

# **FACTORS INFLUENCING CIVIL REGISTRATION OF HOUSEHOLD IN CASH TRANSFER FOR ORPHANS AND VULNERABLE CHILDREN PROGRAMME IN KARABA LOCATION, MBEERE SOUTH SUB-COUNTY**

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## **ABSTRACT**

Cash Transfer for Orphans and Vulnerable Children Programme (CT-OVC) is one of the major initiatives by the Government of Kenya to support vulnerable children. Birth and death registration are of a particular importance in promoting and protecting the rights of the child. Absence of care giver's identity card, death certificates for the deceased parents and child's birth certificate increase the chances of violation of a child's basic rights. Acquisition of death and birth certificates remains low despite government intervention. The purpose of the study was to establish the influence of cash transfer for orphans and vulnerable children programme on civil registration in Karaba Location of Mbeere South Sub-county. The study sought to determine how demographic characteristics of the caregivers, challenges faced by caregivers, household priorities of caregivers and household size affect civil registration. The study was conducted in Karaba Location of Mbeere South Sub-county using descriptive study design. The target population was 399 respondents comprising of 377 Caregivers, 20 children, 1 Children Officer and 1 Civil Registrar. The sample size was 102 respondents. Systematic sampling was used since a complete list of caregivers was available. Primary data was collected using a questionnaire, interview guide and focus group discussion guide while secondary

data was obtained from documents review. Data was analyzed using statistical package for social sciences and presented in frequency tables and cross tabulations. Study findings indicated that demographic characteristics of the caregiver such as age, gender occupation and education level affected decisions on acquisition of civil registration. It was also deduced that the prioritization of needs in the household affected acquisition of civil registration since food and education were given a higher priority. Challenges such as high transport costs, drunkenness of some caregivers, misplacement of documents and also the amount given to the OVC being inadequate were some of the challenges cited by the caregivers and civil registrar. It was noted that the OVC were not involved in making decisions on use of the money despite the fact that they were the reason for the programme. It was concluded that demographic characteristics, challenges faced by caregivers, prioritization of needs and household size influenced civil registration in Karaba Location. The study recommends that civil education should be carried out from time to time to the registered caregivers and possibly to the affected families in order to ensure that civil registration is taken seriously.

**Key Words:** *civil registration, household in cash transfer, orphans and vulnerable children programme, Karaba location, Mbeere South Sub-county*

## **INTRODUCTION**

International human rights instruments have long recognized social protection as fundamental human right. Most notably, rights for all citizens are enshrined in Articles 22 and 25 of United Nations Universal Declaration of Human Rights, 1948, that states that everyone as a member of society, has a right to social security and to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical

care and necessary social services. The commission for African union identified social protection programme as a key tool in tackling extreme poverty in Sub-Saharan Africa. Kenya is a signatory to Livingstone declarations of 2006 which committed African governments to improve on implementations of social protection programme. In the Livingstone call for action, the African government then agreed to integrate social transfers within the national development plans and budget within 2-3 years.

According to Bequele (2005), birth registration started during the colonial times. It was optional for Africans and even after independence, national legislation largely stemmed from colonial laws and did not incorporate people's cultural practices. Millennium Declaration adopted by all 191 United Nations member states in September 2000, The plan of Action of A World Fit For Children adopted by 189 member states at the United Nations Special Sessions on Children in May 2002, acknowledge that there is need to develop a system to ensure registration of every child at or shortly after birth and fulfill the right to name and nationality in accordance with national laws and relevant international instruments. Global framework for the protection, care and support of orphans and vulnerable children in a world with HIV and AIDS (2004), Strategy number 3, ensures access for orphans and vulnerable children to essential services, including education, healthcare, birth registration and others.

The United Nations Convention on the Right of the child (UNCRC) article 7(1) gives every child the right to name and acquire nationality, to be registered at birth, right to know and be cared for by her/his parents and place the obligation on the state to ensure these rights. Article 6(2) of the ACRWC also establishes a child is right to be registered immediately after birth. Kenya has ratified both CRC and ACRWC. Both the CRC and ACRWC place a legal obligation on state parties to in accordance with their constitutional process, to adopt the legislation to give effect to the CRC (1989) article 4 and ACRWC article 1(1) (1990).

