

**PRACTICE OF SOCIAL ASSISTANCE PROGRAMMES IN THE  
IMPROVEMENT OF THE WELFARE OF ORPHANS AND VULNERABLE  
CHILDREN IN NYERI CENTRAL DISTRICT, NYERI COUNTY, KENYA.**

**BY**

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**A Research Project Report submitted in partial fulfillment of the requirements for  
the Award of Master of Arts Degree in Project Planning and Management of the  
University of Nairobi.**

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**DECLARATION**

This research project report is my original work and has not been submitted for any examination in this University or any other institution of higher learning.

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## **DEDICATION**

This work is dedicated to my dear husband Henry, my son Clement and my daughter Gloria for their endless support as I pursued this course.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immuno Deficiency Syndrome
CCT	Conditional Cash Transfer
CT	Cash Transfer
CTP	Cash Transfer Programme
CT-OVC	Cash Transfer Programme for Orphans and Vulnerable Children
DCO	District Children's Officer
DCS	Department of Children's Services
DFID	Department for International Development
DOSC	District OVC Sub-Committee
GOK	Government of Kenya
HIV	Human Immune-Deficiency Virus
KCB	Kenya Commercial Bank
LOC	Location OVC Committee
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MLSSS	Ministry of Labour, Social Security and Services
MOE	Ministry of Education
MOH	Ministry of Health

NGOs	Non – Governmental Organizations
OVC	Orphans and Vulnerable Children
PB	Presidential Bursary
PCK	Postal Corporation of Kenya
SAPs	Social Assistance Programmes
SCT	Social Cash Transfer
SPSS	Statistical Package for Social Sciences
UCT	Unconditional Cash Transfer
UNAIDS	United Nations AIDS Agency
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
USAID	United States International Development.
WHO	World Health Organization

## ABSTRACT

The social and economic impact of HIV and AIDS threaten the well-being and security of millions of children worldwide. As parents and other family members become ill, children take on greater responsibility for income generation, food production, and care of family members. International human rights instruments, such as the United Nations Universal Declaration of Human Rights of 1948 have long recognized social protection as a fundamental human right. It is estimated that more than 17.8 million children under 18 years world over have been orphaned as a result of HIV and AIDS. Kenya has an estimated over 2.4 million orphans and vulnerable children half of which have resulted from death of parents due to HIV and AIDS crisis. Social Assistance Programmes are increasingly being seen as a key tool in East and Southern Africa for combating the triple threat of chronic poverty, hunger and HIV and AIDS. The purpose of the study was to investigate the practice of Social Assistance Programmes in the improvement of the welfare of Orphans and Vulnerable Children (OVCs) in Nyeri Central District, Nyeri County. The objectives of the study were to identify the types of social assistance programmes, examine management of social assistance programmes, and establish the mode of dispensation of the social assistance programmes, and how they influence improvement of the welfare of Orphans and Vulnerable Children in Nyeri Central District. This was measured in terms of the number of households having access to nutritious food and is food secure, number of OVCs enrolled, attending and retained in school, and the rate of mortality and morbidity in children five years and below. Literature reviewed established that evaluations of these programmes show that social protection directly reduces chronic poverty and vulnerability. The study used descriptive survey method. It involved both quantitative and qualitative data collection. The sample comprised of 216 respondents. Data was collected using questionnaires which were divided into sections and developed based on the research objectives in order to capture relevant information. They combined both open-ended and close-ended questions. Data was analyzed using SPSS and presented in tabular form. The findings revealed that both the Cash Transfer and Presidential Bursary Programmes for OVCs were available, operational and effective in meeting the needs of OVCs as indicated by 72.3% of the respondents. The study also established that the Programme's Management Committees and Children's Officer were allocating resources equitably and had reached the deserving OVCs as indicated by 69.4% and 60.3% of the respondents respectively. The study further found that there was laid down criteria for the identification of beneficiaries as indicated by 65.6% of the respondents, although the amount money given was not enough to cater for needs of OVCs according to 67.6% of the respondents. The study concluded that the types, management and the mode of dispensation of social assistance programmes influence the improvement of the welfare of Orphans and Vulnerable Children. This study has provided factual and documented knowledge on the achievements made by Social Assistance Programmes in the improvement of the welfare of OVCs in Nyeri Central District. The information will enable the implementers of the programmes identify the existing gaps, make effective strategic plans and advice the government accordingly in order to achieve the objectives.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Background to the Study**

Social protection for poor, orphans and widows, date for the 16<sup>th</sup> and early 17<sup>th</sup> century English Elizabethan poor laws. As early as 1948, social protection was specified in the Universal Declaration of Human Rights with the statement that everyone has the right to social security. The right of children to various aspects of social protection is also included in the United Nations Convention on the Rights of the Child (UNCRC) adopted by the United Nations in November 1989 (Gatenio & Kamermnan, 2006). Article three, part two of the UNCRC says that States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being. Article twenty six also says that States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law. In Africa, social welfare programmes were originally developed in the 1950s and 1960s as a safety net for white workers (UNICEF, 2010).

According to the World Health Organization (WHO) 2014 AIDS report, there was approximately 35 million people worldwide living with HIV/AIDS in 2013. Of these, 3.2 million were children below 15 years. In addition, an estimated 2.1 million individuals worldwide became newly infected with HIV in 2013. This included over 240,000 children below 15 years. Most of these children live in sub-Saharan Africa and were infected by their HIV-positive mothers during pregnancy, childbirth or breastfeeding. Sub-Saharan Africa is the most affected region, with 24.7 million people living with HIV in 2013. Seventy-one percent of all people who are living with HIV in the world live in this region. HIV is the world's leading infectious killer. According to WHO, an estimated 39 million people have died since the first cases were reported in 1981 and 1.5 million people died of AIDS-related causes in 2013.



Worldwide, it is estimated that 17.8 million children under 18 have been orphaned by AIDS and that this would rise to 25 million by 2015. In some countries, a larger proportion of orphans have lost their parents to AIDS than to any other cause of death - meaning that, were it not for the HIV epidemic, these children would not have been orphaned. Most of the children orphaned by AIDS who live outside of Africa live in Asia, where the total number of children orphaned by AIDS exceeds 1.1 million (UNAIDS, 2014).

Children whose parents are living with HIV often experience many negative changes in their lives and can start to suffer neglect, including emotional neglect, long before they are orphaned. Eventually, they may suffer the death of their parent(s) and the emotional trauma that results. In this case, they may then have to adjust to a new situation, with little or no support, and may suffer exploitation and abuse. Kenya has an estimated over 2.4 million orphans and vulnerable children half of which have resulted from death of parents due to HIV and AIDS crisis (UNAIDS, 2014).

Poverty also impacts negatively on children as they are deprived of their basic needs to survival, protection, participation and development. Besides children who are orphaned, an even greater number of children are made vulnerable due to factors such as poverty, diseases abandoned, disasters and recently the 2007 post election violence, among other causes. Children of parents with HIV and AIDS become vulnerable long before their parents die. When primary breadwinners are unable to work, the entire family's food security is increasingly threatened, affecting adversely the nutrition status of children (National Plan of Action for OVC in Kenya, 2007-2010).

Social assistance programmes are increasingly being seen as a key tool in East and Southern Africa for combating the triple threat of chronic poverty, hunger and HIV/AIDS. Several programmes have developed in recent years across the region, such as the Productive Safety Nets Program in Ethiopia; social pensions in South Africa, Namibia and Lesotho; cash transfers in Zambia, Malawi, Mozambique and Kenya. (National Gender and Equality Commission, 2014).

Until the early 1980s, social assistance in Latin America consisted almost exclusively of various forms of commodity subsidies, primarily applied to food (e.g., bread, sugar, milk, rice) and energy commodities (e.g. gas and kerosene). There were a few direct feeding programmes, or small transfer programmes for narrowly-defined vulnerable groups such as the disabled. Examples of feeding programmes included the Brazilian Programme Nacional de Alimentação e Nutrição (PRONAN) or the feeding programme for young children in Costa Rica (Beaton & Ghassemi, 1982) and Guatemala (Gwatkin et al, 1979). It was only after the debt crisis of the 1980s that a number of Latin American governments started to consider broader “safety nets”, aimed at “poverty alleviation” more generally. Chile was a pioneer, introducing a work fare programme known as Programa de Empleo Mínimo to provide temporary employment for low income/unskilled workers in the early 1980s. At its peak the various public work sub-programs within Programa de Empleo Mínimo employed no less than 13 percent of the Chilean labor force (Lustig, 2000). Work fare programmes were also adopted by Argentina and Bolivia in the 1990s, and more recently in Colombia and Peru. During the early 1990s, as the continent sought to recover from the prolonged recessions of the 1980s, several countries also instituted a new set of programmes that became known as Social Investment Funds.

Conditional cash transfers are now the prevalent model for income support in Latin America Continent. CCT programmes (in several designs) have been established in Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama, and Peru, and many of these are large-scale. The Bolsa Familia Conditional Cash Transfer (CCT) programme (BFP) is the largest component of Brazil’s social protection system overseen by the Ministry of Social Development (MDS). A social service component links BFP beneficiaries to social assistance services for an integrated approach. BFP is one of the largest CCT programmes in the world, targeting poor households with children under 15 years old and extremely poor households irrespective of composition. The President created MDS in 2004 to synchronize fragmented cash transfer programs and coordinate a national framework for addressing poverty.

In Ghana, The Livelihood Empowerment against Poverty (LEAP) Programme is a social cash transfer programme which provides cash and health insurance to extremely poor households across Ghana to alleviate short-term poverty and encourage long term human capital development. LEAP started a trial phase in March 2008 and then began expanding gradually in 2009 and 2010. As of July 2013, the program had reached over 70,000 households across Ghana with an annual expenditure of approximately USD20m. The programme is funded from general revenues of the Government of Ghana (50 percent), donations from DFID and a loan from the World Bank. It is the flagship program of Ghana's National Social Protection Strategy and is implemented by the Department of Social Welfare (DSW) in the Ministry of Gender, Children and Social Protection (MoGCSP).

The Government of Malawi's (GoM) Social Cash Transfer (SCT) scheme is an unconditional cash transfer programme targeted to ultra-poor households with high dependency ratios. The programme began as a pilot in 2006 in Mchinji District and was subsequently expanded to an additional seven districts in 2009 (Likoma, Chitipa, Salima, Machinga, Phalombe and Mangochi), though it only operates at full-scale in Mchinji and Likoma. As of August 2013, the program reached approximately 30,000 households and 100,000 individuals. Over the next five years, the programme is scheduled to expand to include five more districts (Chitipa, Machinga, Mangochi, Phalombe and Salima).

The South African Child Support Grant (CSG) is a social assistance programme introduced in April 1998 to replace the Child Maintenance Grant, which provided racially motivated assistance during apartheid. The transition to the CSG resulted in an outlay of a higher number of smaller grants. Accessibility to the grant has increased significantly since its introduction because the age of eligibility has expanded. When the grant was first introduced, it was limited to children up to the age of 6; as of April 2005, children up to 14 years of age were eligible. This grant accounts for 31 percent of social assistance expenditures and therefore is the second largest grant in the country (Seekings 2008). The CSG is a non-conditional means-tested cash transfer and provides R250 (31.93 USD) per month per child to the head of the household and is eligible to single caregivers with a monthly income threshold of up to R2500 (319.26 USD) and up to R5000 (638.50 USD)

for married caregivers. As of February 2010 the number of beneficiaries for the Child Support Grant reached 9,474,281 (Van Der Berg & Siebrits 2010). The massive expansion of this grant has caused concern amongst skeptics of the social welfare system who fear that widening the eligibility demographic of the CSG will heighten the risk of dependency and increase the opportunity for mismanagement within households.

In Zambia, The Ministry of Community Development and Social Services (MCDSS) is the lead ministry for social protection. Their responsibilities include coordination and reporting, and implementation happens through a range of actors including the Ministry of Health and the private sector. The major strands of social protection programmes are the Government's Public Welfare Assistance Scheme (PWAS) and the cash transfer pilots in Kalomo and other districts. The Public Welfare Assistance Scheme (PWAS) provides in-kind support, including education, health, and material food and transport assistance, for destitute Zambians selected by community committees.

Social protection has been implemented in Kenya for many years in various forms that include both non-contributory and contributory schemes. These schemes were given an impetus by the 2006 African Union meeting in Livingstone, Zambia, following which the Government of Kenya initiated a wide consultative process to formulate a national social protection framework. Through this process, the Government has identified several key social protection actions in the areas of social assistance, social security, and health insurance. (Kenya National Social Protection Policy, June 2011)

The Constitution is the supreme law of the country. Therefore, any law or policies – including those touching on social protection – that are inconsistent with it are void. Article 43 of the Constitution expressly guarantees all Kenyans their economic, social, and cultural (ESC) rights, including basic rights to health, education, food, and decent livelihoods. It explicitly asserts the right “of every person... to social security” and binds the State in Article 43(3) to “provide appropriate social security to persons who are unable to support themselves and their dependants.” (Kenya National Social Protection Policy, June 2011). Social assistance programmes are a Mechanism of strengthening

people to support them in moving to the direction of being self reliant, improving their quality of life and have sustainable livelihoods (National Gender and Equality Commission , 2014).

Currently In Nyeri Central District, there are two social assistance programmes for OVCs by the Ministry of Labour, Social Security and Services. These are the Kenya CT-OVC (Cash Transfer for Orphans and Vulnerable Children) and the Presidential Bursary Scheme.

## **1.2 Statement of the Problem**

It is estimated that more than 17.8 million children under 18 years world over have been orphaned as a result of HIV and AIDS and that this will rise to 25 million by 2015. Around 15.1 million or 85 percent of these children live in sub-Saharan Africa. In some countries which are badly affected by the epidemic, a large percentage of all orphaned children - for example 74 percent in Zimbabwe, and 63 percent in South Africa - are orphaned due to AIDS (UNAIDS, 2014). According to UNICEF, the number of AIDS orphans in Kenya was more than 2.3 million in 2013. By the end of 2011, there were 20,845 people living with HIV in Nyeri County. There are 19,948 households with orphans and 9,774 poor households with an orphan in Nyeri County. Only 38.4% of poor households with orphan are beneficiaries of a social assistance programme. HIV prevalence in the county was 4.4% in 2011 (UNAIDS, 2013).

With the growing number of orphans and vulnerable children, many approaches and social protection models have been employed in trying to enhance the wellbeing of these children. Otieno (2013) studied the influence of social protection systems on orphaned and vulnerable children wellbeing in Nyang'oma division and found that social protection had generally improved the wellbeing of OVCs, but recommended that there was need to analyze the influence of specific social protection programmes since little is known about the effects of these interventions. Ettyang (2012) studied the influence of social protection programmes on livelihood of OVCs in Nyatike district and found that 86.2 % of the OVCs households found the social assistance provided to them in terms of

cash transfer was not sufficient and recommended the need to investigate local social protection initiatives on the livelihood of OVCs in other districts for comparison. Mugaisi (2014) studied the factors influencing the provision of cash transfer to OVCs in Malindi and found that the management was not fair in distributing the OVC funds and they performed poorly in selecting and ranking the beneficiaries where the neediest were left out.

Despite the fact that several OVCs have benefited from the social assistance programmes in Kenya, there was need to carry out a study in Nyeri County to find out how these programmes have improved the welfare of the beneficiaries in this region. There is concern over the ability of the programmes to achieve objectives in relation to their types, management, and mode of dispensation. It is against this background that this study sought to investigate the practice of social assistance programmes in the improvement of the welfare of OVCs, in Nyeri Central District.

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

The purpose of this study was to investigate the practice of social assistance programmes in the improvement of the welfare OVCs, in Nyeri Central District.

### **1.4 Objectives of the Study**

The study was guided by the following objectives;

1. To identify the types of social assistance programmes and how they influence improvement of the welfare of OVCs in Nyeri Central District.
2. To examine how management of social assistance programmes influences improvement of the welfare of OVCs in Nyeri Central District.
3. To establish how mode of dispensation of social assistance programmes influences improvement of the welfare of OVCs in Nyeri Central District.

### **1.5 Research questions:**

The study was guided by the following research questions:

1. How do the types of social assistance programmes influence improvement of the welfare of OVCs in Nyeri Central District?
2. To what extent does management of social assistance programmes influence improvement of the welfare of OVCs in Nyeri Central District?
3. In what ways does mode of dispensation of social assistance programmes influence improvement of the welfare of OVCs in Nyeri Central District?

### **1.6 Significance of the study:**

With the growing number of orphans and vulnerable children, there is urgent need to document the influence of the social assistance programmes targeting the OVCs. The results of this study will provide factual and documented knowledge on the achievements made by social assistance programmes in the improvement of the welfare of OVCs in Nyeri Central District. The information will be useful to the District Children Officers since it will enable them to make effective strategic plans as well as advice the government accordingly to increase allocation of resources to the orphans and vulnerable children. This study will contribute to the body of knowledge and provide basis for future studies.

### **1.7 Delimitation of the Study**

The study was conducted in Nyeri Central District which is in Nyeri County. Nyeri Central District borders Tetu Sub County to the south, Kieni Sub County to the north and Mathira Sub County to the east. The study delimited itself by concentrating on the influence of social assistance programmes practices in the improvement of the welfare of orphans and vulnerable children. The study was limited to 471 households with orphans and vulnerable children, 26 head teachers of schools where orphans are enrolled, 22 assistant chiefs, 471 parents/guardians taking care of OVCs, 16 members of the social assistance committees and 1 DCO giving a population of 1074 as per the Children's Offices records in Nyeri Central District.

### **1.8 Limitations of the study**

The study was hindered by rough terrain and poor road networks in some of the target areas. This was addressed by making use of well trained Research Assistants from the local areas that were conversant with the terrain to reach inaccessible respondents. There was likelihood that some of the respondents would provide socially acceptable responses to please the researcher and which would mislead the research findings. This was addressed by requesting the respondents to be honest and not to deviate from the issues under study.

### **1.9 Basic Assumptions of the study**

The study made the following assumptions:

That the targeted respondents were willing to provide all the information being sought by the researcher by providing honest opinion on the social assistance programmes and that they would be available at their homes and places of work during the time of data collection. It was also assumed that the views of the respondents used for the study were representative of the entire population, hence making generalization of the findings possible.

### **1.10 Definitions of Significant Terms**

The following are definitions of significant terms as used in the study;

***Cash Transfer*** – in this study, this is the provision of cash assistance to poor households caring for OVCs to alleviate household poverty.

