EFFECTIVENESS OF CASH TRANSFER PROGRAM FOR ORPHANS AND VULNERABLE CHILDREN ON EDUCATION OF BENEFICIARY HOUSEHOLDS IN MACHAKOS SUB COUNTY

BY
Kahihu K Jotham

This Dissertation is submitted in partial fulfillment of the requirements for the award of a Master of Development Studies (MDS) from St. Paul's University

September 2016

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Supervisors: Dr. Petronila Otuya
Redempta Kiilu

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DECLARATION

This dissertation is a product of my own work and is not the result of anything done in collaboration. It has not been previously represented to any other institution. I agree that this dissertation may be available for reference und photocopying, at the discretion of the university.

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SIGNITURE OF STUDENT DATE _____

I/We confirm that the work reported in this dissertation has been done under my/our supervision.

NAME OF SUPERVISOR: DR: PETRONILA OTUYA

SIGNITURE OF SUPERVISOR_____ DATE _____

NAME OF SUPERVISOR: REDEMPTA KIILU

SIGNITURE OF SUPERVISOR_____ DATE _____

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DEDICATION

This thesis is dedicated to my dear wife Peris Muthoni, and my children Betty Wambere, David Wainaina and Carol Njeri for their support and inspiration.

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First, I thank the almighty God for good health and guidance throughout my study at St. Paul's University.

Secondly, I take this opportunity to express my profound gratitude and deep regards to the management of St. Paul's University and my Lecturers. My special thanks go to my two supervisors: Dr. Otuya Petronila and Redempta Kiilu for being readily available to guide me through all the stages of my study.

I am greatly thankful to all my classmates at St. Paul's University, especially Joachim Muteti. His critique of my work helped to broaden my perspective of the cash transfer as an aspect of social security.

I thank all my respondents who provided information for the study, specifically the Machakos Sub-County children's officer who availed the sampling frame and guided me to locate the beneficiaries.

Lastly, I thank my wife and children and my parents for always being there for me when I needed them.

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ABSTRACT

Worldwide, there is an estimated 15 million children under the age of 18 years who are orphaned because of HIV/AIDS and other sicknesses. More than 11.6 million of these children come from Sub-Saharan Africa with challenges such as poor nutrition, poor shelter and lack of access to educational facilities. There are 2.6 million orphans and vulnerable children in Kenya. Cash Transfer program for Orphans and Vulnerable children was launched in Kenya in the year 2004 with an aim of strengthening household's capacities to provide social protection through regular cash transfers to families with Orphans and Vulnerable Children. The purpose of this study therefore was to assess the effectiveness of the program on education of orphans and vulnerable children in Machakos sub-county. Three variables were studied which included the school enrolment, retention and transition from one level to another. The study was guided by the Social Risk management theory which sought to explain the Cash Transfer program as a mitigation mechanism against the risks faced by the poor families. The study used descriptive design to describe the effects of the program on the education of orphans and vulnerable children. The study targeted a total of 786 households registered under cash transfer program in Mumbuni and Kalama locations in Machakos sub-county from which 260 were sampled using stratified sampling technique. Descriptive statistics such as mean and percentages were used to analyze quantitative data while content analysis was employed to analyze qualitative data. Findings indicate that cash transfer program has a positive impact on school enrolment, retention and transition. Based on the findings of the study, the researcher recommended that the government should avoid delays in payment and to increase the amount of money disbursed to beneficiaries.

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LIST OF ABBREVIATIONS AND ACRONYMS

AFCIC	Action for Children in Conflict
BWC	Beneficiary Welfare Committee
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
CRC	Convention on the Rights of Children
DFID,	For International Urban Development Community
IADB	Inter-American Development bank
HIV/AIDS	Acute Immune Deficiency Syndrome
CT	Cash Transfer
MDGs	Millennium Development Goals
NGEC	National Gender and Equity Commission
OECD	Organization for Economic co-operation and development
OVC	Vulnerable and Orphaned children
PSNP	Productive Safety Net Programme
SPRSP	Senegal's Second Poverty Reduction Strategy Paper
SRM	Social Risk Management
UNAIDS	United Nations Programme on HIV/AIDS

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UNICEF	United Nations Children's Education Fund
USAID	United States Agency for International development
WFP	World Food Programme

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CHAPTER ONE

INTRODUCTION

This is an introductory chapter which contains the background to the study, problem statement, purpose and objectives of the study, research questions and the rationale to the study. The chapter also provides basic assumptions and explanation of key terminologies used in this thesis.

1.1 Background Information

Globally, there are more than 15 million children under the age of 18 years who are orphans due Acute Immune Deficiency Syndrome (AIDS) (United Nations programme on HIV/AIDS (UNAIDS), 2008), malaria, cancer, among other conditions. Majority (11.6 million) of these children come from Sub-Saharan Africa (Monasch et al, 2004). In most countries across the world, Cash Transfer (CT) has become a policy instrument for poverty reduction. Many development agencies have recognized CT as a pro poor measure for short-term poverty reduction especially in the Sub-Saharan region (For International Urban Development Community (DFID), 2011; Holmes & Barrientos, 2009).

Internationally, CT programs have evolved in different ways which is indicated by variations between the well-established programs which exists in Europe and North America (Schubert & Slater, 2006) and developing countries, such as Kenya. The main aim of this program is to ensure that each household can meet the basics of life. The CT

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come in the form of pension schemes for the elderly people, people living with disabilities, widows, orphans and vulnerable children (Case & Binswanger, 2013).

According to National Gender and Equity Commission (NGEC) report of 2014, CT is being recognized as a policy plan in the region for reducing poverty and extreme hunger as well as dealing with the HIV and AIDS pandemic. Social protection program for the vulnerable (poor, widows, and OVC's) started in 17th century with English Elizabethan Poor Laws. This program received recognition as early as 1948 when it was listed in the Universal Declaration of Human Rights, that all people have a right to social security. Children's rights to social security were enshrined in the 1989 Convention on the Rights of the Children (CRC) (Gatemo et al, 2006).

A good example of middle-income region with excellent cash transfer systems are Latin American countries. According to Inter-American Development Bank (IADB) (2010), most countries (13) in the region had already put in place this program by the year 2009 (IADB, 2010). Slater (2011) observes that this program has a wider coverage in some of the larger countries such as Plan Familias Argentina, Bolsa Familia in Brazil, and Oportunidades in Mexico, which helps a total of about 17 million poor families. A study by Slater (2010) indicates positive of the cash transfer program on school enrolment, retention, poverty reduction, as well as reduction in child labor.

Senegal's Second Poverty Reduction Strategy Paper (SPRSP) of 2010 recognizes the need to give specific attention to improving the lives of the poor and vulnerable groups, including children by extending cash transfers which will ensure that the groups create wealth and are also shielded from risks in addition having good access to social services

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(Republique du Senegal, 2006). The SPRSP shows that there is awareness by policy makers about the need to reduce social and economic vulnerability and mitigate risks, which is a positive entry point for policy engagement to promote child-sensitive social protection, particularly given the government's commitment to realize the Millennium Development Goals (MDGs) by 2015 and the potential contribution of social protection to doing so.

One of the few countries in African that offers benefits specifically for all poor children is South Africa. Its pension scheme is the largest program for the old age which has significantly reduced the number of poor people (Barrientos *et al.* 2003). The scheme has also brought a positive on the health of children and their nutrition. The Productive Safety Net Program (PSNP) of the Ethiopian government has also been ranked highly in the year 2005 across Africa due to its positive contribution towards the poor (Devereux *et al,* 2006). The initiative has been praised for its support towards the poor and poverty reduction in the country.

In Kenya, Cash Transfer program for Orphans and Vulnerable children started in 2004 with the broad objective of strengthening household's capacities to provide a social protection system through regular cash transfers to families with Orphans and Vulnerable Children (OVC). This was to encourage, foster and retain these vulnerable children within their families and to encourage human capital development through their education (National Gender and Equity Commission, 2014). OVC is currently the largest CT programme in the country. Kenya has an estimated 2.6 million orphans and vulnerable children half of whom have resulted from the death of parents due to HIV and

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AIDS crisis. The programme started with 500 families with OVC's in Kisumu, Garissa and Kwale (NGEC, 2014). Due to increase in government funding for the program in 2009, from US $9 million to US $ 24million, the initiative spread to cover 47 Counties countrywide (NGEC, 2014).

CT-OVC is anchored on several domestic and international policies and frameworks and commitments. To be specific, the 2010 Kenya's constitution elaborates on children's rights the reason why they should be protected (Article 53). This article states that, "Every child has a right to: Free and Compulsory education, basic nutrition, shelter and health care, protection from abuse, neglect, harmful cultural practices, exploitative labour, parental care and protection" (Constitution, 2010 article 53). Earlier on in 2005, Kenya had developed a national policy frame work on orphans which enhanced CT-OVC program at its earliest stage.

This program started in 2006 in Machakos Sub-County (Machakos district) because of the high levels of poverty. The program was initiated in Mumbuni location as a pilot project but, has spread to other five locations namely, Kalama, Ngelani, Mua hills, Kathekakai and Mutituni, bringing a total of six locations under CT-OVC initiative. Currently, 876 households with OVC are beneficiaries of this program. The study therefore sought to establish the effectiveness of the CT-OVC programme on the education of orphans and vulnerable children in Machakos sub-County.

1.2 Statement of the problem

Despite various poverty reduction measures, Kenya has experienced a remarkable increase in the number of orphans and vulnerable children (Tegemeo, 2009). Social

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protection mechanisms in in the name of Cash Transfers to vulnerable groups such as children have emerged as an intervention in protecting and promoting the poor population developing countries. These programmes are presently viewed as the most suitable to tackle immediate consumption requirements and future human capital accumulation of poor households. Kenya, like most developing countries particularly sub-Saharan nations, has such CT-OVC programme to the needs of the vulnerable children. Besides cash transfer programmes, Kenya has also heard a long history of non-cash transfer programmes, such as food relief in the dry areas, emergency and special programmes, school bursaries for needy children, and a wide range of other interventions.

Kenya has an estimated 2.6 million orphans and vulnerable children (United States Agency for International Development (USAID, 2015). AIDS, Cancer, Tuberculosis and road accidents and other diseases are responsible for leaving many children across Africa without one or both parents and this trend varies across countries (Monasch et al, 2014). According to Machakos Multiple Survey Indicator report of 2008, 9% of children below the age of 18 years are orphaned while 1 out of 18 children are vulnerable (KNBS, 2009). The cash transfer programme for orphans and vulnerable children was launched in Kenya in the year 2004 with the broad objective of strengthening the household's capacity to provide a social protection system through regular cash transfers to poor families living with orphans and vulnerable children (Omiti and Nyanamba, 2007). One of the conditions for the poor household to receive the money is that all the children aged between 6-17 years must be enrolled in school. For the funds to continue being given to

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the family, the children must be retained in school and must transit from primary to secondary school.

Mumbuni and Kalama sub-locations in Machakos Sub-county are programme locations where the programme was launched in the year 2006 and 2009 respectively. This means that the programme has been in the sub-county for the last 10 and 7 years respectively. The two sub-locations under study have a total of 786 households under the programme. In Mumbuni and Kalama Sub Locations of Machakos Sub-County, children from poor households are often seen working in quarries and sand harvesting sites, at the expense of being in school despite the locations being in the CT-OVC programme. This study therefore aimed at assessing the effectiveness of CT-OVC on school enrolment, school retention and transition from one class to the next in Kalama and Mumbuni locations in Machakos Sub-County.

1.3 Purpose of the study

The purpose of this study was to assess the effectiveness of Cash transfer program for orphans and vulnerable children on their education in Kalama and Mumbuni locations in Machakos Sub-County.

1.4 Specific objectives of the study

I. To find out the effectiveness of the CT-OVC programme on school enrolment for the beneficiary OVC's in Machakos Sub-County;

II. To examine the effectiveness of the CT-OVC programme on school retention for the beneficiary OVC's in Machakos Sub-County;

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III. To determine the effectiveness of CT-OVC programme on school transition of beneficiaries OVC's in Machakos Sub-County;

IV. To establish the challenges facing the CT-OVC programme on school enrolment, retention and transition for the OVC beneficiaries in Machakos Sub-county.

V. To establish the strategies in place that address the challenges experienced by the CT-OVC beneficiaries.

1.5 Research Questions

To achieve the objectives, the study sought to answer the following questions:

I. What is the effectiveness of the CT-OVC programme on school enrolment for the beneficiary OVC's in Machakos Sub-County?

II. What is the effectiveness of the CT-OVC programme on school retention for the beneficiary OVC's in Machakos Sub-County?

III. What is the effectiveness of CT-OVC programme on school transition of beneficiaries OVC's in Machakos Sub-County?

IV. What are the challenges facing CT-OVC programme on school enrolment, retention and transition for the OVC beneficiaries in Machakos Sub-county?

V. What strategies are in place to address the challenges experienced by the CT-OVC beneficiaries?

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1.6 Significance of the study

With the outstanding rise in the number of orphans and vulnerable children which has left many families and communities with enormous child care challenge, it was necessary to understand the effectiveness of the social protection programme for these OVC. This thesis creates knowledge in this area of study and contributes to the growing body of literature. The results of this study will particularly benefit organizations as well as individuals who have continuously supported social protection programs in Kenya.

Majority of the studies undertaken worldwide on the CT-OVC are on the programmes in Latin American countries (Attanasio et al. (2005); Borraz & Gonzalez (2009); Cardoso and Portela (2004); Harvey and Marongwe, (2006); among others). The social setting in these countries is different from the Kenyan environment. The positive effects that have researchers have found in the programmes may hence not be the same in the Kenyan context and not applicable. The discoveries of this study will therefore be very important to the implementing agency (Department of Social Services) and other Government departments engaged in the CT programmes as well as and other evolving countries faced with the challenge of implementing successful cash transfer programmes.

In the Kenya's Vision 2030, the challenges of vulnerable groups that include orphans and children at risk, and also the poorest of the poor as being faced with multiple challenges such as high poverty levels and various forms of deprivation. Most of the orphans are under the care of old grant parents who are in need as well. Vision 2030 indeed identified the support of OVC's as one of its flag shift project. This demonstrates the

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importance of this programme in Kenya and evaluating the effectiveness of the programme on education of OVC will therefore help to build evidence for possible scale up.

