

**EFFECTS OF CASH TRANSFER ON THE UPKEEP OF ORPHANS
AND VULNERABLE CHILDREN: CASE OF MAGETA ISLAND,
KENYA.**

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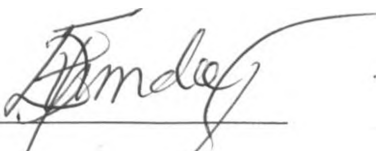
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award of a Master of Arts Degree in Project Planning and Management of the
University of Nairobi**

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DECLARATION

This research project is my original work and has never been presented for any award in any University.

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DEDICATION

I dedicate this work to my parents Mr. Josiah Wandeo and Mrs. Priscah Wandeo, my wife Joy, Children: Nicky, Mark and Norah for their unwavering love and support.

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I wish to express my sincere appreciation to all the people who have assisted me up to this time in producing the report. In a special way, I would like to register my utmost thanks to Prof. Owino Rew and Mr. Michael Ochieng who assisted in shaping and producing this report. I also wish to extend my special appreciation to all the caregivers, Government officials whom I visited in Bondo District during a period of data collection. Their willingness to share vital information freely and honestly is highly appreciated.

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God bless you for being there for me.

ABSTRACT

The number of Kenyan children who are orphaned has increased as a result of HIV/AIDS. The government of Kenya seeks to support the right of orphans and vulnerable children in areas of child survival, child development, child protection and child participation through strengthening community structures. Cash payment of Kenya shillings 1,500 is paid per month to caregivers with orphans to cushion caregivers from economic vagaries. The study evaluated the effect of cash transfer on the lives of orphans and vulnerable children in Mageta Island, Bondo District.

The study objectives were to establish the effect of cash transfer paid to caregivers in meeting the basic needs of OVC, to identify challenges facing the management of cash transfer program, to determine the perception of caregivers and the cash transfer amount paid towards the support of OVC and to investigate alternative interventions and coping mechanisms of caregivers visa- vis increasing number of OVC in relation to cash transfer. Cash transfer was the main variable in the provision of basic needs namely: food, shelter, education and health.

The study employed descriptive survey design. In the study both qualitative and quantitative methods were used. Stratified sampling was used to choose a sample size of thirty one caregivers and one children's officer. The main instruments in the study for gathering information were questionnaires and interview guides. Data analysis was done using computer based programme: Statistical Package for Social Sciences (SPSS Ver. 12.0).

The study found out that cash transfer has made a positive impact on the upkeep of OVC by the caregivers in Mageta Island. The study also examined challenges facing the cash transfer programme. One major challenge that became vivid was the far distances caregivers have to travel to collect the money which reduces their take home.

Two major recommendations which came as an outcome of the study was to advice programme founders to increase amount paid for OVC support and also to decentralize cash collection points closer to caregivers to reduce on transport costs.

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ABBREVIATIONS AND ACRONYMS

ANPPCAN:	African Network for the Prevention and Protection against Child Abuse and Negligence
AAC	Area Advisory Council
ARV	Anti Retroviral drugs
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organizations
CBS	Central Bureau of Statistics
CCCT	Community Based Capital Cash Transfer
CTP	Cash Transfer Programme
DCO	District Children’s Officer
DCS	Department of Children’ Services
DFID	Department for International Development
DHS	Demographic Health Survey
FPE	Free Primary Education
HH	House Hold
HIV	Human Immuno- Deficiency Virus
ILO	International Labour Organization
KDHS	Kenya Demographic and Health Survey
KIHBS	Kenya Integrated Household Budget Survey
MDGs	Millennium Development Goals
MGCSD	Ministry of Gender Children and Social Development
MOH	Ministry of Health
NACC	National Aids Control Council
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children
SRH	Sexual and Reproductive Health
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific & Cultural Organisation
UNICEF	United Nations Children’s Fund
UNCRC	United Nations Convention on the Rights of the Child
USAID	United States Agency for International Development
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

This chapter provides background information on the position of cash transfer programme as an intervention to safeguard the orphans and vulnerable children (OVC). Socio-economic changes that have taken place are highlighted. The chapter also gives an account on how these changes have led to the current involvement of caregivers on OVC. Other areas presented in its chapter include the statement of the problem, purpose of the study, objectives of the study, research questions, assumptions of the study, scope of the study, significance, limitations and delimitations and definitions of significant terms.

1.1 Background of the study

Societies throughout history have devised ways to support people who cannot support themselves, particularly people without family. The main focus is on the effect of cash transfer to household with Orphans and vulnerable children (OVC). The children who are orphaned face many hardships and therefore, do not enjoy their rights as their counterparts who are usually supported by caring parents.

In 1988, a convention on children's rights was founded by United Nations (UN) to Champion the Childs Rights. Due to intense pressure from lobby groups on 10th November 1989, the United Nations General Assemblies unanimously adopted a convention of the declaration on the Rights of the Child (UNCRC) (UNDP, 1990). The convention compels states that have ratified it to be legally accountable for their actions towards children. The convention stipulates, among other things, that every child has the right to life, and that States shall ensure maximum child survival and development; every child has the right to a name and nationality from birth; and, when courts, welfare institutions or administrative authorities deal with children, the child's best interests shall be a primary consideration (UNICEF, 2000). The Convention recognizes the right of children to be heard. States shall

ensure that each child enjoys full rights without discrimination or distinctions of any kind and that, children should not be separated from their parents, unless by competent authorities for their well – being. States should facilitate reunification of families by permitting travel into, or out of, their territories, and States shall protect children from physical or mental harm and neglects including sexual abuse or exploitation.

According to the Convention, orphaned and disabled children shall have the right to special treatment education and care; primary education shall be free and compulsory, and discipline in school respects the child's dignity particularly for the orphaned and vulnerable children, capital punishment or life imprisonment shall not be imposed for crimes committed before the age of eighteen. No child under fifteen should take any part in hostilities And children exposed to armed conflict shall receive special protection (Gracia Machel, 1996). In addition children of minority and indigenous population shall freely enjoy their own culture, religion and language. The OVC do not enjoy these rights.

The number of Kenyan children who are orphaned or made vulnerable has increased as a result of HIV/AIDS. In 2003 an estimated 11% (1.7 m) of all Kenyan children less than 15 years have been orphaned compared to 9% in 1998 (KDHS, 2003). UNICEF report of 2004 indicates that Nyanza province is home to approximately half a million orphans and highest rate of double orphans at 6%. The report further indicates that six million Kenyan children require special care and protection which is 40% of the country's total child population. Orphans have to live without full parental care and guidance, orphaned and vulnerable children (OVC) live with caregivers as they cannot fend for themselves although a small-fraction does live on their own. Without care and support of one or more responsible adults, orphaned children may be less able to access basic needs such as shelter, food and clothing and education and may also be more vulnerable to physical and sexual abuse or engaging in risky behaviors that can adversely affect their health and well being. (Government of Kenya, 2005).

African Network for protection and prevention of children from child abuse and neglect (ANPPCAN, 1986) considers research as a necessity for an effective way of responding to children's issues. An important issue in Africa, concerns the norms for care of orphans and vulnerable children.

The spread of HIV/AIDS over the last decade are among the socio-economic changes that have also impinged on the caregivers. Moreover OVC may also have limited opportunities to learn about HIV/AIDS and other sexual and reproductive health issues if they are not living with caring parents or caregivers or attending school (WHO, 1999). The impact of HIV/AIDS has overwhelmed the traditional extended family safety-net for orphans and vulnerable children, depriving others not just of their chances to attend school but their very livelihoods because of sharing the little available resources.

In its commitment to the lives of OVC in Kenya, the Government introduced the National Policy on Orphans and Vulnerable Children, which is intended to ensure that every Kenyan child who is orphaned or vulnerable is protected and supported in order to achieve their full potential (Government of Kenya, 2005). The policy seeks to support the rights of OVC in area of child survival, child development, child protection and child participation. The objectives of the policy are to: ensure that OVC have their basic survival needs met, support OVC to develop their full potential, protect OVC from all forms of abuse, exploitation and discrimination and ensure the full and meaningful in all matters affecting their lives (Government of Kenya, 2005). The Children's Act 2001 provides all children with survival, development, protection and development right. In this regard the government is tasked with taking appropriate measure to take care of OVC.

In December 2004 the Government of Kenya took a bold step to protect and invest in the lives of children most in need, through cash transfer. Cash payment of Kshs.1, 500 is given per month to each household accommodating an orphan. The piloting programme came to life in 2004 in three Districts namely Kwale, Garissa and Nairobi. In 2005, the

programme was scaled up to cover 18 Districts with Nyanza having the bulk of the beneficiary Districts. These include Siaya, Kisumu, Migori, Homabay, Rachuonyo, Suba, Kisii central, Nyando and Bondo.

Cash transfer programme for OVC delivers cash payment to caregivers who then can use the money to purchase food, clothes and to meet the cost of services like education and health (Government of Kenya, 2005). Introduced by the department of children's services, with support from UNICEF, the aim of the OVC-CT programme is to provide a social protection system through predictable regular cash payment to encourage fostering and retention of OVC within their families and communities and promote their development.

The specific objectives of cash transfer. The Government aims at strengthening the capacity of families to take care of OVC within the community. Cash transfer is one of the strategies through which OVC's can access their basic needs and transit to responsible adulthood. It is in this spirit that the CT.OVC Programme was started in Kenya in the year 2004 (Government of Kenya, 2005). The specific objectives of CT – OVC are to increase school enrolment, attendance and retention of OVC in school, promote nutrition and food security by providing regular and predictable income support to poor families with OVC and also to reduce mortality and morbidity rates among 1 to 5years old children, through immunization and growth control.

1.2 Statement of the problem

The transfer of resources from the better-off to the poorest of societies has been a feature of human organization for millennia (Pearson and Alviar, 2006). One of the worst consequences of HIV/AIDS is an increase in the number of orphans. These children have limited access to psycho-social and economic support leading them to be the most vulnerable of our society. The Department of Children's Services (DCS) with technical and financial support from DFID and UNICEF and funding from the Government of Kenya has started an innovative programme of cash transfer in some Districts in Nyanza province the programme seeks to improve OVC protection.

The Government of Kenya therefore aims at strengthening capacity of families to take care of OVC within the community. Community structures for the increasing number of orphans are over-stretched and cannot adequately absorb the increasing numbers. The social and economic impact of HIV/AIDS in communities and families further weaken the social system for caring of OVC (Nyambedha 2003).

Many grandparents are left to care for these orphans as third generation caregivers (Forsythe and Rau, 1996). With the increasing number of OVC the government of Kenya is expected to up-scale the program. However, the effects of cash transfer on the OVC still needs to be further studied to identifying ways in which to strengthen the program to cope with the illuming challenges.

