaries of the Kalomo Pilot Social Cash Transfer Scheme in two rural and two urban areas. Socus group discussions (FGD) were also conducted with CWAC and community members.

Ressler (2008) in the study of beneficiary groups in Kangemi and Homabay in Kenya reported that participants in both locations indicated that the cash payment was most commonly used for school related expenses. Participants reported that the second major use of the cash transfer funds was for household food. Participants in Ressler's study indicated that the cash had allowed them to have more than one meal a day, that they did not have to sleep hungry. They indicated other uses of the cash to include paying for rent and medicines. Ressler's study was based on interviews with six Kenyan families in Kangemi in Nairobi and in Homa Bay, in Nyanza Province. Participants in Ressler's study from the Kangemi community had received cash payments for two years, while those in Homa Bay community had just begun. The analysis of the responses from the study involved use of interpretative approach (Ressler, 2008).

2.6 Cash Transfer Programmes and Family Relations

The idea of wellness means that one has a healthy balance of the mind, body and soul, resulting in an overall state of well-being. Rawlings and Rubio (2005) noted that distribution of cash grants directly to mothers may have an effect on resource allocations within households and on power relations in the household.

A study on the impact of PROGRESA whose transfer targets women found that PROGRESA had increased recognition of women's importance in the family and their greater degree of responsibility toward the family relative to men (Adato, 2000). As noted by Adato, women in the study said that most men accepted women's role in the program, the main reason being that the benefits from the programme helped the husband too, and the family as a whole. The women reported that husbands allowed their wives to spend the time necessary to fulfill their PROGRESA requirements because the benefits the women received compensated for the time. However, the study found that some men were unhappy with the time that women spend out of the house for their PROGRESA responsibilities, and indication of conflict over the programme. However, Adato reported that women minimized conflicts with their husbands over the programme by making sure that their household responsibilities were taken care of before leaving the house.

Slater and Mphale (2008) reported cash transfer to reduce gender conflicts and tensions within households. However, they noted generational conflicts resulting from cash transfers to be a much greater concern, being particularly acute in households where the elderly are taking care of orphans and vulnerable children.

2.7 Cash Transfer Programmes and Social Networks

Various studies have reported different effects of cash transfer programmes on relations between beneficiary households and households not benefiting from the scheme. Adato (2000) reported positive impact of PROGRESA program on the social networks of women beneficiaries. As noted by Adato, PROGRESA programme involved several activities which enabled women to gather in groups, affording them an opportunity to

communicate with each other. Such activities included monthly meetings between beneficiary women and promotoras, which were officially meant for giving program-related information to beneficiaries, but also provided a space for women to talk about other concerns and problems. Other activities as noted by Adato included the health *pláticas*, where health issues of importance to women were discussed, and the *faenas*, which were communal work activities that did not officially have an association with PROGRESA, but which were organized by doctors or *promotoras* often with beneficiaries. Adato noted that the collective activities, as well as the trips the women made to pick up their cash transfers, were opportunities for them to leave their homes and their communities without their spouses.

Schubert and Huijbregts (2006) reported that beneficiaries in Mcinji social cash transfer perceived community leaders and relatives to be positive towards beneficiaries of the scheme. The community leaders and relatives of the beneficiaries as noted by Schubert and Huijbregts welcomed the Mcinji social cash transfer scheme because it reduces the overwhelming burden of social obligations on them.

Attanasio, Pellerano and Polanía (2008), like like Schubert and Huijbregts (2006) reported positive effect of cash transfer programmes on social networks. In their study comparing 28 groups in two similar neighborhoods in Cartagena, Colombia, one of which had been targeted for over two years by a conditional cash transfer program found groups which had benefited from CCC for two years to have much higher social capital in the neighborhood where the conditional cash transfer program *Familias en Acción* had operated for over two years than in a similar neighborhood where it had not yet started.

Miller (2009) also reported cash transfer to have a positive effect on relations between beneficiary households and other households in the community. In a study carried out in Malawi, Miller concluded that cash transfer in fact contributes to enhancement of social networks. Using a social network analysis of beneficiaries of Malawian Social Cash Transfer in February 2009, Miller found substantial sharing of inputs from social cash transfer households to households that were not benefiting from the transfer programme. The analysis by Miller sought to determine the type, value and frequency of inputs from SCT households to non-SCT households. The study involved heads of 93 SCT households. Out of the 93 SCT households in the village group that were interviewed, 87% reported providing inputs to non-SCT households at least once within the previous six months. Over six consecutive months, the group of SCT households reported providing inputs valued at \$1,017, which represents 14.8% of the total combined transfer that was paid to all beneficiaries in the village group.

While Schubert and Huijbregts (2006), Attanasio et al (2008) and Miller (2009) noted positive effects of cash transfer on the relations of beneficiary households and other households in the community, Rawlings and Rubio (2005) noted distribution of cash grants to household-level targeting to have the potential of affecting community relations when not all members of a community receive program benefits. The current study therefore sought to determine the feelings of relatives and neighbours towards the beneficiaries of OVC-CT in Bungoma County.

2.8 Influence of Cash Transfer on Economic Well Being of Households

Although cash transfers are accepted as an instrument of social protection, various negative perceptions exist about the role it should play in the society. While Son (2008) observed that CCT programs were increasingly perceived as an effective tool for poverty alleviation, Hilou and Soares (2008) noted that Sub-Saharan African countries still exhibited a deeply entrenched belief that SCTs and CCTs are handouts that would divert resources from investment in infrastructure, health and education. Examples of negative attitudes towards CCT were highlighted by Farrington et al. (2007) who noted that discussions around cash transfers in Sierra Leone were immediately met with fears of dependency. Similarly, Sumsorn (2009) observed that policy-makers frequently raise the concern that social cash transfers will create “dependency”.

Todd, Winters and Hertz (2010) also noted negative attitudes to exist towards cash transfers. Todd et al. noted that CCT programmes have been criticized for tending to focus on avoiding the intergenerational transmission of poverty by investing in the children of the poor rather than improving the productivity of poor adults. Todd et al. observed that this criticism of CCTs focus on avoiding the intergenerational transmission of poverty rather than improving the productivity of poor adults is premised on the argument that while the cash provided may help alleviate poverty, it does not, at least in the short-run, provide an exit out of poverty.

Various studies have been carried out on how CCT impact on various aspects of economy that could impact on poverty. Farrington et al. (2007) noted such studies analyzing the economic impacts of cash transfer programmes in different parts of the world to have

come up with different results. Farrington et al. noted that in some countries, the studies found cash transfers to have had positive economic impacts, contributing to poverty reduction, while in other countries cash transfers were found not have an impact on poverty reduction.

Zeza, de la Briere and Davis (2010) observed that there was evidence to suggest that social cash transfer programs may foster broader economic development impacts through changes in household behavior and through impacts on the local economy of the communities. According to Zeza et al., positive impacts of cash transfer on households result from changes in labor supply of different household members, investments in productive activities that increase the beneficiary household's revenue generation capacity, and prevention of detrimental risk-coping strategies. FAO (2011) noted cash transfers to have positive impacts on recipients of emergency relief, being able to inject cash into local markets, which has multiplier effects that can stimulate the local economy and help it recover.

According to FAO (ND), economic impacts of cash transfer occur as a result of changes in key aspects of behaviour of beneficiary households. Such changes in beneficiary household behaviour as noted by FAO manifest in the following areas:

- 1) The labour allocation of different household members
- 2) Investments that improve income-generation capacity, including crop and livestock production and non-farm business activities;
- 3) Investments that improve natural resource conservation such as sustainable land management practices and the use of productive inputs, including new cultivars;

- 4) Risk management, including adopting more profitable production strategies that enhance farmers' adaptive capacity, avoiding detrimental risk-coping strategies like distress sales and child school dropout
- 5) Decreasing risky income-generation activities (commercial sex, begging and theft)

Some studies have been carried out to establish the impact of cash transfers on economy in different countries. A study in Free State Province of South Africa using a purposive sample of 351 HIV-affected households found that the Child Support Grant had reduced the incidence of poverty among HIV-affected households by 8%, the poverty gap by 15% and the severity of poverty by 20% (Adato and Bassett, 2008). Another study carried out in Malawi found evidence that the cash transfer helped to influence economic development by enabling the poor to protect themselves against shocks, increasing the productive capacity and asset base of poor and vulnerable households and encouraging investment by reducing risk through the predictability of transfers (Miller, 2009). Miller further reported that the cash transfer influenced economic development in the country by stimulating demand for local goods and services and supporting enterprises in rural areas. The study in the Malawi Social Cash Transfer found that compared to non-recipients at the same economic level at baseline, after one year, SCT households experienced dramatic improvements in food security, with fewer days without food and more food stores (Miller, 2009).

2.8.1 Cash Transfers and Crop Farming

In a larger survey done by the Ministry of Agriculture, 44 percent of respondent said that PROCAMPO transfers allowed them to increase their input purchases, while another 17 percent indicated PROCAMPO transfers allowed them to start using purchased inputs (Sadoulet, de Janvry, and Davis et al, 2001).

Sadoulet, de Janvry, and Davis, (2001) in their study reported results that indicated a positive multiplier effect in agriculture, with every peso of PROCAMPO transfer generating, at mean value, 0.33 pesos in agricultural income. Further, Sadoulet et al reported a significant positive response of use of chemicals to PROCAMPO transfers. However, Sadoulet et al reported that the respondents had said that PROCAMPO transfers were not sufficient to induce changes in cropping patterns or in the extent of areas planted.

Todd, Winters and Hertz (2010) in their study found Oportunidades to have had a significant impact on the probability of using land, and on the per capita hectares of land used, in October, but not in May. They found Oportunidades to have increased the likelihood of using land by 5 to 6 percentage points in October (an increase of 16%), and around 4 to 5 percentage points in May (an increase of 12%), among households landless in 1997. For smallholders, we don't find a significant increase in the probability of use, but do observe an increase of about 20 per cent in the per capita area used. For the largest landholders, there are no significant effects of the programme. Thus, the programme increases entry into land use for those with previously limited land use and increases the scale of production for those with initially small areas of land.

In a study involving 365 treatment and 386 control households over the 2007 to 2008 period in Malawi found considerable evidence that the receipt of the SCT contributed to increased investment in farming assets among beneficiaries that was able to generate investments that could influence household productive capacity. In analyzing investments by looking at changes in the share of households with ownership of agricultural assets, such as hoes, axes, sickles and beer drums, the study found significant changes in reported ownership due to the transfer. The study found ownership of agricultural assets to have increased 16 per cent for hoes, 32 per cent for axes and 30 per cent for sickles (Covarrubias, Davis and Winters, ND).

2.8.2 Cash Transfers and Livestock Farming

As for the impact of cash transfer on livestock farming, Todd, Winters and Hertz (2010) found Oportunidades to have a positive impact on both the probability of owning livestock as well as the quantity owned. The result was found in both seasons, although the impact on per capita ownership in May 1999 (0.034 units, an increase of 24%) was more than double that in October 1998 (0.016 units or 11.7%). This was interpreted to indicate that recipient households were accumulating livestock over time, thereby improving their asset position. Todd Winters and Hertz (2010) observed that for the landless, the programme led to increased entry into livestock production of 4 percentage points (an increase of 6%) in October 1998. As for smallholders, Todd, Winters and Hertz (2010) reported that the programme increased entry in May 1999, and the per capita amount of livestock owned in both periods (21.6% in October and 26.9% in May).

Covarrubias, Davis and Winters (ND) in their study of impacts of cash transfers in Malawi found a great magnitude of the impact of cash transfer on livestock ownership, with goat and chicken ownership increasing by 52 and 59 per cent, respectively, due to the transfer. Covarrubias et al also found cattle ownership to record a significant increase, of approximately 1.5 per cent. They associated absence of a greater impact in cattle ownership to be a result of the large expense of buying cattle, the relative rarity of livestock keeping Malawian smallholders, or the perception by beneficiaries that investing in larger livestock may compromise their eligibility for the transfer.

2.8.3 Cash Transfers and Participation in Labour Market

There has been concern of possible reduction of adult work that result from CCTs in which case CCT becoming a disincentive for adult labour supply. Rawlings and Rubio (2005) noted the likelihood of cash transfers affecting household work incentives. Similarly, Fiszbein and Schady (2009) observed the likelihood of CCT leading to reduction of adult labour supply if the transfer resulted to more leisure and less work, or if the beneficiaries of CCTs came to believe that they need to supply less labour to become or to continue to be 'poor' and eligible for a means tested program.

In their analysis of impact of cash transfer on labour participation, Sadoulet et al (2006) reported that for households that participated in the labor market with the objective of relaxing liquidity constraints or of achieving portfolio diversification in their sources of income, cash transfers can lead to a reallocation of labor from the labor market to the farm. Sadoulet et al found the PROCAMPO effect to be negative on labor market participation. Sadoulet et al found that on the average, PROCAMPO transfers reduced

labor market participation by 9 percent (from 45.4 to 41.8 percent), while there was no significant effect on participation to self-employment activities. The finding of negative effect of PROCAMPO transfers on labor market participation was interpreted by Sadoulet et al to suggest that some households withdrew from the labor market in order to spend more time in agriculture once they gained access to the necessary liquidity.

A study was carried out Borraz and González (2009) in their study of the impact of Ingreso Ciudadano programme found a negative and significant effect of the programme. They found negative and significant effect of the programme on worked hours (mainly for women) only for the rest of urban county. In their calculation of the reduction in worked hours, they found a decrease in men's labour supply of 5.1% and a decrease in women's labour supply of 17% in the test of the urban country. However, they did not find any impact of the Ingreso Ciudadano program on participation rate and informality.

In another study on impacts of the Malawi Social Cash Transfer Scheme found that participation in low skilled agricultural wage activities dropped significantly (61%) for recipients in the programme (Covarrubias et al, ND). However, the study by Covarrubias et al, reported that participation in independent activities, such as on farm work or self employment in household enterprises, did not appear to be influenced by the SCT. Therefore, participation in agricultural activities reflects having cash sales of crop or livestock products, while participation in subsistence agriculture is not captured.

While Covarrubias et al (ND), Borraz and González (2009), and Fiszbein and Schady (2009) noted cash transfer programmes to have negative effects on labour participation,

Sumson (2009) observed that a number of studies had found that workers in households receiving social grants look for work more intensively and extensively and find employment more successfully than do workers in comparably poor households that do not receive the grants.

2.9 Summary of Literature Reviewed

The focus of literature review in this study was on the influence of cash transfer programmes on various aspects of social and economic wellbeing of households benefiting from such programmes. In reviewing literature on the influence of cash transfers on social wellbeing of households, there were major inconsistencies among various authorities. Some authorities indicated cash transfers to have positive influence on relations of families in the households, while others noted the cash transfer to have potential of negative influence on relations in the family. Rawlings and Rubio (2005) for instance noted distribution of cash grants directly to mothers to have an effect on resource allocations within households and on power relations in the household. Slater and Mphale (2008) on the other hand noted cash transfer to reduce gender conflicts but pointed to concerns over generational conflicts resulting from cash in households in which the elderly are taking care of orphans and vulnerable children. Lack of consistency among authorities on the influence of cash transfers on relations among members of households made the researcher in the current study to seek to establish the influence of OVC-CT on relations within beneficiary households.

Literature review also focused on the influence of cash transfer programmes on the social networks of households as important components of social capital. Analytical review of literature found disagreement among authorities on the nature of influence which cash transfers had on the social networks of households. Some authorities in literature reviewed indicated cash transfers to have positive influence on social network of households. Schubert and Huijbregts (2006), Attanasio et al (2008) and Miller (2009) for example pointed to positive effects of cash transfer on the relations between beneficiary households and other households in the community. Other authorities such as Rawlings and Rubio (2005) noted distribution of cash grants to household-level targeting to have the potential of affecting community relations. This study thus sought to establish the influence OVC-CT has on the relations between beneficiary households and the community.

Literature review further focused on the influence of cash transfer programmes on economic wellbeing of households. In the literature reviewed, there were inconsistencies in findings about the influence of cash transfers on economic wellbeing of households. Some authorities like Todd, Winters and Hertz (2010) noted cash transfers to have positive influence on economic aspects of households such as probability of using land, and on the per capita hectares of land used, while Son (2008) noted Bolsa Escola to have very little impact on poverty and inequality due to the small amount of transfers. Thus, this study sought to determine the influence OVC-CT had had on beneficiary households, considering the amount of money involved in the transfer to households.

