

**THE EFFECTS OF SOCIAL PROTECTION ON HOUSEHOLDS' LIVELIHOODS: A  
CASE OF GOAL IRELAND KENYA'S LIVELIHOODS PROJECT IN MUKURU,  
NAIROBI COUNTY**

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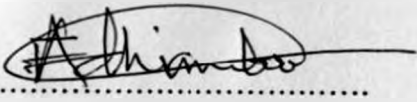
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**A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT FOR  
THE DEGREE OF MASTER OF ARTS IN PROJECT PLANNING AND  
MANAGEMENT OF THE UNIVERSITY OF NAIROBI**

**2012**

## DECLARATION

This research project is my original work and has not been presented for award in any other University.

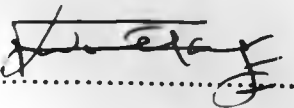
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## **DEDICATION**

This Research Project and the work therein is dedicated to my beloved husband Kepha, and my three children, Sifa, Wema and Baraka who were understanding and supported me both physically and emotionally during the difficult period of sleepless nights. I also thank them for their patience and supportive space so that I could embrace my dream. I thank God who has blessed me with their love and care.

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## ABBREVIATIONS

|       |  |
|-------|--|
| AAH   | Action against Hunger  |
| ACF   | Action against Hunger  |
| AIDS  | Acquired Immunodeficiency Syndrome   |
| APHRC | African Population and Health Research Centre                              |
| ANOVA | Analysis of Variance   |
| ARVs  | Antiretroviral   |
| AU    | African Union  |
| BCC   | Behaviour change communication   |
| CBS   | Central Bureau of Statistics   |
| CCTs  | Conditional Cash Transfers   |
| CDC   | Centre of Disease Control  |
| CEDAW | Convention on the Elimination of All Forms of Discrimination against Women |
| CI    | Confidence Interval  |
| CORPS | Community Own Resource Persons   |
| CTP   | Cash Transfer Programme  |
| CRC   | Convention of Rights of the Child  |
| FGD   | Focused Group Discussion   |
| GIK   | Goal Ireland Kenya   |
| GoK   | Government of Kenya  |
| HH    | Household  |
| HIV   | Human immunodeficiency virus   |
| Hr    | Hour   |
| IDP   | Internally displaced person  |
| IFRC  | International Federation of Red Cross and Red Crescent societies           |
| IGA   | Income Generating Activity   |
| ILO   | International Labour Organization  |
| KAIS  | Kenya AIDS Indicator Survey  |
| KAPB  | Knowledge, Attitudes, Practices and Behaviour                              |
| KEMRI | Kenya Medical Research Institute   |

|        |   |
|--------|---|
| KFSSG  | Kenya Food Security Steering Group                      |
| KHRC   | Kenya Human Rights Commission                           |
| KIHBS  | Kenya Integrated Household Budget Survey                |
| KII    | Key Informant Interview                                 |
| KIPPRA | Kenya Institute for Public Policy Research and Analysis |
| KNBS   | Kenya National Bureau of Statistics                     |
| MCH    | Maternal and Child Health                               |
| MDG    | Millennium Development Goal                             |
| MSDP   | Mukuru Skills Development Project                       |
| M&E    | Monitoring and evaluation                               |
| N      | Sample size   |
| NGO    | Non-governmental Organisation                           |
| NHIF   | National Health Insurance Fund                          |
| NSSF   | National Social Security Fund                           |
| NUHDSS | Nairobi Urban and Demographic Surveillance System       |
| OR     | Odds Ratio  |
| OVC    | Orphans and Vulnerable Children                         |
| PLWHA  | People Living with AIDS                                 |
| PMTCT  | Prevention of mother to child transmission (of HIV)     |
| SSA    | Sub-Saharan African                                     |
| SPSS   | Statistical Package for the Social Sciences             |
| USAID  | United States Agency for International Development      |
| SIM    | Subscriber Identification Module                        |
| Std    | Standard Deviation                                      |
| STI    | Sexually transmitted infection                          |
| TB     | Tuberculosis  |
| TV     | Television  |
| UK     | United Kingdom  |
| UN     | United Nations  |
| UNDHR  | United Nations Declaration of Human Rights              |
| UNDP   | United Nations Development Programme                    |

|        |  |
|--------|--|
| UNESCO | United Nations Education, Science and Cultural Organisation        |
| UNICEF | United Nations Children's Fund                                     |
| UNOCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| USA    | United States of America   |
| VCT    | Voluntary counselling and testing                                  |
| Yrs    | Years  |

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## ABSTRACT

Social Protection programming is one form of humanitarian responses which has been used to address basic needs and/or to protect, establish or re-establish livelihoods or economic productive activities. Many studies have demonstrated the use of Social protection in form of cash transfers (sometimes in the form of vouchers) to assist populations affected by disaster particularly where employment, income, livelihood or economic production opportunities have been lost. Based on Cumulative and Cyclical Interdependencies theory, this study sought to establish from the experiences of the beneficiaries and other community members and stakeholders, the extent to which social protection activities has contributed to household's livelihoods as well as examining the extent to which income distribution affects household's livelihoods. It also sought to establish the local community's perception on how social protection activities affect households' livelihoods. The study population of 304 project participants from six villages of Mukuru slums were targeted. The research study used mixed method approach of study design. Stratified sampling method was used to select 174 respondents based on gender. Primary data was collected through self-administered questionnaire to the social protection participants. Data analysis was done in two phases: data entry into Microsoft excel and data cleaning. Data analysis of the quantitative information was done using Statistical Package for Social Sciences (SPSS) version 18.0. Descriptive statistics was used to describe the basic features of the data in the study. The study looked at the characteristics of variables namely: the distribution, the central tendency and analysis of variance (ANOVA). The Odds ratio (OR) with 95% confidence interval (CI) was used to identify the association between variables of social support. Qualitative data were coded against the set parameters of the research objectives and appropriately organized for analysis. Information provided by partners and local organizations were recorded as their perceptions and later used to cross-check data provided by the social support beneficiaries. Majority of the respondents (82.08%) engaged in sales of goods and services within the Mukuru Villages as the main source of their income. The average monthly net income from social support initiated businesses was found to be KSh 4794.20 with a clear indication that almost all the beneficiaries had almost equal gains from business initiated by social support as opposed to the other Income Generating Activities (IGA). The study confirmed that both male and female project participants use their income to support household basic needs. However, there was some deviation from the norm, where more men seemed to use their income for purchasing food (90.3%) than women at 83.2%, health seeking. The study noted both negative and positive effects of social protection activities within the communities. These included; high dependency, child labour and high school drop outs as well as transformation of the lives of beneficiaries, their household and indirectly others from the targeted communities. Since many actors are adopting social protection as a strategy for poverty eradication, the researcher recommends to the actors to target the urban poor other than concentration on the rural poor only. This will ensure that the gap between the poor and the rich is reduced. There is also the need for gender equality in project targeting other than just concentrating on women in order to enhance balance in participation. It is also suggested that further research investigates the impact of the intervention under study on livelihoods of other households within the slum communities.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the study

Poverty reduction is the result of several interacting factors, including importantly: redistribution of incomes, assets, and opportunities; pro-poor economic growth; and social provision and protection (UNDP, 2006). Poor people often have to rely on coping strategies that may push them into poverty traps from which they cannot recover, for example depleting key assets. Fear of being trapped in chronic destitution leads others to protect assets at the expense of consumption, with long-term ill effects on household health and capacity (UN Habitat, 2007). A poverty trap is a critical asset threshold below which successful economic recovery becomes unlikely. According to Omiti (2007), sudden shock that destroys assets may push a family below the minimum threshold that allows it to educate its children, build up productive capacity and recover over time. A protracted shock may have little direct impact on family assets, but instead expose people to a sequence of destabilizing events that force them to either sell assets to sustain consumption, or reduce consumption in order to defend assets.

Social protection emerged as a critical response to the “safety nets” discourse of the late 1980s and early 1990s. In the 1990 World Development Report, for instance, safety nets were very much the third prong of the World Bank’s three-pronged approach to “attacking poverty” (World Bank, 1990), and were conceptualised as minimalist social assistance in countries too poor and administratively weak to introduce comprehensive social welfare programmes. The broader potential of social protection began to be recognised, and bigger claims are now being made for what social protection can and should strive to achieve. In low-income countries, social protection continues to be perceived by governments and donors as comprising fiscally unsustainable “consumption” transfers to the economically inactive or unproductive poor, which diverts scarce public resources from “productive” investment for economic growth, and therefore deserves lower priority as a poverty reduction tool (UN Habitat, 2007).

Social Protection has played a key role in reducing poverty in industrialized nations for more than 50 years, but until the past decade, cash transfers were thought to be unaffordable or impossible to deliver in poorer countries. Since the 1990s, however, large-scale cash transfer schemes have been launched in a growing number of developing countries, including Brazil, Colombia, Honduras, Mexico, Nicaragua, and South Africa. Increasingly, these schemes are still seen as a right of citizenship, and evidence is growing that they can help tackle hunger,

increase living standards, and improve the education and health of the poorest families (UN Habitat, 2007).

A research carried out in Nairobi revealed that, the incidence of economic poverty is very high in Nairobi's slums and it is accompanied by horrible living conditions and other forms of non-economic poverty (Mensch, 2008). The majority of slum dwellers fall below an expenditure-based absolute poverty line (Garson, 2007). At the same time, their access to basic services such as water, sanitation, electricity, and transportation is far worse than anticipated. The conditions raise serious public health concerns and cannot but have a negative impact on overall productivity and well-being (IPC, 2006).

According to Haki Jamii Trust (2009), various strategies have been used by both the government and Non-governmental organisations to address the issue of poverty. The government of Kenya through the Ministry of Home Affairs with support from UNICEF established a cash transfer programme that delivered financial and social support directly to the poorest households containing OVC, with special concern for those children with or affected by HIV/AIDS (UNICEF, 2009). Phase One of the programme was initiated in December 2004 with 500 of the poorest families in three districts spread throughout the country-Nairobi, Kwale, and Garissa — with each family receiving KSh 500 (approximately US\$6.50) per month. The aim of the pilot project was to learn lessons on the selection procedures and transaction costs that could be used to design a small program that could be scaled up nationwide (Bryant, 2009). According to UNICEF (2009), this project was later rolled out in ten additional districts (Bungoma, Trans Nzoia, Nyandarua, Nyeri, Nakuru, Meru North, Siaya, Kisii Central, Mombasa, and Machakos) with around 5,000 additional families. In August, 2007, a total of 10,500 enrolled orphans and vulnerable children in 14 districts were receiving their entitlements.

A similar project was also piloted by the government in 2009 to employ cash transfers among the elderly in three districts (UNDESA, 2008). This project mainly targeted the elderly people above the age of 60 years living in the rural areas. It was aimed at enhancing the ability of the rural poor to meet their basic needs. The documentations on the impact of the project had not been published by the time this work was completed. Kenya's efforts to develop a cash transfer program had also benefited from the support of several international research initiatives and organizations. UNICEF had been strongly supportive of the government of

Kenya's CTP efforts, providing encouragement at policy level, strong technical guidance, and necessary financial support (UNICEF, 2009)

However, there was increasing appreciation that it was not only the rural poor affected but also the urban poor who were not realising their right to social protection (UNDESA, 2009). Whereas the government had played special attention to the elderly population with the social protection policy, GOAL Ireland Kenya along with other non-state actors had paid attention to the vulnerable situation of the urban poor in light of the impacts of HIV and AIDS coupled with unemployment, global rising food prices on the prevailing precarious inflation situation (GIK, 2010). The urban poor were an important caseload of vulnerable population that needed to be addressed not least because of the proportion of the total population affected – 60% of Nairobi's population lived in slums and urbanisation trends – by late 2008, globally, more people were living in urban than rural areas (UN Habitat, 2009).

One strategy that had been adopted by GOAL Ireland Kenya to empower the vulnerable people in the urban slums was social protection. Social protection aimed at enhancing the capacity of poor and vulnerable persons to manage economic and social risks, such as unemployment, school drop outs, exclusion, sickness, disability and old age. In partnership with a local community based organisation, the project promoted both protective (social assistance and coping strategies) and promotive (economic opportunities) social protection (GIK, 2010).

The vulnerable members of the community who were parents/ guardians of children of school going age were identified matched with methods of short or longer term social -protection. These methods varied greatly depending on the level of vulnerability. There were unconditional short, long terms, or one-off capital payments. The Programmes also indirectly benefited the larger community by rebuilding local infrastructure, such as cash for work, cash based programmes and also provided a mechanism of supporting the creation of alternative livelihood by providing funds for business development (cash for business). The identified, beneficiaries were equipped with entrepreneurial skills and supported with start-up capital for small businesses of their choice. They had also been granted a monthly cash transfers of KSh 2,500 for the first six months to enable them meet their expenses as they grew their businesses. The most vulnerable of parents were in addition supported with cash for work to enable them meet their immediate needs. It was assumed that beneficiary households knew best what they needed most in order to survive; that they spent the money wisely; and that



household heads (mostly older women) spent most of the cash on children in the household. All these assumptions had been closely monitored and have so far proved to be realistic (GIK, 2011).

The major concern of this study therefore was to find out whether the social support programme targeting Mukuru slums, Nairobi County was leading to any tangible change at the targeted households. Previous studies related to this topic had been more quantitative in nature, focusing on the impact of increase in amount of cash transfer on the communities' livelihoods. In addition, a significant amount of research into remediation exists; however, fewer studies had been done that focussed on the various stakeholders' perspectives. The primary question of this study was therefore to understand the extent to which social support affected household's livelihoods.

This study first provides a comprehensive literature review of the topic. The review provides an overview of social protection in general, outlines the numerous effects of social protection on livelihoods, gives the background on social support projects in Kenya and notes the effect of social support on livelihoods. In addition, the literature reviews the debate about social support and its effects on livelihoods' outputs in comparison with other strategies. This lays out the theoretical foundation for examining the value of social support against other alternative poverty eradication strategies in an attempt to understand the paradox that exist in relation to this approach. The research tried to understand why there was still high levels of school drop outs rates, malnutrition, low income among the social support beneficiaries households despite the existence of the support for over three years since the project's inception.

## **1.2 Statement of the Problem**

The global commitment to social protection in the Universal Declaration of Human Rights is stated, for example in Article 25, that there is the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond control (Haki Jamii). Session Paper Number 10 of 1965 on African Socialism and its application to Planning in Kenya also outlined the government's commitment to eradicating three vices of poverty, illiteracy and disease (Republic of Kenya, 1965).

Kenya operates on a mixed economy, although there has been growing inequality over time and majority of the people cannot make ends meet. The result has been high vulnerability especially in the urban areas of the country (UN Habitat, 2007). Despite high and growing levels of poverty, inequality and vulnerability, social protection is only now becoming a priority in the country (Omiti, 2007).

Despite the fact that there were numerous non-governmental organizations that operated in the slum areas using different livelihood strategies, most of vulnerable people were not able to access the direct benefits of such projects due to the numerous structures and processes involved (Haki Jamii Trust, 2007). Therefore the most vulnerable members of the community rarely get the direct benefit of such interventions. Chronic poverty in urban slums in Kenya is emerging as a critical area of humanitarian need in the country (UN Habitat, 2007).

Mukuru Slums, Nairobi County, where many poverty alleviation strategies have been applied since its establishment is one such example where the presence of Non-governmental Organisations has not led to better livelihoods. Mukuru slum is approximately 35 years old. The situation is that, despite the resources ploughed there, this area remains poverty stricken (MDGs, Status Report for Kenya, 2010). The fact is that having abundant resources is one thing, and transforming these resource potentials to meet poverty reduction targets and general national economic imperatives is another. Whereas numerous strategies have been used to alleviate poverty both at the global level and locally, the fundamental question remains: is the newly adopted strategy; Social protection, an effective vehicle for sustainable poverty alleviation in urban slums? While the term 'social protection' may be relatively new to Kenyan context, the debate as to whether it contributes to alleviation of poverty and especially targeting of the urban poor, still remains to be assessed. This study was therefore aimed at investigating the extent to which social support initiatives has effects on household's livelihoods.

### **1.3 Purpose of the Study**

The purpose of the study was to examine the effects of social protection using the case of Mukuru Slums, Nairobi County.

### **1.4 Research Study Objectives**

The main objectives of this study were:-

- i. To establish the extent to which social protection affects household livelihoods in Mukuru Slums, Nairobi County;
- ii. To find out the effects of income distribution on social support beneficiaries' household livelihoods in Mukuru Slums, Nairobi County;
- iii. To examine the effect the community's perception on social protection has on the household livelihoods in Mukuru Slums, Nairobi County.

### **1.5 Research Questions**

The study is based on the hypothesis that there is a positive relationship between social support and household livelihoods. To test the hypothesis, this study outlined three questions, namely;

- i. To what extent do social protection activities affect household livelihoods?
- ii. To what extent does distribution of social protection income influence household livelihood?
- iii. What the effect is of does community's perception on social protection have on household's livelihoods?

### **1.6 Significance of the Study**

Social protection is an important poverty reduction strategy which aims at enhancing the capacity of poor and vulnerable persons to manage economic and social risks, such as unemployment, exclusion, sickness, disability and old age. Policy interventions can improve their well-being by, among other things, moderating the impact of shocks causing sharp reductions in their income, access to services or consumption. Social protection and provision can also enhance the productive capabilities of poor men and women, reducing poverty and inequality and stimulating pro-poor growth. Although it's evident that the success of one programme in one place is no guarantee that they can be replicated in other areas with the same performance, their example can yield both good practices and notes of caution and challenges in design and implementation of other interventions.

This research therefore unveiled crucial information that will inform GOAL Kenya and other project whether the project is achieving its intended purpose or not. The lessons from this research will form a basis against which the project will be redesigned.

The findings from this research will also be important to the government policy makers in the Ministry of Gender, Children and Social Development and Ministry of Special Programmes

whose projects only focus either on the very old or on the poor people in the rural areas or the households with Orphaned and Vulnerable Children (OVCs). Other Non-Governmental Organisations who are using different poverty reduction strategies will also gain useful lessons to improve their programme approaches.

Social protection is one of the major objectives of Kenya's long term development blue print-Vision 2030. The findings of this research will therefore be important to inform the process of its implementations on the lesson learnt, challenges and opportunities towards ensuring that vulnerable persons at households, community and national levels are in improved livelihoods translating in to high quality of life and equal opportunities. It will also provide necessary information about what other development partners have done/can do together with the government to contribute in the reduction of economic dependency from 50 per cent to 25 per cent as outlined in Vision 2030.

Since this research also aimed at demonstrating the efforts that has been made through the use of social protection instruments to accelerate progress towards the overall improvements in the human condition of poor people in urban areas, it provides necessary data on the progress already made, the gaps and the recommendation as well as demonstration of the importance of implementation of Social Protection in the achievement of the Millennium Development Goals (MDGs) 1, 2, 3,4,5,6 and 8.

The research finding also provides useful data for both academicians and other policy makers on a common framework for structuring policies and practices hence facilitating speed and efficiency in complying with the development spirit in planning, budgeting and monitoring at the national level.as well as identify the research gaps to be pursued.

### **1.7 Scope of the study**

The study was conducted in 6 Mukuru administrative villages located within the informal settlements of Mukuru- in Nairobi County. These villages include; (Kisii, Fuata Nyayo, Lunga, Commercial, Old Reuben and Kwa Njega). The objective of this selection was to ensure that varied segments of beneficiaries were considered in the study. The segments include 304 individual members of households.

Although the project was piloted in 7 villages it is only beneficiaries from 6 villages who were included in the sampling frame while those from one village (Mariguini) was excluded from the sampling frame due to insecurity related issues. A total of 43 beneficiaries were therefore deliberately left out from the sample frame. The project is therefore not implemented in the remaining 44 villages of Mukuru Informal settlements.