***Caregiver*** – a parent or guardian who is charged with the responsibility for a child's welfare.

***Children affected by HIV and AIDS***- children and adolescents under 18 years old who are infected or affected by HIV or have lost one or both parents to AIDS.

***Food security***- having reliable access to sufficient and nutritious food.

***HIV and AIDS management***- taking care of individuals affected and infected with HIV and AIDS.

***Household*** – a group of persons living under the same roof where they cook and eat together.



**Management of social assistance programmes-** these are the people charged with the responsibility of implementing and supervising the programmes.

**Mode of dispensation of social assistance programmes-** includes identification and selection of OVCs and caregivers, where they collect the money, amount paid and how frequent it is paid.

**Orphan** – a child who has lost one or both parents.

**Orphan and vulnerable Child-** a child whose safety, wellbeing and development are threatened, including children who are emotionally deprived or parents have died due to HIV and AIDS.

**Reduced mortality-** decrease in the number of deaths of children under five years old.

**School enrolment-** children being taken to school, attending regularly and retained in school.

**Social Assistance** - means assistance provided to persons in need includes financial assistance and social services. Persons in need include, orphans and vulnerable children, poor elderly persons, unemployed persons, persons disabled by acute chronic illnesses, widows and widowers, persons with disabilities.

**Social Protection** - policies and actions, including legislative measures, that enhance the capacity of and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods, and welfare.

**Types of social assistance programmes-** means the categories of programmes being implemented.

**Vulnerable Child** – a child who is living in circumstances of high risk whose prospects for continued growth and development are threatened as a result of orphan hood and chronic illness.

**Welfare of Orphans and Vulnerable Children-** the physical and material wellbeing of a child in need.

### **1.11 Organization of the study**

This research project report contains five chapters as follows: Chapter One includes the background of the study, statement of the problem, purpose of the study, objectives of the study and research questions. It also describes the significance of the study, delimitation

of the study, limitations of the study, basic assumptions of the study and the definition of significant terms. Chapter Two consists of the literature review with information from journal articles, study reports and government reports that are relevant to the research. It is based on a discussion of the objectives of the study.

Chapter Three includes the methodology to be used in the research. It entails the research design, target population, sample size and sampling procedure, data collection method and procedure, validity and reliability of research instruments, data analysis and ethical considerations. Chapter Four deals with data analysis, presentation, interpretation and discussion of findings. Chapter Five gives a summary of findings based on the objectives of the study, conclusions, recommendations and suggestions for further research.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter reviewed general and empirical literature related to the study. This literature include the following; The historical perspective of social assistance programmes, types of social assistance programmes for OVCs in Kenya, the mode of dispensation of the social assistance programmes, the management aspects of the programmes, and how the above variables influence the improvement of the welfare of OVCs in terms of food security, access to health care, and enrolment and retention of children in basic school, and then a summary of the chapter.

#### **2.2 Historical perspective of social assistance programmes**

Social welfare protection, in the form of insurance and assistance programmes, emerged in Europe in the 1800s in order to provide citizens with an economic safety net during periods of illness, economic hardship, and other shocks (Palacios & Sluchynsky, 2006). Today, nearly every country has some form of social protection developed to provide economic support in times of need.

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.”

The United Nations Convention on the Rights of the Child (1989) goes even further to protect the rights of society’s most vulnerable individuals, its children. The Convention protects children’s rights by setting non-negotiable standards and obligations in health care; education; and legal, civil, and social services. The Convention reaffirms the responsibility of the State in the protection of children’s rights, without discrimination of

any kind and through the adoption of all appropriate legislative, administrative, and budgetary measures and any other measures that may be necessary. The international trend toward investing in social protection in poor countries has reached sub-Saharan Africa, taking on new urgency as HIV and AIDS interacts with other drivers of poverty to simultaneously destabilize livelihood systems and family and community safety nets.

In the mid-1980s, HIV and AIDS were virtually unheard of in Southern Africa. Now, it is the worst affected region and widely regarded as the 'epicenter' of the global HIV epidemic. In 2012, Swaziland had the highest HIV prevalence rate of any country in the world (26.5 percent). HIV prevalence is also particularly high in Botswana (23 percent) and Lesotho (23.1 percent). With 6.1 million people living with HIV - a prevalence of 17.9 percent - South Africa has the largest HIV epidemic of any country. The remaining countries in southern Africa have HIV prevalence between 10 and 15 percent. HIV prevalence in East Africa is generally moderate to high, and second behind southern Africa. However, general prevalence has been in decline for the past two decades. For example, Kenya has seen its HIV prevalence drop from a high of 14 percent to nearly 6 percent. Uganda and Tanzania also have prevalence over 5 percent, with the lowest seen in Madagascar at 0.5 percent and Mauritius at 1.2 percent (WHO, 2014).

The HIV epidemic not only affects the health of individuals, it impacts households, communities, and the development and economic growth of nations. Many of the countries hardest hit by HIV also suffer from other infectious diseases, food insecurity, and other serious problems. The loss of a parent either through death, abandonment or other social factors not only has an immense emotional impact on a child, but for most children, it is the beginning of a cycle of economic hardships (Otieno, 2013). 80% of families lose more than half their per capita income with the death of the highest income earner (Collins and Leibbrandt, 2007).

In one study carried out in rural Uganda, high levels of psychological distress were found in children who had been orphaned by AIDS. Anxiety, depression and anger were more found to be more common among children orphaned by AIDS than other children. 12

percent of children orphaned by AIDS affirmed that they wished they were dead, compared to 3 percent of other children interviewed (FAO, 2010).

In order to reverse the legacy of colonialism, exploitation and abject poverty in the 1960s, African

Governments, Kenya included, drew up development plans and programmes intended to improve the cumulative process of under development. Poverty, disease, and ignorance were identified at the time of independence in 1963 as the critical challenges facing the new nation of Kenya. While an appreciable degree of success has been achieved in the area of education, progress in reducing poverty and providing healthcare has been more modest. Forty-eight years after independence, poverty and vulnerability remain major challenges, with almost one in every two Kenyans trapped in a long-term, chronic and intergenerational cycle of poverty. Poverty was therefore considered a development issue that the Government had to deal with. This was encapsulated in the country's Sessional Paper Number 10 of 1965, popularly referred to as African Socialism. The Sessional Paper was to serve from 1965 to 1970. It sought to address and achieve political equality, human dignity, social justice, freedom from want, disease, exploitation, equal opportunities, high and growing per capita income distributed equally. It has severally been said that while the objective of the paper was noble, it failed to meet them as it did not deal with elimination of exploitation, equal distribution of wealth and provision of basic needs (Kenya National Social Protection Policy, June 2011).

In the 1970s, various policy reforms were introduced and implemented in the area of social protection to mitigate the different socio-economic crisis experienced by African countries and to reduce poverty. In some cases, such reforms started with Structural Adjustment Programmes (SAPs) of the 1980s, which were designed by Bretton Woods' institutions, the World Bank (WB) and the International Monetary Fund (IMF), for the purpose of bringing about economic growth and recovery. Notably, these programmes were pre-occupied with microeconomics that tended to ignore that equity and improved livelihoods were important. In the recent past, these traditional informal safety nets have

been disrupted through the new economic order which is characterized by modern education, rural-urban migration, individualism and globalization (Bryant, 2009).

Due to the ongoing tragedy of poverty, fragmented development, and HIV and AIDS, increasing numbers of Kenyan children are growing up without adequate support, care, and protection. In Kenya, as across the sub-Saharan African region, families and communities continue to care for the majority of these orphans and vulnerable children (OVC), but many families face severe economic constraints that limit their ability to meet children's needs. Orphans may suffer additional vulnerability compared with other children, for example in nutrition and access to education, although evidence on these patterns is mixed. Recent research expands the category of children who must be seen as vulnerable by stressing that all children living in communities affected by poverty and HIV and AIDS face serious threats to their well-being and healthy development. Where HIV and AIDS and poverty converge, all children risk being denied their basic human rights to such necessities as shelter, food, clean water, health care, and education. There is an urgent need to provide a more comprehensive response that supports families and communities to not only care for their children but also to safeguard the rights of those children (Bryant, 2009).

As a first step in the reform agenda on social safety and protection for the vulnerable populations

was the establishment of the National Safety Net Programme (NSNP), which aimed to strengthen operational systems while expanding the coverage of five cash transfer programmes; the Older Persons Cash Transfer (OPCT), the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), the Hunger Safety Net Programme (HSNP), the Urban Food Subsidy Cash Transfer (UFS-CT), and the Persons with Severe Disability Cash Transfer (PWSD-CT). The programme has attracted attention of development partners as well. In July, 2013, the transformational national social safety net programme received significant financial support through the World Bank zero-interest credit of \$250 million to help fight extreme poverty and together with other initiatives reach up to 3.3 million of the country's poorest people by 2017 (National Gender and Equality Commission, 2014).

To support the above initiatives, the government of Kenya through an Act of Parliament approved a more robust social protection framework to generate positive reforms to social assistance programmes in the country through enactment of Social Assistance Act, 2013. The framework referred to as the National Social Protection Policy (NSPP) aims to strengthen the delivery of social assistance to poor and vulnerable populations in the national and county levels and promises progressive realization of the rights to social security and protection to persons who are unable to support themselves and their dependents. When fully operationalized is expected to raise the social profile of Kenya by 2030 (National Gender and Equality Commission, 2014).

Kenya's population is currently at 38,610,097 million of which 4,486,329 are orphans and vulnerable children (Census 2009). Over 53% of Kenya's population lives under the poverty line, suggesting that about 9 million children are in urgent need of support, though the number may be higher as the actual number of children living under the poverty line is unknown. Social assistance programmes for OVC was implemented to improve the quality of life of the beneficiaries in the following ways; to increase enrolment and attendance in basic school; to reduce the rates of mortality and morbidity in children aged five years and under, particularly through increasing the uptake of immunization, growth control and vitamin A supplements; to promote household nutrition and food security; to increase civil registration of children and caregivers; and to improve household knowledge and appropriate case management for individuals with HIV and AIDS through coordination with other service providers (UNICEF, 2010).

### **2.3 Types of social assistance programmes and their influence in the improvement of the welfare of OVCs**

Food based programmes were one of the main forms of social assistance in Latin America Countries (LAC) until the 1970s. With more efficient designs, many countries still have them. Ribe, Robalino and Walker (2010) identified two broad types of food-based program, as defined by their target group. The first type targets poor households and includes soup kitchens, the distribution of basic staples or nutritional supplements to mothers and babies, as well as food-for-work programmes for which participants self-select on willingness to work for low compensation.

The second type comprises categorical programmes that target specific demographic groups, rather than the poor. Most of these programmes focus on school children, and are common in countries like Haiti, Honduras, Peru, Ecuador, Bolivia, Colombia, Brazil, and Jamaica. Since many of these programmes operate through public schools, and because the rich in Latin America tend to select out of the public school system and into private alternatives, school feeding programmes end up having a largely progressive incidence, despite being categorical in nature. There is considerable diversity in design among food programmes targeted to the poor: they range from in-kind food rations that household members can collect in certain shops in Mexico or in public clinics in Chile, to food stamps targeted to the poorest households in Jamaica. Although school feeding programmes, like the ones in Costa Rica or Peru are in principle less heterogeneous, there have substantial differences in both practice and effectiveness (Ribe, Robalino and Walker, 2010).

Another form of social assistance programmes in Latin America is the Conditional Cash-Transfers (CCTs). This programme type has been credited with contributing to poverty reduction because of better targeting. Conditional Cash Transfers consist of periodic payments targeted to poor households, and usually delivered to women, which are made only if household members meet certain conditions, such as attending school for children or visiting health clinics for hygiene lectures and check-ups for parents and children. The objective is to alleviate current poverty by targeting transfers to the very poor while simultaneously seeking to break the intergenerational transmission of poverty by encouraging investment in the human capital of poor children. Originally proposed by two Brazilian economists, in a newspaper article in 1993 and a working paper from 1994, CCTs were first implemented in practice in Brazil's Federal District and in the city of Campinas in 1995. Their rise to prominence began when they were adopted by the Mexican Government in 1997, and deployed in a set of poor rural areas by means of an experimental design, which permitted careful evaluation of its impacts. CCTs now exist in fifteen LAC countries and benefit an estimated 22 million households which translates to 16 percent of the region's population (Ribe, Robalino and Walker, 2010).



According to Kim Onyu (2010), the social assistance in Japan, called social welfare, is an altruistic method for providing care for its citizens. Because of the religious background that precedes the implication of the welfare system, there is a big emphasis on kindness, sympathy and consideration. There are various programmes such as public assistance and social insurance to help accommodate people of Japan with the assistance they need to lead basic lives. Other emphases of Japan's welfare system are its educational system and housing care that are also essential for the capability to lead a basic life. Japan is a country that has coverage for all of its citizens throughout, which also can put a strain on the economies budget. Nonetheless, even with Japan's coverage to all who live within its borders, the people of Japan are not completely satisfied with the welfare system. Understanding the history and programmes implemented will give most people a better understanding as to the positives of Japan's welfare system, but also to why the people of Japan are not completely satisfied.

The vulnerable groups of Japan include children, the elderly, and the disabled. One of Japan's social systems for children is child allowance. Child allowance is funded by the family member employer. In order to help families raise children, child allowance is granted to parents or guardians who are raising children less than three years old and whose income is less than a specific amount. Child allowance starts at about 150 dollars a month for those families with children on the way, and goes up by 30.2 dollars for each additional child in the household. There is also the option of child daycare. Municipal governments are required by The Child Welfare Law to provide day care centers for parents who are unable to watch their children because of work, illness, or disability.

Another big welfare system for the vulnerable groups in Japan is the one for the disabled. The disabled are divided into three groups; those with physical disabilities, those with mental disabilities, and children with mental and physical disabilities and adults with intellectual disabilities. Disabled people have the option of community or institutional care. The community provides the people with: rehabilitation, provision of goods such as prosthesis, in home care, health care, and social participation. The institution also has rehabilitation facilities, living facilities, work facilities, and community facilities (Kim Onyu, 2010).

The Constitution of the Republic of South Africa, Act 106 of 1996 states in Section 27 (1) (c): “Everyone has the right to have access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.” Against this constitutional framework the then Department of Welfare drafted a White Paper for Social Welfare, published in August 1997, which committed the Department of Welfare to assisting families disadvantaged by HIV/AIDS to social relief and concessions such as nutrition, transport, rent, burial costs and school books. Home carers catering for children with HIV/AIDS would be given both emotional and financial support. The policy also makes provision for a child between the ages of one and 18 years who requires and receives permanent home care due to his or her severe mental or physical disability to receive the *care dependency grant*. The grant is subject to a means test. This grant does not provide for chronic illness or HIV and it is not clear in practice whether children living with HIV/AIDS can access this grant and the practice is not uniform throughout the provinces. The regulations lack clear definitions and criteria and the assessment is therefore subjective. The definition is purely medical which also limits the grant (Karen, 2003).

Another social assistance programme in South Africa is the *foster care grant* which assists those families affected by HIV and AIDS. A Foster Care Grant is for children who have been placed into the care of a person who is not their parent. In order to access the grant a social worker is assigned to the case and a court order received from a magistrates’ court.

In Lesotho, a number of social protection related policies and programmes address specific aspects of poverty. Three strands that provide social protection are the Food Security Policy, social welfare programmes, and disaster management interventions. In 2005, the Ministry of Agriculture and Food Security adopted the Food Security Policy which includes many social protection principles and programmes including public transfers and social safety nets, promotion of food production, mainstreaming HIV and AIDS, managing food aid and food stocks (World Bank, 2015).

In the Democratic Republic of Congo, social assistance programmes were used to strengthen family-based care. Save the Children used cash transfer programmes with written obligations to support foster families caring for unaccompanied children as part of the release and reintegration of children associated with armed groups, as well as for other children who were identified as unaccompanied or separated. Families with “good values” were identified by community members. They received training and signed codes of conduct on how they would treat children. Children were then placed in these family homes and given clothing and mattresses, both for the beneficiary of the programme and for the biological children of the host family. Each family was given \$3 per night per child hosted; a maximum of three children were hosted by one family at any given time, though the preference was for two at a time. Field officers monitored the care and registered the number of nights of hosting per month, and the families collected the relevant amount at the end of each month (Save the children UK, 2012).

In 2008 in Goma, under exceptional circumstances, and due to the high number of unaccompanied and separated children identified and needing care arrangements rapidly, Save the Children set up foster families in camps on a voluntary basis. These foster families did not receive any money for the children in their care, though they benefited from non-food items and food distributions given to the fostered children, which could be used by the whole family. In the first programming example, it was reported that the programme was highly successful. As the cash transfer covered more than the actual cost of living of the child, it can be assumed that this alleviated economic stress on the households involved and gave the foster families an incentive to treat the children well. However, some of the success was attributed to the training in childcare and code of conduct that was signed, indicating that this form of conditionality may promote the protection of children in alternative care. The fostering scheme in the camps was much more problematic. Most children placed with families were used for labour or household chores, more so than biological children. When receiving food and non-food distributions, foster families often took the food to feed their own children first. Although some of this can be attributed to the disruption of livelihoods opportunities and comparative lack of financial support given to the care givers, it also indicates that the

lack of conditionality through a written code of conduct undermined adequate care for the unaccompanied or separated children involved.

In Kenya, as in other countries of sub-Saharan Africa heavily burdened by HIV and AIDS, orphans and vulnerable children (OVC) face poverty and despair. There has been an urgent need to provide a comprehensive response that supports families and communities in their efforts to care for children and safeguard their rights. The Kenyan effort builds on lessons drawn from research and programmes development on cash transfers in Latin America, Asia, and Africa, and the Kenyan programme offers an opportunity to examine the challenges faced by Kenya, and its responses in the context of international experiences (UNICEF, 2010).

The government of Kenya established a social assistance Cash Transfer for Orphans and Vulnerable Children programme that delivers financial and social support directly to the poorest households containing OVC, with special concern for those children with or affected by HIV and AIDS. This started in 2004, when the then Vice-President of Kenya, suggested the introduction of a cash transfer programme as a way to meet the needs of the country's increasing number of children made vulnerable due to poverty and HIV and AIDS. The concept had been discussed in a number of forums by a wide range of organizations and was generating increasing support. A first version of a national action plan for orphans and vulnerable children was developed that same year and was followed by the establishment of a national steering committee for actions aimed at orphans and vulnerable children, which was chaired by the Permanent Secretary in the Ministry of Home Affairs. The idea grew closer to becoming a reality when a proposal to set up a cash transfer programme was developed by the Ministry of Home Affairs. UNICEF provided funds and technical support to help the government develop the programme.