2.10 Theoretical Framework

The study was based on Robert D. Putnam's 1995 theory of social capital. Putnam (2005) used the concept of social capital to mean features of social life- networks, norms and trust that enable participants to act together more effectively to pursue shared objectives. Putnam noted social capital to refer to social connections and the attendant norms and trust. He posited that norms, networks, and trust link substantial sectors of the community and to span underlying social cleavages. Putman (ND) noted the central idea of social capital to be the networks and the associated norms of reciprocity, which he noted to have value. Purman argued that networks and the associated norms of reciprocity has value for the people who are in them, and in some instances has demonstrable externalities. Putman thus posited that social capital has both public and private faces, having external returns or public returns and also private returns.

Putman (ND) noted that social capital is not homogeneous, arguing that some forms of social capital are good for some things and not for others. He noted social capital that serves civic ends to be closely related to political participation, but differ from political participation in the sense that social capital focuses on relations with one another, such as bowling in a league or having coffee with a friend. Putnam used the term civic engagement to refer to people's connections with life of their communities. He noted civic engagement to be correlated with political participation.

Putnam (ND) argued that there are multiple dimensions of social capital. He distinguished between highly formal and highly informal forms of social capital. He noted the highly formal social capital, such as a Parent-Teacher Association organisation or a national organisation of any sort, or a labour union to be well structured, with a chairman and a president, and membership dues. He defined highly informal social capital as a group of people who for example gather at the bar every Thursday evening. According to Putman, such group of people although highly informal, they constitute networks in which there can easily develop reciprocity, and in which there can be gains.

Putman (ND) distinguished between densely interlaced forms of social capital and those forms of social capital which are very thin, almost invisible. Putman noted for example a group of steelworkers who work together every day at the factory, go to Catholic Church every Sunday, and go out bowling on Saturday as a very dense, interconnected, multiplex form of social capital. On the other hand, he noted the very thin social capital to include networks and the associated norms of reciprocity that include simple acts like nodding acquaintance one has with a person he/she occasionally sees at the supermarket, while waiting in line. Putman noted such very casual forms of social connection has value in the sense that if one nods to people in the hall, they are more likely to come to his/her aid if he/she had a fit or had a heart attack, than if he/she did not nod to them, even if he/she did not otherwise know them. Putman noted a merely nodding to someone in the hall to generate visible, measurable forms of reciprocity.

Putman (2005) observed that not all social capital has good consequences for every one, but noted that all forms of social capital, like any form of capital, can be used to ends

that are in some instances destructive. He described various sets of indicators of social capital, the key ones being formal membership and participation in many different forms of informal networks. He noted social trust to be another important indicator. Putman singled out organised altruism as a slightly less direct measure of social capital. He argued that the people who give blood, give money, and have volunteered their time are people who are more connected. He posited that by far, the best predictor of philanthropy, is not how much money one has, but how many clubs one goes to or how often one goes to church. He observed that there is a very strong affinity between social connectedness and altruism.

Putman (ND) noted social capital to have public returns in various ways. He noted social capital to influence social and economic outcomes such as educational performance, child welfare, crime, health of the population, tendency for tax evasion, level of tolerance, inequalities, and individual happiness. He noted that crime in a society is strongly negatively predicted by social capital, which is true at the community and neighbourhood levels. He also noted a very strong evidence of powerful health effects of social connectedness. As for tax evasion, Putnam noted that the percentage of tax evasion is strongly related to differences in social capital at the state level. He observed that where people are connected by dense networks of engagement and reciprocity, they are more likely to comply with the law because they are more confident that others will also comply with the law and so they will not be "suckers" in this dilemma of collective action. He further noted that states where people are more connected with each other are also marked by greater tolerance and are more likely to do more to reduce inequalities.

Putnam (2005) noted that the theory of social capital presumes that the more people connect with other people, the more they trust them and vice versa. He noted with reference to America the following factors to cause erosion of social capital:

- 1) Busyness and time pressure;
- 2) Economic hardtimes or material affluence;
- 3) Residential mobility'
- 4) Suburbanization;
- 5) The movement of women into paid labour force and the stress of two-career families;
- 6) Disruption of marriage and family ties;
- 7) Changes in the structure of economy such as rise of chain stores, branch firms, and the service sector;
- 8) Cultural revolt against authority;
- 9) Growth of the welfare state;
- 10) The civil rights revolution;
- 11) Television, the electronic revolution and the technological changes; and
- 12) Breakdown of family unit of mam, dad and kids, as family in itself is a form of social capital.

Putnam (2005) posited that endemic economic pressures such as job insecurity and declining real wages, especially among the lower two thirds of the income distribution to influence social capital. He noted the possibility of financial pressures to cause erosion of social capital, arguing that people with lower incomes and those who feel financially

strapped to be less engaged in community life and are less trusting than those who are better off, even holding education constant.

Putman (2005) noted circumstantial evidence to suggest the cause of social disengagement to be big government and growth of welfare state. He noted the argument that by crowding out private initiative state intervention had subverted civil society. He observed that certain social expenditure and tax policies had created disincentives for civic-minded philanthropy.

Putman's social capital theory of 1995 was used in this study to help the researcher to organize various aspects of the study into a single explanatory framework. The theory was found appropriate Putnam (2005) noted the argument that certain social expenditure and tax policies had created disincentives for civic-minded philanthropy. The researcher thus sought to establish whether OVC-CT had killed communal acts of philanthropy as noted by Putnam in reference to America.

2.11 Conceptual Framework

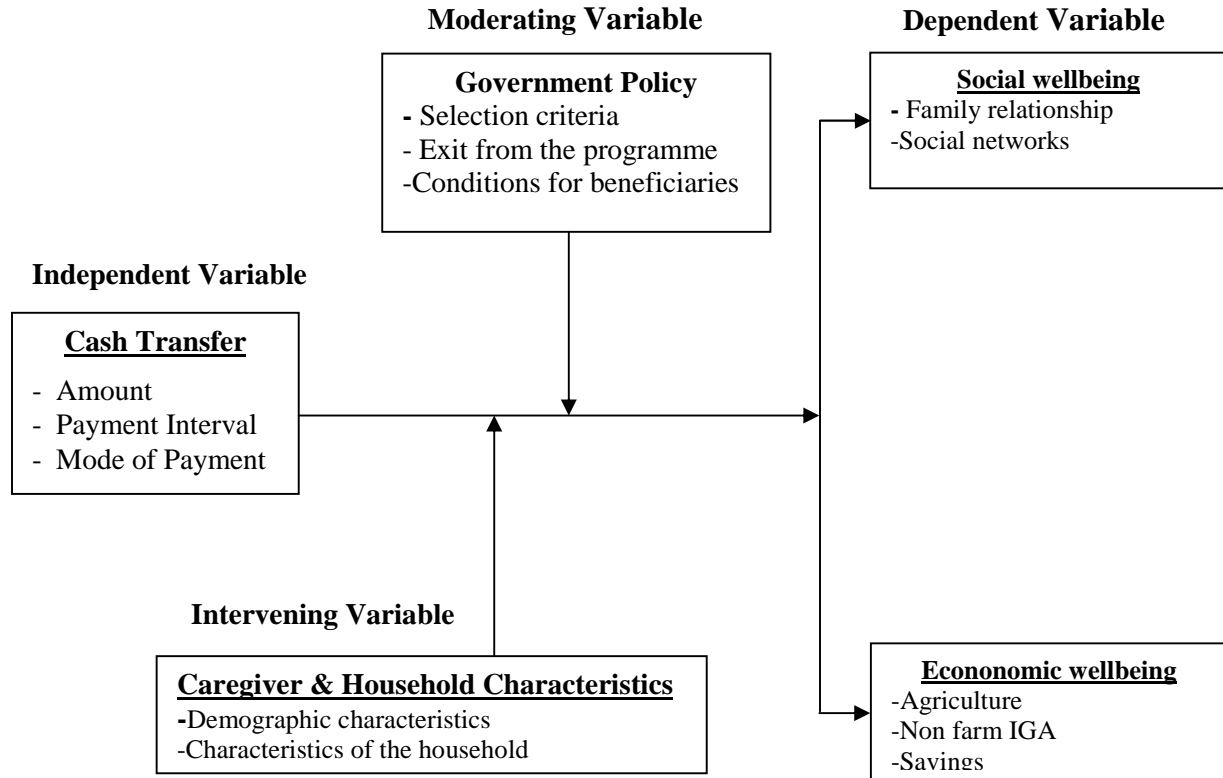


Figure 2.1: Conceptual Framework Showing Influence of Cash Transfer on Socio-Economic Development

The study sought to establish the influence of OVC-CT programme on the socio-economic wellbeing of the beneficiary household in Bungoma County. The independent variable in the study was cash transfer. The aspects of cash transfer as independent variable included the amount of money received by households, payment interval and mode of payment (see figure 1).

The study had two dependent variables, which were social wellbeing, and economic

economic wellbeing. Social wellbeing as a dependent variable was analysed in terms of relationships in the family, and social networks of the households benefiting from OVC-CT. Economic wellbeing was measured in terms of new investments and economic activities the household engages in.

Putnam (1995) in his theory of social capital noted disruption of marriage and family ties, social expenditure and tax policies put in place by the government to be some of the factors contributing to erosion of social networks and connectedness of people in America. Thus, in the study, the researcher introduced caregiver and household characteristics as intervening variables, and government policy as a moderating variable. The study envisaged that while receiving money from a cash transfer has the potential to influence social and economic wellbeing of the household, the nature and magnitude of the influence can vary on the basis of characteristics of the caregiver in the household, the size of the household and the government policy in relation to criteria for enrollment on the programme, conditions to be met by beneficiaries, use of the money, exit from the programme, and other support services the government has in place which beneficiaries can access.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methodology which was employed in the study. It describes the research design, the research area and the target population. It also includes a description of the sampling techniques, instrumentation, data collection procedures and data analysis.

3.2 Research Design

The study employed a descriptive survey research design. In employing a descriptive research design, the researcher sought to examine the influence of OVC-CT on social and economic wellbeing of households and to examine the views of the beneficiaries on measures needed to improve the programme. The decision to adopt a descriptive research design was guided by the observation by Mugenda (2008) that descriptive research designs are commonly used when examining social issues that exist in communities. Mugenda noted descriptive studies, because of their exploratory nature to be easier and simpler to conduct, yet quite important for providing foundation upon which correlational and experimental studies emerge.

3.3 Target Population

The target population for this study were caregivers from households benefiting from OVC-CT in Bungoma County and Children's Officers in the County. The study focused on caregivers who were enrolled on the programme in 2006. In 2006 OVC-CT programme was being implemented in five of the six constituencies that currently form Bungoma County, benefiting a total of 250 households (Bungoma District Children's Officer, 2006). In Sirisia constituency, the programme was in Namubila location. In Webuye constituency, the programme was in Misikhu location, while in Kimilili constituency the programme was in Township location. In Kanduyi constituency the programme was in Township location, while in Bumula constituency the programme was in South Bukusu location. The researcher chose to focus only on beneficiaries who were enrolled on the programme in 2006 because they had benefited from the programme for six years, which was long enough for the influence of the programme to be investigated.

3.4 Sample Size and Sample Selection

The sample for this study consisted of 75 heads of households that were benefiting from OVC-CT programme selected from three locations. The sample also consisted of two groups each comprising of 10 participants who took part in two Focus Group Discussions. The selection of a sample of 75 households was based on 30% of the 250 beneficiary households which were benefiting from OVC-CT in Bungoma County in 2006. Mulusa (1990) noted a sample size of 30% of the population studied to be representative of the population.

The study adopted a two stage multistage sampling approach in selection of the sample. A multistage sampling approach was adopted because it enabled constituencies and locations to be used as sampling units at various levels, thus permitting the study to be concentrated and at the same time to cover a wide area. Further, multistage sampling allowed for flexibility where simple random sampling approach was used at various stages of sampling, which is noted by Gupta (2008) to be an advantage of multistage sampling.

In the first stage of sampling, three constituencies were selected from the five constituencies in Bungoma County in which OVC-CT was in progress by 2006. Selection of constituencies was done using simple random sampling. In the second stage, households from which respondents for the study were sampled were selected. In sampling respondents for the study, a list of all caregivers registered on OVC-CT programme in the sampled OVC-CT locations was made. Each of the caregiver on the list of beneficiaries in the OVC-CT location in the constituency was assigned a number. Small pieces of papers were then cut, and numbers written on them to correspond with numbers assigned to names of caregivers on the list of OVC-CT beneficiaries in each location. The pieces of papers were then placed in a tin. The pieces of papers were then picked by blindfolding, and the caregiver on the list with a number corresponding to the number on the picked piece of paper was selected to participate in the study. Selection of caregivers of households from the lists of beneficiary households was done by simple random sampling, and was based on the lists of caregivers in households registered on the government supported OVC-CT programme in each location

3.5 Research Instruments

This study collected both primary and secondary data. Primary data for the study was collected using questionnaires and Focused Group Discussions. Secondary data was collected using document analysis schedules.

Collection of primary data mainly involved use of questionnaires. In total there were two questionnaires. The first questionnaire was used to collect data from caregivers registered on the government sponsored OVC-CT programme (see appendix A). The second questionnaire was used to collect data from District Children's Officers who implement OVC-CT in the districts (see appendix C).

The questionnaire for caregivers was divided into eight sections. Section One of the questionnaire sought information on demographic characteristics of the respondents. Section Two of the questionnaire collected information on the characteristics of households of caregivers, while Section Three collected information on OVC CT Membership. Section Four of the caregiver questionnaire sought information on use of OVC-CT money by households. In Section Five information on family relations was sought, while in Section Six, information on social networks of the participants was sought. In Section Seven, information on economic wellbeing of the households of the caregivers registered on the OVC-CT programme was sought. Section Eight sought information on measures to improve OVC-CT.

The children's officer questionnaire was divided into two sections (see appendix D). The first section sought demographic information about children officers. The second section of the Children's Officer Questionnaire sought information on use of OVC-CT money by beneficiary households.

Focus Group Discussions were based on a set of items that were designed to guide the discussions (see appendix B). The Focus Group Discussion guideline consisted of ten items, which were discussed by members of the group freely before conclusions being made on the key aspects studied. The Focus Group Discussions mainly sought to establish views of the members of the group on their perspective on the issues studied.

The information that was sought through Focus Group Discussions included use of OVC-CT money and the effect of OVC-CT on the relations within the household of the caregivers and the relationship between the household of the caregivers and their neighbours and relatives. The Focus Group Discussion guidelines also had items seeking information on effects of OVC-CT on economic wellbeing of the household.

In order to ensure objectivity in document analysis, a document analysis schedule was applied (see appendix D). Information sought from the documents which were analysed included the type of document, procedures and instruments used to collect data, procedure for data analysis, findings in the document and validity of conclusions and recommendations.

3.5.1 Piloting of the Study

The researcher carried out a pilot study in Namubila location in Bungoma county involving 10 households on OVC-CT programme. Namubila location was selected for piloting because it is one of the five locations in which OVC-CT programme was introduced in 2005.

Piloting was carried to enable the researcher to test out the research instruments to establish the ease of administration of the instruments, errors that could be in numbering and interpretation of the items on the instruments. The pilot study was also used to determine the suitability of the methods of data collection and analysis. During the pilot study, challenges that were observed in terms of clarity of items on the research instruments were used to improve the instruments as way of enhancing validity of the data obtained using the instruments. The pilot study involved two sessions of administration of research instruments.

The researcher administered the research instruments in the first session of administration, obtained the data and kept it. After the first session of administration of the instruments, the researcher waited for one month, and then re-administered the instruments to the same respondents to obtain the second set of data. The researcher decided to re-administer the questionnaire to the respondents in the pilot after one month because as Kumar (2005) noted, when the interval between the first and second administration is too short test-retest is affected by recall of responses by respondents. On the other hand, when the time span between first administration and the second administration is too long maturation factor comes into play to affect reliability. The

researcher thus decided on a span of one month between first administration and the second administration to reduce recall of responses and maturation factor. The researcher then analysed the first and second sets of data and computed the correlation coefficient between them to determine reliability of the questionnaire.

3.5.2 Validity of the Instruments

Validity is the ability of an instrument to measure what it is designed to measure. It is the degree to which the researcher has measured what he/she has set out to measure (Kumar, 2005). Nachmias and Nachmias (1996) defined validity as the extent to which an instrument measures what it purports to measure. It has to do with how accurately the data obtained in the study represents the variable of the study.

The researcher sought to determine the content validity of the questionnaires as a way of ensuring the data collected using the questionnaires represent adequately the domains of the variables that were measured. Content validity as noted by Kumar (2005) is the judgement of the degree to which an instrument is measuring what it is supposed to measure and is primarily based upon the logical link between questions on the research instrument and objectives of the study. This method of determination of validity was adopted by the researcher because its advantage of being easy to apply as observed by Kumar (2005).

