



**Influence of Cash Transfer on Beneficiaries' Social Relations
in Kenya: The Case of CT OVC in Bute Town, Wajir North Sub-
County in Wajir County.**

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Abdinasir Elmi Mohamed

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Members of the Examining Committee:

Supervisor: Andrew Fisher

Second Reader: Kristen Cheney

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Disclaimer:

This document represents part of the authors' study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the institute.

Inquiries:**Postal address:**

Institute of Social Studies

P.O Box 29776

2502 LT The Hague

The Netherlands

Location:

Kortenaerkade 12

2518 AX The Hague

The Netherlands

Telephone: +31 70 426 0460

Fax: +31 70 426 0799

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List of Acronyms:

CCC	County Children’s Coordinator
CT OVC	Cash Transfer for Orphans and Vulnerable Children
CSAC	Constituency Social Assistance Committee
DCS	Department of Children Services
DfID	Department for International Development
FAO	Food and Agriculture Organisation of the United Nation
GOK	Government of Kenya
ILO	International Labour Organisation
IMF	International Monetary Fund
ISS	Institute of Social Studies
KNBS	Kenya National Bureau of Statistics
LAC	Latin America and Caribbean
LTC	Locational Targeting Committee
MEACL&SP	Ministry of East African Community, Labour and Social Protection
MGCSO	Ministry of Gender, Children and Social Development
MIS	Management Information System
MSPND	Ministry of State for Planning, National Development and Vision 2030
NDMA	National Drought Management Authority
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
PMT	Proxy Means Test
SCCO	Sub-County Children’s Officer
SSA	Sub-Saharan Africa
UNICEF	United Nations Children’s Fund

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Abstract

With the failure of neoliberal economic reforms by the World Bank and International Monetary Fund (IMF) in the 1990s as a solution to poverty and vulnerability in developing countries, social protection programmes and especially cash transfers have emerged as an instrument for addressing poverty and vulnerabilities in the world. Based on qualitative fieldwork and a critical literature review of relevant government, academic and institutional documents, the study examined the influence of Cash Transfer for Orphans and Vulnerable Children (CT OVC) on social relations among beneficiaries in Kenya. It specifically considered intra-household and inter-household relations that have been affected by the programme. The study argues that the programme had positive effects on household's social relations by improving female caregiver's decision making in the household, strengthened household stability through regular and consistent income, boosting caregivers' self-esteem and confidence, expanding networks and social capital gains for the beneficiaries. It also had unintended adverse outcomes with regard to increased women and girls' care work burden, reduced male's contribution to household responsibilities causing conflicts and tensions as well as weakened trust and reciprocal exchange among community members. The study recommends linking the programme with complementary interventions so as to sustain the gains made and mitigate the unintended negative effects.

Relevance to Development Studies

Existing social policies and programmes can have both intended and unintended social consequences on target populations, which can either be desirable or undesirable. While positive outcomes can strengthen beneficiaries' social relations, potential adverse effects brought about by cash transfer programmes can have repercussions for households' relations. From my own experience as a social development worker implementing cash transfer programmes for the elderly and persons with disabilities and during my interactions with community members, I witnessed frustrations, bitterness and resentment by some community members towards programme staff and other community representatives because of being excluded from the programme during targeting. Such unintended adverse consequences if not well-examined and mitigated, can potentially become harmful to the well-being of people and a source of social conflict that threatens community cohesion and undermines the objective of social programmes. There is a need for policy makers and implementers to take cognisance of these potential adverse consequences on social relations during programme design and implementation so as to mitigate them.

This study aims to provide an opportunity for policy makers and programme implementers to critically consider the implication of social programmes on intra-household and inter-household social relations and help identify some of the unintended adverse outcomes with a view of putting in place appropriate corrective measures. By highlighting the social implications of cash transfers on non-material dimensions of well-being i.e social relations, the study could potentially add value to available literature on the implications of cash transfers on well-being and give balance to an already lop-sided field which focuses on material dimensions of social policy and programmes at the expense of other dimensions.