The Kenya CT-OVC (Cash Transfer for Orphans and Vulnerable Children) is the government's flagship social protection programme. In response to a concern for the welfare of OVC, particularly AIDS orphans, the Government of Kenya, with technical and financial assistance from the United Nations Children's Emergency Fund (UNICEF), designed and began implementing a pilot cash-transfer programme. After a successful

demonstration period, the programme was formally approved by Cabinet, was integrated into the national budget, and began expanding rapidly in mid 2007 across Kenya. The objective of the programme is to provide regular cash transfers to families living with OVCs to encourage fostering and retention of children in the families and to promote their human capital development (National Gender and Equality Commission, 2014).

Started as a pre-pilot project covering 500 OVC households in three districts (Kisumu, Garissa, and Kwale), by 2009, the government funding to the programme increased to US \$9 million from USD US\$800,000 allocated in 2005 and coverage increased to 47 districts. Every year since then, the programme has received increased budget allocations from the government. For example, in 2011/2012, the programme was allocated Ksh. 2.8 billion, and in 2012/2013 Ksh 4.4 billion. In 2013/2014, the programme received a lion share of Ksh 8 billion. The programme is grounded on multiple national legal and policy frameworks and international commitments. In particular Article 53 of the 2010 Constitution of Kenya spells out the rights of children and the need for their protection. Every child has the right to: Free and compulsory education; basic nutrition, shelter and healthcare; protection from abuse, neglect, harmful cultural practices, exploitative labor, parental care and protection which includes equal responsibility of both parents whether married or unmarried. The national policy on orphans and vulnerable children developed in 2005 is one of the earliest policy frameworks grounded in the programme in the pilot and scale up phase (National Gender and Equality Commission, 2014).

Eligible households, who are ultra-poor and contain an OVC, receive a flat monthly transfer of Ksh 2,000. The CT-OVC is implemented by the Children's Department of the Ministry of Labour, Social Security and Services, Government of Kenya. This social assistance programme represents a significant share of beneficiary-household income about 18%. Thus, significantly raises the purchasing power of poor households. Most beneficiaries are rural and depend on subsistence agriculture; cash transfers may help them overcome liquidity constraints and other impediments to their production of food and other productive activities. The Programme also injects a considerable amount of liquidity into local economies. Viewed from a local economy-wide perspective, the

beneficiary households are the conduit through which cash gets channeled into the local economy (Oxford Policy Management, 2010).

According to Bryant (2009), cash transfers have 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 being 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.

Although the efforts are impressive, it remains clear that there are faults that require correction in the targeting system of identifying and responding to the needs of the poorest households. The history of the programme to date suggests that Kenya, given its explicit commitment to maintaining the rights of the child, will be responsive to the need for corrective actions. As we look at the ways in which Kenya is addressing these problems, it is apparent that it has been both challenging and complex, with calls for responses from virtually every corner of the government and the society. Kenya's cash transfer programme offers an encouraging model in these times of intensified debate around efforts to address the needs of deprived people in poor countries. In their extensive review of the evidence for the potential impact of cash transfer programmes to strengthen families, Michelle Adato and Lucy Bassett argued in 2008 that "cash transfers have demonstrated a strong potential to reduce poverty and strengthen children's education, health, and nutrition, and thus can form a central part of a social protection strategy for families affected by HIV and AIDS." Adato and Bassett's argument, which supports our findings in the Kenya cash transfer programme, is based on evidence from studies in several large-scale, well-established transfer programmes in southern Africa; studies from newer, smaller cash transfer programmes in southern and eastern Africa; modeling of impacts of cash transfers in sub-Saharan Africa; and studies of conditional cash transfers in Latin America and Asia (Bryant, 2009).

The CT-OVC programme has had a significant positive impact on expenditure on education, health and food. Evidence suggests that the programme may be having an impact on shifting the consumption preferences of participating households (Davis et al, 2012). Headlines are dominated by a significant increase (7.8%) in secondary education enrolment for children older than 12 years. Health and nutritional improvements on the other hand are mixed, in part because the programme is not targeting the critical window between conception and the age of two years. Although the Initial Operation and Impact Evaluation (IOIE) of 2009 highlighted that beneficiaries reported that their children had more energy because of eating better, it found no statistically significant impacts on anthropometric indicators (Ward et al, 2010). Yet, the programme has impelled an increase in household consumption and significant food expenditure and dietary diversity increases (Jackson et al, 2011). There has been a 15% increase in the frequency of consumption of five food groups (meat, fish, milk, sugar and fats) (Republic of Kenya, 2012). Indeed, vitamin A supplementation has increased significantly in programme areas (by 10 percentage points), although impact estimates are not significant (Ward et al, 2010).

Besides direct effects on child nutrition, there is some indication that the programme is benefiting caregivers and empowering women. Caregivers' health has improved through increased capacity to purchase medicines (e.g., ARVs), and they report "feeling stronger and having more energy due to their better nutritional status as a result of improved diets" (Jackson *et al*, 2011). Most caregivers (92%), the majority of whom are women, decided how to use the transfer alone or in consultation with other adults in the household. Female caregivers also reported that this contributed towards a feeling of empowerment (Republic of Kenya, 2012). However, this was not the case in relation to other household members, which implies that payments are not bringing about significant changes in intra-household relations (Ward et al, 2010). As with other cash transfer programmes that target food security and nutritional vulnerabilities, the programme appears to reinforce women's family role as caregivers and thus ignore intra-household gender dynamics which dictate the utilisation of resources (Holmes and Jones, 2010).

The other social assistance programmes for OVCs is the Secondary School Education Bursary Fund (SEBF) which was established in 1993/4 under the Ministry of Education. SEBF aimed at cushioning the country's poor and vulnerable groups against the high and increasing cost of secondary education, therefore reducing inequalities. It also aimed to increase enrolment in (and completion of) secondary school. The fund targets orphans as well as vulnerable children from poor households and urban slums, who are able to achieve good results. Now called the presidential Bursary scheme, it is implemented by the department of children's services from the year 2013. In the financial year 2013/14, the total budget allocation for the bursary per constituency was Ksh. 1,290,000, translating to Ksh. 374,100,000 countrywide (290) constituencies. In the financial 2014/15, the budget allocation was increased to Ksh. 1,311,667 per constituency translating to Ksh. 380,383,430 nationally. The Stipulated maximum allocation for OVCs in boarding schools is Ksh. 30,000 per year and Ksh. 15,000 for OVCs in day schools (Ministry of Labour circular, 2015). Social Protection can have an impact on education by addressing the underlying economic and social causes that prevent access to school, and by improving the quality of services provided to the young students and their families. Receipt of cash transfer can improve enrolment by helping poor households overcome the cost barriers to schooling in terms of fees, books and uniform (Sanfilipo, et al, 2012).

Currently in Nyeri Central District, both the Cash Transfer for Orphans and Vulnerable Children and Presidential Bursary Scheme programmes are being implemented by the Children's Department under the Ministry of Labour, Social Security and Services. The cash transfer programme currently has an enrollment of 471 households who receive Ksh. 2,000 monthly, but paid bi-monthly. The presidential bursary scheme benefited about 80 in the district/constituency in 2013/14, and in the year 2014/15, a total of 67 OVCs benefited.



## **2.4 Management of social assistance programmes and its influence the improvement of the welfare of OVCs**

Cash transfers have received significant attention after well documented successes of conditional cash transfers in Latin America (Rawlings and Rubio, 2003) and largely unconditional cash transfers in Africa (Devereux et al, 2005). As a result, many governments and donors are turning to cash transfers as the mainstay of their poverty reduction and social protection policies; a situation that has called for qualified and focused administrators to manage, handle and supervise the programme (DFID, 2005). Conditional cash transfers are a departure from more traditional approaches to social assistance that represents an innovative and increasingly popular channel of delivery of social services. Evaluation results from a first generation of these innovative programmes reveal that this innovative design has been quite successful in addressing the criticisms of social assistance such as poor poverty targeting, disincentive effects and limited welfare impacts. There is clear evidence of success of programmes in Brazil, Colombia, Mexico and Nicaragua in increasing enrolment rates, improving preventive health care and raising house hold consumption. Despite this promising evidence, many questions remain unanswered about Conditional Cash Transfer (CCT) Programmes, including the replicability of their success under different conditions, their role within a broader social protection system, and their long term effectiveness in preventing the intergenerational transmission of poverty. One of the main challenges facing policy makers is how to build off of the established success of CCT programmes to tackle the more difficult issues of improving the quality of health and educational services and providing a more holistic approach to both social protection and chronic poverty (Rawlings, 2004).

The Kenya CT-OVC incorporates two features of cash transfer programmes found in countries across Sub-Saharan Africa. It targets the poor as well as orphans and incorporates community-based identification mechanisms to select programme recipients. The targeting mechanism used by the programme is based on geographical locations, the community, and individual selection. These geographical locations, communities and individuals could be effectively and efficiently identified and reached through a very qualified and trusted group of leaders or managers. The management performs a number

of roles as far as the CT-OVC programme is concerned which includes: Selecting and identifying the needy households, formulating and coming up with policies that govern the cash transfer programmes, allocating resources and finances, and, monitoring and evaluating the overall achievements or failures of the programmes (Fitzgibbon, 2012).

The Location OVC Committees (LOCs) visit all households that appear impoverished and have children. The LOCs then complete a form that lists the basic eligibility conditions to determine whether the household meets the eligibility criteria. Once the fieldwork is completed, all members of the LOCs decide which households qualify or not by discussing the eligibility and needs criteria collected in the targeting form. This preliminary eligibility list is then sent to Nairobi for input into the programme's Management and Information System (MIS). In stage two of the targeting process, enumerators return to those households identified by the LOCs as eligible and collect more detailed information on household demographic composition, caregiver characteristics, and the proxy variables listed above. Because at times more households are identified by the LOCs than the budget can accommodate, the OVC Secretariat in Nairobi prioritizes households based upon risk factors. The ranking system first prioritizes child headed households who are less than 18 years of age, and among them, households with more orphans or vulnerable children, followed by the eldest caregivers, and within them, households with more orphans or vulnerable children. All the eligible households are listed and ranked for each programme location and then validated by a community assembly. At this time, programme officers explain the rules of the targeting system and announce each name out loud in the established order according to priority criteria. Households are then invited to apply for the programme. An additional ranking system is employed to identify families with greater vulnerability.

The management both at the local and the national level (OVC Secretariat) play a major role in identifying the households to be prioritized, the number of the households and the amount of resources like money to be allocated to each household. The context and the needs of the children/orphans served must guide interventions, while respecting the duties and rights of either living parents or guardians. Programmes must implement effective

measures to prevent gender inequity, mitigate further degradation of family structures, and reduce social marginalization and stigmatization. Care must be taken to ensure that services and materials provided for OVC do not generate jealousy and conflict in their social groups and families. Focusing interventions on the family unit and the community, and not only on the affected child, is usually the best way to promote the best interest of the child (UNICEF, 2012).

The major role of management is to provide resources at the national or local level so that the groups involved can operate effectively and efficiently so as to reach the OVC well (Babbie, 2012). Programmes that provide community-wide cash transfers, microenterprise opportunities, old age pensions or other targeted financial and livelihood assistance can be effective in supporting orphans. For this to be achieved, an organized system for distributing and allocating funds and other resources should be taken into account.

The District Children's Officers (Sub County Children's Officers) are in charge of the administrative aspects of the programme. They manage the programme at the district level and serves as a link between the OVC secretariat at the Departmental Headquarters and other stakeholders in the area, and the programme beneficiaries. The office is also in charge of monitoring the compliance with the programmes guidelines. The officer works in collaboration with the Local OVC Committees and the District OVC Sub Committee and members of the community to conduct activities related the selection of beneficiaries, enrolment in to the programme, payments, monitoring and handling of complaints (Gok, 2011). The Area Advisory Council (AAC) provided for in the Children Act of 2001 at the district level is another body chaired by the Deputy Commissioner (DC) and composes of district heads who handle children related issues, and the District Children Officer is the secretary. The AACs selects and approves the programme locations and list of beneficiary households based on the programme guidelines from the Central Programme Unit.

Families and communities have important roles to play in raising children. Sustainability requires fortifying the abilities of communities, local government, and indigenous institutions to continue providing for vulnerable children and their families after external assistance is no longer available. Orphans and their families or guardians should participate to the fullest extent of their capacities, through the entire project cycle of planning, implementing, monitoring, and evaluating the OVC programme. Participation increases programme responsiveness to the best interests of the child and his or her families, and improves the likelihood of making a measurable difference in their lives (Hartill, 2011).

### **2.5 Mode of dispensation of social assistance programmes and its influence the improvement of the welfare of OVCs**

Brazil's Bolsa Família social assistance Programme for OVCs (BFP) seeks to help reduce current poverty and inequality, by providing a minimum level of income for extremely poor families and break the inter-generational transmission of poverty by conditioning these transfers on beneficiary compliance with human capital requirements which are school attendance, vaccines and pre-natal visits. The programme also seeks to help empower BFP beneficiaries by linking them to other complementary services. Targeting for the BFP is done through a combination of methods: geographic allocations and family assessments based on per capita incomes (Kathy Lindert, et al, 2007).

Geographic targeting is done at two levels: federal and local. First, the federal government allocates BFP quotas to municipalities according to estimates of poverty for the municipal level. Original municipal level allocations were established by comparing eligibility criteria. These programme quotas resulted in an original target of 11.2 million families when the Government launched the BFP in October 2003. Second, within municipalities, spatial maps of poverty, vulnerability or other synthetic indices of living standards such as the human development index were used to identify and target geographic concentrations of the poor. The Programme quotas serve as a useful mechanism for geographically targeting the Programme beneficiaries and addressing potential moral hazard issues at the municipal level. To some extent, poverty-estimated

municipal programme quotas combined with formal and social controls mechanisms force municipalities to focus their limited “slots” on those who are truly poor. Without these quotas, moral hazard incentives could arise in which municipalities could become more “lax” in their standards for means-testing, allowing higher and higher numbers of beneficiaries to be registered with “qualifying” data. Once geographic programme-quotas are established, means-testing mechanisms are then used to determine family eligibility for the BFP. Family eligibility is determined centrally based on household registry data which are collected locally and transmitted into a central database. This indicates that identification of beneficiaries for the social assistance programmes in Brazil has clear laid down procedures to ensure that only those who deserve are enrolled.

The Government of Lesotho (GoL) spends around 4.5% of GDP on social assistance programmes, nearly three times the Sub-Saharan Africa and twice the middle income average. The School Feeding programme provides school meals to all children attending public primary schools in the country. The other programmes are a combination of poverty alleviation transfers programmes, human development linked poverty targeted programmes (Child Grants Program-CGP), and scholarships (Orphan Vulnerable Children Bursary Program-OVC- and OVC Post Primary Bursary). The social protection system is characterized by multiple actors, lack of overall vision, weak capacity and fragmentation and inefficient delivery systems. The main programmes are implemented by different ministries. Until recently, no single Ministry was in charge of the social protection agenda, and the sector had no vision or framework. Programmes are still implemented by a large number of ministries, some with mandates outside of social protection. Poverty targeting mechanisms are unclear or highly discretionary. There are some important duplication of programmes, such as the OVC run by the Ministry of Social Development and the Post Primary OVC bursary, run by the Ministry of Economic Planning. Beneficiary records are paper based, and often unavailable. Payments are generally cash based and rely on expensive processes (including the use of armed forces for security and logistic), and reconciliation processes are weak. Systems for M&E and handling case management are either weak or non-existing. The Child Grant Programme (CGP) is the only exception to these characteristics: it uses an objective poverty targeted

methodology, the Public Disclosure Copy (combination of proxy means test (PMT) and community validation) linked to an electronic database of beneficiaries; while payments are cash based it has a relatively solid reconciliation process; the CGP is also the only programme whose impact been rigorously evaluated (World Bank, 2015).

In Kenya, Phase One of the cash transfer 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 KSh500 (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. The beneficiary families were selected through an open process that used government and community structures at the district and local levels. Communities developed their own criteria for selecting beneficiaries, using broad guidelines provided by UNICEF. A list of vulnerable children was then agreed upon in open *barazas* (public meetings). Almost all (98%) of the recipient households identified contained an OVC, that is, they contained an orphan, a sick child, or a child considered at risk due to a chronically sick caregiver. Funds were transferred from a UNICEF bank account to the Ministry of Home Affairs and, from there, to a government account at the district level. District Children's Officers withdrew cash from these accounts and delivered it to families in great secrecy or with armed escorts provided by the police for security reasons (post offices would later become the location of funds.) Families were free to choose how to use the money they received (UNICEF, 2010).

In April 2005, five months into the project, the Ministry of Home Affairs, UNICEF, and the World Bank hosted a workshop to examine key lessons learned from Phase One that would be used to shape a larger programme. Participants included teams from each district (community representatives, members of the Area Advisory Council, and the District Children's Officers); officials from the Department of Children's Services (DCS) and other government agencies (the Ministry of Health, the Ministry of Education, and the National AIDS Control Council, among others); and other interested partners, including the Swedish International Development Cooperation Agency (SIDA) and the

UK Department for International Development (DFID). Participants in the workshop reported that Phase One of the scheme had a positive impact on the welfare of the beneficiaries and had improved access to education, health, and nutrition, but they added that there was a strong need to increase the number of recipients. The workshop highlighted some other key findings: Beneficiaries reported that they used the money mainly on items such as food, school uniforms, textbooks, and cooking oil. However, beneficiaries added that the amount of funds was not enough to cover the full extent of the family's basic needs.

According to beneficiaries, it was felt that those receiving cash subsidies should ensure that school-aged children in the household attend school, that the children have birth certificates, and that the children's health and nutritional status be improved. As a result of the workshop, the communities decided that the previous unconditional pilot programme should have conditions to avoid misuse of the transfers. As a result of Phase One, children who had HIV were receiving antiretroviral (ARV) treatment, which they had not been able to afford previously (ARV treatment was not free at that time). Other household members were benefiting from the cash subsidy. Between 30% and 50% of adult members of the beneficiary households were HIV positive or had developed AIDS and, anecdotally, data reported by workshop participants also identified that part of the cash transfers was used to buy ARVs.