In this study, expert judgment of content validity was employed. In employing expert judgement, assistance and opinion of the researcher's supervisor, and other research experts in the School of Continuing Education of the University of Nairobi was sought to assess the relevance of the content in the research tools against the objectives of the study. The decision to use expert judgement as a method of determining validity was guided by Kothari (1990) who observed that the determination of content validity is primarily judgemental and intuitive, and can be determined using a panel of persons who judge how well the instrument meets standards. On this basis, the suggestions that were obtained from the experts consulted were used to improve the items on the questionnaires which were used in this study.

3.5.3 Reliability of the Instruments

According to Kumar (2005), reliability is a measure of consistency, stability, predictability and accuracy of an instrument. Nachmias and Nachmias (1996) defined reliability as the extent to which a measuring instrument contains variable error, error that appear inconsistently from observation to observation during any one measurement attempt or that vary each time a given unit is measured by the same instrument. Kumar (2005) notes that the greater the consistency and stability of an instrument, the greater is its reliability.

The researcher employed a test-retest method of estimating reliability of the instruments used in this study. This is because of its advantage of permitting the instrument to be compared with itself, thus avoiding the sort of problems that arise when another instrument is used.

In applying test-retest to estimate the reliability of the instruments, the correlation coefficient between the first set of data obtained from the first session of administration of the questionnaire and the second set of data obtained from the second session of administration of the questionnaire was computed. The researcher computed the Karl Pearson coefficient of correlation between the data obtained from the first set of administration, and that obtained from the second session of administration of the questionnaire, and obtained an overall correlation coefficient of 0.79. This correlation coefficient between the two sets of data was considered to be acceptable for this study, because it was very close to 0.80, which Mugenda (2008) notes to be indicative of a high degree of reliability of data obtained by the instruments.

3.6 Data Collection

Questionnaires and focus group discussions were used to collect data for this study. Before proceeding to the field to collect data, the researcher obtained authority from the Board of Post Graduate Studies of the University of Nairobi to procure a permit from the National Council of Science and Technology for carrying out the study. Having obtained a research permit, the researcher went to the field to personally collect data. Collecting data personally enabled the researcher to explain the purpose of the study and to clear any suspicions from the participants in the study about the use of information they provided. Further, personal collection of data enabled the researcher to verify information obtained through observation. While in the field, the researcher only administered research instruments to respondent after seeking their permission through reading to them a letter seeking their consent to participate in the study (see appendix G)

Data collection was only done within the home of the respondent. This was to ensure that data collection was done within similar conditions throughout the study. Data collection within the home also enabled the researcher to verify information given by respondents about economic wellbeing of the households in relation to their farming and livestock keeping. Before collecting information from respondents, consent of respondents was sought. Those not willing to participate in the study were left out.

3.7 Data Analysis Procedures

The data obtained from the field was organized on the basis of source and serial numbers of the data pieces. The data was then inspected for completeness and then edited for errors. Before coding the data, all the data pieces from all instruments were identified and a list of all of them made. The researcher then read through all listed items and responses to the items. This enabled the researcher to identify the most common responses for each item on the instrument. For all items, all the possible response categories were listed and assigned an item number, item name, response category name and a number code to form a coding frame. The coding frame enabled the researcher to standardize data from many respondents so as to make sense of it, and also enabled the researcher to transfer the raw data from the data pieces onto data display sheet. From the code frames, a code book was developed. Coding enabled the researcher to account for all respondents, and all items on each data piece, and display all data on one sheet that could be read at glance, which made analysis easy. After entering the data onto a display sheet, descriptive statistics including means, percentages, and standard deviations were computed.

3.8 Observance of Ethical Standards in the Study

Care was taken to ensure strict observance of ethical principles, standards and codes in the study as follows. As part of observance of ethical standards in the study, every participant in the study was notified of the aims, methods and benefits of the research and his/her right to refuse participation in the research or to terminate participation at any time. Further, there was no pressure or inducement of any kind applied to encourage an individual to participate in the study.

The researcher kept the identity of participants strictly confidential. At the end the study, the researcher ensured that any information that could reveal the identity of the participants was destroyed. The researcher also avoided inclusion of information revealing the identity of any participant in the final report. In order to reduce possibility of harmful psychological consequences of the study on respondents, items that were highly intrusive, offensive and immoral were avoided, and administration of questionnaires was done in confidence.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter presents results of descriptive statistical analyses of the data, their interpretation and discussion. The results are reported in two sections. The first section describes the demographic characteristics of the respondents who participated in the study. The second section presents findings with respect to the variables in the objectives of the study.

4.2 Questionnaire Return Rate

During the study, 75 questionnaires were directly administered by the researcher to the respondents. This ensured that all questionnaires were fully filled by the researcher, which enabled the researcher to achieve 100% questionnaire return rate.

4.3 Demographic Characteristics of Respondents

The respondents in this study comprised of caregivers registered on OVC-CT cash transfer programme in Township, South Bukusu and Kimili locations of Bungoma County. The respondents for the study were sampled from 40 villages from three locations (see appendix E).

4.3.1 Gender of Respondents

Out of 75 respondents sampled in the study, 65 (86.7%) were women, while 10 (13.3%) were men. This was because most of the caregivers registered on OVC-CT were dominantly women. Most of caregivers registered on the programme were women because OVC-CT programme design in Kenya preferred disbursement of money through female caregivers on the premise that women are more likely to utilize the money they receive from the programme for the benefit of children in the household than men.

Kenya's preference for transferring money through women was similar to that adopted in Nicaragua's Red de Protección Social (RPS). Nicaragua's RPS, which became one of the world's most widely recognised CCTs for the impact it had on the education and health of beneficiary children consisted of payments of cash transfers that were distributed to a female head of the household (Moore, 2009). The percentage of female respondents in the current study was higher than that reported in the evaluation of the Kalomo Pilot Social Cash Transfer Scheme in which the percentage of female beneficiaries were reported to constitute 66%, while male beneficiaries were 34% (Schubert, 2005).

4.3.2 Age of Respondents

Most of the respondents in the study were elderly people, with ages ranging from 25 years to 84 years. The mean age was 54.7 years with a standard deviation of 14.5. The high average age of respondents was because age was one of the factors considered in targeting beneficiaries for the study. The programme mainly targeted elderly people who

were caring for orphans and vulnerable children. Thus, people with advanced age were given high priority in targeting of beneficiaries. However, the average age of the respondents in the current study was lower than the average of beneficiaries in the Kalomo Pilot Social Cash Transfer Scheme in which the number of households headed by elderly (over 64 years old) constituted 54% of beneficiaries (Schubert, 2005).

4.3.3 Marital Status of Respondents

This study sought information on marital status of respondents who took part in the study (see table 4.1).

Table 4.1 Marital Status of Respondents

| <u>Category</u> | <u>Frequency</u> | <u>Percentage</u> |
|------------------------|-------------------------|--------------------------|
| Widowed | 47 | 62.7 |
| Married | 21 | 28.0 |
| Single | 04 | 5.3 |
| Separated | 02 | 2.7 |
| Divorced | 01 | 1.3 |
| Total | 75 | 100 |

As shown in table 4.1, out of the 75 the respondents in the study, 47 (62.7%) were widowed, while 28% were living with their spouses (see table 4.1). This was interpreted to mean that a very high proportion of caregivers registered on OVC-CT were widows. It also meant that most of orphans and vulnerable children in BungomCounty are being cared for by elderly women who are widowed. Children under care of widowed

caregivers do not have two adult caregivers who can provide them balanced role models to help them grow up appreciating roles of male and female adults in a family.

Marital status of caregivers of children can significantly determine the relationship within the family, and also the relationship between a household and neighbours. This is because it can determine the range of people who interact with the household, and therefore the range of people children in the household can interact with. Marital status of caregivers also has an influence on the economic wellbeing of the households. In the case where OVC are being cared for dominantly by elderly women who are widowed imply that OVC under such circumstances are not exposed to adults who can adequately mould them to fit in the modern society whose demands on children are different from the knowledge and skills which such elderly widows can impart in the OVC under their care.

4.3.4 Education of Level Reached by Respondents

The study sought information on the highest level of education reached by respondents as part of demographic data.

Table 4.2: Highest Level of Education Reached By Respondents

| <u>Educational Level</u> | <u>Frequency</u> | <u>Percentage</u> |
|--------------------------|------------------|-------------------|
| Primary | 34 | 45.3 |
| None | 20 | 26.7 |
| Secondary | 20 | 26.7 |
| Tertiary | 1 | 1.3 |
| Total | 75 | 100 |

As shown in table 4.2, the highest number of respondents had reached primary level of education. Only one respondent (1.3%) reported to have reached tertiary level of education. This was interpreted to mean that beneficiaries registered on OVC-CT were generally of low educational attainment. 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. Further, caregivers of higher education attainment are more likely to inspire, encourage and support children under their care to regularly attend school than those of low education attainment. Thus, the low educational attainment of the respondents in the study was interpreted to mean that OVC in Bungoma County, being cared for by

caregivers of low educational attainment means that they lack the necessary support in their educational endeavours.

Demographic characteristics of caregivers are important factors that can determine the influence which OVC-CT programme can have on beneficiaries. In itself, demographic characteristics can have a bearing on the nature of relations within the family, and between a household and neighbours. It can also have an influence on the economic wellbeing of the household, with households whose caregivers are old, widowed and with low education attainment being more disadvantage.

4.4 Respondents' Household Characteristics

The key aspects of the household characteristics on which the study sought information were the overall size of the respondent's household, the number of children in the household and the number of children fostered in the household.

4.4.1 Size of Respondent's Household

Table 4.3 presents information on the number of people who were living in the respondents' households.

Table 4.3: Size of Respondents' Households

| <u>Number of People</u> | <u>Frequency</u> | <u>Percentage</u> |
|-------------------------|------------------|-------------------|
| One | 1 | 1.3 |
| Two | 1 | 1.3 |
| Three | 2 | 2.7 |
| Four | 7 | 9.5 |
| Five | 8 | 10.7 |
| Six | 9 | 12.0 |
| Seven | 13 | 17.3 |
| Eight | 11 | 14.7 |
| Nine | 2 | 2.7 |
| Ten | 4 | 5.3 |
| Eleven | 9 | 12.0 |
| Twelve | 2 | 2.7 |
| Thirteen | 2 | 2.2 |
| Fifteen | 3 | 4.0 |
| Eighteen | 1 | 1.3 |
| Total | 75 | 100 |
| Mean | 7.7 (8) | |
| Std Deviation | 3.3 | |

The number of people in the respondents' households ranged from a single person in the smallest household, to 18 members in the largest household as shown in table 4.3. Out of the 75 households sampled, the highest proportion (17.3%) had seven members, followed by households that had eight members (14.7%). On the overall, the average size of respondents' households had eight members. This was interpreted to mean that the size of households registered and benefiting from OVC-CT in Bungoma County were generally large, having large numbers of people who in one way or another benefit from the money transferred to the caregiver of the household from OVC-CT. The average household size in beneficiary households in Bungoma County was higher than the average of six found by World Food Programme (WFP) in seven districts of Narok, Nyeri North, Meru North, Machakos, Lamu, Koibatek, and Mbeere. It was also higher than the national average household size of five members. WFP in November 2011 undertook a baseline survey in the seven districts to provide information on households for introduction of cash transfer in the districts following the drought of 2011.

The overall size of the household is important in determining the needs of the household in terms of food, clothing and medication. If the household is large, this means that the funds received in the household are used to meet needs of a large number of people, making them inadequate to meet needs of members of the household, compared to small household. The large size of households benefiting from OVC-CT in Bungoma County can determine the overall influence of OVC-CT on the social and economic wellbeing of beneficiary households.

4.4.2 Children Cared for in Respondent's Households

The study sought information on the number of children in respondent's households.

Table 4.4: Number of Children in Respondents' Households

| <u>Number of Children</u> | <u>Frequency</u> | <u>Percentage</u> |
|---------------------------|------------------|-------------------|
| Zero | 1 | 1.3 |
| One | 3 | 4.0 |
| Two | 11 | 14.7 |
| Three | 13 | 17.3 |
| Four | 16 | 21.3 |
| Five | 16 | 21.3 |
| Six | 6 | 8.0 |
| Seven | 6 | 8.0 |
| Nine | 1 | 1.3 |
| Twelve | 2 | 2.7 |
| Total | 75 | 100 |
| Mean | 4.3 | |
| Std Deviation | 2.2 | |

On the overall, the average number of children in the sampled households was 4.3 (four) children, with a standard deviation of 2.2. This was interpreted to mean the number of children in households benefiting from OVC-CT was large. As shown in table 4.4, 16 (21.3%) households had four children. Similarly, 16 (21.3%) households had five

children. The highest number of children in the sampled households was 12, while one household did not have any child living in it, despite caring for orphans and vulnerable children being one criterion for enrollment of households on the programme. Perhaps this was because the children who made the household to be enrolled on the programme five years earlier had grown up, falling out of the 18years bracket for definition of a child.

4.4.3 Fostering of Children in Households

Out of the 75 households sampled for the study, 65 (86.7%) were fostering children. Only 10 (13.3%) of the households were not fostering any children. The average number of children fostered in the sampled households was 3.22 (3 children), with a standard deviation of 2.4. Out of the 65 households that were fostering children, 46 (70.8%) of the respondents indicated the children they were fostering to have been grandchildren. On the other hand, 10(15.4%) indicated the children they were fostering were nephews/nieces, five respondents (7.7%) were fostering stepchildren, while four respondents (6.2%) indicated they were fostering their siblings.

Table 4.5: Number of Children Fostered in Respondents' Households

| <u>Children Fostered</u> | <u>Frequency</u> | <u>Percentage</u> |
|--------------------------|------------------|-------------------|
| Zero | 10 | 13.3 |
| One | 6 | 8.0 |
| Two | 15 | 20.0 |
| Three | 15 | 20.0 |
| Four | 12 | 16.0 |
| Five | 5 | 6.7 |
| Six | 6 | 8.0 |
| Seven | 3 | 4.0 |
| Nine | 2 | 2.7 |
| Twelve | 1 | 1.3 |
| Total | 75 | 100 |

4.5 Enrollment to Cash Transfer Programmes

The study sought to determine the length of time the respondents had been benefiting from OVC-CT programme, the schedule of payment of money from the programme, amount of money received per payment schedule and the mode of payment. Out of 75 respondents, 69 (92.0%) reported they were first enrolled on OVC-CT in 2005, while 6(8%) reported they were enrolled on the programme in 2006. This was interpreted to mean that majority of beneficiaries of OVC-CT in Bungoma County had been benefiting from the programme for seven years. This was long enough for the impacts of the cash transfer to manifest clearly among the beneficiary households.

All the respondents indicated that they were not beneficiaries of any other cash transfer programme apart from OVC-CT. Further, all the respondents indicated they were receiving Kshs 2000 from OVC-CT per month, which was paid out after every two months through Post Office. The respondents indicated that the amount of money paid to them had been increased twice since the programme was started. Document analysis of annual reports on OVC-CT found that the amount paid to the household in 2005 when the programme was first started in Bungoma County was Kshs 500. The amount had been increased to Kshs 1500 per month in 2006, and later on to Kshs 2000 in 2011. The Children's Officer indicated that equal amount of money is paid to beneficiary households irrespective of the number of people who live in the household, or the number of children who are cared for in the household.

The design of OVC-CT in Kenya as operating in Bungoma County was similar to Nicaragua's *Red de Proteccion Social* which had nutritional and educational components in which transfers were at household level (Moore, 2009). However, it differed from that of Malawi's Mchinji Social Cash Transfer Pilot Scheme in which the monthly cash transfers varied according to household size and took into account the level of education at which children in the beneficiary households were enrolled (Schubert and Huijbregts, 2006).

4.6 Use of Cash Transfer Money by Beneficiaries

The first objective of this study was to establish how caregivers registered on Orphans and Vulnerable Children Cash Transfer in Bungoma County use the money transferred to the households. The study sought to determine the main use of OVC-CT money by caregivers, how decisions on use of the money were made, and whether there were conflicts in the beneficiary households over the use of the money.

4.6.1 Main Use of OVC-CT Money in Households

The study sought to determine the main use of OVC-CT money in the households.

Table 4.6: The Main Use of OVC-CT Money in the Beneficiary Households

| <u>Main Use</u> | <u>Frequency</u> | <u>Percentage</u> |
|-----------------|------------------|-------------------|
| Education | 52 | 69.3 |
| Food | 11 | 14.7 |
| Treatment | 5 | 6.7 |
| Business | 3 | 4.0 |
| Clothes | 2 | 2.7 |
| Farming | 2 | 2.7 |
| Total | 75 | 100 |

As shown in table 4.5, out of 75 respondents, 52(69.3%) indicated that they were mainly using the money from OVC-CT to meet educational needs of the children in their households. Other respondents reported the main use of the money they receive to be

buying food, while others indicated treatment, clothes, business and farming respectively as the main use of the money they receive from OVC-CT.

