

FACTORS INFLUENCING UTILIZATION OF CASH TRANSFERRED TO ORPHANS AND VULNERABLE CHILDREN IN RUNYENJES CONSTITUENCY, EMBU COUNTY, KENYA

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ABSTRACT

It is the primary responsibility of any government to offer social protection to its vulnerable populations. The Kenyan government has not been left behind in provision of social protection to the vulnerable that includes the older persons, persons with severe disabilities and the orphans and vulnerable children. Childhood in Kenya is defined by the fact that over 50% of Kenyans live in absolute poverty, which means that 8.6million children live below the poverty line. As the government plays the role of protecting the OVCs a question arises as to whether these resources transferred to the beneficiaries are being utilized well. The sole purpose of the study was to determine the factors influencing utilization of cash transferred to orphans and vulnerable children in Runyenjes Sub-county, Embu County. The study was guided by four objectives to establish how demographic characteristics of caregivers influence utilization of cash transferred to OVCs, to determine how home factors influence utilization of cash transferred to OVCs, to determine how the frequency of cash transferred influence utilization of cash transferred to OVCs and to establish how the attitude of beneficiaries influence the utilization of cash transferred to OVCs. The study adopted theoretical and conceptual frameworks where in theory the social capital theory was used to explain the social aspect of the study. Conceptual framework demonstrates the relationship between independent variables and dependent variable which was the utilization of cash transferred. The study adopted a descriptive study design. Ethical permission was

obtained from National Council for Science and Technology (NACOSTE). The study found that most of the caregivers were female and were above the age of 40. The study findings also revealed that a consensus among family members on how to use the money for the benefit of caregivers and that the environment of the household beneficiary was good. The study also found that households received payments but was not frequent due to delays in approval of funds. The study found that the input of the beneficiaries on how cash transferred was utilized was mostly not being considered. The study concluded that demographic characteristics had the greatest effect on the utilization of cash transferred to orphans and vulnerable children, followed by frequency of cash transferred then attitude of beneficiaries while home factors had the least effect to the utilization of cash transferred to orphans and vulnerable children. The study recommended that a system needs to be put in place where new cases of orphans and vulnerable children are automatically enrolled into the system. The study further recommends that there is need for increase of the amount paid to the OVC in form of school fees, money to take care of their personal school effects and many more. Further studies needs to be undertaken to identify the challenges orphans and vulnerable children face and their needs so as to determine if these cash transfers cater for their needs as beneficiaries. The study also recommends further study on the number of orphans and vulnerable children and the relationship between uniform amounts being offered to all households in the programme on the provision of goods

and services to the beneficiaries who are the orphaned children.

Key Words: *utilization, cash transferred, orphans and vulnerable children, Runyenjes Constituency, Embu County, Kenya*

INTRODUCTION

The Orphans and Vulnerable Children are more prone to different forms of abuse and exploitation due to their vulnerable circumstances, (Moore, 2009). Childhood in Kenya is largely defined by the fact that over 50% of Kenyans live in absolute poverty, which means that many children –8.6 million children –live below the poverty line. Cash transfers are direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise and smooth incomes (DFID, 2011). With the objectives; social security, human capital development, and poverty alleviation; a new generation of cash transfer programmes, specifically targeting children from poor households, were introduced in Latin America during the past decade (Barrientos & DeJong, 2004; Rawlings and Rubio, 2003).

Under international human rights law, States are legally obligated to establish social protection systems. This duty flows directly from the right to social security, which is articulated in Article 22 of the Universal Declaration of Human Rights and in Article of the International Covenant on Economic, Social and Cultural Rights (ICESCR). Social protection measures can include e.g. cash transfer schemes, public work programmes, school stipends and lunches, social care services, unemployment or disability benefits, social pensions, food vouchers and food transfers, user fee exemptions for health care or education, and subsidized services. (World Bank,2006). Social protection measures can include e.g. cash transfer schemes, public work programmes, school stipends and lunches, social care services, unemployment or disability benefits, social pensions, food vouchers and food transfers, user fee exemptions for health care or education, and subsidized services (World Bank, 2006). In Africa, The Child Support Grant (CSG), which targets supporting the child directly within the household for her/his development, was first institutionalized in South Africa as a poverty alleviation mechanism within a social development paradigm (Paxson & Schady, 2008). Several developing economies have recently introduced (conditional) cash transfer programmes which provide money to poor family's contingent on certain behaviors' that invest in human capital, such as sending children to school or bringing them to health centers. This approach is both an alternative to more traditional social assistance programmes and a demand side compliment to the supply of health and education services (Rawlings & Rubio, 2003).

Overall in Africa, fiscal constraints were found to be one of the major factors inhibiting the take-up of design revision recommendations relating to expanded provision or increased transfer values. In Ghana, for example, the evaluation highlighted the need to increase the transfer value and extend provision beyond the poorest 10 per cent, highlighting the way that design shortcomings were limiting impact, but no commensurate additional resources were available to enable these insights to be addressed adequately through policy change, with the government

preferring to continue geographical expansion of coverage, at the expense of increased transfer values (Young, (2008).