Limited studies which have been carried out on the CT-OVC programme in Kenya have focused on evaluations of programme design and impact assessment based on the objectives (OPM, 2007; OPM, 2010). Other studies have examined at the Cash Transfer in relation to HIV/AIDS limiting its scope on other orphans who are not due to AIDS and vulnerable children. Because of this, researches that consider the views of the beneficiaries are not available, and therefore, it is expected that this study will be important in addition to the existing knowledge base.

Although the CT-OVC programme is a swiftly rising field of social policy in developing countries, including Kenya, the complexity of its impact particularly on education has not received the much needed attention. This study is hence expected contribute to the existing knowledge which is limited.

The County government, chiefs, assistant chiefs and other government representatives will benefit from the information contained in the study. More importantly, they will be able to advice the public and partners on the importance of bolstering social protection programs to assist orphans and vulnerable children. In addition, this report is useful to the Department of children services specifically make effective strategic plans as well as advice the government accordingly to increase allocation of funds to the beneficiaries. Furthermore, data from this study is likely to enlighten policy makers specifically the government particularly on areas of improvement of the CT-OVC program and as they set more policies concerning the programme.

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The findings from this study are likely to generate academic debate and interest on the place of CT-OVC program as a social safeguard for vulnerable children. This is therefore hoped to serve as a springboard for more studies in this area of study that has not been considered under our study.

1.7 Limitations of the study

The study focused on the beneficiaries of CT-OVC program in Machakos sub-county. During data collection, the researcher faced problems of illiteracy as most respondents could not understand clearly English and Kiswahili languages. However, the researcher employed the locals as research assistants to overcome this barrier. The beneficiaries were also wide spread in Kalama and Mumbuni (locations sampled), which posed a risk of getting lost or using a lot of time and money in locating them. However, the research guide was employed to help in locating the sampled beneficiaries. Some respondents had challenges in understanding some terminologies in the questionnaire. The research assistant helped to interpret the terminologies for them.

In addition, some respondents were nervous to give their view that they might be de-registered from the CT-OVC program. However, the research assistants assured them of the confidentiality of their views, and hence they were comfortable in sharing information.

1.8 Delimitations

The study was carried out in Mumbuni and Kalama locations of Machakos sub-county. Even though the CT-OVC programme is spread across the sub-county, Mumbuni and

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Kalama were the two locations where the programme was first introduced in 2006 and 2009 respectively in the Machakos sub-county. In addition, the study involved the beneficiaries of CT-OVC who had been on the programme for at least five years. Furthermore, the study focused on the effectiveness of CT-OVC program on enrolment, retention and transition for OVC's for beneficiary households. A total of 260 respondents comprising of 130 caregivers and another 130 OVCs were interviewed.

1.9 Research assumptions

The conclusions of this study were premised on the assumption that:

I. Data collection instruments (questionnaires, interview schedules) were effective for the study.

II. Respondents answered the questions correctly and truthfully

III. The sample size selected was adequate to represent the entire target population.

1.10 Definition of terms

Household- for the purpose of this study, household referred to people staying together as a unit.

Social protection- intervention by the government, private, voluntary organizations and informal networks to support economically disadvantaged groups in the society

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Vulnerable Children- children who belong to high risk groups such as not having parents therefore lacking access to basic social requirements and deprived of enjoying their rights.

Education of Orphaned Children-Refers to accessibility, enrolment, retention and transition of children in school.

Cash transfer- Provision of cash to families living with OVC's to improve their income.

Children- for the purpose of the study children referred to persons of school going age but, who are below the age of 18 years.

Orphan- Any child who has lost one or both parents

1.11 Organization of the study

This thesis contains five chapters. Chapter one provides an introduction. Chapter two presents literature review and chapter three provides research methodology. Chapter four presents data analysis, interpretation and discussion. Finally, chapter five presents the summary of the findings, conclusions and recommendations.

Chapter one provided the background to the study, statement of the problem, objectives and research questions to the study. The chapter also presents the significance of the study, study limitations and delimitations. It also explains assumptions and key terminologies used in the study.

Chapter two includes introductory issues relating to cash transfer programmes. The chapter also presents a discussion of various cash transfers used in different parts of the

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world. The remaining part of the chapter reviews literature on studies done in other parts of the world which are related to the study objectives. This chapter also presents a discussion of conceptual and theoretical frameworks, summary of the literature and research gap.

Chapter three describes research methodology that was used in the study. This comprised of research design, study location and the target population, the size of the sample and the procedures used to select the sample. A description of the research instruments used and their validity and reliability is also included. The chapter further explains the procedures used in data collection, data processing and analysis methods and an elaborate explanation of ethical considerations for the study.

Chapter four presents an introduction outlining what the study set out to do, and an overview of the study objectives. Section two of this chapter explains the response rate while the third section presents demographic characteristics of the respondents who were included in the study. The last section of the study presents data analysis, findings and their interpretations according to the study objectives.

Finally, chapter five presents a summary of the findings, conclusion of each objective of the study and recommendations for policy actions as well as suggestions for further studies.

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CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed literature regarding the effects of cash transfer for orphans and vulnerable children on their schooling. It also examined the challenges facing the CT-OVC program around the world. In addition, the chapter presented analysis of the theoretical and conceptual frameworks of the study and finalized with the summary and research gap.

2.1 The concept of social protection

Cash transfer programmes have increasingly become significant policy measures to fight poverty, vulnerability and social exclusion (UNDP 2006). In Europe and North America, alleviation of poverty by the use of social protection programmes started immediately after the Second World War and thereafter spread to Latin America and they are now all over the world. The programmes aim is to enhance the health, nutrition, and education of young children in the short term and their income earning potential in the future. By doing so, these programmes will ultimately interrupt the intergenerational transmission of poverty. The programmes use many strategies with one among them being cash transfers (CT)

The government of Kenya started cash transfer programmes in the year 2004 known as Cash Transfer for Orphans and Vulnerable Children (CT-OVC) to help poor families who

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are taking care of orphans and vulnerable children (GoK, 2008). This was to retain these children within the community. The programme gives direct, consistent and foreseeable cash support to poor households caring for Orphans and Vulnerable Children. The programme is executed by the Department of Children's Services in the Ministry of Gender, Children and Social Development. It started with 500 households in three districts namely Nairobi (320 households), Kwale (130 Households) and Garissa (50 Households) and a cash transfer of KShs 500 per month per household. Over the years it has expanded to cover 130,000 households as at December 2012 in selected administrative locations spread all over the country and the cash transfer has been increased to Ksh 2000 which is paid every two months (4000 per payment). The cash transfer is given to a guardian of the child or children and enrolment is household- based not particular children.

In the immediate pre-independence period, social protection networking was prevalent in families and communities because of high poverty levels (Murumbasi, 2009). These high poverty levels were as a result of several factors including but not limited to; natural disasters, malaria pandemic, environmental degradation, unemployment and breakdown of traditional safety net mechanism.

The Kenya National Social Protection Policy (2011) outlines social protection policies and actions for the economically disadvantaged groups with an aim of enhancing their ability to manage risk factors associated with poverty. The paper has four key areas in the provision Social protection services which are education, health, water and sanitation (Murumbasi, 2009). Social protection can also be looked at from the human rights

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perspective as entitlement to benefits that society provides to individuals and households to protect against low or declining living standards resulting from a number of basic risks and needs.

There has been an increase in the large scale CT programs in many developing countries such as Brazil, Colombia, Honduras, Mexico, Nicaragua, and South Africa since 1990's (Adato and Bassett, 2008). These programs are being acknowledged as having the capacity to raise the living standard of the vulnerable through education and enhancement of their incomes. According to Omiti and Nyanamba (2007), CT-OVC Programme is an initiative of the government which is supported by World Bank, UNICEF and DFID to support extremely poor families to enable them take good care of children.

For a district to qualify for this program, it must have high levels of poverty, and should also demonstrate a high orphanage burden. Some of the indicators looked at during enrolment of a district include levels of HIV/AIDSs, number of OVC's in the district and poverty indices. For a household to qualify, it has to meet pre-determined selection criteria such as high poverty index, presence of orphans or vulnerable children in the household who must be under the age of 18 years, and the family should not be receiving any cash assistance from other sources (Ministry of Gender, Culture and Social Development, 2008).

This programme is managed by several committees at the national, district and community levels. A steering committee was established to provide policy guidelines while at the district level, we have area advisory committee which oversees the

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implementation of the program at the community level with the help of locational orphans and vulnerable committee

Within this program, there are caregivers who are supposed to ensure effective programme delivery at the household level. They must ensure that OVC aged 0-5 years are taken for immunization and growth monitoring; OVC aged 6-17 regularly attend basic education; OVC acquire birth certificates; care givers attend awareness sessions. Caregivers receive a cash payment of Kshs. 2,000 per month paid every two months through Equity Bank and Kenya commercial Bank agents.

2.2 Kenya Government Policy on OVC

Orphans and vulnerable children experience many challenges including poverty, discrimination, lack of access to services and abuse. For instance, the percentage of children who have lost one or both parents and who attend school is 85% as compared to 93% of those with parents. Most OVCs OVC's start their school at a later age and drop out earlier than other children according to UNICEF (UNICEF, 2009). These children always experience often psychosocial challenges and are very likely to be abused as compared to other children in the community. Kenya is a signatory to the United Nations Convention on the Rights of the Child (UNCRC), which requires all countries to certify that every child is well provided for physical, mental, spiritual, moral and social development. The state is hence required to help parents or those taking care of children to providing material assistance and support programmes especially with regard to nutrition, clothing and housing (UNCRC, 1989).

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To operationalize the Vision 2030 provisions on OVC's, a National Social Protection Policy was formulated and passed by Parliament in June 2012. The policy identifies the strategies for enhancement of the socio-economic standing of the vulnerable population, and to provide guidelines for the design, implementation, evaluation of Social Protection programmes and establishment of an institutional outline for implementation of the national programmes. This policy targets three groups of people, orphans and vulnerable children, older persons and persons with disabilities. Several strategies are proposed with the policy so for then realization of the social protection programme. These includes: Cash Transfers, Food distribution, School based feeding programmes, Social Health Insurance and Public works.

In addition to that, there is a, the National Children Policy of 2010 which defines specific requirements for OVCs that include protection and care within the family, community and larger society. The Policy also states measures for OVCs as support for parents, families and care givers; strengthening support structures and community systems to take care of OVCs; and provision of treatment, care and support to children including their parents and care givers (NCCS, 2010).

2.3 Types of Social Cash Transfer Programmes

Social cash transfers programs are regular non-contributory payments of money provided by government or donor agencies to vulnerable individuals or families, the aim of this financial assistance is to reduce levels of poverty, address social risks as well as reducing economic vulnerability (Samson, 2009). Samson indicated that cash transfers can either be conditional or unconditional. Conditional transfers are stringed attached where the

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beneficiaries are supposed to fulfill certain responsibilities like taking vulnerable children to school in the case of Kenya. Such conditions are imposed to ensure that the beneficiaries act in a way that the program was intended and to avoid inappropriate spending of the money (Samson, 2009). The main reason for linking conditions to social cash transfer programs is that some donor agencies link poverty to inadequate access to education, nutrition, health or even housing. Cash transfer programs are therefore seen to improve spending on these households as potentially desirable with respect to poverty reduction and thus tie transfers in several ways and to various degrees as evidence that recipients have been spending them as required (Schubert and Slater, 2006).

While different countries pursue different objectives through cash transfer (CT) initiatives, as indicated by Handa and Davis (2006), most cash transfer programmes have similar dual objectives, combining long-term human capital development with short-term poverty alleviation. In a similar observation, Laund, at al (2009), indicated that CTs are among strategies of alleviating poverty. Borraz and Gonzalez (2009) also found cash transfers to be a measure of poverty reduction because of the fact that the program targets the poorest population within the community. Borraz and Gonzalez (2009) observed that, CT initiatives are aimed reducing poverty in the short-run and increasing investment in human capital of the vulnerable households in the long-run.

According to Son (2008), there are two types of CTs, that is, conditional and unconditional cash transfers. Son noted that cash transfers are among the most important safety net initiatives so far operationalized in many countries around the world. He

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mentioned other social safety nets as non-contributory pensions, social subsistence to economically disadvantaged families, which may be either unconditional or conditional.

2.4 The effects of Cash Transfer on school enrolment, retention and transition of the Orphaned and Vulnerable Children (OVC's)

A World Bank analysis of the conditional cash transfers on schooling in Bangladesh, Colombia. Kenya and Turkey, indicates that, the effectiveness of CT-OVC on schooling depends on the amount of the transfer (a proportion of the recipient household income or consumption), baseline schooling levels and institutional context (World Bank, 2009). On the Kenyan case, the report indicated that the program is less effective due to the institutional set up. This study was however based on secondary information which could not adequately reflect the situation on the ground. Besides that, the analysis was done only after three years of the life of CT-OVC programme and hence no tangible conclusions can be drawn based on its findings.

Otieno (2013) in his report on the effectiveness of OVC on children's wellbeing concluded that there is correlation between social protection systems and the education of OVC. The report states that the existence of a significant positive relationship between social protection program and education of OVC is a proof that access to education by OVC is, to a large extent, associated with social protection systems and that the stronger the social system the higher the education benefits. This report also reveals some factors which affect the OVC's regular attendance to school. Such factors include; taking care of younger siblings, and sickness which calls for concerted efforts to ensure adequate child

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care for all the OVC to avoid such instances. This study focused the general impact of CT-OVC.

According to National gender and equality commission study report of 2008, CT to poor households helps to keep children in school. Sanfilipo (2012) observes that CT improves school enrolment by helping the poor households to overcome the cost barriers of schooling (fees, uniforms and books). This effect can be seen both for CT-OVC and other transfers not necessarily focusing on children. In Bangladesh, Ahamed (2004) reports a 15.2% difference between the gross enrolment rates of schools in rural feeding programme areas and those in control areas while in Burkina Faso, Kazinga (2009) reports that girl enrolment in rural areas increased by 5 and 6 per cent on site and take home retention, respectively following successful implementation of the World Food Program school feeding initiative.

CT-OVC enabled access to resources for poor households to meet the basic needs and prioritize children's education without disinvesting in assets, getting into debt or pursuing detrimental coping strategies such as child labour (FAO, 2014). According to FAO's report of 2014, CT-OVC stimulated beneficiary household economic investment and strengthened sustainable livelihood strategies, but this was highly dependent on household asset base, vulnerability levels and OVC numbers. This report was based on expert opinion and not on the statistics on the ground like in the case of this study, and therefore its findings may not necessarily reflect what is actually on the ground.