The high percentage of respondents indicating they used the money from OVC-CT to pay for education needs was interpreted to mean that the highest proportion of OVC-CT money received by beneficiaries in Bungoma County is used in educating children in the households. Focus Group Discussions, one for men and one for women, both noted that most of the money from OVC-CT is used by beneficiary households for meeting educational needs of children. However, the children's officer indicated that most of the OVC-CT money is used by beneficiary households to buy food. This result contrasted with a finding by Sadoulet et al. (2001) who reported many farmers to use their PROCAMPO receipts for farming. Sadoulet et al reported that 70 percent of the households in their survey indicated they used the PROCAMPO money to purchase inputs.

The finding of this study that most of money received from OVC-CT being used for educational needs also disagreed with findings by Slater and Mphale (2008) in their study in Mohale's Hoek and Maseru districts of Lesotho who reported that cash transfers were used primarily to buy food and to meet other basic household needs, such as candles and paraffin. However, Slater and Mphale noted that the cash transfers were also used to enable children to attend school and to invest in livelihoods, though less frequently. If the beneficiaries of OVC-CT indeed used the money from OVC-CT to invest in education, this will in the long run have a positive impact on human capital development, and so reduce intergenerational transmission of poverty in in the households and Bungoma County in general.

4.6.2 Decision on Use of Cash Transfer Money

The study sought to establish how the decision about how the OVC-CT money was used in the household was arrived at. Out of 75 respondents, 74 (98.7%) indicated that decisions about what the OVC-CT money was used for were made by the respondents themselves as caregivers registered on the programme. Only one respondent indicated that the decisions about how OVC-CT money was used were made by a spouse. This finding was interpreted to mean that caregivers registered on OVC-CT have control over use of money from OVC-CT exercise freedom in deciding what the money is used for. The registration of caregiver and decision of having the money transferred through woman was on the basis that they are more likely to make right decisions on the use of the money that ensures maximum benefits for children in the households. Thus, fact that a very high majority of respondents indicating that they are the ones who make decisions on how the money transferred to the households is used fitted well with the intention of the programme.

4.6.3 Participation in Making Decisions Over Use of Cash Transfer Money

The study sought to establish whether caregivers sought participation of spouses and children in their households in making decisions on how the money they received was used in the households. Out of the 24 respondents who were either married and living with their spouses or were separated, 16 (66.7%) indicated they never involved their spouses in making decisions about how OVC-CT money was used in the household. Only eight respondents who were living with their spouses (33.3%) indicated they involved their spouses in making decisions about the use of the money. Further, out of the 74

respondents with children in their households, 57 (76%) indicated they did not involve children in their households in making decisions on how the OVC-CT money was used in the household. Only 17 (23%) indicated that children in their households were involved in making decisions on how the money from OVC-CT was used in the household.

The finding of majority of respondents indicating they did not involve members of households in deciding how OVC-CT money was used in households was interpreted to mean there is very low participation of members of families in making decisions on how the money is used in households benefiting from OVC-CT in Bungoma County. In the two FGD, participants reported that children are never involved in deciding how OVC-CT money is used for fear that they can become rude to adults. The Children's Officer of Bungoma South Confirmed that indeed children are hardly involved in making decision about use of OVC-CT money. She noted that in most households, OVC-CT is strictly an adult affair. She noted that in many household, children were not even aware that they were registered on OVC-CT, and that the government was helping them.

The high percentage of caregivers indicating that children in the households did not participate in deciding how money received from OVC-CT was against key instruments that provide for children rights. In Article 7, the African Carter on the Rights and Welfare of Children provides that every child who is capable of communicating his or her own views shall be assured the rights to express his opinions freely in all matters and to disseminate his opinions subject to such restrictions as are prescribed by laws (University of Minesota, 1999). Participation in decisions about use of cash transfer money by children in the households can have benefits for the programme

implementation, individual children and the beneficiary households. Involvement of children can help in reducing risk of inappropriate use of the money. Further, seeking views of spouses and children on how the money is used has the advantage of building consensus in the household, which can reduce conflicts over the money, for every member can appreciate why the money is spent on certain household matters. In particular, involvement of children in making decision over use of OVC-CT money can help them to appreciate the need for financial planning, which can benefit them in their adult life. Participation of children is also one of the rights of children provided for under the United Nations Convention on the Rights of Children, and in the African Charter on the Rights and Welfare of Children.

4.6.4 Proper Use of Cash Transfer Money in Households

The study sought to determine whether money received by beneficiaries from OVC-CT was properly used in the households to benefit children. Out of 75 respondents in the study, 74 (98.7%) indicated that the money they received from OVC-CT was used properly in their households. Only one respondent (1.3%) indicated that the money received from OVC-CT was not used properly in her household. Similarly, Focus Group Discussions for men and women agreed that money received from OVC-CT was well utilized in the households. However, they pointed out that there were some few cases where the money was not well used to benefit children in households.

The Children's Officer of Bungoma South District confirmed that majority of caregivers used money from OVC-CT properly for the benefit of children in the households. She however observed that there were cases where caregivers misused the money received from OVC-CT. She noted that some caregivers were not straightforward, saying that they even cheated on the amount received and used the money for their own purposes not directly beneficial to children in households.

The way in which money is used is important in enabling a household to achieve harmony in the family. If money received in a household is not put to good use, it can lead to conflicts in the household. On the other hand, if the money received in the household is properly used, it can help to enhance good feelings and cohesion in the family, which are necessary for social stability of the family. Besides, proper use of money received in the household can help them family to make good economic choices, which can help the household to achieve some level of economic development. This makes the issues of usage of the money receive by caregivers from OVC-CT to be important in implementation and evaluation of OVC-CT programme.

4.6.5 Conflicts over Use of Cash Transfer Money in Households

The study sought to determine a possibility of conflicts arising over use of OVC-CT money in the beneficiary households. Out of 75 respondents, 70(93.3%) indicated there had never been any conflicts in their households over the use of OVC-CT money. Only five (6.7%) respondents indicated that there had been conflicts in their households over the use of OVC-CT money. Out of the five respondents who indicated there had been conflicts in their households over use of OVC-CT money, three indicated the conflict to

have involved them and their husbands, while two respondents indicated the conflict was with their children.

4.6.6 Causes of Conflicts over Cash Transfer Money in Households

The study sought to determine what caused the conflict among the households of respondents who had reported conflicts over use of OVC-CT.

Table 4.7: Cause of Conflict over Use of Cash Transfer Money

| <u>Couse of Conflict</u> | <u>Frequency</u> | <u>Percentage</u> |
|----------------------------------|------------------|-------------------|
| Demand for Share of Money | 2 | 2.7 |
| Non Involment in Decision Making | 1 | 1.3 |
| Demand for First Priority | 2 | 2.7 |
| No Conflict | 70 | 93.3 |
| Total | 75 | 100 |

As presented in table 4.7, 2 (2.7%) respondents indicated conflict with their husband over use of OVC-CT money was caused by their husbands demanding a share of OVC-CT money for drinking. One respondent reported the conflict with her husband over OVC-CT money was caused by non involvement of her husband in making decisions over the use of the money. The two respondents who said they had had conflicts with children reported the conflicts to have been caused by the children demanding to be given first priority in use of OVC-CT money. The children wanted the money to be used to pay their school fees first, without consideration of other children in the households and their needs.

The study sought to establish whether respondents had heard of conflicts over use of OVC-CT money in other beneficiary households. Out of the 75 respondents, 57 (76.0%) indicated they had never heard of conflicts over use of OVC-CT money in other beneficiary households. However, 18 (24%) respondents indicated that they had heard of conflicts over use of OVC-CT money among other beneficiary households. Focus Group Discussion for men and the one for women agreed that there were very few cases where conflicts had been reported over the use of OVC- CT money. The Focus Group Discussions concluded that where the money was well used, it had helped improve relations in the households, noting that there were very few cases where sharing out of the money or the question of who to decide how the money was to be used had led to conflicts. The District Children's Officer for Bungoma South indicated that there had been some reports of conflicts over the use of OVC-CT between registered caregivers and their spouses, and also between registered caregivers and the children in their households. But she noted that cases of conflicts were very few. This was interpreted to mean that cases of conflict over use of OVC-CT money in beneficiary households were few.

The finding of a high percentage of respondents indicating that their households had not had conflict over use of OVC-CT money, and also a high percentage reporting they had not heard of conflicts in other beneficiary households was interpreted to mean that generally there were very few conflicts over use of OVC-CT money in households in Bungoma County. Conflicts over use of money can lead to division within a household which does not provide conducive environment for social, psychological and physical development of children and other members of the household. Further, conflicts in a

household can greatly hamper economic development of the household, making poverty to persist in a household.

4.7 Influence of Cash Transfer on Social Wellbeing of Households

The second objective of this study was to determine the influence of Orphans and Vulnerable Children Cash Transfer programme on the social wellbeing of beneficiary households in Bungoma County. Social wellbeing of the beneficiary households was analyzed in terms of relations among members of beneficiary households, and also in terms of the social networks of the beneficiary households, which was conceptualized as the relationship between the beneficiary households and neighbours and relatives.

4.7.1 Quality on Family Relations in Cash Transfer in Households

The study sought to establish the quality of relations among children in OVC-CT beneficiary households.

Table 4.8: Relations among Children in Beneficiary Households

| <u>Item of Relationship</u> | <u>Not at all</u> | <u>Slightly</u> | <u>Very Much</u> | <u>Mean</u> |
|---------------------------------------|-------------------|-----------------|------------------|-------------|
| Like talking to each other | 0 | 1 | 74 | 1.99 |
| Supportive of one another | 0 | 3 | 72 | 1.96 |
| Like one another | 0 | 1 | 74 | 1.99 |
| Respect one another | 0 | 2 | 73 | 1.97 |
| Exhibit a sense of play and humor | 0 | 5 | 70 | 1.93 |
| Respect for one another's the privacy | 0 | 6 | 69 | 1.92 |
| Love serving one another | 0 | 0 | 75 | 2.00 |
| Like spending time together | 0 | 7 | 68 | 1.91 |
| Like talking to caregiver | 0 | 3 | 72 | 1.96 |
| Can confide in caregiver | 3 | 1 | 71 | 1.91 |

As shown in table 4.8, an overwhelming majority of respondents indicated that children in the sampled cash transfer beneficiary households liked talking to each other very much (98.7%) were very much supportive of one another (96%), and liked one another (98.7%). Further, a high majority of respondents indicated the children in the

households respected one another very much (97.3%), exhibited a sense of humour to one another very much (93.3%), respected one another's privacy very much (92.0%) and loved serving one another very much (100%). The aspect of relationship which had the lowest score was children spending time together (90.7%). Perhaps this was because children of different ages spent most of their time in school, and when they were at home they were assigned different tasks that influenced how much time they can spend together. This finding was interpreted to mean that children in the sampled households enjoyed good relations with one another.

As for the relationship between the children in the beneficiary household and the respondents, a large majority of respondents (96%) indicated the children liked talking to them very much. On the other hand, 94.7% of the respondents indicated that the children in the households confided in them very much when something bad happened. However, 4.0% of respondents indicated the children in the households could not confide in them at all if something bad happened to them. These results were interpreted to mean that generally caregivers of the households sampled in the study enjoyed good relations with children in households. It was interpreted to mean caregivers benefiting from OVC-CT in Bungoma County had good relations with children they were caring for. Focus Group Discussions concluded that the relation between children in OVC-CT beneficiary households, and the relations between caregivers and children in households benefiting from OVC-CT was good. The District Children's Officer for Bungoma South district confirmed that generally the relationship between OVC-CT beneficiary caregivers and the children in the households was good.

4.7.2 Change in Family Relations After Enrollment on Cash Transfer

The study sought to establish whether relations in the sampled households had changed after enrolment on the OVC-CT programme. Out of the 74 respondents from the sampled households that had children, 48 (64%) indicated there was a change in relationship among children in the households after enrolment on the OVC-CT programme. Only 26 (34.7%) of the respondents indicated there had been no change in the quality of relations among the children after enrolment of the household on OVC-CT programme.

4.7.2.1 Nature of Change in Relations among Children in Households

The study sought to establish the nature of change in the relations among children in the households after the households were enrolled on OVC-CT programme.

Table 4.9: Nature of Change in Relations among Children in Household

| <u>Nature of Change in Relations</u> | <u>Frequency</u> | <u>Percentage</u> |
|--------------------------------------|------------------|-------------------|
| Improved | 42 | 56.8 |
| Happier | 1 | 1.4 |
| Friender | 2 | 2.7 |
| Love one another more | 1 | 1.4 |
| More Peaceful | 2 | 2.7 |
| No Change | 27 | 36.5 |
| Total | 74 | 100 |

As shown in table 4.8, out of the 74 respondents who had children in their households, 42 (56.8%), reported that the quality of relations among the children had improved after they were enrolled on OVC-CT. Two respondents (2.7%) indicated the children were friendlier with one another, while another two respondents (2.7%) indicated the children were more peaceful with one another. This finding was interpreted to mean that OVC-CT had contributed to improvement of relations among children in beneficiary households in Bungoma County.

4.7.2.2 Change in Relations between Caregivers and Children in Households

The study also sought to establish whether there was a change in relationship between the children and the respondents who were registered as principal caregivers of children in the OVC-CT beneficiary households.

Table 4.10: Nature of Change in Relations between Children and Caregiver

| <u>Nature of Change in Relations</u> | <u>Frequency</u> | <u>Percentage</u> |
|--------------------------------------|------------------|-------------------|
| Improved | 43 | 58.1 |
| No Change | 31 | 41.9 |
| Total | 74 | 100 |

Out of the 74 respondents, 43 (58.1%) indicated that their relationship with children in the households had improved after their households had been enrolled on OVC-CT. On the other hand, 31 (41.9%) indicated there was no change in their relationship with children in their households. This finding of a high percentage of respondents reporting improvement in relationship with children in households after enrollment on OVC-CT

programme was interpreted to mean that cash transfer had contributed to improvement of the relationship between caregivers and children in beneficiary households in Bungoma County.

4.7.2.3 Change in Relations with Spouse

The study sought to establish whether OVC-CT had had an influence on the relationship between the registered caregivers on the project and their spouses.

Table 4.11: Change in Relations between Caregiver and Spouse

| <u>Nature of Change in Relations</u> | <u>Frequency</u> | <u>Percentage</u> |
|--------------------------------------|------------------|-------------------|
| Improved | 2 | 8 |
| Deteriorated | 2 | 8 |
| No Change | 21 | 84 |
| Total | 25 | 100 |

As shown in table 4.11, out of the 25 respondents who had spouses, 21 (84%), indicated that there had been no change in their relationship with their spouses after enrollment on the OVC-CT programme. The remaining four respondents (16%) indicated there was a change in their relationship with their spouses. Out of the four respondents who indicated there was a change in their relationship with their spouses, two (4%) indicated their relationship with their spouses had improved, while another two (4%) indicated their relationship had deteriorated. This finding was interpreted to mean that while OVC-CT had contributed to improvement in relationship between children in the sampled households, and in relationship between children and principal caregivers, it had not

contributed to improvement of the relationship between the respondents as principal caregivers and their spouses.

The finding of improvement in relations between caregivers and children in households disagreed with those of Slater and Mphale (2008) in Lesotho who while noting cash transfers to reduce gender conflicts and tensions within households reported generational conflicts resulting from cash transfers to be a much greater concern. Slater and Mphale reported that in households that receive cash there were numerous reports of children demanding the M80 that they were entitled to. The great generational conflicts between registered caregivers and children or grandchildren in households made Slater and Mphale to suggest that, future programming, appeals procedures or cases to recognise the importance of addressing generational issues on the project. However, the data for the study by Slater and Mphale was obtained through FGD and individual interviews, while the data for the current study was collected through researcher administered questionnaires and FGD.

4.7.3 Influence of Cash Transfer on Social Networks of Households

The study sought to determine how OVC-CT had influenced social networks of beneficiary households.