### **1.8 Delimitations of the Study**

The study targeted the beneficiaries of social protection where their business activities and group meetings are undertaken. This ensured that only genuine beneficiaries were interviewed by the researcher. Mukuru is well divided into manageable administrative villages easy to identify unlike other areas. This is strength as it made the sampling easier as well as reaching the respondents.

The fact that the researcher limited the study to specific areas in itself was strength especially in sampling. The fact that the list of all the beneficiaries was available also made it easier for the identification of sampling method. The sample size was also manageable. The researcher is also well conversant with the project under review, the stakeholders, the beneficiaries as well as the administration of the policies within the project area.

### **1.9 Limitations of the Study**

There were a number of limitations that the research work had to contend with. Insecurity in the area limited the researcher from reaching some beneficiaries. There had also been some fire incidences in some parts of Mukuru juts before the research work that may have negatively affected the livelihoods of some community members.

The slum populations are highly transient and therefore there were cases where some beneficiaries had shifted from the specified villages to other villages and therefore not traceable during the time of the study. Another limitation of this study was the lack of disaggregated data specific to the urban slum population and, in particular, a lack of longer term trend data against which to interpret the effect of current staple food price on nutrition. For example most of the existing food security, health and nutrition data is for urban populations as a whole. There are at least two possible explanations for the divergence in estimates. First, it is highly likely that CBS and the other researchers use different boundaries for Nairobi-that is, several of the studies prepare estimates for the entire Nairobi metropolitan area and include slum settlements that are on the periphery of the city's administrative

boundaries; using CBS' categorization means that people residing in slums on the city's periphery but outside its administrative boundaries are excluded in the estimate. These factors in effect, may affect the generalization of the findings.

### **1.10 Assumptions of the Study**

The following assumptions were made in relation to this study.

1. Social protection has positive effects on household livelihoods.
2. Distribution of social protection activities' income affects the extent to which the activity influences household's livelihood
3. Community perceive social protection as an important activity for improved livelihood.
4. Each site selected has significant representation of beneficiaries.

### **1.11. Definition of Significant Terms**

This study report has made use of special terms that might not be understood by the general reader. The terms have been defined as shown below:

**Social Protection:** Social protection has been used in this research study to refer to measures which include cash transfers, provision of seed capital for business start-up, business coaching, Cash for work and other initiatives for social mobilisation which has been used by GOAL Ireland Kenya to empower the poor household in Mukuru slum, Nairobi County to take up Income Generation opportunities thus avoiding poverty traps. Under this research, Social protection interventions are categorised under protective, preventive, promotive and transformative measures as explained below.

**Protective Measures:** measures provide relief from deprivation. Protective measures include social assistance for the most poor, especially those who are unable to work and earn their livelihood.

**Preventive Measures:** These are measures that seek to avert deprivation. Preventive measures deal directly with poverty alleviation. They include social insurance for economically vulnerable groups – people who have fallen or might fall into poverty, and may need support to help them manage their livelihood shocks.

**Promotive Measures:** These are used to refer to measures aimed to enhance real incomes and capabilities, which is achieved through a range of livelihood-enhancing programmes targeted at households and individuals, such as micro-finance.

Types of social support initiative commonly used in this paper are:

**Social Transfers:** This term has been used to refer to regular, predictable transfers (cash or in kind, including fee waivers) from GOAL Ireland Kenya to individuals or households from Mukuru slums aimed to reduce child poverty and vulnerability, help ensure access to basic social services, and reduce the risk of exploitation and abuse;

**Conditional Cash Transfers (CCTs):** These refer to grants provided to targeted poor households in Mukuru Slums, Nairobi County on the condition they engage in human capital investment such as business venture of their choice. They address demand-side constraints for poverty reduction, combining short term objectives of safety nets with long term goals of breaking intergenerational poverty traps.

### **Livelihoods**

The term has been used to refer to the ability of Mukuru Slums, Nairobi County household to meet its basic needs (or realize its basic rights). These needs include adequate food, health, and shelter, minimal levels of income, basic education and community participation. For the purpose of this study, improved livelihoods is defined as the increasing ability of a household to meet its basic needs namely; adequate food, basic education, health services, improved shelter, information, and clothes in non-life-threatening surrounding.

### **Food Security**

The term food security has been used in this paper to refer to the state where all people of Mukuru at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life". The three fundamental components to be addressed in this research are availability of food in the markets (which is the main source of food), access (affordability of the available food by the Mukuru community) and utilisation of food (nutritional value).

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter deals with a review of literature in relation to the research. It contains literature related to social protection and its effects on livelihoods. The aim is to review the literature with regard to the study variables. The variables were captured in terms of their current state of development and other related issues affecting livelihoods in slum community of Mukuru. This section also covers literature on the knowledge gap as well as theoretical framework to the study.

The considered literature include effect of social protection on household livelihoods; Social protection effects on health; effect of social protection on education, effect of social protection on HIV and AIDS; effects of social protection on gender; effects of Kenya's social protection policy regulations on local communities; and the debate on the success or failure of using social protection strategy in poverty alleviation.

#### 2.1.1 Livelihood Effects of Social Protection

Social protection emerged as a critical response to the "safety nets" discourse of the late 1980s and early 1990s. In the 1990 World Development Report, for instance, safety nets were very much the third prong of the World Bank's three-pronged approach to "attacking poverty" (World Bank, 2006), and were conceptualised as minimalist social assistance in countries too poor and administratively weak to introduce comprehensive social welfare programmes. In 2004, about 56% of all unemployed in the developed countries had access to at least one recipient of an income transfer. In non-metropolitan areas, 64% of the unemployed were in homes with at least one income transfer recipient (International Poverty Centre, 2006). Social protection continues to be conceptualised by development agencies mainly in terms of public responses to livelihood shocks, reducing poverty and inequality and stimulating pro-poor growth (UNESCO, 2010). The global economic crisis in 2007/ 8 underlined, once again, the important role of social security and protection as a buffer against the adverse social effects of sudden drops in income/ employment. It also revived interest in the role of social protection as a countercyclical measure for stimulating aggregate demand and facilitating recovery from economic downturns. Prompted by the social fall-outs of the recent crisis as well as favourable assessments of experiences in some several developing countries, UN agencies and non-governmental organizations have joined forces to advocate strongly in favour of social protection.



Common views about social protection in Kenya tend to exclude the unemployed urban poor. Most studies have been centred around the impact of social security such as government subsidies on services, social pension for the employed and the cash transfers to the elderly.

The incidence of economic poverty is very high in Nairobi's slums. According to Omiti (2007), about 73 per cent of the slum dwellers are poor-that is, they fall below the poverty line and live on less than US\$42 per adult equivalent per month, excluding rent. The high rate of economic poverty is accompanied by horrible living conditions and other forms of non-economic poverty. Slum dwellers' access to basic services such as water, sanitation, electricity, and transportation is far worse than anticipated. For instance, only 22 per cent of slum households have an electricity connection and barely 19 per cent have access to a supply of piped water, in the form of either an in-house water connection or a yard tap. Such low connection rates stand in sharp contrast to the relatively good coverage data reported for Nairobi as whole. Specifically, city-level data suggest that 71-72 per cent of Nairobi's households have piped water (in-house connections or yard taps) and that 52 per cent have electricity connections. In other words, city-level averages mask a high level of inequality in infrastructure access; Nairobi's slums lag city-wide averages by 50 percentage points in terms of connections to piped water and by 30 percentage points in terms of electricity connections. The housing units are mostly illegal, sub-standard in quality, and crowded. Yet the rents are high (Omiti, 2007).

Despite high and growing levels of poverty, inequality and vulnerability, social protection is only now becoming a priority in the country. The government rolled out social protection in the rural areas to target the old in specific districts. In addition, plans are now underway to extend basic income replacement support measures and other protections to more workers. The government also intends to convert the existing National Social Security Fund (NSSF), a provident fund for workers, into a more comprehensive national social insurance pension plan (National Social Protection Strategy, 2008). Under a draft NSSF Act Amendment Bill, eligibility will extend to any person with a monthly or seasonal income. In addition, the National Health Insurance Fund (NHIF) has been restructured to provide universal compulsory social health insurance coverage for every citizen. The new system, the National Social Health Insurance Scheme, has been implemented gradually, since 2005 (UNDESA, 2011).

Many people in the developing countries are of the opinion that allocating public resources to social protection is unproductive and that it crowds out private savings and investment (Arza, 2011). At the same time, most advocates of social protection do not make the second connection which is of fundamental importance to long-term poverty reduction, namely the positive relationship between livelihood security and enhanced autonomy or empowerment (Gabrielle, 2009).

Social protection continues to be conceptualised by development agencies mainly in terms of public responses to livelihood shocks – the conventional, narrowly specified “safety net” function. According to Gabrielle (2009) social protection is an “economic protection”, not “social protection”, and it is hardly socially transformative. Largely missing from the World Bank’s Social Risk Management framework, for instance, is a concern for equity and social rights (Gabrielle, 2009).

Social Protection programming can be used to address basic needs for food and income and/or to protect, establish or re-establish livelihoods or productive capacity. Social protection allows recipients to obtain array of goods and services of their choice directly from local markets and service providers (Arza, 2011). Gabrielle (2009) also argues that provision of cash alone is not always sufficient therefore cash transfer programmes are linked to other forms of support. Monitoring and evaluation of cash transfer programmes have shown that risks of abuse are no greater than for other forms of commodity response (UNDP, 2005).

Social Protection programming is one form of humanitarian response which has been used to address basic needs and/or to protect, establish or re-establish livelihoods or economic productive activities. While states must take primary responsibility for their citizens in disaster situations, the Movement is often called upon in humanitarian crises to provide assistance to those in need. Movement responses have traditionally focused upon the provision of in-kind assistance, that is., giving people specific items to replace what they have lost or what they need (UNDP, 2005). Many studies have demonstrated the use of Social protection in form of cash transfers (sometimes in the form of vouchers) to assist populations affected by disaster particularly where employment, income, livelihood or economic production opportunities have been lost. Unlike in-kind assistance, Gabrielle (2009) notes that cash transfers allow recipients to obtain goods and services of their choice directly from local markets and service providers.

The level of a household's risk of livelihood failure may determine the vulnerability of a household to income, food, health and nutritional insecurity. The greater the share of resources devoted to food and health service, the higher the vulnerability of the household to food and nutritional insecurity. According to (Kakwani, 2005) livelihoods are secure when households have secure ownership of, or access to, resources (both tangible and intangible) and income earning activities, including reserves and assets, to off-set risks, ease shocks, and meet contingencies. Households have secure livelihoods when they are able to acquire, protect, develop, utilize, exchange, and benefit from assets and resources (Ghanim, 2004) The level of a household's risk of livelihood failure may determine the vulnerability of a household to income, food, health and nutritional insecurity.

### **2.1.2 Social Support and Nutrition**

The recognition of the importance of nutrition situation of urban slum dwellers is illustrated by the setting up of the Kenya Urban Nutrition Working Group (Slums/Informal Settlements) in 2008 at the request of the Government of Kenya. According to a 2008 KEMRI/CDC nutritional survey in Kibera, almost one in two (47%) children under-five are stunted. 23% are severely stunted. In the Mathare ACF-USA nutritional survey, 31.6% [27.8 – 35.4%] under-fives were found to be stunted. Preliminary results from a Concern nutrition baseline survey indicates that 37.9% [95% CI 30.9 – 45.0%] under-fives are stunted. These results highlight the long-term inadequate food intake experienced by the urban slum dwellers as a consequence of chronic food insecurity, a poor health environment and poor care and feeding practices. These surveys results indicate the prevalence of stunting in the informal settlements as similar as or even higher than nationally.

Social Protection contributes to improved food security, dietary diversity and children's nutritional status (UN Habitat, 2008). According to a research carried out in Zambia's Kalomo Pilot project, the number of household members living on one meal a day decreased from 19 per cent at the baseline to 13 per cent at evaluation (ILO, 2012). Programme households reported feeling more satiated after having eaten with the percentage reporting that they were still hungry after each meal decreasing from 56 per cent at the baseline to 35 per cent. Households also had more varied diet with the number of households consuming vegetables, fruits, fish and meat increasing, and an 8 per cent decrease in the proportion of underweight children (Kakwani, 2005). A research carried out in Malawi's Mchinji scheme shows significant improvements in diet diversity (particularly for protein and fish). The Programme households were more likely to have more than 1 week of food stores relative to controls, and

were significantly more likely to report having adequate food to eat (70 percentage point difference). Children were also less likely to be sick in the reference period (10 percentage point difference between treatment and control households) and more likely to be taken for health care when sick (60 percentage point difference) (UNICEF, 2009). In a study carried out in Ethiopia, mothers reported feeding their children more frequently and most mothers reported giving a wider variety of grains and pulses to their children; they also reported increasing the amount of livestock products and oil given to children, and some mothers bought more vegetables (UNICEF, 2009). A study of the Child Support Grant in Kwa Zulu-Natal, South Africa, suggests that it has an impact on child height for children who started receiving the grant in their first 20 months of life. In Mexico, 70 per cent of households participating in social protection demonstrated improved nutritional status as well as an impact on growth in children, with the growth rate among children aged 12-36 months increasing by an average of one centimetre per year (Breman, 2009).

A situation analysis and strategy options November 2008 identified the following negative coping strategies in Korogocho and Mukuru slums from observations made during focus group discussions (Heyer and Crosskey, 2008): Income supplementation through engaging in high risk livelihoods (sex work, crime, brewing/selling illegal brews) and child labour. According to observations, rates of prostitution had increased to around 30%, whilst rates of scavenging among children were also reported to have increased to around 30%. Reduced expenditures on non-food items (water, soap, toilets) reduced expenditure on education- up to 30% of children had been taken out of school (Omiti, 2007). Increase reliance on gifts and credit. This is supported by results of ACF Sentinel site survey 2009 whereby nearly 80% of households reported purchasing food on credit from local vendors.

### **2.1.3 Social Protection and Household Incomes and Expenditures**

For the slum population as a whole, the average monthly per capita income of a slum household is I<KSh3705 (US\$49) and the median income is KSh 3000 (US\$ 40). Income levels among poor and non-poor households differ significantly. When asked how much they spend on basics in a typical month (“to live”), households reported an average expenditure of I<KSh 2500 (US\$ 33), with the poor spending about I<KSh 1900 (US\$25) and the non-poor reporting an average expenditure of I<KSh 4100 (US\$ 55) per month (Omiti, 2007). Although risk and vulnerability are key factors in explaining the descent into poverty, it is not clear how important they are in maintaining people in poverty, transmitting poverty from one generation to the next, and in preventing the interruption of poverty’. Omiti (2007) notes that the chronic

poor have fewer options, less freedom to take up available options, and so remain stuck in patterns of life which give them low returns to whatever few assets they have maintained.

At the household level, micro-enterprises are helping diversify the income portfolio and appear to be assisting in the struggle against poverty. According to the research carried out by economists Heyer and Crosskey (2008), about 30 per cent of households Mukuru reported that they operate an enterprise and, encouragingly, ownership of an enterprise is negatively correlated with poverty. The research also pointed out a systematic comparison between poor and non-poor households reveals five types of non-monetary factors that are positively correlated with household poverty in the slums: household demographics-specifically, households that are large in size and have a high proportion of women lower education levels; lack of ownership of a micro-enterprise unemployment in the household; and lack of access to infrastructure, in particular, electricity and water supply. Given their strong correlation with poverty, these five factors can and should serve as a basis-a starting point-for the design of any poverty-alleviation efforts in the slums. If essential goods are available on the market but affected populations do not have enough money to purchase them, then providing cash allows people to cover their short and/or long-term essential food and non-food needs. In emergency response and recovery programming, it is essential to assess food security and ensure that food needs are covered through the provision of either cash or food.

#### **2.1.4 Food Security and Social Protection**

In January 2009, the GoK declared a national food security emergency, estimating up to 10 million people in Kenya at risk of food insecurity. Overall, this situation resulted from a combination of factors, including: repeated droughts, post-election violence affecting the country's grain basket and high inflation. Corruption in the maize and fuel industries, obstructive trade regulations and the global financial, food and fuel crises have aggravated the problem.

The World Bank survey (2006) gives some useful background to the economic and livelihood situation of Nairobi slum dwellers. This study was conducted in 2004 and the slum areas surveyed were Dagoretti, Westlands, Pumwani, Central, Makadara, Embakasi, Kasarani and Kibera. Food security can be defined as "a state where all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life". The three fundamental components to being food secure are availability, access and utilisation of food. Their contribution to overall food security differs in urban and

rural contexts and across urban socioeconomic groups. Approximately 4.1 million urban dwellers are estimated to be at risk of food insecurity (KFSSG SRA 2009). This is up from an estimated 3 million in 2007 and represents the largest single group affected. Results of the KFSSG SRA (2009) highlights that Nairobi slum residents access the vast majority of their food (90%) and non-food items through purchases on the market. As there is minimal opportunity for food production, access to food is dependent on cash exchange. Ability to access food can be looked at in terms of household incomes relative to prices of food and non-food items. The reduction in income therefore represents a significant reduction in ability to access food, particularly among the urban poor who spend a larger proportion of their income on food (43%) than non-poor (37%) (World Bank, 2006) and experience greater restrictions to access due to lack of economic means such as steady income, remittances and access to credit. Omiti (2007) emphasise that any longer term planning that addresses food security, the strengthening of livelihoods and provision of essential services should also include social safety net mechanisms for providing extended support to the most vulnerable and destitute. According to KFSSG SRA 2009, 24% of respondents said employment was the most important recommended priority intervention, followed by control of food prices (19%), food aid (14%) and business financing (13%). In general, the price of the staple food maize has risen by 70-80% in the past year while the basic needs basket has increased in price by 63% (Heyer and Cross key, 2008).

### **2.1.5 Social Protection and Health**

The main source of background information on the health of the residents of Nairobi informal settlements is from the Nairobi Urban and Demographic Surveillance System (NUHDSS) run by APHRC. This surveillance work highlights the chronic poor public health situation of the slum dwellers, who experience high rates of morbidity and higher rates of mortality from preventable causes than their rural counterparts and the national averages. The squeeze on household budgets in the face of increasing prices of food and non-food items means that there is proportionally less available to spend on health care, water and sanitation. The main source of background information on the health of the residents of Nairobi informal settlements is from NUHDSS run by APHRC. This surveillance work highlights the chronic poor public health situation of the slum dwellers, which experience high rates of morbidity and higher rates of mortality from preventable causes than their rural counterparts and the national averages. The squeeze on household budgets in the face of increasing prices of food and non-food items means that there is proportionally less available to spend on health care, water and sanitation. This is likely to exacerbate the chronic problem. However, at the time of writing,

very limited data on current trends in the health status of slum dwellers was available to investigate this. It is hoped that in the near future, trend analysis data will be made available from the NUHDSS (APHRC, 2009).

A study carried out in Mukuru by Oxfam GB (2009) found that Conditional Cash Transfers (CCTs) provides a strong incentive for families to invest in the health and education of their children and thus fulfils the dual objective of protection and promotion. An evaluations from Mexico, Nicaragua, Jamaica and Colombia show that CCTs increase utilization of education services, including attendance, enrolment and/or number of years of schooling; they also increase utilization of health services and reduce child morbidity and mortality and reduce prevalence of stunting (UNOCHA, 2010).

According to the research carried out in Mukuru, many factors contribute to the poorer health of the residents. Environmental factors include: physical factors that have a direct effect on health –overcrowding, poor water and sanitation and poor hygiene all increase the risk of communicable diseases and social factors such as alienation, unemployment, ethnic tensions and violence which tend to have a more indirect effect on health (APHRC, 2008).The research also noted that access to health care services is restricted as there are a low number of health facilities relatively to population size. Health facilities that are available tend to provide poorer quality of service, often operating without formal licences or standard protocols and with severe shortages of medical equipment and supplies (APHRC, 2008). Residents tend to pay more for similar services than in other parts of Nairobi (Taffa and Chepngeno, 2005). Slum dwellers tend not to use public health facilities (where treatment is cheaper and in theory free for under-fives and pregnant women) not least because they are not located in the settlements. Coverage of key child survival interventions is lower in the informal settlements for Nairobi Province and the national average (UN Habitat, 2007). However, results from ACF-USA nutrition survey 2008 suggest that coverage of measles vaccination in Mathare slum is high, at 90.5%. The results from the Concern baseline survey (2009) indicates coverage of vitamin A in the last 6 months was 58%, while de-worming was 37%.