In Kenya, Social protection stems from article 43 of the Kenyan constitution. The article accords everyone the rights to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; to accessible and adequate housing, and to reasonable standards of sanitation; to be free from hunger, and to have adequate food of acceptable quality; to clean and safe water in adequate quantities; to social security; and to education. Most government run social protection programmes to caution their citizens who are vulnerable. Cash transfer for Orphans and Vulnerable children was launched in 2004 as a pilot project to caution on the increasing number of vulnerable children affected by HIV/AIDS. It started in the counties Garissa, Kwale and Nairobi with the support of UNICEF. Initially beneficiaries were paid kshs500 per month supporting 500 households. (Cash transfer operations manual, World Bank 2017). A second larger pilot phase was initiated in seven districts in 2006. At the same time, the Government of Kenya expanded the Programme in other districts to an additional 30. The Programme expanded further in 2008/09, with a total of 30,315 households having received financial support by mid-2009. From 2011/2012 to 2012/2013 the programme beneficiaries rose to 144, 931 and 152,323 respectively. During 2013/2014 financial year GOK became the major contributor to CT-OVC programme while UNICEF exited as the principal contributor. In 2015/2016 to 2016/2017 the number of beneficiary's households rose to 255,608 and 355,000 respectively. (Cash transfer operations manual, World Bank 2017). The programme seeks to provide a social protection system through regular cash transfers to families living with OVCs in order to encourage fostering and retention of such children within their families and communities and to promote their human capital development so as to be responsible future citizens (Cash transfer operations manual, World Bank 2017).

The specific objectives of the programme was to support education through improvement of enrollment and retention for 6-17 years old children, health interventions to reduce mortality rate through immunizations, civic registration and strengthen the capacities within households CT-OVC is funded by the Government of Kenya and development partners like UNICEF, WB, DFID, SIDA and WFP (Cash transfer operations manual, World Bank 2017).

In Kenya alone, there are over 3.6 million children aged 18 years who have been orphaned or who are vulnerable, (KNBS, 2013). As HIV and AIDS epidemic becomes increasingly complex and as the personal and social consequences rise, the ways in which societies respond to ensure children's right to quality education must become more integrated, nuanced and dynamic (KAIS, 2012). Social protection gained its first significant foothold in Kenya in 2003 when the political settlement switched from dominant to competitive clientelism during the period of increased policy space and ministerial autonomy (Wanyama & McCord, 2017). Competitive clientelism has continued to characterize the political settlement since this time, and successive regimes have continued to support the extension of social protection. Prior to 2003, social protection in Kenya was characterized by a large number of small-scale fragmented interventions providing in cash

and in-kind support on an ad hoc basis, implemented by a range of government and civil society actors (McCord 2006). This scenario changed following the 2003 elections, and a process of consolidation and development of state-administered national cash transfers was initiated, together with the discussion of the extension of Social Health Insurance for the poorest, also on a national basis (IPAR, 2005; Wanyama & McCord, 2017).

The study was carried out to investigate factors influencing the utilization of cash transferred to orphans and vulnerable children in Runyenjes sub-county.

STATEMENT OF THE PROBLEM

There has been a marked increase in the number of poor and vulnerable people in Kenya despite the various poverty reduction strategies the country has employed since independence (Tegemeo, 2009). The hardest hit among these are children and the elderly. Social protection programmes in the form of Cash Transfers to vulnerable groups have emerged as the main social assistance intervention in developing countries to protect and promote the livelihoods of people in critical levels of poverty. They are currently seen as one of the suitable strategies to deal with immediate consumption needs and future human capital accumulation of poor households. Kenya, like most African countries has embarked on the use of Cash Transfer programmes to deal with risks facing vulnerable groups. One such programme is the Orphans and Vulnerable Children Cash Transfer programme (OVC-CT). The country has had a long history of implementation of non-cash transfer programmes, such as food relief in the drought-stricken areas, emergency and special programmes, school bursaries for needy children, and a wide range of other interventions. However, Cash Transfers are new, mainly in their pilot or early stages and have been in existence for less than ten years (Ikiara, 2009). There is therefore need to determine whether CT Programmes are having the intended effects on the beneficiaries. The government of Kenya with its partners, UNICEF, DFID and the World Bank has funded the Cash transfer programme for orphans and vulnerable children with billions of shillings since 2004. Budget allocation to the programme increased almost 12-fold between 2005/06 and 2008/09, from US\$ 800,000 to over US\$ 9 million (Ikiara, 2009) with a few commensurate studies on effective utilization of the funds. Some studies done in Kenya on Cash Transfers focused only on the outcomes (Mariara, 2013), the challenges (Mohammed, 2012) and implementation (Sanganyi, 2011; Muyanga, 2014) of cash transfers for OVC and not on the factors that determine how cash transfer is effectively utilized within benefitting households. One of the objectives social cash transfer is to help the beneficiaries meet their basic needs. Therefore, this study aimed to investigate the factors influencing effective cash transfer to orphans and vulnerable children through the objectives based on home factors, demographic factors, frequency of payments cash transferred and beneficiary attitudes.