To the best of my knowledge no study has been done on effect of Cash transfer in Mageta Island. Studies of a similar nature that have been done in other parts of the world may have relevant findings but these may be difficult to apply to our specific social and cultural settings. The study therefore investigated the effect of cash transfer in addressing the basic needs of the OVC, with specific reference to Mageta Island.

1.3 Purpose of the study

The purpose of this study was to investigate the effects of Cash transfer in meeting the basic needs of OVC in Mageta Island. In particular the adequacy of cash provided for support of OVC, challenges facing the programme, alternative coping mechanism and perception of caregivers towards cash transfer were the main purpose of the study. The study was conducted using descriptive survey design.

1.4 Objectives of the study

This study was guided by four objectives

1. To establish effect of cash transfer paid to caregivers in addressing the basic needs of OVC.
2. To identify challenges facing the management of cash transfer programme
3. To determine the perception of the caregivers on the cash transfer amount paid towards the support of OVC.
4. To investigate alternative interventions and coping mechanisms of caregivers vis-avis increasing number of OVC in relation to cash transfer.

1.5 Research questions.

The study answered the following research questions:-

1. Does Cash Transfer payment affect the provision of basic needs of OVC?
2. What are the challenges that face management of cash transfer programme?
3. What is the perception of caregivers on cash transfers amount paid towards the support of OVC?
4. Are there alternative interventions and coping mechanisms of caregivers vis-avis increasing number of OVC in relation to cash transfer?

1.6 Basic Assumptions of the study

The study was guided by the following basic assumptions that: -

The researcher assumed that the level of poverty and needs of the OVC are similar and that the caregivers have the same taste and knowledge on the rights of OVC. An assumption was also made that Cash transfer objectives have been disseminated to caregivers and hence they should be able to apply them. Lastly the researcher assumed that all information received from, all respondents are correct.

1.7 Significance of the study

The outcome of the study is useful to the researcher as it forms a foundation for future research work. The research is further helpful to policy makers as the outcome has unearthed teething problems for the improvement of management of cash transfer programme. Moreover, the outcome is useful to funding organizations in determining realistic figure of money to be paid to caregivers. The outcome is also helpful in furthering knowledge especially for those interested in the subject. Lastly, it is beneficial to the children's department and the local people if some aspects of research findings are utilized.

1.8. The Limitations of the study.

Ideally this study should have been conducted in all locations receiving government cash transfer in Kenya but the time and resources available for the study were limited. However every effort was made to cover the crucial aspects associated with the research problem. Moreover the researcher had to use public transport and timing of boat schedule to reach the island this helped in reducing the expenses.

The sampled caregivers are engaged in many other activities particularly with the various NGO's operating in the area of study. The caregivers are likely to be receiving some support apart from these partners the support that they are unlikely to reveal. The interactions of these supports may influence the result an aspect that may not be fully captured during the study. Some caregivers were not at home and could not be traced. This necessitated the substituting of the absent caregivers with others.

The study is a case of one location hence the results may not fully reflect the full picture of the effect of cash transfer on upkeep of OVC in the entire country. However, the finding is useful for beginning a research debate.

1.9 The delimitations of the study

The study was limited in one location, Mageta Island, Bondo District. The sample of study targeted only OVC caregivers that are supported by the GOK and all other forms of support are not considered. Lastly the study was narrowed down to a time period between 2007 and 2009. This covers the time when cash transfer programme was introduced in Mageta Island.

1.10 Definition of significant terms as used in the study

Cash Transfer: This is a cash grant program to poor household taking care of orphans and vulnerable children in Kenya.

A regular bi monthly payment of shillings 3000/= is provided by the government to caregivers of orphans and vulnerable children with the objective of decreasing chronic and shock induced poverty.

Upkeep: This refers to provision of basic needs to OVC by caregivers using the money paid to them. The basic needs here refer to shelter, food, school requirements and psychosocial support.

Caregiver: A parent or guardian who is charged with responsibility for a child's welfare including comfort, upbringing, guidance, provision of basic rights and realizing human rights.

Child orphaned: A child whose mother or father or both parents have died.

Child: Any human being under the age of 18years.

Vulnerable child: A child whose safety, well being and development are for various reasons threatened including children who are emotionally deprived or traumatized.

1.10 Organization of the study

This study is organized in five chapters. The first chapter covers the introduction to the study, the problem statement, research objectives and question scope and limitations and delimitations of the study. The second chapter deals with literature related to the research problem. It provides insight into previous work and trends that have been recorded in cash transfer and OVC support. The chapter reveals the gap that still needs further research.

Chapter three deals with research methodology. It presents a detailed description of the research areas. These include, study design, study population, sampling techniques, data collection instruments and techniques of data analysis. Chapter four talks about the findings of the study which are based on the objectives of the study done. The findings are discussed and analyzed here. Lastly Chapter five covers the conclusions and recommendations for reasoned judgments of issues raised in the study. It also gives suggestions of areas for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction.

This chapter contains a review of the literature from contribution of various scholars in the field of social protections particularly on children from orphaned and vulnerable backgrounds. The chapter is concerned with effects of intervention that have been undertaken to alleviate the suffering of OVC:

The chapter reviewed the global view of OVC and the OVC situation in Kenya. According to the children's Act 2001, the provision of basic needs shall be the responsibility of the parents and the government. The OVC do not have parents to address those needs and therefore, the government intervention is timely and therefore is captured in this chapter.

2.2 Global view of OVC

Globally, the number of children under the age of eighteen who have lost one or both parents to Aids related illness stands at more than 14.4 million (UNAIDS UNICEF & USAID, 2004) majority of those children become victims of all kinds of violence within and outside the family. This directly denies the children an opportunity to fully grow in an enabling environment therefore most of them end up in children's homes, streets and also in conflict with the law.

UNICEF report (2000) indicates that as the 21st century begins the overwhelmingly majority of the people in the world who live in poverty are children and women. Sub – Saharan Africa has been worst hit by HIV/AIDS and is home to nearly three quarters world's people living with HIV/AIDS. There are 34 million OVC in the region today (UNICEF, 2003).

2.3 Situation of OVC in Kenya.

Although no recent survey has been undertaken, it is estimated that there are currently 2.4 million orphans in the country, including 1,176,000 orphaned due to Aids (NACC, 2006). Kenya is a country of 34 million (CBS, 2003). Kenyans living in poverty has not declined. The HIV and AIDs has contributed to the worsening of poverty in Kenya. In 2003 an estimated 11% (1.7m) of all Kenyan children of less than 15 years have been orphaned compared to 9 % in 1998 (KDHS, 2003)

According to the Kenyan integrated Household Budget Survey, (KIHBS, 2005/2006), Kenyans population is estimated to be 35.5 million of which approximately 14.9 million are children, below the age 14years. The national absolute poverty is estimated at 46%. The Utra –poor in Kenyan are estimated to be 19.1% and poverty impacts negatively on children as they are deprived their basic needs to survival, protection, participation and development (GoK 2008).

In Vision 2030 with its social pillar sector, has indicated that the government will address needs of vulnerable groups, which include OVC, disabled, the aged and internally displaced persons through various strategies (GoK 2008).The strategies include enhancing support to orphans and vulnerable children through policy development and support of safety net such as cash transfer scheme for OVC.

Most OVC live in poor communities with elderly grand parents and poor care givers who can hardly meet their own basic needs. Others live in child headed households where they have to fend for themselves. The family is the natural and basic unit for growth, nurture and development of children. Given the long term benefits of raising children in families and the cost of providing institutional care. It is important that interventions for OVC focus on facilitating community fostering (Andrew, 2008). The situation has necessitated government in line with UNCRC to act.

2.4 Justification for OVC Interventions

Children of parents with HIV and AIDS become vulnerable long before their parents die. Girls in particular, assume caring responsibilities for ailing parents and parenting responsibilities for their siblings. When primary bread winners are unable to work, the entire family's food security is threatened (UNICEF-2006).

Deteriorating circumstances due to the family poverty level and HIV expose children to exploitation and abuse. A recent study undertaken by GoK and UNICEF on the extent of child sex exploitation in the Coast region of Kenya indicate that some 10000 - 15000 girls living in the coastal areas are involved in casual sex work - up to 30% of all 12 - 18 years old in those areas. A further 2000 - 3000 girls and boys are involved in full-time year round commercial sex activity in the coast region. The study found out that sex workers include children whose basic needs cannot be met by family for reasons of unemployment, underemployment and loss of one or both parents. Though there are no comprehensive data on child abuse, orphans are the major victims of child abuse which range from neglect, abandonment assault, sexual abuse, child prostitution among others (GOK2008).

Traditionally, OVC would have been absorbed into the extended family system. However, this traditional safety nets is under severe threat due to social and economic strains (GoK 2008).

A child in a family set up achieves holistic growth and development with values and ethos necessary for his/her ultimate adult life (GoK 2008). Many OVC lack nuclear family set up and thus are cared for through extended family system. The extended due to economic constrains is unable to provide for OVC. The priority area of cash transfer is to strengthen extended family set up as away of reducing separation of children from their families to other options (GOK 2008). Various studies for instance from USAID, Save the Children, World Vision and UNICEF indicate that children can best be supported by providing services that enable them remain within their own families and community. The GoK is

keen in promoting and encouraging the bringing up of children within family set up and recommends that children should only be placed in institutional care as a last resort.

In 2004 the department of children services undertook a rapid assessment, analysis and action plan process and identified the need to develop a national plan of action to address the needs of OVC. The rapid assessment indicated that although the government, civil society, FBO and CBO has come up with several responses many OVC still remain unreached and minimum package of support has not been established. This has been a major gap in OVC support and quality of serviced appeared to OVC still remain a major area of concern.

Kenyan government has a role to play to save vulnerable children. Majority of care centers in Kenya are run by volunteers or religious organizations. However, the government has come out strongly to control and provide regulation for proper running of the institutions. (GoK 2008). Children homes provide shelter to OVC who are sent to the centre only through recommendations or requests from authorized officers like children's officer. Nairobi children's home was established by government to take care of OVC (GoK 2008). And was initially designed to accommodate fifty children, but currently it has been expanded to accommodate one hundred and twenty children (GoK 2008)

UNICEF, World Vision and Plan International are child-focus international organization that their activities and programmes are targeted to the children. Traditionally in Africa society, a child was a member of a community and could not be separated from it. Therefore a child's entitlement was a community matter (Devereux 2005). Children had no need to fend for themselves. They were loved and cared for by the society. Today's children are responsibility of the parents and once the parents die the children are left on their own or under care of guardian who some get support from the government or non – governmental organizations. There is little evident that the support that is given is adequate in providing basic needs of OVC.