### **2.1.6 Gender Roles in Social Protection**

In Africa women play a key role in society. They dominate as household head especially in the urban setting, food production, the provision of domestic energy and the trading of basic goods (UNOCHA, 2010). Engaging in informal commercial activities is an opportunity for



many women to branch out while still being able to undertake the domestic and family responsibilities that society has placed on them and is reluctant for them to relinquish.

According to Nori (2009), women provide more social support to others and are more engaged in their social networks. Evidence has also supported the notion that women may be better providers of social support and are also more likely to seek out social support to deal with stress (Omiti, 2007). Additionally, social support may be more beneficial to women. Shelley Taylor and her colleagues have suggested that these gender differences in social support may stem from the biological difference between men and women in how they respond to stress (that is, flight or fight versus tend and befriend) (Taylor et al, 2009). Although estimates of the extent of women's participation in social protection initiatives are vague, they are consistent enough to show that women play a substantial and sometimes dominant role – a role that is different in different regions and in different aspects of social Protection.

Given all that has been said about the adverse implications of economic crises for women, it is important to ask how effective these different systems of social protection are preventing gender-based deprivation and tackling gender inequalities. In practice there are significant variations in crisis response across countries. In advanced welfare states, austerity measures in some countries risk undermining the fiscal and institutional basis of their social security systems. Early assessments suggest that these measures are also likely to constitute a setback for gender equality (UK Women's Budget Group 2010). Fast-growing lower-and middle-income countries whose financial systems were relatively insulated from the crisis, however, may be able to expand their nascent social protection systems to address the adverse impacts on employment and livelihoods. How effective are these systems going to be in meeting women's needs and enhancing gender equality? In other developing countries characterized by fiscal and institutional weaknesses, as well as the absence of strong political coalitions supportive of social protection, policy inaction may be the more likely outcome. According to Nori (2009), policy *in-action* is far from gender-neutral, for it means maintaining the power relations and gender inequalities enshrined by the *status quo*. For instance, many of the difficulties involved in the provision of social protection for women relates to socio-cultural values that leave women in vulnerable positions. Arza (2011) point out that social protection instruments designed for many categories of women must include a substantial "transformative" element, in the sense that power relations between men and women become more balanced.



To illustrate some of the other gender specific barriers, an analysis of pension programmes can be helpful. In general, women have not been well-covered in pension programmes; whether public or private, even though they have in many countries received a pension as a widow of a male breadwinner. Gender inequality in this area derives from the combination of labour market in-equalities, on the one hand, and pension design features on the other (Arza, 2011). The labour market factors that tend to discriminate against women include, their lower labour force participation rates, more frequent breaks in employment, higher prevalence of part-time and/ or informal work, lower earnings. Moreover, certain pension design features can also work against women: for example, if the eligibility criteria include years of work contribution and if the minimum number of years to claim benefits is high (say 30 years); in addition, if the formula for calculating benefits depends on asset accumulation (as in defined-contribution systems), then women's lower earnings can work against them.

Most researches on social protection in this area are mainly on those that tied on employment those that are targeted and needs-based (e. g. means-tested child benefits or social pensions), and finally, to those that are both means-tested and conditional (e. g. conditional child benefits). This paper has drawn attention to some of the advantages of programmes that are rights-based and universal: the greater possibility of redistribution and cross-subsidies, the avoidance of exclusion and stigma, and the reduction of administrative costs that targeted and conditional transfers entail, as well as the additional work that is often imposed on potential beneficiaries.

### **2.1.7 Social Protection and HIV/AIDS**

According to the Kenya AIDS Indicator Survey (KAIS) 2007, the prevalence of HIV in Nairobi County (9.3%) was the second highest after Nyanza (15.4%) and higher than the national average (7.8%). Disaggregated data for the slum population is not available. However, the urban poor are significantly more likely than their rural counterparts to have an early sexual debut and a greater incidence of multiple sexual partnerships (Katilu, 2008). This increased likelihood of engaging in risky sexual behaviour puts the urban poor at greater risk of contracting HIV and, as a consequence.

One arena of social protection that does attend to the "social" needs of socially vulnerable groups is campaigning against various forms of discrimination – whether on the basis of ethnicity, gender, religion, or sexual orientation – as part of a broader emerging agenda around

upholding economic, social and cultural rights (Taylor et al, 2007). A good example is the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), a United Nations campaign during the 1990s that raised awareness about gender discrimination in countries across the world. Recently, concerns have been raised about the nature of formal and non-formal responses to HIV/AIDS, specifically its “social impacts” in terms of the burden of caring and attitudes towards people living with AIDS (PLWA). In Uganda, which was the epicentre of HIV/AIDS in Africa during the 1980s, the pandemic has had a terrible impact, causing over 800,000 estimated deaths and creating over 2 million single- or double-parent orphans (Katilu, 2008). Many of households are elderly- or widow-headed households, under traditional arrangements of caring for orphans through extended family and kinship relationships, which tends to place the burden of care on women. According to Kitilu (2008), these informal social protection mechanisms are coming under severe strain, as the costs of caring for the ill and providing for the food and clothing needs of large numbers of dependants is stretching the limited resources of poor families beyond their capacity to cope. Most Orphans who are not located in extended families or supportive communities, and are not taken into reception centres, often become street children, surviving by begging or petty crime (UNDP, 2006).

Apart from behaviour change promotions, a parallel set of interventions has also emerged in many high-prevalence African countries since the 1980s, focusing more on the consequences of the disease than its prevention. Recognising the costs that HIV/AIDS imposes on the livelihoods and coping capacity of poor households, these initiatives aim to provide various forms of support to PLWA, “AIDS orphans” and carers (Katilu, 2008). A number of institutions and initiatives are engaged with these issues in Kenya.

Most of these measures can be characterised as standard social assistance interventions to meet the subsistence needs of PLWA and orphans for care, food, health, housing and education (Katilu, 2008). These measures address the reality that HIV/AIDS has deepened poverty in Ugandan households, as affected families lose productive labour, sell off assets to care for terminally ill members, and pay burial costs after a death. In other words, these measures address the economic costs of HIV/AIDS at the household level. Until recently, relatively little attention was given to the “social costs” of AIDS, such as the problems faced by PLWA in terms of securing or retaining employment, the stigma and social exclusion faced by bereaved relatives, the vulnerability of widows to being remarried against their will, and the risks faced by orphans (Katilu, 2008).

In a special session on AIDS in June 2001, the United Nations General Assembly passed a declaration of commitment to fight AIDS, which included a global target for all UN member states to enact or strengthen anti-discrimination protection for people living with HIV/AIDS. In 2002, the International Federation of Red Cross and Red Crescent societies (IFRC) launched its own 'HIV/AIDS Anti-Stigma and Discrimination Campaign', in support of the United Nations declaration. This campaign can be characterised as a “transformative social protection” measure. Unlike conventional social safety net or “protective social protection” measures, anti-discrimination measures address the social rather than economic needs of a socially vulnerable group. Like minimum wages, this is an affordable intervention, since it has negligible implications for public spending or donor budgets. Anti-discrimination campaigns also have the potential to be “protective” and “promotive” as well as “transformative”. It is well documented that discrimination reduces the livelihood opportunities of affected groups. Affirmative action campaigns to promote minority groups, such as black South Africans or low-caste Indians, recognise that social exclusion carries economic costs, and attempt to intervene in the labour market to correct for this socio-economic discrimination. Similarly, the anti-stigma campaign in Uganda attempts to ensure that hostility towards people living with HIV/AIDS does not undermine their ability to earn a living.

### **2.1.8 Social Protection and Education**

Traditionally, children who were viewed ‘at risk’ were those threatened academically, socially or emotionally, possibly as a result of their home situation or other circumstances, such as manmade or natural catastrophes. Typically, children who are abused, neglected or abandoned by their families or traumatized by their circumstances are at risk of underachieving academically, have poor school attendance and may drop out of school more frequently (Garson, 2007)

A comprehensive and coherent package of social protection measures can support a development trajectory that maximises the reduction of both poverty and inequity. Evidence suggests that households receiving cash transfers increase investments in their children’s education (Garson, 2007). In Malawi, experimental results show a 4 percentage point increase in school enrolment among children under age 10, and a 36 percentage point decline in child labour. In Zambia’s Kolomo Pilot project, overall absenteeism from school declined by 16 per cent over the first nine months of the pilot scheme and enrolment rates rose by 3 percentage points to 79 per cent over the period of the external evaluation. This increase is statistically

significant. Moreover, 50 per cent of children who were not in school at baseline were enrolled at evaluations .Half of them started school, while the other half returned to a higher grade, meaning that they had dropped out of school before the scheme started. Early findings from the pilot Kenya Cash Transfer programme suggest that the program increased school attendance among orphans and vulnerable children. Conditional cash transfers that make receipt of benefits conditional on school enrolment, attendance and progression (Jamaica, Mexico, Nicaragua, Colombia and others) have had demonstrated positive impact on investments in education and progression for those already in school as well as for children previously not enrolled; however, as discussed below, the appropriateness of conditional cash transfers in ESA is still an open question (UNICEF Report, 2009)

### **2.1.9 Social Protection and Legal Framework**

The International human rights instruments have long recognized social protection as a fundamental human right. Most notably, rights for all citizens are enshrined in Articles 22 and 25 of the United Nations Universal Declaration of Human Rights (1948): “Everyone as a member of society, has a right to social security . . . [and] to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care and necessary social services”(National Social Protection Strategy, 2008.The right to social security also appears in regional human rights instruments and several ILO conventions, in particular Convention No. 102 on Minimum Standards of Social Security (Bremner, 2009). In addition to these international and regional legal instruments, the Economic crises have major impacts on labour markets.

The formulation of the policy has been informed by both International & local experiences. Kenya ratified the Universal Declaration of Human Rights which states that Social Protection is a fundamental human right for all citizens -Articles 22-26 specifically focus on social protection. The Commission for African Union identified social transfers as a key tool in *tackling extreme poverty in sub-Saharan Africa*. Kenya is also a signatory to the Livingstone Declarations of 2006. The Conference committed Governments under the auspices of African Union (AU) to improve on the implementation of Social Protection Programme. In the Livingstone Call for Action, the African Governments then agreed to integrate social transfers within the National Development Plans and Budgets within the 2–3 years after the 2006 meeting (UNDESA, 2011).The main rationale for most organisations engagement in social protection is grounded in human rights and pro-poor development. Critical are articles of the international covenants to which ESA countries are signatories: the Convention of the Rights

of the Child (CRC), the Universal Declaration of Human Rights (UNDHR) and the African Charter on the Rights and Welfare of the Child (UNDESA, 2011). The current Constitution of Kenya in chapter 4 also recognizes the Bill of rights hence providing for socioeconomic rights of human dignity and self-fulfilment (Government of Kenya, 2010).

Actors in the urban sector have used policy advocacy and influencing as a strategic approach for putting pressure on policy makers for more pro-poor policies and service provision and to hold both the national and local governments more accountable for public resource utilisation (Breman, 2009). Appropriate legislation is necessary, but this goes only a small way to changing sociocultural values. Efforts could focus on educating men and women about their rights and how to access their rights. Other more political and institutional constraints relate to: lack of access to the legal system; cultural resistance; and commonly held beliefs about women's role in land management and ownership.

A study commissioned by the Kenya Human Rights Commission (2010) informed and initiated a debate on the impact of social protection Regulations on Local communities. This research indicates that for social protection to contribute to sustainable livelihoods, communities require changes to policies and practices. The research also points out the existing social protection programmes in the country, weak coordination, overlaps, supervision and monitoring of the multi-sectorial programmes as a recognised cause for concern. To address social protection effectively, the research recommend that policies must embrace both economic growth and its distribution. It further points out the need to sensitise relevant government functionaries and other stakeholders to basic social protection and propose ways that could contribute to the sustainable financing of some social protection programmes for agricultural and general economic growth.

The social support in Kenya has proved to be one of the least beneficial to the urban communities. Part of the reasons for this situation is that Kenya operates with an inadequate legal framework to properly regulate social support system for the poor. Although the government has ratified and domesticated regional and international instruments which can be sued as references in the development and implementation of country specific social protection policies, there is poor implementation of the policies as well as lack of adequate coordination and information sharing between actors, therefore leading to duplication of activities. The actors in the urban sector have used policy advocacy and influencing as a strategic approach for putting pressure on policy makers for more pro-poor policies and

service provision and to hold both the national and local governments more accountable for public resource utilisation.

#### **2.1.10 Social Support: Success or Failure?**

There are numerous theories on promoting growth that have been applied in the developing world, often heralded as panaceas by development institutions. Yet they have largely failed to produce the desired economic results because of the linear reasoning by which they are applied (Mensch, 2006). During the 1990s, as thinking on livelihoods, risk and vulnerability, and the multi-dimensional nature of poverty became more nuanced, safety nets were increasingly criticised as residualist and paternalistic and more sophisticated alternatives began to be proposed. At the same time, the broader potential of social protection began to be recognised, and bigger claims are now being made for what social protection can and should strive to achieve (Arza, 2011).

There are two interconnected strands in this response, both linked to a concern for long-term and sustainable poverty reduction. The first links risk management explicitly with economic growth, and argues that reducing risk or protecting the poor against income and consumption variability will allow them to invest and accumulate – a “trampoline” out of poverty (World Bank, 2006). Despite being vigorously promoted in international development publications, this link has not yet become a key component of anti-poverty programming in practice (ILO, 2004). According to UN HABITAT (2004), In low-income countries, social protection continues to be perceived by governments and donors as comprising fiscally unsustainable “consumption” transfers to the economically inactive or unproductive poor, which diverts scarce public resources from “productive” investment for economic growth, and therefore deserves lower priority as a poverty reduction tool highlighting many cases in the developing world where countries social protection continue to suffer from devastating poverty (Omiti, 2004). One study finds that the overall living standards of social protection dependent countries are exceptionally low, much lower than they should be compared to their per capita incomes; higher levels of social protection dependence are strongly correlated with higher poverty rates and income inequality; and social protection dependent populations tend to suffer from declined productivity and general dependencies (Omiti, 2004). According to Arza (2011), social protection whether conditional or non-conditional also lead to lack of the social responsibility by the community to take care of their own people who are in need of cultural safety networks.

Recent publications which discourage social protection as a means to achieve growth highlight studies done by economists N. Kakwani, Fabio Veras Soares and H. Son: In their study of 15 Sub-Saharan African (SSA) countries, they estimated short-term income effects on demand for primary education. They found that the share of children attending school in the 15 countries rises from age 5 to 11 years and then falls steadily, mostly at the secondary school level. The study attempted to quantify the impact of cash transfers on national poverty. The poverty simulation results indicated that a transfer of 0.5% of GDP to all school-age children had a very small impact: poverty incidence fell by only about 1%, the poverty gap by about 2%, and the severity of poverty by about 4%. The study also concluded that targeting children in poor and/or rural households' results in much greater total poverty reduction as per capita transfers are higher than in universal programmes (Kakwani, 2005).

At the macro-level Social Protection has rarely achieved its full potential. Many African countries are still struggling to work on their policies to address the social protection issues. The most addressed is the special security targeting the employed populations. At the micro-level social protection has generally fared better. Both the Governments and NGOs have worked hard and effectively at the local level to introduce appropriate systems to improve efficiency and mitigate against other factors that could limit it. NGOs have now passed the stage of undertaking studies and developing guidelines and are increasingly funding large and varied programmes.

Governments have typically intervened in social protection: to come up with policy on the same to target the elderly people and the Orphaned and Vulnerable Children (OVCs) in rural areas to improve their access to food health; and other services. Specific policies for social support that cover its development and operation, sometimes including the targeted beneficiaries and the terms and conditions, are slowly being developed together with legislation. But many organisations are still not appreciative of the strategy. Even where there are regulations, the overwhelming problem facing governments in attempting to regulate social support is the lack of adequate resources as well as the coordination of the various social protection related interventions, which are provided by a wide range of partners operating at different levels and often independently of one another. The result has been an inability to introduce controls or a failure to follow-up or monitor the interventions and hence continuation of unsatisfactory practices as well as double targeting of the same beneficiaries (Arza, 2011).



The unregulated or underhand way in which much social protection is carried out means that governments are missing out on much needed data. Some organisations often lack the basic skills, training and supervision skills to track their project results. Tales of the double targeting of the same beneficiaries or duplications of efforts are many.

## **2.2 Theoretical Framework**

The study is framed within the theory of cumulative and cyclical interdependencies. Most studies of poverty alleviation have adopted different theoretical underpinnings in order to find a workable solution to their subject matter. These theories include the underdevelopment/dependency theories, the vent for surplus theory, the theory of basic needs and the individual deficiencies theory. According to Bradshaw (2006), these theories are more concerned with alleviating poverty without giving due attention to its root cause.

Poverty alleviation is one of the most difficult challenges facing any country in the developing world where, on the average, majority of the population is considered poor. Ajakaiye and Adeyeye (2000) conceptualize poverty as a function of education, health, child mortality and other demographic variables. In a nut shell poverty can be seen as a situation in which an individual is unable because of economic, social, political and psychological incapacitation, to provide himself and his family the barest basic necessities of life.

This research adopts the theory of cumulative and cyclical interdependencies as its framework because the theory looks at individuals and their community as caught in a spiral of opportunity and problems, hence individual and community resources are mutually dependent. This section looks at cumulative and cyclical interdependencies theory in details and the critique of the same.

### **2. 2.1 The Cumulative and Cyclical Interdependencies Theory**

Cumulative and cyclical interdependencies theory originated from the works of Myrdal (1957) who argued that personal and community wellbeing are closely linked in a cascade of negative consequences, and that closure of a factory or other crises can lead to a cascade of personal and community problems including migration of people from a community (Abdu, 2005). Thus, the interdependence of factors creating poverty actually accelerates once a cycle of decline is started. As a theory of poverty, the cyclical theory shows how multiple problems cumulate, and it allows speculation that if one of the linkages in the spiral was broken, the



cycle would not continue. The problem however is that the linkages are hard to break because each is reinforced by other parts of the spiralling system

Bradshaw (2006) also argues that the interdependence of factors creating poverty actually accelerates once a cycle of decline starts. For example, at Mukuru slums Community level, a lack of employment leads to lack of consumption and spending due to inadequate incomes, and to inadequate savings, which means that individuals can not invest in training, and individuals also lacks the ability to invest in businesses, or to start their own businesses, which leads to lack of expansion, erosion of market and disinvestment, all of which feedback to inadequate opportunities. Health problems and the inability to afford preventive medicine, a good diet, education opportunities, and a healthy living environments become reasons the poor fall further behind.

The study attempts to find out whether the social support strategy has any influence on livelihoods. This is mainly because although the social protection initiatives attempts to provide direct income, business startup and trainings to the targeted households, there are other factors such as the attitude towards spending on certain needs like food, education, health, clothing, and house rent among other basic needs that may also influence the distribution of income within the households.

This study therefore attempts to find out to what extent the cumulative and cyclical interdependencies theory is applicable in indicating factors that contribute to enhanced livelihoods among the Mukuru slum community. Based on this theory, it is hoped that the research questions will be answered. This, according to Myrdal is simply appreciating the interdependence of different parts of the community and their solution in to try to address issues like poverty from a multifaceted approach. The various structural and political factors in the cycle theory reinforce each other, with economic factors linked to community and to political and social variables. Perhaps its greatest value is that it more explicitly links economic factors at the individual level with structural factors that operate at a geographical level. Therefore by helping the poor people achieve “self-sufficiency” is an increasingly significant phase in poverty reduction. The effort at helping poor people to achieve self-sufficiency appears a very popular phrase in poverty reduction. While called several names, the emphasis is on providing both “deep and wide” supports and services for people (Betiang, 2010).