Table 4.12 Influence of OVC-CT on Social Networks of Households

| <u>Social Network</u> | <u>Before Enrollment</u> | | <u>After Enrollment</u> | | <u>Deviation</u> |
|-------------------------------|--------------------------|-------------|-------------------------|-------------|------------------|
| | <u>Mean</u> | <u>SD</u> | <u>Mean</u> | <u>SD</u> | |
| Paying Tithe | 1.1 | 0.88 | 1.4 | 0.83 | 0.3 |
| Funeral Contributions | 1.5 | 0.67 | 1.9 | 0.36 | 0.4 |
| Lending food | 1.2 | 0.68 | 1.6 | 0.55 | 0.4 |
| Borrowing food | 1.3 | 0.61 | 0.8 | 0.65 | -0.5 |
| Help Relatives | 0.9 | 0.82 | 0.9 | 0.62 | 0.0 |
| Helped by relatives | 0.8 | 0.77 | 0.5 | 0.69 | -0.3 |
| Overall Social Network | 6.8 | 2.22 | 7.1 | 1.55 | 0.3 |

The study found the overall meanscore of beneficiary households on social networks to be 6.8 as shown in table 4.12. This meanscore was interpreted to mean that the social networks of beneficiary households before enrollment on OVC-CT was moderately strong in table 4.12. As shown in table 4.12, the overall meanscore on social networks of beneficiary households after enrollment on OVC-CT was 7.1. This meanscore was interpreted to mean that the social networks of OVC-CT beneficiary households were moderately strong after the households were enrolled on the programme. However, the social network of the households of respondents was found to be higher after

enrollment on OVC-CT, with a positive deviation of 0.3. This was interpreted to mean that social network of beneficiary households had improved slightly after enrollment on OVC-CT programme.

The study found a positive deviation on mean score of respondents on paying tithe in church (0.3), making contributions in funerals (0.4), and lending food to neighbours (0.4). The mean score for respondents on helping relatives before enrollment on OVC-CT was the same as the mean after enrollment on the programme. On the other hand, the study found a negative deviation on meanscore on the item of borrowing food from neighbours (-0.5), and being helped by relatives.

The positive deviation on the respondents' meanscores on items of paying tithe, making contributions at funerals and lending food was interpreted to mean that OVC-CT beneficiary households were using part of the money from the programme to participate in activities that enhanced their social networks. Thus, OVC-CT had enhanced the connectedness and reciprocity of the beneficiary households. This meant OVC-CT had enhanced the households to engaging more in the social relation of giving and receiving back and not being a one end reciver in the social network.

The finding of OVC-CT having enhanced social network of beneficiary households agreed with that of Ressler (2008) who reported cash payments to have strengthened the social networks and social capital of participant households. Ressler noted that additional resources enabled recipients to participate in community events, share food and borrow when in need because they had a capacity to repay. The findings of the study of OVC-CT having enhanced social networks of the sampled households also agreed

with those of Slater and Mphale (2008) in Lesotho who reported wider community-level effects of cash transfers where both men and women beneficiaries indicated that cash transfers had enabled them to 'do the right thing' in their community – for example being able to take a contribution to a feast or community celebration.

The finding of negative deviations on the meanscore of respondents on items of borrowing food and being helped by relatives was interpreted to mean the money received from OVC-CT had reduced the need for beneficiary households to seek help, or borrow food or items from neighbours or relatives, thus reducing strain on social networks of the households. This finding of OVC-CT contributing to improvement of social networks of beneficiary households supported Putnam's 1995 theory of social capital. In his theory Putnam (2005) Putnam (2005) noted the possibility of financial pressures to cause erosion of social capital, arguing that people with lower incomes and those who feel financially strapped to be less engaged in community life and are less trusting than those who are better off, even holding education constant. Social networks are important aspect of social capital which a household can harness to develop economically and socially. If the social networks of households are strengthened and enhanced, the household's capacity to face future challenges is increased.

4.7.4 Community Benefits from Cash Transfer Money

The study sought to establish how non OVC the households in the community benefit from OVC-CT programme.

Table 4.13: Ways in which Community Benefits from OVC-CT Money

| <u>Benefit</u> | <u>Number</u> | <u>Percentage</u> |
|----------------------------|----------------------|--------------------------|
| Give financial help | 13 | 17.3 |
| Contributions in functions | 5 | 6.7 |
| Lending items | 4 | 5.3 |
| Sell them products | 2 | 2.7 |
| Give food | 2 | 2.7 |
| Buy their products | 1 | 1.3 |
| Share farm inputs | 1 | 1.3 |
| Iron sheet for church | 1 | 1.3 |
| No benefit | 46 | 61.3 |
| Total | 75 | 100 |

As shown in table 4.13, out of the 75 respondents, 46 (61.3%) indicated that members of their community do not benefit from the money they receive from OVC-CT. Only 29 (38.7%) respondents indicated that members of their community benefit from the money they receive from OVC-CT. The highest proportion of the respondents (17.3%) who indicated that their communities benefit from the money they receive from OVC-CT indicated they give some financial assistance to members of their community. This finding were

inconsistent with those of Miller (2009) who found substantial sharing of agricultural inputs from Malawian Social Cash Transfer beneficiary households to non beneficiary households.

4.7.5 Feelings towards Beneficiaries of Cash Tansfer

The study sought to establish the attitudes of neighbours and relatives of caregivers registered on OVC-CT feel about the households benefiting from OVC-CT.

4.7.5.1 Feelings of Neighbours about Beneficiaries of Cash Transfer

The study sought to determine views of beneficiarees on how their neighbours feel towards their households enrolled on OVC-CT programme.

Table 4.14: Feelings of Neighbours towards Beneficiary Households

| <u>Feeling</u> | <u>Number</u> | <u>Percentage</u> |
|----------------|---------------|-------------------|
| Jealousy | 43 | 57.3 |
| Happy | 20 | 26.7 |
| Don't know | 8 | 10.7 |
| Not told them | 3 | 4.0 |
| Indifferent | 1 | 1.3 |
| Total | 75 | 100 |

Out of the 75 respondents, 43(57.3%) reported that their neighbours were jealousy that their households were benefiting from OVC-CT programme (see table 4.14). Only 20 (26.7%) respondents indicated that their neighbours were happy for them benefiting from OVC-CT programme. As shown in table 4.14, eight respondents (10.7%) indicated they

did not know how their neighbors feel, while three respondents (4.0%) indicated they had never let their neighbours know they were benefiting from the programme, because their neighbours have bad feelings. One respondent reported that the neighbours were indifferent. This result was interpreted to mean that majority of beneficiaries of OVC-CT in Bungoma County perceive their neighbours to have ill feelings against them for benefiting from OVC-CT. Two FGD held, one for men and one for women concluded that majority of neighbours were jealousy that some households were benefiting from OVC-CT. The District Children's Officer of Bungoma South noted that generally neighbours of OVC-CT beneficiary households feel that they should also be included in the programme.

The findings of the current study of ill feelings against beneficiaries of OVC-CT were supportive of report by Moore (2009) who noted negative attitude towards cash transfer programme in Nicaragua. However, the reasons for negative attitude to the cash transfer programme in the current study differed from the reason for negative attitude of the Nicaraguan public towards cash transfer. As noted by Moore, the reason for negative feelings among some citizens of Nicaragua towards cash transfers was because they were supported by certain capitalist countries while others were mistrustful of cash transfers because they appeared to be *asistencialist*, which encourages reliance on the state. As noted by Moore, it was claimed that RPS encouraged reliance on the government's social services while keeping beneficiaries trapped in poverty. On the other, the negative feelings towards OVC-CT programme beneficiaries as reported by respondents in the current study were because the neighbours of the respondents wished to benefit

from the programme. In the current study, the negative feelings towards the programme were out of jealousy for being left out of the programme.

Perhaps the negative feelings of neighbours towards OVCT programme were because the members of the community were not benefiting from the programme in any way. Most of respondents in this study had indicated that members of their community did not benefit from the money they received from OVC-CT programme (see table 4.13). Miller (2009) in a study using a social network analysis of beneficiaries of Malawian Social Cash Transfer found positive feelings of members of the community towards cash transfer. The beneficiaries in Malawian Social Cash Transfer engage in substantial sharing of inputs from social cash transfer households to households that were not benefiting from the transfer programme, unlike the beneficiaries of OVC-CT in Bungoma County. Perhaps lack of sharing of benefits from OVC-CT beneficiary households to non beneficiary households found among respondents in Bungoma County explains the reason for negative feelings of neighbours towards households benefiting from OVC-CT.

The findings of the current study were inconsistent with those of the evaluation of the Kalomo Pilot Social Cash Transfer Scheme which found the community members who were not beneficiaries – especially the Community Welfare Assistance Committees members, the headmen and the teachers to be welcoming and supportive of the Scheme (Schubert, 2005). Perhaps the positive feelings towards Kalomo Pilot Social Cash Transfer Scheme by members of the community was because the scheme afforded opportunities for members of the community to participate widely in the scheme through

voluntarism which was well-established and accepted in the Public Welfare Assistance Scheme structures. As noted by Schubert, the decision to integrate headmen into the Community Welfare Assistance Committees training had positive effects. Most headmen played a constructive role in assisting the Community Welfare Assistance Committees, especially with regard to holding community meetings.

4.7.5.2 Feelings of Relatives about Beneficiaries of Cash Transfer

The study also sought to establish views of beneficiaries on how their relatives feel towards their households enrolled on OVC-CT programme.

Table 4.15: Feelings of Relatives towards Beneficiary Households

| <u>Feeling</u> | <u>Number</u> | <u>Percentage</u> |
|----------------|---------------|-------------------|
| Happy | 50 | 66.7 |
| Jealousy | 14 | 18.7 |
| Don't know | 6 | 8.0 |
| Not told them | 3 | 4.0 |
| Bitter | 2 | 2.7 |
| Total | 75 | 100 |

Majority of respondents (66.7%) indicated their relatives were happy for them benefiting from OVC-CT as shown in table 4.15. Fourteen (18.7%) respondents indicated their relatives were jealousy, while six (8%) indicated they were not aware of how their relatives felt about them benefiting from OVC-CT. On the other hand, three respondents indicated they had never told their relatives that they were beneficiaries of OVC-CT

programme, because they were not sure how their relatives would feel. Two respondents indicated their relatives were bitter. They noted that when relatives knew they were benefiting from OVC-CT they stopped helping them. This result was interpreted to mean majority of respondents perceive their relatives to be happy with them for benefiting from OVC-CT programme. The children officer indicated that the OVC-CT programme had had a positive effect on the relationship between beneficiary households and their relatives. The children officer noted that this was because OVC-CT had reduced dependency of beneficiary households on relatives for support.

4.8 Influence of Cash Transfer on Economic Wellbeing of Households

The third objective of this study was to assess the influence of Orphans and Vulnerable Children Cash Transfer programme on economic wellbeing of the beneficiary households in Bungoma County. Influence of OVC-CT programme on economic wellbeing of beneficiary households was analyzed in terms of new investments, improvement in crop farming and improvements in livestock farming activities of beneficiary households. Further, effect of OVC-CT was evaluated in terms of changes in paid labour participation by principal caregivers in the households registered on the OVC-CT programme, and in terms of savings the caregivers had made, which they could use in case of an emergency. This was because of the reported growing interest in the effectiveness of cash transfers in reducing poverty and vulnerability in developing countries (Barrientos and Sabates-Wheeler, 2006).

4.8.1 New Investment in Cash Transfer Beneficiary Households

The study sought to establish whether respondents had started new investments after enrollment on OVC-CT programme. Out of the 75 respondents, 48 (64%) indicated they had come up with new investments after enrollment on OVC-CT. Only 27 respondents (36%) indicated they had not started any investments after enrollment on OVC-CT. This was interpreted to mean that OVC-CT had helped most of beneficiary households to start new investments in various economic activities.

4.8.1.1 Type of New Investment in Cash Transfer Beneficiary Households

The study sought to determine the new investments the respondents had started after enrollment on OVC-CT.

Table 4.16: New Investments in Cash Transfer Households

| <u>Investment</u> | <u>Number of Respondents</u> | <u>Percentage</u> |
|-------------------|------------------------------|-------------------|
| Livestock farming | 17 | 22.7 |
| Small scale trade | 16 | 21.3 |
| Crop farming | 8 | 10.7 |
| Merry-Go-Round | 4 | 5.3 |
| Mrick making | 2 | 2.7 |
| Land Purchase | 1 | 1.3 |
| Total | 75 | 100 |

As shown in table 4.16, the study found that after enrollment on OVC-CT, 17 respondents (22.7%) had started livestock farming. This was followed by those who indicated they had started some businesses after enrollment on OVC-CT (21.3%). This was interpreted to mean that many of the beneficiaries of OVC-CT preferred to invest part of the money they got from the programme into livestock farming or in business as a way of enhancing their economic wellbeing.

4.8.2 Influence of Cash Transfer on Farming Activities in Households

The study found that out of the 75 respondents 61(81.3%) were engaging in different types of crop farming activities (see table 4.17).

Table 4.17: The Main Crop Grown by Households of Respondents

| <u>Main Crop</u> | <u>Number of Respondents</u> | <u>Percentage</u> |
|------------------|------------------------------|-------------------|
| Maize | 45 | 73.8 |
| Vegetables | 06 | 9.8 |
| Bananas | 04 | 6.6 |
| Potatoes | 03 | 4.9 |
| Sugacane | 03 | 4.9 |
| Total | 61 | 100 |

As shown in table 4.17, only 14 (18.7%) respondents indicated they were not engaging in any crop farming. Majority (73.8%) of the respondents who indicated they were engaging in crop farming reported the main crop they were growing to be maize. Other

crops indicated as the main crops grown by respondents were vegetables, bananas, sugarcane and potatoes.

4.8.2.1 Changes in Acreage of Land Famed by Households

The average size of landholding on which the households were practicing farming was 1.2 acres, with a standard deviation of 1.2. The acreage of land farmed ranged from 0.25 to nine acres. This was interpreted to mean that the households were engaging in small scale farming.

The study sought to establish changes in the acreage of land farmed by the respondents over the six years the respondents had been benefiting from OVC-CT. Out of the 61 respondents who indicated their households were carrying out crop farming, a high majority (70.5%) indicated they had not had a change in the acreage of land they farm. Only 29.5% of the respondents indicated that the acreage of land they farm had changed in the last six year when they were benefiting from OVC-CT programme. Out of the 18 respondents who indicated there was a change in the acreage of land farmed, nine indicated the land farmed had increased, while another nine indicated that the acreage of land farmed had reduced. Thus, for most respondents, enrollment on OVC-CT had not contributed to expansion of acreage of land the households were farming. Only nine respondents out of the 61 (14.8%) reported the acreage of land they are farming to have increased over the six years they had been benefiting from OVC-CT. This finding disagreed with finding that Opportunidades of an increase of about 20% in per capita area of land used for smallholders as noted by Todd, Winters and Hertz (2010).

Out of the nine respondents who reported a reduction of the acreage of land they were farming, seven attributed the reduction to land fragmentation that lead to less land available for farming, while two respondents indicated they had sold off part of the land. On the other had, for those who indicated the land they farm had increased, seven of them indicated this was due to leasing, while two respondents indicated this was because they had bought some small piece of land.

4.8.2.2 Use of Fertilizers by Beneficiary Households

The study sought to establish whether enrollment on OVC-CT had any influence on use of fertilizers in farming among beneficiary households. Out of the 61 households that were engaging in crop farming, 58 (95.1%) indicated they were using fertilizers in their farming activities. Only three (4.9%) respondents indicated their households were not using fertilizers in their farming activities. Out of the 58 respondents who indicated their households were using fertilizers in farming, 51 (87.9%) indicated the main type of fertilizers they were using to be chemical fertilizers, six (10.3%) were mainly using organic fertilizers, while one respondent indicated both organic and chemical fertilizers were equally used in the household for farming.

4.8.2.3 Change in Use of Fertilizers in Cash Transfer Households

The study further sought to establish whether there was change in use of fertilizers in the beneficiary households over the last six years the households had been benefiting from OVC-CT programme.

Table 4.18: Nature of Change in Use of Fertilizers

| <u>Change</u> | <u>Frequency</u> | <u>Percentage</u> |
|--------------------|------------------|-------------------|
| Manure to Chemical | 25 | 69.4 |
| Increase Amount | 10 | 27.8 |
| Reduced use | 1 | 2.8 |
| Total | 36 | 100 |

Out of the 58 respondents who indicated they were using fertilizers on their farms, 36 (62.1%) reported a change in usage of fertilizers since enrollment on the programme. On the other hand, 22 (37.9%) reported that there was no change in use of fertilizers on their farms during the six years they had been benefiting from OVC-CT. Out of the 36 respondents who reported a change in use of fertilizers, the majority (69.4%) indicated their households had changed from reliance on use of manure to use of chemical fertilizers as shown in table 4.18. This was followed by those who indicated the change to involve increase in amount of fertilizers they apply on their farms (10 or 27.8%). Only one respondent (2.8%) indicated the use of fertilizers in her household to have reduced over the period of six years when her household had been benefiting from OVC-CT. This

finding was interpreted to mean that OVC-CT had contributed to enhancement use of fertilizers in farming by members of households.