Attanasio et al. (2008) studied the effects of unconditional cash transfer programme implemented in rural areas in Colombia since 2002, on school enrolment. They found

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that the program increased school participation of 14 to 17-year-old children quite substantially by between 5 and 7 percentage points though it had lower effects on enrolment of younger children by between 1 to 3 percentage points. Significant education indicators have been found to occur under cash transfer programme (Fiszbein & Schady, 2009). In Pakistan, a 2008 World Bank assessment on the impact of female school stipend program on public schools enrolment in Punjab showed that the Punjab education sector reform program increased enrolment rates for girls aged between 10-14 years by 11 percentage points from a baseline of 29% (Chaudhury, 2008).

De Janry et al. (2007) studied the empirical effects of unconditional cash transfer program on school enrolment and performance in Mexico. They found that the program had a positive impact on school continuation whereas for performance, it had a positive impact at primary school but, negative one at secondary school. They stated that this was a possible consequence of disincentive due to the program termination after the third year of school.

Edomonds and Schady (2011) discussed the relationship between current family economic status and child labor in poor countries. This was basically to examine whether current economic status influences the decision to send children to work or to school. Their conclusion was that poor parents will always prefer child labor to schooling. Saavendra & Garcia (2012) examined child-time allocation responses to experimental variation in cash transfer for program in Ecuador where poor women with children were selected at random for unconditional cash transfer equivalent to 7% of monthly expenditure which translated to $15 per household per month. The transfer was greater

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than the increase in schooling costs at the end of primary school, but less than 20% of median child earnings in the labor market. They found out that poor families with children in school at the time of the award used the extra income to postpone the child's entry into labor force and instead send their children to school.

Steward (2008) in his experimental study observes that that the conditioned and unconditioned transfers leads to similar gains, that is, lower dropout rates and higher enrolment with no additional incremental gain due to conditionality.

A study by Soars et al. (2014) indicates that Paraguay CT program encouraged children to attend school but, times spend at school is complemented by time spent at work. In addition, this study finds that child labor substitutes for schooling but just a small portion, arguing that this could be the case because incentives (Cash transfers) are not enough to completely influence the household decision making process. A stipend with value considerably less than the mean child wage was enough to ensure nearly full school attendance among participants.

Kresh and Walque (2015) carried out an experimental study on the rural Burkina Faso to assess the impact of alternative cash transfer delivery mechanisms on education. This was a two year-pilot program that was randomly distributed cash transfer which was either conditional or unconditional. The results of this study indicated that conditional and unconditional cash transfers have similar effects in increasing enrolment for the beneficiary children. However, the study noted that conditional transfers are significantly more effective than non-conditional cash transfers in increasing enrolment of vulnerable

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children (those less likely to go to school such as girls, younger children, and lower ability children

Benhassine, at al. (2015) evaluated a cash transfer program in Morocco in which they compared conditional cash transfer on education and unconditional cash transfers. The findings of this evaluation showed no difference between conditional and unconditional cash transfer programs. In addition, the study observed that child enrollment and attendance were high and so the conditionality constraints were in marginal.

Schady et al. (2006) researched on the effect of the Ecuador's *Bono de Desarrollo Humano* Cash transfer program on education. The study found out that the *Bono de Desarrollo Humano* has large positive impact on school enrollment. In this study, 90% of the beneficiaries interviewed indicated that they were only able to take their children to school after becoming the beneficiaries of the Cash transfer programme. Ward et al. (2010) found out that Cash transfer program increased school attendance at the onset of the program. The study also noted that, there was an increase in secondary school enrolment which normally requires additional funding because secondary education is more expensive than primary school. Hoop et al. (2014) assessed the impact of the CT-OVC programme using a cluster randomized trial. They found out that the program did not have a statistically significant impact on school participation of children from the beneficiary households. However, the study established that the study lowered children's participation in work for pay as well as work without pay.

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Baird et al (2013) established that Cash transfers, that is, conditional and unconditional are effective instruments for improving participation of children in school as well as lowering the participation of children in child labour. However, their study did establish a wide variation of on effects of Cash transfer on school involvement and child labour across different contexts. On the other hand, Jacobus et al. (2014) carried out a study on the impact of the CT-OVC programme on education in Kenya. The study observed that there was a strong impact of the programme on school attendance of the children from the registered household. This study further confirmed that CT-OVC program, lowered the participation of the OVC's in child labour. Jacobus and friends concluded that as a result of the program, the chance that children are in school increases.

Loss of a parent or any change in income of the family may lead to children being pulled out of school due to changes in priorities (UNICEF, 2009). The UNICEF report noted that even though children may stay in school, a drop in household income can lead to worsening of their diet and inadequate nutrition which may reduce their ability to learn. A study conducted by UNICEF in several African countries including Kenya, indicate that the enrolment rates in schools for OVC's were twice for orphaned children than for non-orphans (UNICEF, 2009).

There are inconsistencies in the literature on the effect of CT-OVC on education. For instance, empirical evidence shows that expenses incurred in schooling including fees, uniforms, transport and school supplies are frequently the second largest expenditure for CT beneficiaries after food (DFID, 1999). A study conducted in South Africa indicate

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that beneficiaries of the Child Support Grant (CSG) reported increased costs on food (79%), school fees (26%), school uniforms (25%) and electricity (22%) (Delany et al, 2008).

In Colombia, Attanasio et al. (2005) established that even though the Colombian programme Familias en Acción increased the attendance of children aged 12-17 years, the programme did not have any effect on the schooling of children between 8 and 11 years. This study pointed to the chance that the effect of the programme may not be uniform across the age groups.

The CSG programme in South Africa is associated with increase in school enrolment. A study by Budlender & Woodlard (2006) reported that receipt of CSG increased school enrolment by 8.1% for six year olds and school attendance for six, seven and eight year olds to 83, 97 and 98 per cent respectively. However, the study argued that school enrolment statistics declined after 15 years which coincides with the end of the compulsory school-going age and cut off age for CSG receipt.

There was no evidence of increased basic school enrolment for OVC's under the CT-OVC programme according to the 2010 evaluation (OPM, 2010). This study revealed a uniform attendance rate of 88% in both Programme and control areas for children aged 6 to 13 years. In addition, though there was no effect noted on the repetition of the class, the findings indicated that there was a slight effect on secondary school enrolment. This is an irony because secondary education is neither an objective nor a condition of the CT-

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OVC programme. Further results revealed that the effect of the programme was more pronounced in boys than girls.

A study on CT-OVC in Korogocho location in Nairobi revealed that CT-OVC has the greatest effect on education of the OVCs (Sanganyi, 2010). The study noted that caregivers were able to pay school fees and other school utilities like books, uniform and cater for school. The OVCs did not feel isolated as it was the case before they were enrolled into the programme even though majority of the caregivers said that the amount given under the programme was not sufficient to cater for secondary education of the children.

2.5 Challenges facing CT-OVC

National Gender and Equity Commission report of 2008 finds that most beneficiaries of the CT-OVC are not informed about the payment schedules of the funds and sometimes they miss getting their pay when the ten-day grace period allocated by the post bank expires. The other major challenge established by the report is that most beneficiaries stay far from cash collection points and are forced to spend some money for transport to this points to collect their cash.

The Kenya National Bureau Statistics (2013) notes that the paying institutions that is, Equity bank and Postal Corporation of Kenya are located in urban areas and market centers which are very far away from most beneficiaries especially in counties such as Marsabit, Kajiado and Pokot (Ressler, 2008). As a result, caregivers incur transport costs as high as Kshs. 3000, an amount higher than the monthly transfers.

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Ressler (2008) observes that the transfer of funds under CT-OVC program has never been consistent and that most beneficiaries are not informed on the changes with regard to payment schedules. Ressler further revealed that there are delays in the release of the funds to the beneficiaries. These delays range from 1 to 4 months from the expected due dates of payment. Such delays and unpredictable schedules increase the vulnerability of the beneficiaries as well as affecting their budget levels. For instance, among the OVC, delays in receipt of the CT increases their likelihood of seasonal drop out in school to seek for short-term employment to earn money to buy food.

KNBS (2013) finds that some beneficiaries in town areas resort to begging on the streets while some are thrown out of their rental houses due to arrears in rent. Older persons mostly relied on the transfer to purchase food and some of them had arrangements with shop keepers to collect food items even when the money was not received so that the debt can be cleared upon receipt of two months' time allowance. However, when the fund is delayed for many months, the shopkeepers could not give credits anymore.

Beneficiaries complained that funds are not enough to cater for their needs. According to National Gender and Equity Commission report of 2008, households with more members, complained about inadequacy of the fund in meeting their basic needs (National Gender and Equity Commission, 2008). Such families normally spend more than Kshs. 2000 in a month to pay for education, food, water, lighting facilities and health. The situation is made worse for the beneficiaries who live in towns and have to pay rent from this cash.

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2.6 Strategies in place to address the challenges

According to the National Gender and Equity Commission (2008), one of the challenges faced by the CT-OVC beneficiaries is the delay in disbursement of the money. The CT-OVC beneficiaries have devised a strategy to address this challenge through having some arrangements with the local shopkeepers to collect food and school items and pay for them once they receive the CT-OVC money.

According to the government of Kenya Constitution (2010), the beneficiaries visit the Sub-County children office to be issued with a letter requesting the Head of schools not send away children of CT-OVC programme from school promising to pay once the beneficiaries are paid.

2.7 Theoretical framework of the study

The role of theories is to tell us why and how a phenomenon occurs. Theories help us to organize research into a meaningful whole. This study employed the Social Risk Management (SRM) framework by Holzamann (2000) and the Livelihood Portfolio Theory Based on Welfare Pentagon (Neubourg, 2009).

2.7.1 Social Risk management Theory

This theory argues that people, families and communities at large are vulnerable to many hazards (risks) resulting from both natural and man-made sources such as earthquakes, sicknesses, environmental degradation, lack of jobs among others. These shocks affect individuals in random ways that cannot be controlled and therefore increase cases of

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poverty. People who are poor are termed as vulnerable because they have few chances to access appropriate risk management tools.

The implication here is that, the choice of appropriate SRM tools is an important device of reducing vulnerability and getting someone out of poverty. The formulation of World Development Report 2000/01 on the fight against poverty was based on the recognition of the importance of risk management and the need to empower the poor. The Application of risk management theory stretches beyond Social protection because many government interventions such as sound macroeconomic policy, good governance and access to basic education and health care all help to mitigate against risk, and hence vulnerability. Cash transfer in this case is a social protection tool by the government and it acts as a safety network as well as a spring- board for the poor. It provides the poor with the capacity to bounce out of poverty or at least resume gainful work (Holzamann, 2000). By providing the money which is used to educate these orphans, the household is able to invest in human capital development out of these children with the long term effect of reducing poverty.

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2.7.2 Neurbourg welfare pentagon

The Neurbourg welfare pentagon depicts five core institutions namely markets, family, social networks, membership institutions and public authorities (see Figure 2.1)

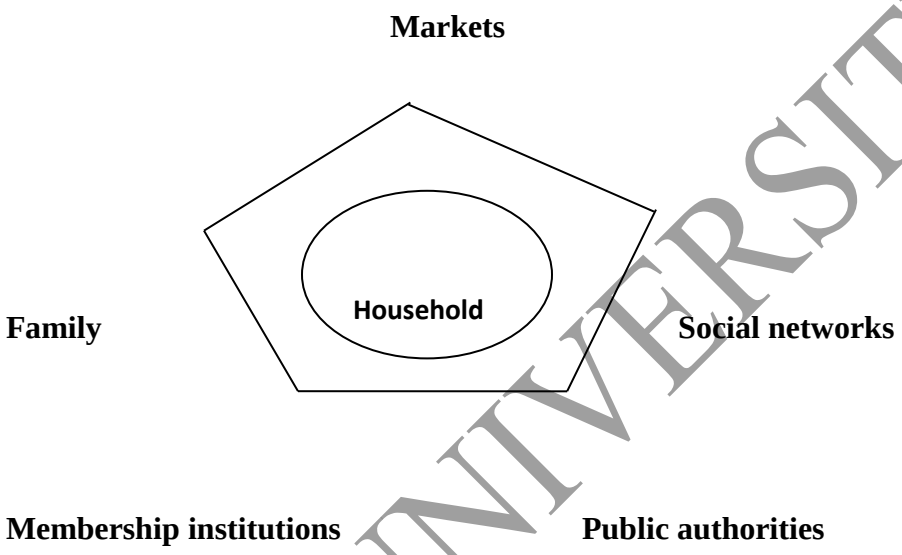


Figure 2.1: The Welfare Pentagon

Source: Neubourg (2009)

The five institutions represented in the welfare pentagon, Figure 2.1, are used by the households to satisfy both current and future needs in a given society. Even though historical and geographical appearance may differ, the institutions are found in all societies across time and locations. The importance of each institution and the exchange between households and the institutions though may differ by society and over time. Households use the institutions as their livelihood strategy to generate income as well as smoothen consumption. According to the theory, labour markets, product markets, and capital markets allow households to trade and exchange so as to secure resources to satisfy the basic human wants at a certain point in time.

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The theory makes a number of assumptions. First, that individuals and households maximize incomes under constraints. Second, households are vulnerable to becoming poor at one point in time in future. To overcome this risk, there has to be smoothening of household consumption and resources should be set apart to finance future consumption. The ability to smoothen consumption is an important factor for well-being. It is individual's capacity to satisfy basic needs tomorrow, despite the existence of risk and occurrence of shocks. Hence social protection then becomes a consumption smoothening strategy. Individuals within society need access to relevant institutions of the welfare pentagon. For example, to obtain social security benefit, individuals need access to public authorities that control social benefits, just as getting support from family implies having access to a family. For instance, households can be insured against certain risk by public authorities through paying social insurance contributions or simply a citizen can rely on social networks or family to generate money to compensate him or her after-shocks (Neubourg, 2009).