### **2.2.2 Critique of Cumulative and Cyclical Interdependencies Theory**

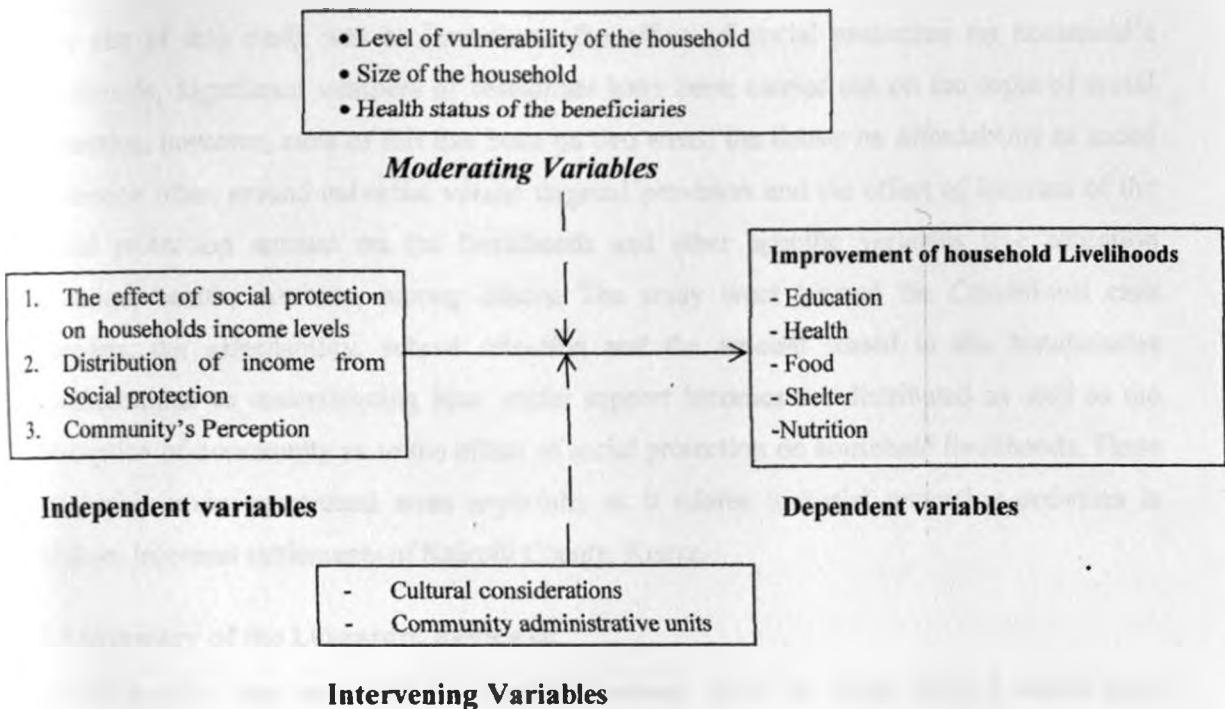
A key piece of this comprehensive approach to helping individuals from poverty is that there is no way the public can do all of these for every person without first increasing social capital among communities and subcultures of the poor and subcultures of the poor by pointing out that the complexity of the cycle of poverty means that anti-poverty programmes or solutions need to be equally complex, since poverty is not just from one cause but many (Betiang, 2010). The idea is to help groups of poor people build supportive communities with shared trust and mutuality.

According to Bradshaw (2006), there are no easy answers to breaking the cycle of poverty and therefore it's highly elusive and vague. He argues that in facing the overwhelming task of helping both poor people and their poverty neighbourhoods, and suggests the only option as to identify whatever strengths the community has and using them to solve problems in the most effective way rather than to spend time identifying problems for which there may not be adequate answers.

### **2.3 Conceptual Frame Work**

The Mukuru Slums community being dependent on the cash economy, the major yard tick used to measure the livelihood security outputs is the ability of the household to meet their basic needs which include; clothing, food, education, shelter, access to healthcare and other needed social services among other needs. The input into livelihoods improvements process include training of the targeted beneficiaries, provision of business start-up capital and the household support with income to enable them acquire education, basic food stuffs, medical costs in the time being before the full establishment of their business.

Thus the social support outputs in this case are denoted by improved livelihoods, is a function of how these social support inputs interact. If the interaction is healthy, then output (livelihoods) should be enhanced and vice versa. The research conceptualized that the outputs (School retention, health, food security, clothing, Nutrition) is influenced by how social support inputs interact. The researcher has therefore attempted to point out how the interactions of Social support input affect livelihoods outputs. Figure 1, shows the conceptual framework against which this study will be based:



**Figure 1: Conceptual Framework**

## 2.4 Knowledge Gaps

Social Protection is an important phenomenon in many parts of the world and has special needs that require to be addressed. It is true that most social protection measures – school feeding, public works, minimum wages, and cash transfers – are controversial, and heated debates around the merits and (cost-) effectiveness of specific interventions will certainly continue. According to Kakwani (2005) for positive social protection objectives to be achieved, the package of measures actually adopted must be carefully selected, prudently designed and effectively implemented. Nonetheless, the point remains that transformative social protection can be affordable while contributing to the fundamental policy goals of pro-poor economic growth and improved social equity. Even if programs do not impose conditions on receipt of benefits, there are still lessons to be learned from social protection. UN Habitat (2008) urges in favour of social protection that it provides a strong incentive for families to invest in the health and education of their children and thus fulfils the dual objective of protection and promotion.

However, research on social protection gradually starts to develop and contributes to an understanding of how the intervention can better contribute to sustainable poverty alleviation (UNICEF, 2009). There is need for making proper management decisions from sound data (UNICEF, 2009) which forms the major reasoning behind this study.

The aim of this study was to investigate the effect of social protection on household's livelihoods. Significant numbers of researches have been carried out on the topic of social protection; however, most of this has been on two areas; the debate on affordability of social protection often around universal versus targeted provision and the effect of increase of the social protection amount on the livelihoods and other specific variables like education retention, health, nutrition, among others. The study went beyond the Conditional cash transfers, the affordability, school retention and the amount issued to the beneficiaries considerations to understanding how social support incomes are distributed as well as the perception of community as to the effect of social protection on household livelihoods. These are highly under-researched areas especially as it relates to social protection activities in Mukuru Informal settlements of Nairobi County, Kenya.

## **2.6 Summary of the Literature Reviewed**

In this section, the researcher has reviewed several ways in which various writers have captured *social support and its effect on household livelihoods*. While the literature may have demonstrated that social support has contributed a great deal to improving livelihoods, it is also being blamed for several negative impacts. These also include the debate on affordability of social protection often around universal versus targeted provision and the effect of increase of the social protection amount on the livelihoods and other specific variables like education retention, health and nutrition among others. The review has also looked at the effect of policy regulations as it relates to social support activities and practices.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 Introduction

This chapter describes the research design; description of the target population; sampling procedures; data collection methods and procedures; reliability and validity test results of the research instruments; data analysis methods and justification as well as ethical considerations.

#### 3.2 Research Design

The research study used mixed method approach of study designs. Mixed methods research represents research that involves collecting, analysing, and interpreting both quantitative and qualitative data in a single study or in a series of studies that investigate the same underlying phenomenon (Kothari, 2004). Bogden & Biklen (1992) also observe that a key point of using mixed methods, however, is to triangulate data sources so as to check the validity of one instrument against another. According to Hanson et al. (2005) if the purpose is to triangulate or converge the results, then the data may be collected concurrently. In this study, the purpose for using mixed research was more for triangulation than any other reasons and as such concurrent triangulation design was used.

Descriptive survey was aimed at collecting information from respondents on their attitudes and opinions in relation to social support in which the relationships between variables was established. This involved description of the data, in words and tables in order to demonstrate whether there is statistical relationships or merely descriptive in order to answer the research questions in the study. The tools used in this case were a survey.

Qualitative questions were also answered using established qualitative procedures (Bogden & Biklen, 1992). This allowed for Qualitative data to emerge from observed instances during interaction with beneficiaries and their households and by the use of interview schedules, observational notes, key informant interviews (KII) and Focus Group Discussion (FGD). The FGD sessions were conducted with the social protection project beneficiaries and others community members who are not direct beneficiaries. This made provision for a deeper understanding of effect of social protection on household livelihoods. The researcher used both primary and secondary data. The primary data was obtained using questionnaires and interviews schedules, observations and Focus Group Discussions while secondary data was obtained through the internet, journals and books.

### 3.3 Target Population

Mukuru is situated about 10km from the city centre, Nairobi County, Kenya. Mukuru slum is approximately 35 years old. It comprises 44 villages just outside Nairobi with a population of over 70,000 and an average of 14,640 households (KHRC, 2009). Families live in corrugated iron shacks measuring 10' X 10' (Nairobi Inventory, 2009). Many of the slum dwellers in Mukuru work as casual labourers in the manufacturing industries situated close to the slum. Others operate small-scale businesses selling vegetables and fruit or hawking various items. According to KHRC (2009) earnings are pitifully low and inadequate to feed their families. Consequently, their children look to other means of survival such as prostitution, drug peddling, begging and criminal activities.

The people of Mukuru are squatters on land to which they have no legal right. Without security of tenure the slum dwellers are unable to commit themselves to any small investment for the future. The only option is petty trade, which translate into meagre incomes. According to KHRC (2009), the high level of poverty puts basic education beyond the reach of many families. This has impacted negatively on education levels among the residents. It has contributed to high illiteracy occasioned by soaring drop out levels among those fortunate enough to be going to school. Over two-thirds of the workforce earns a living in the Nairobi Industrial Area, either in full-time or casual employment. Over 25% engage in small-scale business, while the remaining residents are unemployed, job seekers, or housewives. Casual labourers in nearby industries and juakali artisans comprise most of the workforce; women engage in grocery vending. Earnings range from as little as KSh. 50 to KSh. 300 per day (Nairobi Inventory, 2009)

The Social Protection Project aims at enhancing the capacity of poor and vulnerable persons to manage economic and social risks, such as unemployment, exclusion, sickness, disability and old age. This project moderates the impact of shocks - causing sharp reductions in their income through improvement of productive capabilities. This project has been implemented for the last three years in 7 villages as a pilot before being rolled out to the remaining 37 villages of Mukuru slum. Selection of beneficiaries' households was undertaken by Community Own Resource Persons (CORPs), whose members are elected or approved by the community. After training, CORPs used a multi-stage process to select the 10% of households who are most needy and labour-constrained. Cash transfers to households were then made through accounts in the local bank which then channel the moneys through money transfer

service via mobile phones. At the end of 2011, 337 households had received monthly cash transfers of Kenya shillings 2500 per month for six months and seed money for business start-up as well as cash for work.

This study was therefore carried out in six administrative villages of Mukuru slum (Kisii, Fuata Nyayo, Lunga Lunga Commercial, Old Reuben and Kwa Njega), Nairobi County where the project have been implemented. One village (Mariguini) was deliberately left out due to security related issues. The sample was drawn from 304 beneficiaries (excluding 33 beneficiaries from the insecure Kingstone village) out of 3,330 households. The population of the six villages is estimated to be 14,652 persons (KAPB Report, 2011).

### **3.4 Sampling Design**

The choice of sample size is as important as is the choice of sampling scheme. This is because it determines the extent to which the researcher can make statistical and/or analytic generalizations (Onwuegbuzie and Leech, 2004). This study was based on 6 administrative villages, with an average of 50 beneficiaries each. In total the study had a target population of 304. According to Bartlett, Kotlik and Higgins (2001) a common goal of survey research is to collect data representative of a population.

Bartlett et al. (2001), in the table developed to determine minimum returned sample size for a given population observe that a population size of 300 for a categorical data and a margin of error of 0.5 should yield a sample size of 174. According to Onwuegbuzie and Leech (2004), conventionally, most researchers set the power coefficient at .80 and the level of significance at .05, thus, once the expected effect size and type of analysis are specified, then the sample size needed to meet all specifications can be determined.

### **3.5 Sample Size**

Sampling for the field survey adopted combination of purposive and stratified random sampling techniques. The six administrative villages of Mukuru Slum, Nairobi County were purposively selected as the study site since they are the only sites where GOAL Ireland Kenya's Social Protection Project is being implemented. Since the sampling units exist, the study then employed stratified sampling technique. Stratification is the process of grouping members of the population into relatively homogeneous subgroups before sampling. According to Elder (2009), stratified sampling has the following advantages, namely: reduced sampling error; permits control over design and selection of the sample within each stratum;

more representativeness of the population characteristics; reduced travel and other costs of data collection. In order to obtain a stratified random sample, the sampling frame was first divided into sub-populations, or strata. According to the sample frame, there were more female than male beneficiaries. Approximately 84% of all beneficiaries were female and only 16% being male. Next, a random sample was then selected from each stratum to take into consideration the differential gender representation among the beneficiaries. According to the sampling frame and depending on the availability of the beneficiaries, all the 6 villages have equal number of beneficiaries. Stratification of beneficiaries by gender was as shown in table 3.1: Of the 174 respondents, 147 were female and 27 male representing 84.48% and 15.52% respectively.

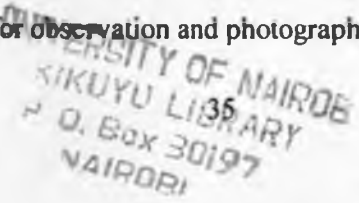
**Table 3.1: Stratification of Beneficiaries by Gender**

| Strata       | Gender | Sample size | %          |
|--------------|--------|-------------|------------|
|              | Male   | 27          | 15.52%     |
|              | Female | 147         | 84.48%     |
| <b>Total</b> |        | <b>174</b>  | <b>100</b> |

The sample for the key informant interviews was drawn purposively based on their roles in the programme. These included a third of the total of the social workers, head teachers of specific schools where the children of the beneficiaries attend and the Ministry of Gender, children and youth officials. The FGD participants were randomly picked from among the project beneficiaries.

**3.6 Data Collection Methods and Procedures**

The methods of data collection included interviews with a sample of social support beneficiaries guided by interview schedules. Semi-structured interviews were also conducted with stakeholders on general perceptions on the effects of social support, the distribution of Income from social protection, the type of businesses conducted, and other income portfolios, perceptions on gender relations benefit flows. Three (3) Focus Group Discussions(FGDs)were conducted with the beneficiaries (male and female separately ), local administration – village elders and chiefs and other stakeholders; Key Informant Interviews (KIIs) with social workers, Ministry of gender, Children and Social Development department officials, NGO and Provincial administration as well as community leaders; documentary analysis or desk reviews of literature of national laws and regulations, documents produced by other organizations; field visits to business sites for observation and photographing.





After obtaining the research permit, the researcher embarked on data collection. Both qualitative and quantitative data were obtained from questionnaires, Focus Group Discussions (FGDs) and interview schedules plus observation lists. The questionnaires and interviews were structured and semi-structured in order to allow a greater depth of responses and for more complete answers.

Household interview schedules were administered through face to face oral interviews with the help of research assistants. The (household) interview schedule comprised of different parts. Each part comprised of questions meant to meet different objective and therefore the data collectors were trained on the objectives. The researcher also worked closely with them to ensure interviewing and observation skills are mastered and information is correctly entered.

### **3.7 Validity**

Validity means accuracy and meaningfulness of inferences which are based on research results (Fletcher et al, 1996). Due to the need to test the content validity of research instruments, crosschecking the information of previous sources was conducted. Three Focus Group Discussions (FGDs) each with a minimum of seven and a maximum of twelve people were conducted to generate perceptions from community members and beneficiaries on socio-economic gains and cost attributable to social support interventions in the area in general. This was done to triangulate information from other sources and get more qualitative information. The validity of the data was mainly based on the empirical information collected from the study location and other sources especially secondary data from government, NGOs and institution literature work. The data from different sources was triangulated to test their consistency. Government officials, Social support departments and other institutions were also interviewed as key informants on validity of the research project.

Before administering the interview schedules, a pre-test was done using 10% of the interview schedules in order to identify whether the instrument would measure the intended objectives. This was also aimed at assessing the questions in terms of their meaning and vocabularies. This involved a one-day field practice during the training where the tools were tested and the questions adjusted. Other steps taken to eliminate bias included: Research assistants were taken through training on the questionnaire question by question and discussing thoroughly the translations to ensure that there is a common understanding and agreement on how the questions would be asked. Other methods that were used to ensure data quality are; holding

discussions each evening among the team members about the data collected as well as analyse collected information each evening using tools such as social and resource maps, and Venn diagrams, so that early interpretations can be made.

### 3.8 Reliability

Use of Cronbach's  $\alpha$  (alpha) test for reliability of the internal consistency of the data collected was used. Cronbach's Alpha is a general form of the Kuder-Richardson Formula 20 (KR-20), the reliability yield efficient of 0.7 and above was accepted, for research purpose as it implied that the research variables correlate highly among themselves. This was a way to assess how well one item's score is internally consistent with composite scores from all other items that remain.

Using Cronbach's Alpha test for reliability and validity of the internal consistency of the collected data, the overall alpha was 0.752 (Table 3.2), which is very high and indicates strong internal consistency among the 5 items that touches on the extent to which social support related activities' affects communities' livelihoods. Essentially, this means that respondents who tended to select a particular response concerning social support for one item also tended to select the same response for the others.

**Table 3.2: Reliability Statistics**

| Cronbach's Alpha | N of items |
|------------------|------------|
| 0.752            | 5          |

Table 3.3 highlights the column containing the "Corrected Item-Total Correlation" for each of the items. This column displays the correlation between a given value item and the sum score of the other items. For example, the correlation between Value item 1 and the sum of the other items is  $r = 0.657$ . What this means is that there is a strong, positive correlation between the scores on the one item (item 1) and the combined score of the other items. This is a way to assess how well one item's score is internally consistent with composite scores from all other items that remain. According to De Vaus (2002), anything less than 0.3 is a weak correlation for item-analysis purposes. In such a case the item should be removed and not used to form a composite score for the variable in question. For example, if the correlation between scores for item 1 and the combined scores of items 2 and 3 was low, say  $r = 0.15$ , then when we create the composite (overall) score for Value (the step taken after reliability analysis) we would

create the composite using only the remaining items and we would simply ignore scores from item 1 because it was not internally consistent with the other items.

**Table 3.3: Item-Total Statistics**

|                                     | Scale Mean if<br>item deleted | Scale variance if<br>item deleted | Corrected item-<br>total correlation | Cronbach's Alpha if<br>item deleted |
|-------------------------------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| Is business a principle<br>activity | 23100.11                      | 1.132E9                           | 0.657                                | 0.802                               |
| A business person                   | 23100.89                      | 1.133E9                           | -0.994                               | 0.802                               |
| Earning/month from<br>business      | 12417.11                      | 3.375E8                           | 0.999                                | 0.474                               |
| Current profit/month                | 13627.11                      | 3.820E8                           | 0.999                                | 0.454                               |
| Profit/month in the<br>past 2 years | 20165.44                      | 8.645E8                           | 0.998                                | 0.665                               |

### 3.8 Data analysis

Data analysis was done in two phases: data entry and data cleaning. Descriptive statistics was used to describe the basic features of the data in the study. The study looked at the characteristics of variables namely: the distribution, the central tendency and analysis of variance (ANOVA). Information provided by partners and local organizations were recorded as their perceptions and later used to cross-check data provided by the social support beneficiaries.

Data analysis of the quantitative information was done using Statistical Package for Social Sciences (SPSS) version 16.0 and Micro soft excel. Odds ratio (OR) with 95% confidence interval (CI) was used to identify the association between variables of social support. FGDs interviews and observation schedules were coded against the set parameters of the research objectives and appropriately organized for analysis. Quantitative data generated using interview schedules are presented mainly in tables whereas a descriptive approach as well as direct quotes are used to discuss qualitative data. The organization of the data also entails conversation into percentage averages, and ratios. These has been analysed and presented in tables which forms a significant part of the research report.