2.5 Interventions

Various interventions for OVC have been way below meeting the basic needs of children they are meant to assist. Some of the interventions focus on some parts of the needs of children and leave out others and benefactors still believe that they are making a difference yet it might only be one type handout given once a year (GOK 2008).

There is that need to ensure quantity, quality and frequency of the intervention. In that regard there is need to establish whether cash transfer provides the quantity and quality expected. A young person's stage of development will also be factor in determining the kind of support he needs to enhance the prospect of a healthy and productive future. Cash transfer regards OVC as a homogenous and undifferentiated group (GOK 2008).

2.5.1 Interventions on education

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Kenya has pledged to provide free primary education (FPE) for all, as provided for in the MDG. It is estimated that 60% of the orphans are cared for by their grand parents (GOK, 2007) a group widely recognized as extremely vulnerable themselves. Only 88% of children, who have lost both parents, are regularly in school compared to 92% of those with parents alive (Andrew, 2008). Communities and parents will continue supporting FPE initiative through improvement of facilities; however, no child is to be denied access to education because the parents or guardian cannot afford to pay for such facilities. However, the cost of uniforms and related items for school pupils remain a challenge to a majority of Kenyan children (Abagi and Odipo, 1997). The Kenya National HIV/AIDS strategic plan 2000 – 2005 observes that the numbers of OVC in school are few because such children are kept out of school to care for the sick and help support the family.

Many large scale cash transfer are conditional with payment dependent on regular school attendance or use of preventive services. A study in Brazil shows a sharp fall in

school dropout rates and higher enrolment in post- primary education (UNESCO, 2003/2004).

In Bangladesh female secondary school stipend programme paid school fees and transferred an incentive payment direct into girls bank account on condition of at least 85% school attendance , remaining unmarried until at least 18 years old and passing exams. This has increased enrolment rate by 12% point per year in rural areas (Khandkers, 2003). However this is conditional transfer of cash which is pegged on the child attendance in school which is not the case in Mageta Island.

Similarly in Zambia overall absenteeism from school has declined by 16% over the first nine months of Kalamu cash transfer pilot scheme in Zambia where transfer are made to the most vulnerable households often grandparents caring for children affected by AIDS (UNICEF, 2008).

In short the review suggests that strategic combination of programs in an integrated basket of support would be an important step forward. The form of transfer must be appropriate to the content in which it is used. Cash transfer are often more cost effective than food transfer because they incur less of the transportation and storage costs associated with the latter (UNICEF, 2003). There are many pressures which stop orphans especially vulnerable orphans from attending school. The striking improvement in school attendance and academic performance among OVC in Kenya as a result of the Community Based Capital Cash Transfer (CCCT) programme was remarkable (Andrew, 2008).

However it was noted that improvement resulting from CCCT project did not completely normalize school attendance and therefore the need for further assessment. In 1998 the African common position regarding child protection and elimination of child labour in Africa was adopted. This common position included recommendations that all African countries should enhance legal protection of their children by accelerating implementation of the minimum age convention (UN, 1973), the convention on the right and

welfare of the child (UN 1989) and the African charter on the rights and welfare of the child. (Wilson, 1999). The right to social transfer can be met progressively according to resources available and this therefore addresses the question of how much is enough.

In 1989 in Romania there were high numbers of children living in orphanages. Once in this orphanages the general public treats the children as orphans and stigmatizes them (Becky 1989). According to him, community based programs of child protection were more apt. Therefore child welfare services need to be radically be redefined to facilitate the use of, as well as promotion of local coping mechanism. Becky asserts that the high number of school dropout was minimized through promotion of healthy family and community environment and nurturing cash transfer safety net for children and families at risk.

Research has shown that for all round child, basic education high intensity support from a responsible caregiver over time, a work experience component in the home and the presence of a stable, caring adult are critical factors leading to successful transition from childhood to a youth and to responsible adult. The implementation of FPE in 2003 in Kenya show the enrolment jam by 22% in the first year leading to overcrowding in classrooms (GOK 2006). While enrolment rates increased, concerns have arisen regarding quality of teaching, learning and timely provision of education equipment. In view of the above eliminating all barriers to education can accelerate access even among OVC. Primary education has been established as a rights and its fulfillment is a collective responsibility of individuals, leaders and society.

2.5.2 Interventions on health

The health status of children in Kenya has seen significance decline in recent years with infant mortality rates increasing from 30/1000 deaths in 1989 to 77/1000 in 2003 and under 5 mortality rates also worsening (KDHS 2003). Nutritional status indicators shows that 33% of children under age 5 are chronically malnourished, while acute malnutrition rate

stand at 6.1% and 20.2% are under weight with 4.0 % being severely underweight (KIHBS 2005/2006).

Mechanisms need to be put in place at all levels to ensure OVC have access to essential services. The government and other development partners are already offering some of the essential services such as free health services to children below five years, provision of ARVs, provision of free Tuberculosis and malaria treatments. Despite these efforts many OVC are unable access these services due to their difficult circumstances (GoK 2008). Free medical care is only available to under five, thus 6 to 18 years old are left unprotected. Those OVC above 5 years receiving cash transfer have to rely on it when sick or when in need of medical attention. A resource to cover routine health care for them is necessary.

A central concern among others to the children's department is how the program could minimize any sexual and reproductive health (SRH) vulnerabilities of OVC. Lack of supervision and /or loving care by parents/guardians is perhaps the key factor that increases vulnerability to risky behavior by children. Orphans are felt to be at increased risk because of this. Orphaned girls and especially those who had lost their mothers, were the least likely to feel that they have such support from caregivers (Ferguson, 2007). Analysis of impact of CT transfer in Zambia's Kalamo District reveals that greater percentage of the money is used to purchase food and accessing health services particularly the HIV positive household members.

This therefore leaves very little for expenditure related to education. In remote villages the distance to the closest school is too far for young children to reach. Overall the CT is likely to have had a positive effect on the health status of beneficiary population (UNICEF, 2007).

Alternatively Mexico cash transfer scheme boosted demand by women for ante-natal care by 8% and contributed to a 25% drop in incidence of illness in new born and 12% lower

incidence of ill-health among less than 5 years old compared to non recipient children (Mc Claffety, 2000).

Similarly in Nicaragua, social protection programme, immunization levels among recipients 12 – 23 months old children increased by 18% (Gorter, 2002). Rampel (1984) argues that wherever poverty exist a country's capacity to produce is drastically reduced. Thus he relates poverty to food shortages and chronic malnutrition especially among children.

Todaro (1984) found that in Kenya the wide spread poverty lead to various social and health problems, the most pronounced being malnutrition. The extent to which immunization influences the lives of children is not easy to determine or quantify. Complex interaction between various childhood diseases combined with low levels of nutritional status contribute to poor health in children and if not treated may lead to death (DHS, 1991). In spite of these intervening factors immunization of infants and children is still one of the ways in which to prevent children from getting diseases (MOH, 1992), a fact that is being encouraged by cash transfer.

2.5.3 Interventions on food security

According to Maxwell and Slater (2003), food security exists when all people at all times have physically and economic access to sufficient safe and nutritious food to meet their dietary needs and food preferences for an active full and healthy life. Food security improves people's health, physical and mental development, making them more productive workers in any sectors. Assured food security reduces infant mortality, maternal mortality and stabilizes people's lives especially the orphans. Many caregivers affected and infected also have to cope with loss of family labour caused by the Aids deaths and with extra duties of food provision to orphans.

Nyambedha et al (2003) for example observed that orphaned children are specifically affected by inadequate food more than children with both parents, cash transfer therefore provides these children with regular needs. According to Kibride and Kilbride (1993) the extended family in Africa was widespread and efficient ensuring that children and elderly were adequately cared for. Kayongo – male and Onyango (1984) asserts that traditionally social security measures consisted of collective solidarity through mutual assistance within family, clan and tribe. Traditional care structures within extended family network are already showing signs of being over stretched (Forsythe and Rau 1996).

Although extended family is shrinking due to economic changes it is argued that these institutions will continue to be instrumental in providing best care to OVC compared to institutional care (Hunter, 1990). Thus the extended family need cash interventions.

The review of cash transfer programme UNICEF (2003) suggests that cash interventions to the poorest do reduce extreme poverty by alleviating larger and preventing people from falling into destitution but they do not often lift people above the poverty line. Predictability is the key characteristic of social transfer that addresses chronic poverty, predictable cash transfer provide beneficiaries with guaranteed and regular support which allows them to take considered decisions about how to use the transfer in other words plan a head, to invest, to save and to gain some control over their future can do more than fill empty stomachs. At community level predictable cash transfer generate demand for goods and services, stimulate markets, create employment and foster growth (Ice, 2000).

2.6 Critique and summary of literature review

The government and other stakeholders have come up with several interventions to address the plight of OVC. But this has remained inadequate in the face of the increasing number of OVC. OVC require quality services that will significantly guarantee their transition to responsible adulthood. The cash transfer and the support provided to OVC does

not take into cognizance the different age groups and their differing needs. Most Scholars have not addressed the minimum package required for each category. Instead concentration has been on HIV/AIDS (GOK 2008).

In summary, mechanisms need to be put in place to monitor support provided to OVC by all stakeholders to ensure quality and quantity support that meets the minimum package for each age group. In conclusion cash transfer for each household should be costed based on the needs of the OVC in that household instead of the current homogenous categorization of OVC in relation to the cash payment.

2.7 Theoretical framework

The study employed human development theory as the major guiding principle. The theory focuses on measuring well being and detecting uneconomic growth that comes at the expense of human health. However, it goes further in seeking not only to measure but to optimize well being by some explicit modeling of how social capital and instructional capital can be deployed to optimize the overall value of human capital in an economy. The role of individual capital within that ecology and the adaptation of the individual to live well within it is a major focus of the theory. The theory further emphasizes on empowering the less fortunate in the society to be able to access the basic needs of OVC among others.

According to UN convention (1989) basic needs of OVC were identified as food, health, shelter and education and therefore access to these have been given priority. The greatest proponent of this theory was Amartya Sen. He popularized human development approach theory by asking “what is the relationship between our wealth and our ability to live as we would like” (Sen 1999). According to Sen for any people to develop they must enjoy economic, political and social freedom like food security, health care, shelter and education. The theory envisages creation of an environment where people can develop their full potential and live productive lives.

2.7.1 Operationalization of the theoretical framework in the Kenyan context

The UN general assembly adopted a convention on the rights of the child (UNDP, 1990). Kenya has ratified the convention and therefore is legally accountable for their actions towards children. According to the convention, OVC and disabled children shall have the right to special treatment.