This framework argues that, individuals in a society can access this welfare pentagon much better if they have certain amount of capital available. Individuals differ in their possibilities to invest in financial, social and political capital. This makes it important for the state to assist in promoting social protection through various social policy instruments and providing goods and services for free or at low cost. In spite of the functions, institutions of the welfare pentagon channels are substitutes for one another. This implies that public authorities can step in to provide social protection, just as local self-initiatives or the family can do so. It also means that if public authorities withdraw or lower their inputs in providing social protection, other channels of the welfare pentagon will have to

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make a greater effort to assist the household in meeting their needs. This theory highlights important role of various institutions of the welfare pentagon. Institutions in the society need to collaborate to promote individual's well-being and enhance economic growth to achieve equity. The weakness of this theory is that it overlooks the new discourse of social protection which recognizes that the absence of effective collective management to manage risks, individuals and households, particularly those who are most vulnerable must be engaged in micro level informal risk management strategies which impose very high cost of their own (Conway and Norton, 2002). This theory was used to establish the role played by the government in helping the vulnerable children advance their education in order to catch up with the rest of the society.

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2.8 Conceptual framework

The study was based on the conceptual framework shown in Figure 2.2

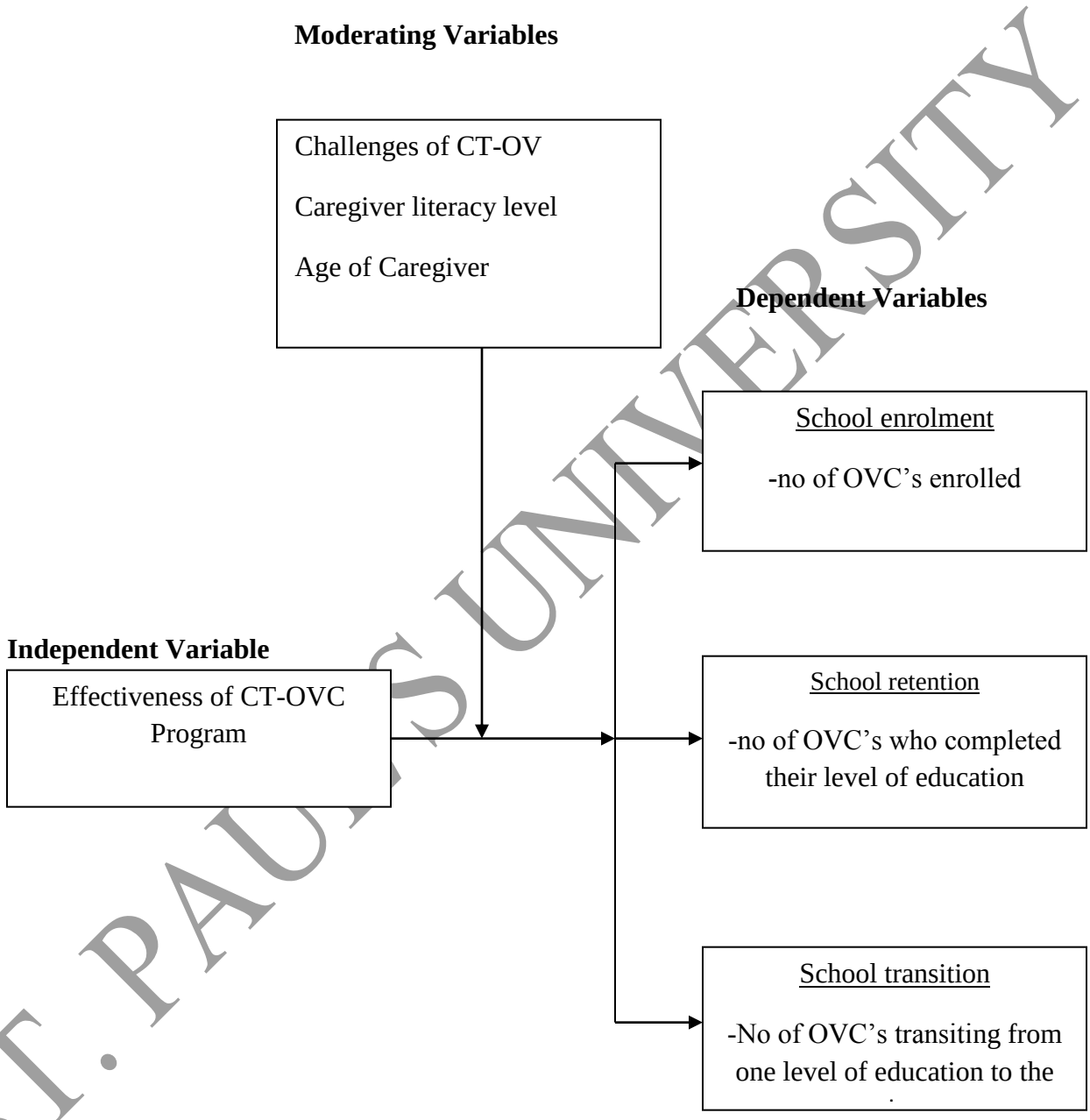


Figure 2.2: Conceptual framework

Source: Author (2016)

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The above conceptual framework links the independent variable, CT-OVC program and the dependent variables; school enrolment and retention rates and primary to secondary school transition rates. Schooling of the OVC is examined only in terms of enrolment, retention and transition from one class to the other. Literacy level of the caregiver is likely to have an effect in the provision of school needs of the OVC as the caregiver may not be in a position to prioritize education as being an important aspect of OVC. Some caregivers may also be too young to take responsibility of care giving to their siblings or too old to appreciate the value of education.

Sex preference for certain households for boys rather than for girls may also mean that education needs of girls are not taken care of. In addition, slightly older OVC may be in a position to stand strong and openly express their education needs as opposed to a younger OVC.

To conclude, the conceptual framework presumes that if there existed Cash transfer program, moderated by caregiver's literacy levels, age of the caregivers and that of OVC, in the absence of sex preferences, then we shall expect high enrolment of OVC into primary schools who will complete their primary level and later transit to secondary education.

2.9 Summary of literature review

This chapter examined literature related to experiences from different countries and organizations in the implementation of the cash transfer programmes. The literature was based on global, regional and local perspective. Cash transfer measures highlighted

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included policies and actions for the poor and vulnerable which enhance their capacity to cope with poverty, and equip them with skills to better manage risks and shocks.

Literature reveals that the number of OVC is growing exponentially and they are faced with many challenges. Further, OVC in rural and poor environment are less likely to maximize the full benefits of the support program that are available to cushion the effects of their social circumstances. Social protection programmes that target education of children have over the years addressed the issues of enrolment and attendance and consequently retention of the children. The cash transfer has been vital in providing cost on school fees and feeding. However, there is little evidence in terms of whether the transfer results in improvements in the final outcome.

From the literature, there existed a gap in terms of the effectiveness of the Cash transfer program on OVC with most studies and findings based on general conditions of the children such as health, security, nutrition among others. Therefore, this study specifically sought to establish the effectiveness of CT-OVC on school enrolment, retention and transition from primary to secondary.

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CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes research methodology which was used in conducting the study. It describes the research design used, the population of the study, sampling technique, data collection methods, validity and reliability of research instruments, data analysis, and finally ethical considerations.

3.1 Research design

The researcher used a descriptive survey design in conducting this study. In using this research design, the research sought to determine the effectiveness of the CT-OVC program on school enrolment, retention and transition of the beneficiary orphans and vulnerable children. The choice of this design was guided by the observation of Mugenda (2008) who argued that descriptive designs are often used in studies which examines social issues existing within the communities. Mugenda argued further that descriptive designs are exploratory, easier, simpler and hence very important in giving foundations upon which experimental and correlation studies emerge. In addition, Orodho (2009) also observed that this particular design obtains important and precise information concerning the status of a situation and where possible, it draws valid conclusions from the facts observed.

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3.2 The study location

This study was carried out in Mumbuni and Kalama locations of the larger Machakos County. The County is located in the Eastern part of Kenya. It borders Nairobi and Kiambu counties to the West, Embu to the North, Kitui to the East, and Makueni to the South, Kajiado to the South West, and Murang'a and Kirinyaga to the North West. The County stretches from latitudes 0º 45' South to 1º 31' North and longitudes 36° 45' East to 37° 45' East. The county has an altitude of 1000 - 1600 meters above sea level. It has eight Sub- counties namely; Machakos, Athi River, Yatta, Kathiani, Matungulu, Masinga, Mwala, and Kangundo. Machakos County has a total population of 1,098,584 people, 264,500 households and the Akamba people are its dominant habitants, with 49% Male and 51% Female (KNBS, 2009). It covers an area of 6,208 square kilometers and experiences erratic rains of less that 500mm annually, with short rains in October to December and the long-rains in late March to May. The local climate is semi-arid with hilly terrain covering most parts of the county. Subsistence agriculture is practised with maize and drought –resistant crops such as millet cassava, sweet potatoes and sorghum are grown. Poverty levels in the County are 59.6% against a national average of 47.2% (KIHBS, 2009).

Mumbuni and Kalama locations were selected because they have a higher number of beneficiaries of the CT-OVC. The CT program has also been there for more than five years (Mumbuni since 2006 and Kalama since 2009). This therefore means that that the program might have realized some results worth assessment. Mumbuni location is in Central division of Machakos Sub County, Machakos County. The location is two

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kilometers from Machakos town. It is within a rural setting and comprises of 5 sub-locations (Kisinga, Mung'ala, Misakwani, Lower Kiandani and upper Kiandani). The location covers an area of 48.1 square kilometers and has a population density of 960 persons per square kilometer. According to the Kenya National Bureau of Statistics report (2010) on 2009 population and housing census, the location had 11,652 households comprising of 22,732 men and 23,419 women. It has 15 pre- primary schools, 14 primary schools and 9 secondary schools. Poverty index of the area stands at 55.5% compared to the county's poverty index of 56% (KNBS, 2009). The location has the highest population among the rural locations in Machakos Sub-County and therefore forms a good target for the study. There are 666 households who benefit from CT-OVC in the location according to the Machakos Sub-County children's office.

On the other hand, Kalama location is in Kalama division of Machakos sub-county. The location has had the CT-OVC programme since the year 2009. The location currently has a total of 2428 households with a total population of 11,230 persons as per the 2009 population census. It boasts of 14 nursery schools, 13 primary schools and 7 secondary schools. It has two sub-location; Nziuni and Kiitini. Just like Mumbuni, Kalama too has the highest poverty index (55.5%) (KNBS, 2009) and high number of CT-OVC program beneficiaries which stands at 120 households.

3.3 Target Population

Population in research refers to all accessible elements with desired features for that study (Borg and Gall, 2008). The study targeted caregivers and children from the

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households benefiting from the CT-OVC program in both Kalama and Mumbuni locations of Machakos Sub-County. According to Machakos district annual returns 2013, there are a total of 786 beneficiary households of OVC. Apart from Mumbuni and Kalama locations where CT-OVC program started in 2006 and 2009 respectively, the other four locations (Gelani, Mua hills, Kathekakai and Mutituni) are one year old under the program. This study targets 786 household beneficiaries drawn from Mumbuni and Kalama locations due to their long experience with the program. This was to ensure that relevant data is collected for the study.

3.4 Sampling frame

This is a list of accessible elements of the study. The sampling frame for this study comprised of 786 household beneficiaries of CT-OVC program. The sampling frame was obtained from the Machakos Sub-County Children's officer.

3.5 Sample size and sampling techniques

3.5.1 Sample size

Fraenkel, Norman & Hyun (2012) recommended that for descriptive surveys, a minimum of 100 subjects are acceptable provided that none of the sub-samples will be less than 20. However, based on the table of Krejcie & Morgan (1970), a target population of 786 household gives a sample size of 260 because 786 tend towards N-800 (Appendix I). Therefore, the study sample comprised of 260 households benefiting from the program. These households were divided into two: 130 households from which the caregivers aged 15years and above participated in the study and the other 130 vulnerable/orphaned

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children aged between 8-17 years within the sampled household). This allowed equal representativeness between caregivers and OVC's. The study included children OVC's because they are the beneficiaries of the programme. In addition, Sub-county children's officer was interviewed as a key informant. The study had also targeted area education officers for Mumbuni and Kalama locations but, the researcher could not get them for an interview. They were not available for the entire period of the study.

3.5.2 Sampling technique

This is the process of selecting members of a research sample from accessible population which ensures that conclusion from the study can be generalized to study population (Frankel & Wallen, 2010). The study adopted a two multistage sampling method in the sample selection. This sampling approach enabled seven sub-locations in Kalama and Mumbuni locations to be used as sampling units at those two levels. In addition, this sampling approach allowed for flexibility where simple random sampling approach was employed at various levels of sampling, which is indicated by Gupta (2008) to be an advantage of multistage sampling.

In the initial stage of sampling, sampling frames of all beneficiaries (CT-OVC registered households) in the seven target sub-locations (Kisinga, Mung'ala, Misakwani, Lower Kiandani, upper Kiandani, Nziuni and Kiitini) were accessed from the Machakos sub-county children's office. Each of the beneficiary household on the list of registered households in the sub-locations was assigned a number. Small pieces of papers were then cut, and numbers written on them to reassemble the number assigned to the names of caregivers on the list of CT-OVC households in each sub-location. These papers were

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then folded, and placed in a tin. The papers were then picked by blind folding, and then the caregiver on the list with the number resembling the number of the paper picked was selected to participate in the study. Hence, the selection of the beneficiary households was done using simple random sampling, and was based on the sampling frame provided by the sub-county children officer (household registered on the government supported programme in each sub-location). In every household selected, we conducted two interviews; one for the caregiver, and the other for the children being supported by the program

To get the proportionate sample in each sub-location, the researcher used the formula expressed as:

$$\text{Sample Size} = \frac{n}{N} \times 260$$

Where n, is the total number of household beneficiaries in each sub-location and N, is the total number of all household beneficiaries of the CT-OVC in Kalama and Mumbuni locations.

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The proportionate allocation of sample size based on the population of each of the seven sub- locations (see table 3.1).

Table 3.1: Target population and proportionate sample sizes

Sub location	Number of HH with OVC	Sample Size	% of OVC Sample Size
Kisinga	103	34	13.10
Mung'ala	166	55	21.12
Misakwani	118	39	15.01
Lower Kiandani	89	29	11.30
Upper Kiandani	190	63	24.17
Nziuni	62	22	7.90
Kiitini	55	18	7
Total	**786**	**260**	**100**

Source*:* Sub-County Children Office (2015)

The proportionate allocation ensured equal opportunity to each unit in the population hence good representation of the population in the study sample.