4.8.2.4 Changes in Crop Yields of Cash Transfer Beneficiary Households

The study sought to establish whether there was any change in crop yields of households enrolled on OVC-CT programme.

Table 4.19: Main Cause of Change in Farm Yields

| <u>Factor</u> | <u>Frequency</u> | <u>Percentage</u> |
|-----------------------------|------------------|-------------------|
| Use of chemical fertilizer | 38 | 77.6 |
| Climatic variability | 4 | 8.2 |
| Land fragmentation | 3 | 6.1 |
| Use of organic fertilizers | 3 | 6.1 |
| Lack of money to buy inputs | 1 | 2.0 |
| Good management of land | 1 | 2.0 |
| Total | 49 | 100 |

The study found that out of the 61 respondents whose households were engaging in crop farming, 49 (80.3%) indicated their farm yield had changed over the last six years they were benefiting from OVC-CT (see table 4.19). On the other hand, 12 (19.7%) respondents indicated their farm yields had not changed. Majority (40 or 65.6%) of the respondents whose households were engaging in farming indicated their farm yields had increased. Five (10.2%) respondents indicated their farm yields had reduced, while three (6.1%) indicated their farm yield had fluctuated, some times increasing, and some time

dropping. Majority of respondents (77.6%) attributed the change in their farm yields to use of chemical fertilizers. Other respondents indicated changes in their farm yields to have been caused by climate changes, use of organic fertilizers, and subdivision of land improvement in management of land and lack of money to buy inputs.

4.8.3 Influence of Cash Transfer on Livestock Farming in Households

The study sought to establish whether enrollment on OVC-CT had any effect on livestock keeping in the beneficiary households.

4.8.3.1 Livestock of Greatest Value Kept by Beneficiary Households

Majority (49 or 65.3%) of the respondents indicated that their households were participating in livestock farming. Only 26 (34.7%) of the respondents indicated their households were not participating in livestock farming.

Table 4.20: Livestock of Greatest Value Kept in Households

| <u>Animal Kept</u> | <u>Frequency</u> | <u>Percentage</u> |
|--------------------|------------------|-------------------|
| Cattle | 36 | 73.5 |
| Chicken | 6 | 12.2 |
| Sheep | 4 | 8.2 |
| Goats | 2 | 4.1 |
| Pigs | 1 | 2.0 |
| Total | 49 | 100 |

As shown in table 4.20, the highest proportion of the respondents whose households were practicing livestock farming indicated cattle as the animal of greatest value which they were keeping. Other animals which were indicated as animals of greatest value kept by households included sheep, pigs, goats and chicken.

The study sought to establish when the households of respondents started keeping the animals they considered of highest value.

Table 4.21: When Beneficiary Household Started Keeping Livestock of Greatest Value

| <u>Number of Years</u> | <u>Frequency</u> | <u>Percentage</u> |
|------------------------|------------------|-------------------|
| One Year | 7 | 14.3 |
| Two Years | 8 | 16.3 |
| Three Years | 10 | 20.4 |
| Four Years | 9 | 18.4 |
| Five Years | 3 | 6.1 |
| Six Years | 8 | 16.3 |
| Eight Years | 1 | 2.0 |
| Ten Years | 1 | 2.0 |
| Twelve Years | 1 | 2.0 |
| Fifteen Years | 1 | 2.0 |
| Total | 49 | 100 |

Out of the 49 respondents who indicated their households were participating in livestock farming, an overwhelming majority (91.8%) indicated they started keeping the animals they considered of greatest value within the last six years as shown in table 4.21. The highest majority started keeping the most valued animals in the last three years. This was interpreted to mean that the beneficiaries of OVC-CT had saved part of the money they receive from the programme to buy animals. It could also mean that the beneficiaries of OVC-CT through merry-go-round raise money for each other in turns from the OVC-CT money which enables members to buy animals.

Participants in two Focus Group Discussions reported that all beneficiaries of OVC-CT were members of merry-Go-Round in which they contribute money for each other in turns. Payments for the Merry-Go-Round are made whenever OVC-CT cash is disbursed. The Focuss Group Discussions revealed that money raised through the Merry-Go-Round had enabled members in turns to raise reasonable amount of money to buy assets which include livestock.

4.8.3.2 Changes in Livestock Farming in Beneficiary Households

The study further sought to establish changes that had occurred in livestock keeping practices of the households of respondents.

Table 4.22: Changes in Livestock Keeping in Beneficiary Households

| <u>Change</u> | <u>Frequency</u> | <u>Percentage</u> |
|-------------------|------------------|-------------------|
| Change in Numbers | 25 | 69.4 |
| Sheep to Cattle | 5 | 13.9 |
| Goats to Cattle | 3 | 8.3 |
| Pigs to Cattle | 1 | 2.8 |
| Chicken to Pigs | 1 | 2.8 |
| Cow to Sheep | 1 | 2.8 |
| Total | 36 | 100 |

The study found that out of the 49 respondents whose households were carrying out livestock keeping, 36(73.5%) reported they had experienced changes in livestock keeping practices in their households over the last six years (see tale 4.22). Only 13 (26.5%) of the respondents indicated there was no change in livestock keeping practices in their households. Out of the 36 respondents who reported changes in livestock keeping practices, 26 (72.2%) indicated changes in numbers of most valuable animal kept as the main change that had occurred in the livestock keeping in the households. On the other hand, 10 (27.8%) indicated change in the type of most valuable animal kept to be the main change that had occurred in the livestock keeping in the household.

Out of the 49 respondents whose households were carrying out livestock keeping, 29 (59.1%) indicated that the livestock of most value had increased in number over the last six years. On the other hand, eight respondents (16.3%) indicated the number of the most valuable livestock had decreased, while 12 (24.5%) indicated that there had been no change in the numbers of the most valued livestock kept by their household. Out of the 29 respondents who indicated the livestock in their household had increased, 25 (86.2%) reported the increase in livestock to have been due to reproduction of the animal stock they had, while four respondents reported that their households had bought more livestock to increase the stock.

Two respondents, out of the eight respondents who indicated their livestock had reduced reported the reduction in numbers of their livestock to be due to death of the livestock. Two more respondents attributed the reduction in the number of their livestock to selling of the livestock, while another two attributed the reduction to theft of livestock. One respondent attributed reduction in number of livestock in the household to many funerals experienced in the household which made animals to be slaughtered, while one more attributed the reduction to old age that lead to poor management of the livestock.

This result agreed with findings by Todd, Winters and Hertz (2010) that cash transfer programme increases entry of smallholder households into livestock farming, and also increases per capita amount of livestock owned by smallholder households. This finding also supported report by Schubert (2005) who noted the Kalomo Pilot Social Cash Transfer Scheme in Zambia to have contributed to improvement of economic wellbeing of beneficiaries. Schubert noted that many beneficiaries of the scheme had bank accounts

and saved part of their transfers in order to later invest them in assets like chickens and goats or blankets. Schubert also noted that a number of beneficiaries of the scheme were using Pay Points had also started saving by using a traditional “Chilimba” system. They had formed groups of five beneficiaries and each time they collected their transfers, they all payed ZMK 5,000 to one member, who through this way got her/his own ZMK 30,000 plus ZMK 20,000 from the other group members.

4.8.4 Influence of Cash Tansfer on Labour Participation

The study sought to determine the influence of OVC-CT on participation of beneficiaries in labour market. Out of the 75 respondents, 53 (70.7%) indicated they had never been employed by any person or any organization. On the other had, 22 (29.3%) indicated they had worked for other people or organizations. Out the 22 respondents who indicated they had ever been employed, 15 (68.2%) had stoped working, while eight (31.8%) were still working. Out of the 15 respondnets who had stoped working, 12 (80%) had stoped working during the six year after enrollment on OVC-CT programme. Only three resposednts (20%) had stoped working before being enrolled on OVC-CT. One respondent stoped working ten years, one stoped working 11 years, while another one stoped working 22 years. This was interpreted to mean enrollment on OVC-CT had majority of beneficiaries who were previously employed to leave employment.

The study further sought to establish reasons for leaving employment among those who reported to have stopped working.

Table 4.23: Reason for Leaving Employment among Beneficiaries of OVC-CT

| <u>Reason</u> | <u>Frequency</u> | <u>Percentage</u> |
|--------------------------|------------------|-------------------|
| Start Own Business | 7 | 46.7 |
| Money for OVC-CT | 4 | 26.7 |
| Got Married | 1 | 6.7 |
| Sickness | 1 | 6.7 |
| Opposition from Children | 1 | 6.7 |
| Take Care of Children | 1 | 6.7 |
| Total | 15 | 100 |

As shown in table 4.23, out of 15 respondents who indicated they had once been employed but left employment, the highest proportion of respondents (46.7%) indicated they left employment to start their own businesses. Other reasons given by respondents for leaving employment included having got money from OVC-CT, having got married, sickness, and to take care of children. This finding was interpreted to mean that OVC-CT had contributed to majority of beneficiaries who were engaged in employment of low wages to leave their employment to start their own economic activities that help them to generate own income.

This finding disagreed with the assertion by Sumson (2009) that a number of studies had found that workers in households receiving social grants look for work more intensively and extensively than do workers in comparably poor households that do not receive the grants. It however supports Sadoulet et al. (2001) who reported that for farm households that participate in the labor market with the objective of relaxing liquidity constraints or of achieving portfolio diversification in their sources of income, cash transfers can lead to a reallocation of labor from the labor market to the farm. Sadoulet et al. reported that on average, PROCAMPO transfers had reduced labor market participation by 9 percent.

The results contradicted with those reported by Moore, (2009) who reported that at the individual level, no disincentives for labour force participation were observed in evaluation of Nicaragua's RPS programme. As noted by Moore, RPS-I did not affect an individual's propensity to participate in the labour force in the previous week. There were indications, however, that RPS-I had protected beneficiary households from the coffee crisis that occurred during the time of the programme (Maluccio 2005). Men in treatment households did not work fewer hours than in the pre-programme period, but they worked less than control group counterparts. Men in non-beneficiary households may have spent more time searching for a job, perhaps far from home, in order to cope with the economic downturn. It appears that beneficiary households did not need to compensate for this downturn because of the transfers from RPS-I (IFPRI, 2005). Men in beneficiary households may have been able to work close to their homes, while men outside the programme still had to commute or migrate to their jobs. Similarly, women could dedicate more time to raising their children than to earning additional income (Moore, 2009).

Similarly, the findings disagreed with findings of an evaluation of Bolsa Familia programme which reported the labour market participation rate of treated adults to be 2.6 percentage points higher than for non-treated adults, with the participation rate of beneficiary women being 4.3 percentage points higher (Soares, Ribas and Osorio, 2007).

4.8.5 Improvement in Overall Economic Wellbeing of Beneficiary Households

The study sought to establish whether economic wellbeing of households benefiting from OVC-CT had improved after their enrollment on the programme. Out of the 75 respondents, 74 (98.7%) indicated the economic wellbeing of their households had improved after their enrollment on OVC-CT programme. Only one respondent (1.3%) indicated economic wellbeing of her household had not improved after enrollment on the OVC-CT programme. The study further sought to establish whether OVC-CT had contributed in improvement of economic wellbeing of their households. All the respondents indicated that OVC-CT programme had improved their economic wellbeing.

The study further sought to establish whether respondents had any savings that could help them in case of a problem. Out of the 75 respondents, 46 (61.3%) indicated they had no savings. Only 29 (38.7%) indicated they had some savings which they could use in case of an emergency problem.

Table 4.24: Keeping of Savings by Beneficiaries of Cash Transfer

| <u>Where Savings are Kept</u> | <u>Frequency</u> | <u>Percentage</u> |
|-------------------------------|------------------|-------------------|
| Bank | 16 | 55.2 |
| House | 04 | 13.8 |
| Mpesa | 04 | 13.8 |
| House | 04 | 13.8 |
| Merry Go Round | 04 | 13.8 |
| Post Office | 01 | 3.4 |
| Total | 29 | 100 |

As shown in table 4.24, most of the respondents who indicated they had some savings were keeping their savings in banks. This was interpreted to mean that the regular income from OVC-CT had enabled some beneficiaries to own bank accounts that could encourage them to develop a culture of saving, which could boost their economic activities, or cushion the households when something unexpected happens.

4.9 Measures to Enhance Social-Economic Wellbeing of Beneficiary Households

The fourth objective of this study was to establish the measures that need to be undertaken to enhance the contribution of Orphans and Vulnerable Children Cash Transfer programme to improvement of socio-economic wellbeing of households in Bungoma County.

4.9.1 Contribution of Cash Transfer to the Wellbeing of Households

The study sought to establish the main contribution of OVC-CT to the wellbeing of beneficiary households.

Table 4.25: Main Contribution of Cash Transfer to the Wellbeing of Households

| <u>Main Contribution</u> | <u>Frequency</u> | <u>Percentage</u> |
|--------------------------|------------------|-------------------|
| Children in School | 57 | 76 |
| Food | 9 | 12 |
| Treatment | 4 | 5.3 |
| Business | 3 | 4.0 |
| Clothes | 1 | 1.3 |
| Farming | 1 | 1.3 |
| Total | 75 | 100 |

As shown in table 4.25, a large majority (76%) of respondents indicated the main contribution of OVC-CT to wellbeing of their households to be helping them to have children in school. This was followed by those who indicated the main contribution enabling their households get food. This finding was interpreted to mean that OVC-CT money enabled households to meet the basic needs that do not include investments that would bring immediate economic returns to enhance economic wellbeing of the households and reduce poverty. In two FGDs conducted, the participants concluded that the main contribution of OVC-CT to households was to enable caregivers keep children in schools by using the money to meet educational needs of children.

4.9.2 Measures to Enhance Cash Transfer Contribution to Social Wellbeing

The study sought to establish the measures which the respondents felt needed to be put in place for OVC-CT to enhance good relationship among beneficiary households.

Table 4.26: Measures to Enhance Relationships in Households

| <u>Measure</u> | <u>Frequency</u> | <u>Percentage</u> |
|----------------------------|------------------|-------------------|
| To continue the programme | 29 | 38.7 |
| Increase Amount Paid | 22 | 29.3 |
| Pay Monthly | 10 | 13.3 |
| Education of Beneficiaries | 4 | 5.3 |
| Proper use of Money | 3 | 4.0 |
| Payment per Child | 2 | 2.7 |
| Settlement of Family | 2 | 2.7 |
| Follow Up by Government | 1 | 1.3 |
| Start Merry Go Round | 1 | 1.3 |
| Start Projects | 1 | 1.3 |
| Total | 75 | 100 |

The largest percentage of respondents (38.7%) felt that the programme needed to be continued over a period of time for it to contribute more to enhancement of relationship in the households (see table 4.26). This was followed by those respondents who felt the amount of money needed to be increased for the programme to contribute more for improving relationship in the beneficiary households. In total, 61 (81.3%) of respondents either indicated the need for them to continue benefiting from the programme, or having

the amount increased or having the money paid monthly. This finding was interpreted to mean that after six years on the programme, the beneficiaries were not ready to exit the programme and carry on their lives without support from the programme.

The study further sought to establish what measures the respondents felt needed to be undertaken for OVC-CT to contribute more to enhancement of social networks of the beneficiary households.

Table 4.27: Measures to Enhance Social Networks of Beneficiary Households

| <u>Measure</u> | <u>Frequency</u> | <u>Percentage</u> |
|--------------------------------------|------------------|-------------------|
| Expand the Programme | 47 | 62.7 |
| Education of Public on the Programme | 7 | 9.3 |
| Fair Selection of Beneficiaries | 6 | 8.0 |
| Continuation of the Programme | 5 | 6.7 |
| Increase of the Amount Paid | 4 | 5.3 |
| Discourage Alcohol Taing | 1 | 1.3 |
| Follow Up on Use of Money | 1 | 1.3 |
| Being Friendly | 1 | 1.3 |
| Payment to be Montly | 1 | 1.3 |
| Start Projects for non Beneficiaries | 1 | 1.3 |
| Training of Beneficiaries | 1 | 1.3 |
| Total | 75 | 100 |

Out of the 75 respondents, 45 (60%) indicated expanding the programme to cover more needy households as the measure that needs to be undertaken for the programme to contribute to enhancement of social networks of beneficiary households. Other measures indicated by respondents included education of members of community about the programme, and fair selection of beneficiaries as shown in table 4.27.

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

The study sought to establish the measures which respondents felt were necessary for OVC-CT programme to contribute more to improvement of economic wellbeing of the beneficiary households.