Key Words:

Orphans and vulnerable children, social protection, cash transfer, social relations, gender, caregivers

Chapter 1: Setting the Context

1.1 Background of the study

Cash transfers has become one of the main social protection instruments that has been widely adopted in the recent past to address poverty and vulnerabilities especially in Low- and Middle-Income Countries (LMIC) (MacAuslan and Riemenschneider 2011a; Niño-Zarazúa et al. 2011; Bariantos 2013; Roelen et al. 2018). Implementation of cash transfer programmes have also expanded over the years both in programmatic terms and the number of people covered. Most of the current assessment on cash transfers have been conducted against their material impacts on poverty such as income, consumption, human capital development (MacAuslan and Riemenschneider 2011a). These outcomes are mainly positive because beneficiaries spend the cash on the purchase of useful goods and services. However, limited studies have been conducted on the implications of cash transfers on social relations despite social relations playing a major role in people's livelihood and addresses poverty through "shared inputs, mutual support and pooled labour" (MacAuslan and Riemenschneider 2011a:1).

In the last two decades, Kenya has been implementing various forms of cash transfer programmes targeted at different vulnerable groups within the country. Four main cash transfer programmes exist: Older Persons Cash Transfer (OP-CT) targeting older persons aged 65 years and above, Persons with Severe Disability Cash Transfer (PWSD-CT) targeting persons living with severe disabilities, Cash Transfer for Orphans and Vulnerable Children (CT-OVC) targeting households caring for Orphans and Vulnerable Children (OVC) and Hunger Safety Net Programme (HSNP) targeting poor and marginalized households in Northern Kenya. The first three programmes are implemented by the Ministry of East African Community, Labour and Social Protection (MEACL&SP), while the latter is implemented by the National Drought Management Committee (NDMA). The focus of this study is on the CT-OVC programme.

The CT-OVC aims to address poverty and vulnerabilities through a provision of regular cash assistance to households caring for OVCs. The program was first piloted in 2004 with the support of UNICEF covering 3 districts of Garissa, Kwale and Nairobi. However, it was increasingly scaled up in terms of geographic coverage and number of beneficiaries covered with support from the Government of Kenya, UNICEF, DfID and the World Bank. In the financial year 2016/2017, approximately 350,000 households were enrolled in the program from all 47 counties in the country with each household receiving Ksh 4,000 (approximately US dollar 40) paid bi-monthly (Government of Kenya 2017). The main objective of the program is to provide a social protection system that fosters and retains OVC within families and communities as well as strengthen their human capital development in terms of access to education, health care, food and nutrition, protection and strengthening households' capacity to support children through regular and consistent provision of cash transfers (MGCSN 2011; MSPND 2012; MEACL&SP 2017).

According to Gauntlett (2011) as cited in Alouch (2013:6), human capital development depends on an individual's access to social relations achieved through social networks and other support mechanisms. This makes social relations the programme creates, sustains and reproduces for beneficiaries an important element in achieving its overall objectives. Adverse effects on beneficiaries' social relations could lead to isolation and consequently increase their social vulnerabilities. Social networks and reciprocal norms are important elements of social capital for household members in order to participate in cultural and communal events and activities (Putnam

2005 as cited in Alouch 2013:6). The study therefore, aims to examine how the programme has influenced social relations of beneficiaries at household and community levels.

1.2 Framing the Research Problem

Studies conducted around the world indicate that cash transfers can positively impact on poverty and vulnerability via increased household income, which in turn directly and indirectly reduces poverty and vulnerabilities (Niño-Zarazúa et al. 2011; Jones et al. 2008; UNICEF 2009; Roelen et al. 2018). Cash transfers facilitate poor families to invest in their children's human capital development with evaluations in cash transfer programmes in Latin America showing improvements in children's education, health and nutrition (Jones et al. 2008; Adato and Bassett 2009). Similarly, cash transfer can improve children's protection against exploitative child labour by undermining the economic foundation on which such repressive practices are based (UNICEF 2009). According to Roelen et al. (2018:9), cash transfers can increase people's participation in the local economy through investment in "agricultural and entrepreneurial activities."