3.6 Data collection methods and procedure

The study employed both qualitative and quantitative methods to collect primary data. Questionnaires were used to collect quantitative data while qualitative data was collected using in-depth interview guide. Questionnaires were suitable in this study due to their ability to collect large volumes of data in addition to being structured. In total, there were two questionnaires. The first questionnaire was used to collect data from caregivers enrolled on the CT-OVC programme while the second one was used to collect data from

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the beneficiary children. The in-depth interview guide was used to collect data for the Machakos sub-county children's officer who is an implementing agency for the CT-OVC programme.\AA

3.6.1 Caregiver's Questionnaire

Questionnaires for caregivers were divided into five sections. The first section sought information on their demographic characteristics while section two sought information on the impact of CT-OVC program on school enrolment. Section three and section four of the questionnaire collected information on school attendance and transition while section five collected data on the challenges of the CT-OVC program with regard to education of the supported children.

3.6.2 OVC's Questionnaires

The questionnaire for the beneficiary children contained questions that basically sought to get their opinions on the importance of the CT-OVC program with the main focus on their education. The questionnaire focused on their background, and school attendance as well as transition.

3.6.3 Key Informant guide for sub-county children's officer

The sub-county children's officer interview guide consisted of questions to understand the background information on the CT-OVC in Machakos sub-county. More specifically, they sought to find out how the program operates including its structure, the target population, enrolment and its impact on education. In addition, questions on the challenge of the programme with regard to the OVC's education were also included in

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the interview guide. The study preferred this method of data collection due to its flexibility, because the respondent is given freedom to respond to the questioned asked the way he/she likes.

3.6.4 Data collection

Data was collected from 1st day of May, 2016 up to 7th day of June, 2016. A total of 130 caregivers and 130 children were interviewed through face-face interactions. In addition, the sub-county children's officer was also interviewed as the key informant. The two area education officers could not be found throughout the entire period of the study. Data was gathered by nine research assistants who were recruited and trained for the task. The research assistants took notes in the field besides filling of the questionnaires to ensure that all details were captured

3.7 Piloting

This study carried out a test study in Mua Hills location involving 13 households on CT-OVC programme. One caregiver and one OVC was interviewed in each household bringing a total of those interviewed to 26 or 10% of the sample size (see table 3.1). Simple random sampling was used to the select the registered households for this study. Mua Hills location was selected because it is among the locations under the program and which was not included in the study population. This study was used to determine the suitability of the data collection methods and instruments. During the piloting, challenges that were encountered in terms of clarity of items in the data collection tools were used to improve instruments as a way of enhancing validity of data collected.

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3.8 Validity and reliability

3.8.1 Validity

Fraenkel et al. (2012) defines validity as the quality that a procedure or instrument or a tool used in research is accurate, correct, true and meaningful. Validity is the degree to which an instrument measures what it purports to. It has to do with how accurately data collected in the study represents the variables of the study. The study sought to determine the content validity of the tools to ensure that data collected using these instruments represent adequately the variables which were being measured. This approach of determining validity was used by the researcher because it is easier as indicated by Kumar (2005). The study employed construct validity method to ensure that data collection instruments captured the intended type of information. To do this, the researcher sought an assistance of his supervisors and other research experts from the department of developmental studies to examine each item in the tools in order to decide what those items were intended to measure.

3.8.2 Reliability

Reliability estimates the degree to which a research instrument yields consistent results after repeated trials (Fraenkel et al., 2012). In this study, reliability was ascertained by a test-retest to be administered to 13 OVC beneficiary households (10% of 260) from Mua hills Location which is within the study area but not part of the study population. In this study, reliability was ascertained by inter-rater/observer reliability technique. This is the degree to which different observers give consistent findings. The test was administered to the respondents and then repeated after 4 days. The researcher then sought an expert

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opinion from the department of developmental studies who gave a similar report meaning that the responses from the two tests were consistent.

3.9.Data Collection

Data was collected using questionnaires and interview schedules. Before going to the field, the researcher obtained authorization letter from the Board of Post graduate studies at St. Paul's University to procure a research permit from the National Council of Science and Technology for carrying out this study. After obtaining the permit, we went to the field for data collection. Face-face data collection enabled the researcher and his assistants to articulate to the respondents the purpose of the study and to clarify any unclear issues or questions. It also helped the research team to ascertain the information given through observation. The research instruments were administered to the respondents after seeking oral consent from the participants. Data was collected within the respondent's homes for the purpose of verifying the information given about schooling of the sponsored children.

3.10 Data analysis

After data collection, all returned questionnaires were organized based on the source and coded.

The data was then inspected for completeness and then edited for mistakes. Before coding, all instruments were identified and a list of all of them made. Qualitative data was analyzed by use of content analysis which involved categorizing of verbal data for the purpose of classification, summarization and tabulation. Then the researcher went on to identify the most common responses for each question on the questionnaire. For all

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questions, all possible response categories were identified and assigned a response category name. This helped the researcher to standardize data from many responses so that it can make sense and also enable him transfer raw data on a sheet where data can be read at a glance for easier analysis. After entering the data on excel sheet, quantitative data was analyzed through descriptive statistics such as mean and percentages which were calculated. The results from data analysis were then presented in tables, charts and graphs

3.11 Ethical standards during study

The researcher ensured that ethical principles were adhered to. Every participant in the study was informed early enough so as to prepare for the interview. The participants were notified of the purpose of the study and their right to voluntary participation in the study. There was no any form of inducement or pressures to encourage individuals participate in the study. The anonymity principle was strictly adhered to. Furthermore, the researcher obtained the consent of the parents/caregivers to interview children. Voluntary participation, right to decline, withdraw or refuse to answer questions was assured to the children. The researcher discarded/destroyed information which was likely to reveal the identity of the respondent.

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CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND DISCUSSION

4.0 Introduction

This chapter presents the findings of the analyzed data, its interpretation and discussion. The findings are presented in section one and two. Section one describes the background information of the study participants while section two describes the results based on the variables as presented in the objectives of the study.

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4.1 Response rate

4.1.1. Response rate for Caregivers

Table 4.1 below presents the distribution of the study sample for caregivers across the seven sub-locations which were included in the study.

Table 4.1: Questionnaires for caregivers distributed and returned

Sub-Location	Distribution	Returned	Percentage
Kisinga	17	17	100
Mung'ala	27	27	100
Misakwani	20	20	100
Lower Kiandani	15	15	100
Upper Kiandani	31	31	100
Nziuni	11	11	100
Kiitini	9	9	100
Total	**130**	**130**	**100**

Source: Researcher (2016).

From Table 4.1, it can be seen that all questionnaires distributed in all the study sub-locations were filled and returned. A total of 130 representing 100% response rate participated in the study. This achievement is attributed to direct administration of the questionnaires by the researcher.

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4.1.2. Response rate for OVC's

With regard to OVC's, Table 4.2 below presents the proportion of questionnaires distributed and the ones which were filled and returned.

Table 4.2: Questionnaires for OVC's distributed and returned

Sub-Location	Distribution	Returned	Percentage
Kisinga	17	17	100
Mung'ala	28	28	100
Misakwani	20	20	100
Lower Kiandani	15	15	100
Upper Kiandani	30	30	100
Nziuni	11	11	100
Kiitini	9	9	100
Total	**130**	**130**	**100**

Source: Researcher (2016).

Table 4.2 indicates that the study achieved 100% response rate for orphans and vulnerable children interviews. A total of 130 questionnaires were distributed across the study sub-locations, and all of them were filled and returned. Again, the study attributes this observation to direct administration of the questionnaires by the researcher.

4.2 Demographic characteristics of respondents

Demographic characteristics of the respondents were considered to be very important towards the achievement of the CT-OVC program objectives, especially that of

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promoting education of the vulnerable children. Respondents of the study comprised of caregivers and their vulnerable children being supported by the CT-OVC program in Kalama and Mumbuni locations in Machakos sub-county. They were sampled from seven sub-locations namely; Kisinga, Mung'ala, Misakwani, Lower Kiandani, Upper Kiandani, Nziuni and Kiitini**.** The demographic characteristics sought by the researcher included: gender, age, level of education, marital status, number of children per household, relationship of the child to the caregiver, income of the household, enrollment and uses of CT-OVC programme money by the households.

4.2.1 Gender of respondents

The study sought to find out gender of the respondents as an intervening variable in the study. All the participants were asked to indicate their gender.

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4.2.1.1: Gender of the Caregivers

Figure 4.1 presents a summary of the results with regard to gender of caregivers

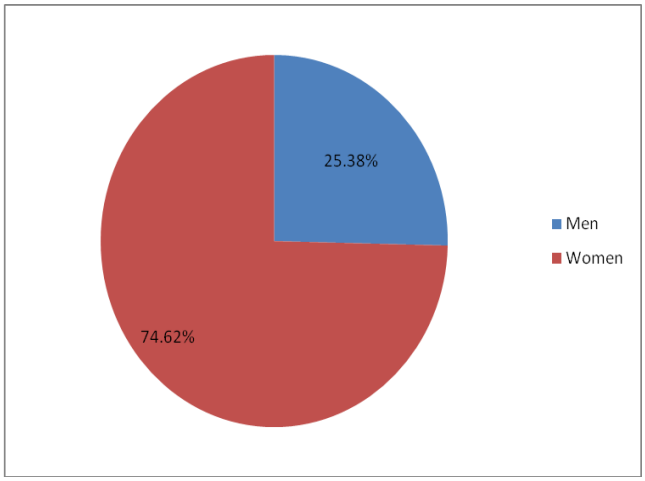


Figure 4.1: Gender of caregivers

Source: Researcher (2016)

According to Figure 4.1 above, out of 130 caregivers interviewed, 97(74.62%) were female while, 33(25.38%) were male. The high number of women caregivers interviewed is an indication that most of the registered caregivers of the CT-OVC program are women. These findings can be interpreted to mean that either the architects of the CT-OVC program preferred women to be the recipient of the cash as they tend to be more trustworthy and hence are likely to use the money for the intended purpose as opposed to men. This could be also attributed to the fact that women in Kalama and Mumbuni are the once who are often left with the burden of taking care of orphans and vulnerable children. In an interview with Machakos sub-county children's officer who is an implementing agency of the program at the grass root, the study established that women are the most preferred for taking care of vulnerable children because of their humane and

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honesty nature as compared to men. He even cited several cases where male caretakers were reported to have misused the money allocated for the children's education. He noted that he has knowledge of some children who are under the care of male caregivers and who are not in school. Indeed, Kenya's preference for women to be the recipient of the money is similar to the World's most recognized cash transfer scheme known as Nicaragua's Red de Protection Social(RPS). RPS was predominantly recognized because of its contribution to education and the health of the vulnerable children.

4.2.1.2: Gender of OVC's

The results of OVC's gender are presented in figure 4.2

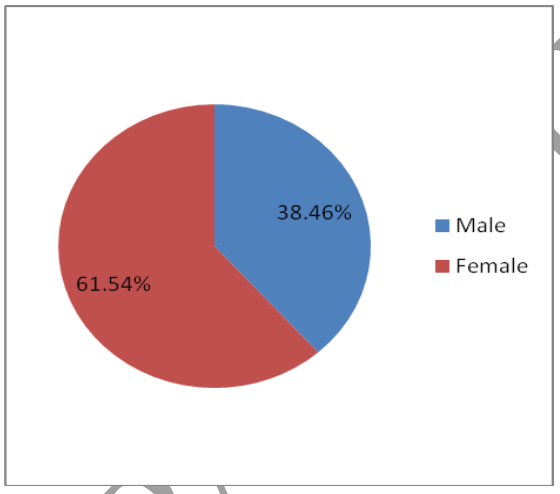


Figure 4.2: Gender of OVC's

Source: Researcher (2016)

With regard to the OVC's, the study found that majority of the children going to school in Kalama and Mumbuni are girls at 61.54%, while boys accounted for 38.44% (Figure 4.2). These results are quite unusual because in most communities, boys who attend

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school are more than the girls. The low number of boys in school can be attributed to the issue of sand harvesting which is more prevalent in Machakos County where boys are reported as being seen in quarries as opposed to school. An in-depth interview with the children's officer revealed that sand harvesting in Machakos County has made it difficult for children particularly in the poor households to go to school, because some of these families send the children to the mines at the expense of schooling all in the name of earning income for the family.

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4.2.2 Age of the respondents

The study sought to find out the age of the respondents. Every respondent was asked to indicate their age brackets.

4.2.2.1: Age of caregivers

A summary of the age of caregivers is shown in Table 4.3 below.

Table 4.3 Ages of Caregivers

Age Group(years)	Frequency	Percentage
10 – 20	5	3.88
20-30	6	4.65
30-40	14	10.85
40-50	30	22.48
Above 50	75	58.14
Total	**130**	**100**

Source: Researcher (2016)

Table 4.3 above, shows that more than half (57.69%) of the caregivers interviewed are 50 years and above. This was followed by 22.48% who were aged between 40-50 years, 10.85% aged between 30-40 years, 4.65% aged between 20-30 years and finally 3.88 % age between 10-20 years. This observation elicits two perspectives. The first perspective is that the CT-OVC programme gives high priority to the elderly people who take care of the orphaned or vulnerable children while the second perspective is that most of the children are left behind by their parents and hence are being taken care of by their

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grandparents. The sub-county children's officer indicated that majority of the orphaned children are left in the hands of their grand-mothers due to death of their parents.

4.2.2.2: Ages of OVC's

The summary results of ages of OVC's are presented in table 4.4

Table 4.4: Age of OVC's

Age bracket(years)	Frequency	Percentage
8 to 11	30	23.1
12 to 17	100	76.9
Total	**130**	**100**

Source: Researcher (2016)

According to the results from Table 4.4, 100 (76.9) percent of the children interviewed were aged between 12 and 17 years while the remaining 30(23.1%) were in the age bracket of 8-11 years. This shows that all the OVC who participated in the study were of the requisite age for the purpose of the study and therefore their views count.