### 3.9 Ethical Considerations

Before embarking on data collection, permission was sought from the Ministry of Gender, Children and Social Development and Ministry of Education, Science and Technology. The

research respondents were assured of confidentiality and requested to do so voluntarily after a clear explanation of the main aim of the research was clearly explained. Those willing to participate were given a consent note to sign against (attached as an appendix), which accompanied each questionnaire and interview schedule. They were then being debriefed after the interview session.

### **3.10 Summary of the Research Methodology**

In this section, the researcher has described the research design used in the research, has described the target population, the sampling procedures, data collection methods and the test for reliability and validity.

This research employed a mixed method approach to target 304 social support beneficiaries from six purposively sampled administrative villages of Mukuru slums. Stratified sampling method was then used to select a sufficient number of respondents among the beneficiaries. Quantitative data analysis was done using Statistical Package for the Social Sciences (SPSS) while qualitative data was analysed using content analysis approach. Various ethical considerations were put in place.

Table 3.4: Operationalization of Variables

| Objective  | Type of Variables   | Indicators                               | Measurements  | Measurement scale | Study Design       | Tools of Analysis      | Specific tools                               |
|--|---|--|---|-------------------|--------------------|------------------------|--|
| 1. To establish the extent to which social protection effects household livelihoods              | <b>Independent</b><br>Social protection (income)<br><b>Dependent</b><br>Livelihoods | - social support ventures by individuals | - Amount of income generated from the business ventures initiated by social support capital | Ordinal           | Descriptive Survey | Central Tendency       | Median                                       |
|  |   | - Education                              | - Amount of money allocated for education from social support                               | Interval          | Descriptive Survey | Central Tendency       | Mean   |
|  |   | - Health/drugs                           | - Amount of money spent on health from Social support.                                      | Interval          | Descriptive Survey | Central Tendency       | Mean   |
|  |   | - Provision of food                      | - Amount of money spent on food from social protection ventures                             | Interval          | Descriptive Survey | Central Tendency       | Mean   |
|  |   | - House rent                             | - Amount allocated for payment of rent  | Interval          | Descriptive Survey | Central Tendency       | Mean   |
|  |   |  |   |                   | Interval           |                        |  |
| 2. To determine the effects of distribution of beneficiaries income has on household livelihoods | <b>Independent</b><br>Distribution of income from social protection                 | - Gender (Male and female)               |   | Nominal           | Descriptive Survey | Measures of dispersion | Variability<br>Range<br>ANOVA<br>Variability |

|  |   |   |                                  |         |                    |                        |             |
|--|---|---|----------------------------------|---------|--------------------|------------------------|-------------|
|  |   | - Age   |                                  | Nominal | Descriptive Survey | Measures of dispersion | Range ANOVA |
| 3. To examine community's perception of the effects of social protection on household livelihoods.   | <b>Dependent</b> Community's perception of effect of social support on livelihoods  | Feelings towards the effect of social support on livelihoods  | - Supportive<br>- Not supportive | Nominal | Descriptive Survey | Central Tendency       | Mode        |
| 4. To outline the lessons learnt challenges, opportunities and recommendations with regard to Social Protection Project in Mukuru slums, Nairobi County. | <b>Dependent</b> Stakeholders' contribution on lessons learnt, challenges, opportunities and recommendations with regard to Social Protection Project | Opinions on learnt challenges, opportunities and recommendations with regard to Social Protection Project | Supportive<br>- Not supportive   | Nominal | Descriptive Survey | Central Tendency       | Mode        |

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.1 Introduction

This section presents the analysed information using Statistical Package for the Social Sciences (SPSS) as indicated in the methodology section. It gives the findings from the *interview schedules, Questionnaires, Key Informant Interviews (KII), Focus Group Discussions (FGD)* and other observations that were encountered during the fieldwork.

#### 4.2 Descriptive Presentation of Data

The quantitative data was analysed using SPSS while the qualitative data was analysed by categorization and coding against the set parameters of the research objectives. Quantitative data generated using interview schedules with social support beneficiaries are represented mainly in graphs and tables whereas a descriptive approach as well as direct quotes are used to discuss qualitative data.

##### 4.2.1 Respondents' Response by Gender

To carry out this research, 174 interview schedules were administered to social support beneficiaries from six administrative villages of Mukuru slums namely (Kisii, Fuata Nyayo, Lunga Lunga, Commercial, Old Reuben and Kwa Njega). Of the 174 respondents, 147 were female and 27 male representing 82.08% and 17.92% respectively. This implies that there was gender disparity.

**Table 4.1: Gender of the Participants**

| Sex          | Frequency  | per cent     | Cumulative per cent |
|--------------|------------|--------------|---------------------|
| Male         | 32         | 17.92%       | 14.4%               |
| Female       | 142        | 82.08%       | 100.0               |
| <b>Total</b> | <b>174</b> | <b>100.0</b> |                     |

##### 4.2.2 Respondents' by Age Group

Table 4.2 revealed that, the majority (23.26%) of the respondents were between ages 31-35 and the least were above 50 years old (4.07%). Otherwise the rest were as follows; 26-30yrs (20.35%), 36-40yrs (19.19%), 46-50yrs (12.21%) and 18-25yrs old (9.88%). This shows that the majority of the people living in the slums are of the middle age group.

**Table 4.2: Ages of Respondents**

| Age         | Frequency  | Per cent    | Cumulative per cent |
|-------------|------------|-------------|---------------------|
| 18 -25yrs   | 17         | 9.88%       | 9.88%               |
| 26-30yrs    | 35         | 20.35%      | 30.23%              |
| 31-35yrs    | 41         | 23.26%      | 53.49%              |
| 36-40yrs    | 33         | 19.19%      | 72.67%              |
| 41-45yrs    | 19         | 11.05%      | 83.72%              |
| 46-50yrs    | 22         | 12.21%      | 95.93%              |
| Above 50yrs | 7          | 4.07%       | 100.00%             |
|             | <b>174</b> | <b>100%</b> |                     |

#### 4.2.3 Education Level of the Respondents

Level of education is by all means the basis for choice of subsequent gainful employment or self-application in modern world. The study delved into the levels of education of the respondents in order to match the level of education with the application of skills acquired. The majority of the respondents (39.88%) had not completed primary education. The least were those who had completed college education (4.62%). Otherwise, those who had completed primary education were 36.99%, completed secondary education 10.40% and those who were illiterate were 8.09%. The data in Table 4.3 revealed that the majority of the people living in Mukuru slums were semi illiterate and that may be why it's a challenge to instil the concept of business to them. This could be one of the reasons why social support beneficiaries' businesses are not yielding much and therefore has not contributed to economic development of the area.

**Table 4.3: Education Level of the Respondents**

| Education                       | Frequency  | Per cent    | Cumulative Per cent |
|---------------------------------|------------|-------------|---------------------|
| Illiterate                      | 14         | 8.09%       | 8.09%               |
| Did not complete primary school | 69         | 39.88%      | 47.98%              |
| Completed primary education     | 65         | 36.99%      | 84.97%              |
| Completed secondary education   | 18         | 10.40%      | 95.38%              |
| Completed college education.    | 8          | 4.62%       | 100.00%             |
| <b>Total</b>                    | <b>174</b> | <b>100%</b> |                     |



#### 4.2.4 Marital Status of the Respondents

The marital status of the beneficiaries is critical in understanding the spill over effects of the benefits of a project of this nature to the spouse and other members of the household. It is within this framework that the variable of marital status was included in the study to determine and further identify the dynamics of family within the context of the beneficiaries.

Table 4.4 revealed that the majority of the respondents (56.98%) were married; this was followed by those who were widowed (20.35%) and those who were separated (16.28%). Despite the fact that the majority of the respondents were married female, the study indicates that the respondents' spouses may not have been contributing much to the household income.

**Table 4.4: Marital Status of the Respondents**

| Status       | Frequency  | Percentage  | Cumulative percentage |
|--------------|------------|-------------|-----------------------|
| Married      | 98         | 56.98%      | 56.98                 |
| Single       | 9          | 5.23%       | 62.21%                |
| Divorced     | 2          | 1.16%       | 63.37%                |
| Seperated    | 29         | 16.28%      | 79.65%                |
| Widowed      | 36         | 20.35%      | 100.00%               |
| <b>Total</b> | <b>174</b> | <b>100%</b> |                       |

#### 4.2.5 Size of the Respondent's Household

The bigger a household is, the more resources required to sustain them assuming all factors remain constant. The size of households determines the vulnerability to socio economic pressures, difficulties in feeding them and generally living conditions and space. This study made efforts to determine the coping mechanisms and dependency ratio on the social support to the beneficiary households and this is part of the study questions.

**Table 4.5: Household Size**

| Household size | Frequency  | Per cent    | Cumulative Per cent |
|----------------|------------|-------------|---------------------|
| 3-4            | 36         | 20.35%      | 20.35%              |
| 5-6            | 78         | 44.19%      | 4.53%               |
| 7 Plus         | 61         | 35.47%      | 100.0%              |
| <b>Total</b>   | <b>174</b> | <b>100%</b> |                     |

The study covered 174 social support beneficiaries in the targeted 6 villages of Mukuru. The 174 respondents had 1059 dependants with an average of 3.15 (SD = 0.734) dependants per beneficiary as shown in Table 4.5. This translates into 1873 people for the entire social support beneficiaries' population of 304. This implies that either the income of social support beneficiaries needed to be huge in order to improve the household livelihoods. Alternatively, the households needed alternative sources of income to supplement the overall household income in order to uplift living standards. The high dependency rate implies that Social support initiated businesses may take long to induce the desired change.

**Table 4.6: Analysis of the Household Size**

|                        | <b>N</b> | <b>Minimum</b> | <b>Maximum</b> | <b>Mean</b> | <b>Std. Deviation</b> |
|------------------------|----------|----------------|----------------|-------------|-----------------------|
| Size of the Households | 174      | 2              | 10             | 3.15        | 0.734                 |

#### 4.2.6 Respondents' Sources of Income

Livelihoods of a people are generally determined by their daily engagements which translate into earnings. Table 4.7 shows that small businesses were the principle activity of the social support beneficiaries (82.08%). This was followed by 15.61% of the respondents who were involved in daily labour. Paid employment was the least (2.32%) source of livelihood for the beneficiaries. This may be an indicator of either inadequate employment opportunities or lack of employable skills among the Mukuru Community members as has already been seen in low education levels of the respondents.

**Table 4.7: Respondents' Sources of Income**

| <b>Main source of livelihood</b> | <b>Frequency</b> | <b>Percent</b> | <b>Cumulative Percent</b> |
|----------------------------------|------------------|----------------|---------------------------|
| Paid employment                  | 98               | 1.16%          | 1.16%                     |
| Self employed/business           | 143              | 82.08%         | 83.24%                    |
| Daily paid labour                | 27               | 15.61%         | 98.85%                    |
| others                           | 2                | 1.16%          | 100.00%                   |
| <b>Total</b>                     | <b>174</b>       | <b>100%</b>    |                           |

#### 4.2.7 Nature of the Business

Table 4.8 indicates that most of the respondents participating in business activities were specifically involved in the sales of goods (75.00%) followed by offering of services (20.93%). Only 0.58% were involved in manufacturing such as making of detergent, small

scale food processing like juice and tomato sauce. The remaining 3.49% indicated that they were involved in other activities like recycling of garbage, and urban farming.

**Table 4.8: Types of Business**

| Types of business | Frequency  | per cent       | Cumulative per cent |
|-------------------|------------|----------------|---------------------|
| Services          | 30         | 20.93%         | 20.93%              |
| Goods             | 107        | 75.00%         | 95.93%              |
| Manufacturing     | 1          | 0.58%          | 96.48%              |
| Others            | 5          | 3.49%          | 99.97%              |
| <b>Total</b>      | <b>143</b> | <b>100.00%</b> |                     |

#### 4.2.8 Cross Tabulation of Marital Status and Business Involvement

Business forms a good avenue for self-employment. Table 4.9 revealed that majority of the project participants who were involved in business were also married (55.07%). This is then followed by the singles (26.09%) while the least were the widows (18.84%). This may be an indication that the married had more responsibilities and the majority of them may have had bigger household size compared to the singles. That is why they were eager to do everything possible to provide for their families.

**Table 4.9: Cross Tabulation of Self-Employment and Marital Status**

|               |                               |                            | Marital status |               |               |               |
|---------------|-------------------------------|----------------------------|----------------|---------------|---------------|---------------|
|               |                               |                            | Married        | Singles       | Widows        | Total         |
| Self employed | Yes                           | Count                      | 76             | 36            | 26            | 138           |
|               |                               | % within self employed     | 55.07%         | 26.09%        | 18.84%        | 100.00%       |
|               |                               | % of Total                 | 43.70%         | 20.68%        | 14.94%        | 79.31%        |
|               | No                            | Count                      | 24             | 3             | 9             | 36            |
|               |                               | % within not self employed | 66.67%         | 8.33%         | 25.00%        | 100%          |
|               |                               | % of Total                 | 13.79%         | 1.72%         | 5.17%         | 20.68%        |
| <b>Total</b>  | <b>Count</b>                  |                            | <b>100</b>     | <b>39</b>     | <b>35</b>     | <b>174</b>    |
|               | <b>% within self employed</b> |                            | <b>57.47%</b>  | <b>22.41%</b> | <b>20.11%</b> | <b>99.99%</b> |

#### 4.2.9 Respondents' income during the survey compared to 2 years prior to the survey

Table 4.10 reveals that there had been an increase in the level of income compared to 2 years prior to the dates of the survey. This indicates that most of the project participants were

involved in Income Generating Activities (IGA) which had a positive effect on their livelihoods. Table 4.10 revealed that high percentage of the beneficiaries (97.12 %) registered an increase in monthly income during the survey period compared to 2 years prior to the survey. Otherwise only (0.57%) of the respondents had registered less income. According to Table 4.11, the analysis of the average earnings per month indicated a mean of KSh 4697.13 (SD 0.5062). This implies that the size and the type of their businesses may not vary and hence the difference between their net earnings is very little.

**Table 4.10: Respondents with more income now in comparison to 2 years ago**

|              |                    | Frequency  | per cent       | Valid per cent | Cumulative per cent |
|--------------|--------------------|------------|----------------|----------------|---------------------|
| Valid        | More               | 169        | 97.12%         | 98.30%         | 98.30%              |
|              | The same as before | 2          | 1.15%          | 1.16%          | 99.50%              |
|              | less               | 1          | 0.57%          | 0.58%          | 100.00%             |
|              | Total              | 172        | 98.85%         | 100.00%        |                     |
| Missing      | System             | 2          | 1.15%          |                |                     |
| <b>Total</b> |                    | <b>174</b> | <b>100.00%</b> |                |                     |

**Table 4.11: Analysis of the earnings per month**

|                  | N   | Minimum | Maximum | Mean    | Std. Deviation |
|------------------|-----|---------|---------|---------|----------------|
| Income per month | 174 | 400     | 40,000  | 4697.13 | 0.5062         |

#### 4.2.10 Alternative Sources of income

Table 4.12 revealed that most of the beneficiaries mainly depend on income from social support initiated businesses. When asked about other income sources besides the business initiated through the support, the majority (60.34%) of the respondents had no other alternative source of income. Only 39.65% of the respondents indicated that they had an alternative source of income. The fact that there were other beneficiaries with other alternative sources of income may be evidence that the level of dependency among the project participants had reduced.

**Table 4.12: Respondents' Alternative Economic Activities**

|              | Frequency  | per cent     | Cumulative per cent |
|--------------|------------|--------------|---------------------|
| Yes          | 69         | 39.65%       | 39.65%              |
| No           | 105        | 60.34%       | 100.0               |
| <b>Total</b> | <b>174</b> | <b>100.0</b> |                     |

**4.2.10.1 Loan as an alternative source of income**

According to Table 4.13, most (89.65%) of the social support project participants did not consider loan as an alternative source of capital for their businesses. Only 10.34% (n=18) had acquired loan facilities for their business extension. Despite the fact this number was lower than those who had not considered taking loans; it's significant to be noted.

**Table 4.13: Loan as an Alternative Source of Business Capital**

|              | Frequency  | per cent      | Cumulative per cent |
|--------------|------------|---------------|---------------------|
| Yes          | 18         | 10.34%        | 10.34%              |
| No           | 156        | 89.65%        | 100.0%              |
| <b>Total</b> | <b>174</b> | <b>99.99%</b> |                     |

**4.2.10.2 Paid labour as an alternative source of income**

Table 4.14 show that slightly higher proportion (59.77%) of the respondents did not agree with the fact that paid labour could be an alternative to social support. The remaining 40.22% (n=70) of the respondent supported paid labour as an alternative to social support. This may have been due to the nature of the types of paid labour available within the community. These included; carrying luggage, washing other people's clothes and working as domestic workers.

**Table 4.14: Paid Labour as an Alternative to Business**

|              | Frequency  | per cent     | Cumulative per cent |
|--------------|------------|--------------|---------------------|
| No           | 104        | 59.77%       | 59.77%              |
| Yes          | 70         | 40.22%       | 100.00%             |
| <b>Total</b> | <b>174</b> | <b>100.0</b> |                     |

**4.2.10.3 Savings and loaning as an alternative source of income to social support**

Table 4.15 revealed that 12.06% of the beneficiaries supported savings and loaning offered by microfinance an alternative to social support while 87.93% did not agree with the fact that saving and loaning could be an alternative to social support. Despite the percentages of those

who had acquired loan facilities for their businesses being low, at least a significant number of respondents were acquiring loans. This was due to the issues of guarantors and security required by the micro finance institutions therefore discouraging some potential clients from the slums.

**Table 4.15: Savings and Loaning As an Alternative Source of Income**

|               | Frequency  | per cent     | Cumulative per cent |
|---------------|------------|--------------|---------------------|
| Yes           | 21         | 12.06%       | 12.06%              |
| No            | 153        | 87.93%       | 100.00%             |
| <b>%Total</b> | <b>174</b> | <b>100.0</b> |                     |

#### 4.2.10.5 Alternative Source of Income Other Than Social Support Initiated Business

Table 4.16 shows that 39.46% of the beneficiaries agreed with the fact that there were other better alternative sources of income to social support while 60.54% did not agree with that fact. This implies that although the dependency on social protection is high, there were also other alternatives sources of income to social support.

**Table 4.16: Respondents' alternative source of income other than social support initiated business**

|              | Frequency  | per cent     |
|--------------|------------|--------------|
| Yes          | 69         | 39.46%       |
| No           | 105        | 60.54%       |
| <b>Total</b> | <b>174</b> | <b>100.0</b> |

#### 4.2.10.5 Best Alternative Source of Livelihood

Table 4.17 shows the views of the respondents regarding the best alternative source of livelihood besides social support. According to the study 37.93 % (n=66) respondents did not prefer other alternative sources of income apart from social support. This was followed by revolving fund (Chamas), permanent employment and paid labour at 33.91% (n=59), 21.26% (n=37) and 2.87% (n=5) respectively. However, 4.02% (n=7) of the respondents could not tell which of the means of income would be the best alternative to social support. This justifies the need to have multiple approaches of interventions among the poor. Where social support is employed, then the participants should be encouraged to compliment the returns with other alternative source of income.