PURPOSE OF THE STUDY

The purpose of this study was to investigate the factors influencing the utilization of cash transferred to orphans and vulnerable children in Runyenjes Sub-County of Embu County.

OBJECTIVES OF THE STUDY

1. To establish how the demographic characteristics of caregivers influence the utilization of cash transferred to orphans and vulnerable children.
2. To determine how home factors influence utilization of cash transferred to orphans and vulnerable children.
3. To determine how the frequency of cash transferred influence the utilization of cash transferred to orphans and vulnerable children.
4. To establish how the attitude of beneficiaries influence the utilization of cash transferred to orphans and vulnerable children

LITERATURE REVIEW

Utilization of cash transferred to orphans and vulnerable children

Cash transfers are direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise and smooth incomes (DFID, 2011). With the objectives; social security, human capital development, and poverty alleviation; a new generation of cash transfer programmes, specifically targeting children from poor households, were introduced in Latin America during the past decade (Barrientos & DeJong, 2004; Rawlings and Rubio, 2003).

In Kenya, Social protection stems from article 43 of the Kenyan constitution. The article accords everyone the rights to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; to accessible and adequate housing, and to reasonable standards of sanitation; to be free from hunger, and to have adequate food of acceptable quality; to clean and safe water in adequate quantities; to social security; and to education. Cash transfers are direct payments transferred to eligible beneficiaries such as OVC, Older persons and persons with severe disabilities. Most government run social protection programmes to caution their citizens who are vulnerable. Cash transfer for Orphans and Vulnerable children was launched in 2004 as a pilot project to caution on the increasing number of vulnerable children affected by HIV/AIDS. It started in the counties Garissa, Kwale and Nairobi with the support of UNICEF. Initially beneficiaries were paid kshs500 per month supporting 500 households (Cash transfer operations manual, World Bank 2017).

The specific objectives of the programme was to support education through improvement of enrollment and retention for 6-17 years old children, health interventions to reduce mortality rate through immunizations, civic registration and strengthen the capacities within households CT-

OVC is funded by the Government of Kenya and development partners like UNICEF, WB,DFID,SIDA and WFP (Cash transfer operations manual, World Bank 2017).

Runyenjes constituency is one of the sub-counties in Embu County and it's characterized by rural population. It has 1067 households under the CT-OVC programme.

Demographic characteristics of caregivers and utilization of cash transferred

Demographics are the study of a population based on factors such as income levels, marital status, and gender and education attainment. Governments, corporations and nongovernment organizations use demographics to learn more about a population's characteristics for many purposes, including policy development and economic market research (Will Kenton, 2019). In this study the researcher aims to use demographics to understand their influence on cash transfers.

Evidence shows that giving transfers to women has greater poverty mitigation effect than when given to men (Weigand, 2003). 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.

Gender of the beneficiary appears to matter and has different outcomes for boys and girls. e.g. in Brazil, Honduras, Mexico and South Africa has shown that children and particularly girls in households with a female recipient are more likely to be healthier and attend school than if the male recipient receives the grant (Samson at el, 2006).

Cash transfers empower individuals and households to make their own decisions for improving their lives; it may also have equalizing impacts on bargaining power within the household. In Mexico's oportunidades program, research show that giving cash only to women increases their decision-making role in the household expenditure, financial security, self-esteem and social status. In Brazil evidence show that women's domestic status increased because the income received was regular (Arnold 2008). Cash transfers help with health care costs which are often seen as a woman's responsibility in the household (ODI 2010). It has been noted that men who received the cash benefits at times misappropriated the funds by spending it on unintended purposes. Men use the cash income under their control for a wide range of purposes, not all these are directly beneficial to their families. Men have a high propensity to spend incremental income on themselves or on investments, while women have a high propensity to allocate incremental income to meeting immediate food and other consumption need of their families (World Concern 2010). To work effectively, cash transfers must be linked to a wider array of social services for vulnerable families, as well as to systems that promote access to education, health, protection and justice systems.

In Malawi, the social transfer's scheme has reduced the likelihood of female and child headed household resorting into 'risky behaviour' such as transactional sex in order to survive (Schubert et al 2005). The impact of cash transfers on the well-being of members of the beneficiary households and on the children is influenced by the composition of the transfer and who controls the cash transfers at the household level. Households in developing countries spent cash transfers income primarily to improve nutrition. 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. In almost every African country, there is a notable difference between the responsibilities assumed by fathers and mothers, with widowed mothers more likely to be responsible for the care of children than widowed fathers (UNICEF, 2010). Research in Malawi has established that orphaned children expressed a preference for their grandparents over other adult relatives as their primary caregivers.