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4.2.3 Marital Status of Respondents

It was also imperative for the researcher to establish the marital status of the caregivers who participated in the study since it contributes to socioeconomic stability of the household. The findings on this issue are presented in Figure 4.3 as show below:

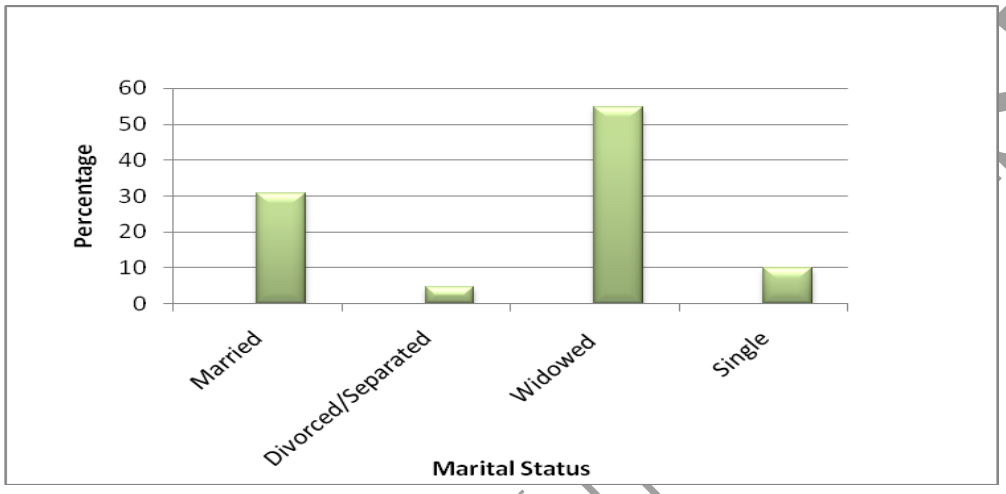


Figure 4.3: Marital Status of Caregivers

Source: Researcher (2016)

The findings as presented in Figure 4.3 on marital status of the caregivers indicate that 40 of those interviewed representing 30.77% are married while 71(54.62%) are widowed. The results further revealed that 13(10%) of the caregivers interviewed are single while the remaining 6 caregivers accounting for 4.62% are either divorced or separated. These findings imply that most OVC's in Kalama and Mumbuni are taken care of by the elderly and widowed women.

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4.2.4 Education levels of the respondents

The study sought to establish the levels of respondent's education. The caregiver's education levels were thought to be a very important determinant factor towards the OVC's education on the assumption that more educated caregivers are more likely to appreciate education of children.

4.2.4.1: Education of Caregivers

Table 4.5 present a summary of the educational background of the caregivers

Table 4.5: Education levels of caregivers

Education Level	Frequency	Percentage
Primary	74	56.92
Secondary	29	22.31
No Education	26	20
College/University	1	0.01
Total	**130**	**99.24**

Source: Researcher (2016)

The above Table (4.5) indicates that majority of the caregivers have low levels of education with 56.92% having attained primary level of education, 20% having no formal education, while only one respondent out of 130 interviewed has tertiary level education. This means that beneficiaries of the CT-OVC program are in general terms of low education. The level of education of a caregiver is very important for the provision of educational needs of the child. The assumption is that a more educated caregiver appreciates education more and is likely to support and encourage the children to reach

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their highest potential. This therefore implies that most OVC's who are under CT-OVC program in Kalama and Mumbuni lack necessary support and inspiration to achieve a lot in their education endeavors.

4.2.4.2: Education levels of OVC's

With regard to the OVC's the findings on their education levels are displayed in Table 4.6 below:

Table 4.6: Education of OVC's

Level of Education	Frequency	Percentage
Secondary	31	23.85
Primary	96	73.85
Pre-primary	3	2.3
Total	**130**	**100**

Source: Researcher (2016)

These findings as shown in Table 4.6 indicate that majority of the OVC's interviewed are in primary schools. Out of 130 beneficiary children who were interviewed, 96(73.85%) are in primary schools, 31(23.85%) are in secondary while, 3(2.3%) of the OVC's polled were at pre –primary level. These findings can be interpreted to mean that the money given to the beneficiary families by the government under CT-OVC program is supportive of primary education than secondary. This also implies that the CT-OVC program aims at ensuring that all children attain basic level of education.

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4.2.5 Children cared for per household

The research sought to find out the number of children in every family with OVC under CT-OVC program and the results are displayed in the Table 4.7 below.

Table 4.7: Number of OVC's in sampled households

Number of Children	Frequency	Percentage
0	0	0
1	22	16.92
2	35	26.92
3	37	28.46
4	14	10.77
5	7	5.38
6	6	4.62
7	5	3.85
8	0	0
9	0	0
10	3	2.31
Total	**130**	**99.23**

Source: Researcher (2016)

Table 4.7 indicates that the average number of children in the sampled household was 3.1 (about three children). The interpretation of this is that the number of children benefiting from the Cash transfer in Mumbuni and Kalama is large. As shown from the Table, 37(28.46%) households had three children while 14(10.77%) households had four children. The highest number of children in a household was 10 while the lowest was one. It can also be seen that all the households interviewed had children.

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4.2.6 Relationship of a child to caregiver

The researcher sought to establish the relationship between the OVCs and the caregivers. The results are presented in Table 4.8 below:

Table 4.8: Relationship of the Caregiver to the OVC

Relationship	No. of children	Percentages
Child*	25	19.23
Grandchild	61	46.92
Niece/nephew	23	17.69
Brother/sister	12	9.23
Others (others from extended family)	9	6.92
Total	**130**	**99.99**

Source: researcher (2016)

**Refers to a single orphaned child who has lost one parent*

According to the table, out of 130 household surveyed, 25 (19.23%) of the children are taken care of by either all or one parent while 61 (46.92%) are taken care of by their grandparents. This could be because either their parents died or they were abandoned by either one or all of their parents. As shown in table 4.8, 23 (17.69%) of the OVC's are fostered by nieces/nephews while 9 (6.92%) of them are fostered by their elder siblings. The interpretation of these findings is that most of the vulnerable children are taken care of by the elderly members of the society. This observation is still consistent with the early findings on the age of the caregivers.

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4.2.7 Income levels of the households

The income of the household was viewed by the researcher as another important intervening variable in this study. Research findings are displayed in Table 4.9 below.

Table 4.9: Household income levels

Average monthly income (Kshs)	Frequency	Percentage
1000-3000	95	73.08
3000-4000	8	6.15
4000-5000	3	2.31
Others (less than 1000)	24	18.46
Total	**130**	**100**

Source: Researcher (2016)

According to Table 4.9, majority, 95(73.08%) of the households interviewed earn between Kshs. 1000 and Kshs 3000 per month, while 18.46% of the households survive on less than Kshs. 1000 per month. Findings further reveal that out of 130 caregivers polled, only 3(2.31%) earn between Kshs. 4000 and 5000, while 8 (6.15%) earn between Kshs 3000 and 4000 per month. These results imply that majority of the households registered under the CT-OVC program are poor as they cannot afford to spent at least 1US dollar in a day. This confirms to us that the program targeted the real beneficiaries (the poor). This is likely to have adverse effect on the children's school attendance as sometimes parents/guardians may be tempted to use the money meant for education in catering for other basic needs such as food, clothing, medication and even shelter.

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Demographic characteristics of caregivers are important factors that can determine the effectiveness of the OVC-CT programme on education and other benefits to the beneficiary children. A good example is the age and literacy levels of caretakers can have a bearing on the level of support and inspiration of the children to attend school. Children being taken care of by older and with less educated caregivers can have lower chances to advance unlike those taken care of by youthful and somehow educated parents or guardians. Gender of the child is also a determining factor as to whether they will be taken to school or not. There are some communities here in Kenya who holds that educating a girl is not only a waste of time but resources as well. In such communities, boys are likely to be given priority when it comes to education especially when resources are limited. However, this may not be the case in Kalama and Mumbuni where there are many girls than boys in school according to the findings of the study.

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4.2.8. Enrolment into CT-OVC Program

The researcher sought to determine the length of time the households had been benefiting from the CT-OVC program and the amount of money received. The summary results are presented in Table 4.10.

Table 4.10: Year of enrollment into CT-OVC Program

Year of Enrollment	Frequency	Percentage
2006	60	46.15
2009	40	30.77
2011	30	23.08
Total	**130**	**100**

Source: Researcher (2016)

Table 4.10 above shows that out of the 130 caregivers interviewed, 60(46.15%) were enrolled into CT-OVC programme in 2006 when the program just started in Machakos sub-county, 40(30.77%) were enrolled in 2009 while the remaining, 30(23.08%) were enrolled in the year 2011. This means that a big number of CT-OVC beneficiaries in Mumbuni and Kalama had been benefiting from the program for eight years. This was interpreted as a long period for the effectiveness of the program to be felt among the beneficiary households especially with regard to education.

All caregivers interviewed indicated that they were receiving Kshs. 2000 per month from CT-OVC program, which is paid out after every two months through Equity bank agents. In addition, the respondent indicated that that amount had been increased from Kshs. 1500 paid in 2006, to the now Kshs.2000 which was effected in 2011.

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The Sub-County children's officer indicated that the same amount of money is paid to beneficiaries irrespective of the number of children who are cared for in each household. The Kenyan cash transfer scheme differs from that of Malawi christened "Mchinji Social Cash Transfer" in which the monthly cash transfer varies according to the number of OVC's being taken care of (Schubert & Huijbregts, 2006). The Malawian scheme also takes into account the level of education at which children in the beneficiary households was enrolled.

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4.2.9. Uses of CT-OVC Program by caregivers

To achieve the objectives of this study, it was imperative for the researcher to find out how the households in Mumbuni and Kalama locations use the money they receive from the program. The findings on the main uses of CT-OVC programme money are presented in Table 4.11

Table 4.11: Main Uses of Money

Main	Frequency	Percentage
Education	94	72.31
Food	25	19.23
Medication	5	3.85
Clothes, shoes	6	4.62
Total	**130**	**100.01**

Source: Researcher (2016)

From Table 4.11 above, the respondents indicated four main uses of money from CT-OVC programme (Education, food, clothes and shoes and medication). Out of 130 respondents, 94(72.31%) said that they use the money for educational requirements of the children in their households, while 25(19.23%) use the money to buy food. Other beneficiaries use money for treating their sick family members (3.85%) and 6(4.62%) for buying clothes and shoes. The observation that most respondents use the money from CT-OVC for paying fees and other educational needs is inconsistent with the findings of Mohale Hoek and Maseru districts of Lesotho where it was reported that most recipients

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of Cash transfers use the money mainly for food and other basic needs (Slater & Mphale, 2008). It is expected that since the beneficiaries use the money mainly for education, this will have a long-term positive bearing on human capital development which might eventually reduce the gap between the rich and the poor in Kalama and Mumbuni locations.

4.3.Effectiveness of CT-OVC program on School Enrolment

The study sought to find out whether enrolment into CT-OVC had any effect on school enrolment for OVC's. To establish this, it was important to find out the number of beneficiary households whose children were in school before the program and also to identify those households that were able to enroll their children courtesy of the CT-OVC program.

4.3.1 Households whose children were in school before CT-OVC enrollment

We sought to find out how many households had their children in school before the enrolment into CT-OVC. The results of the findings are displayed in Table 4.12 below.

Table 4.12: OVC who were in school before CT-OVC enrollment

Was your child school before CT-OVC?		Percentage
Yes	100	76.92
No	30	23.08
Total	**130**	**100**

Source: Researcher (2016)

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Table 4.12 indicate that, out of 130 caregivers polled on this questions, 100(76.92%) admitted that the vulnerable children they were living with were going to school before enrolment into CT-OVC program while 30 respondents who represent 23.08% of all the interviewees observed that their children were not in school by then. This can be interpreted to mean that CT-OVC had some effect on the enrolment of these vulnerable children in school. Judging from the poverty levels of the households polled, the high levels of OVC's enrolment can partly be attributed to the free primary education initiated by the National Rainbow Coalition Government in January 2003. These findings are similar to the ones by Sanfilipo (2012), and Kresh and Walque (2015) in Burkina Faso. In his study on the impact of CT-OVC program on education using experimental design, Sanfilipo observed that CT improves school enrolment by helping the poor households to overcome the cost barriers of schooling (fee, uniforms and books). On his part, Kresh and Walque (2015) noted that both conditional and unconditional Cash transfer programmes have positive effects on school enrollment but, their impact of the conditional CT-OVC programmes are much greater.

4.3.2 Change in school enrolment under CT-OVC households

One of the objectives of the CT-OVC program was to increase enrolment of vulnerable children into primary schools (basic). The study sought to find out whether there was any change in school enrolment of OVC's as a result of household enrolment into CT-OVC program. Findings of the study reveal that only 20(15.38%) of the respondents were able to send their children to school courtesy of the program. These findings are consistent with Schady et al. (2006) findings on Ecuador's *Bono de Desarrollo Humano* Cash

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transfer program. However, the two programmes differ in terms of their impact on enrolment. While the CT-OVC program for Kenya recorded a marginal impact of 15.38% of the respondents interviewed, *Bono de Desarrollo Humano* was found to have a large positive impact on enrolment. This was reported by (90% of the beneficiaries interviewed. Schady at al (2006) attributed this huge impact on the conditions the beneficiaries were made aware that money was for schooling. The sub-county children's officer reported that the Cash transfer program had greatly impacted on the school enrolment of the beneficiary children. This was according to the informal data he collects on the beneficiary households. This means that the program was effective on enrolment of OVC's into basic education in the sampled locations (Kalama and Mumbuni). However, this effectiveness was not that great according to the beneficiaries.

4.4. Effectiveness of CT-OVC on School retention

It was important for the study to find out whether the CT-OVC had any effect on school retention of the OVCs. Respondents were asked to indicate if the program had greatly improved school attendance or had not. Table 4.13 below presents the summary of findings on this question.

Table 4.13: Effectiveness of CT-OVC program on school retention

School retention	Frequency	Percentage
Great effect	59	45.38
Slight effect	30	23.08
No effect	41	31.54
Total	**130**	**100**

Source: Researcher (2016)

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According to the results as displayed in Table 4.13, 59 (45.38%) of the respondents indicated that this program had great effectiveness on the school retention of the children they were taking care of. Out of 130 caregivers interviewed, 41 (31.54%) indicated that CT-OVC programme had no effect on school retention of their children, while 30 (23.08%) of the respondents indicated that the Cash transfer system had a slight effect on the retention of OVC's in school in Kalama and Mumbuni. When the same question was asked to the children, 100 (76.92%) of them stated that they are always in school while the remaining 30 (23.08%) of the children polled admitted that sometimes they are absent from school. Majority of OVC's talked to admitted that the CT-OVC was the best thing which happened to them and that without it, they will not be in school. In fact, one child said, "I lost all my parents 6 years ago and I wasn't going to school before the government came to my rescue through this programme." These findings show that while the Cash transfer did not have a great effect on the school enrolment, the funds play a major role in the retention of the vulnerable children in school. The implication is that even though majority of the households had enrolled their children in school before the CT-OVC program, these children were not in school at all times. In an interview with the sub-county children's officer on the same question, the officer noted that even though the funds disbursed are not sufficient, there was a remarkable improvement as far as retention of OVC's in school is concerned. The officer further noted that the reason why some beneficiary children have irregular school attendance could be that some caregivers do not prioritise the education needs of these children.