While a lot of research has focused on the economic dimensions of cash transfers as an indication of its capacity in poverty reduction, little focus has been given to its implication on social relations especially in Sub-Saharan Africa (SSA). Ellis (2012: 202) argues that "social transfer practitioners are familiar with the social divisiveness that poverty-targeted transfers can inadvertently create; however, there is little systematic research in this area." Kirera (2012: viii) also notes that the "multi-dimensionality of cash transfer impacts beyond direct economic and material benefits is under appreciated."

Feminist theorists such as Bradshaw et al. (2017); Chant (2006) and Cookson (2018) have flagged the potential risks of cash transfer programs turning into an instrument of marginalisation by increasing women and girls' household responsibilities, thus perpetuating gender inequalities. Molyneux and Thamson (2011) on reviewing conditional cash transfer programmes in Latin America found that while the programme improved the status and self-esteem of women, it has increased women's care work burden due to conditionalities imposed on beneficiaries and reinforced women's role as carers. Ellis (2012: 202) further observed that despite program implementers' efforts to be transparent during the targeting process and involve communities, "a sense of puzzlement and unfairness about the selection process can nevertheless persist in communities long after targeting decisions have been made". Kirera (2012: viii) also argues that while cash transfer programmes "resulted in social capital gains within beneficiary communities, it has also had perverse effects that have simultaneously engendered threats to social cohesion." This could create tension and division among community members and potentially have adverse implications for societal relations.

This study therefore, explores the CT-OVC programme's influence on social relations of beneficiaries. It considers both positive and negative effects on the beneficiaries' social relations at household and community level. Findings point towards positive social relations for beneficiaries such as improving women's decision making at household level, strengthening household stability, improving caregivers' self-esteem and confidence, expanding social networks for beneficiaries while at the same time adverse effects such as increasing women and girls' burden of care work, reducing male's support for the family as well as reducing norms of reciprocal exchange in the community have been noted.

1.3 Research Objectives

The objective of the study is to examine how the CT OVC program has influenced the social relations among beneficiaries at household and community level. The study aims to explore how the program has affected aspects of social relations at household level, such as gender relations, household stability, self-esteem and confidence and other relational aspects of the beneficiaries. The study also aims to examine how the programme influences relations of beneficiaries with community members through social network, trust and reciprocity, and communal support mechanisms.

1.4 Research Questions

The main research question is “How does Cash Transfer for Orphans and Vulnerable Children influence social relations among programme beneficiaries?” Specifically, the study aims to address the following sub-question;

- a) How has the programme affected social relations among household members?
- b) How did the program affect relations between household and other community members?

1.5 The Study Location

The study was conducted in Wajir North Sub-County located in Wajir county in the North Eastern region of Kenya. The Sub-County has 3 divisions namely; Bute, Buna and Gurar. Bute town where the study was conducted is located within Bute division and acts as the administrative headquarters for Wajir North where most government departments both national and county levels have their offices located. The town is further divided into 3 locations i.e Bute Ghoda, Gumar and Walensituto. Wajir North Sub-County has an approximate population of 174,609 people in 2017 based on the 2009 Kenya Population and Housing Census data (County Government of Wajir 2013). The North Eastern region of Kenya where the study area is situated has been historically considered as marginalized and underserved; characterized by high poverty and vulnerabilities, poor development indicators such as education, health care, water and sanitation, infrastructure and livelihood (World Bank 2018, KNBS 2018). The poverty rate in the area has been estimated at 62.6% compared to the national average of 36.1% while child poverty stands at 62.0% compared to the national average of 41.5% (KNBS 2018).

The population in the study area are pre-dominantly ethnic Somalis with strong traditions of patriarchal relations, familial bond, close kinship and strong clan ties among their members. These patriarchal structures shape social relations within households such as men being considered as household heads and primary decision makers while women are seen as primary caregivers for children and perform household chores. The town borders Ethiopia and occasionally receives migrant workers who provide cheap labour for the residents in the area. However, during the study period there was an influx of a second group of immigrants from Ethiopia displaced by conflict and who sought refuge in the area. This second group of immigrants unlike the labour immigrants shared the same lineage with the population of the area and were able to use their kinship connections to claim support from the local people.