During the development of Phase One, there was growing political pressure to expand the programme to other areas. As part of this first phase, the Department of Children's Services started implementing the learned lessons in 10 additional districts (Bungoma, Trans Nzoia, Nyandarua, Nyeri, Nakuru, Meru North, Siaya, Kisii Central, Mombasa, and Machakos) with around 5,000 additional families. The purpose of implementing the programme in these additional districts was to test the capacity of the government to develop such a programme in a larger number of districts and to test different targeting and implementation mechanisms and procedures (UNICEF, 2010).

In the phase two of the programme, experts in setting up cash transfer programmes on a national scale in Latin America were recruited to refine targeting procedures, design a

Management and Information System (MIS), and develop a comprehensive operations manual that outlines all processes, cycles, and instruments with concrete guidelines for all actors in the programme. A Secretariat was also created within the Department of Children's Services that is dedicated to managing the expanded programme. The enrollment process for Phase Two began in March 2007. The main objective of Phase Two was to assess and evaluate different operational mechanisms and conditions to identify the most effective ways to keep children in their families and within their communities. As Phase Two began, a household survey was conducted as a baseline for the impact evaluation. The programme was rolled out in stages with the payments beginning in May. By August, all of the 10,500 enrolled orphans and vulnerable children in 17 districts were receiving their entitlements. The pilot programme was scaled up to 50,000 children in Phase Three and to 100,000 children in Phase Four. The overall target population of the programme is 300,000 orphans and vulnerable children in 74 districts, which is at the national scale, to be achieved in the years 2009 to 2015 (UNICEF, 2010).

During Phases One and Two, key issues in programme effectiveness included targeting households, the question of attaching conditions to cash transfers, monitoring and evaluation (M&E), and fostering effective collaborations. Poor areas with high HIV prevalence were chosen for Phase Two. Targeting, implementation, and monitoring were all done through a hierarchical structure of volunteer committees. The Area Advisory Council created a District OVC Sub-Committee (DOSC) to be in charge of supporting the implementation of the cash transfer programme. The DOSC sensitized various groups on the programme. The DOSC was also in charge of creating, training, and supervising Location OVC Committees (LOC).

To qualify for the programme, a household had to be poor, contain orphans or vulnerable children less than 18 years of age, and not be receiving benefits under another programme, either in cash or in kind. Information was collected on a standardized form and was then entered into the program's MIS, a computerized database, which identified households that were possibly ineligible. Enumerators were then selected to visit families and collect more extensive information on eligible households. A comprehensive questionnaire was designed to help ensure that all relevant information was collected to



assess and verify a household's degree of poverty and vulnerability. The data from this second round was entered into the MIS, which then ranked extremely vulnerable households, beginning with the most vulnerable (Bryant, 2009).

Since the targeting process identified more eligible families than could be covered with actual programme resources, a ranking system was developed to identify and rank the most vulnerable families. It is important to note, however, that targeting will be a continuing process that will need to respond to the dynamic nature of vulnerability as well as to the resources available for the programme. Currently, the ranking system ranks household in this order, from highest priority to lowest: 1) child-headed households, 2) eldest-headed households, 3) households with larger numbers of orphans and vulnerable children, and 4) all other households with orphans and vulnerable children. This ranking indicates that the most vulnerable in the community are given first priority to benefit from the assistance. Prioritized eligible household lists were sent back to the community for validation. Each list was then presented and approved in a public *baraza*. If there was consensus in the *baraza* that some cases should be reviewed, the LOC, supported by the DOSC, reviewed these cases. This was the last chance for determining if the household belonged in the programme. The final approved list of selected households and the reviewed cases were sent to the Office of the Vice President and to the Ministry of Home Affairs to be entered into the MIS for enrollment in the programme.

According to UNICEF (2010), Monitoring was carried out throughout each programme cycle to review financial issues (programme costs and expenses, budget); administrative issues (performance of institutions linked to the programme, quality of education and health services being provided); and progress achieved (that is, the number of enrolled families, paid beneficiaries, and so forth) as compared to original plans. This enabled the Ministry of Home Affairs to identify problems and issues arising during the course of each stage and to make necessary adjustments. At the local level, the LOC monitored the performance of the programme, making sure that the entitlements were being received and that families were assuming their responsibilities. A mechanism was also in place to receive and address complaints about payment and the quality of education and health services. In addition to internal monitoring, a comprehensive operational and impact

evaluation was built into Phase Two to evaluate three key areas: the welfare of, and impact on the beneficiaries; the operational effectiveness of the program, including a cost evaluation; and the extent to which the programme reached those in greatest need.

Currently, the CT-OVC programme targeting over 250,000 OVCs and a scale up underway, it is implemented by the Department of Children's Services under the Ministry of Labour, Social Security and Services. The amount of support in the programme is Ksh. 2000 per month. The amount is paid every 2 months so that the households can be able to budget for the amount effectively and is also cost effective in terms of time and administrative costs. The care giver is the one who receives the money, who could be the guardian, or remaining parent in case of the single orphans. The Kenya post office and equity bank branches have been the pay points where the beneficiaries collect their money.

For the bursary scheme for OVCs in secondary schools, the District/Constituency Social Assistance Committees approve the list of beneficiary OVCs who are supposed to be supported from form one to four, unless a beneficiary's financial status improves. Social enquiries are conducted by the children's officers to ensure that the beneficiaries meet the selection criteria. The stipulated maximum allocation for beneficiaries in boarding schools is Ksh. 30,000 per year, while for those in boarding schools is Ksh. 15,000 for the same period. For the successful beneficiary, payment is made through cheques in favour of the schools where the beneficiaries are enrolled (GoK, 2014).

A growing concern is that school-aged orphans are forced to drop out of school or will never enrol, either because guardians cannot afford the cost of schooling (as the child is needed to generate income), or the guardians have less interest in the welfare of children who are not their own (World Bank, 2002). There is a significant diversity of evidence that indicate that both conditional and unconditional cash transfers to OVC tend to improve school enrolments and attendance. Cash transfers can be an important complement to direct education investments. Increased income security enables households to pay fees or other costs associated with attending school. It also reduces the burden on children, particularly girls, to contribute to family income, enabling them to

participate in school. At the same time, where cash transfers have improved nutrition, this can probably help children to learn better. The evidence is more limited and less conclusive on whether cash transfers result in improvements in final educational outcomes, which will fundamentally depend on the quality of education services (MOE, 2010).

## **2.6 Theoretical Framework**

This study adopted the Distributive justice theory by John Rawls which advocates for fair, just and equitable distribution of benefits and burdens. The benefits include income, economic wealth, and social services among others. His theory of justice as fairness envisions a society of free citizens holding equal basic rights cooperating within an egalitarian system. This theory is important in addressing issues of the vulnerable and marginalized in a community. It requires that the state takes positive deliberate actions like affirmative action and other equity mechanisms for a socially just society. Social justice is one of the key principles of governance enshrined in the Kenyan Constitution and forms the basis upon which social assistance is anchored.

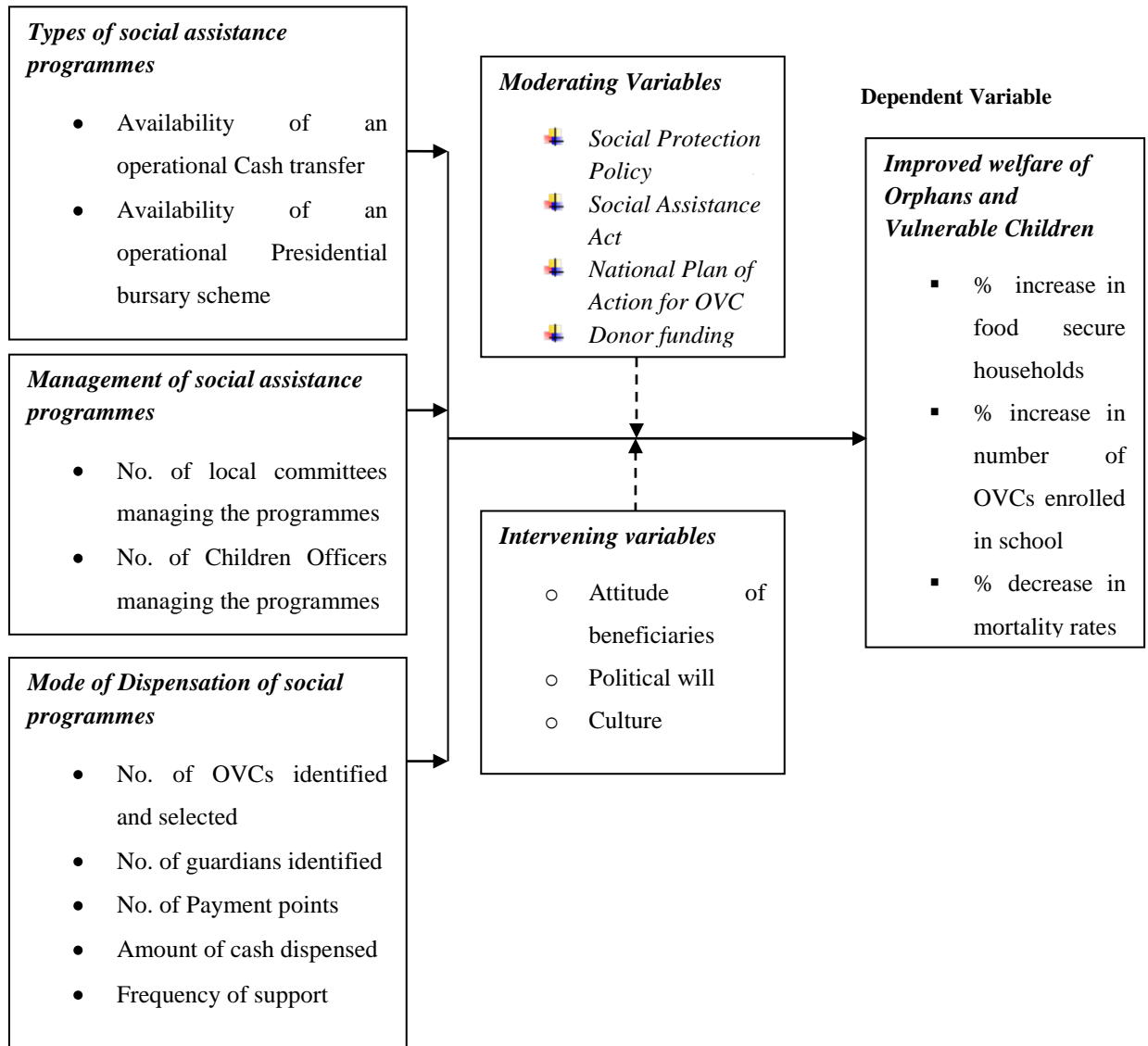
Poverty and vulnerability is a human right and development issue that should not be relegated to the back banner. It is thus the duty of the state to facilitate effective realization of the right to social assistance for its citizens who are unable to support themselves and their dependants. Distributive theory which is based on the philosophy of utilitarianism takes into consideration third party and other legitimate interests when determining a remedy. The philosophy is based, not only on belief of an individual's well-being , but also lays emphasis on the common good of society and the well being of all its members. It argues that resources have to be utilized in a manner that realizes the happiness of all in socio- economic terms. This philosophy supports social assistance because it strengthens the argument that no member of society should live in deprivation. Further, that redistribution of wealth is good and ought to be the function of the law and constitutional democratic states, including Kenya.

The Distributive Theory applies to this study, and more specifically to the Social Assistance Programmes, in that it helps to analyze whether the programmes have helped to realize the right to social protection which is a responsibility of the state.

## 2.7 Conceptual Framework

The conceptual framework outlines the dependent, independent, moderating and intervening variables as discussed in the literature review and illustrated in figure 1.

### Independent Variables



**Figure 1: Conceptual Framework**

*A graphical illustration of the relationship between variables influencing the improvement of the welfare of OVCs.*

## **2.8 Summary of Chapter**

To understand the concept of social assistance programmes and their influence on the welfare of OVC, this chapter reviewed literature related to experiences from different countries and also the Kenyan experience. Social protection is increasingly seen by policymakers as a key means of reducing poverty and vulnerability in Kenya. There is, however, no comprehensive analysis of how social protection programmes are addressing the vulnerability of the population across the lifecycle. Literature has revealed that countries all over the world with Kenya among them are investing heavily in social assistance programmes and even factoring them in their annual budgets to tackle the problems of poverty, disease and ignorance. However, if there is poor management and inefficient implementation of the programmes, including selection of beneficiaries, methods of payment and the frequency of the support, these programmes may not achieve the intended objectives and little impact will be felt in terms of improving the welfare of the orphans and vulnerable children. This may also lead to most beneficiaries losing trust with such programmes in future.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter discussed the methodology used in conducting the study; it talked about the research design, target population, sampling procedure, methods of data collection, validity and reliability of data collection instruments, operational definition of variables, methods of data analysis and ethical considerations.

#### **3.2 Research Design**

This study used descriptive survey research design. Survey was seen to be the most appropriate because of the capability of obtaining information from large samples of population. This is because it could be used to describe such things as possible behavior, attitudes, values and characteristics. Descriptive approach is designed to obtain information concerning the current phenomenon and wherever possible to draw valid conclusions from the facts discussed (Kombo and Tromp, 2006). It involved both quantitative and qualitative data collection. Therefore the descriptive survey was ideal for this study because it would bring out information on attitudes that would be difficult to measure using observational techniques. Equally, surveys required minimal involvement to develop and administer and were quite easy for making generalizations. Descriptive survey is a powerful form of qualitative analysis that involves a careful and complete observation of a social unit, irrespective of what type of unit is under study (Kothari, 2008).

#### **3.3 Target Population**

The target population comprised of OVCs in 471 households enrolled in the Cash transfer programme, 67 OVCs on bursary in 2015, 16 social assistance committee members, 471 care givers, 22 assistant chiefs, 1 district children's officer in charge of the programme and 26 head teachers of the schools where the OVCs were enrolled (Nyeri County Children's Office annual report 2013/14).

*Table 3.1 Population survey grid of respondents*

Table 3.1 shows the target population targeted for the study. This was the frame from which the sample was drawn. A simple random sample was picked from each category.

<b>Category</b>	<b>Total Number</b>
OVC households	471
Parents/Guardians (Caregivers)	471
OVCs on bursary	67
Assistant Chiefs	22
Head Teachers	26
Social Assistance Committee Members	16
District/Sub County Children's Officer	1
<b>Total</b>	<b>1074</b>

*Source: Nyeri County Children's Office Annual Report 2013/2014.*

From Table 3.1, the total target population was 1074. This comprised of OVCs, care givers, social assistance committee members, assistant chiefs, children officer and head teachers.

### **3.4 Sample Size and Sampling Procedure**

A sample size of 216 respondents was used for this study. This sample size was calculated using a margin of error of +/-5%, confidence level of 90% and standard deviation of 0.5. Stratified random sampling method was used where the population was divided into homogenous sub groups of orphans, parents/guardians, assistant chiefs, social assistance committee, head teachers and children officer, and then a simple random sample was taken from each group. From the four locations, 2 assistant chiefs represented each location, 20 OVC on cash transfer and 8 on bursary were randomly selected from each location, 2 head teachers per location and 20 parents/Guardians per location. It also included 7 members of the social assistance committee and 1 District/Sub County



Children's Officer making up a total of 216 respondents. Cochran formula was used to determine the sample size using a 90% confidence level, 0.5 standard deviation, and a margin of error (confidence interval) of +/- 5%.

Source: Cochran, W. G. (1977). *Sampling technique (3<sup>rd</sup> edition)*. New York. John Wiley & Sons.

Necessary Sample Size =  $(Z\text{-score})^2 * \text{Std Dev} * (1 - \text{StdDev}) / (\text{margin of error})^2$

$$\begin{aligned} \text{ss} &= \frac{(1.645)^2 \times 0.5(0.5)}{(0.05)^2} \\ &= \frac{2.706 \times 0.25}{0.0025} \\ &= 0.6765 / 0.0025 = 270.6 \end{aligned}$$

This sample size was adjusted because the population size was known.

$$\begin{aligned} \text{Sample size} &= \frac{\text{ss}}{1 + \frac{(\text{ss} - 1)}{\text{Population}}} \\ &= \frac{270.6}{1 + \frac{(270.6 - 1)}{1074}} = \frac{270.6}{1 + 0.251} = 216.31 \end{aligned}$$

The sample size therefore consisted of 216 respondents.

*Table 3.2 Random sample of respondents targeted for research*

Table 3.2 shows the sample size used for the study. The table was derived from the sampling frame from which a sample size was calculated and then Stratified random sampling method was used where the population was divided into homogenous sub groups of orphans, parents/guardians, assistant chiefs, social assistance committee, head teachers and children officer, and then a simple random sample was taken from each group.

<b>Category</b>	<b>Number sampled</b>
OVC on cash transfer	80
Parents/Guardians (Caregivers)	80
OVC on bursary	32
Assistant Chiefs	8
Head Teachers	8
Social Assistance Committee Members	7
District Children's Officer	1
<b>Total</b>	<b>216</b>

From Table 3.2, the sample size targeted for research was 216 respondents who were drawn from the key people involved in the social assistance programmes.

### **3.5 Data collection instruments**

Data was collected using Questionnaires. There were different questionnaires for Parent/Guardians, OVCs, Assistant Chiefs/Social Assistance Committee Members/District Children's Officer and for Head teachers. The researcher used questionnaire because of the simplicity in their administration and could collect data from a large number of people within a short time and were relatively cost effective. The questionnaires were divided into sections and developed based on the research objectives in order to capture relevant information. They combined both open-ended and close-ended questions. Open ended questions enabled the respondents provide sufficient details on the area of study while close ended questions enabled the researcher to easily quantify the results.

### **3.6 Pilot Survey**

Once the instrument was developed, it was administered to a sample with similar characteristics as the one that was used for the study. This helped the researcher ascertain whether the instrument was able to deliver the desired results. The purpose of the pilot

study was to pre-test the research instrument that was developed by the researcher to find out if the instrument was appropriate for the study. It also served to check the validity and reliability of the instrument. The researcher managed to get 20 respondents to participate in the pilot test. The research instrument was administered to this pilot group and the responses were found to be varied. After the pilot test, the researcher re-evaluated some of the questions that were found to be unclear and incorporated some of the suggestions given in the final instrument.