Kazinga (2009) and Otieno (2013) in their studies in Kenya and Bangladesh respectively found similar results. In his report on the effectiveness of OVC on children's wellbeing in

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Kenya, Otieno concluded that Cash transfer programme enhances and improves school attendance of the beneficiary vulnerable children. While admitting that Cash transfer program improved school attendance, Kazinga (2009) also noted that the program increases enrolment of girls more than that of boys. In addition, findings of DFID (2010) in Brazil show that beneficiaries of the Bolsa Familia programme are 20 percent less likely to have one day absent from school in any given month as compared to the non-beneficiaries of the program. The report indicates that the beneficiaries of the Cash transfer programme in Brazil are 63% less likely to drop out of school and 24% likely to advance an additional year.

The study also sought to understand the reasons for irregular attendance of school among the beneficiary households. The findings are presented in Table 4.14 below.

Table 4.14: Reasons for Irregular attendance of School

Reason	Frequency	Percentage
Insufficient Funds	70	53.85
Delayed disbursement of CT-OVC cash	50	38.46
Sickness	10	7.69
Total	**130**	**100**

Source: Researcher (2016)

From the Table above (Table 4.14), 70(53.85%) of the respondents attributed irregular attendance of school among the CT-OVC beneficiaries to insufficient cash transfers, 50

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(38.46%) out of 130 respondents polled cited delayed disbursement of the cash as the main reason they could not keep their children in school all the time, while 10(7.69%) were attending school irregularly due to sicknesses as shown in the table.

On the question concerning the frequency of missing school, 80 respondents who represent 61.54% of the caregivers interviewed admitted that their children rarely miss school, while 50 (38.46%) of the respondents indicated that their children are frequently absent from school. On their part, most children cited lack of school fees to be the reason why they were absent from school. They noted that the cash transfer money comes late sometimes and their guardians/parents are too poor to pay for school charges and hence are forced to stay home while their colleagues continue with learning. These findings can be interpreted to mean that even though the program had little effect on the school enrolment, it plays a big role in retaining the children in school. This is because, a large proportion of the children rarely miss school.

4.5 Effectiveness of CT-OVC Program on transition of OVC's from one class to the another

In the third objective, the study sought to find out if the CT-OVC program had any effect on the transition from one class to another among the beneficiary households. Caregivers were asked to indicate the class that the children were in 2006 when the program was started in Machakos sub-county and class in which their children were at the time of interview.

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The findings of the study are represented in Table 4.15 below

Table 4.15: Education Levels of OVC

	2006		2016	
Level	**Frequency**	**Percentage**	**Frequency**	**Percentage**
Pre-Primary	14	10.9	20	15.4
Class 1	20	15.4	9	6.6
Class 2	7	5.4	5	3.9
Class 3	12	9.2	13	10
Class 4	16	12.3	5	3.9
Class 5	6	4.6	10	7.7
Class 6	13	10	6	4.6
Class 7	19	14.6	25	19.2
Class 8	7	5.9	11	8.5
Form 1	5	3.9	4	3.1
Form 2	3	2.3	5	3.9
Form 3	5	3.9	5	3.9
Form 4	1	0.09	4	3.1
Tertiary	2	1.5	8	6.2
Total	**130**	**99.99**	**130**	**100**

Source: researcher (2016)

The results from Table 4.15 indicate that 14 (10.9%) of children in the sampled households were in pre-primary in the year 2006 while at the time of interview, 20 (15.4) children were in the similar class at the time of interview in 2016. The number of

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children who were in classes 1, 2, 4, 6, and form 1 in 2006 was higher than that of 2016 in the same classes. For example, in 2006, 20 (15.4%), 7 (5.4%), 16 (12.3%), 13 (10%) and 5 (3.9%) children were in classes 1,2, 4, 6 and form 1 respectively while in the year 2016, there were 9 (6.6%), 5 (3.9%), 5 (3.9%), 6 (4.6%) and 4 (3.1%) beneficiary children in classes 1,2,4, 6 and form 1 respectively. On the other hand, the findings show that children who were in classes 3, 5, 7, 8, forms 2, Form 4 and tertiary level institutions at the time of interview (2016) were more than those in the same levels of learning in 2006. According to Table 4.15, 13 (10%), 10 (7.7%), 25 (19.2%), 11 (8.5%), 5 (3.9%), 4 (3.9%) and 8 (6.2%) were in classes 3, 5, 7, 8, form 2, form 4 and tertiary colleges respectively in 2016 as compare to 12 (9.2%), 6 (4.6%), 19 (14.6%), 7 (5.9%), 3 (2.3%), 1 (0.09%) and 2 (1.5%) children who were in classes 3, 5, 7, 8, form 2, form 4 and tertiary colleges in 2006. In addition, there were more children, 37 (27.5%) from classes 8 up to tertiary college in 2016 compared to 23 (17.7%) in the year 2006.

The higher number of children in upper classes can be interpreted to mean that CT-OVC program has some effect on the transition of children from one class to the other. The sub-county children's officer supported this argument by stating that the cash transfer had greatly improved the transition rates from one class to the other. He argued that "even though the money given to the beneficiaries is not enough to educate a child in secondary school, CT-OVC program was a bridge between primary and secondary schools, as no child can go to secondary school without having gone through the primary level." The officer added that most vulnerable families are given some partial scholarships to help them educate their children in secondary. This can help answer the question, how do these poor households manage to educate their children in secondary schools? He further

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noted that there were high children dropout rates before the introduction of the programme as compared to the present.

The research went further to get opinion of the caretakers on the degree of effectiveness of the CT-OVC programme with regard to transition from one class to another on a scale of 1-3 (3-improved greatly, 2. Improved and 1. No improvement). The findings on this issue are displayed in Table 4.16 below.

Table 4.16: Improvement on transition

Respondents	Frequency	Percentage
Improved Greatly	62	47.69
Improved	50	38.46
No improvement	18	13.85
Total	**130**	**100**

Source: Researcher (2016)

According to the results as presented in Table 4.16 above, majority of the respondents 62(47.69%), indicated that the program improved transition greatly, 50(38.46%) of the interviewees indicated that there was improvement while the remaining 18 (13.85%) out of the 130(100%) households thought that CT-OVC program had not improved the transition in any way.

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4.6 Challenges facing CT-OVC Program on school enrollment, retention and transition.

In the fourth objective of the study, the researcher sought to understand the main challenges of the CT-OVC programme on school enrolment, retention and transition.

Findings on this question are presented in Table 4.17 below.

Table 4.17: Challenges of CT-OVC Program on Education

Main challenges	Frequency	Percentage
Delay in funds disbursement	65	50
Congestion at payment points	36	27.69
Covering long distances	7	5.38
No challenge	2	1.54
Too little money	20	15.38
Total	**130**	**99.99**

Source: Researcher (2016)

According to Table 4.17, 65 (50%) of the caregivers indicated that delay in the disbursement of money was a major problem, 36 (27.69%) said that the main challenge of the program was congestion at the payment centers. A total of 20 (15.38%) respondents who were polled indicated that the main challenge facing the program was insufficient amount of money disbursed to the beneficiary households while 7 (5.38%) of those interviewed mentioned travelling long distances to the payment points and 2

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respondents representing 1.54% cited that they did not see any challenge with the program. On the other hand, OVC's reported similar challenges. Out of 130 orphaned children interviewed, 90 (69.23%) of the OVC' thought that the main challenge of the CT-OVC program was the amount paid to each household; they argued that the money was too little to take care of their educational needs. An interview with the sub-county children's officer reaffirmed the challenges mentioned by the respondents. The officer cited late disbursement of funds as the main challenge of the program. He also noted that there are many deserving children who are not enrolled into this program because of probably limited funding. These findings are consistent with other studies. The National Gender and Equity commission (2000) and KNBS (2013) reports, indicated that delay in the disbursement of the cash transfer was among the key challenges cited by the families benefiting from this program in Kenya. Other challenges mentioned by this report and which are similar to the findings of the study include: long distances travelled by the caregivers to cash points and less amount of money disbursed under the program. Ressler (2008) also added her voice by establishing that delays in disbursement ranges between 1 to 4 months. These observations, specifically the delays in disbursement of funds can increase the vulnerability of the beneficiaries in addition to impacting their budgets as well. Families which entirely depend on the program to educate their children may not be in a position therefore to maintain their children in school up to completion of a level. The study therefore attributes irregular attendance of school by some children, and the reported low transition levels to these kinds of challenges.

The study also sought to get suggestions from the respondents on how the program can be improved in order to make it more effective.

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Table 4.18 displays a summary of the findings on this issue.

Table 4.18: Improvement on CT-OVC programme

Suggestion	Frequency	Percentage
Government to increase funds	66	50.77
Timely payment	47	36.15
More payment centers	17	13.08
Total	**130**	**100**

Source: Researcher (2016)

Majority 66 (50.77%) of the respondents admitted that the funds they receive are too little and therefore they should be increased, while 47 (36.15) % of them would like to see timely payment of the money. Others, 17 13.08%) of the respondents would like agents (payment centers) to be increased for ease of access to the funds. The sub-county children's officer suggested that the program needs to be scaled up in order to help many vulnerable children. He also suggested that the government should pay the money in good time because some children are forced to stay out of school due to lack of school fees and other items due to the late disbursement of funds. These findings are interpreted to mean that even though the program has some positive effects, there are a number of issues to be addressed to make it more effective.

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4.7 Strategies in place by the beneficiaries to address the challenges of CT-OVC programme

The study also sought to establish the strategies in place by the beneficiaries that address the challenges of the CT-OVC programme. The findings are presented in Table 4.19 below.

Table 4.19: Strategies to address the challenges

Respondents	Frequency	Percentage
Credit from local shop	64	49.23
Promissory note from children officer	60	46.15
None	6	4.61
Total	**130**	**100**

Source: Researcher (2016)

Majority 64 (49.23%) of the respondents admitted that they have some arrangements with the local shopkeepers who give them food and school items on credit which they pay later when they receive the CT-OVC cash, while 60 (46.15) % of them said that they get a promissory note from the children officer to school heads promising them that the school money will be paid when the CT-OVC money is disbursed by the government. Only 6 (4.61%) said they did not have any coping strategies in place. The same findings were corroborated by the Sub County Children Officer who explained that many beneficiaries often visit his office to get a letter addressed to head of schools explaining that the CT-OVC money has not been paid and hence not to expel the children in the programme due to tuition money. These findings are interpreted to mean that even though the program has a number of challenges, the CT-OVC beneficiaries have devised

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ways of trying to cope up with these challenges. This has a positive effect on the education of the orphaned and vulnerable children.

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CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of the results of the study based on the objectives, and conclusions thereafter. Both the summary and the conclusions are based on the study objectives. The chapter concludes with recommendations in accordance with the findings.

5.1 Summary of the major findings

This study set out to examine the effectiveness of the Kenya's Cash transfer program for orphans and vulnerable children on the education of the beneficiary households in Machakos Sub-County. To achieve this aim, the researcher formulated four objectives which were: to find out the effectiveness of the CT-OVC programme on school enrolment for the beneficiary OVC's in Machakos sub-County, to examine the effectiveness of the CT-OVC programme on school retention for the beneficiary OVC's in Machakos sub-County, to determine the effectiveness of CT-OVC programme on school transition of beneficiaries OVC's in Machakos sub-County and finally to establish the challenges facing the CT-OVC programme on school enrolment, retention and transition for the OVC beneficiaries in Machakos Sub-county.

The first objective of the study was to establish the impact of CT-OVC program on the school enrolment of the beneficiary households. Minority of caregivers, 20(15.38%) admitted that CT-OVC program was to be given credit for their children being in school. An overwhelming majority of the caregivers (76.92%) reported that their children were

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already enrolled in school at the time they were being registered for CT-OVC programme (see table 4.12).

The second objective sought to find out whether CT-OVC program had any effect on the school retention of the beneficiary children. Majority of the respondents, 69.23% indicated that their children are always in school courtesy of the CT-OVC program while minority (30.77%) of the respondents polled did not report any improvement on the school attendance of OVC's. Majority of the caregivers (61.54%) argued that their children rarely miss school (see table 4.15). This was interpreted to mean that the CT-OVC program has an impact on the retention of vulnerable children in school.

The third objective sought to determine the influence of CT-OVC on school transition. Majority of the respondents, 65.38% whose children are in secondary or pursuing tertiary level training, indicated that CT-OVC was be credited for this. This meant that without the incentives received under the program, their children will not be where they are.

The fourth objective sought to find out challenges affecting the CT-OVC program with regard to education of the OVC's. Majority of the caregivers (65.38%) cited delays in the disbursement as the main challenge of the CT-OVC, while an interview with the OVC's, revealed that the main challenge was the amount of money received by the beneficiaries under this program (table 4.16). They indicated that the money was too little to take care of their education needs.

Finally, the last objective sought to establish the strategies in place to address the challenges faced by the CT-OVC beneficiaries. An interview with the caregivers revealed

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that majority of them have made arrangements with the local shopkeepers where they are given food items on credit which they later pay upon receipt of the CT-OVC money. This helps them to address the problem of delayed funds. An interview with the Sub County children officer also revealed that the caregivers come for letters from him to the school heads requesting them not to send away the children in the CT-OVC programme because of tuition fees as the money will be paid once the money is disbursed.

5.2 Conclusions

Based on the findings and the summary of the study, the following conclusions were made with respect to effectiveness of CT-OVC program on school enrolment, retention and transition in line with the four objectives.

The first objective sought to find out the effectiveness of CT-OVC program on school enrolment in Machakos Sub-county. It was found out that majority of the respondents had their children going to school at the time of enrolment into CT-OVC but still there was a few children who were enrolled courtesy of the CT-OVC programme. The report therefore concluded that this program has positive effect though marginal on school enrolment.

The second objective sought to examine the effect of the cash transfer program for orphans and vulnerable children on school attendance/retention in Machakos Sub-county. Most respondents revealed that the program had improved school attendance of their children. The report concludes that the program has a positive and greater effect on the school retention of the children within the beneficiary households.

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The third objective was to determine the effects of Cash transfer program on school transition rates among the beneficiary households in Machakos Sub-county. Most respondents gave credit to the program with regard to their children's transition from one level to another. The report thus concludes that CT-OVC has a positive effect on school transition for the beneficiary households.