Historically, the population in this region suffered successive repressive state policies and practices (Truth, Justice and Reconciliation Commission 2013; Kiereini 2018). Atrocities such as the infamous Wagalla massacre of 1984 happened in Wajir county where close to a thousand civilians are claimed to have been killed by security forces (Truth, Justice and Reconciliation Commission

2013). The population were also subjected to a screening process in 1989 as a way to prove their citizenship so as to distinguish them from other Somalis from Somalia considered as aliens (Lochery 2012). This has created a deep sense of alienation, resentment, fear, suspicion and mistrust among the local population towards government services and institutions (Lochery 2012). This has made traditional social protection systems such as kinship care and trust-based reciprocal exchange an important survival strategy for the people to seek support during times of difficulties.

The program was first introduced in the Sub-County in 2012 with an initial enrolment of 321 households. The number of beneficiaries has increased over the years with a total of 1839 households enrolled in the program by 2017. Bute town has a beneficiary population of 167 households (MEACL&SP 2017). Due to data limitation, I could not establish the overall population of OVC in the area to give a sense of relative weight of the programme in terms of those enrolled vis-à-vis those not enrolled. However, other cash transfer programmes are also implemented in the area and possibility of non-beneficiary households enrolled in these other programmes exists.

The area was selected based on its involvement in the programme for a longer period than other areas within the Sub-County. Further, I have lived and worked in Bute town and therefore, it was easy to gain rapport and interact with the program beneficiaries during the data collection process. This was important especially in the face of current security challenges posed by the Somalia based radical group al-Shabaab and the general fear that gripped residents in the county with regard to their interaction with strangers in light of these security challenges. Additionally, the research topic dealt with issues of social relations between people, which many consider as private affairs and therefore, requires the establishment of good rapport and trust before gaining participants' acceptance to partake in the study. My prior working relations and networks helped me to easily access study participants.

1.6 Structure of the Paper

The paper is structured as follows: Next chapter describes the research methods used in the study, data collection instruments, selection of participants, ethical consideration as well as limitations of the study. Chapter 3 focuses on the literature review on social protection in general and cash transfer in particular and discuss some of the concepts used in the study such as social relations, intra-household relations, bargaining power in relations to social protection. Chapter 4 examines poverty and the vulnerability situation in the country and traces the CT OVC development and implementation mechanism and its implication on beneficiaries' relations. Chapter 5 presents findings on the social implication of the programme on beneficiaries at household level while Chapter 6 presents the findings at the community level. The last chapter will conclude the study by reflecting on the main findings and suggest some policy recommendations.

Chapter 2: Getting Down to the Research Process

This chapter discusses how the research process was conducted. It dwells on the research methodology used, getting access, data collection techniques, participants selection, data collection technique, participation with children, data recording and analysis, reflexivity and ethical considerations as well as study limitations.

2.1 Methodology

The study was exploratory in nature and utilized qualitative research methodology since the subject under investigation was social relations which could not be easily quantified. People's social relations are based on perceptions, feelings, experiences and lived realities which differ across time, space and culture. According to O'Leary (2014: 130), qualitative research methodologies favour "the value of depth over quantity and works at delving into social complexities in order to explore and understand the interactions, processes, lived experiences and belief systems that are part of individuals, institutions, cultural groups and the everyday". Qualitative methods were utilized to gather both primary and secondary data in order to increase the depth and richness of the data collected (O'Leary 2014).

I adopted an ethnographic approach to interact with programme beneficiaries because it offered "rich and in-depth exploration of the values, norms, symbols, beliefs and practices" of the participants (O'Leary 2017: 281). It gave me an opportunity to immerse myself in the participant's worlds to grasp their feelings and experiences and see from inside how they carried out their daily activities and relate to each other in their own settings. According to Emerson et. al (1995), immersion gives the researcher an opportunity to experience the fluidity of the participants' lives and become sensitive to their interactions. However, this required a high level of access, building trust and rapport with participants, going beyond the artificial barriers and "observe cultural actors and actions that are not performed solely for the benefit of the researcher" (O'Leary 2017: 281). My ethnic identity as a Somali and a native member of the community helped me gain easy access and build trust and rapport with the study participants. While being a native researcher gave me an insider perspective to the issues under study, ability to easily comprehend the language and culture of the participants and the context in which certain expressions were made, it also made me shy asking some questions as participants sometimes presume I already know their experiences and expressions and therefore, asking them questions on certain issues were seen as if I am pretending not to know.