Table 4.28: Measures to Enhance Economic Wellbeing of Households

| <u>Measure</u> | <u>Frequency</u> | <u>Percentage</u> |
|---|------------------|-------------------|
| Increase amount Paid | 31 | 41.3 |
| Continue with the programme | 15 | 20.0 |
| Monthly Disbursement | 13 | 17.5 |
| Help beneficiaries start projects | 6 | 8.0 |
| Teach beneficiaries wise investment | 3 | 4.0 |
| Beneficiaries to start businesses | 2 | 2.7 |
| Assist beneficiaries buy livestock | 1 | 1.3 |
| Carry out follow-up on use of money | 1 | 1.3 |
| Carry out monitoring of the programme | 1 | 1.3 |
| Give beneficiaries protection from harm | 1 | 1.3 |
| Partner with NGOs | 1 | 1.3 |
| Total | 75 | 100 |

As shown in table 4.28, the measure indicated by the highest number of respondents was to increase the amount paid (41.3%) followed by continuing with the programme (20%). In total, 59 (78.7%) of the respondents either indicated the need to increase the amount of money paid to respondents or to continue benefiting from the program or disburse the money monthly. This was interpreted to mean that even after being on the programme for six years, a majority of respondents were not ready to exit from the programme. This was interpreted to mean that the programme had not reduced extreme poverty in majority of the beneficiary household. This implied that if the beneficiaries exit the programme, they will get back to extreme poverty which made them to be enrolled on the programme.

The finding of majority of respondents still dependent on OVC-CT programme was interpreted to mean had not reduced poverty in majority of beneficiary households. Perhaps this was because the amount of money paid to beneficiaries was too small, and after being used to meet the basic needs of the households which this study found to large, there was nothing left to invest in meaningful economic activities that would help reduce poverty and dependency in the households. This finding supported reported noted by Son (2008), which indicated *Bolsa Escola* in Brazil to have had very little impact on poverty and inequality due to the small amount of transfers involved. Further, the finding of many respondents not ready for exit from OVC-CT was indicative of possibility of beneficiaries developing dependence on the programme, which was consistent with the finding by Wietler (2007). Wietler in a study on the impact of social cash transfers on informal safety nets in Kalomo District of Zambia noted that although cash transfers seemed to enable beneficiaries to withdraw from survival strategies that undermine the future viability of the household, some interviewees stated that they exclusively relied on the transfers with no other source of income, a trend that suggested a growing dependency.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of Findings

This study set out to establish effects of cash transfer programmes on socio-economic wellbeing of beneficiary households in Bungoma County of Kenya. The objectives of the study were:

- 1) To establish how caregivers registered on Orphans and Vulnerable Children Cash Transfer in Bungoma County use the money transferd to the households.
- 2) To determine the influence of Orphans and Vulnerable Children Cash Transfer programme on the social wellbeing of beneficiary households in Bungoma County
- 3) To asses the influence of Orphans and Vulnerable Children Cash Transfer programme on economic wellbeing of the beneficiary households in Bungoma County.
- 4) To establish the measures that need to be undertaken to enhance the contribution of Orphans and Vulnerable Children Cash Transfer programme to improvement of socio-economic wellbeing of households in Bungoma County

The first objective of this study was to establish how caregivers registered on Orphans and Vulnerable Children Cash Transfer in Bungoma County use the money transferred to the households. The study found that majority of caregivers (69.3%) mainly used the money from OVC-CT to meet educational needs of the children in their households. The caregivers registered on OVC-CT exercised freedom of making decisions about what the OVC-CT money was used for in their households, as noted by the overwhelming majority of respondents (98.7%) indicated that who indicated they were the ones who decide what OVC-CT money was used for.

Majority of respondents living with their spouses or were separated (66.7%) indicated they never involved their spouses in making decisions about how OVC-CT money was used in the household. Further, majority of respondents with children in their households (76%) indicated they did not involve children in their households in making decisions on how the OVC-CT money was used in the household. This was interpreted to mean that there was very little participation in decision making over use of OVC-CT money in beneficiary households. However, an overwhelming majority of respondents (98.7%) indicated that the money they received from OVC-CT was used properly in their households. Further, a large majority of 75 respondents (93.3%) indicated that there had never been any conflicts in their households over the use of OVC-CT money.

The second Objective of this study was to determine the influence of Orphans and Vulnerable Children Cash Transfer programme on the social wellbeing of beneficiary households in Bungoma County. On the overall, the study found very high scores of respondents on children talking to each other, supporting one another, liking one another,

respecting one another and exhibiting a sense of play and humor to one another. Further, the scores of respondents on aspects of children relations with one another found very high scores on children having respect for one another's privacy, liking serving one another, spending time together. The study also found that children in beneficiary households liked talking to caregivers and confiding in caregivers. These were rated as high indicators of good relations among members of beneficiary households. On the overall, the study found OVC-CT to have had a positive influence on the relations between children in the beneficiary households, with majority of respondents (56.8%) indicating an improvement in relation among children after enrollment on the programme. Further, the study found OVC-CT to have had a positive influence on the relations between the caregiver registered on the programme and the children, with majority of (58.1%) indicating that their relationship with children in the households had improved after their households had been enrolled on OVC-CT

The study found OVC-CT to have enhanced slightly the social network of beneficiary households. The study found that OVC-CT households had reported an improvement in households participating in paying tithe, contributions in funerals and lending food to neighbours. On the other hand, the beneficiary households reported a reduction in borrowing food from neighbours, which can reduce strain on relationship with neighbours. On the overall, majority (66.7%) of respondents indicated their relatives were happy that the respondents' households were benefiting from OVC-CT programme. On the other hand, majority of respondents (57.3%) reported that neighbours were jealousy that the respondents, households were benefiting from the OVC-CT programme.

The third objective of this study was to assess the influence of Orphans and Vulnerable Children Cash Transfer programme on economic wellbeing of the beneficiary households in Bungoma County. The majority of respondents (64%) from beneficiary households reported that OVC-CT had helped them to come up with small investments. However, the study found that OVC-CT had not helped increase acreage of land farmed for majority (70.5%) of respondents. On the other hand, the programme had led majority (69.4%) of respondents who were farming to adopt use of chemical fertilizers on their farms, with majority (65.6%) of the respondents whose households were engaging in farming reporting an increase in their farm yields during the period they had benefited from OVC-CT programme. The study found OVC-CT having facilitating entry of majority (91.8%) of respondents in keeping of livestock, and also an increase in the herd of the type of livestock of greatest value they kept. However, the study found that the programme had contributed in reducing participation in labour market for most of those who were employed when they were enrolled on the programme.

The fourth objective of this study was to establish the measures that need to be undertaken to enhance the contribution of Orphans and Vulnerable Children Cash Transfer programme to improvement of socio-economic wellbeing of households in Bungoma County. Majority of respondents indicated the main contribution of OVC-CT to the wellbeing of their households was enabling children to attend school regularly by enabling them to provide basic school requirement.

The study found the highest number of respondents (38.7%) who indicated extension of period of time on the programme as measure to enhance social wellbeing of beneficiary households. In total, the study 61 (81.3%) of respondents either indicating the need for them to continue benefiting from the programme, or having the amount paid increased or having the money paid monthly as measure needed for the programme to contribute to enhanced of relations within the households. Further, the highest proportion of respondents (41.3%) indicated increasing amount paid as the main measure needed for OVC-CT to contribute to economic wellbeing of beneficiary households. In total, 59 (78.7%) of the respondents either indicated the need to increase the amount of money paid to respondents or to continue benefiting from the program or disbursement of the money monthly as the main measure needed for OVC-CT to contribute to economic wellbeing of beneficiary households.

5.2 Conclusions

On the basis of the findings of the study, four main conclusions were made:

The first objective of this study was to establish how caregivers registered on Orphans and Vulnerable Children Cash Transfer in Bungoma County use the money transferred to the households. The study concluded that majority of caregivers in Bungoma County mainly used the money they received from OVC-CT to meet educational needs of the children in their households. The study further concluded that although the money was properly used in the households, the OVC who made the household to qualify for enrollment on the programme were not given opportunity to participate in making decisions about what the money was used for in in most households.

The second Objective of this study was to determine the influence of Orphans and Vulnerable Children Cash Transfer programme on the social wellbeing of beneficiary households in Bungoma County. While the study found a high majority of respondents indicating OVC-CT had contributed to good relation within families, majority of respondents indicated their neighbours were jealousy for them benefiting from OVC-CT programme. It was thus concluded that OVC-CT had contributed to good relations within the beneficiary households, but contributed to emergency of deep jealousy against beneficiary households by their neighbouring households. Thus, it had failed to contribute to enhancement of good relations between beneficiary households and non-beneficiary households.

The third objective of this study was to asses the influence of Orphans and Vulnerable Children Cash Transfer programme on economic wellbeing of the beneficiary households in Bungoma County. The study found OVC-CT to have facilitated the registered caregivers to start new investments. It had had a positive effect on improvement in farm yields, and also facilitating entry and expansion of livestock keeping by many households. It was concluded that OVC-CT had some positive influence on economic wellbeing of beneficiary households.

The fourth objective of this study was to establish the measures that need to be undertaken to enhance the contribution of Orphans and Vulnerable Children Cash Transfer programme to improvement of socio-economic wellbeing of households in Bungoma County. The study majority respondents either indicating the need for them to continue benefiting from the programme, or having the amount paid increased or having

the money paid monthly as measure needed for the programme to contribute to enhanced of relations within the households. Further, the study found a large majority of the respondents either indicating the need to increase the amount of money paid to them or to continue benefiting from the program or disbursement of the money monthly as the main measure needed for OVC-CT to contribute to economic wellbeing of beneficiary households. It was thus concluded that while the OVC-CT had improved the welfare of the households, it had not removed the beneficiary households from extreme poverty, making the households to be dependent on the programme.

5.3 Recommendations of the Study

On the basis of the findings, and the conclusions of the study, the study made four key recommendations:

The first objective of this study was to establish how caregivers registered on Orphans and Vulnerable Children Cash Transfer in Bungoma County use the money transferred to the households. The study concluded that the money received from OVC-CT was properly used in the households but the OVC who made the household to qualify for enrollment on the programme were not given opportunity to participate in making decisions about what the money was used for in in most households. It was thus recommended that mechanisms be introduced in the implementation and evaluation of OVT-CT programme for children in households to be able to participate in making decision on use of money in households and in evaluation of the programme to enhance safeguards against possible misuse of the OVC-CT funds by caregivers.

The second objective of this study was to determine the influence of Orphans and Vulnerable Children Cash Transfer programme on the social wellbeing of beneficiary households in Bungoma County. The study concluded that OVC-CT had contributed to good relations within the beneficiary households, but had led to emergence of deep jealousy against beneficiary households by their neighbouring households. It was recommended that the community be sensitized on the programme, including objectives, and enrollment criteria to reduce ill feelings against beneficiaries. It was further recommended that opportunities for community participation in the programme implementation and evaluation be provided to ensure open and transparent enrollment of beneficiaries to reduce ill feelings.

The third objective of this study was to assess the influence of Orphans and Vulnerable Children Cash Transfer programme on economic wellbeing of the beneficiary households in Bungoma County. The study found OVC-CT to have facilitated the registered caregivers to start new investments. It had had a positive effect on improvement in farm yields, and also facilitating entry and expansion of livestock keeping by many households. It was concluded that OVC-CT had some positive influence on economic wellbeing of beneficiary households. It was recommended that the amount disbursed to caregivers should be increased, and the programme to be re-designed to provide conditions requiring beneficiaries to invest a proportion of the money they receive in economic development so that after five years they exit the programme for new beneficiaries enrolled to benefit. Through this the programme can help reduce poverty and likelihood of dependence. use proportion of the transfer money to invest in some economic activities to reduce poverty in the households.

The fourth objective of this study was to establish the measures that need to be undertaken to enhance the contribution of Orphans and Vulnerable Children Cash Transfer programme to improvement of socio-economic wellbeing of households in Bungoma County. The study found majority respondents either indicating the need for them to continue benefiting from the programme, or having the amount paid increased or having the money paid monthly as measure needed for the programme to contribute to enhanced of relations within the households and economic wellbeing of beneficiary households. It was concluded that OVC-CT had not removed the beneficiary households from extreme poverty, making the households to be dependent on the programme. The study recommended a change in design of the programme to take into consideration household characteristics so that amount paid to beneficiaries is based on number of children in the households, and the level of education of the children which determines educational demands on the household.

5.4 Suggestions for Further Research

The study made three suggestions for further research:

Majority of respondents in this study indicated their neighbours were jealousy about their benefiting from OVC-CT programme. The study therefore suggested that a study be carried out focusing on neighbours of OVC-CT beneficiaries to objectively analyze their feelings towards beneficiaries of OVC and factors that influence the relations between OVC-CT beneficiaries and their neighbours.

Secondly, the study found OVC-CT had not contributed much to expansion of the acreage of land farmed by beneficiary households. Thus, the study suggested that a research focusing on factors influencing agricultural practices of OVC-CT beneficiary households should be carried out.

Thirdly, the current study mainly involved adults' views on OVC-CT. The study suggested that a research focusing on children in the beneficiary households to be carried out to establish views of children in the aspects focused on in this study.

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APPENDICES

Appendix A: Questionnaire for Household Head

Indicate the questionnaire number, date of administration and district where the respondent is serving as district children's officer.

Questionnaire Number..... Date of Administration.....

Location Village

Instructions

This Questionnaire has three sections. For each section there are instructions guiding what information should be obtained from the respondents, and how it should be recorded. Ensure responses for each item in each section of the questionnaire is obtained and carefully recorded.

Section One: Demographic Information of the Respondents

This section seeks demographic information about respondents. Fill the responses obtained from respondents by ticking the appropriate response, or filling in the space provided where appropriate. Information for question number one should be obtained by observation.

1. What is the gender of the respondent: Male () Female ()
2. What is the age of the respondent
3. Marital status of the respondent? Married () Widowed () Divorced ()
Separated () Other (Specify).....
4. Highest level of education completed by the respondent

Section Two: Household Characteristics

This section seeks information on key characteristics of the household of respondents. Ask the question, then tick the response from options offered, or fill in the space provided.

- 5. What is the total number of people who live in your household?
- 6. How many of the people who live in your household are children below 18 years?
- 7. Are there any children living in your household who are not your biological children?

If the response to Question 7 is No, skip Questions 8 and 9

- 8. How many children living in your household are not your biological children?
- 9. How are you related to the children in your household who are not your biological children?

Section Three: OVC Cash Transfer Membership

This section seeks information on the membership of the respondents on various cash transfers. Ask the question to the respondents to obtain a response, then fill in the space provided or tick the option that responds to the respondent's response.

- 10. In which year were you enrolled on the government sponsored OVC-CT programme?
- 11. Apart from the government sponsored OVC-CT are you benefiting from any other cash transfer?

If the response to Question 11 is No, skip Questions 12 and 13

12. After what interval do you receive money from non Government cash transfer?

13. How much money do you receive from non Government cash transfer during the payment schedule?

Section Four: Use of OVC-CT money

This section seeks information on the use of OVC money in the household. Ask the question to the respondent, then fill the response obtained in the spaces provided or ticking the appropriate response.

14. To what use do you mainly put the money you receive from OVC-CT programme?
15. Who mainly makes the decision about how the money is used?
16. Is your spouse involved in deciding how the money from OVC-CT is used?
 Yes () No ()

Skip Question 16 if respondent does not have a spouse.

17. Do the children in your household have a say in how the money you receive from OVC-CT is used? Yes () No ()
18. Do you consider that the money received from OVC-CT is properly used in the household? Yes () No ()
19. Have there been any conflicts over OVC-CT money in your household? Yes () No ()

If the response to question 19 is NO, skip questions 20 and 21

20. Between whom was the conflict over the use of OVC-CT money?

21. What was the cause of the disagreement over OVC-CT money?
22. Have you ever heard of reports of other households registered on OVC-CT having conflicts over use of OVC-CT money? Yes () No ()

Section Five: Family Relations

This section seeks information on how members of the family of respondents relate to one another. Read the statement and mark the response given by the respondents, by ticking an option that corresponds to how much the statement applies to relation between children in the household, and where appropriate filling in the space provided.

23. Like talking to each other: Not at all () slightly () Very Much ()
24. Are supportive of one another: Not at all () slightly () Very Much ()
25. They like one another: Not at all () slightly () Very Much ()
26. They respect one another: Not at all () slightly () Very Much ()
27. They exhibit a sense of play and humor to one another:
Not at all () slightly () Very Much ()
28. They have respect for the privacy of one another:
Not at all () slightly () Very Much ()
29. They love serving one another: Not at all () slightly () Very Much ()
30. They like spending time together: Not at all () slightly () Very Much ()
31. They like talking to you: Not at all () slightly () Very Much ()

32. If something bad happens to the children in your household they confide in you:
Not at all () slightly () Very Much ()
33. Has there been a change in relationship between children in your household since you were enrolled on OVC-CT?