The fourth objective sought to establish challenges facing the CT-OVC program on school enrolment, retention and transition of beneficiary OVC's in Machakos Sub-county. Majority of the respondents cited two main challenges facing this program, that is, delay in disbursement of funds and not enough amounts of money. The report thus concludes that the key challenges of the CT-OVC program is delays in disbursing cash to the beneficiaries and the amount disbursed is not enough.

Finally, the last objective sought to establish the strategies in place to address the challenges faced by the CT-OVC beneficiaries**.** Most of the respondents said that they had made arrangements with their local shopkeepers who give them food and school items and they pay later when they receive the CT-OVC cash. This help to address the challenge of delayed payments. Also the caregivers get a promissory note from the Sub-County children Officer to take to heads of schools so that the children are retained in school. This help to retain the CT-OVC Programme children in school.

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5.3 Recommendations

Based on the findings and conclusions of the study, the report makes the following three recommendations.

1. The aim of the CT-OVC was to increase the accessibility of education to orphans and vulnerable children. However, the results from the first objective indicated that the cash transfer program had a marginal effect on the school enrolment. A further research is required to find out why the program does not have a drastic effect on school enrolment.

2. The fourth objective sought to establish the challenges facing the CT-OVC program on education of the OVCs. The findings pointed out two major challenges which are delays in disbursement of the money and meager amounts. In order to realize the objectives of the CT-OVC program on education, the report recommends that, the government should increase the amount of money it transfers to beneficiaries of CT-OVC program and that the cash should be paid on time.

3. The report also recommends a further study but this time with an experimental group. This will be instrumental in comparing the effects of the programme on education of OVC's in the registered households and those that are not benefiting from the programme.

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Appendix I: Household (Caretaker's) Questionnaire

Effectiveness of CT-OVC program on enrolment, retention and transition of OVC beneficiaries in Machakos Sub-County

Household (caretakers)

I am **Jotham Kamau**, a student at St. Paul's University. I am carrying out an academic study on effects of cash transfers for Orphans and Vulnerable children on education here in Machakos Sub-County. I would like to talk to you about this. The results of this research will help the stakeholders administer this programme more effectively and efficiently to ensure that the programme attains its objectives. All the information I obtain will remain strictly confidential and your answers will never be identified.

May I start now?

PART A: DEMOGRAPHIC INFORMATION

1	Name of the respondent(optional)		
2	Sex *(tick)*	1 Male ☐ 2 Female ☐	
3	Relationship to the Household Head*(tick)*	1=Head ☐ 2= Spouse ☐ 3= Son/daughter ☐ 4= Grand child ☐ 5= Others(Specify) ☐ ----------	
4	Age (years)	1. 10-20 ☐ 2. 20-30 ☐ 3. 30-40 ☐	

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		4. 40-50 ☐ 5. Above 50 ☐	
5	Marital Status *(tick)*	1. Married ☐ 2.Divorced/Separated ☐ 5. Widowed ☐ 6.Single ☐	
6	Level of Education /complete *(tick)*	1.No formal education ( ) 2. Primary ( ) 3.Secondary ( ) 4. College/University ( )	
7	How many orphans /vulnerable children are you taking care off?		
8	How old are they*? (list their age)*		

PART B: EDUCATION FOR OVC

	NAME(S)	
9	Are all the children going to school?	1 = Yes 0 = No

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10	For those children not going to school but are of school age, what are the reasons?	1. School fees is not affordable ( ) 2. Sickness/illness ( ) 3. Working ( ) 4. Pregnancy ( ) 5. Other (Specify)…… ( )
11	For those children going to school, are there instances when they fail to go to school?	1 =Yes 0= No
12	If you answer in 14 is yes, how often are they absent from school?	1.Rarely ( ) 2.Frequently ( ) 3.Often ( )
13	What are the most common reasons for their being absent from school?	_____ _____
14	How much money do you receive from the Cash transfer program per month?	Amount Kshs. 1. 1500 ( ) 2. 2000 ( ) 3. 3000 ( ) 4. Others (specify)…….. ( )

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15	How do you use the money you receive from the cash transfer program?	
16	Before the cash transfer, were the children you are taking care of going to school?	1. Yes ( ) 0. No ( )
17	If the answer to 16 is no, could you kindly give the reason(s)?	
18	In which class was the child (children) in when your household was enrolled into CT-OVC?	Pre-Primary Class 1 ( ) Class 2 ( ) Class 3 ( ) Class 4 ( ) Class 5 ( ) Class 6 ( ) Class 7 ( ) Class 8 ( ) Form 1 ( ) Form 2 ( ) Form 3 ( ) Form 4 ( ) Others(specify) ( )

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19	In which class is the child (children) now?	Pre-Primary Class 1 ( ) Class 2 ( ) Class 3 ( ) Class 4 ( ) Class 5 ( ) Class 6 ( ) Class 7 ( ) Class 8 ( ) Form 1 ( ) Form 2 ( ) Form 3 ( ) Form 4 ( ) Tertiary/University ( )
20	How has the CT-OVC programme affected: a) OVC's school enrolment?	1. Improved ( ) 2. No impact ( ) 3.Worsened ( ) 4.Not sure ( )
	b) School attendance?	Improved ( ) 2. No impact ( ) 3.Worsened ( ) 4.Not sure ( )

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	c) Class transition?	Improved ( ) 2. No impact ( ) 3.Worsened ( ) 4.Not sure ( )

PART C: HOUSEHOLD INCOME AND CASH TRANSFER PROGRAM

21	What is the average monthly income from your occupation (salary/wage)?	1.Kshs. 1000-3000 ( ) 2. Kshs. 3,000-4,000 ( ) 3.Kshs. 4,000-500 0 ( ) 4. Other (specify)…… ( )
22	What challenges do you experienced in the disbursement of CT-OVC funds?	
23	What do you do to try and address the above challenges?	
24	What can you suggest for improvement of the CT-OVC program?	
25	Do you have any other comment to make or question?	

Your responses are valuable to this research

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Appendix II: Household (Orphans and Vulnerable Children) Questionnaire

I am **Jotham Kamau**, a student at St. Paul's University. I am carrying out an academic study on effects of cash transfers for Orphans and Vulnerable children on education here in Machakos Sub-County. I would like to discuss with you as a stakeholder in this program. Your answers are completely confidential. The information I collect will be used to produce a generate report without identifying individual opinions. I would kindly like to seek your consent to do this discussion with you. The survey will take about 30 minutes. Would you be willing to participate?

Date of the interview_____

Name of your school_____

1. Gender……
2. Who takes care of you?
3. Are you in school?
4. In which class/form are you?
5. Are you always in school?
6. How does your caretaker spend this money?
7. Before CT-OVC, who was taking care of your educational needs?
8. What are the benefits of CT-OVC program? *(Prop on school enrolment, attendance and transition).*
9. Are there instances where you are sent away from school due to lack of school fees, uniforms or stationaries?
10. What are the challenges regarding the CT-OVC in your opinion?
11. What would you like to see improved in the CT-OVC programme?
12. Do you have any question or comment?

Your responses are valuable to this research

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Appendix III: Sub County Children's Officer Interview Guide

I am **Jotham Kamau**, a student at St. Paul's University. I am carrying out an academic study on effects of cash transfers for Orphans and Vulnerable children on education here in Machakos Sub-County. I would like to discuss with you as a key stakeholder in this program. Your answers are completely confidential. You do not have to answer any question that you do not want to answer and you may end this interview anytime you want. However as a key stakeholder it is very important for us to obtain your perspective about this policy. The information I collect will be used to produce a generate report without identifying individual opinions. I would kindly like to seek your consent to do this discussion with you. The survey will take about 45 minutes. Would you be willing to participate?

Date and Signature of interviewer_____

Date and Signature of Interviewee_____

1. How long have you worked as an OVC administrator in Machakos Sub-County? What are your roles and responsibilities?
2. Can you briefly explain the structure of CT-OVC program?
3. When was the CT-OVC program introduced in Machakos sub-county*? (prop on the areas where the program is found within the Sub county)?*
4. Who are the children in this community that are the poorest of the poor? Can you describe them and the way they live?
5. How do you select CT-OVC beneficiaries? Could please describe the process?
6. What are the challenges in the selection process (OVC)? How do you overcome such challenges?
7. Since the introduction of the CT-OVC program, what are the changes you have observed with regard to OVC's education? *(Prop changes on enrolment, school attendance, and transition*).How many OVCs have benefitted from this program so far since 2006?

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8. To what extent has the CT-OVC addressed the challenges faced by OVC? *(Probe for retention rates, enrollment and access)*
9. Is the CT-OVC funds required to be spent in a certain way (education, nutrition etc.)?
10. What are the challenges regarding to CT-OVC?
11. Are there strategies the beneficiaries of programmes have devised to try and address these challenges?
12. What would you like to see improved?
13. What are the other existing support mechanisms on care and support for OVC in this sub county?
14. Do you have any question or comment?

Your responses are valuable to this research

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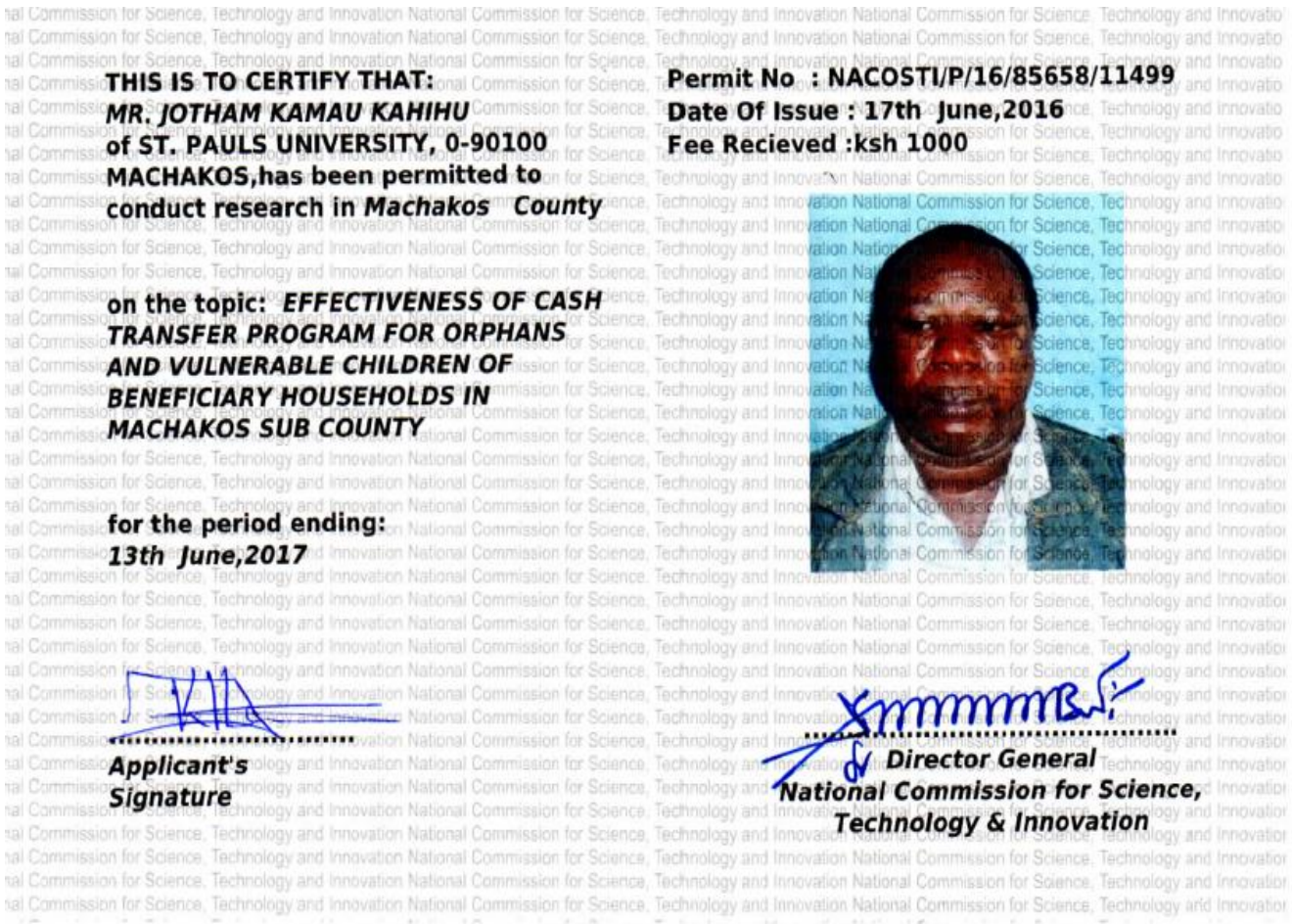
Appendix V: A Table for determining Sample size from a given population

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size.
S is sample size.

Source: Krejcie & Morgan (1970)

Appendix VI: Research Permit



THIS IS TO CERTIFY THAT:
MR. JOTHAM KAMAU KAHIHU
of ST. PAULS UNIVERSITY, 0-90100
MACHAKOS,has been permitted to
conduct research in *Machakos County*

on the topic: *EFFECTIVENESS OF CASH TRANSFER PROGRAM FOR ORPHANS AND VULNERABLE CHILDREN OF BENEFICIARY HOUSEHOLDS IN MACHAKOS SUB COUNTY*

for the period ending:
13th June,2017

Permit No : NACOSTI/P/16/85658/11499
Date Of Issue : 17th June,2016
Fee Recieved :ksh 1000

.....
Applicant's Signature

.....
Director General
National Commission for Science, Technology & Innovation

ST. PAU

Appendix VII: Research Authorization Letter



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471, 2241349,3310571,2219420
Fax:+254-20-318245,318249
Email:dg@nacosti.go.ke
Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.
NACOSTI/P/16/85658/11499

Date:
17th June, 2016

Jotham Kamau Kahihu
St. Paul's University
P.O. Private Bag-00217
LIMURU.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Effectiveness of cash transfer program for orphans and vulnerable children of beneficiary households in Machakos Sub County,"*** I am pleased to inform you that you have been authorized to undertake research in **Machakos County** for the period ending **13th June, 2017.**

You are advised to report to **the County Commissioner and the County Director of Education, Machakos County** before embarking on the research project.

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

DR. STEPHEN K. KIBIRU, PhD.
FOR: DIRECTOR-GENERAL/CEO

Appendix VIII: Map of Study Area



Study Area (Machakos)

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