According to UNICEF (2006:15), "The probability of finding an older person living with an orphan is higher. Evidence shows that poor elderly grandparents have emerged as the most important category of caretakers for the orphans. Most caregivers are often poor women who have less access to property and Employment. In Kenya, it is reported that 51% of double or single orphans who are not living with the surviving parent are being raised by their ageing grandparents who are over 60years (Bryant 2009). There are also alarming number of households which are headed by a child. There is also evidence that cash transfer can address age based social exclusions (Ikiara 2009).

Home factors and utilization of cash transferred

The continuum of care begins with a child's birth family, which is also called the family of origin or biological family. Growing up in the nurturing care of a family provides children with love, a sense of belonging, and a lifelong connection to a community of people, shared history, and culture. However, for millions of children around the world, extreme poverty, disease, and other issues put families at risk, threatening their ability to provide for and protect children's holistic needs. The best way to serve vulnerable children is to strengthen the capacity of families to care for them.

Globally, poverty and the inability to provide for children's basic material needs is a primary cause of loss of parental care. (AdatoM.2000). For families living in poverty, orphanages can become a means for providing children with access to an education, food, and other material needs. Depending on the region, it is estimated that up to 90 percent of children living in orphanages have at least one parent. The following factors can affect the survival of the OVCs negatively while at home.

According to Angermeyer (2003), children whose parents are chronically ill are often more vulnerable than orphans are because they are coping with psychosocial burden of watching a parent wither, and the economic burdens of reduced productivity and income and increased healthcare expenses. AIDS is responsible for leaving vast numbers of children across the study region without one or both parents. The scale of the AIDS orphan crisis is somewhat masked by the time lag between when parents become infected and when they die. According to Subbarao (2004), if as expected, the number of adults dying of AIDS rises over the next decade, an increasing number of orphans will grow up without parental care. Utilization of cash received cannot cater for its intended purpose of assisting the OVC. AIDS is responsible for leaving vast numbers of children across the study region without one or both parents. The scale of the AIDS orphan crisis is somewhat masked by the time lag between when parents become infected and when they die. According to Subbarao (2004), if as expected, the number of adults dying of AIDS rises over the next decade, an increasing number of orphans will grow up without parental care and love. The major cause of diseases, researchers have found, is poor personal and environmental hygienic conditions and according to one resident, some households in the community are so poor, they can hardly afford a piece of soap. The right to shelter or housing is important as protection against threatening elements, like violence, abuse, disturbances and noise. Shelter is also important as an arena for privacy, personal space, dignity and peace. Most houses are roofed using iron sheet while some are grass thatched. Grass thatched houses are a major problem during rainy seasons. The majority of houses have mud floor. The findings of this study indicate that mud is the most commonly used walling material by most of the families with OVCs.

Frequency of payments and utilization of cash transferred

In 2004, UNICEF helped the Kenyan government roll out a "pre-pilot" program to assess operational feasibility and potential impact in three districts, providing 500 ultra-poor households caring for OVCs with a monthly KES500 (US\$6.50) transfer. The program showed promise: it helped families purchase basic necessities such as food and school supplies, and beneficiaries were less likely to sell their few assets. Firsthand observations by high-ranking government officials helped further dispel fears about misuse of funds and solidify support for scale-up.

Having demonstrated that cash transfers were feasible and likely beneficial, the Kenyan government soon embarked on a phase 2 expansion. With support from UNICEF and the UK's Department for International Development (DFID), the government increased the transfer amount to KES1,500 (US\$20) per month and reached 15,300 households by 2008. A randomized evaluation of the expansion found impressive gains in children's health and welfare, helping sustain donor and political commitment.

The cash transfer program was a highly collaborative effort, involving more than a dozen ministries and other government bodies. High-level leadership came from the National Steering Committee for Orphans and Vulnerable Children, including representatives from the Ministry for

Home Affairs and international organizations. In the Department of Children Services, a Central Program Unit handled day-to-day operations. At the district level, committees supported targeting and follow-up. And at the village level, volunteer community representatives helped spread the word among families who might qualify.

Kenya's booming economy and subsequent rise in tax revenue also enabled a growing government contribution and continued expansion of the program. With combined financing from the government, the World Bank, DFID, and UNICEF, transfers reached 280,000 children in 134,000 households annually by 2012. During 2013/2014 financial year GOK became the major contributor to CT-OVC programme while UNICEF exited as the principal contributor. In 2015/2016 to 2016/2017 the number of beneficiary's households rose to 255,608 and 355,000 respectively (Cash transfer operations manual, World Bank 2017).