### **3.6.1 Validity of research instruments**

Validity in relation to research is a judgment regarding the degree to which the components of the research reflect the theory, concept, or variable under study. Validity determines whether the research truly measures that which was intended. The Content-related validity which refers to the content and format of the research instrument was used in this study as a measure of the degree to which the data collected using the questionnaire represented the objectives of the study. The instrument was verified by the district children's officer in charge of Nyeri central who is the main implementer of the programmes to assess what the instrument was intending to measure and his recommendations were considered in the final questionnaire. Consultative discussions were also done between the supervisor and the researcher. A pilot study was conducted using a relatively small sample who responded to the questionnaire and then the researcher adjusted and made corrections before the actual research.

### **3.6.2 Reliability of research instruments**

Reliability is the measure of the degree to which a particular measuring procedure provides consistent results or data after a repeated trial. It is concerned with estimates of the degree to which a research instrument yields consistent results after repeated trials. In this research, reliability was determined by a test – retest method which involved administering the same questionnaire twice to 20 respondents with similar characteristics with the ones used for the study, but not included in the sample, within an interval of two weeks. A correlation coefficient was then calculated to indicate the relationship between the two sets of scores obtained. According to Mugenda (2003), a correlation coefficient

of between 0 and 1 would be expected. If the coefficient is below 0.5, the instrument would be seen to be unreliable and the researcher would develop a new instrument. If the coefficient is above 0.5, the instrument would be ruled to be reliable and the actual data collection would start. The correlation coefficient obtained was 0.697 which was a positive correlation. According to George and Mallery (2003), a correlation coefficient greater than or equal to 0.6 would be accepted. This meant that there was a positive relationship between the two sets of responses indicating that the research instrument was reliable and the actual data collection would start.

### **3.7 Data collection procedure**

After the developing the instrument and carrying out the pilot survey, the researcher administered the questionnaires to the respondents. The researcher with the help of the research assistants booked appointments with the sampled households and other respondents prior to the visit to avoid inconveniences and then visited them and administered the questionnaires after seeking the respondents' consent. After filling the questionnaires, the respondents were requested to place them at the nearest Assistant Chief's Office where the researcher collected them.

### **3.8 Data Analysis**

After data collection, all the returned questionnaires were numbered and the data coded. Preliminary editing was done where the raw data was keenly scrutinized, checked and cleaned for completeness, consistency and comprehensibility. Incomplete questionnaires and any other inconsistencies were eliminated. The useful data was then coded by assigning values to the responses. The data was then entered into the computer for analysis using the SPSS computer software. The necessary calculations were performed and findings presented in tabular form. Data was then interpreted into a meaningful form and then the researcher discussed the findings and drew conclusions.

Qualitative data was analyzed through content analysis. This was done by reading and reviewing the responses provided in the open ended questions on the questionnaires. The

responses were categorised into common themes and then integrated the information with the literature reviewed, and out of that meaningful conclusions were drawn.

### **3.9 Ethical Considerations**

All relevant government authorities were informed prior to the study to avoid suspicions and resistance from the community members. A letter of introduction was acquired from the University of Nairobi, which was used to apply for a research permit from the National Commission for Science, Technology and Innovation. The researcher then sought permission from the Ministry of Interior and Coordination of Government through the office of the Deputy County Commissioner in Nyeri Central Sub County and also from the County director for Children's Services in Nyeri County before the commencement of actual data collection. Consent was sought from the respondents through reading and signing a consent form. The respondents were informed that participation in the study was voluntary and that the information they would provide would be treated with utmost confidentiality. Privacy and dignity of the respondents was considered during the research. Names of the respondents were not exposed and codes were used instead. The respondents were assured that a feedback session would be organized in order to disseminate the research findings to Ministry of Labour, Social Security and Services which implement the social assistance Programme as well as other interested stakeholders.

### 3.10 Operational Definition of Variables

Research objectives	Type of variable	Indicators	Level of scale	Data collection method	Level of analysis
Improved welfare of Orphans and Vulnerable Children	<b>Dependent</b> Welfare of OVCs	<ul style="list-style-type: none"> <li>▪ % increase in food secure households</li> <li>▪ % increase in number of OVCs enrolled in school</li> <li>▪ % decrease in mortality rates</li> </ul>	Nominal Ratio	Questionnaires	Descriptive
To identify the types of SAPs and how they influence the improvement of the welfare of OVCs in Nyeri Central District.	<b>Independent</b> Types of SAPs	<ul style="list-style-type: none"> <li>• Availability of an operational cash transfer programme.</li> <li>• Availability of an operational presidential bursary scheme</li> </ul>	Nominal	Questionnaire	Descriptive
To examine how management of SAPs influences the improvement of the welfare of OVCs in Nyeri Central District.	<b>Independent</b> Management of SAPs	<ul style="list-style-type: none"> <li>• No. of local committees managing the programmes</li> <li>• No. of Children Officers managing the programmes</li> </ul>	Nominal	Questionnaire	Descriptive
To establish how the mode of dispensation of SAPs influences the improvement of the welfare of OVCs in Nyeri Central District.	<b>Independent</b> Mode of dispensation of SAPs	<ul style="list-style-type: none"> <li>• No. of OVCs identified and selected</li> <li>• No. of guardians identified</li> <li>• No. of Payment points</li> <li>• Amount of cash dispensed</li> <li>• Frequency of support</li> </ul>	Nominal	Questionnaire	Descriptive

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

#### 4.1 Introduction

This chapter focused on data analysis, interpretation, presentation and discussion of findings which were guided by the research objectives. This chapter presents data in the following sections; general information on gender, age, level of education, the influence of the types, management and mode of dispensation of social assistance programmes in the welfare of orphans and vulnerable children.

#### 4.2 Response Rate

The response rate of the various categories of respondents is presented in Table 4.1

*Table 4.1 Response Rate*

The following was the response rate for the questionnaires as per the various respondents.

Category	Sample Size	Response	Percentage
OVCs	112	107	95.5
Parents/Guardians	80	75	93.8
Assistant Chiefs	8	8	100
Head Teachers	8	7	87.5
Social Assistance Committee	7	7	100
Children's Officer	1	1	100

Table 4.1 illustrates the response rate of the respondents who were sampled for the research. Total response rate for the questionnaires was 94.9%. Out of the 216 questionnaires issued, 205 were returned fully filled while the rest had some missing information. The high response rate was attributed to the fact that the researcher administered and collected the questionnaires herself to the Assistant Chiefs, Social Assistance Committee members, Head Teachers and Children Officer, and hired 8

research assistants from the local areas who understood the terrain and would easily approach the respondents. The research assistants were trained on how to administer and guide the respondents in answering the questions, and they collected all the questionnaires after they were filled.

#### **4.3 Background Information of the Respondents**

The study sought to establish the gender, age, and educational level of respondents.

##### **4.3.1 Gender of the Respondents**

The study sought to establish the gender distribution of the respondents and the responses are shown in Table 4.2.

*Table 4.2 Gender of Respondents*

The respondents indicated their gender distribution as follows;

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Male	90	43.9
Female	115	56.1
<b>Total</b>	<b>205</b>	<b>100.0</b>

From Table 4.2, 43.9% of the respondents were males while 56.1% were females. United Nations Universal Declaration of Human Rights (1948) indicates that 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. This is because both men and women suffer the effects of HIV and AIDS, poverty and vulnerability and they all qualify to be beneficiaries of the social assistance programmes. This brings a considerable level of gender balancing and fairness in reaching them with the programmes. This also implied that there was a small gender disparity between the responses of males and females.



### 4.3.2 Age Distribution of Respondents

The respondents were asked to indicate their ages and the responses are shown in Tables 4.3 and 4.4. Table 4.3 shows the ages of Parents/Guardians, Assistant Chiefs, Children Officer, Social Assistant Committee and Head Teachers, while 4.4 show the ages of OVCs. The tables were separated due to the different age brackets of the two categories of respondents.

*Table 4.3 Ages of Parents/Guardians, Assistant Chiefs, Children Officer, Social Assistant Committee and Head Teachers*

This category of respondents indicated their ages as follows;

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
10-17 years	0	.0
18-30 years	13	13.3
31-40 years	14	14.3
41-50 years	29	29.6
51-60 years	23	23.3
61-70 years	11	11.2
Over 70 years	8	8.2
<b>Total</b>	<b>98</b>	<b>100.0</b>

Table 4.3 shows that majority of the respondents were between the ages of 41 and 50 years (29.6%). This was followed by 51 to 60 years who were 23.3%. According to Bryant (2009), the targeting system in Kenya's cash transfer programme ranks households from highest priority to lowest: child-headed households, eldest-headed households, households with larger numbers of orphans and vulnerable children, and all other households with orphans and vulnerable children. This ranking indicates that the most vulnerable in the community are given first priority to benefit from the assistance. The study found that this group majorly comprises of the elderly guardians who are taking care of grand children and children of relatives who are orphaned due to the deaths

of their parents, mainly due to HIV and AIDS and qualify to be given priority in the programmes.

*Table 4.4 Ages of OVCs*

The following was the response of OVCs regarding their ages.

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
10-12 years	18	16.8
13-15 years	35	32.7
16-18 years	32	29.9
Above 18 years	22	20.6
<b>Total</b>	<b>107</b>	<b>100.0</b>

Table 4.4 shows that majority of the respondents who participated in the study were between the ages of 13 and 15 years (32.7%), followed by 16 to 18 years who were 29.9%. According to UNAIDS (2014), it is estimated that more than 17.8 million children under 18 years world over have been orphaned as a result of HIV and AIDS and 15.1 million or 85 percent of these children live in sub-Saharan Africa. Poverty, fragmented development, and HIV and AIDS, has led to increasing numbers of Kenyan children are growing up without adequate support, care, and protection. In Kenya, as across the sub-Saharan African region, families and communities continue to care for the majority of these orphans and vulnerable children, but many families face severe economic constraints that limit their ability to meet children's needs (Bryant, 2009). The above categories consist of children of school going ages that are directly affected by orphan hood and vulnerability.

#### **4.3.3 Education Level of Respondents**

The respondents were asked to indicate the highest level of education attained and the responses are shown in Table 4.5.

*Table 4.5 Education Level of Respondents*

The respondents indicated their level of education as follows;

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Primary	73	35.6
Secondary	77	37.6
Vocational Training	2	1.0
P1 Certificate	1	0.5
Diploma	25	12.2
Degree	7	3.4
Masters	2	1.0
Phd	0	.0
None	8	3.9
<b>Total</b>	<b>205</b>	<b>100.0</b>

From Table 4.5, majority of the respondents reached primary and secondary levels of education. Respondents who reached primary level were represented by 35.6% and secondary level 37.6%. According to Kenya National Social Protection Policy (June 2011), poverty, disease, and ignorance were identified at the time of independence in 1963 as the critical challenges facing Kenya and even several years after independence, poverty and vulnerability remain major challenges, with almost one in every two Kenyans trapped in a long-term, chronic and intergenerational cycle of poverty. This means that most vulnerable groups face challenges in meeting the cost of education and hence do not achieve high level of education. The high representation from primary and secondary levels of education comprised of the OVCs and parents/guardians.

#### **4.3.4 Enrolment in School**

In this section, the study sought to establish the rate of enrolment of OVCs in school and the responses are shown in Table 4.6.

*Table 4.6 Enrolment of OVCs in School*

The OVCs were asked to indicate whether they were enrolled in school and their responses were as follows;

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	99	92.5
No	8	7.5
<b>Total</b>	<b>107</b>	<b>100.0</b>

Table 4.6 shows that 92.5% of the OVCs are in school while only 7.5% are out of school. According to Davis et al (2012), the cash transfer programme has had a significant positive impact on expenditure on education, health and food. Evidence suggests that the programme may be having an impact on shifting the consumption preferences of participating households. Sanfilipo et al (2012) also said that Social Protection can have an impact on education by addressing the underlying economic and social causes that prevent access to school, and by improving the quality of services provided to the young students and their families. Receipt of cash transfer can improve enrolment by helping poor households overcome the cost barriers to schooling in terms of fees, books and uniform. This indicates that the social assistance programmes together with the free primary education programme, subsidized secondary education programme, and bursaries from Constituency Development Funds, County Government and other private entities have helped the OVCs to be enrolled and remain in school.

#### **4.3.5 Number of Orphans within the sampled Households**

The study sought to establish the number of OVCs that are being taken care of by parents/guardians within each sampled household and the responses are shown in Table 4.7 categorized by ages.

*Table 4.7 Number of orphans within households*

The Parents/Guardians indicate the number of OVCs in their households as follows;

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Below 5 years	23	12.0
5-14 years	78	40.2
15-18 years	75	38.7
Above 18 years	18	9.3
<b>Total</b>	<b>194</b>	<b>100.0</b>

From table 4.7, majority of OVCs being taken care of by the parents/guardians were between the ages of 5 and 14 years who were 40.2% followed by 15 to 18 years who were 38.7%. To qualify for the cash transfer programme, a household had to be poor, contain orphans or vulnerable children less than 18 years of age, and not be receiving benefits under another programme, either in cash or in kind. According to UNAIDS (2014), there are 19,948 households with orphans and 9,774 poor households with an orphan in Nyeri County, mainly due to the death of their parents because of HIV and AIDS. The study found that majority were of school going ages that were directly targeted by the cash transfer and presidential bursary schemes. Those above 18 years were few since they were faced out the programme once they attained 18 years, unless they were still in school, as per the programmes' guidelines.

#### **4.4 Types of Social Assistance Programmes**

In this section, the researcher sought to address the first objective that identified the types of Social Assistance Programmes and how they influence the improvement of the welfare of OVCs.

##### **4.4.1 Availability of Social Assistance Programmes for OVCs**

Here, the study sought to find out which programmes the parents/guardians and OVCs were benefitting from and if the head teachers were aware of the existing social

assistance programmes for OVCs and how many children from their schools benefitted from those programmes. Their responses are shown in Table 4.8, 4.9 and 4.10.

*Table 4.8 Enrolment in Social Assistance Programmes by Parents/Guardians and OVCs*

The respondents were asked to indicate which programme they were enrolled in and they responded as follows;

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Cash Transfer for OVCs	140	76.9
Presidential Bursary Scheme	17	9.3
Both cash transfer and bursary	25	13.7
<b>Total</b>	<b>182</b>	<b>100.0</b>

From Table 4.8, both the cash transfer and presidential bursary programmes for OVCs were available. Majority of the respondents are beneficiaries of the cash transfer represented by 76.9% as compared to presidential bursary (9.3%). Those who benefitted from both programmes were 13.7%. This implies that the presidential bursary scheme has not reached most of the orphans that are needy.

*Table 4.9 Awareness of Social Assistance Programmes by Head Teachers*

The respondents were asked to indicate if they were aware of the existing social assistance programmes for OVCs and they responded as follows;

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	7	100.0
No	0	.0
<b>Total</b>	<b>7</b>	<b>100.0</b>

From Table 4.9, the study found out that all the respondents (100%) were aware that there existed Social assistance programmes for OVCs. This shows that the school heads were stakeholders in the implementation of social assistance programmes for OVCs.

*Table 4.10 Number of OVCs in schools who are enrolled in the Social Assistance Programmes*

The Head Teachers were asked to give the number of OVCs enrolled in the SAPs from their school and they gave the following responses.

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Cash Transfer for OVCs	105	100.0
Presidential Bursary Scheme	0	.0
<b>Total</b>	<b>105</b>	<b>100.0</b>

From Table 4.10, all the head teachers (100%) indicated that the OVCs in their schools benefitted from the cash transfer and not the presidential bursary. This response was caused by the fact that the presidential bursary programme benefits OVCs who are enrolled in secondary schools and the head teachers involved in the study were drawn from primary schools. According to the Ministry of Education (2003), Bursary Scheme was aimed at cushioning the country's poor and vulnerable groups against the high and increasing cost of secondary education, therefore reducing inequalities.

#### **4.4.2 Relationship between Types of SAPs and improvement of OVCs welfare**

In this section, the study sought to rate various aspects related to the types of SAPs using a likert scale. The responses are shown in Tables 4.11, 4.12 and 4.13 for the various categories of respondents.

*Table 4.11 Views of OVCs on the Types of SAPs*

The following were the views of OVCs regarding the influence of the types of SAPs on their welfare.

<b>Factor</b>	<b>SA</b>		<b>A</b>		<b>U</b>		<b>D</b>		<b>SD</b>	
CT has helped in meeting needs	32	29.9%	56	52.3%	10	9.3%	9	8.4%	0	.0%
PB and increased school enrolment	12	11.2%	37	34.2%	12	11.2%	20	18.7%	26	24.3%
CT and more nutritious food.	24	22.4%	54	50.5%	23	21.5%	3	2.8%	3	2.8%
Increased access to health services	32	29.9%	48	44.9%	20	18.7%	7	6.5%	0	.0%
No difficulties in paying fees	8	7.5%	29	27.1%	25	23.4%	24	22.4%	21	19.6%

From Table 4.11, 82.2% of the respondents agreed that cash transfer programme had helped meet the needs in their household. 45.4% of the respondents agreed that presidential bursary scheme had helped the children in their household enrol in school. 72.9% of the respondents agreed that cash transfer had helped their household acquire more and nutritious food. 74.8% of the respondents agreed that they were able to access health services and their health had improved. 42.0% of the respondents indicated that they were experiencing difficulties in paying school fees. According to Bryant (2009), Cash transfers have 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. Here, the study found that the social assistance programmes were operational and had met the needs of OVCs to a large extent and improved their welfare in terms of health, school enrolment and food security, except the issue of bursaries in which 43.0% of the respondents were not benefitting from the programme and 42.0% had difficulties in paying school fees. This implied that the social assistance programmes were addressing the basic needs of OVCs and the objectives of the programmes were being achieved.



*Table 4.12 Views of Parents/Guardians on the Types of SAPs*

The following were the views of Parents/guardians regarding the influence of the types of SAPs on OVCs welfare.