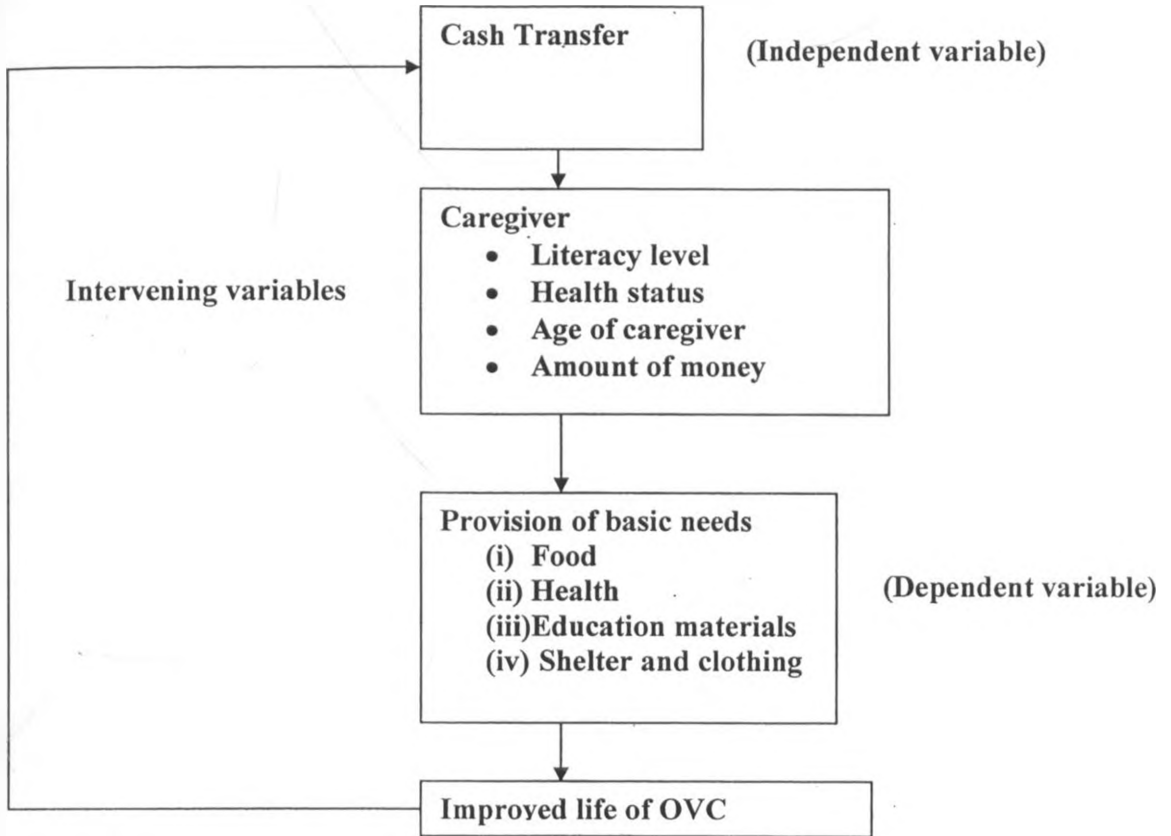
The researchers view is in agreement with the theory and therefore feels that more resources need to focus on OVC to enable them access their basic needs which are their basic human rights. The provision of more resources for example cash transfer will enable the OVC to develop to their full potential.

2.8 Conceptual Framework

This conceptual framework brings out how cash transfer influences the caregiver to provide basic needs to OVC. Cash transfer is defined as payment of Kshs. 1,500 bi – monthly to caregivers with OVC. The provision of basic needs is seen as availability of food, shelter, health and school requirements. The framework envisages that cash transfer directly affects food, shelter, health and school needs as shown in Figure 2.1. However, the relationship can be modified by the age of caregivers, amount of money received, health status of the caregivers and literacy level.

Figure. 2.1

Conceptual framework for the relationship between cash transfer and the provision of basic needs to OVC.



The conceptual framework provides tools to be used to critically analyze the given variables. The independent variable in this case is the cash transfer and dependent variables are food, health, educational materials, shelter and clothing.

There are a number of intervening variables. These include: literacy level, age of the caregivers, the health status of the caregivers and the amount of money paid.

Literacy level of the caregiver is likely to have an effect in the provision of the basic needs of the OVC as they caregivers may not be in a position to prioritize the most basic needs that OVC require. The caregiver himself may be sickly and this may mean that the much of the money received will be used in treatment of the caregiver. This will leave very

little or nothing for the OVC's upkeep. More importantly the OVC may take much time nursing the sick caregiver and therefore fail to regularly attend school (GoK 2008).

The age of caregiver provide a challenge. The gap in age between some OVC is great. This at times creates misunderstanding between the caregiver and the OVC. Some caregivers may also be too young for the responsibility of caring for their siblings.

The amount of money given for OVC support may be too inadequate for the number of OVC to be supported in a household. Moreover each OVC has his independent need and therefore blanket and uniform figure of Ksh. 1500 per month may not adequately address the need. In the conceptual framework therefore shows that if cash is received the intervening variables addressed and this will in turn lead to improved life of OVC and hence cash transfer.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents research design, target population, sample and sample size, sampling procedure and data collection technique. It further describes the research instruments, validity and reliability of the research instrument and finally data analysis techniques.

3.2 Research Design

Descriptive survey design was used in this study. The survey design is a methodology that is employed to investigate population by selecting samples to analyze and also to discover occurrences (Oso, 2008). Survey design was ideally suitable for the study since it enabled the researcher to rapidly collect data for analysis. It was also justifiable since it allowed the researcher to understand a population from part of it. The researcher used both quantitative and qualitative techniques. The instruments administered for collecting data from the field included: research administered questionnaire and interview. The respondents were prohibited from writing their names to ensure confidentiality.

3.3 Target population

The study was carried in Mageta Island which is situated in the extreme part of Western Kenya in Nyanza Province within lake Victoria at the border of Kenya and Uganda (Appendices III and IV). The Island is approximately 72 kilometer square (GoK, 2005). The Island was chosen because accessing most care givers was possible. The study covered period from the year 2007 to 2009. This is the time that cash transfer programme for OVC has been in operation in Mageta. Only caregivers receiving government cash transfer were considered in this study. The study targeted a population of 66 caregivers who

are currently receiving cash in Mageta Island. The above respondents will be drawn from all the primary schools in Mageta Island.

The number of Kenyan children who are orphaned or made vulnerable has increased as a result of HIV/AIDS. Nyanza province is a home to approximately half million orphans. More than half of these orphans are found along Lake Victoria bordering beaches (NACC 2004). Mageta Island falls within this geographical area.

Mageta Island has numerous beaches around it being an island within Lake Victoria. The beaches along the lake have recorded the highest figures in HIV/AIDS prevalence which has resulted to high number of death and thus orphans (NACC 2004).

3.4 Sample Size and Sampling Procedure

There are 66 caregivers receiving cash from the government of Kenya to take care of OVC in Mageta Island. According to Mugenda, (2008), in descriptive studies ten percent of the accessible population is enough for the study. A sample size of 7 was required but for the purposes of generalization and gender consideration a sample of 31 caregivers was considered convenient. This number is a nearly a half of the target population. The sample size of 31 was expected to provide statistical confidence.

In order to arrive at a sample which is not biased, the study employed stratified random sampling. The stratified sampling was used to select the category of caregiver respondents that was included in the sample.

Stratified sampling technique is a technique that identifies sub-groups in the population and select from each sub-group to form a sample. The technique separated the gender of caregivers into a separate sub-set to form a sample. Further it also grouped caregivers into different sub-locations to ensure equitable representation of the population of the sample. The caregivers were separated into different age groups and each a signed a

number that was randomly picked from a basket to arrive at the desired number of respondents.

The sampling technique was hence used to ensure that the target population is divided into different homogenous stratum and that each stratum is represented in the sample in a proportion equivalent to its size in the accessible population. This ensured the validity of the study.

3.5 Research instruments

The general objective of the study was to establish the effect of cash transfer paid to caregivers in meeting the basic needs of OVC. The selection of the tools were guided by the nature of data to be collected, time available as well as the objectives of the study. The study employed researcher administered questionnaire and interview as the main tools for collecting data. The objective of the study was concerned with some variables that could not be directly observed such as views on cash transfer and perceptions of the caregivers towards cash transfer.

The Questionnaire

This is a set of questions related to the research objectives to which respondents answer. There are three main types of questionnaires structured / closed-ended questions, unstructured/open-ended questions and triangulation type, which is a combination of the above two. The researcher used the triangulation type. This type of questionnaire begins with a series of closed questions and ends with a section of open questions for more detailed response. The researcher employed both quantitative and qualitative methods and this necessitated the choosing of this type of instrument.

The Interview Schedule

This is person to person verbal communication which one person asks other questions intended to illicit information or opinion. This was a method that was affectively used to get information from the children's department in Bondo as they are the coordinating body of the cash transfer. In this research the interview questions were constructed basing on the objectives of the research.

Pre – testing of the data collection instruments was done before the actual research to ascertain the feasibility of the research instruments. This enabled the researcher to modify and alter questions for smooth responses.

3.5.1 Validity of Research Instruments.

Validity is defined as the degree to which an instrument measures what it purports to measure (Mugenda 2008). It can therefore be taken that validity is accuracy, truthfulness and meaningfulness of inferences that are based on the data obtained from use of a tool. Burg and Gall (1989) stated that to enhance validity of a questionnaire a pilot on population similar to the target should be conducted. This was done in four households to determine the soundness of the questionnaire as a research instrument.

3.5.2 Reliability of research instruments

Reliability is the proportion of variance attributed to true measurement of a variable and estimates the consistency of such measurement over a time. Mugenda, (2008) considers reliability to be the measure of the degree to which a research instrument would yield the same result or data after repeated trials. It is for this reason that the researcher used two data collection tools to ensure reliability of the result. Questionnaire and interview was used to verify all the information received. For all the data collection tools, a pilot study was done before the actual process to test the instruments.

3.6 Data Collection Procedure

In this study descriptive survey technique was used to collect primary data by making use of a questionnaire and interview schedule. This was preceded with preparation which included sourcing of caregiver list from the Children's Department in Bondo. A letter was also sent to the provincial administration and an application for research permit made. The researcher developed a letter on why research was being undertaken. The letter also reflected the policy of confidentiality with responses.

Data was collected using the specified tools by the researcher and basic details on how to access caregivers was obtained from the location chief. Armed with the caregivers list, sampling was done. The questionnaire was researcher administered to each caregiver at his/her home. A total of 31 caregivers were visited at their homes. The questionnaire was scripted in English and this called for translation of the questions into Luo language which the researcher is fluent in. The verbal responses were filled in systematically; the questions were also reframed for clear understanding whenever the questioning process demanded. The questionnaire assisted to collect data on demographic characteristics of respondents' marital status, level of formal schooling. It also captured views on how important cash transfer is to the caregivers.