In 2014 the National Gender and Equality Commission carried out a survey on the participation of vulnerable groups in the cash transfer programmes. The government has a schedule of the distribution of funds from the host ministry to the relevant clearance points in intervention areas. In few instances, the schedule may change due to delays in approval of funds at various points .when such delays occur it is expected that through the program agent and local committees the beneficiaries and their caregivers would be informed about new schedules. Transfer of funds has never been consistent and that the beneficiaries have not been informed of changes in bi-monthly payment schedules. Beneficiaries complained of delays ranging between 1-4 months from expected payment dates. Deviation from schedule of payment has multiple negative effects amongst needy populations' .Such delays and inconsistencies increase predictable vulnerability of this population and interfere with planning and budgeting at household level. Among the OVC delays in receipt of the CT increases their likelihood of seasonal dropout in schools to seek short term employment to earn money to buy food. Some of the beneficiaries in urban settings result into begging of food on the streets and some are forced out of their rental houses due to arrears in rent and their inability to pay. Beneficiaries reported to receiving the transfer in bulk to a maximum of kshs.24,000 an equivalent to one year backlog payment. Given that all beneficiaries of OVC are poor planning for such huge amounts is difficult and reduces the value and importance of bi-monthly transfer schemes. Some beneficiaries spent the money on non-priority items with the hope that in the next two months a similar transfer would happen. Some caregivers took advantage of the situation and diverted the funds to other uses. The other challenge associated with delay is that information was not provided to beneficiaries as to when the funds will be received. Lack of information made it difficult for beneficiaries to plan, budget or negotiate for services (NGEC 2014).

Attitude of beneficiaries and utilization of cash transferred

No family survives completely alone. Social networks are fundamental to survival and wellbeing and at no time are social relations more critical than in situations of distress. The livelihoods of the poor are often complex and varied, usually incorporating different activities and actors across

several areas which allow impoverished households to capture opportunities and mitigate shocks. Key to these is inter- and intra-household reciprocity and exchange.

The poor face constraints in gift exchange and systems of exchange because they have weak social networks. There is some evidence that CTs, because they are paid regularly and in cash, provide bargaining power to the poor within these systems of reciprocity. The beneficiaries are able to borrow and pay their debts once they receive their cash transfers. Cash Transfers strengthen the position of the marginalized within these systems of social reciprocity, without which they would be disempowered (Neves, et al, 2009).

Sagner (2000) and Barrientos & Lloyd-Sherlock (2002) document how the State Old Age Grant (SOAG) in South Africa allows otherwise marginalized elderly people to acquire social capital and transact within these informal networks. Further, in a study of the Kalomo CT project in Zambia, Wietler (2007) noted that the social status of beneficiaries had changed in regard of their possibility to deal with personal crises and risks. They were no longer exclusively dependent on other people to cope with shocks such as illness or the loss of livestock but were able to draw back on a reliable monthly income. Beneficiaries were seen to be trustworthy enough to borrow money from community members suggesting a revaluation of their social position. Some non-beneficiaries even stated that they now go and ask for help from beneficiaries when they need something.

Regarding the OVC-CT programme, an evaluation undertaken in 2010 by OPM showed both positive and negative changes in relationships with other members of the community. Some beneficiaries felt that they now were full members of the community and that OVCs were treated more equally by other children after receiving the transfer. On the other hand, some recipients felt that non-recipients were jealous and this worsened their relationships.

Wietler (2007) found out that monetarization of relationships had taken place, for example members of the same family were paid for working on a relative's field which never used to happen before the CT project. Devereux (2006) asserts that while CT programmes may contribute to the wellbeing of the household, the impact of cash on local markets, gender relations and social networks of the households is not fully understood and therefore the total and long-term wellbeing of households could be under threat. In Kenya and Uganda, such tensions arise between spouses and cares, with men usually being seen to misuse the transfer, spending it on alcohol rather than to improve their situation or, in the case of Kenya, spending it on education for orphans and vulnerable children. It should be stressed that these are relatively rare cases, but nonetheless they do occur (District Child Officer, Makueni).

THEORETICAL FRAMEWORK

Social capital theory was propagated by Pierre Bourdieu, James Coleman and Robert Putman though each emphasized a different aspect. Bourdieu uses social capital in order to explain the reproduction of social class divisions and inequalities of power, while Coleman and Putman focus on the virtues of network membership and the assets individuals can access through their associations with others (Kawach, 2009). Bourdieu identified three dimensions of capital: Economic, Cultural and Social which he saw as the main components of social resources whose control defines the social position of actors. He equates capital with power. Bourdieu argued that just as access to economic capital brings certain privileges to a group or individual, and cultural capital sets a group or individual apart from their less privileged peers, so does social capital supply the networks and connections which allow continued and future access to privileges. He therefore provides a causal mechanism for access to power and privilege and the inability to access power that results in social exclusion (Bourdieu, 2006).

Social capital is traditionally construed to include two factors: one, the networks of affiliation to which people belong - family groups, friendship ties, networks of professional colleagues and business contacts, membership of formal and informal associations and groups; and two, informal behavioral norms individuals and groups rely upon in establishing, maintaining and using those networks, which include reciprocity and trust (Coleman, 2008).