<b>Factor</b>	<b>SA</b>		<b>A</b>		<b>U</b>		<b>D</b>		<b>SD</b>	
CT is effective in meeting OVC needs	19	25.3%	38	50.7%	7	9.3%	9	12.0%	2	2.7%
PB is effective in meeting OVCs needs	6	8.0%	18	24.0%	9	12.0%	27	36.0%	15	20.0%
Increased access to more nutritious food	19	25.3%	38	50.7%	12	16.0%	6	8.0%	0	.0%
Can now afford at least three meals	16	21.3%	33	44.0%	18	24.0%	8	10.7%	0	.0%
Increased access health services	18	24.0%	32	42.7%	15	20.0%	6	8.0%	4	5.3%
Reduced deaths of children under 5 yrs	34	45.3%	19	25.3%	4	5.3%	8	10.7%	10	3.3%
Children attending school regularly	29	38.7%	31	41.3%	2	2.7%	7	9.3%	6	8.0%
No difficulties in paying fees	7	9.3%	21	28.0%	9	12.0%	20	26.7%	18	24.0%

From Table 4.12, 76.0% of the parents/guardians agreed that the cash transfer programme was operational and effective in meeting the needs of OVCs. 32.0% of the respondents agreed that the presidential bursary scheme was operational and effective in meeting the education needs of OVCs. 76.0% agreed that they had increased access to enough and more nutritious food. 65.3% of the respondents agreed that they can afford a minimum of three meals in a day. 66.7% of the respondents agreed that they were able to access health services and the health of the children had improved. 70.6% of the respondents agreed that they had not experienced any death of a child of less than five years due to sickness. 80.0% of the respondents agreed that all the children were enrolled in school and

attended regularly. 37.3% of the respondents agreed that they were not experiencing difficulties in paying school fees. In their extensive review of the evidence for the potential impact of cash transfer programmes to strengthen families, Michelle Adato and Lucy Bassett (2008) argued that cash transfers had demonstrated a strong potential to reduce poverty and strengthen children’s education, health, and nutrition, and thus can form a central part of a social protection strategy for families affected by HIV and AIDS. From the responses, the study found that the social assistance programmes were operational and had improved their welfare of OVCs in terms of health, school enrolment and food security, except the issue of bursaries in which 56.0% of the respondents were not benefitting from the programme because it is meant to support those in secondary school and 50.7.0% had difficulties in paying school fees since the amount of support was not enough. The responses were in line with the objectives of social protection and it was evident that the welfare of OVCs was being improved significantly. There is need for more collaboration on the area of education to ensure that there is reduction in the burden of OVCs in meeting their education needs.

*Table 4.13 Views of Children Officer, Assistant Chiefs and Assistance Committee on Types of SAPs*

These were the views of Parents/guardians on the influence of the types of Social Assistance Programmes on the improvement of OVCs welfare.

<b>Factor</b>		<b>SA</b>		<b>A</b>		<b>U</b>		<b>D</b>		<b>SD</b>
The CT is effective in meeting needs	6	37.5%	8	50.0%	2	12.5%	0	.0%	0	.0%
PB is effective in meeting needs	6	37.5%	9	56.3%	1	6.3%	0	.0%	0	.0%
CT and increased access to food	3	18.8%	9	56.3%	4	25.0%	0	.0%	0	.0%
CT and increased access health	1	6.3%	12	75.0%	3	18.8%	0	.0%	0	.0%
Increased enrolment	7	43.8%	7	43.8%	1	6.3%	1	6.3%	0	.0%

From Table 4.13, 87.5% of the respondents agreed that cash transfer programme was operational and effective in meeting the needs of OVCs. 93.8% of the respondents agreed that presidential bursary scheme was operational and effective in meeting the education needs of OVCs. 72.1% of the respondents agreed that households under cash transfer had increased access to enough and more nutritious food. 81.3% of the respondents agreed that households receiving cash transfer were able to access health services and the health of children had improved. 87.6% of the respondents agreed with the statement that Provision of cash transfer and presidential bursary had resulted in increase in the number of OVCs enrolled in and attending school. According to National Gender and Equality Commission (2014), Social Assistance Programmes are a Mechanism of strengthening people to support them in moving to the direction of being self reliant, improving their quality of life and have sustainable livelihoods. From the responses, the study found that the Social Assistance Programmes were operational and had improved the welfare of OVCs in term of school enrolment and retention, food security, and access to health services. This implied that the programmes were playing a major role in ensuring that the right of vulnerable children in terms of access food and nutrition, health and education were being fulfilled.

#### **4.4.3 Social Assistance Programmes and enrolment rates of OVCs in school**

The study sought to find out how the social assistance programmes had affected enrollment rates in school. In their responses the head teachers said that OVCs were able to attend school regularly, pay for required fees, buy books and other items required in school. They also said that the health of the children had improved and that the OVCs did not fall ill regularly while in school since their parents and guardians were able to take them to hospital using the financial support provided. The other response was that children did not come to school hungry and were therefore able to concentrate as the teachers teach. According to Sanfilipo, et al (2012), receipt of cash transfer can improve enrolment by helping poor households overcome the cost barriers to schooling in terms of fees, books and uniform. With the different responses from the Head Teachers, the study found that the Social Assistance Programmes had generally improved the welfare of

OVCs in terms of food availability and health and were therefore able to be regular in school.

#### 4.4.4 Benefits of SAPs for OVCs enrolled in school

In this section, the study sought to know the areas in which the SAPs had benefitted the OVCs enrolled in schools. The responses from the head teachers are shown in table 4.14.

*Table 4.14 Areas in which SAPs have benefitted OVCs enrolled in school*

The respondents were asked to indicate the areas in which the SAPs have benefitted OVCs and they gave the following responses.

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Food access and food security	7	24.1
Access to health care	6	20.7
Shelter improvement	4	13.8
School fees/other school requirements	7	24.1
General welfare	5	17.2
<b>Total</b>	<b>29</b>	<b>100.0</b>

In Table 4.14, 24.1% of respondents indicated that the SAPs had benefitted OVCs in the areas of food access/security and school fees/other school requirements, 20.7% indicated access to healthcare, 17.2 % indicated general welfare and 13.8% indicate shelter provision. Davis et al (2012) said that cash transfer programme has had a significant positive impact on expenditure on education, health and food. From the responses, the study found that the Social Assistance Programmes address the basic needs of OVCs at almost equal extent.

#### 4.5 Management of Social Assistance Programmes

In this section, the study sought to address the second objective that examined how management of Social Assistance Programmes influences the improvement of the welfare of Orphans and vulnerable Children.

#### 4.5.1 Relationship between the management of SAPs and improvement of OVCs welfare

Here, the study sought to find out if the local committees and children officers managing the programmes were enough, whether they had reached the most deserving OVCs, whether they were allocating enough resources and had relevant skills to achieve the programmes' objectives. The study used a likert scale and the responses are shown in Tables 4.15, 4.16, 4.17 and 4.18 for the various categories of respondents.

*Table 4.15 Views of Parents/Guardians on the Management of SAPs*

The following were the views of Parents/Guardians regarding the management of SAPs and its influence in the improvement of the welfare of OVCs.

<b>Factor</b>	<b>SA</b>		<b>A</b>		<b>U</b>		<b>D</b>		<b>SD</b>	
Management and resource allocation	20	26.7%	32	42.7%	7	9.3%	13	17.3%	3	4.0%
Management reaching deserving OVCs	15	20.0%	23	30.7%	12	16.0%	16	21.3%	9	12.0%
Enough management committees	8	10.7%	19	25.3%	15	20.0%	23	30.7%	10	13.3%
Enough Children Officers	7	9.3%	22	29.3%	12	16.0%	16	21.3%	18	24.0%

From Table 4.15, 69.4% of the parents/guardians agreed that the Programme's local committees and Children's officers were allocating resources equitably. 50.7% of the respondents agreed that management had reached the deserving OVCs in the community through the programmes. 36.0% of the respondents agreed that the number of committees managing the cash transfer and presidential Bursary scheme was enough. 38.6% of the respondents agreed that the number of children officers managing the programmes was enough. According to Fitzgibbon (2012), the management performs a number of roles as far as the cash transfer programme is concerned which includes: Selecting and identifying the needy households, formulating and coming up with policies that govern

the cash transfer programmes, allocating resources and finances, and, monitoring and evaluating the overall achievements or failures of the programmes. From the responses, the study found that the management committees of SAPs were putting effort to allocate resources equitably and reach the deserving OVCs in the community. On the issue of the number of committees and children officers managing the programmes, the study found that the respondents felt that they were not enough to make the programmes achieve the objectives. This implied that the right people were involved in running of the programmes and objectives were being achieved.

*Table 4.16 Views of Children Officer, Assistant Chiefs and Social Assistance Committee on the Management of SAPs*

The respondents were asked to rate their views regarding the management of SAPs and they gave the following responses.

<b>Factor</b>	<b>SA</b>		<b>A</b>		<b>U</b>		<b>D</b>		<b>SD</b>	
Management has relevant skills	1	6.3%	11	68.8%	3	18.8%	1	6.3%	0	.0%
Enough Management Committees	0	.0%	9	56.3%	4	25.0%	3	18.8%	0	0%
Enough Children Officers	0	.0%	6	37.5%	2	12.5%	8	50.0%	0	.0%

In Table 4.16, 75.1% of the respondents agreed that the management committees of the SAPs had relevant skills to achieve the objectives of the programmes. 56.3% of the respondents agreed that the number of committees managing the cash transfer and presidential Bursary scheme was enough to achieve the objectives. 37.5% of the respondents agreed that the number of children officers managing the cash transfer and presidential bursary scheme was enough and 50.0% disagreed. Many governments and donors are turning to cash transfers as the mainstay of their poverty reduction and social protection policies; a situation that has called for qualified and focused administrators to manage, handle and supervise the programme (DFID, 2005). The study found that the management committees of the SAPs had the relevant skills but the number of children

officers managing the programmes was not enough to make the programmes achieves their objectives. Having management committees with relevant skills implies that the SAPS were heading to the right direction to meet the needs of vulnerable children.

*Table 4.17 Views of OVCs on the Management of SAPs*

The following were the views of OVCs regarding the management of SAPs.

<b>Factor</b>	<b>SA</b>		<b>A</b>		<b>U</b>		<b>D</b>		<b>SD</b>	
Management reaching deserving OVCs	32	29.9%	43	40.0%	4	3.7%	16	15.0%	12	11.2%
Management allocating enough money	4	3.7%	22	20.6%	17	15.9%	36	33.6%	28	26.2%

From Table 4.17, 69.9% of the OVCs agreed that the management had reached the deserving OVCs in the community. 24.3% of the respondents agreed that the management of the programmes has allocated enough money to cater for the needs of the orphans while 59.8% disagreed. Babbie (2012) said that the major role of management is to provide resources at the national or local level so that the groups involved can operate effectively and efficiently so as to reach the OVCs well. From this table, the research found that the management was doing well in reaching the deserving OVCs in the community through the SAPs but more resources were required. This implied that the beneficiaries needed additional income generating activities to supplement the support.

*Table 4.18 Views of Head Teachers on the Management of SAPs*

The following were the views of Head Teachers regarding the management of SAPs.

<b>Factor</b>		<b>SA</b>		<b>A</b>		<b>U</b>		<b>D</b>		<b>SD</b>
Management having relevant skills	1	14.3%	5	71.4%	1	14.3%	0	.0%	0	.0%
Enough Management Committees	0	.0%	6	85.7%	1	14.3%	0	.0%	0	.0%
Enough Children Officers	0	.0%	0	.0%	0	.0%	5	71.4%	2	28.6%

From Table 4.18, 85.7% of the respondents agreed that the management committees of the SAPs had relevant skills to achieve the objectives of the programmes. 87.5% of the respondents agreed that the number of committees managing the programmes was enough to make the programmes achieve the objectives. All the respondents disagreed that the number of children officers managing the programmes was enough to make the programmes achieve the objectives. Selecting and identifying the needy households, formulating and coming up with policies that govern the cash transfer programmes, allocating resources and finances, and, monitoring and evaluating the overall achievements or failures of the programmes are the roles of the management according to Fitzgibbon (2012), and there is need for the to have the right skills for the work. From the responses, the study found that the management committees of the SAPs were enough and had the relevant skills, but the number of children officers managing the programmes was not enough to make the programmes achieve their objectives. This implied that the right people were being involved in the implementation of the programmes and this would lead to achievement of the objectives. There is however need to fully utilize the volunteer children officers at the community level to address the issue of shortage of officers at the Sub County office.



#### **4.6 Mode of Dispensation of Social Assistance Programmes**

In this section, the research sought to establish how the mode of dispensation of social assistance programmes influences the improvement of the welfare of OVCs.

##### **4.6.1 Criteria for identifying households for cash transfer (CT) programme**

In this sub section, the study sought to find out what the criteria for identifying the households for the cash transfer programme were. The respondent said that the following are the criteria used in the identification of households; households taking care of OVCs, households that are poor, households that are not beneficiaries of other cash transfer programmes, most vulnerable households, identification by local committees and leaders, public announcement are made for applications to be made, verification through public barazas, and appraisal by the social assistance committee. Bryant (2009) said that the targeting system for cash transfer ranks household in this order, from highest priority to lowest: child-headed households, eldest-headed households, households with larger numbers of orphans and vulnerable children, and all other households with orphans and vulnerable children. From the responses, it was clear that there were laid down criteria for the identification of households for the cash transfer programme which were well known to the respondents and being adhered to. This means that to a great extent, the deserving households are identified and selected for the cash transfer and the criteria are followed as required.

##### **4.6.2 Criteria for identifying orphans for the presidential bursary (PB) scheme**

Here, the study sought to find out what the criteria for identifying orphans for the presidential bursary scheme were. The respondents mentioned the following; announcements made in strategic places calling for applications, eligible applicants fill the forms, double orphans, orphans living with HIV, needy children who are school dropouts due to huge fees balances and good academic performers who are needy are considered, recommendation from school Principals, confirmation of the applicants by village representatives and Assistant Chiefs, verification/vetting, and appraisal by Constituency social assistance committee. From the responses, it was clear that there were laid down criteria for the identification of orphans for the Presidential bursary

Scheme programme which were well known to the respondents and were being adhered to. This means that to a great extent, the deserving orphans are identified and selected for the presidential bursary programme and the criteria are followed as required.

#### **4.6.3 Relationship between Mode of dispensation of SAPs and improvement of OVCs welfare**

In this sub section, the study sought to rate various aspects related to the mode of dispensation of SAPs using a likert scale. The responses are shown in Tables 4.19, 4.20, 4.21 and 4.22 for the various categories of respondents.

*Table 4.19 Views of Head Teachers on mode of dispensation of SAPs in relation to OVCs welfare*

The head teachers were asked to give their views regarding the mode of dispensation of SAPs and the responded as follows;

<b>Factor</b>	<b>SA</b>		<b>A</b>		<b>U</b>		<b>D</b>		<b>SD</b>	
Fair identification	0	.0%	4	57.1%	1	14.3%	2	28.6%	0	.0%
Convenient payment	0	.0%	6	85.7%	1	14.3%	0	.0%	0	.0%
Enough amount	0	.0%	1	14.3%	0	.0%	4	57.1%	2	28.6%
Convenient frequency	1	14.3%	1	14.3%	1	14.3%	3	42.9%	1	14.3%

From Table 4.19, 57.1% of the Head Teachers agreed that Identification of households for the programmes was conducted fairly. 85.7% agreed that the payment points for the cash transfer were convenient and effective. 14.3% of the respondents agreed that the amount of cash dispensed was enough to cater for needs of OVCs and 87.5% disagreed. 28.6% of the respondents agreed that the frequency of support/payments was convenient to meet the needs of OVCs and 57.2% disagreed. According to Kathy, et al (2007), targeting for the Brazil's Bolsa Familia Programme is done through a combination of methods: geographic allocations and family assessments based on per capita incomes. The study found that the identification of the OVCs for the SAPs is conducted in a fair manner and the payment points are effective and convenient. However, the amount of

money dispensed for the programmes was not enough to cater for the needs of the beneficiaries and the frequency of support was not convenient. This meant that the right orphans and vulnerable children were reached with the support. The households also need to be supported to start activities that can help supplement the financial support.

*Table 4.20 Views of OVCs on the mode of dispensation of SAPs in relation to their welfare*

The OVCs were asked to give their views regarding the mode of dispensation of SAPs and the responded as follows;

<b>Factor</b>	<b>SA</b>		<b>A</b>		<b>U</b>		<b>D</b>		<b>SD</b>	
Identification of OVCs is fair	20	18.7%	47	44.0%	10	9.3%	15	14.0%	15	14.0%
Identification of caregivers is fair	33	30.8%	47	44.0%	9	8.4%	14	13.1%	4	3.7%
Easy access of payment	18	16.8%	44	41.1%	15	14.0%	20	18.7%	10	9.3%
Enough amounts paid	2	2.0%	4	3.7%	24	22.4%	44	41.1%	33	30.8%
Comfortable with payment frequency	4	3.7%	34	31.8%	21	19.6%	21	19.6%	27	25.2%

From Table 4.20, 62.7% of the respondents agreed that Identification and selection of OVCs was fair. 74.8% of the respondents agreed that Identification of caregivers was fair. 57.9% of the respondents agreed that household access the payment easily. 5.7% agreed that the amount of money paid was enough to meet their needs and 71.9% disagreed. 35.5% of the respondents agreed that they were comfortable with the frequency of payment and 44.8% disagreed. According to UNICEF (2010), households qualify for the cash transfer programme if they are poor, contain orphans or vulnerable children less than 18 years of age, and not be receiving benefits under another programme, either in cash or in kind. From the responses, the study found that identification of the OVCs for the SAPs was fair. This meant that the deserving OVCs in the community were reached by the programmes. Beneficiaries, in a workshop organized by UNICEF to evaluate the progress of cash transfer, reported that they used the money received mainly on items such as food, school uniforms, textbooks, and cooking oil. However, beneficiaries added that the amount of funds was not enough to cover the full extent of the family's basic needs UNICEF (2010). The study found that the amount of

money paid to the OVCs was insufficient to meet their needs. This meant that some of the beneficiaries were having difficulties in meeting some of their needs.