If the response to Question 33 is NO, skip question 34

34. How have the relations between children in your household changed since you were enrolled on OVC-CT?
35. Has your relationship with children in your household changed in any way since you were enrolled on OVC-CT?

If the response to Question 35 is NO, skip question 36

36. How has your relationship with children in your household changed since you were enrolled on OVC-CT?
37. Has your relationship with your spouse been affected in any way since you were enrolled in OVC-CT? Yes () No () No spouse

If the response to Question 37 is NO, or No spouse skip questions 38

38. How has your relationship with your spouse been affected since you were enrolled in OVC-CT?

Section Six: Social Networks

This section seeks information on involvement in certain activities by the respondent. Read the activity then tick a response that indicates whether the respondent does not involve in the activity at all, involves very low or very much.

39. How much were you involved in the following activities before your enrolment on the OVC-CT programm?
- a) Paying tithe: Not at all () Very Low () Very Much ()
 - b) Contributing at funerals: Not at all () Very Low () Very Much ()
 - c) Lending food to neighbours: Not at all () Very Low () Very Much ()
 - d) Borrowing food from neighbours: Not at all () Very Low () Very Much ()
 - e) Helping relatives: Not at all () Very Low () Very Much ()
 - f) Being helped by relatives: Not at all () Very Low () Very Much ()
40. How much are you involved in the following after your enrolment on the OVC-CT programme?
- a. Paying tithe: Not at all () Very Low () Very Much ()
 - b. Contributing at funerals: Not at all () Very Low () Very Much ()
 - c. Lending food to neighbours: Not at all () Very Low () Very Much ()
 - d. Borrowing food from neighbours: Not at all () Very Low () Very Much ()
 - e. Helping relatives: Not at all () Very Low () Very Much ()
 - f. Being helped by relatives: Not at all () Very Low () Very Much ()

- 41. How do your neighbours feel about you for benefiting from OVC-CT programme?
- 42. How do your relatives feel about you for benefiting from OVC-CT programme?
- 43. Do members of your community benefit in any way from the money you receive from OVC-CT programme?

If the response to Question 43 is No, skip Questions 44

- 44. How do members of your community benefit from the money you receive from OVC-CT?

Section Seven: Economic Wellbeing

This section seeks information on the economic activities which the respondent's household engages in after the household was enrolled on OVC-CT. Read the question and then record the response in the space provided.

- 45. Is there any new investment you have managed to do in the last six years?

If the response to Question 45 is No, skip Question 46

- 46. What new investment have you started in the last six years?
- 47. Do you carry out any crop farming?

If the response to Question 47 is No, skip Questions 48 to 60

- 48. What is the main crop that you grow?
- 49. What is the size of land on which you grow the main crop?

50. Has there been change in the acreage of land on which you grow your main crop?
.....
51. If yes, how has the acreage of the land on which you grow the main crop
changed?
52. What caused the change in the acreage of land on which you grow your main
crop?
53. Do you use any fertilizers on your farm?
54. If yes, which type?
55. Has there been a change in your use of fertilizers in the past six years?
56. If yes, how?
57. Has your farm yields changed in the last six years?
58. If yes, how has the farm yields from your farm changed in the last six years?
.....
59. What caused the changes in yieds from the main crop you grow over the last six
years?
60. Do you keep any livestock?

If response to question 60 is NO, skip questions 61 to 66

61. What is the animal of greatest value which you keep?
62. When did you begin keeping the animals of greatest value?
63. Has there been a change in the type of livestock you keep over the last six years?
.....

64. What change has occurred in the type of animal of greatest value you keep?
.....
65. Has the number of animals of greatest value you keep increased or decreased in the last six years?
66. What led to change (increase or decrease) in the in the number of animals of greatest value you keep over the last six years?
67. Do you have any savings which can help you if an emergency situation developed?

If the response to Question 67 is No, skip Question 68

68. Where do you keep your savings?
69. Have you ever worked for someone or an organization?
70. Are you still working for any person or organization?
71. If No, when did you last work for a person or organization?
72. If you stopped working, why did you stop working for the person or organization?
73. Do members of your households engage in any wage employment?
74. Has there been a change in participation in labour market by members of your household?
75. Has the economic wellbeing of your household improved since you were enrolled on OVC-CT programme?

76. Has OVC-CT contributed in improvement of economic wellbeing of your household?

Section Eight: Measures to Improve OVC-CT

This section seeks information on the main measure which the respondent feels need to be taken so that OVC-CT can make greater contribution to the social and economic wellbeing of beneficiary households. Read the question to obtain an answer and record in the space provided. Only one response per question should be accepted. Where the respondent gives several measures, he/she should be asked to indicate the main measures he feels to be necessary.

77. What is the main contribution of OVC-CT programme to the wellbeing of your household?.....
78. What needs to be done for OVC-Ct to contribute to enhancement of good relationship in the beneficiary households?
79. What needs to be done for OVC-Ct to contribute to enhancement of good relationship between the beneficiary households and other housholds not benefiting from OVC CT programme?
80. What needs to be done to enhance OVC-CT contribution to improvement of economic wellbeing of beneficiary households?

THE END

Thank the respondent for sparing his/her time to participate in the study. Ask the respondent if he/she has any question for which he/she will want information. If respondent asks a question for which the researcher has a genuine response, the respondent should answer the question. If the researcher does not have a response, he should state that.

Appendix B: Focused Group Discussion Guideline

The items in this instrument should be used to generate discussion. After various responses on each item, the researcher should solicit for consensus as to what FGD members feel to be the main issue. The various responses should be captured, and also the final conclusion or consensus arrived on.

1. What do caregivers mainly use OVC-CT money for?
2. Do caregivers make proper use of OVC-CT money for the household?
3. How has OVC-CT influenced the relationship between beneficiary households and neighbours?
4. How has OVC-CT influenced the relationship between beneficiary households and relatives?
5. How has OVC-CT affected the relationship between caregivers and their spouses?
6. How has OVC-CT affected the relationship between caregivers and children they care for?
7. How do neighbours feel about household's benefiting from OVC-CT?
8. Has OVC-CT had any impact on the economy of the beneficiary households?
9. What needs to be done so that OVC-CT can contribute more to improvement of the relations among members of beneficiary households?
10. What needs to be done so that OVC-CT can contribute to improvement of the relations between beneficiary households and non beneficiary households?
11. What needs to be done to make to enhance OVC-CT contribute to improvement of economic wellbeing of beneficiary households?

Appendix C: Children Officers' Questionnaire

Indicate the questionnaire number, date of administration and district where the respondent is serving as district children's officer.

Questionnaire Number ----- Date of Administration -----

District -----

Instructions

This Questionnaire has two sections. Respond to all items under each section to your best. Under each section there are instructions on how to fill responses. Read the instruction first before proceeding to the items under the sections.

Section One: Demographic Information of the Respondents

This section is seeking information about you as the respondent. Please read each item and tick an appropriate response, or fill the response in the space provided.

- 1) What is your gender? Male () Female ()

- 2) What is your age in years? -----

- 3) What is your marital status? Married () Widowed () Divorced ()
 Separated () Other (Specify)-----

- 4) What is your rank/ position in Department of Children Services? -----

- 5) What is the highest level of education you have completed? -----

- 6) For how long have you served as a District Children's Officer?

- 7) For how long have you served as a District Children's Officer in current station

Section Two: Information on Operation of OVC-CT

This section seeks information on OVC-CT. Read each item and provide a response in the space provided.

- 8) What do caregivers mainly use OVC-CT money for?
- 9) Do caregivers make proper use of OVC-CT money for the household?
.....
- 10) Have there been problems over use of OVC-CT reported to your office?
.....
- 11) How do members of the community feel about beneficiaries of OVC-CT?
.....
- 12) Has OVC-CT had any influence on the relationship between beneficiary households and neighbours?
- 13) If yes, how has it influenced the relationship between beneficiary households and neighbours?
- 14) How is the relationship between OVC-CT beneficiary households and their relatives?
- 15) Has OVC-CT had any influence on the relationship between beneficiary households and their relatives?
- 16) If yes, how has OVC-CT influenced the relationship between beneficiary households and their relatives?
- 17) Have there been any reports of use of OVC-CT money causing conflicts between registered caregivers and their spouses?
- 18) Have there been reports of conflicts between registered OVC-CT caregivers and children they care for?

- 19) Do you have any knowledge of the relationship between registered caregivers on OVC-CT and children under their care?
- 20) If yes, what is the nature of their relationship?
- 21) How has OVC-CT impacted on the economy of the beneficiary households?
.....

Appendix D: Document Analysis Schedule

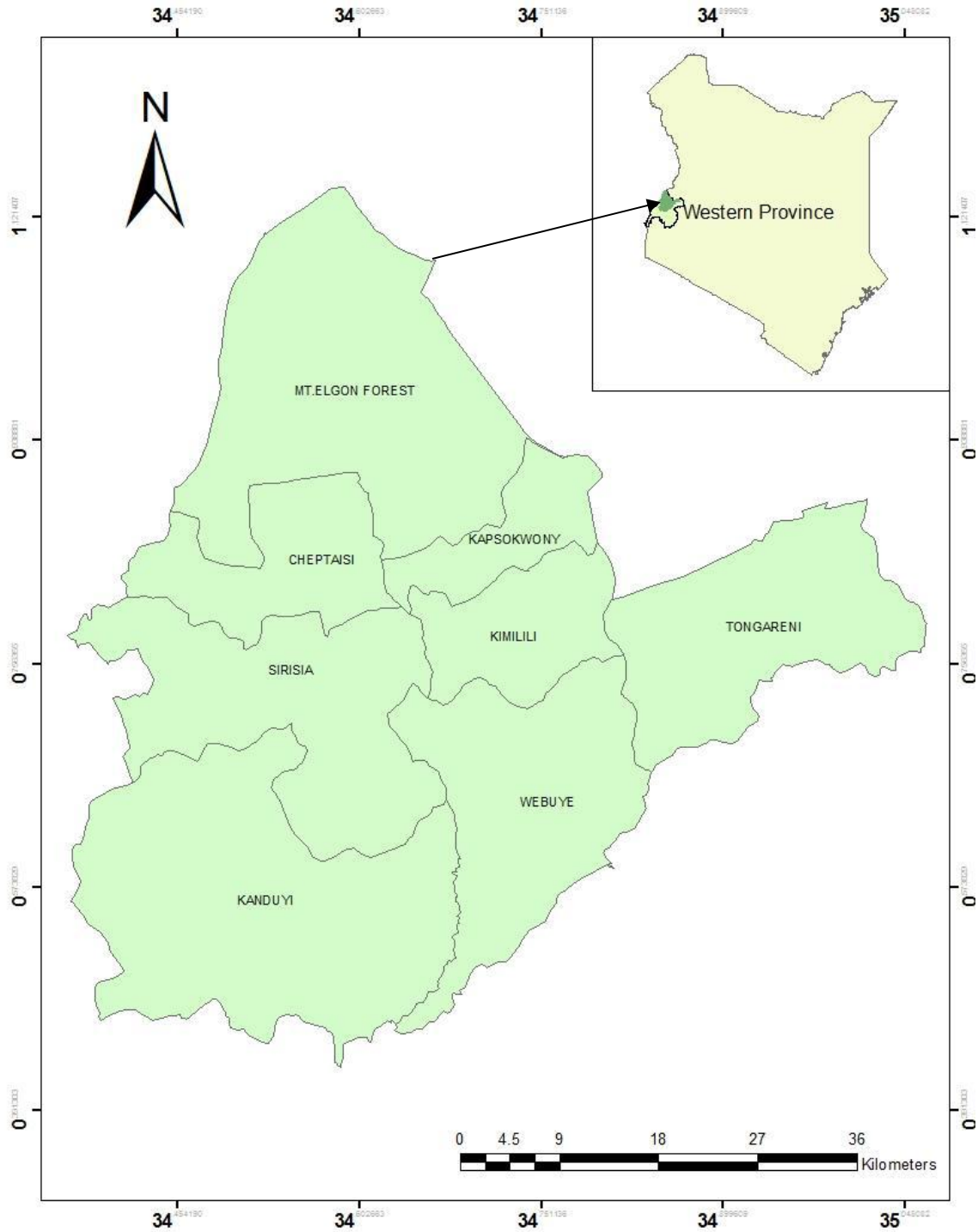
Information to be looked out for from the documents:

- 1) Type of document
- 2) Procedures and instruments for data collection
- 3) Procedures for data analysis
- 4) Findings
- 5) Validity of conclusions
- 6) Recommendations and their validity

Appendix E: List of Villages from Which Respondents for the Study Were Selected

| | |
|--------------------|----------------|
| 1) Bulosi | 21) Matili |
| 2) Burakasi | 22) Mitumba |
| 3) Burangasi | 23) Muanda |
| 4) Chelekeyi | 24) Mujini |
| 5) Chinani | 25) Mulembe |
| 6) Dauti | 26) Mupeli |
| 7) Kambini | 27) Naika |
| 8) Kanduyi | 28) Nakholo |
| 9) Khalaba | 29) Nakwe |
| 10) Kibachenje | 30) Namachanja |
| 11) Kibisi | 31) Namuemba |
| 12) Kimatunyi | 32) Namuyeba |
| 13) Kimilili Rural | 33) Nandika |
| 14) Kituyi | 34) Prison |
| 15) Kiziwa | 35) Rural |
| 16) Lukhuna | 36) Sinoko |
| 17) Lumboka | 37) Sikata |
| 18) Makulo | 38) Sitabicha |
| 19) Mandisini | 39) Stadium |
| 20) Mateka | 40) Tulumba |

Appendix F: Map of Bungoma County



Appendix G: Letter of Consent to Participate in the Study

Wycliffe Aluoch Oboka,
P. O. Box 403 – 50100,
Kakamega.
18/11/2012

Dear Sir/Madam

RE: REQUEST FOR YOUR CONSENT TO PARTICIPATE IN THE STUDY

My name is Oboka Wycliffe Aluoch. I am a student at University of Nairobi, Kakamega Extra Mural Centre undertaking a masters studies Project Planning and Management. As part of the course requirement, I am carrying out a research entitled: Influence of Cash Transfer Programme on Socio-Economic Wellbeing of Beneficiary Households in Bungoma County, Kenya. I am requesting you to participate in the research by responding to questions on the questionnaire/FGD guideline. In case you accept to participate in the study, I will keep confidential all information which you will provide, and will not have the information to used for any other purpose. You are free not to participate in the study if you do wish to. Further, if after starting to participate in the study, along the way you feel you do not want to continue, you will be free to terminate your participation at any stage.

If you accept to participate in the study, please let me know.


Thank You

Yours Faithfully,

Oboka Wycliffe Aluoch

Appendix H : Research Authorization Letter

REPUBLIC OF KENYA



NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Telephone: 254-020-2213471, 2241349
254-020-310571, 2213123, 2219420
Fax: 254-020-318245, 318249
when replying please quote
secretary@ncst.go.ke

P.O. Box 30623-00100
NAIROBI-KENYA
Website: www.ncst.go.ke

Our Ref: _____ Date: _____

NCST/RCD/14/012/1608 **29th November 2012**

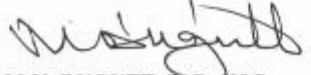
Wycliffe Aluoch Oboka
University of Nairobi
P.O.Box 30197-00100
Nairobi.

RE: RESEARCH AUTHORIZATION

Following your application dated *22nd November, 2012* for authority to carry out research on "*Effects of cash transfer programmes on socio-economic wellbeing of beneficiary households in Bungoma County, Kenya,*" I am pleased to inform you that you have been authorized to undertake research in **Bungoma County** for a period ending **31st March, 2013**.

You are advised to report to **the District Commissioners and the District Education Officers, Bungoma County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.



DR M.K. RUGUTT, PhD, HSC.
DEPUTY COUNCIL SECRETARY

Copy to:

The District Commissioners
The District Education Officers
Bungoma County.

"The National Council for Science and Technology is Committed to the Promotion of Science and Technology for National Development".


Appendix I: Research Permit

PAGE 2 **PAGE 3**

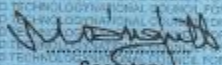
Research Permit No. NCST/RCD/14/012/1608

THIS IS TO CERTIFY THAT: **Date of issue** **29th November, 2012**
Prof./Dr./Mr./Mrs./Miss/Institution **Fee received** **KSH. 1,000**
Wycliffe Aluoch Oboka
of (Address) University of Nairobi
P.O.Box 30197-00100, Nairobi
has been permitted to conduct research in

Location
District
Bungoma **County**



on the topic: Effects of cash transfer programmes on socio-economic wellbeing of beneficiary households in Bungoma County Kenya.


Applicant's Signature **Secretary**
National Council for Science & Technology

for a period ending: 31st December, 2012.