It can be deciphered from the theory that, individuals endowed with a diverse stock of social networks and associations was in a stronger position to confront poverty and vulnerability, resolve disputes and take advantage of new opportunities. Conversely, the absence of social capital can have an equally important impact. According to Wilson (2006), a defining feature of being poor is that one is not a member of or is excluded from certain social networks and institutions. There is evidence that as the diversity of the social networks of the poor expands so too does their welfare. Cash Transfers on the one hand can foster interpersonal trust, improve social bonds and raise the self-esteem of the beneficiaries. Being selected as a beneficiary of a Cash Transfer Programme can make a certain individual or household more confident about the future and can strengthen their links with other community members and the State. Among those who do not receive the Transfer the opposite feeling can develop and may lead to stigmatization of Programme beneficiaries and widening of social gaps. Further, Social Capital allows individuals to establish and continue social relations on the basis of their expectations that such relations were mutually advantageous. The poor and marginal people face constraints in systems of exchange because they have low social capital, hence have weak social networks and lack tradable assets (Devereux, 2001). Cash Transfers, because they are paid regularly and in cash, provide bargaining power within these systems of reciprocity. They give recipients something valuable to trade socially, in the form of resources. This theory therefore helped the researcher to understand the attitudes, beliefs, foster interpersonal trust, improve social bonds and raise the self-esteem of the beneficiaries while successfully achieving his objectives.

RESEARCH METHODOLOGY

Research Design

Research design is the strategy chosen to integrate different components of the study in a logical way thus ensuring that research problem is effectively addressed. This study used descriptive research design. According to Mugenda and Mugenda (1999), descriptive research is a systematic collection and analysis of data in order to answer questions concerning current status of a program, report or activity. This consisted of issuing self-administered questionnaires to the government agencies, individual orphans and vulnerable children especially the one can be able to answer questions.

Target Population

A population is an entire group of individuals, events or objects having common characteristics that conform to a given specification (Mugenda & Mugenda, 2003). The cash transfer programmes namely CT-OVC, OPCT and PWSD-CT operate nationally in the 290 constituencies across the 47 counties (Cash Transfer Operations Manual, World Bank 2017). Runyenjes constituency is in Embu constituency and has 1067 households under CT-OVC programme. It has thirteen locations namely Runyenjes East, Runyenjes West, Kagaari South East, Kagaari South West, Kagaari North West, Kagaari North East, Kyeni South, Kyeni Central, Kyeni East, Kyeni North East, Kyeni North West, Makengi and Gaturi North. The target population was 1067 households caring for orphans and vulnerable children in Runyenjes constituency, currently receiving cash transfer (Sub-county children's office Runyenjes).

Sample Size and Sampling Procedures

Sample size is the act of choosing the number of observations or replicates to include in a statistical sample. Sampling is the process of selecting a number of individuals for a study in such a way that the selected sample represents a large group from which they were selected. This study used purposive sampling which is also known as judgment sampling. This sampling technique was done with a specific purpose in mind where the researcher used his judgment to select a population that served his purpose. According to Mugenda and Mugenda (2003), 10% of accessible population is adequate enough for descriptive study. The target population was 1067 households and due to time and resources the researcher concentrated on two locations which had 117 households which was slightly above 10% of the target population. The number of households 117 was a good representation of the population. Since the sub-county has 13 locations the researcher concentrated on two locations which had a good representation of the entire population as indicated in the table below.

Data Collection Instruments

Data collection is gathering empirical evidence in order to gain new insights about a situation and answer questions that prompt undertaking of the research (Flick, 2009). This study presented two types of data, that is, primary and secondary data. The primary data was collected through administration of questionnaires. Key informant interview was designed for the sub-county children's officer.

Data Analysis

The completed questionnaires were checked daily to ensure each question was filled correctly and that there were no gaps. The questionnaire was then coded for daily handling. Data from the questionnaire was entered, checked and analyzed using SPSS. The results are presented in form of tables. Bivariate analysis was performed in order to examine associations between independent variables and dependent variables. The level of coefficient correlation was at 5%.

RESEARCH RESULTS

Demographic characteristics of care giver and utilization of cash transferred to OVCs

The study sought to establish how the demographic characteristics of caregivers influence the utilization of cash transferred to orphans and vulnerable children. The study found that most of the caregivers were female. The study also found that majority of the caregivers had acquired basic education since most of them had at least reached primary level. Also, the study found that most of the caregivers were 40 years and above. Moreover, it was found that majority of the caregivers were married.

Home factors and utilization of cash transferred to OVCs

The study sought to determine how home factors influence utilization of cash transferred to orphans and vulnerable children. The study found that there was a consensus among family members on how to use the money for the benefit of caregivers and that the environment of the household beneficiary was good. The study also found that most of the households spend between 2000-4000 on foods.