Committee on the rights of a child, (2005) observed that the registering children are a major challenge in Sub-Saharan African country. Plan of action towards Africa for children (2008-2012) article 111(7) (a) calls for universal birth registration through comprehensive measures including campaigns and appropriately resourced systems. Consequently, several national plans of action on orphaned and vulnerable children from cote d Ivoire, Kenya, Ethiopia, Lesotho, Rwanda, Nigeria, New Zealand and Zambia acknowledge that birth registration is essential to enable children access other services. Rate of birth registration is low in rural areas, children born to vulnerable parents, children who are refugees or internally displaced and children belonging to minority groups despite the government intervention (UNICEF (2005a).

Eastern and Southern Africa has 24% birth registration rate, west and Central Africa has 41% registration rate, which are respectively the lowest and third lowest regional rates in the world. South Africa has the second lowest birth registration rate which is a total of 36% of children being registered ((UNICEF, 2008). Eastern and Southern Africa have the lowest birth registration rates in the world of 66% of unregistered populations. 19.7million children are not registered. Most care givers do not understand the protection measures offered by birth registration and many do not consider registration as an immediate need. Birth and

death registration are of a particular importance in promoting and protecting the rights of the child. Absence of care givers death certificates and child's birth certificate increases the violation of a child's basic rights (a bid).

The Kenyan Constitution article 12(b) states that every citizen is entitled to a Kenyan Passport and any other document of registration or identification issued by the State to its citizens. Article 53(a) adds that every child has a right to a name and nationality from birth (K. C, 2010). According to KDHS (2014), 67 % of children in Kenya have been registered which is at 7 % improvement compared with 60 % of KDHS 2008-2009. However, only 24 % of the children have a birth certificates. Despite of many interventions by international and local organizations, attention to birth registration, provision for registration of all children at birth is still a major challenge for many countries and regions.

## **STATEMENT OF THE PROBLEM**

Kenya total population according to the 2009 census is 38.6 million, of which 21 million are 0-4 years (KPHC, 2009). According to SITAN, (2014), approximately 3.6 million Kenya children are OVC. Most of these are separated from their parents due to parents' death, poverty, natural disaster and disintegration of families through separation and divorce. An estimated 1.2 million of these children have lost one or both parents to AIDS. The children need alternative family care. One of the alternative family care programmes is the CT-OVC in which the orphaned and vulnerable children are catered for by care givers. The OVC are vulnerable when they lack their birth certificate, death certificate for the deceased parents and caregiver's identity card. Lack of these vital civil documents has made the OVC lack services such as registration for exams. The care givers are funded with the aim of ensuring that the OVC's needs are catered for. Besides food and clothing, the funds are meant to stand for civil registration. However, the care givers might fail to cater for some needs (e.g. registration etc.) due to various reasons. There is thus a need to study how the cash transfer programme effect the acquisition of civil registration documents.

## **OBJECTIVES OF THE STUDY**

The purpose of the study was to establish how Cash Transfer for Orphan and Vulnerable Children Programme influence civil registration in Karaba location of Mbeere South Sub-county.

## **SPECIFIC OBJECTIVES**

1. To find out how demographic characteristics of the caregivers influence civil registration in Karaba location in Mbeere South Sub-county.
2. To assess how challenges faced by caregivers influence civil registration in Karaba Location in Mbeere South Sub-county
3. To determine extent to which household priorities influence civil registration in Karaba location Mbeere. Sub-county
4. To examine influence of household size on civil registration in Karaba Location of Mbeere South Sub-county

## **THEORETICAL FRAMEWORK**

The rationale of cash transfer is based on challenges facing the households caring for OVC. These challenges are related to their needs. These needs are complex and diverse. When the caregiver is unable to provide economically to the household his or her ability to provide emotional and psychological stability and care to the children is compromised. Cash transfer for orphans and vulnerable children is offered to poor households in order to meet their basic needs and increase their chances of accessing services which they otherwise could not. This study will therefore be guided by Maslow's hierarchy of need and Max-Neef need theories.