The interview was conducted with the managers of the cash transfer, the Children's Department officials. The researchers visited the Children's Department and interviewed the deputy District Children's Officer. This was at an appointed time. Data was collected on management of the programme and also during this time that the list of OVC – CT beneficiaries was obtained.

3.7 Data Analysis Techniques

This is separation of data into constituent parts or elements. All the data from the study was coded in the computer and this was done continuously during the course of study. In quantitative analysis the researcher used (SPSS 12.0) student version. Qualitative analysis was done by content. From both the analysis the researcher established the extent of which cash transfer affects the provision of basic needs to OVC.

3.8 Ethical Considerations

As a first step, the researcher sought clearance from the relevant authorities to conduct the research. Other measure that were taken included: ensuring that all respondents were treated with respect, not coerced or intimidated to give information. The respondents were further promised that their information was purely for academic purpose and not intended to condemn or hold anyone responsible and to be treated with utmost confidentiality. The respondent were also informed of their freedom to ignore items they did not wish to respond to. Religious and cultural aspects were also taken into account so as not to offend the respondents.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND PRESENTATION

4.1 Introduction

This chapter presents the findings regarding the effect of cash transfer on the upkeep of OVC in Mageta Island, Bondo District. The data has been analyzed using SPSS ver.12.0, a computer programme and presented as per the objective of the study. The data was analyzed both qualitatively and quantitatively. The data has been presented in forms of tables, pie chart, percentages, graphs which makes the results easy and possible to be understood by all readers.

4.2 Data Analysis and Interpretation.

Data was analyzed according to the research questions in the questionnaire. This was followed by an explanation for each table or figure provided in line with research objectives.

4.2.1 Demographic Characteristics of the care giver

The study sampled a total of 31 OVC caregivers from Mageta highland. This part describes the characteristics of caregivers according to key attributes. The attributes include caregiver age, level of education, marital status and economic status.

Table 4.1 Age of Caregivers

Ages of caregivers	Frequency	Percent
25 - 34 years	2	6.5
35 - 44 years	5	16.1
45 - 54 years	9	29.0
55 - 64 years	5	16.1
65 years +	5	16.1
Total	26	83.9
No response	5	16.1
Total	31	100.0

From table 4.1, not all respondents gave their age. However, from the table it is revealed that 61.2% of the caregivers are above the age of 45. The age gap of the OVC and majority of the caregivers is wide. The generation gap tends to bring communication breakdown between the parties. This affects the utilization of cash transfer given to caregivers to meet the need of OVC as priority may differ.

4.2.2 Literacy

The care givers responded and gave their education level

Table 4.2 Literacy level

Variable	Response	Frequency	Percentage
Able to read/write	Yes	7	22.6
	No	24	77.4
	Total	31	100
Educational level	Primary	9	29.0
	Secondary	0	0
	Tertiary	0	0
	Adult Education	0	0
	Others	1	3.2
	No response	21	67.7
	Total	31	100

From table 4.2, the first part of the table reveals that only 22.6% of the respondents are able to read and write, while the remaining 77.4% are not able to read and write. This brings the challenge of planning for the money received. 67.7% declined to give their educational level, however, this percentage is quite close to those who are unable to read and write.

4.2.3 Marital status

Figure 4.1 Bar graph showing marital status of caregivers

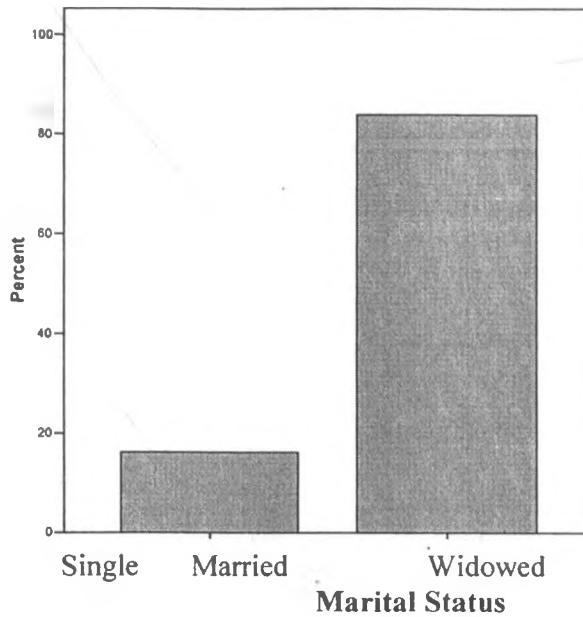


Figure 4.1 illustrates the picture on the marital status of the caregivers. The study revealed that most caregivers are widowed. 83.9% of the respondents were widowed. This is a challenge, as OVC are not in a position to get advice from both sexes. Some OVC may be in their early teens and may not want to be controlled by either of the sexes.

4.2.4 Adequacy and effect of cash transfer on economic status

Table 4.3 Adequacy of cash transfer and effect on economic status.

Variable	Responses	Frequency	Percentage
Adequacy of cash transfer	Very Adequate	0	0
	Adequate	0	0
	Average	17	54.8
	Inadequate	13	41.9
	Very inadequate	1	3.2
	Total	31	100
(Did cash transfer improve economic status)	Yes	30	96.8
	No	1	3.2
	Total	31	100

To the first question that asked how the caregivers find the cash transfer in addressing OVC needs, 54.8% show the cash transfer they receive to be average in addressing OVC needs. 41.9% show it to be inadequate in helping to meet OVC basic needs. None of the respondents show the cash transfer to be very adequate nor adequate. In regard to the second question: the effect of payment on economic status, 96.8% of the respondents agreed that the cash transfer improved their economic status, only 3.2% of the respondents stated it did not improve the economic status.

4.3 Effect of cash transfer on basic needs

Table 4.4 Effect of Cash Transfer on food

Basic Need	Scale	Frequency	Percentage (%)
Food	Very Adequate	14	45.2
	Adequate	5	16.1
	Average	12	38.7
	Inadequate	0	0
	Very Inadequate	0	0
	Total	31	100

The responses on adequacy of cash transfer on food Table 4.4 reveals that 100% of the respondents admits that the cash transfer in addressing food problem was above average: with 45.2% saying it is very adequate, 16.1% saying it is adequate and 38.7% viewing it to be average. None of the respondent show the cash transfer to be inadequate or very inadequate in addressing food situation of the O.V.C. An indication that with cash transfer no OVC stays without at least a meal a day. To further verify the fact the respondents were asked the number of meals they give to the OVC as a result of the cash transfers they obtain.

Figure 4.2 Bar graph showing number of meals for OVC each day

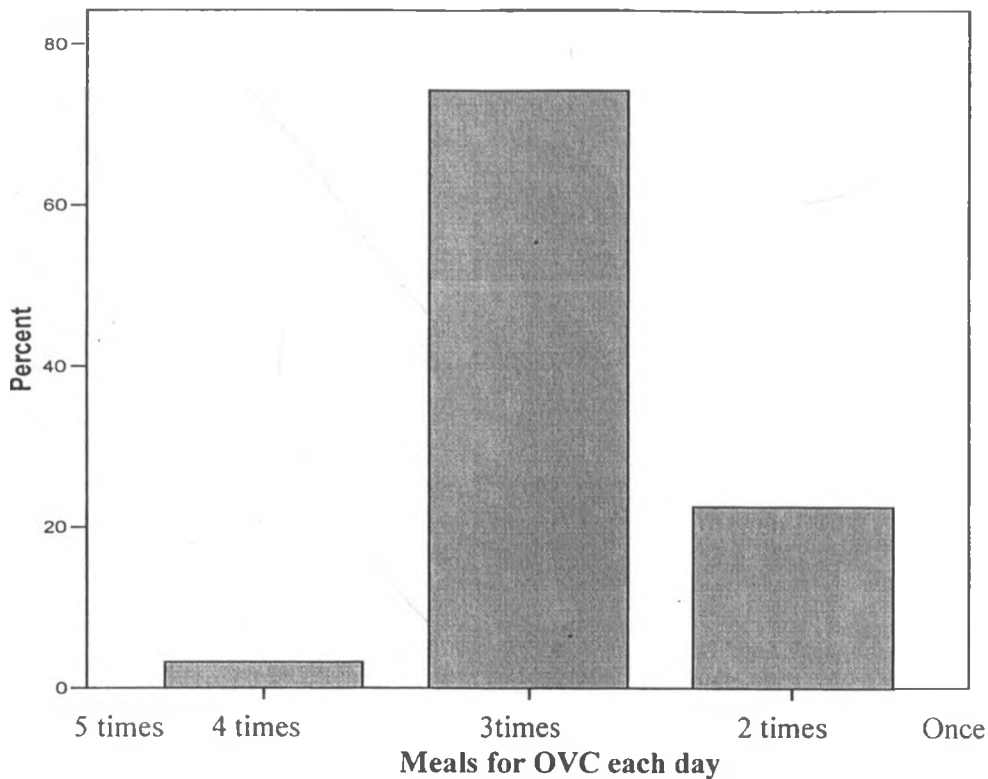


Figure 4.2 reveals that more than 74% were able to feed their OVC three meals a day due to cash transfers received. It can therefore be concluded that the cash transfer given to caregivers has helped in addressing the food needs of the OVC.

Table 4.5 Effect of Cash Transfer on shelter

Basic Need	Scale	Frequency	Percentage (%)
Shelter	Very Adequate	3	9.7
	Adequate	9	29.0
	Average	6	19.4
	Inadequate	10	32.3
	Very Inadequate	3	9.7
Total		31	100

Majority of the respondents had the opinion that the cash transfer had improved their ability to provide shelter. Their views are shown in the table 4.5. From the table, more than

a half respondents (60%) say the effect of cash transfer in addressing shelter needs of OVC is average. However, a big percentage (40%) maintained the cash transfer is inadequate in meeting the shelter needs of OVC.

Table 4.6 Sleeping areas of OVC

Variable	Response	Frequency	Percentage
Do OVC sleep with caregiver in the same house	Yes	17	54.8
	No	14	45.2
Total		31	100
Alternative sleeping place for children if not sleeping with caregiver	Own bedroom	2	13.3
	House kitchen	6	40.0
	Neighbours' house	2	13.3
	Others	4	26.7
Total		14	100

Table 4.6 further reveals that majority of the OVC sleep with the caregivers in the same house. 54.8% of the respondents said they sleep in the same house with the OVC, while 45.2% pointed out that they are not sleeping in the same house with the OVC. For those who do not sleep with the OVC, the alternative sleeping place revealed that there is a challenge when it comes to shelter.