Frequency of payments and utilization of cash transferred to OVCs

The study aimed to determine how the frequency of cash transferred influences the utilization of cash transferred to orphans and vulnerable children. The study found that the households received payments but was not frequent due to delays in approval of funds. The funds would delay ranging between 1-4 months from expected payment dates. The study also found that the money received was not enough.

Attitude of beneficiaries and utilization of cash transferred to OVCs

The study sought to establish how the attitude of beneficiaries influence the utilization of cash transferred to orphans and vulnerable children. The study found that the input of the beneficiaries on how cash transferred was utilized was mostly not being considered. The study also found that most of the times the caregiver is the one who collected money on behalf of the orphans and vulnerable children and hence established that majority of the relationships between the care giver and the beneficiaries were good. The study also found that the health and education of the beneficiaries were well catered for and therefore their lives had improved tremendously.

INFERENTIAL STATISTICS

The researcher conducted both the Pearson correlation analysis and the multiple regression analysis. The regression analysis was used to establish the relations between the independent and dependent variables while correlation was conducted to assess the degrees of association between the variables.

Pearson Moment Correlation

This was conducted to assess the degrees of association between the variables. A Pearson moment correlation is a number between -1 and +1 that measures the degree of association between two variables. A positive value for the correlation implies a positive association while a negative value for the correlation implies a negative or inverse association. Table 1 shows the results for the Pearson moment correlation.

Table 1: Correlation Coefficients

		Utilization of cash transferred to orphans and vulnerable children	Demographic characteristics	Home factors	Frequency of cash transferred	Attitude of beneficiaries
Utilization of cash transferred to orphans and vulnerable children	Pearson Correlation	1				
	Sig. (2-tailed)	.				
Demographic characteristics	Pearson Correlation	.932	1			
	Sig. (2-tailed)	.013	.			
Home factors	Pearson Correlation	.672	.213	1		
	Sig. (2-tailed)	.001	.008	.		
Frequency of cash transferred	Pearson Correlation	.889	.228	.483	1	
	Sig. (2-tailed)	.011	.004	.000	.	
Attitude of beneficiaries	Pearson Correlation	.732	.313	.435	.522	1
	Sig. (2-tailed)	.007	.000	.000	.000	.

The analysis of correlation results between the utilization of cash transferred to orphans and vulnerable children and demographic characteristics shows a positive coefficient 0.932, with p-value of 0.013. It indicates that the result is significant at $\alpha = 5\%$ and that if the demographic characteristics increase it will have a positive impact on the utilization of cash transferred to orphans and vulnerable children. The correlation results between home factors and utilization of cash transferred to orphans and vulnerable children also indicates the same type of result where the correlation coefficient is 0.672 and a p-value of 0.001 which significant at $\alpha = 5\%$.

The results also show that there is a positive association between frequency of cash transferred and utilization of cash transferred to orphans and vulnerable children where the correlation coefficient is 0.889, with a p-value of 0.011. Further, the result shows that there is a positive association between attitude of beneficiaries and utilization of cash transferred to orphans and vulnerable children where the correlation coefficient is 0.732, with a p-value of 0.007. Nevertheless, the positive relationship indicates that when the practice of the afore-mentioned factors is in place the levels of utilization of cash transferred to orphans and vulnerable children increases.

Overall, demographic characteristics had the greatest effect on utilization of cash transferred to orphans and vulnerable children followed by frequency of cash transferred then home factors while attitude of beneficiaries had the least effect on the utilization of cash transferred to orphans and vulnerable children.

Multiple Regression Analysis

Multiple regression analysis was carried out to determine the influence of demographic characteristics, home factors, frequency of cash transferred and attitude of beneficiaries on utilization of cash transferred to orphans and vulnerable children. The findings were presented in Table 2, 3 and 4.

Table 2: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.868	0.753	0.744	1.734

The findings of table 2 found that adjusted R-Square value (coefficient of determination) is 0.744, which indicates that the independent variables (demographic characteristics, home factors, frequency of cash transferred, attitude of beneficiaries) explain 74.4% of the variation in the dependent variable (Utilization of cash transferred to orphans and vulnerable children). This implies that there are other factors that affect the utilization of cash transferred to orphans and vulnerable children attributed to 25.6% unexplained.

Table 3: Analysis of Variance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	982.31	4	245.578	79.379	.000
	Residual	321.75	104	3.094		
	Total	1304.06	108			

The results shown in Table 3 revealed that p-value was 0.000 and F calculated was 79.379. Since the p-value was less than 0.05 and F-calculated was greater than F-critical (2.4472), then the overall model was statistically significant.

Model coefficients provide un-standardized and standardized coefficients to explain the direction of the regression model and to establish the level of significance of the study variables. The results are captured in Table 4.