### **Maslow's theory of needs (Hierarchy of needs)**

Abraham Maslow developed Hierarchy of needs theory in 1968. The theory stipulates that human needs are arranged in a hierarchy. The hierarchy has 5 levels as shown below:

Physiological needs. These are the fundamental requirements for human survival. The human being cannot do without them. These include: Food, shelter, oxygen, sleep, water

Safety needs. This safety could be economic or physical. Economic needs manifest itself in form of: job security, insurance policies. Safety needs include: personal needs, financial needs, health and wellbeing, safety net against accidents among others.

Love and belonging. This is a social need related to intimacy and acceptance from others.

Esteem needs: Esteem is the normal human desire to be accepted and be valued by others. It implies recognition by others that a person is competent or respected.

Self-actualization: These needs relate to the fulfillment of a person's innate potential as a human being. At self-actualized people possess attributes that are consistent with highly competent and successful individuals.

Maslow's hierarchy of needs is displayed in the shape of a pyramid, with the largest and most fundamental levels of needs at the bottom (physiological needs), and the need for self-actualization at the top. Cash transfer for orphans and vulnerable children helps households meet their fundamental needs (physiological needs) of food, shelter and clothing. Physiological needs brings fulfillment in the person hence making it possible for persons to achieve the other needs in the pyramid which include: esteem, need to love and be loved, safety needs and finally self-actualization. The basis of Maslow theory is that human beings are motivated by unsatisfied needs, and that certain lower needs need to be satisfied before higher needs can be satisfied. This hierarchy of needs is useful in illustrating the needs of OVC and cash transfer programme is supporting the households to meet these needs in order to reach their potentials (Schuck & Rosenbaum, 2006)

## **Max-Neef Need theory**

Max-Neef argues that there are nine fundamental needs for children in order to grow well. They are; subsistence, protection, affection, understanding, participation, leisure, creation, identity and freedom. These needs are constant through all human cultures and across historical time period but are satisfied using different strategies. Max-Neef further argues that these needs are interrelated and interactive and there is no hierarchy as postulated by Maslow in Maslow's hierarchy of needs. The caregivers have tendency of focusing a lot on physical needs of children such as food, clothing, shelter and others and forget about other needs children have. The two schools of thought are agreeable that people have needs, but only differ in their view on addressing these needs. Children right to participation in meeting their needs is incorporated in Max-Neef's theory (Chamber, 1993).

## **RESEARCH GAP**

The study aims at looking at challenges that hinders communities from accessing birth registration systems, which renders 54% of the Kenyan children not to be registered. The study also aims at providing crucial insights on how a strong civil registration system can help policy and decision makers to meet the challenges of birth registration, strengthen registration systems and link it to the access of basic essential services such as education, health care and protection of children from abuse, violence, exploitation and loss of inheritance.

Various studies have been done on CT-OVC programme for example influence of cash transfer on orphans and vulnerable children on access to primary education in Kwale district (Tsuma, 2010) challenges facing implementation of cash transfer in Kasarani (Sanganyi, 2011), challenges facing the implementation of cash transfer programme in Garissa (Mohamed, 2012), factors influencing implementation of cash transfer in Kenya (Muyanga, 2014) and others. However, no study has been done in Mbeere South District to find out whether the objective of civil registration in the household is being achieved. The study seeks to fill the knowledge gap on civil registration among the beneficiaries.

## **RESEARCH METHODOLOGY**

### **Research Design**

This study used a descriptive research design. This method is more precise and accurate since it involves describing and documenting aspects of a situation as it occurs naturally (Polit and Hungler, 1999). The respondents were interviewed in their natural setting where they narrated their experiences. Descriptive survey design was useful in describing household civil registration and challenges faced by the caregiver in obtaining civil registration. Both qualitative and quantitative approaches were used to establish the relationship between variables and to facilitate the collection of information, of determining the population parameters. According to Singleton et al. (1998), descriptive surveys permit description of large and heterogeneous populations economically.

## **Target Population**

The target population of the study was 399 household in the cash transfer programme in Karaba location which has 2 sub -locations namely; Karaba and Wachoro (DCO, 2010). The population included caregivers and children especially those aged 12-17 years since they are able to articulate issues. It also targeted District children officer who is directly involved in implementation of the programme and civil registrar involved in civil registration. The key informers were DCO and District civil registrar.