Table 4.6 additionally reveals that only 13.3% of the OVC are sleeping in their own bedroom and the same percentage at neighbours house, 40% in the kitchen while the remaining sleep elsewhere. This is an indicator that shelter has not been addressed adequately by the cash transfer given.

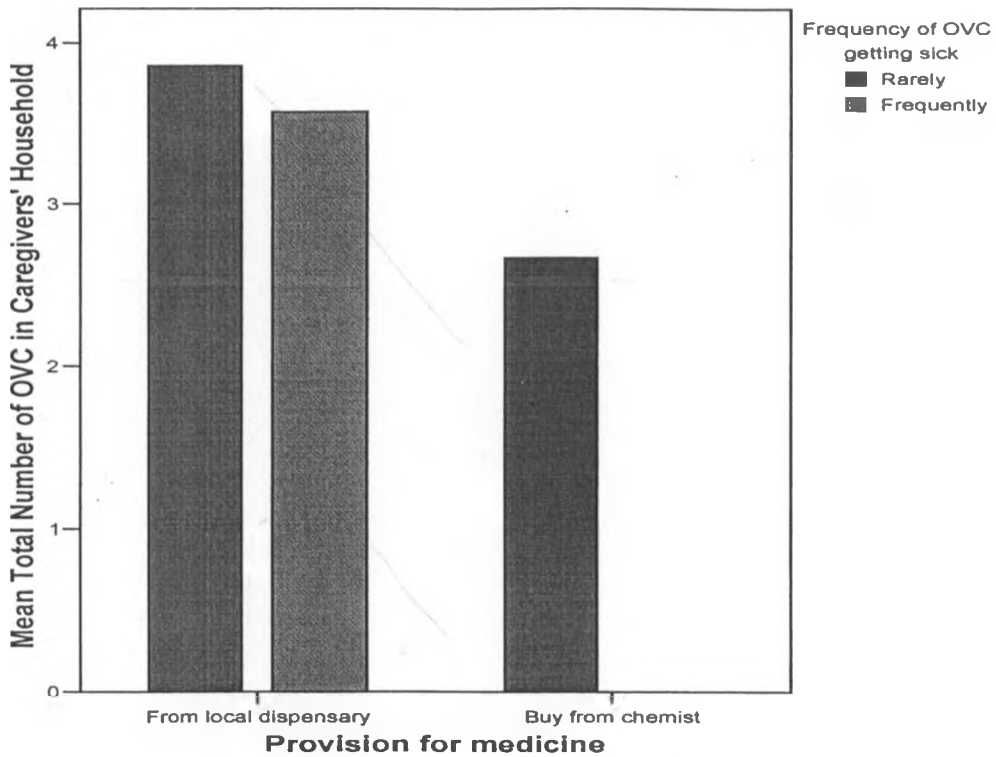
Table 4.7 Effect of Cash Transfer on health

Basic Need	Scale	Frequency	Percentage (%)
Health	Very Adequate	5	16.1
	Adequate	4	12.9
	Average	17	54.8
	Inadequate	4	12.9
	Very Inadequate	1	3.2
	Total	31	100

The third part of the first objective was to establish the effect of cash transfer on health as a basic need of OVC. The responses received are as shown in the table 4.7. From the table, 16.1% show the cash transfer to be very adequate in addressing health needs of OVC, 12.9% show it to be adequate, with 54.8% seeing the cash transfer meeting the health needs of OVC to be average. Less than 17% had the opinion that the cash transfer given is inadequate in addressing the health needs of OVC.

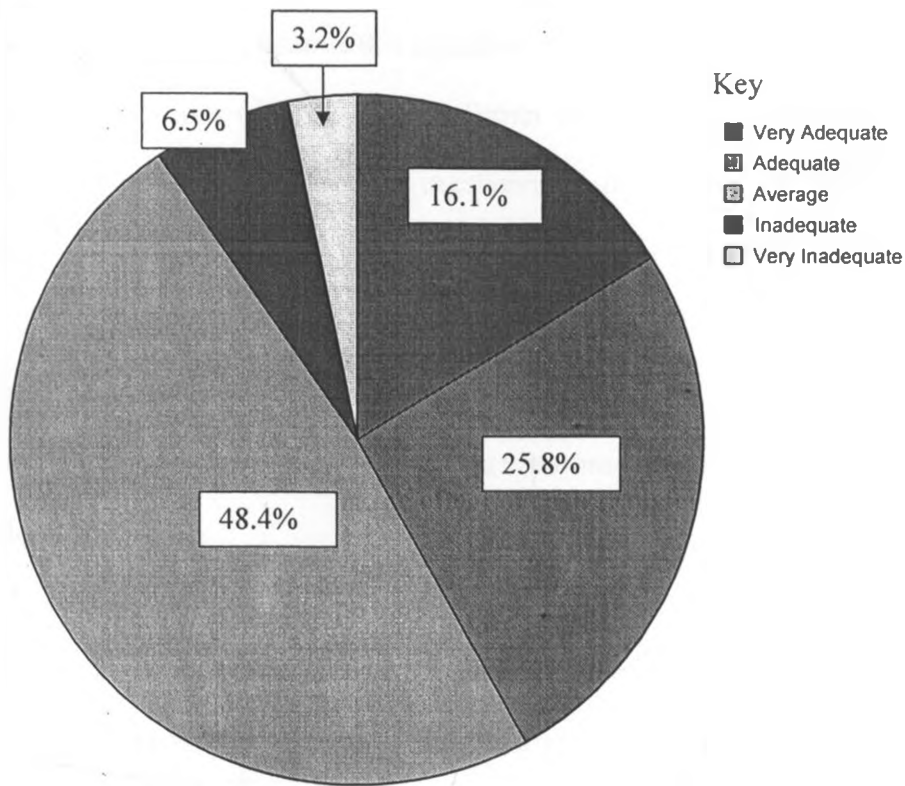
Comparing the total number of OVC under caregivers in relation to the frequency of OVC getting sick and the place they get medical care, it emerged that those who frequently get sick receive their medical attention from local dispensary and none buy medicine from chemist. As shown in figure 4.3

Figure 4.3 Provision of Medical Care



This shows that the cash transfer given coupled with other income caregivers receive in support of OVC's medical care, the OVC can only get medical attention from the local dispensary which is known to be the cheapest. The caregivers cannot afford to give OVC medical help elsewhere like chemist that involves use of more cash. This is an indication that cash transfer given to caregivers in support of OVC's health need is not sufficient for the need. This therefore calls for a review of amount of cash disbursed.

Figure 4.4 Pie chart showing the effect of cash transfer on education



From the responses shown in Figure 4.4, 25.8% of the respondents show the cash transfer given in addressing the education needs of OVC to be adequate, 48.4% say it to be average, 6.5% saw the cash transfer to be inadequate, while 3.2% of the respondents view the cash transfer to be very inadequate.

When summed up those who view cash transfer to be average, inadequate and very inadequate in meeting OVC education needs, the total percentage comes to 58.1. This shows that majority of the respondents admit that the cash transfers is not adequate in providing education needs of OVC. This is made clear by the pie chart in figure 4.4.

4.4 Challenges facing cash transfer programme

The second objective of the study was to identify major challenges facing cash transfer to OVC. To address this objective, the research question was mainly directed to the officer in charge of OVC in the district namely, the District Children Officer, other information were gained from the questionnaire. Interview with the District Children Officer who is in charge of OVC-CT in the area revealed a number of challenges.

The first challenge according to the officer is monitoring of how money paid to the caregivers is utilized. The officer pointed out that most of the caregivers are illiterate and old and hence are not in a position to give a clear break down on the use of the money given to them.

The other challenge noted by the officer in the management of the programme is that the paying point is far from where the caregivers stay. This means that the care givers spend a lot of money on transport. As a result a big portion of the money that is meant for the OVC's upkeep is used on transport.

Another challenge highlighted by the officer is the inadequate staff and equipment in Children's department offices to facilitate efficient administration and management of the programme. As at the time of the research, the department had only two staff members to cover two districts, Bondo and Rarieda. The department has no vehicle and has to rely on borrowed vehicles to reach to reach the caregivers and the OVC. Some of the caregivers and the OVC are in the island and reaching them is not an easy task.

Number of OVC under caregivers in some instances has increased as a result of new deaths of parents. This puts a further strain to the caregivers. This aspect can further be verified from questionnaire data as show in table 4.8.

Table 4.8 Total Number of OVC in Caregivers' Household

No. of OVC	Frequency	Percent
1	4	12.9
2	5	16.1
3	5	16.1
4	10	32.3
5	1	3.2
6	4	12.9
8	2	6.5
Total	31	100.0

From the questionnaires the researcher found out that out of the 31 caregivers' households, 10 households had as high as 4 OVC. 2 households had even 8 OVC under their care. This number is quite large to be handled by single caregivers who are the majority. There is also illiteracy of the caregivers as a challenge. Though majority of the caregivers declined to give the educational level, those that responded revealed that most caregivers in the region were of low educational level.

4.5 General perception of caregivers on the cash transfer

The third objective was to determine the general feeling of the caregivers on the cash transfer amount given to them towards the OVC. The purpose here was to grasp the general perception of the caregivers towards the amount disbursed to them in managing their daily lives with the OVC. To gather the full picture of caregivers' general attitude towards the cash transfer amount given to them, the researcher pose two main questions: whether the caregivers get the cash transfer in time and if they find it adequate when they get it.

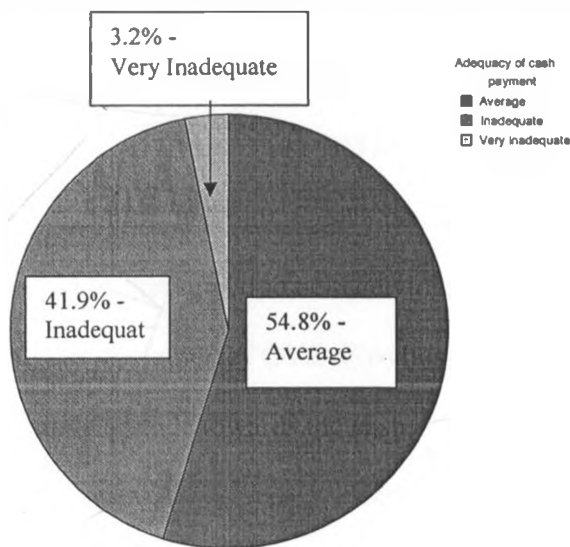
To the first question, 77.4% of the respondents admitted getting the money relatively in time. This can be shown by table 4.9.

Table 4.9 Promptness in getting cash payment

	Frequency	Percent
Yes always	24	77.4
Sometimes	4	12.9
No	3	9.7
Total	31	100.0

From table 4.9, 77.4% pointed out to be getting the cash in time most of the time. Only 9.7% disagreed to be receiving the cash in time. The fact that majority admitted getting the cash in time reveals the enthusiasm to receive the cash and indication that they have positive attitude towards the cash.