*Table 4.21 Views of Guardians on the mode of dispensation of SAPs in relation to OVCs welfare*

The parents/guardians were asked to give their views regarding the mode of dispensation of SAPs and the responded as follows;

<b>Factor</b>	<b>SA</b>		<b>A</b>		<b>U</b>		<b>D</b>		<b>SD</b>	
Fair identification of OVCs.	15	20.0%	29	38.7%	3	4.0%	14	18.7%	14	18.7%
Fair identification caregivers	22	29.3%	34	45.3%	3	4.0%	13	17.3%	3	4.0%
Convenient payment points	20	26.7%	30	40.0%	4	5.3%	8	10.7%	13	17.3%
Enough cash transfer	5	6.7%	17	22.7%	9	12.0%	28	37.3%	16	21.3%
Enough bursary	5	6.7%	14	18.7%	9	12.0%	22	29.3%	25	33.3%
Convenient frequency of cash transfer	25	33.3%	3	4.0%	10	13.3%	29	38.7%	3	10.7%
Convenient frequency of bursary	5	6.7%	29	38.7%	6	8.0%	23	30.7%	12	16.0%

From Table 4.21, 58.7% of the respondents agreed that Identification and selection of OVCs was fair. 74.6 % agreed that Identification of caregivers for the cash transfer was fair. 66.7% agreed that the payment points for the cash transfer were convenient. 29.4% agreed that the amount of cash dispensed for the cash transfer was enough to cater for the needs of OVCs. 25.4% agreed that the amount of cash dispensed for the Presidential bursary was enough and 62.6% disagreed. 37.0% agreed that the frequency of support for the cash transfer was convenient and 49.4% disagreed. 45.4% agreed that the frequency of support for the Presidential bursary was convenient and 46.7% disagreed. According to UNICEF (2010), during phase one of the cash transfer, the beneficiary families were selected through an open process that used government and community structures at the

district and local levels. Communities developed their own criteria for selecting beneficiaries, using broad guidelines provided by UNICEF. A list of vulnerable children was then agreed upon in public meetings. Almost all of the recipient households identified contained an OVC, that is, they contained an orphan, a sick child, or a child considered at risk due to a chronically sick caregiver. From the responses, the study found that identification of OVCs and caregivers was fair. This showed that from the onset, there were clear guidelines on who qualifies to be enrolled in the programme. The study also established that payments points were convenient, but the amount given and the frequency of payments were not convenient for the majority of the respondents. This implied that there was need for additional resources to help address the needs of OVCs extensively.

*Table 4.22 Views of Assistant Chiefs, Children Officer and Social Assistance Committee Members on the mode of dispensation of SAPs and its influence on improvement of OVCs welfare*

The assistant chiefs, children officer and social assistance committee were asked to give their views regarding the mode of dispensation of SAPs and the responses were as follows;

<b>Factor</b>	<b>SA</b>		<b>A</b>		<b>U</b>		<b>D</b>		<b>SD</b>	
Convenient payment points	3	18.8%	9	56.3%	1	6.3%	3	18.8%	0	.0%
Enough cash transfer	0	.3%	1	6.3%	3	18.8%	10	62.5%	2	12.5%
Enough bursary	1	6.3%	5	31.3%	2	12.5%	5	31.3%	3	18.8%
Convenient CT freq	0	.0%	9	56.3%	1	6.3%	4	25.0%	2	12.5%
Convenient PB freq	0	.0%	11	68.8%	0	.0%	4	25.0%	1	6.3%

From Table 4.22, 75.1% of the respondents agreed that the payment points for the cash transfer were convenient and effective. 6.3% of the respondents agreed that the amount of cash transfer was enough for OVC needs and 75.0% disagreed. 37.6% agreed that amount of presidential bursary was enough to cater for the education needs of the OVCs and 50.1% disagreed. 56.3% agreed that the frequency of support for cash transfer was

convenient. 68.8% agreed that the frequency of support for presidential bursary was convenient. Beneficiaries use the money from the support mainly on items such as food, school uniforms, textbooks, and cooking oil, but the amount of funds is not enough to cover the full extent of the family's basic needs. Focusing interventions on the family unit and the community, and not only on the affected child, is usually the best way to promote the best interest of the child (UNICEF, 2012). From the responses, the study found that the payments points and frequency of payment for the cash transfer and presidential bursary were convenient according to the majority of respondents, but the amount of money given for the programmes was not enough to cater for the needs of OVCs. Since the objective of the programme is to provide regular cash transfers to families living with Orphans and Vulnerable Children to encourage fostering and retention of children in the families and to promote their human capital development, according to UNICEF 2010, there is need for mobilization of additional resources by the implementers to ensure that the support for the vulnerable children continues so that their welfare can be improved significantly.

#### **4.6.4 Challenges faced during identification of OVCs for cash transfer programme.**

In this section, the study sought to establish the challenges faced during identification of OVCs for cash transfer programme and the responses are shown in Table 4.23.

*Table 4.23 Challenges faced during identification of households for the cash transfer programme*

The respondents were asked to indicate the challenges experienced during identification of households and they gave the following responses.

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Inadequate skills	3	8.6
Community attitude	10	28.6
Political interference	6	17.1
Limited resources	13	37.1
Inappropriate communication	1	2.9
Increasing number of OVCs	1	2.9
Illiteracy	1	2.9
<b>Total</b>	<b>35</b>	<b>100.0</b>

From Table 4.23, majority of the respondents, 37.1%, indicated that limited resources is a challenge during the identification of OVCs for the cash transfer, followed by community attitude at 28.6%, and then political interference at 17.1%. Hartill (2011) said that families and communities have important roles to play in raising children. Sustainability requires fortifying the abilities of communities, local government, and indigenous institutions to continue providing for vulnerable children and their families after external assistance is no longer available. Orphans and their families or guardians should participate to the fullest extent of their capacities, through the entire project cycle of planning, implementing, monitoring, and evaluating the OVC programme. Participation increases programme responsiveness to the best interests of the child and his or her families, and improves the likelihood of making a measurable difference in their lives. The study found that the programme was faced by the challenge of inadequate resources and also some of the community members did not have the right attitude. There is need for every community member to understand that they have a role to play when it comes to taking care of vulnerable groups in the society and this can be possible if the members have the right attitude and think of the sustainability of support programmes.



#### 4.6.5 Challenges faced during identification of orphans for the Presidential Bursary Scheme

Here, the study sought to establish the challenges faced during identification of OVCs for presidential bursary programme and the responses are shown in Table 4.24.

*Table 4.24 Challenges faced during identification of orphans for presidential bursary scheme*

The respondents were asked to indicate the challenges faced during identification of OVCs for presidential bursary scheme and they gave the following responses.

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Inadequate skills	2	6.5
Community attitude	5	16.1
Political interference	9	29.0
Limited resources	12	38.7
Overwhelming number of applicants	3	9.7
<b>Total</b>	<b>31</b>	<b>100.0</b>

In Table 4.24, 38.7% of the respondents indicated that limited resources is a challenge faced during the identification of orphans for the presidential bursary scheme, followed by political interference at 29.0% and community attitude at 16.1%. Social Protection can have an impact on education by addressing the underlying economic and social causes that prevent access to school, and by improving the quality of services provided to the young students and their families and this can improve enrolment by helping poor households overcome the cost barriers to schooling in terms of fees, books and uniform (Sanfilippo, et al, 2012). From the responses, the study found that the programme was faced by the challenge of inadequate resources, political interference and also some of the community members did not have the right attitude towards the programme. There is need for the government to consider allocating additional resources to reach all the eligible applicants, train the relevant committee members, and carry out extensive

community sensitization to address the challenges of community attitude and political interference.

#### **4.6.6 Proposals on how else the Social Assistance Programmes can be improved to effectively address the welfare of OVCs**

In this section, the study sought to find out how else the social assistance programmes can be improved. The respondents suggested the following; that the amount of money given for the programmes should be increased, the programmes should reach more OVCs, extensive community sensitization to be done so that the community can understand more about the programmes, proper timing of the payments just and fair allocation of funds, home visits to be done during identification and selection of beneficiaries, programmes to be closely monitored, allocation for cash transfer to be done as per the number of OVCs in a house hold, payments for cash transfer to be monthly, employ more children officers to coordinate the programmes effectively, OVCs in children homes to be considered for the presidential bursary scheme, parents/guardians to be encouraged to use the money wisely, reach more children with bursaries and identifying the right caregivers and OVCs for the programmes. Bryant (2009) said that there is an urgent need to provide a more comprehensive response that supports families and communities to not only care for their children but also to safeguard the rights of those children. From the responses, it was clear that the amount allocated to the applicants was not enough and there were needy cases where applications were declined due to insufficient funding from the government. Home visits were not being conducted during the identification and verification process, some caregivers were using the money for other purposes other than those that would improve the welfare of OVCs, and orphans in children homes were not being considered for the programmes as expected. This implies that there could be very deserving and needy cases that were being left out of the programmes due to insufficient funding. Home visits also give a true picture of the home conditions of OVCs house holds and out of this the neediest cases can be identified for support. There is therefore need for the implementers of the programme to mobilize more resources to reach more needy cases and also conduct home visits to verify the level of need.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This Chapter presents the summary of findings, conclusions drawn from the findings, and recommendations made, which are in line with the objectives of the study.

#### 5.2 Summary of Findings

This section presents the summary of findings in line with the objectives of the study. The findings focused on addressing the purpose of the study which was to investigate the practice of social assistance programmes in the improvement of the welfare of orphans and vulnerable children in Nyeri Central District.

##### 5.2.1 Types of Social Assistance Programmes in the improvement of the welfare of Orphans and Vulnerable Children.

Results indicated that 72.3% of the respondents agreed that both the cash transfer and presidential bursary programmes for OVCs were available, operational and effective in meeting the needs of orphans and vulnerable children. 75.8% of the respondents said that SAPs have improved the welfare of OVCs through acquiring more and nutritious food, access health services, and enrolment of children in school, and enabling them attend regularly. The results further indicated that as much as the cash transfer had helped the parents/guardians enrol children in school; 46.4% of the respondents were experiencing difficulties in paying school fees and buying other school requirements since the amount given was very little. Findings also revealed that the Presidential bursary Scheme had benefitted those enrolled in the programme through enhancing enrolment and retention in school. However, 49.5% of the respondents had not been reached by the programme since it was being dispensed only to those in secondary schools.

### **5.2.2 Management of Social Assistance Programmes in the improvement of the welfare of Orphans and Vulnerable Children.**

In relation to the management of SAPs, the findings revealed that 69.4% of the respondents agreed that the Programme's local committees and Children's Officer were doing enough in allocating resources equitably, and 60.3% agreed that the management had reached the deserving OVCs in the community for support through cash transfer and Presidential bursary scheme. In relation to the management allocating enough money to cater for the needs of OVCs, 59.8% of the respondents said that the management had not allocated enough funds. The statistics also showed that the number of committees managing the cash transfer and presidential Bursary scheme was enough to make the programmes achieve the objectives and had the relevant skills and indicated by 68.1% of the respondents. In regard to the number of children officers managing the cash transfer and presidential bursary scheme, 65.2% of the respondents felt that they were not enough.

### **5.2.3 Mode of Dispensation of Social Assistance Programmes in the improvement of the welfare of Orphans and Vulnerable Children.**

The findings revealed that there were laid down criteria for the identification of households for the cash transfer programme and OVCs for the presidential bursary scheme which was well known and adhered to. This meant that to a great extent, the deserving households and OVCs were identified and selected for the programmes. 65.6% of the respondents agreed that the identification of caregivers, households and OVCs for the programmes was conducted fairly. The findings also revealed that the payment points for the cash transfer were convenient and effective as indicated by 71.4% of the respondents. In relation to the amount money dispensed for the programmes, 67.6% of the respondents said that it was not enough to cater for needs of OVCs, and suggested that the amount be increased. The results also revealed that though 45.3% of respondents agreed that the frequency of payments was convenient to meet the needs of OVCs, 44.5% disagreed and therefore the issue of frequency needed to be reviewed.

## **5.3 Conclusions**

The conclusions were drawn in line with the objectives of the study.

5.3.1 This study concludes that the types of social assistance programmes influence the improvement of the welfare of OVCs. This is so because the availability of operational cash transfer and presidential bursary scheme had resulted in the beneficiaries of those programmes having increased access to more and nutritious food, health care services, enrolment and retention in school.

5.3.2 This study also concludes that the management of SAPs influence the improvement of the welfare of OVCs. This is because their role of allocating resources, implementing the programmes and identifying and verifying the beneficiaries of those programmes.

5.3.3 Lastly, this study concludes that the mode of dispensation of SAPs influence the improvement of the welfare of OVCs. This is because identification criteria, payment points, amount and frequency of support determines how the programmes meet the needs of beneficiaries.

## **5.4 Recommendations**

1. The study recommends that the local implementers of the social assistance programmes should mobilize other organizations who are interested in this area to come up with similar programmes aimed at reaching the needy OVCs who have not been reached with the government support to help improve their welfare.
2. The study also recommends the implementers of the programmes fully utilize the volunteer children officers and other local leaders at the community level to help to help in overseeing the running of the programmes and also utilize local resources to train the management committees frequently to ensure they have the relevant up to date skills for the successful implementation of the programmes.
3. The study finally recommends that the local community leaders carry out sensitization sessions among the beneficiaries of the social assistance programmes to encourage and assist them come up with other activities that can supplement

the income from the government support and this would help them become self reliant and not develop dependency.

### **5.5 Areas of Further Research**

Following the study, there are other areas that the researcher felt were gaps and could be pursued for further research;

1. Influence of social assistance programmes on the livelihood of orphans and vulnerable children in Nyeri South, Mathira, Kieni and Mukurweini Sub Counties.
2. Factor influencing sustainability of cash transfer programme for orphans and vulnerable children in Nyeri County.
3. Comparison between the welfare of OVCs enrolled in the social assistance programmes and those not in such programmes in Nyeri County.

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## APPENDICES

### APPENDIX I: LETTER OF TRANSMITTAL

#### LETTER OF TRANSMITTAL

*Rosemercy Wanjiru Ngatia,  
P.O Box 314,  
Nyeri.  
Tel: 0723831298.  
Email: [mercy1500@yahoo.com](mailto:mercy1500@yahoo.com)*

Dear Participant,

I am Rosemercy Wanjiru Ngatia, a student undertaking a Master of Arts Degree in Project Planning and Management at the University of Nairobi, Nyeri Extra Mural Centre. As a partial requirement for the award of the degree, I am carrying out a study on the influence of social assistance programmes practices in the improvement of the welfare of orphans and vulnerable children in Nyeri central district, Nyeri County.

The purpose of this letter is to therefore to request you to kindly spare your time to participate in this research study by completing the attached questionnaire. If you choose to participate in this research, please answer all questions as honestly as possible. In order to ensure that all the information will remain confidential, you do not have to include your name. The data collected will be for academic purposes only.

Thank you.

.....*Rgatia*.....

**Rosemercy Wanjiru Ngatia**  
**REG. NO: L50/83969/2012**

**APPENDIX II: LETTER OF INTRODUCTION FROM THE UNIVERSITY**



UNIVERSITY OF NAIROBI  
COLLEGE OF EDUCATION AND EXTERNAL STUDIES  
SCHOOL OF CONTINUING AND DISTANCE EDUCATION  
DEPARTMENT OF EXTRA MURAL STUDIES  
P O Box 598 - NYERI : Tel : 061-2030460

18 September 2015

**TO WHOM IT MAY CONCERN**

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**SUBJECT : INTRODUCTION LETTER**  
**ROSEMERCY WANJIRU NGATIA:L50/83969/2012**

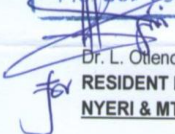
This is to confirm that the above named is a bona fide student of University of Nairobi pursuing a **Master of Arts Degree in Project Planning and Management** - in the **School of Continuing and Distance Education – Department of Extra Mural Studies**.

She has completed course work and is currently writing the **Research Project** which is a requirement for the award of the **Masters Degree**.

Her topic is "*Practice of social assistance programmes in the improvement of the welfare of orphans and vulnerable children in Nyeri central district, Nyeri County, Kenya*"

Any assistance accorded to her will be highly appreciated.

UNIVERSITY OF NAIROBI  
C.E.E.S., F.E.S., D.E.M.S  
NYERI & MT. KENYA AREA  
P.O. BOX 598, NYERI TEL 2006

  
Dr. L. Otieno - Omutoko  
RESIDENT LECTURER  
NYERI & MT. KENYA REGION

**APPENDIX III: LETTER OF AUTHORITY FROM THE DEPUTY  
COMMISSIONER NYERI CENTRAL SUB COUNTY**

**THE PRESIDENCY**

**MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT**

Telegrams: "DISTRICTER", Nyeri  
Telephone: 30661.  
Email: [nyeri.central@yahoo.com](mailto:nyeri.central@yahoo.com)

When replying please quote



Deputy County Commissioner  
Nyeri Central Sub-County  
P. O. Box 32  
**NYERI**

REF: PUB 9/6 VOL V/157

23<sup>rd</sup> September 2015

TO WHOM IT MAY CONCERN

RESEARCH AUTHORIZATION

**RE: RESEARCH ON CASH TRANSFER AND PRESIDENTIAL BURSARY SCHEME  
PROGRAMMES IN NYERI CENTRAL SUB-COUNTY, NYERI COUNTY**

The bearer of this letter RoseMercy Wanjiru Ngatia Adm. L 50/83969/2012 is a M.A. project Planning and Management student from University of Nairobi. She is to carry out a research on the above topic which is to run for a month. She is using survey method of data collection where she is going to administer questionnaires to several categories of respondents in this study.

Any assistant given to her will be highly appreciated.

A handwritten signature in blue ink, appearing to read 'Okumu Oloo'.