## **Sample Size and Sampling Procedure**

Sampling is the process of choosing a relatively small number of individuals, objects or events in order to find something about the entire population. Sampling is done because a complete coverage of the population is not possible .It also requires small portion of the target population. Sampling also offer more detailed information and high degree of accuracy as it deals with smaller units and it is a representative of a large population. A sample size of 80 caregivers was established using the Yamane's formula (Yamane, 1967).

By using the Yamane's formula of sample size with an error of 10 % the calculation from a target population of 377 caregivers came up with 80 respondents of CT-OVC in Karaba location. Raphael, et al (2012) recommends 8-10 participants in FGD. Therefore, 10 children were preferred to take part in each Focus Group Discussion at Karaba and Wachoro sub locations. Two key informants took part in the study to make a total of 102.

Using the mobilization lists from the District children's Office, the 377 caregivers making the sampling frame were clustered into groups of two caregivers. A random starting point was noted and from each cluster, the first caregiver was selected systematically until the sample size was reached to take part in the study. This gave a sample of 80 caregivers. Cluster sampling was appropriate because a complete sampling frame was readily available. It was easy, convenient, saved time, economical and the sample was evenly distributed over the population thus representative, (Daniel, 2011). Purposive sampling method was used to identify 20 OVC aged 12-17 years and 2 key informants to participate in the study.

## **Methods of Data Collection**

Data collection instruments for the study included questionnaire and interview guide. Questionnaires were administered to caregivers enrolled in CT-OVC programme, whereas interview guide was used to gather information for the study from key informants. Two Focus group discussions compost of 10 OVC in each group was guided by interview guide. Questionnaire was used because it is easy to compare and analyze, reliable, can be completed anonymously and administered to a large number of OVC caregivers. On the other hand, key informants are useful because they are flexible, knowledgeable, have access to information on cash transfer and it effect on civil registration and they link the beneficiaries to other stakeholders. Focus group discussion was done in order to identify the issues not previously brought up by the caregivers and to confirm the issues that had come up during individual

interview with caregivers. Document review made the secondary source of information for better understanding of CT OVC program and its effect on civil registration.

### **Data Analysis Techniques**

The data generated from the study was both qualitative and quantitative in nature. The data was analyzed by the use of Statistical Package for Social Science. The data collected was compiled, tabulated and presented in tables.

### **Ethical Considerations**

The study upheld human rights and dignity. Permission was sought before asking questions about the study. The purpose of the study was clarified as purely academic. The respondents' information was treated with confidentiality.

## **RESEARCH FINDINGS**

### **Demographic Characteristics of the Caregiver**

The study established that the majority of the caregivers (92.5%) were women who had low level of education. This was indicated by 49% of the caregivers who had gone up to primary education, actually according to the study findings, 35% of the caregivers had never gone to school, 15% had gone to secondary school, and only one had tertiary education. Majority of the caregivers were casual workers as indicated by 55% of the respondents. The high number of women as caregivers rhymes with a report by UNICEF in 2016, that majority of the caregivers of cash transfer programmes are women, as also evidenced by Zambia's Child Grant Program, where 99% of beneficiaries are women, as the unconditional cash transfer (equivalent to US\$12/month) is given to primary caregivers in households with children age 0-5.

The high number of female caregivers is further explained in KDHS (2014), where the household population constitutes 137,780 persons of which 51 percent are female and 49 percent males. Nationally one third of the household are headed by women. A higher proportion of rural are headed by women 36% and 27%, respectively. Designating women to receive and manage household cash transfers is linked to several benefits including strengthening women's economic status, contributing to a more equitable distribution of decision-making power within families, increasing family spending on food and health, and improving outcomes for children. (Gbedemah et al, 2010).