Figure 4.5 Pie chart showing adequacy of cash payment



The second question posted to the respondent as to whether the cash is adequate when they receive it, no respondent found the money adequate. A half of the respondent found it to be average while the rest found in to be in adequate. This is shown by the pie chart, figure 4.5.

The responses are indicating that although the caregivers are willing to receive the cash transfer money, majority of them alluded to the fact that the amount should be increased to enable them fully meet their needs as well as that of the OVC.

4.6 Alternative interventions and coping mechanisms for caregivers

The fourth objective of the study was to investigate alternative interventions for OVC in relation to cash transfer. To achieve the objective, the researcher asked the respondents to enumerate ways in which they cope in caring for the OVC besides government cash transfers. More than a half of the respondents found it hard to engage in other activities to help them support the OVC. Most of them declined to respond to the question and the few that responded admitted it to be a challenge. Some mentioned full reliance on the government cash transfers. Quite a number pointed out small scale farming as an alternative intervention. Few pointed out small businesses like selling of farm produce and fish. A few also indicated relying on relatives and well-wishers.

Small scale farming was identified as the main alternative to cash payment. The reason to this could be attributed to available labour in the households as most households host a big number of OVC. Poverty, age, literacy level and health status was also found to be a major reason why most caregivers depended on small scale farming. Nearly all of them are not in a position to engage in large scale farming due to their socio-economic status.

The alternatives identified are hardly viable to meet the demands of the caregivers and the OVC. It points to the fact that more needs to be done to assist the caregivers meet their needs. Lack of viable alternative is a pointer to the vulnerability and sustainability of the program due to the fact that OVC are rapidly increasing in number and there is hardly any identified feasible alternative from the locality in place besides cash transfer to alleviate the situation. This calls for more intervention beyond cash transfer.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter begins by giving the summary of the findings based on the objectives of the study. The chapter gives conclusion of the study based on the findings. The last part brings out recommendations and ends with suggestions for further research in this area of cash transfer.

5.2 Summary of the findings

This study investigated the effect of cash transfer on the up-keep of OVC in Kenya, a case of Mageta Island Bondo District. This was based on the fact that cash transfer has been identified by the Kenya government and many other developing countries as a strategy to mitigate on the effect of HIV/AIDS particularly the effects on the OVC. The study investigated how cash transfer has improved the provision of basic needs to OVC. The study also looked at some major key challenges that face cash transfer programs that needs to be addressed. The study made an effort to determine general feeling of caregivers and cash transfer amount given towards the support of OVC. Lastly, the study investigated the alternative interventions and coping mechanisms of caregivers' vis-avis increasing number of OVC in relation to cash transfer.

In regard to the first objective the effects were mainly areas of basic needs of OVC namely: food, health, shelter and education. On food, 100% of the respondents agreed that cash transfer received has a positive effect on food provision. In regard to shelter, there is still a lot to be done as majority are still not able to meet there shelter needs despite the cash transfer disbursed to them. On health needs, the cash transfer has an effect of above average,

as it did assist the majority of the caregivers to meet the health needs of OVC. Pertaining to education, majority found cash transfer above average in meeting education needs.

In summary therefore, cash transfer has improved caregivers ability to provide basic needs for the OVC. However, the effect on ability to meet the basic needs is barely above average, hence, calling for more interventions.

On the second objectives, there were a number of challenges identified. These included: age, marital status (majority of caregivers being widows), poverty, increasing number of OVC, illiteracy, program management difficulties due to inadequate staff and facilities at the concerned department.

As concerns the third objective, it was established that the majority were enthusiastic towards the cash transfer. However, there was a general feeling that the money received was inadequate and therefore needs to be increased.

The forth objective investigated alternative interventions and coping mechanisms. Small scale farming, small business and support from relatives and well-wishers were identified as major alternative interventions and coping mechanisms. The findings are a pointer to the fact that cash transfer positively impacted on caregivers ability to meet the basic needs of OVC.

5.3 Conclusion

The research revealed that the cash transfer program has made a positive impact on the upkeep of OVC by the caregivers in Mageta Island. However, majority of the respondents had a general view that more funds should be availed for the program. The research had four objectives. In the first objective that was to establish the effect of cash transfer paid to caregivers in meeting the basic needs of OVC, four main areas of need were looked at: food, health, shelter and education.

On food, the study revealed that the cash transfer is able to assist the caregivers to averagely meet the basic food requirements of the OVC. Majority were able to provide at least three meals a day for the OVC with the support of cash transfer. This is barely an average standard for ordinary family. The indication here is that with no cash transfer support, majority of caregivers would not be in a position to provide for the OVC. It can therefore be said that although cash transfer helps in alleviating food needs for the OVC, there is still need to supplement what they are able to provide. At the same time there is need to encourage and support the caregivers to intensify the cultivation of food crops especially the cereals that can easily grow well in the region.

In regard to shelter, it emerged that majority of OVC were still unable to access secure shelter. Majority of the OVC are sleeping away from the caregivers and in risky environment such as kitchen and neighbours houses. This still calls for more intervention either by increasing the amount of cash transfers or venturing on other alternatives.

In reference to meeting health needs of OVC, it emerged that above average of the respondent were in a position to meet health needs of the OVC with the support of cash transfer. The level in which the cash transfer supported the caregivers in meeting OVC's health need is at average. The indication here is that majority of the caregivers depend on cash transfer to meet this vital need. Therefore there is need to establish health care scheme to alleviate the burden of medical expenses on the OVC and the caregivers.

Turning to education, although the government is currently providing free primary and subsidizing secondary education, it emerged that some caregivers were still finding it hard to meet OVC needs despite the cash transfer due to some levies charged at both levels of education. This aspect further overstrains the cash transfer given to caregivers to care for the OVC. Some other interventions like waiving the extra levies charged by various school committee that may hinder the OVC gaining this basic need. It can therefore be said that

cash transfer given to caregivers though is a great booster in meeting OCV need, it is still not adequate to effectively address the needs satisfactorily.

Looking at the challenges facing the management of cash transfer programme, various challenges emerged from the study. The major ones being age, marital status, literacy level, occupation, poverty, transport expense involved in collecting the cash, inadequacy of human resource and equipment at the concerned office. These challenges negatively impact on the cash transfer. It is therefore necessary to adequately address the challenges so as to allow the programme to meet its set objective.

Pertaining to the third objective, which was to determine the general perception of caregivers on the cash transfer amount given, it emerged that caregivers were quite enthusiastic about the cash. However, there was a general feeling that the amount was barely adequate to enable caregivers effectively meet the needs of the OVC.

The last objective which was to investigate alternative interventions and coping mechanisms of caregivers amidst the increasing number of OVC in relation to cash transfer, the study revealed that the alternative interventions and coping mechanisms available to the caregivers are barely effective in supplementing the cash received. This therefore calls for either increasing the amount paid as cash transfer or initiating other interventions other than the cash transfer alone.

In a nutshell, the cash transfer has highly made a great impact in the provision of basic needs to OVC. The research revealed that it would be very hard for most OVC to meet their basic needs in the absence of cash transfer. Therefore, there is a great need to find ways of enhancing the cash transfer to effectively meet its set objectives.

5.4 Recommendations

The challenge of HIV/AIDS and hard socio-economic times has created a situation where the number of OVC are tremendously increasing making community structures overstretched and cannot adequately absorb the increasing number. As noted by Nyambedha (2003), the social and economic impact of HIV/AIDS in communities and families further weakens the social systems for caring for OVC. The government of Kenya in its effort to strengthen the weakened community structures came up with the programme of cash transfer to address the challenge of increased number of OVC.

In order to meet the target object of cash transfer and in light of the outcome of the research, the researcher makes the following recommendations going by the objectives. In respect to the effect of cash transfer on provision of basic needs of OVC, the researcher recommends an increase in the amount paid to care givers in respect of provision for basic needs. The researcher further recommends that each case be addressed independently to help in identifying act upon individual need of OVC.

Turning to the challenges facing the management of cash transfer programme, the researcher recommends decentralization of paying points of cash transfer to reduce on the cost incurred by the caregivers as they travel to collect the money.

From the research, it was noted that the caregivers were well receptive of the cash transfer despite it being inadequate, the researcher therefore recommends the ways of motivating the caregivers to own up the programme and assist them to form self help group as a way of sustaining the programme.

On the last objective that looked at the alternative interventions and coping mechanisms of caregivers, the researcher recommends assisting the caregivers to employ modern techniques of farming or engaging in viable businesses that could supplement the cash transfer.

5.5 Suggestions for further research

The research was limited to Mageta Island, Bondo District. Similar research could be carried out to cover wider geographical area to gauge the effect of cash transfer in different areas. Other methods of research could also be used to allow in-depth study and ground for comparison amongst district in the entire country. Further research therefore could look into identifying alternative interventions.

5.6 Contribution to body of knowledge

This is a critical area that has not been adequately researched on. The researches that have been carried lays emphasis on HIV. Emphasis on OVC is a recent phenomenon and governments and non-governmental organization (NGO) are slowly embarking on this area as a way of alleviating poverty and suffering of the orphans and vulnerable children. In Kenya cash transfer was identified to mitigate OVC problems. However, this cash, though is a positive response in aiding the OVC, it is not paid in regard to varied needs of OVC and as such its impact has not been adequately felt.

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APPENDIX (I) QUESTIONNAIRES FOR CAREGIVERS

This questionnaire is for the purpose of research only.

Please answer all questions in the questionnaire as honestly as possible to the best of your knowledge.

Indicate your response by ticking (✓) in the box provided against each item.

You may not write your name in this questionnaire.

LOCATION MAGETA ISLAND

SECTION A

1. Gender : 1. Male 2. Female

2. Indicate your age in completed years

3. Marital status

1. Single

2. Married

3. Widowed

4. Do you know how to read and write?

YES

NO

b) If yes, tick your level of education?

1. Primary

2. Secondary

3. Tertiary

4. Adult education

5. Others

5. What is your main source of income?

- 1. Farming
- 2. Fishing
- 3. Employed
- 4. Business
- 5. Donation

6. How long have receive cash payments from the government?

- 1. less than 6 months
- 2. 1 year
- 3. 1 ½ years

7. Indicate your relationship to OVC

MOTHER		GRAND FATHER		MATERNAL/PATERNAL UNCLE	
FATHER		GRAND MOTHER		MATERNA/PATERNAL AUNTY	
BROTHER		SISTER		COUSIN	

Other specifies?

(b)How many OVC are in your house hold?

- Male
- Female
- Total

(c) How long have you stayed with the OVC?