An extensive literature review on key academic documents as well as grey literature in the form of institutional, policy and programme documents were conducted to gain deeper insight on the programme and its social implication on household relations as well as develop a critical perspective on the issues. This was then compared with the qualitative findings from the field to explain any point of convergence or divergence.

2.2 Getting access

I had an established rapport with the staffs of the Department of Children Services (DCS) in Wajir county since I worked in a sister department within the same ministry and had a close working

relationship. I communicated with the County Children's Coordinator (CCC) in Wajir about my intention to conduct the study in his area of jurisdiction before I left for the field. Upon arrival and presentation of my introductory letter from the Institute, the CCC assigned one of the Sub-County Children Officer (SCCO) in charge of the area of my study for necessary support. The SCCO further linked me with the Locational Targeting Committee (LTC) members for introductions to the programme beneficiaries in the area. However, after the first few days of my interactions with some of the participants, I realized most participants were not opening up and sharing much information. A recent traumatic event in a nearby town where a security vehicle exploded by suspected members of the al-Shabaab group had created fear among the people (Ombati, 2018). The security forces in response to the attack, used force on the locals in an effort to flush out the criminal elements which they claimed were in their midst. This caused panic among the public and made them extremely cautious in their interactions with strangers and their participation in the study. After discussion with the CCC, I changed the study area to Bute town, which is approximately 270 KM away from Wajir town and far from the security incident. I was also born, brought up and worked in Bute town before and I have known the residents for many years. This gave me easy access and I was able to establish the necessary trust and rapport to conduct the study.

2.3 Participants selection

My previous working experience in the area helped me mobilise and access participants for the study. Participants were drawn from government staffs, community representatives and beneficiary households. Government representatives included 2 SCCOs and one chief, while the community members comprised of 3 LTCs and one payment agent. 13 caregivers (2 male and 11 females) and 15 children (5 girls and 10 boys) enrolled in the programme were also selected. The government representatives, LTCs and the payment agent were purposively selected based on their involvement, experience and knowledge of the programme while the household members were identified through a mix of both purposive and convenience sampling. Purposive sampling was useful for selecting participants based on diverse characteristics such as gender, age, educational level, clan, marital status so as to enhance the richness of information gathered while convenience sampling considered geographical proximity, ease of access, availability and willingness to participate (Etikan et al. 2016). This provided diversity and rich experiences in terms of the information gathered within the limited time and resources in which the study was conducted. The aim of involving the government staff and community representatives in the study was not to privilege their voice but rather to get information on programme assumptions and actual implementation as well as to triangulate the information from the beneficiaries (a list of the participant profile is attached in the appendix section).

2.4 Semi-structured, Informal interviews and participant observation.

Semi-structured interviews were conducted with staff working with the DCS as well as LTCs to gain insight into programme design and administration, coverage, and beneficiary information. This provided information on how the programme framed issues of poverty and vulnerabilities, objectives of the programme as well as implicit and explicit assumptions embedded within the programme and how such assumptions potentially affect relations of individuals, households and community members. Further, interviews provided information on how various phases of

programme implementation were conducted and what were their social implications on target beneficiaries and other community members. Semi-structured interviews are “well suited for the exploration of the perceptions and opinions of respondents regarding complex and sometimes sensitive issues and enable probing for more information and clarification of answers” (Louise Barriball and While 1994:330). Semi-structured interviews allowed me some flexibility to follow up on emerging and unexpected data that come up in the course of the interview process (O’ Leary 2014:218).