**Table 4.17: Respondents' Best Alternative to Social Support**

| Action                  | Frequency  | per cent     | Cumulative per cent |
|-------------------------|------------|--------------|---------------------|
| Revolving fund (chamas) | 59         | 33.91%       | 33.91%              |
| Paid labour             | 5          | 2.87%        | 36.78%              |
| Permanent employment    | 37         | 21.26%       | 58.04%              |
| None                    | 66         | 37.93%       | 95.97%              |
| Do not know             | 7          | 4.02%        | 99.99%              |
| <b>Total</b>            | <b>174</b> | <b>100.0</b> |                     |

#### 4.2.11 Use of Social Support Income

Various categories of uses of cash transferred formed a basis for analysis of the main needs within the households. This aimed at establishing the main vote head of the funds received in order to bring out the distribution of the same within households. Earning income from social support is considered as important as how the income earned is utilized. The social support beneficiaries were therefore asked to mention the uses to which they put most of their income from the social support initiated business. Table 4.18 indicates that all the respondents used their social support income to meet at least one basic need and at most four. These basic needs included: food 84.48% followed by children's education 13.79% health services, 0.57 % and others at 1.15%.

**Table 4.18: Respondents' Use of Social Support Income**

| Expenditure  | Frequency  | Percent        | Cum. Percent |
|--------------|------------|----------------|--------------|
| Food         | 147        | 84.48%         | 84.48%       |
| Education    | 24         | 13.79%         | 98.27%       |
| Health care  | 1          | 0.57%          | 98.88%       |
| others       | 2          | 1.15%          | 100.0%       |
| <b>Total</b> | <b>174</b> | <b>100.00%</b> |              |

##### 4.2.11.1 Social Support Initiated IGA's Income Used in Achieving Children's Education

Table 4.19 shows the views of the respondents on whether the profit obtained were used in achieving their children's education as the first priority. According to the study, 13.21% of the total respondents indicated that they used most of their income from the business in achieving education while 86.78% of the respondents stated that they used most of their income in food. A further analysis by gender, however, showed that more than twice female than men beneficiaries (14.68 % and 6.45% respectively) used their income from the business initiated by the social support for their children's education. This can be inferred to mean that most

beneficiaries have not given premium to education as indicated by the fact that majority of them are primary school drop outs as earlier indicated in table 4.3.

**Table 4.19: Cross Tabulation of Social Support Initiated IGA's Income Used in Achieving Children's Education**

|        |              | Yes    | No     | Total   |
|--------|--------------|--------|--------|---------|
| Male   | Count        | 2      | 29     | 31      |
|        | % within Sex | 6.45%  | 93.54% | 100.0%  |
|        | % of Total   | 1.14%  | 16.67% | 17.81%  |
| Female | Count        | 21     | 122    | 143     |
|        | % within Sex | 14.68% | 85.31% | 100.00% |
|        | % of Total   | 12.06% | 70.11% | 82.18%  |
| Total  | Count        | 23     | 151    | 174     |
|        | % within Sex | 13.21% | 86.78% | 99.99%  |

#### 4.2.11.2 Social Support Initiated IGA's Income Used for Health Care

Health and nutrition play a major role in determining the welfare within a household. The study deliberately probed if any respondents had any illnesses that would interrupt their daily business routines. Table 4.20 shows the views of respondents on whether their incomes had been used in supporting healthcare of their households. A total of 63.21% of the total respondents indicated that they used their income in addressing their health issues while 36.78% indicated that they had not used their income to seek health care services. Analysis by gender revealed that 67.74% male compared to 62.86% female interviewed used their income to support their medical needs.

**Table 4.20: Cross Tabulation of Social Support Initiated IGA's Income Used in Health Care services**

|        |              | Yes    | No     | Total  |
|--------|--------------|--------|--------|--------|
| Male   | Count        | 21     | 10     | 31     |
|        | % within Sex | 67.74% | 32.25% | 99.99% |
|        | % of total   | 12.06% | 5.74%  | 17.80% |
| Female | Count        | 89     | 54     | 143    |
|        | % within Sex | 62.86% | 37.76% | 100.0% |
|        | % of Total   | 51.14% | 31.03% | 82.17% |
| Total  | Count        | 110    | 64     | 174    |
|        | % within Sex | 63.21% | 36.78% | 100.0% |



#### 4.2.11.3 Social Support Initiated IGA's Income used for Buying Food

Table 4.21 shows that high proportion of the beneficiaries' income goes towards buying of food as compared to other needs. A total of 84.48% of the total respondents indicated that they used their income in buying food while only 15.52% of the respondents did not. Contrary to the general belief, 90.32% of the male interviewed used their income for buying food compared to their women counterparts at 83.21%.

**Table 4.21: Cross Tabulation of Social Support Initiated IGA's Income Used for Buying Food**

|        |              | Yes    | No     | Total   |
|--------|--------------|--------|--------|---------|
| Male   | Count        | 28     | 3      | 31      |
|        | % within Sex | 90.32% | 9.67%  | 99.99%  |
|        | % of Total   | 16.09% | 1.72%  | 17.81%  |
| Female | Count        | 119    | 24     | 143     |
|        | % within Sex | 83.21% | 16.78% | 100.00% |
|        | % of Total   | 68.39% | 13.79% | 82.18%  |
| Total  | Count        | 147    | 27     | 174     |
|        | % within Sex | 84.48% | 15.52% | 100.0%  |

#### 4.2.11.4 Social Support Income Used For House Rent

Table 4.22 shows the views of respondents on whether their income was used in supporting housing needs. 79.31% of the total respondents indicated that they used their income in paying rent for their houses while 25.71% indicated that they could still not able to afford their rent. More male than female represented by 90.32% and 76.92% were using their income for their housing needs.

**Table 4.22: Cross Tabulation of Social Support Income Used In House Rent**

|        |              | Yes    | No     | Total  |
|--------|--------------|--------|--------|--------|
| Male   | Count        | 28     | 3      | 31     |
|        | % within Sex | 90.32% | 9.67%  | 99.99% |
|        | % of Total   | 16.09% | 1.72%  | 17.81% |
| Female | Count        | 110    | 33     | 143    |
|        | % within Sex | 76.92% | 23.07% | 100.0% |
|        | % of Total   | 63.21% | 18.96% | 82.18% |
| Total  | Count        | 138    | 36     | 174    |
|        | % within Sex | 79.31% | 25.71% | 100.0% |

#### 4.2.12 Quantification of Earning

Table 4.23 shows quantification of earnings from various ways of income per month. Mean monthly net income from businesses initiated through Social support was KSh 4794.24 (SD = 0.5490). On the other hand, the mean monthly net income from other livelihood supporting activities such as paid employment, daily paid labour, and others were 3625.49 (SD 0.4264), 5700 (std = 0.3818 and 4370.37 (SD 0.3818) respectively. The research brings out clearly that the majority of the respondents get their earnings from businesses initiated by social support compared to other areas. The strongest area of earning is from social support initiated businesses followed by paid employment and daily paid labour.

**Table 4.23: Descriptive Statistics of the Earnings**

|                                  | Mean     | Std. Deviation | N   |
|----------------------------------|----------|----------------|-----|
| Earning/month from business      | 4794.24  | 0.5490         | 174 |
| Earning paid employment/month    | 3625.49  | 0.4264         | 174 |
| Earning daily paid labour /month | 5700.00  | 0.3818         | 174 |
| Earning others /month            | 4370.378 | 0.3818         | 174 |

The Adjusted R Square value in Table 4.24 tells us that there is predictors account for 24.4% of the variability. This shows that the model used was a fair one since it covered a significant level of variances that were significant to the whole population.

**Table 4.24: Model Summary**

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1     | .494 <sup>a</sup> | .244     | .238              | 3527.161                   |

a. Predictors: (Constant), Expenditure /month

Table 4.25 assesses the overall significance of the whole study where the significance of 0.000 is less than 0.05 hence the model is significant to the study.

**Table 4.25: ANOVA<sup>b</sup>**

| Model |            | Sum of Squares | df  | Mean Square | F      | Sig.              |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1     | Regression | 4.745E8        | 1   | 4.745E8     | 38.139 | .000 <sup>a</sup> |
|       | Residual   | 1.468E9        | 118 | 1.244E7     |        |                   |
|       | Total      | 1.943E9        | 119 |             |        |                   |

a. Predictors: (Constant), expenditure per month

b. Dependent Variable: earnings per month

The Standardized Beta Coefficient gives a measure of the contribution of each variable to the model. A large value indicates that a unit change of this predictor variable has a large effect on the criterion variable. Table 4.26 shows that unit changes of Monthly Expenditure would change the criterion variable by 49.4%. The t and p (sig.) values give a rough indication of the impact of each predictor variable- a big absolute t value and small p value suggest that a predictor variable is having a large impact in the criterion variable. This therefore indicates that there is a significant difference caused by changes in earnings per month to the monthly expenditure.

**Table 4.26: Coefficients<sup>a</sup>**

| Model |                    | Unstandardized Coefficients |            | Standardized | t     | Sig. |
|-------|--------------------|-----------------------------|------------|--------------|-------|------|
|       |                    | B                           | Std. Error | Coefficients |       |      |
| 1     | (Constant)         | 3024.608                    | 398.456    |              | 7.591 | .000 |
|       | Expenditure/ month | .140                        | .023       | .494         | 6.176 | .000 |

a. Dependent Variable: Earning/month from business

#### 4.2.13 The Relationship between the Participants' Earnings per Month against the Ability to Afford Food

A Chi Square test was performed to determine if there was a significant relationship between Participants' earnings per month and their ability to afford food. Table 4.27 indicates a Chi-square value of 50.059 and a significance probability of 0.050 using the Fisher's exact test since the 100% of cells had expected count less than 5. It is therefore statistically significant since it is equal to 0.05. There is an indication that there is a relationship between levels of participants' income per month against their ability to afford food in the population from which this sample of 174 respondents was drawn.

**Table 4.27: Respondents' Earnings per Month against the Ability to Afford Food Chi-Square Tests**

|                              | Value               | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) |
|------------------------------|---------------------|----|-----------------------|----------------------|
| Pearson Chi-Square           | 58.178 <sup>a</sup> | 42 | .050                  | .056                 |
| Likelihood Ratio             | 56.194              | 42 | .070                  | .033                 |
| Fisher's Exact Test          | 50.059              |    |                       | .050                 |
| Linear-by-Linear Association | .050 <sup>b</sup>   | 1  | .823                  | .841                 |
| N of Valid Cases             | 174                 |    |                       |                      |

a. 30 cells (100.0%) have expected count less than 5. The minimum expected count is .07.

#### 4.2.14 The Relationship between the Participants' Earnings per Month against the Ability to Pay Medical Fees

A Chi Square test was performed to determine if there was a significant relationship between Participants' earnings per month and their ability to pay their medical fees. Table 4.28 indicates a Chi square test value of 48.984 and a significance probability of 0.057 using the Fisher's Exact test since 78 cells (90.7%) of cells have expected count less than 5. The

relationship is therefore statistically not significant since its higher than 0.05. There is therefore no relationship between levels of participants' income per month against their ability to pay medical fees in the population from which this sample of 174 respondents was drawn. This may be because of the dependency of the participants on the free health services provided by government and other actors. They were therefore unwilling to use their meagre resources on health care.

**Table 4.28: Participants' Earnings per Month against the Ability to Pay Medical Fees**

**Chi-Square Tests**

|                              | Value               | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) |
|------------------------------|---------------------|----|-----------------------|----------------------|
| Pearson Chi-Square           | 54.836 <sup>a</sup> | 42 | .089                  | <sup>b</sup>         |
| Likelihood Ratio             | 71.784              | 42 | .003                  | .015                 |
| Fisher's Exact Test          | 48.984              |    |                       | .057                 |
| Linear-by-Linear Association | 2.115               | 1  | .146                  | .149                 |
| N of Valid Cases             | 171                 |    |                       |                      |

a. 78 cells (90.7%) have expected count less than 5. The minimum expected count is .36.

b. Cannot be computed because there is insufficient memory.

**4.2.15 The Relationship between Participants' Earnings per Month against the Ability To Afford Rent**

A Chi-Square test was performed to determine if there was a significant relationship between Participants' earnings per month against the ability to afford rent. Table 4.29 indicates a Chi-square value of 46.249 using the Fisher's Exact test. Since 76 cells (90.7%) have expected count less than 5 and a significance probability of 0.120 was obtained. This shows that there was no significant relationship between the two variables. There was therefore no relationship between respondents' earnings per month and the ability to pay for their rent in the population from which this sample of 174 respondents was drawn. This peculiar observation may be attributed to the fact that majority of the respondents were beneficiaries (PLWHIV) of another project by the same organisation in which food aid and other basic needs were provided for.

**Table 4:29: Participants' earnings per month against the ability to afford rent**

|                              | Value               | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) |
|------------------------------|---------------------|----|-----------------------|----------------------|
| Pearson Chi-Square           | 50.784 <sup>a</sup> | 42 | .166                  | .153                 |
| Likelihood Ratio             | 52.442              | 42 | .130                  | .173                 |
| Fisher's Exact Test          | 46.249              |    |                       | .120                 |
| Linear-by-Linear Association | 4.076 <sup>b</sup>  | 1  | .043                  | .038                 |
| N of Valid Cases             | 171                 |    |                       |                      |

a. 76 cells (90.7%) have expected count less than 5. The minimum expected count is .36.

### 4.3 Summary

From the above results, it is clear that social support could be used to increase the possibility of meeting the millennium development goals (MDGs). Such MDGs include reducing poverty and hunger; improving health, education, as well as reducing vulnerability of the community through asset ownership and gender equity. The study revealed that social support beneficiaries use their social support initiated IGA to meet at least one basic need. The needs are prioritized from buying of food, paying fee for children and meeting healthcare services. 84.48% of the income from social support initiated IGA was used to support purchase of food.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

Based on the results from 174 respondents, the effect of social support on livelihoods has been considered. In the following section summary of the findings of this study is presented first. Secondly, the summaries of findings as per research objectives/questions are discussed. Thirdly, the conclusions of the results are conferred. Finally, the recommendations of this research are discussed and future researches proposed.

#### **5.2 Summary of Findings as Per Research Objectives**

In this section, the researcher discussed the results of the study as per the research objectives. The objectives of this study were: to establish the extent to which social protection affects household livelihoods; to find out the effects of income distribution on social support beneficiaries' household livelihoods and to examine the effect that the community's perception on social protection has on the household livelihoods in Mukuru Slums, Nairobi County. The key questions asked in this study were: to what extent do social protection activities affect household livelihoods? To what extent does distribution of social protection income influence household livelihood? What is the effect of does community's perception on social protection have on household's livelihoods? The findings are herein presented for each of the objectives explored.

##### **5.2.1 Social Support and Communities Livelihoods**

Involvement in business activities is a major economic activity for community members in Mukuru Slums, Nairobi County. The study showed that 82.08% of all social support beneficiaries were engaged in business as their main source of income and as the principal economic activity. Business that had been initiated by income from social support was used to support livelihoods by meeting most basic needs namely: education of children, health and medicine, food, clothing and house rent and asset acquisition. However, purchase of food was the dominant use of income from social support initiated business represented by 84.48%. Children's education consumed second largest proportion of the beneficiaries' income and health care was third while housing followed.

Mean monthly net income from social support initiated businesses was found to be the strongest at KSh 4794.2446 (SD= 0.5490) while daily paid labour contributed the least at 4370.3704 (SD 0.3818. This implies that most of project participants generally depended on the income from their businesses compared to other economic activities. The fact that the Standard Deviation for income from social support was much closer to the mean than the rest of other income generating activities is a clear indication that almost all the beneficiaries had almost equal gains from income initiated by social support as opposed to the other income generating activities.

It can therefore be deduced that social support initiated businesses in Mukuru Slums, Nairobi County can help the beneficiaries' Households to meet their livelihoods. This can further translate to helping the country meet the Millennium Development Goals of reducing poverty and hunger and improving both health and education.

### **5.2.2 The Effects of Income Distribution on Social Support Beneficiaries' Household Livelihoods**

The study showed that the distribution of income from social support initiated income had effects on community's livelihoods. There was a general agreement that income from social support in the hands of both women and men could help in households' livelihoods as opposed to the belief that income in the hands of women help more than the same in the hands of men.

As rightly put by one of the participants, "Both men and women nowadays have to contribute equally to the household livelihoods for the family to stand". The study indicated that both women and men were good managers of income. Majority of the people interviewed agreed that if both men and women received social support, the same was channelled towards improvement of the livelihoods of the households. The study confirmed that both women and men used their income to support basic needs. More women than men used their income to support education (14.68 % compared to 6.45% men. However, there was deviation from the norm where more men seemed to use their income for purchasing food at 90.3% than women at 83.2%, health seeking 67.74% compared to 62.86% of female and house rent 90.32% compared with 76.92%.

### **5.2.3 Community's Perception of the Effect of Social Support**

The study also sought to understand the perception and views of the community members on the effect of social support on livelihood through Focused Group Discussions (FGD) with various community segments; the project beneficiaries, provincial administration, members of



the community and key informant interview with the social workers, the chiefs and the head teachers. Views of the beneficiaries were also sought using the interview schedules. The findings of these two methods were presented in summarized version rather than in percentages since they captured perceptions.

According to the social workers, the effects of social support could be categorized into two main types; social and economic impact as indicated below;

### **5.2.3.1 Economic Effects**

The study revealed that although social support had its fair share of negative effects, the same had positive effects on the livelihoods of the beneficiaries. The profits generated from the social support initiated businesses had transformed the lives of many beneficiaries, their household and indirectly others from the target communities. The money from social support was being used to purchase assets such as mobile phones, TV set, Video deck, SIM cards, furniture and plot of land, other uses included; provision of support to children's education, purchase of food, and paying of house rent. According to majority of the participants in the FGDs, some businesses did well because of high demands for goods and services as a result of improved income levels.

In a community where poverty is rife and many households were ravaged by HIV and AIDS pandemic, social support had brought in some stability. One of the participants described how because of social support in the area, many poor households in the community had managed to fend for themselves. Besides being able to provide basic needs for themselves and their children, some families were also able to raise money to purchase assets like mobile phones, TV set, Video deck, SIM cards, furniture and plot of land. This was a clear step that would reduce their vulnerability in case of emergencies like drought and hunger through sell of assets.

### **5.2.3.2 Social Effects**

Social support can be an important aspect of urban livelihoods, providing means of survival for the beneficiaries and stimulating demand for locally produced goods and services – food, tools, equipment, housing, and various types of infrastructure. The study revealed that there were many social issues facing communities living in urban slums. In Mukuru Slums, the study observed that social support initiatives had led to high rate of dependency among the

community members. One participant mentioned that, “some parents refuse to neither pay for their children the school fees nor buy for their children the school requirements with the hope that they could be noticed as needy and supported by the government and non-governmental organisations to do so. Besides, high rising child labour cases were also noted in the business sector. The main concern about child labour was school dropouts among the busy parents. These children went to support their parents with business when schools were closed but sometimes sneaked into helping their parents in their family business when schools were on session. Some of the parents also encouraged their children to drop out of school so as to either assist their parents with baby-sitting as their mothers went for business. Some were sent by their parents to sell their products in different markets as their parents targeted different markets for maximum sales .A case was given to where the parents sent their children to go to sell groundnuts along the Mombasa road highway. This had seen most children dropping out of schools.

In some cases, there was a major issue of change in social order. Social support was mentioned to be the cause of high dependency on Non-Governmental Organisations (NGOs). It came out from the FGD sessions that there had been a shift from savings and demand for loans for business start up to social support such as cash transfers, food for work among others. The unfortunate bit was that people got the money when they did not have a budget for it hence ended up misusing it hence leading many to remain poor (Oxfam GB Evaluation Report, 2011).

### **5.3 Discussions**

Social protection is a major source of income for the targeted beneficiaries. This study has shown that the income generated either directly or through businesses initiated by capital from social support was used to support livelihoods by meeting major basic needs namely; food, children’s education, house rent and health seeking. Although the research also demonstrated that there were some levels of dependency among the slums dwellers, social support can help beneficiaries meet basic livelihoods. This agrees with literatures reviewed which underscores its contributions to livelihoods and hence increases the overall standard of living for these communities (World Bank, 2006).