In many countries the cash transfers are disbursed to women, thereby promoting empowerment and more balanced gender relations. Cash transfers also play a major role in the protection strategy for those afflicted by HIV/AIDS, malaria and other life-threatening diseases. (Samson et al, 2006). It is argued that not only are women more likely to look after their own children, they are more likely to take care of orphans. It is further argued that female-headed households generally assume care of more orphans than male-headed households. Research in Malawi has established that orphaned children expressed a



preference for their grandparents over other adult relatives as their primary caregivers (UNICEF, 2006).

The majority of the respondents were also widowed as indicated by 61% of the respondents. The characteristics analyzed clearly give a picture of widowed elderly women with low level of income and high illiteracy and who have a responsibility of taking care of OVC and more so ensuring that the OVC go through civil registration. This poses a challenge in the process and explains why some OVC lack birth certificates and the reasons as to why death certificates of the deceased parents lack.

### **Challenges Faced by Caregiver and Household Civil Registration**

The researcher was able to identify some of the challenges in household civil registration. It was indicated that alcoholism in the families, misplacement of documents, high transport costs and also family conflicts affected civil registration especially in acquisition of death certificates of the deceased parents and birth certificates of the OVC. Some caregivers also indicated that they failed to obtain registration documents since they did not know where to get them. This indicates high level of ignorance mainly as a result of illiteracy.

Challenges such as Lack of documentation for OVC and deceased parents, Withholding of documents especially to the separated families, Low awareness on importance of civil registration and realize their use when they want to access services and Accessibility to the registration office. From the registrar of persons, the following information it was noted that since the year 2010, issuance of birth certificates and death certificates in the beneficiary families increased since money for transport and for other registration related fees was available, sensitization of essence of registration documents was emphasized during the caregivers meetings. The programme also prepared others not in the programme to acquire the necessary documents with hope that they would be enrolled into the programme.

The registrar also cited out that the high number of children posed a burden to the caregivers since the cash transferred was not enough. According to the information obtained from the registrar, registration of death especially for the poor parents did not seem important. Loss of important documents also seemed to be a challenge experienced during the civil registration process. Lack of knowledge also was a challenge especially on how to acquire the civil registration certificates. Family conflicts especially where the in-laws fail to release burial permits become a challenge. Lack of adequate information such as when the OVC was born also become challenging during the civil registration process. It was also established that some mothers give birth without identity cards which makes registration of birth certificates difficult.

The registrar gave strategies that are implemented to address such challenges which included advising parents to obtain copies of IDs to enable them register their children too, establishment of mobile offices for the purposes of registration and ease transport costs and also networking with other service providers in order to ensure that the children obtain birth certificates. It was established that implementers of the programme introduced a waiver for

OVC HH to acquire civil documents and enhancement of mobile registration and community sensitization on importance of civil registration

### **Household Priorities and Civil Registration**

From the study findings, the caregivers who were the primary decision makers in prioritization of expenditure of the cash transferred put food as first priority, followed by education. Registration followed as a third priority. Based on the amount of cash transferred, it can be deduced that there is usually little or none of the amount to use on registration. None of the sampled 80 respondents prioritized civil registration despite the fact that it was equally important. The women caregivers also made the decisions on prioritization. Some of the caregivers were able to invest in other projects such as goat and cow rearing and also in merry go rounds. This indicates also how illiteracy had a high influence on civil registration. Further, all the decisions were made by adults without involvement of the OVC despite the fact that they were the reason the households were selected for the Programme. The findings did not agree with Max Neef need theory of human need which clearly stipulates that children participation is important in making decisions to meet their needs. The theory advocates for child right to participation in all matters that affect them.

Most of the money was used for food related expenses at 57.5%, followed by education at 33%, medical care 2.5%, civil registration 2.5%, and clothing 1.25%. None of the respondents stated that the money is used on entertainment and non-essential commodities such as alcohol, tobacco and clothes for the adults. However, the transfer amount was found to be inadequate to meet all household needs. The findings relate to Maslow's hierarchy of need theory in fact that the money was used to meet Physiological and safety need which are lowest in the hierarchy.