Informal interviews often in the form of conversation with beneficiary households comprising caregivers and children as well as *participant observation* were also employed. I interacted with the caregivers and children in their homes, work locations, and social places like mosques during the study. This helped me access information on their social relations within their natural settings. However, I often got interruptions by other people in the process. Neighbours, friends and relatives sometimes unexpectedly showed up and interrupted the conversation to allow the caregivers to attend to them before resuming our conversations. I used the break to observe interactions between the caregivers and their visitors or sometimes interact with the children while the caregiver was busy with the visitors. These methods enabled participants to express their ideas and opinions without any restriction and thus provided rich data for the study (O’ Leary 2014). Regarding *participant observation*, I embedded myself within the study participants and took part in activities with caregivers and children so as to gain “cultural empathy by experiencing phenomena and events from the perspective” of the participants (O’ Leary 2014:231). However, it took me a lot of commitment in terms of emotions and time engaging with the participants (O’ Leary 2014).

2.5 Participation with Children.

According to Cheney (2017:59) “...participatory ethnographic research with children is essential to the task of better understanding children’s everyday situations in any given social context.” I took a keen interest in activities children were engaged in and joined them. For example, I joined three siblings (5-9 years old) preparing some ink made of charcoal and milk used for writing the Arabic text in *dugsi*¹. The children gathered the ingredients while I helped them prepare the ink. This made the children become friendly and eased our interaction. In the process, we would discuss their progress in the *dugsi* and school and how they relate with their peers as well as their teachers. To address the power imbalance between the children and myself, I occasionally challenge them to a question and answer game where they would ask me questions and I answer them back. In the process, I feign incompetence and claimed I was never taught all the things they have learnt because I went to an old school and request them to share with me some of the things they have learnt. They laughed and made jokes that the primary school I went to was fake. This created confidence in the children and allowed them to start opening up. For older children (13-17 years), I helped with their school work and did some exercises together. These engagements eased tensions, made the children relax and share their stories with me. However, the challenge was that children are quite dynamic and share diverse information sometimes unrelated to the study topic. It took me a lot of patience to listen to their stories without imposing my own ideas on them. This sometimes made me nervous if we were really discussing issues relevant to the study, but I was also cognisant of the fact that this was an opportunity for the children to express their ideas and issues that are important to them. After retiring to my place of stay, I reflected on all their stories and made connections of what they

¹ An informal Islamic school where children are taught how to read and write the Holy Quran

shared about their social relationships with siblings, parents, peers, teachers and other community members.

2.6 Data Recording and Analysis

The interviews with SCCOs were conducted in English and notes taken during the process while interviews with the chief, service provider agent, LTC members and conversation with beneficiaries were conducted in the local Somali language, recorded using a voice recorder and important observations noted in field note books. The recordings were then transcribed into English, which was not difficult since I am a native Somali speaker. I inspected the transcription to look for common patterns and grouped similar ideas together to establish any emerging trends. I utilized an inductive approach to identify emerging patterns from the data by looking for similar patterns, common words and phrases, and participants' description of events. The advantage with an inductive analysis is that it "avoids the rigidity and premature closure that are risks of a deductive approach" Lapadat (2010:2). However, interpretivist researchers argue that breaking down texts into smaller parts during sorting and labelling "fractures the coherence and contextuality of narratives that constitute the data" (Lapadat 2010: 2). Despite these criticisms, the approach is widely used in qualitative data analysis due to its "power to yield insightful interpretations that are contextually grounded" (Lapadat 2010: 2).

2.7 Reflexivity and Ethical considerations

I was aware that my positionality as a government officer might have a subconscious influence on the research process. However, by constantly reflecting on my own position throughout the process and being aware of my own biases when interacting with the participants minimized such unintended impacts on the study.

Consent of study participants were of paramount importance and I endeavoured to handle it with utmost care during the process. I thoroughly explained the aim of the study for the participants to make an informed decision on whether to participate or not. Equally, I sought their informed consent before any engagement with them. While I printed consent forms for use in the study, I did not utilize them based on prior experience that some participants might misconstrue this as programme related activity and signing documents might raise unnecessary expectations. I witnessed many organisations asking people to sign documents when delivering services and therefore signing could be interpreted to mean getting something in return. For the children's involvement in the study, both the consent of their caregivers as the legal custodian and the children's assent (children are considered minors under the law and cannot give informed consent) were sought. I assured the children to treat them with respect as any other study participants. I guaranteed participants not to use their information to harm them or any other person in any way whatsoever. Where quotations of participants were used in the report, anonymity was guaranteed by avoiding the use of names to avoid unconsciously exposing them to any harm whatsoever.