However, looking at the general economic status of communities living in Mukuru slums; one wonders whether the finding is a true reflection of reality on the ground. While it is true that a good proportion of beneficiaries earn good income from their businesses, the same

proportion are also perceived by the community to be using the income generated in wasteful activities such as alcohol abuse and prostitution. The forgoing means that social support can as well be treated as a risky economic activity in alleviating poverty under prevailing socio-economic and institutional arrangement. In fact, other types of interventions such as savings and loaning could yield as much or even more than giving the people free money.

Most beneficiaries 82.08% engaged in sales of goods and services within the Mukuru Villages as source of their income. This had impacted positively on the whole communities' livelihood since it had promoted the inter-community trade. Social support had therefore led to business start-up which had created employment opportunities for community members. Social support initiated business/IGAs thus formed a good avenue for self-employment, which agrees with other literatures reviewed (GK KAPB survey, 2011)

The study confirmed that both women and men had used their income to support basic needs. More women than men had used their income to support education (14.68%) compared to 6.45%, men. However, there was some deviation from the norm, where more men used their income for purchasing food at 90.3% than women at 83.2%, health seeking. This also was observed, rather predictably to paying of house rents, health seeking 67.74% compared to 62.86% of female and house rent 90.32% compared with 76.92%.

The effects of distribution of social support income were glaring in this study. More women than men had used social support income to support children's education. On the other hand more men than women had used their income to support purchasing of food, health seeking and house rent. Whereas it would be considered normal practice for more women than men to use their income to buy food, more men used income for food is unbelievable. The same question explored through the FGD sessions held, revealed that majority of male beneficiaries had improved on their spending habits due to the peer accountability among the small groups that they have created. This is rather odd because many researches infer that more men than women indulge in wasteful activities as opposed to their female counterparts who more often than not ensure that the income is used in meaningful ventures with priority given to the basic needs namely: food, clothing, shelter, health seeking and education and as rightly captured by Julius et al. (2009), women contribute significantly to household income.

#### **5.4 Conclusions**

This research argues that the social support activities have led to improved livelihoods in Mukuru community. The argument that social support initiatives which include seed money for business start-up, cash transfers, food for work, cash for work and cash for asset is a wrong development strategy is not right unless backed by research. However, without a doubt both conditional and unconditional social support to the needy community members contributes to better livelihoods to the people of Mukuru slums, Nairobi County.

Although social protection had its fair share of negative impact, it had to a greater extent positively improved livelihoods of the households of the beneficiaries. In a community where poverty is endemic, it had brought in some hope to the vulnerable households. Apart from being able to provide basic needs for themselves and their children, most families were now able to afford productive assets for sustainable livelihoods. The study revealed that there were many social issues facing communities living in Mukuru Slums. The issues range from HIV prevalence, high rate of school dropout, rising child labour to food insecurity.

#### **5.5 Recommendations**

This research has attempted to investigate the effect of social protection on Mukuru communities' livelihoods. The implication of this research study can be divided into implications for civil society organizations and government as follows:

- Since many businesses in the area are not doing so well due to low income levels among the slum dwellers, it will be dangerous for the community to continue building their expectations on the same type of businesses which are mainly selling of goods and services as opposed to manufacturing and value addition. Development actors will therefore need to put in place a firm foundation necessary for sustainable economic development. This should hinge on value addition and marketing other than relying on sale of groceries and dependency within their village markets.
- There is a necessity for government to improve on the social protection project to target the urban poor other than concentration on the rural poor only. This will ensure that the gap between the poor and the rich is reduced.

- There is need for coordination of all the actors providing the social support in the country to avoid double targeting of beneficiaries by different organisations while other deserving beneficiaries languish in poverty.
- The dominance of both female and male participation exhibits effectiveness of involvement of both men and women focused strategies within the communities other than just concentration to empower women. Gender mainstreaming therefore needs to be deliberately considered in the subsequent phases of the interventions in order to enhance gender balance in participation of all.
- *The research revealed that social protection is not the only approach to alleviation of poverty among the urban poor. There is therefore a justification to engage multiple approaches of intervention against poverty as one coat never fits all.*

#### **5.6 Suggestions for Further Research**

Limitation and shortcoming of this study provided implications for future research. Conducting sampling with more male social support beneficiaries in different parts of the community is suggested to gather more representative information about the effects of social protection on livelihoods. Since this study focused on social support beneficiaries, the future research should incorporate investigation of the impact on livelihoods, with households within the slum communities as the study unit.

## REFERENCES

- Abdu, H. (2005). Impact of National Poverty Eradication Programme (NAPEP) on Income Changes in Rural Areas” Unpublished seminar paper,
- Ajaikaye, D. & Adeyeye, V. (2001) Concepts, Measurements and Causes of Poverty, CBN Executive Seminar, Ibadan.
- Bradshaw, T.K. (2006). Theories of Poverty and Anti- Poverty Programs in Community Development, <http://www.rprconline.org/>
- ACF – USA. (2008). Nutritional Anthropometric and Mortality survey Children under five years of age, Final Report for Mathare and part of Kasarani Divisions, Nairobi, <http://www.actionagainsthunger.org/sites/default/files/publications/ACF-NUT-Kenya-Nairobi-Mathare-Kasarani-2008-11.pdf>, accessed on 14<sup>th</sup> March 2012
- ACF – USA. (2009). Sentinel Surveillance report Nairobi Mathare slum, <http://www.actionagainsthunger.org/sites/default/files/publications/ACF-INT-Kenya-Nairobi-Mathare-2009-04-EN.pdf>, accessed on 15<sup>th</sup> March 2012
- ACF- USA Briefing Paper (2009). Feeding, Hunger and Insecurity: The Global Food Price Crisis. A summary of Action against Hunger research in Ethiopia, Sierra Leone, Central African Republic and Liberia, <http://www.actionagainsthunger.org/sites/default/files/publications/ACF-Feeding-Hunger-and-Insecurity-09.pdf>, accessed on 2<sup>nd</sup> March 2012
- African Population and Health Research Centre, A.P.H.R.C. (2008). Health and Livelihood needs of residents of informal settlements in Nairobi city. APHRC Occasional study report 2008, <http://www.aphrc.org/inside/page/?articled=125>, accessed on 23<sup>rd</sup> March 2012
- African Population and Health Research Centre (APHRC) 2007. *The Effects of Population*

Growth on the Achievement of the MDG on Child Mortality in Urban Sub-Saharan Africa. Memorandum submitted to the UK All Party Parliamentary Group on Population, Development and Reproductive Health. (Online) at <http://www.aphrc.org>. Accessed on 2<sup>nd</sup> Mar 2012

APHRC (2008). The Nairobi Urban Health and Demographic Surveillance System, <http://www.aphrc.org/insidepage/?articleid=470>, accessed 3<sup>rd</sup> March 2012.

Arza, C. (2011). Pension Reform and Gender Equality in Latin America. Geneva: UNRISD, <http://library.fes.de/pdf-files/iez/08212-20120125.pdf>, accessed on 26<sup>th</sup> March 2012.

Aryee, B.N.A., et al. (2003). Trends in the small-scale agriculture in Ghana: A perspective on its environmental impact, *Journal of Cleaner production*. 11, No. 2 (2003): 131 – 140, <http://www.sciencedirect.com/science/article/pii/S0959652602000434>, accessed on 5<sup>th</sup> March 2012

Bhutta Z.A, Ahmed T, Black RE, Cousens S et al. (2008): What works? Interventions for Maternal and child under-nutrition and survival. *Lancet* 2008 366: 514-519, [http://www.who.int/nutrition/topics/Lancetseries\\_Undernutrition3.pdf](http://www.who.int/nutrition/topics/Lancetseries_Undernutrition3.pdf), accessed on 24<sup>th</sup> March 2012.

Breman, J. (2009): Myths of the Global Safety Net, *New Left Review*, 59: 1-8, <http://www.newleftreview.org/?view=2800>, accessed on 20<sup>th</sup> March 2012.

Budlender, D. and Woolard, I. (2006): The Impact of the South African Child Support and Old Age Grants on Children's Schooling and Work. Geneva: ILO

Bogden, R. & Biklen, S.K. (1992). *Qualitative research for education*. Boston: Allyn & Bacon.

De Vaus, D.A (2002). *Surveys in Social Research*, 5<sup>th</sup> Edition. Abingdon: Routledge.

Diamond Facts (2006). Human Development Index, <http://www.diamondfacts.org/difference/index.html>, accessed on 28<sup>th</sup>

March 2012

Ehrenpreis Dag, editor. (2006). *Poverty in Focus: International Poverty Centre; June 2006*. Retrieved 18<sup>th</sup> March 2012 from: <http://www.ipc-undp.org/pub/IPCPovertyInFocus8.pdf>, Accessed on 25<sup>th</sup> February 2012

Frankenberger, R. T., Drinkwater, M., Maxwell, D (2004). *Operationalizing Household Livelihood Security – A holistic Approach for Addressing Poverty and Vulnerability*. Nottingham: Russell Press.

Government of Kenya (2008), National Social Protection Policy.

Help Age International (2006); *Social Cash transfers for Africa, A transformative agenda For the 21st century*. Intergovernmental Regional Conference report, Livingstone, Zambia, 20-23 March, 2006.

Garson, P. (2003). *Mandela Focuses on Aids Orphans*. Retrieved February 18, 2012 from [Http //www.southafrica.info/mandela/mandelachildrensfund.htm](Http://www.southafrica.info/mandela/mandelachildrensfund.htm) Accessed on 22<sup>nd</sup> March 2012.

Gladding, S.T. (2--002). *Family Therapy – History, Theory and Practice*. Ohio: Merrill Prentice Hall.

HAKIJAMII TRUST. (2007). *Parallel Report to Committee on Economic, Social and Cultural Rights, Article 9 of the Covenant*, <http://www2.ohchr.org/English/bodies/cescr/docs/infongos/hakijamiikenya39.pdf>. Accessed on 22<sup>nd</sup> March 2012.

Hanson, W. E., Creswell, J. W., Clark, V. L., Petska, K. S. and Creswell, J. D. (2005). *Mixed Methods Research Designs in Counselling Psychology*. *Journal of Counselling Psychology*.

Henning, E., Van Rensburg, W. & Smit, B. (2004). *Finding your way in Qualitative Research*. Pretoria: Van Schaik Publishers.



ILO Press Release, the December (2006), "ILO Global Campaign on Social Security Launched in Kenya", [http://www2.ilo.org/public/english/protection/secsoc/downloads/about/pressrelease\\_091204.pdf](http://www2.ilo.org/public/english/protection/secsoc/downloads/about/pressrelease_091204.pdf) . Accessed on 19th February 2012

Jaspers, S. (2007). Review of food aid, cash and nutrition components of DfID funded Humanitarian response in Kenya, <http://www.docstoc.com/docs/72130419/Informal-Settlement-Research-Report>, accessed on 26<sup>th</sup> March 2012.

Jones, G., Steketee R W, Black RE, Bhutta ZA, Morris SS et al (2003). *How many child deaths can we prevent this year?* Lancet, [http://www.who.int/child\\_adolescent\\_health/documents/pdfs/lancet\\_child\\_survival\\_prevent\\_deaths.pdf](http://www.who.int/child_adolescent_health/documents/pdfs/lancet_child_survival_prevent_deaths.pdf), accessed on 20<sup>th</sup> February 2012.

Kagure, P. (2008). Bio centre User Survey conducted in Gatwekera Village, Kibera. <http://www.unhabitat.org/bestpractices/2008/mainview.asp?BPID=1827>, accessed on 22<sup>nd</sup> March 2012.

Katilu, A N. and Kabuki, M.M. (2008) *A baseline report on HIV/TB survey conducted at Mukuru Kwa Njenga location, Embanks District, Nairobi Kenya. For Medical Missionaries of Mary (MMM)*, <http://www.docstoc.com/docs/72130419/Informal-Settlement-Research-Report>, accessed on 2<sup>nd</sup> April 2012.

Kenya National Bureau of statistics. (2004). *Kenya Economic Survey*, <http://knbs.or.ke/downloads/pdf/cbseconomicsurvey2003.pdf>, accessed on 21<sup>st</sup> Mar 2012.

KEMRI/CDC. (2008). *Nutritional Status of Pre-School Children Living In Informal Settlement, Nairobi*, <http://www.indepth-network.org/AGM2008/2.Tuesday/Morning/Para%203/5.Nutritional%20Status%20of%20pre-school.pdf>, accessed on 21st March 2012.

Kenya Food Security Steering Group. The 2008/'09 Short Rains Assessment Report (KFSSG SRA) February 2009, <http://www.ifrc.org/docs/appeals/08/MDR64003REA.pdf>, accessed on 19<sup>th</sup> March 2012.

- Kakwani N, Veras Soares F, and Son H. (2005). *Conditional Cash Transfers in African Countries*, UNDP International Poverty Centre, Working Paper No. 9, November 2005, <http://www.ipc-undp.org/pub/IPCWorkingPaper9.pdf>, accessed on 26<sup>th</sup> March 2012.
- Kenya National Bureau of Statistics. (2005). the 2005/06 Kenya Integrated Household Budget Survey (KIHBS). <http://knbs.or.ke/surveys/kihbs2004/pdf/KIHBS-1<sup>st</sup>Quarterlyreport2-Aug05.pdf>, accessed on 30<sup>th</sup> March 2012.
- Kenya National Food Security and Nutrition Policy May 2009, final. [http://www.kippra.org/docs/Policy\\_Dialogue\\_on\\_Food\\_Security\\_Information\\_Needs\\_in\\_Kenya.pdf](http://www.kippra.org/docs/Policy_Dialogue_on_Food_Security_Information_Needs_in_Kenya.pdf), accessed on 1<sup>st</sup> March 2012.
- Kenya National Bureau of Statistics (KNBS), (2009): *Economic survey*.
- Kothari, C.R. (2<sup>nd</sup> ed.).(2004). *Research Methodology*. New Age International (P) Ltd., Publishers. New Delhi.
- Meikle, S., Ramasut, T. and Walker, J. (2001). *Sustainable Urban Livelihoods: Concepts and Implications for Policy: DPU Working Paper N° 112*, [http://www.ucl.ac.uk/dpu-projects/Sustainable\\_Urban\\_Livelihoods: Concepts and Implications for Policy.pdf](http://www.ucl.ac.uk/dpu-projects/Sustainable_Urban_Livelihoods:_Concepts_and_Implications_for_Policy.pdf), accessed on 24<sup>th</sup> April 2012.
- Mensch, W.et al. (2008). *The Effects of Livelihoods Intervention in an Urban Slum in India: Do Vocational and Training Alter the Attitudes and Behaviour of Adolescent Girls?* New York: Population Council.
- Maxwell, et al. (2000). *Livelihoods and Food and Nutrition Security in Greater Accra, I.F.P.R.I.*, <http://www.ifpri.org/sites/default/files/publications/ab112.pdf>, accessed on 23<sup>rd</sup> February 2012.
- Njuguna N., Kamau, T. and Owino, O., (2008): *Unlocking the future potential for Kenya: the vision 2030*.

- Gabrielle, T and Nori, M. (2009).Cash-Based Safety Nets for Livelihood Support in North-eastern Somalia: A Feasibility Study for Save the Children UK & Horn Relief. [http://www.cashlearning.org/downloads/resources/evaluations/SCUKHR/Cash\\_Feasibility\\_Study\\_Report/final.pdf](http://www.cashlearning.org/downloads/resources/evaluations/SCUKHR/Cash_Feasibility_Study_Report/final.pdf), accessed on 24th March 2012.
- Ministry of Planning and National Development: Kenya MDGs Needs Assessment. (2005). <http://mirror.undp.org/kenya/MDGsO5status.pdf>, accessed on 22<sup>nd</sup> February 2012.
- Ministry of State for Planning, National Development and Vision 2030. (2010). Millennium Development Goals, Status Report For Kenya – 2009 (Compact Disk - ISBN: 9966-000-00-0). Nairobi.
- Omiti, J, and Nyanamba, T.( 2007).Using Social Protection Policies to Reduce Vulnerability and Promote Economic Growth in Kenya: A Background Paper. Nairobi: (KIPRA)
- Onwuegbuzie, A. J. and Collins, K. M. T. (2007).A Typology of Mixed Methods Sampling Designs in Social Science Research. The Qualitative Report Vol.12, No. 2.
- Oxfam GB (2009). Urban Poverty and Vulnerability in Kenya, [http://www.oxfam.org.uk/resources/policy/conflict\\_disasters/downloads/bn\\_urban\\_poverty\\_kenya.pdf](http://www.oxfam.org.uk/resources/policy/conflict_disasters/downloads/bn_urban_poverty_kenya.pdf). accessed on 2<sup>nd</sup> February 2012.
- Oxfam GB, Concern Worldwide & CARE International in Kenya (2009).Oxfam Response to Urban Food Crisis: A Situational Analysis and Strategy Options, <http://www.un.org/FOcha/LecktDDBw&usg=AFQjCNF9QgdVuUetazmJc4319aLKt8IIVg>, accessed on 30<sup>th</sup> March 2012.
- Oxfam (2004).The Sphere Project: Humanitarian Charter and Minimum Standards in Disaster Response. Oxford: Oxfam Publishing.
- Taffa N. and Chepngeno G. (2005).Determinants of Health Care Seeking for Childhood Illnesses in Nairobi Slums. Tropical Medicine and International Health: 10 (3); 240-5, <http://www.ncbi.nlm.nih.gov/pubmed/15730508>, accessed on 22<sup>nd</sup> March 2012.

Taylor W. and Maithya H. (2007). Urban families under pressure in Kenya and the Impact of HIV/AIDS. Working paper 2, International Development Department, University of Birmingham, UK, [http://www.dfid.gov.uk/r4\\*+d/PDF/Outputs/Misc\\_Hiv\\_aids/R8375-Urban\\_families\\_under\\_pressure\\_WP2.pdf](http://www.dfid.gov.uk/r4*+d/PDF/Outputs/Misc_Hiv_aids/R8375-Urban_families_under_pressure_WP2.pdf), accessed on 6<sup>th</sup> February 2012.

UN Habitat (2008). The Right to Social Security in Kenya: The Gap Between International Human Rights and Domestic Law and Policy, <http://www2.ohchr.org/english/bodies/cescr/docs/info-ngos/hakijamiikenya39.pdf>, accessed on 3<sup>rd</sup> March 2012.

UN Human Settlements Programme (2003). The challenges of slums: Global report on Human Settlements. London: Earth scan Publications Ltd

United Nations Children's Fund. (2007). Progress for children: A world fit for children statistical review. [http://www.unicef.org/publications/index\\_42117.htm](http://www.unicef.org/publications/index_42117.htm), accessed on 30<sup>th</sup> March, 2012.

UNICEF. (2009). Improving child survival in Nairobi's informal settlements – Kenya. Draft Press Release. Available online at <http://www.unicef.org/publications/> accessed on 20<sup>th</sup> February, 2012.

UNICEF. 1995. Monitoring progress toward the goals of the World Food Summit for Children: A practical handbook for multiple indicator surveys.(Online), <http://www.unicef.org/publications/> accessed on 28<sup>th</sup> February 2012.

United Nations Children's Fund. (2009). The state of the world's children: Maternal and New-born health. New York, <http://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf>, accessed on 20<sup>th</sup> February 2012.

United Nations Department of Economic and Social Affairs (UNDESA)-(2008): Report on the status and implementation of National Policy on Aging in Kenya.

UN Habitat. (2009). UN Habitat and the Kenya Slum Upgrading Programme. Nairobi:

**UN Habitat 2008: The State of African Cities 2008: A framework for addressing urban Challenges in Africa.** [http://reliefweb.int/node/24715#.T4MXwYy\\_L2s](http://reliefweb.int/node/24715#.T4MXwYy_L2s). Accessed on 23<sup>rd</sup> March 2012.

**World Bank (2006, May 31). Inside Informality: Poverty, Jobs, Housing and Services in Nairobi's Slums.** Report No. 36347-KE. Water and Urban Unit 1, Africa region, World Bank.