**B. OKUMU OLOO  
FOR: DEPUTY COUNTY COMMISSIONER  
NYERI CENTRAL SUB-COUNTY**

**APPENDIX IV: LETTER OF AUTHORITY FROM THE COUNTY DIRECTOR  
OF CHILDREN'S SERVICES NYERI**

**MINISTRY OF LABOUR, SOCIAL SECURITY AND SERVICES**

Telegrams: ... "WATOTO".....  
Telephone: 061-2030186  
Or 061-2030619 Ext 3031  
Email: peocentral@yahoo.com  
or: cnyericounty@yahoo.com



Republic of Kenya

NYERI COUNTY CHILDREN'S OFFICE  
DEPARTMENT OF CHILDREN'S SERVICES  
P.O. Box 1306-10100  
NYERI

When replying please quote Ref:


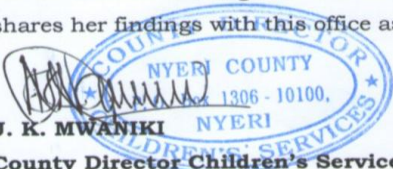
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**22<sup>nd</sup> September 2015**

- 1. TO WHOM IT MAY CONCERN**  
**2. ROSEMERCY WANJIRU NGATIA**

**REF: PERMISSION TO CARRY OUT ACADEMIC RESEARCH ON  
CASH TRANSFER AND PRESIDENTIAL BURSARY SCHEME  
PROGRAMMES IN NYERI COUNTY**

The second addressee has requested to carry out the above research in the aforementioned programmes run by the Department of Children's Services in Nyeri Central Sub- County, Nyeri County. By a copy of this letter, she is authorised to carry out the exercise as long as she adheres to ethical issues. It is also paramount that she shares her findings with this office as a sign of good faith

  
  
**J. K. MWANIKI**  
**County Director Children's Services**  
**MYERI**

"Children First"

## **APPENDIX V: INFORMED CONSENT FORM**

### ***Dear Participant,***

I am Rosemercy Wanjiru Ngatia, a student undertaking a Master of Arts Degree in Project Planning and Management at the University of Nairobi, Nyeri Extra Mural Centre. As a partial requirement for the award of the degree, I am carrying out a study on the practice of social assistance programmes in the improvement of the welfare of orphans and vulnerable children in Nyeri Central District, Nyeri County. Before you agree to participate in this research study, it is important that you read and understand the following explanation of the procedures and benefits of the study.

**Confidentiality of the research records:** The researcher will use codes on the questionnaires instead of your name and all information will be stored in a secure place to ensure that confidentiality is maintained. The information provided will be used for research purposes only.

**Voluntariness:** Your participation in this study is voluntary and will not in any way affect your position as a beneficiary of the programmes.

**Withdrawal from the study:** If you choose to participate in the study you may withdraw at any time if you feel uncomfortable to continue.

**Purpose of the study:** The purpose of this study is to investigate the influence of Social Assistance Programmes practices (Cash Transfer and Presidential Bursary) in the improvement of the welfare of Orphans and Vulnerable Children in Nyeri Central District.

**Procedures involved in the study:** The Researcher and Research Assistant will administer a questionnaire which you will answer after reading, understanding and signing informed consent form. After filling the questionnaire, you are requested to place it at the Assistant

Chief's Office near you where the Research Assistant will collect it and present it to the Researcher for analysis.

Potential benefits: By filling the questionnaire, you will be participating in the improvement of the Social Assistance Programmes through giving suggestions and making recommendations on how these programmes can serve your needs in a better way in the future.

I have read/this study has been explained to me, and understood the material above and am willing to participate in the study.

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Research Assistant's Signature

\_\_\_\_\_  
Date



## **APPENDIX VI: RESEARCH QUESTIONNAIRES**

### **QUESTIONNAIRE FOR PARENT/GUARDIANS TAKING CARE OF OVCs**

*My name is Rosemercy Ngatia and I am a student from the University of Nairobi. The purpose of this questionnaire is to collect data that is relevant to my research title: Practice of Social Assistance Programmes in the improvement of the Welfare of Orphans and Vulnerable Children in Nyeri Central District, Nyeri County. The information obtained will be used for academic purposes only and will be treated with confidentiality. It is my request that you provide the information sought by this questionnaire as honestly as possible and kindly respond to all the questions. Tick where appropriate and provide a comment where the question requires additional remarks. Thank you.*

#### **SECTION A: PERSONAL DATA** (Tick where appropriate)

1. Indicate your Gender: *Male ( ) Female ( )*
2. What is your Age? *10-17yrs ( ) 18-30yrs ( ) 31-40yrs ( ) 41-50yrs ( ) 51-60yrs ( ) 61-70yrs ( ) Over 70yrs ( ) Don't know ( )*
3. What is your marital status? *Married ( ) Single ( ) Divorced/Separated ( ) Widowed ( ) Other/specify ( ) \_\_\_\_\_*
4. What is the nature of your occupation?  
*Teacher ( ) Businessman/woman ( ) Artisan ( ) Farmer ( ) Government Officer ( ) Casual Worker ( ) Other/specify ( ) \_\_\_\_\_*
5. What is your Level of education?  
*Primary ( ) Secondary ( ) Vocational Training ( ) Diploma ( ) Degree ( ) Masters ( ) None ( )*
- 6.

<b>How many members of your household are</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>How many are orphans?</b>
Below 5 years old?				
5 to 14 years old?				
15 to 18 years old?				
Above 18 years old?				

**SECTION B: TYPES OF SOCIAL ASSISTANCE PROGRAMMES**

1. In the Last 5 years, which of the following programmes from the Government has your house hold benefitted from?

*Cash transfer for OVCs ( ) Bursary Scheme for OVCs ( )*

2. Indicate the extent to which you agree with the following statements about the Cash Transfer and Presidential Bursary Scheme programmes in relation to the welfare of the Orphans you take care of.

**Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), Strongly Disagree (SD)**

*(Tick where appropriate)*

<b>Factor</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
The cash transfer programme is operational and effective in meeting the needs of orphans and vulnerable children					
The presidential bursary is operational and effective in meeting education needs of orphans and vulnerable children					
We have increased access to enough and more nutritious food.					
We can now afford a minimum of three meals in a day.					
We are able to access health services and the health of the children has improved.					
We have not experienced any death of a child of under five years in our family due to sickness					
All the children are enrolled in school and attend regularly					
We have not experienced difficulties in paying school fees.					

**SECTION C: MANAGEMENT OF SOCIAL ASSISTANCE PROGRAMMES**

1. Indicate the extent to which you agree with the following statements about the management of Cash Transfer and Presidential Bursary Scheme programmes.

**Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), Strongly Disagree (SD)**

*(Tick where appropriate)*

<b>Factor</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
The programmes' local committees and the children officer are doing enough in allocating resources equitably					
The management has reached the deserving orphans and vulnerable children in the community for support through cash transfer and presidential bursary scheme					
The number of committees managing the Cash Transfer and Presidential Bursary Scheme programmes is enough to make the programmes achieve their objectives					
The number of children officers managing the Cash Transfer and Presidential Bursary Scheme programmes is enough to make the programmes achieve their objectives					

**SECTION D: MODE OF DISPENSATION OF SOCIAL ASSISTANT PROGRAMMES**

1. Indicate the extent to which you agree with the following statements about the way the Cash Transfer and Presidential Bursary Scheme programmes are implemented.

**Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), Strongly Disagree (SD)**

*(Tick where appropriate)*

<b>Factor</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
Identification and selection of orphans and vulnerable children for the Cash Transfer and Presidential Bursary Scheme programmes is conducted in a just					

and fair manner					
Identification of and selection of caregivers for the Cash Transfer programme is conducted in a just and fair manner					
The Payment points ( including distance to pay points) for the Cash transfer programme are convenient and effective					
The Amount of cash dispensed for the cash transfer is enough to cater for the needs of the orphans and vulnerable children					
The Amount of cash dispensed for the presidential bursary scheme is enough to cater for the education needs of the orphans and vulnerable children					
The frequency of support/payments for the cash transfer programme is convenient to meet the needs of orphans and vulnerable children					
The frequency of support/payments for the presidential bursary scheme programme is convenient to meet the education needs of orphans and vulnerable children					

2. Give suggestions of how else you think the cash transfer and presidential bursary scheme programmes can be improved.

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**Thank You for Participating.**

**QUESTIONNAIRE FOR THE DISTRICT CHILDREN’S OFFICER, ASSISTANT  
CHIEFS AND SOCIAL ASSISTANCE COMMITTEE MEMBERS**

*My name is Rosemercy Ngatia and I am a student from the University of Nairobi. The purpose of this questionnaire is to collect data that is relevant to my research title: Practice of Social Assistance Programmes in the improvement of the Welfare of Orphans and Vulnerable Children in Nyeri Central District, Nyeri County. The information obtained will be used for academic purposes only and will be treated with confidentiality. It is my request that you provide the information sought by this questionnaire as honestly as possible and kindly respond to all the questions. Tick where appropriate and provide a comment where the question requires additional remarks. Thank you.*

**SECTION A: PERSONAL DATA** (Tick where appropriate)

1. Indicate your Gender: Male (  ) Female (  )
2. What is your Age? 10-17yrs (  ) 18-30yrs (  ) 31-40yrs (  ) 41-50yrs (  ) 51-60yrs (  ) 61-70yrs (  ) Over 70yrs (  )
3. What is your marital status? Married (  ) Single (  ) Divorced/Separated (  ) Widowed (  ) Other/specify (  ) \_\_\_\_\_
4. What is the nature of your occupation?  
Teacher (  ) Businessman/woman (  ) Artisan (  ) Farmer (  ) Government Officer (  )  
Casual Worker (  ) other/specify (  ) \_\_\_\_\_
5. What is your Level of education?  
Primary (  ) Secondary (  ) Vocational Training (  ) Diploma (  ) Degree (  )  
Masters (  ) Phd (  ) None (  )

**SECTION B: SOCIAL ASSISTANT PROGRAMMES**

1. Indicate the extent to which you agree with the following statements about the Cash Transfer and Presidential Bursary Scheme programmes.

**Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), Strongly Disagree (SD)**

*(Tick where appropriate)*

<b>Factor</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
The cash transfer programme is operational and effective in meeting the needs of orphans and vulnerable children					
The presidential bursary is operational and effective in meeting education needs of orphans and vulnerable children					
The households under cash transfer programme have increased access to enough and more nutritious food.					
Households receiving cash transfer are able to access health services and the health of the children has improved.					
provision of cash transfer and presidential bursary scheme have resulted in the increase in the number of children enrolled in and attending school					

### **SECTION C: MANAGEMENT OF SOCIAL ASSISTANCE PROGRAMMES**

1. Indicate the extent to which you agree with the following statements about the management of Cash Transfer and Presidential Bursary Scheme programmes.

**Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), Strongly Disagree (SD)**

*(Tick where appropriate)*

<b>Factor</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
The management committees of social assistance programmes have the relevant skills to achieve their objectives					
The number of committees managing the Cash Transfer and Presidential Bursary Scheme programmes is enough to make the programmes achieve their objectives					

The number of children officers managing the Cash Transfer and Presidential Bursary Scheme programmes is enough to make the programmes achieve their objectives					
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**SECTION D: MODE OF DISPENSATION OF SOCIAL ASSISTANT PROGRAMMES**

1. What are the criteria of identifying the households for the cash transfer programme?

-----  
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2. Which of the following challenges are faced during Identification of OVC households for the cash transfer programme? (Tick all applicable)

*Inadequate skills* ( )    *Community attitude* ( )    *Political Interference* ( )    *Limited resources* ( )

*Other/specify* ( ) -----

3. Give suggestions on how else you think the identification process of OVC households for the cash transfer programme can be improved.

-----  
 -----

4. What are the criteria of identifying the orphans for presidential bursary scheme programme?

-----  
 -----

5. Which of the following challenges are faced during Identification of orphans for the presidential bursary scheme programme? (Tick all applicable)

*Inadequate skills* ( )    *Community attitude* ( )    *Political Interference* ( )    *Limited resources* ( )

*Other/specify* ( ) -----

6. Give suggestions on how else you think the identification process of orphans for the presidential bursary scheme programme can be improved.

-----  
 -----  
 7. Indicate the extent to which you agree with the following statements about the way the Cash Transfer and Presidential Bursary Scheme programmes are implemented.

**Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), Strongly Disagree (SD)**  
*(Tick where appropriate)*

<b>Factor</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
The Payment points ( including distance to pay points) for the Cash transfer programme are convenient and effective					
The Amount of cash dispensed for the cash transfer is enough to cater for the needs of the orphans and vulnerable children					
The Amount of cash dispensed for the presidential bursary scheme is enough to cater for the education needs of the orphans and vulnerable children					
The frequency of support/payments for the cash transfer programme is convenient to meet the needs of orphans and vulnerable children					
The frequency of support/payments for the presidential bursary scheme programme is convenient to meet the education needs of orphans and vulnerable children					

**Thank You for participating.**



## QUESTIONNAIRE FOR THE OVC

*My name is Rosemercy Ngatia and I am a student from the University of Nairobi. The purpose of this questionnaire is to collect data that is relevant to my research title: Practice of Social Assistance Programmes in the improvement of the Welfare of Orphans and Vulnerable Children in Nyeri Central District, Nyeri County. The information obtained will be used for academic purposes only and will be treated with confidentiality. It is my request that you provide the information sought by this questionnaire as honestly as possible and kindly respond to all the questions. Tick where appropriate and provide a comment where the question requires additional remarks. Thank you.*

### **SECTION A: PERSONAL DATA** (Tick where appropriate)

1. Indicate your Gender: *Male* ( ) *Female* ( )
2. How old are you? *10-12yrs* ( ) *13-15yrs* ( ) *16-18yrs* ( ) *above 18yrs* ( )
3. Do you go to school? *Yes* ( ) *No* ( )
4. Which level are you in? *Primary School* ( ) *Secondary School* ( ) *College* ( )

### **SECTION B: SOCIAL ASSISTANCE PROGRAMMES**

1. In the last 5 years, which of the following social assistance programme from the government have you benefitted from? *Cash Transfer* ( ) *Presidential Bursary Scheme* ( )

2. Indicate the extent to which you agree with the following statements about the Cash Transfer and Presidential Bursary Scheme programmes in relation to your welfare.

**Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), Strongly Disagree (SD)**

*(Tick where appropriate)*

<b>Factor</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
The cash transfer programme has helped meet the needs in our household					
The presidential bursary scheme has helped the children in our household enrol and in school					
The cash transfer has helped our household acquire					

more and nutritious food.					
We are able to access health services and our health has improved.					
We have not experienced difficulties in paying school fees.					

**SECTION C: MANAGEMENT OF SOCIAL ASSISTANCE PROGRAMMES**

1. Indicate the extent to which you agree with the following statements about the management of Cash Transfer and Presidential Bursary Scheme programmes.

**Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), Strongly Disagree (SD)**

*(Tick where appropriate)*

<b>Factor</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
The management has reached the deserving orphans and vulnerable children in the community for support through cash transfer and presidential bursary scheme					
The management of the programmes have allocated enough money to cater for the needs of orphans					

**SECTION D: MODE OF DISPENSATION OF SOCIAL ASSISTANT PROGRAMMES**

1. Indicate the extent to which you agree with the following statements about the way the Cash Transfer and Presidential Bursary Scheme programmes are implemented.

**Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), Strongly Disagree (SD)**

*(Tick where appropriate)*

<b>Factor</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
Identification and selection of orphans and vulnerable children for the Cash Transfer and Presidential Bursary is fair					
Identification of and selection of caregivers for the Cash Transfer programme is fair					

Our household is able to access the Payment easily					
The Amount of money paid is enough to meet our needs					
I am comfortable with the frequency of payment					

2. Give suggestions of how else you think the cash transfer and presidential bursary scheme programmes can be improved.

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**Thank You for participating.**

### **QUESTIONNAIRE FOR HEAD TEACHERS**

*My name is Rosemercy Ngatia and I am a student from the University of Nairobi. The purpose of this questionnaire is to collect data that is relevant to my research title: Practice of Social Assistance Programmes in the improvement of the Welfare of Orphans and Vulnerable Children in Nyeri Central District, Nyeri County. The information obtained will be used for academic purposes only and will be treated with confidentiality. It is my request that you provide the information sought by this questionnaire as honestly as possible and kindly respond to all the questions. Tick where appropriate and provide a comment where the question requires additional remarks. Thank you.*

#### **SECTION A: PERSONAL DATA** (Tick where appropriate)

1. Indicate your Gender: *Male* ( ) *Female* ( )
2. What is your Age? *10-17yrs* ( ) *18-30yrs* ( ) *31-40yrs* ( ) *41-50yrs* ( ) *51-60yrs* ( ) *61-70yrs* ( ) *Over 70yrs* ( )
3. What is your marital status? *Married* ( ) *Single* ( ) *Divorced/Separated* ( ) *Widowed* ( ) *other/specify* ( ) \_\_\_\_\_
4. What is your Level of education?

*P1 Teacher* ( ) *Diploma* ( ) *Degree* ( ) *Masters* ( ) *Phd* ( )

*Other/specify* ( ) \_\_\_\_\_

5. For how long have been the school head?

*Less than 1 yr* ( ) *2-4 yrs* ( ) *5-7 yrs* ( ) *8-10 yrs* ( ) *More than 10 yrs* ( )

### **SECTION B: SOCIAL ASSISTANCE PROGRAMMES**

1. Are you aware that there exists social assistance programmes in your area in terms of cash transfer and bursary scheme for Orphans and Vulnerable Children (OVCs) from the Government?

*Yes* ( ) *No* ( )

2. If yes in 1 above, what is the number of OVCs benefitting for the programmes in your school for?

*Cash transfer* \_\_\_\_\_

*Bursary Scheme* \_\_\_\_\_

3. How do you think the above programmes have affected Enrolment Rates for OVCs in your school?

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4. In what areas do you think the programmes have benefitted the OVCs enrolled in your school? (Tick all that is applicable)

*Food access and food security* ( ) *Access to health care* ( ) *shelter improvement* ( )

*School fees and purchase of other school requirements* ( ) *General welfare improvement* ( )

*Other/Specify* ( ) \_\_\_\_\_

### **SECTION C: MANAGEMENT OF SOCIAL ASSISTANCE PROGRAMMES**

1. Indicate the extent to which you agree with the following statements about the management of Cash Transfer and Presidential Bursary Scheme programmes.

**Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), Strongly Disagree (SD)**

*(Tick where appropriate)*

<b>Factor</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
The management committees of the social assistance programmes have the relevant skills to achieve the objectives of the programmes					
The number of committees managing the Cash Transfer and Presidential Bursary Scheme programmes is enough to make the programmes achieve their objectives					
The number of children officers managing the Cash Transfer and Presidential Bursary Scheme programmes is enough to make the programmes achieve their objectives					

**SECTION D: MODE OF DISPENSATION OF SOCIAL ASSISTANT PROGRAMMES**

1. Indicate the extent to which you agree with the following statements about the way the Cash Transfer and Presidential Bursary Scheme programmes are implemented.

**Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), Strongly Disagree (SD)**

*(Tick where appropriate)*

<b>Factor</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
The identification of households for the programmes is conducted fairly					
The Payment points ( including distance to pay points) for the Cash transfer programme are convenient and effective					
The Amount of cash dispensed is enough to cater for the needs of the orphans and vulnerable children					
The frequency of support is convenient to meet the needs of orphans and vulnerable children					

2. Give suggestions on how else you think the implementation of the above programmes can be improved.

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**Thank You for participating**