### **Size of the Household and Civil Registration**

From the study findings, it is clear that, majority of respondents had an average of 3-4 (55%) children. This was indicated by 44 respondents, 21 respondents indicated that the households had an average of 1-2 (26.25%) children, 12 respondents indicated that the households had 5-6 children (15%) and only 3 respondents had a total of more than seven and above (3.75%) children. These findings indicated that the number of children were too many to be catered for using the two thousand shillings given as cash transfers. According to Aniceto et al (2005), large family size reduces household saving, lowering the already low national saving. Therefore, vulnerability to poverty increases with family size. Caregivers who have many children in their household have difficulties in getting birth certificate for all children. They state that children have a lot of demands and the cash transfer is insufficient to cover all expenses. Increase in civil registration appears to benefit better off households. Eldomold et al (2001), add that smaller households are better than larger household. They argue that increase in household size puts extra burden on the family. The larger the household size, the larger the resources required to meet the basic needs of food and other necessities. McKay, (2001) also posits that large household size experiences poverty relatively to their counterpart.

The children were aware that cash transfers for OVC was money meant to assist orphans and vulnerable children in order to be able to access school, have food and also take care of other needs. The children were able to pinpoint that the money was meant for the needy children in the poor families. All the children interviewed benefited from the Programme. They were also aware that there are children who do not benefit from the Programme. The children listed some uses of the cash transferred such as paying school fees, buying food, livestock, paying hospital bills and also constructing houses. However, none of the children participate in making decisions about the money. All the children interviewed affirmed that they had birth certificates. They also indicated that they obtained them after joining the Programme. All the registered caregivers of the children had identity cards, and those with deceased parents had death certificates. The children were also quick to add that the money should be increased and also to be disbursed regularly. They also suggested that the offices should be brought nearer.

Findings from the implementing agency explained that the beneficiaries of the cash transfer Programme were Poor households taking care of OVC below 17years. The beneficiary included members of the households. The registered caregiver received the money. The cash disbursed amounted to Ksh2000 per month which is paid bi-monthly. The implementing agency was of the opinion that the money is not adequate especially for families with many children because their needs are many and vary from one family to another. The cash transferred is equal irrespective of number of children in the household. The implementing agency also elaborated that the beneficiaries used the amount to buy food, clothing, shelter, civil registration, Education, small business, and buying of livestock

### **Cases of Misuse Were also Cited by the Implementing Agency Especially in Drinking**

From the interview with the implementing agency, it was also established that the cash transfers had influence in civil registration. All caregivers have been able to collect ID cards in order to access payment in the banks using smart card biometrics and IDs which is mandatory in money transactions for CT -OVC Programme, sensitization of caregivers on importance of civil registration, the Programme requires the caregiver to have the ID in-order to access the money, one of the Programme objective is civil registration which includes acquisition of ID cards of the caregiver, birth certificates for OVC and death certificate for diseased parents, the collaboration with the civil registrar to facilitate faster registration for example helping the caregiver who have no proper documentation for OVC to acquire them and holding sensitization meetings on civil registration and establishment of mobile registration offices.

### **CONCLUSIONS**

The study findings demonstrate that Cash Transfer has influenced civil registration. The study revealed that demographic characteristics such as education level and age influenced household civil registration.

The study also revealed that majority of the caregivers faced challenges in civil registration of which some are ignorance based while others are as a result of limited resources. Family conflicts also affected civil registration.

It was noted that the caregivers prioritized food and education to civil registration. The caregivers however did not misuse the money given. The inadequacy of the money given was also cited as a reason why all the needs could not be given top priority.

The size of the household influenced civil registration. The household with many children felt the burden of caring for them and some have not acquired civil documents. The study also revealed that though the Programme targets the welfare of children, their voice is non-existent in family decision making. Children participation and involvement was not considered necessary by the community especially the caregivers yet they are the reason for the Programme.

## **RECOMMENDATIONS**

From the content analysis, responses from the care givers and the children, several recommendations were drawn. The beneficiaries should be encouraged to start income generating projects. Those to be exited from the cash transfer to undergo economic strengthening. Continue creating awareness on civil registration through barazas. Strengthen mobile registration in order to ease challenges on transport. Follow up on civil registration in the programme after enrolment, in the programme. Enforcement of the law should be taken seriously to ensure that all the children are registered. Work together with head teachers to ensure all enrolled children have birth certificates. Increase payments according to household size,

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