**Young H. and Jaspers S. (2006). The Meaning and Measurement of Acute Malnutrition in Emergencies: a Primer for Decision-makers.** HPN ODI Briefing paper number 56

**Government of Kenya (2008) Ministry of State for Special Programmes: National Report on Drought Risk Reduction Policies and Programmes**

## APPENDICES

### APPENDIX I

#### Letter of Introduction from GOAL Ireland Kenya

The Secretary,  
National Council for Science and Technology  
P.O Box 30623-00100  
NAIROBI.

25 October, 2011

Dear Sir/Madam

**Re: Application for a Research Permit**

GOAL is an Irish international non-governmental, non-political, non-denominational relief and development organization. Consistent with our global mission to serve the poorest and most vulnerable and those affected by humanitarian crises, GOAL has been supporting humanitarian emergencies in Kenya since 1983. GOAL Kenya began providing assistance to street children in 1995 before expanding our child and youth programme to cover education, health, HIV/AIDS, child rescue, rehabilitation and reintegration.

The current Programme of Support to Children and Youth (January 2008 - December 2011) addresses the needs of vulnerable and poor children living in slum areas in Nairobi. The overall goal of this programme is to empower vulnerable children and youth to uphold their rights and fulfil their potential for sustainable livelihoods and wellbeing through an integrated approach including non-formal education and vocational skills training; protection and rehabilitation services to abused children and those at risk; improved environmental health, access to education, health and HIV education and care services for children and youth.

GOAL is currently planning to conduct evaluations for its programmes in the following thematic areas; (Education/livelihoods, Child protection, Health and HIV/AIDS). This is to ensure the impact/effects of our programme are tracked and that our response is focused, appropriate, and based on sound baseline information.

We hereby seek a permit to undertake research activities to inform our programme in selected slum centers within Nairobi and its environs. This exercise will empower us to make strategic decisions that we hope will improve the impact of our future work to the community.

Thank you in advance.

Yours Sincerely,

Buck Child  
**Country Director- GOAL Ireland (Kenya)**

## Appendix II

### Questionnaire for Social Support Beneficiaries

My name is \_\_\_\_\_ .I am a student. In order to get more information about GOAL Ireland Kenya's Social support Project activities implemented in Mukuru Slum, Nairobi County, I am conducting a research study targeting the beneficiaries of social support and other key resource people. You have been selected by chance. I would like to ask you some questions related to the project and *how it impacts on a number of key issues.*

The survey usually takes 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Will you participate in this survey? \_\_\_\_\_

Signature of interviewee \_\_\_\_\_ Date: \_\_\_\_\_

**RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 END**

#### Section I: Bio data

Date.....Interviewer.....

Village..... Name .....

| 1.1 Age   | 1.2 Gender | 1.3 Education Level   | 1.4 Parenthood Status (Yes/No)   | 1.6 Household size (Number of persons living in the house)  | What do you do for a living  | 1.5 Nature of Business  | 1.6 Employment Status (Yes/No)                                      |
|---|------------|---|--|---|--|---|---|
| <input type="checkbox"/> 18 -25yrs<br><input type="checkbox"/> 26-30yrs<br><input type="checkbox"/> 31-35yrs<br><input type="checkbox"/> 36-40yrs<br><input type="checkbox"/> 41-45yrs<br><input type="checkbox"/> 46-50yrs<br><input type="checkbox"/> Above 50yrs | M<br>F     | Illiterate 1 = did not complete primary school<br>2 = Completed primary education<br>3 = Completed secondary education<br>4 = Completed college education and above =<br>Primary school dropout<br>6= Secondary | If Yes, what is the marital status?<br><br>1.Married<br>2.Single<br>3.Divorced<br>4.Seperated<br>5.Widowed | <input type="checkbox"/> 1-2<br><input type="checkbox"/> 3-4<br><input type="checkbox"/> 5-6<br><input type="checkbox"/> 7 Plus | <input type="checkbox"/> Employed<br><input type="checkbox"/> Self Employed (Probe for nature of work)<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Other specify _____ | 1.Services<br>2. Goods<br>3. Manufacturin g<br>4. Other (Specify) _____ | If Yes, What type of employment?<br><br>1. Fulltime<br>2. Part time |

|  |  |                 |  |  |  |  |  |
|--|--|-----------------|--|--|--|--|--|
|  |  | school dropout. |  |  |  |  |  |
|--|--|-----------------|--|--|--|--|--|

|  |   |  |  |   |
|--|---|--|--|---|
| <b>Is the head of the HH male or female?</b><br>1 = male adult<br>2 = female adult<br>3 = male adolescent<br>4 = female adolescent<br>5 = male child<br>6 = female child | <b>What do you spend most of this cash on per month?</b><br>1 = Food<br>2 = Education<br>3 = Health care<br>4 = HH items<br>5 = Other | <b>Are you able to afford food</b><br>0. No<br>1. Yes<br>66 Don't Know | <b>Have you been able to pay for your medical fees</b><br>0. No<br>1. Yes<br>66 Don't Know | <b>Are you able to afford your house rent</b><br>0. No<br>1. Yes<br>66 Don't Know |
|--|---|--|--|---|

**Section II: SECTION 2: HOUSEHOLD LIVELIHOOD ACCESS & CONTROL OF RESOURCES & ASSETS**

**2.1 Do you own any of the following assets?**

|                         | YES | NO |
|-------------------------|-----|----|
| <b>Assets</b>           |     |    |
| <b>Land/plot</b>        |     |    |
| <b>Communication</b>    |     |    |
| <b>Radio</b>            |     |    |
| <b>TV</b>               |     |    |
| <b>Mobile phone</b>     |     |    |
| <b>Video/DVD Player</b> |     |    |

| RESOURCES   | ACQUISITION |        | ACCESS |        |
|---|-------------|--------|--------|--------|
|   | Male        | Female | Male   | Female |
| Land<br>(1) How easy is it for women and men to access the following resources and assets? (Seek for respondent's opinion) Very Easy (2) Relatively Easy (3) Difficult (4) Very difficult |             |        |        |        |
| Capital   |             |        |        |        |
| Casual labour   |             |        |        |        |
| TV set  |             |        |        |        |
| Employment opportunities  |             |        |        |        |
| Nutritional education   |             |        |        |        |
| Membership to organizations   |             |        |        |        |
| Education   |             |        |        |        |
| Furniture   |             |        |        |        |
| Income in cash  |             |        |        |        |
| Income in food  |             |        |        |        |
| House   |             |        |        |        |
| Other Specify   |             |        |        |        |
| SIM Card  |             |        |        |        |
| Transport   |             |        |        |        |
| Bicycle   |             |        |        |        |

**Section III: Social Protection Activities**

|   |                 |
|---|-----------------|
| 1) Is the business initiated by this support your main activity?  | 1 = Yes, 2 = No |
| 2) How long have you benefited from this support?                 |                 |
| 3) What are some of the reasons why you were selected to benefit? |                 |



|   |  |
|---|--|
| from this project?  |  |
| 4) On average how much do you spend per month to get your products to the market? |  |
| 5) On average how much do you earn per month from selling your good/services?     |  |
| 6) Availability of the raw materials/products.                                    | 1=All seasons, 2=Dry season,<br>3=Rainy season |

**SECTION 4: ATTITUDES TOWARDS GENDER ROLES (opinion of respondent)**

|   |  |
|---|--|
| 1) Should a man always be the main provider for the family?         | <input type="checkbox"/> 1.Yes<br><input type="checkbox"/> 2.No<br><input type="checkbox"/> 3.Don't know |
| Can a woman work outside the home without Husband's approval?       | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know    |
| Is it important for a man to show his Wife/partner who the boss is? | <input type="checkbox"/> 1.Yes <input type="checkbox"/> 2.No <input type="checkbox"/> 3.Don't know       |
| Is a man always the final decision maker in the family?             | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3.Don't know       |
| Is it the duty of the man to protect the family?                    | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3.Don't know       |

**SECTION 5: SKILLS SET AND APPLICATION (BENEFICIARY HOUSEHOLDS)**

|   |   |
|---|---|
| Has any other member of your household undergone any prior technical / business / Skills training?  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No<br><input type="checkbox"/> 3.Don't know  |
| If yes above, list the areas of training  |   |
| Kindly suggest any other areas you would wish to see skills developed in (amongst your household members).  |   |
| How did you utilize the Cash Transfer you receive?  |   |
| Have you applied for a loan in the last 2 years?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| What is the status of the loan?   | <input type="checkbox"/> Repaid <input type="checkbox"/> Still servicing <input type="checkbox"/> Written off   |
| Other than Cash Transfer, do you have any other access to finances? (Probe for Chamas, NGOs, Government devolved funds, Shylocks or any other source) | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes, please specify the activity.  |   |
| What is your weekly income from the activity?   | <input type="checkbox"/> 1. less than KSh. 200/- <input type="checkbox"/> 2. KShs.201/- – KShs.500/-<br><input type="checkbox"/> 3. KShs.501/- - KShs.750/- <input type="checkbox"/> 4 More than KShs.750/-       |
| 9) About how much profit do you currently make per month?   | <input type="checkbox"/> 1. Up to KSh. 1,000/- <input type="checkbox"/> 2. KSh. 1,001/- – KSh 2,500/-<br><input type="checkbox"/> 3 KSh. 2,501/- – KSh. 5,000/- <input type="checkbox"/> 4 KSh. 5,000/- and above |
| 10) How much profit did you use to make per month in the past 2 years ago?  | <input type="checkbox"/> 1. Up to KSh. 1,000/- <input type="checkbox"/> 2. KSh. 1,001/- – KSh 2,500/- <input type="checkbox"/> 3 KSh. 2,501/- – KSh. 5,000/-<br><input type="checkbox"/> 4 KSh. 5,000/- and above |

|   |  |
|---|--|
| 11) What can be the reasons responsible for an increase/decrease in the profits you make? | <input type="checkbox"/> 1. Business became bigger. <input type="checkbox"/> 2. Acquired more skills in business<br><input type="checkbox"/> 3. Changed business location <input type="checkbox"/> 4. Changed the type of goods/services offered <input type="checkbox"/> 5. Any other (Specify) |
| If you were to access a loan today, how much would you require?                           | <input type="checkbox"/> 1. Up to KSh. 1,000/- <input type="checkbox"/> 2. KSh. 1,001/- – KSh 2,500/-<br><input type="checkbox"/> 3 KSh. 2,501/- – KSh. 5,000/- <input type="checkbox"/> 4 KSh. 5,000/- and above  |
| How would you utilize the above amount?   | 1. <input type="checkbox"/> 1. Business boost <input type="checkbox"/> House hold asset purchase<br>2. <input type="checkbox"/> Purchase of furniture <input type="checkbox"/> Purchase of food<br>3. <input type="checkbox"/> Any other (specify)   |

|   |  |
|---|--|
| <b>SECTION 6: ACCESS TO SERVICES</b>  |  |
| If you were to set up a business in the area, is there sufficient security? | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |
| 2) If yes above, what kind of security is provided?                         |  |
| Are you a member of any of the following;                                   |  |
| Membership in school committee/market/church                                | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |
| Club/village court/group  | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |
| Member of a political party   | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |
| Participate in community services Support Group                             | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |
| Support Group   | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |
| Group Savings and Loans group .Other Specify                                | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |
| Bank  | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |

#### Section IV: community perception on social protection

|  |   |
|--|---|
| 1) From your perspective how does the community feel about social protection/livelihood Project?   | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know |
| 2) What are some of the challenges you encounter in your business?<br>Do you think social protection initiative has some negative social economic effects? |   |
| 3) If 'Yes' above, what could be the possible solutions to the challenges encountered.   |   |

#### Section V: Alternatives to social protection

| 1) Are there any other alternative economic activities available to you other than the business that you currently do?                                  | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know |          |           |          |
|---|---|----------|-----------|----------|
| 2) If yes, what other activities do you do apart from the business and about how much do you earn from such activities per week, per month or per year? |   |          |           |          |
| Activity  | Tick the case   | Per week | Per month | Per year |
| Water vender  |   |          |           |          |
| Garbage collection  |   |          |           |          |
| Scavenging  |   |          |           |          |

|             |  |  |  |  |
|-------------|--|--|--|--|
| Paid labour |  |  |  |  |
| Trading     |  |  |  |  |
| Others      |  |  |  |  |

4) Has money from your sales helped you in achieving any of the following?

| Item                     | Mark the applied item | Remarks |
|--------------------------|-----------------------|---------|
| Education of children    |                       |         |
| Health, buy drugs        |                       |         |
| Improve on the nutrition |                       |         |
| Buy food                 |                       |         |
| Buy clothes              |                       |         |
| House Rent               |                       |         |

Gender and social support project

|   |   |
|---|---|
| Have you ever experienced domestic violence, which included sexual, verbal, physical and emotional violence as a result of being involved in social protection project? | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know   |
| If yes, specify the kind of violence experienced  | <input type="checkbox"/> 1. Verbal abuse, <input type="checkbox"/> 2. Physical violence, <input type="checkbox"/> 3. emotional violence <input type="checkbox"/><br>4. sexual violence. <input type="checkbox"/> 5. 'other' forms of violence (specify) |
| What is your perception towards women being involved in social protection/livelihoods project?  | <input type="checkbox"/> It's okay <input type="checkbox"/> women should not be involved <input type="checkbox"/> Don't know  |
| Who is in control of money in your household  | <input type="checkbox"/> Husband <input type="checkbox"/> wife  |
| Who makes decision on how money is spent in the Household   | <input type="checkbox"/> husband <input type="checkbox"/> wife <input type="checkbox"/> both husband and wife   |

SECTION 7: HEALTH AND SAFETY

|  |  |
|--|--|
| Do you suffer from any disease/condition that would interfere with your day to day Activities?       | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |
| Do you know your HIV and AIDS status? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No | Indicate if they are HIV positive or not.                      |
| If you are HIV positive, how do you manage your health?  |  |

**THANK YOU FOR YOUR TIME**

## Appendix III

### Key Informant Interview Guide

Nairobi City Council officials, Ministry of labour officials, Government Parastatals, Department & Provincial administration-Chief Mukuru

My name is \_\_\_\_\_ . In order to get more information about GOAL Ireland Kenya's Social support Project/livelihoods activities implemented in Mukuru Slum, and Kariobangi slums Nairobi County, I am conducting a research study targeting the beneficiaries of social support and other key resource people. You have been selected by chance. I would like to ask you some questions related to the project and how it impacts on a number of key issues.

#### Guidelines

This tool is important in gathering in depth qualitative knowledge and understanding the project implemented by GOAL and its partners. The purpose of this exercise is to gather information on the progress of the project so far and bring forth strategic direction. Respondents to this tool will include Industrial Representatives, Directorate of Industrial Training, Provincial administration and Educational institutions.

#### Section I

1). Name/Title/Ministry/Organization .....

Name of the informant.....

#### Section II; Services

1. Are you aware of any livelihoods support project implemented by GOAL/MSDP/WOFAK and its partners?
2. What type of business do most social protection beneficiaries get involved in?
3. In your opinion how does the distribution of income from social Protection/business support affect livelihoods?
- 4) Are there viable alternative economic activities for social protection/Income generation in this community? Are they being sought out?
- 5) What are government policies of offering financial service to the community? (Probe for business/JGA support interventions)
- 6) Are there any governmental or nongovernmental programs in this community to support social protection initiatives (, microcredit, business/vocational training)?
- 7) How are local government agencies supporting local economic growth (such as policy development, tax incentives or business support services)?
- 8) What recommendations/suggestions you have to enhance community livelihoods? (Probe in terms of scope, thematic areas, target beneficiaries, area of coverage)our Participation;

THANK YOU

## Appendix IV

### Key Informant Interview Guide for Implementers (GOAL staff, MSDP Staff and WOFAK staff)

Hallo, my/our name is/are \_\_\_\_\_. I/we am/are here to assist GOAL Ireland Kenya in undertaking mapping and analysis of livelihoods of beneficiary Households of the livelihoods response programme in relation to its objectives. This project is being implemented since 2010. The purpose of this exercise is to gather information on the progress of the project so far and bring forth strategic direction. This information will help both organizations to re-plan for future activities. You were randomly chosen from among other project beneficiaries and all your responses will be kept confidential. If you accept to participate, the exercise will last for 30 minutes. Your participation is voluntary.

#### Section I

1). Name/Title/Ministry/Organization .....

Name of the informant .....

1. To begin please tell me about your work history in this area.
2. What are your thoughts on Social protection Project implemented by GOAL Ireland Kenya/MSDP?
3. Briefly explain how beneficiaries are organized
4. In your own opinion, what are the major effects of Social protection Project (social, economic and environmentally)?
5. If yes, what else can be done to improve the community livelihoods?
6. What sorts of skills do people need to participate meaningfully in economic activities?
7. What type of business do most social protection beneficiaries get involved in?
8. In your opinion how does the distribution of income from social Protection affect livelihoods
9. Are there viable alternative economic activities for social protection? Are they being sought out?
10. What policies or regulations are in place that impacts social protection/IGA initiatives in urban population? Are there labour laws in place?
11. Are there any governmental or nongovernmental programs in this community to support social protection initiatives (, microcredit, business/vocational training)?
13. What are some of the effect of social protection? Probe for positive and negative effects.

#### B. Addressing Main Obstacles for development (All Discussants)

1. What challenges /Constraints do you see has been encountered in the project implementation?
2. What strategies do you employ to overcome the challenges, if any?
4. What are some of the lessons learnt in the life of cash transfer/IGA project so far?

#### G. Achievements, Challenges and Lessons Learnt (Applicable to all discussants)

1. Highlight achievements as a result of this project in your community?

#### 5. Recommendations

1. What recommendations/suggestions do you have to enhance community livelihoods? (Probe in terms of scope, thematic areas, target beneficiaries)

THANK YOU

## Appendix V

### FGD Guide Questions

My name is \_\_\_\_\_. In order to get more information about GOAL Ireland Kenya's Social support Project activities implemented in Mukuru Slum, Nairobi County, I am conducting a research study targeting the beneficiaries of social support and other key resource people. The information you provide will be useful in investigating after determining the use of artisanal income, how the income is put to use in the household. I will be trying to determine and document whether income generated through social protection has an effect on a number of variables related to physical, financial, human and social asset creation, and how these effect are translated on better livelihoods for targeted households.

#### **A. General Introduction (Applicable to all discussants)**

6. What is your perception of the livelihoods project by GOAL/MSDP? (Probe on relevance and community participation)
7. What is the future of cash transfer to the vulnerable households?
8. What is your role in this project? Have you formed linkages/partnerships to help achieve goals of the project?

#### **B. Addressing Main Obstacles for development (All Discussants)**

1. What challenges /Constraints have you encountered as project beneficiaries?
2. What strategies do you employ to overcome the challenges, if any?
9. What are some of the lessons learnt in the life of cash transfer/IGA project so far?

#### **C. Skills gained from the activities and employed**

1. How did you come to know about the project? How did you become a beneficiary?
2. What skills do members of the community have? How can the skills be harnessed and applied to improve your own livelihoods?

#### **F. Sustainability (Applicable to all discussants)**

1. In the absence of GOAL and MSDP, what measures do you have in place to ensure that your livelihoods are secure and sustainable? (Probe for specific activities mentioned)

#### **G. Achievements, Challenges and Lessons Learnt (Applicable to all discussants)**

1. Highlight achievements as a result of this project in your community?

#### **10. Recommendations**

2. What recommendations/suggestions do you have to enhance community livelihoods? (Probe in terms of scope, thematic areas, target beneficiaries)
3. What are some of the effect of social protection? Probe for positive and negative effects.
4. How is the Social Protection income distributed at the household levels? Probe for gender and age distribution.
5. In what ways do you think Social Protection project could be in project will/ or beneficiaries.
6. What were some of the challenges and lessons learnt as beneficiaries of this project?

**THANK YOU**