1. Over 15 years
2. 10-14 years
3. 5-9 years
4. 0-4 years

8. Indicate the number of OVC category in your household

1. Double orphan
2. Single orphan without mother
3. Single orphan without father

SECTION B:

1. Did the payment of Cash improve your economic status

Yes

No

2. How many meals do give the OVC each day?

1. 5 times

2. 4 times

3. 3 times

4. 2 times

5. Once

3. How frequently does the OVC get sick?

1. None

2. Rarely

3. Frequently

4. If frequently or a few times in three above, how do you get medicine for the child?

From local dispensary

Buy from chemist

Collect herbs from forest

5. Are OVC in your household

1. Very respectful

2. Respectful

3. Averagely respectful

4. Indiscipline

5. Very indiscipline

6. How has the cash transfer supported you in addressing the following?

	1	2	3	4	5
Problem	Very adequate	Adequate	Average	Inadequate	Very inadequate
Food					
Health					
Shelter					
Education					

SECTION C.

Tick whichever is appropriate

1. Do you get the cash payment in time

1. Yes always

2. Sometimes

3. No

2. How do you find cash payment to you generally?

1. Very adequate

2. Adequate

3. Average

4. Inadequate

5. Very inadequate

3.If the cash payments is not adequate, how do you cope? Specify

4. (A) Do all children in the household sleep in the same house with you?

Yes

No

(b). If no in a above, what is the alternative?

1. Own bedroom

2. House kitchen

3. Neighbours

4. Near by home

5. Others

5(a) Are there other organizations that support the OVC other than the government cash transfer?

1. YES

2. NO

(b) If YES, what other support do you receive from these organizations?

APPENDIX (II) Interview guide for managers of cash transfer.

1. How long has government cash transfer program been in the district?

.....
.....

2. How do you identify the caregivers to benefit from the cash transfer?

.....
.....
.....

3. How much is paid to caregivers and for how long?

.....

4. What are the objectives of cash transfer?

.....
.....
.....
.....

5. Has the program succeeded? If yes in what ways?

.....
.....
.....
.....

6. What are the challenges of cash transfer program?

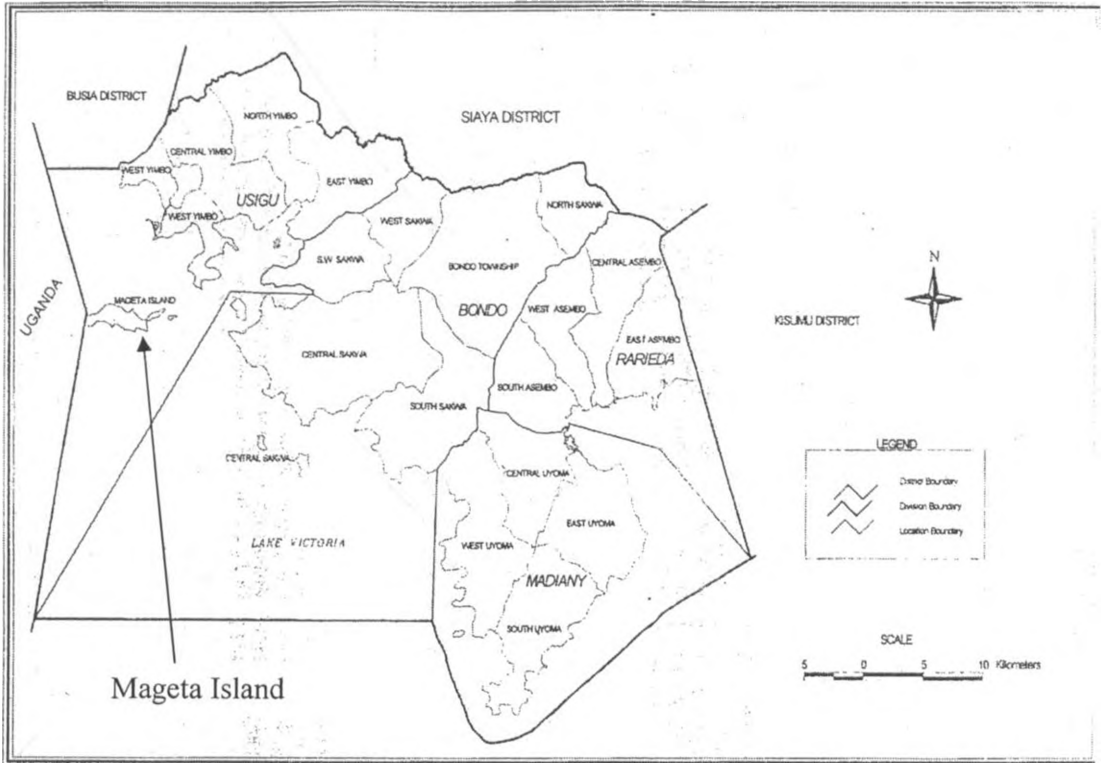
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7. What are the future plans for the program?

.....
.....
.....

APPENDIX IV – MAP OF BONDO DISTRICT

BONDO DISTRICT : Administrative Boundaries



Prepared by CBS, 1999 Population Census

This Map is not an Authority over Administrative Boundaries

APPENDIX (V) - WORK PLAN

Start	Who	Activity	Time of activity	Output of activity
Jan. – Feb. 2009	Self	Proposal writing	1 month	
5 th – 7 th Mar. 2009	Self	Proposal defence	3 days	
2 nd - 7 th April 2009	Self	Pre-visit	5 days	
14 th – 28 th April 2009	Self	Data collection	14 days	
29 th April - 14 th May 2009	Self	Editing	15 days	
15 th – 20 th May 2009	Self	Coding	5 days	
21 st – 26 th May 2009	Self	Analysis	5 days	
27 th May – 10 th June 2009	Self	Report writing	13 days	

APPENDIX (VI) - RESEARCH BUDGET

Item	Quantity	Amount
Transport	5 times	15,000
Questionnaires	60	1,000
Stationery, photocopying & printing	3	30
Telephone expenses	-	500
Subsistence	5	1,500
Contingency		3,000
Total		21,030

APPENDIX (VII) – LETTERS OF AUTHORIZATION FOR THE RESEARCH

REPUBLIC OF KENYA



NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Telegrams: "SCIENCETECH", Nairobi
Telephone: 254-020-241349, 2213102
254-020-310571, 2213123
Fax: 254-020-2213215, 318245, 318249
When calling, please refer to

P. O. Box 30623-00100
NAIROBI, KENYA

24th August 2009

NCST/5/0027R/786/5

Our Ref: **Wandeo Onyango Humphreys**
University Of Nairobi
P. O. Box 30197
Nairobi

Date:

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Effects of Cash Transfer On The Upkeep Of Orphans and Vulnarable Children; Case Of Mageta Island Kenya*" I am pleased to inform you that you have been authorized to undertake your research in *Mageta Island in Bondo District* for a period ending *30th September 2009*.

You are advised to report to the *District Commissioner, District Education Officer Bondo District* before embarking on your research project.

Upon completion of your research project, you are expected to submit two copies of your research report/thesis to our office.

**PROF. S. A. ABDULRAZAK Ph.D, MBS
SECRETARY**

Copy to:
The District Commissioner
Bondo District
Bondo

The District Education Officer
Bondo District
Bondo

THIS IS TO CERTIFY THAT:

Prof./Dr./Mr./Mrs./Miss. WANDEO
ONYANGO HUMPHREYS

NAIROBI UNIVERSITY
of (Address) PO BOX 30197 NAIROBI

has been permitted to conduct research in MAGETA ISLAND

BONDO Location,
NYANZA District,
Province,

on the topic EFFECTS OF CASH TRANSFER
ON THE UPKEEP OF ORPHANS AND
VULNERABLE CHILDREN: CASE OF
MAGETA ISLAND KENYA

for a period ending 30TH SEPT, 2009

Research Permit No. NCST/5/002/R/786

Date of issue 21.08.2009

Fee received SHS 1000



[Handwritten Signature]

Applicant's
Signature

Secretary
National Council for
Science and Technology

CONDITIONS

1. You must report to the District Commissioner and the District Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.
2. Government Officers will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2)/four(4) bound copies of your final report for Kenyans and non-Kenyans respectively.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice



REPUBLIC OF KENYA

RESEARCH CLEARANCE
PERMIT



OFFICE OF THE PRESIDENT

Telegrams "DC'S OFFICE"; BONDO
Telephone (057) 520053
When replying please quote

District Commissioner
Bondo District
P. O. Box 236
BONDO

Ref: BON/ED/15/3 VOL.I (171)

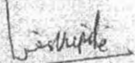
26th August, 2009

District Officer
Usigu Division

RE: RESEARCH AUTHORIZATION

This is to inform you that Mr. Wandeo Onyango Humphreys has been authorized to carry out research on "Effects of Cash Transfer On The Upkeep Of Orphans and Vulnerable Children; Case Of Mageta Island Kenya"

Kindly give him necessary assistance.


WESLEY K.CHERUIYOT
FOR: DISTRICT COMMISSIONER
BONDO DISTRICT

MINISTRY OF EDUCATION

Telegrams "EDUC": Bondo
Telefax (057) 520076.

When replying please quote

Ref. EBD/UED/92/1/152



District Education Office,
Bondo District,
P. O. Box 580,
Bondo

Date. 26th August, 2009

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION.

Mr. Wandeo Onyango Humphreys who is at the University of Nairobi has permission to do research in Mageta Island on "effects of cash transfer on the upkeep of orphans and vulnerable children; case of Mageta Island Kenya."

Accord him the necessary assistance. Thank you.

PP *AP.*
LUNYAGI, B
DISTRICT EDUCATION OFFICER
BONDO

CC:
The Secretary
National Council for Science and Technology
P.o.Box 30623 - 00100
NAIROBI

Humphrey Onyango Wandeo
P.O. Box 7,
Usigu

Date 2nd May 2009.

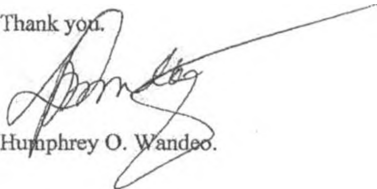
The Children Officer
Bondo District,
P.O. Box 270,
Bondo.

Dear Sir / Madam,

RE: LIST OF GOVERNMENT OVC CAREGIVERS. MAGETA ISLAND

I am a Master of Arts in Project Planning and Management student at the University of Nairobi. I am undertaking a study to establish the effect of cash transfer orphans on the upkeep of orphans and vulnerable children in Mageta Island, Bondo District. I am requesting to be provided with a list of OVC caregivers (government sponsored cash transfer) which will be used to sample respondents. The information will be used for academic purposes only.

Thank you.


Humphrey O. Wandeo.