Table 4: Regression Coefficients

Model	Un-standardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	0.987	0.217		4.548	.000
Demographic characteristics	0.923	0.372	0.901	2.481	.014
Home factors	0.653	0.251	0.704	2.602	.010
Frequency of cash transferred	0.834	0.199	0.821	4.191	.000
Attitude of beneficiaries	0.751	0.213	0.723	3.526	.000

As per the SPSS generated table above, the equation ($Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \epsilon$) becomes:

$$Y = 0.987 + 0.923X_1 + 0.653X_2 + 0.834X_3 + 0.751X_4$$

The findings showed that if all factors (demographic characteristics, home factors, frequency of payments of cash transferred, attitude of beneficiaries) were held constant at zero utilization of cash transferred to orphans and vulnerable children will be 0.987. The findings presented also show that taking all other independent variables at zero, a unit increase in the demographic characteristics would lead to a 0.923 increase in utilization of cash transferred to orphans and vulnerable children. This variable was significant since the p-value 0.014 was less than 0.05. This is in line with Kenton (2019) who notes that governments, corporations and nongovernment organizations use demographics to learn more about a population's characteristics for many purposes, including policy development and economic market research.

The findings also show that a unit increase in home factors would lead to a 0.653 increase of utilization of cash transferred to orphans and vulnerable children. This variable was significant since $0.010 < 0.05$. Further, the findings show that a unit increase of frequency of cash transferred would lead to a 0.834 significant increase of utilization of cash transferred to orphans and

vulnerable children since p-value (0.000) was less than 0.05. The study also found that a unit increase of attitude of beneficiaries would significantly lead to a 0.751 increase of utilization of cash transferred to orphans and vulnerable children since p-value (0.000) was less than 0.05. This concurs with Neves, et al (2009) who note that cash transfers strengthen the position of the marginalized within these systems of social reciprocity, without which they would be disempowered.

Overall, it was established that demographic characteristics had the greatest effect on the utilization of cash transferred to orphans and vulnerable children, followed by frequency of cash transferred then attitude of beneficiaries while home factors had the least effect to the utilization of cash transferred to orphans and vulnerable children.

CONCLUSION

The study concludes that demographic characteristics of caregivers have a positive and significant influence on the utilization of cash transferred to orphans and vulnerable children. The study concludes that gender is an important factor in effective utilization of cash transfers since women are found to be the better gender in handling matters of the house. The study also concludes that most of the caregivers are the elderly ranging from above 40 years old.

The study concluded that there was a significant influence of home factors on the utilization of cash transfers. The study deduces that the home environment is a determinant on how the cash transfers are going to be utilized. This is because a good environment will mean that the beneficiary will get better treatment and will be catered for.

The study concluded that the frequency of cash transferred influences the utilization of cash transferred to orphans and vulnerable children significantly and positively. The study further concluded that consistent payments would lead to better utilisation of the cash as it is budgeted and planned for better hence caters for the orphans in the households.

The study also concluded that the attitude of beneficiaries influences the utilization of cash transferred to orphans and vulnerable children significantly. The study concludes that cash transfers strengthen the position of the marginalized within these systems of social reciprocity, without which they would be disempowered. The study also concludes that the cash transfers make the poor households feel like they fit in the society because they can depend on themselves rather than begging for money from other members of the community.

RECOMMENDATIONS

From the findings female caregivers are the majority and make better utilization of cash transferred compared to their male counterparts. Hence they should be considered during the targeting process to receive the stipend on the orphans they are caring for.

From the findings, there is need for more community sensitization on the programme to ensure that every member of the community participates. A system needs to be put in place where new cases of orphans and vulnerable children are automatically enrolled into the system.

The study recommends that consideration should be made to the number of orphans in each household. Giving a uniform amount of money to all the caregivers is disadvantageous to those with many children. Value of transfer should be determined or pegged on market prices of goods and services and should be reviewed regularly. There is need to establish a proper linkage mechanism between the caregivers and other service providers, particularly those offering psychosocial support and bursary for school fees especially for those children in secondary schools.

The study recommends that there is need for increase of the amount paid to the OVC in form of school fees, money to take care of their personal school effects and many more. Also, food should be provided to the OVC since some of them lack even breakfast in the morning from their schools and this will help them remain in school for long; avoid being absent and post improved grades.

The study further recommends that both the national government and county government should invest heavily in the CT programme for the OVC. The government should increase its funds and also invite other stakeholders like CBOs, churches, businessmen and local leaders so as to scale up the CT OVC programme. There is also need for the Kenyan government, religious organizations, donors and all the ministries in the country should hold hands in order to solve the poverty index problem. They should stage increased campaigns aimed at reducing poverty and HIV/AIDS at large thus reducing the number of dependents on OVC CT provisions

Apart from the usual stipend, the study proposes a separate kit designed to empower and strengthen the household with entrepreneurial skills through small business training and start up kits. This will ultimately free the cash transfer grant from competing household needs and enhance effective utilization thus reducing dependence of beneficiaries on the government stipend.

The study also recommends that money should be given promptly unlike the situation whereby at times it accumulates for three or four months making the care givers to accumulate a number of debts.

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