There were expectations participants and non-participants alike had during the study process especially with my previous position as a social development officer who worked in the area. Although, I clearly explained my role as a student researcher, some individuals nevertheless approached me for assistance with programme related issues. While I sympathised with their situation, I was not in a position to directly address their challenges and had to refer them to relevant departments and government staff for assistance. For example, an old lady passing by

requested assistance with regards to enrolment in the older persons cash transfer programme. I explained to her my lack of control over programme implementation and referred her to seek assistance from the department of social services, which is responsible for implementation of cash transfers for elderly people. However, she left unsatisfied complaining she has tried that option several times but to no avail. Some participants have also sought my guidance with regards to challenges they were facing. I linked a caregiver who had a child requiring an eye check-up and did not know where to find an ophthalmologist with a private hospital in Wajir town where I knew ophthalmologists occasionally visit to conduct free eye check-ups so that she could be informed whenever such events are forth coming.

Cognisant of the prevailing cultural norms and values with regards to treatment of visitors, some study participants wanted to make prior preparation for my visit. When I visited a caregiver for an interview, I found her and her husband in their grass-thatched kitchen preparing samosas, which they sell for income generation. The caregiver wanted to interrupt her work and make arrangements for us to sit outside for the interview. However, I assured her that I am comfortable to conduct the interview inside the kitchen while they continue with their chores. This not only prevented interruption to the caregivers' cooking activity but also reduced the perceived power difference between us and gave me an opportunity to also observe their interactions. Other caregivers offered meals and drinks, which I sometimes declined politely especially where I perceived the families are undergoing financial difficulties. I would give excuses that I have eaten on the way there or say I am fasting and could not take any food.

Getting information from adolescent girls was difficult since they were very shy and afraid of communicating openly with strangers especially of the male gender. The prevailing social cultural norms dictates adolescent girls to not openly engage with non-related males. I had to be patient to establish rapport with them in the presence of their parents and make them feel comfortable with my presence in their families before slowly engaging with them. Listening to stories and experiences shared by caregivers and observing their daily struggle with life difficulties were sometimes heart touching and evoked emotions within me. This sometimes made me become sympathetic to their issues and it took a lot of emotional strength to remain objective in the process. I would occasionally excuse myself to hide my emotions and come back to continue with the conversations once my emotions have cleared.

2.8 Study Limitations

The study does not intend to generalize its findings because of the subjective nature of the topic. Generalization further requires a larger representative sample of the whole population, which I could not practically achieve given time and resource constraints under which the study was conducted. However, it provides important learning lessons for studies conducted in similar situations or context.

Chapter 3: Adding the Social into Social Protection

This chapter discusses existing literature on social protection and the implication of cash transfer on social relations among beneficiaries. It begins by providing some background information on social protection and cash transfer programmes before delving into their implications on social relations.

3.1 Social Protection

Social protection emerged as an alternative response to “safety net discourse” advocated by the World Bank in the late 1980s and early 1990s to address poverty and vulnerabilities (Devereux and Sabates-Wheeler 2004: 1). Safety nets were considered as “minimalist social assistance” interventions for countries with low economic and weak administrative capacity to provide “comprehensive social welfare programmes” for their citizens (Devereux and Sabates-Wheeler 2004: 1). However, as the understanding of poverty, risks and vulnerability became more complex and their measurement multidimensional, safety nets were criticised as being “residualist and paternalistic” and an alternative approach was sought (Devereux and Sabates-Wheeler 2004: 1). Social protection therefore, became an alternative approach to safety nets due to its wider significance and better claims for addressing poverty and vulnerabilities.

Two groups of advocates on how social protection should address poverty and vulnerabilities emerged. The first group viewed social protection as a way to minimize economic risks by providing cash transfers to vulnerable groups in order to stabilize consumption during economic difficulties. The other group favoured a broader frame of social protection that addresses poverty through the enhancement of equity and social justice. The latter group advocates for transformation of rights and the relationship of the poor and vulnerable people through good governance, equity and social justice. These different views led to different conceptualisations of social protection by different actors and agencies creating confusion on the boundaries and limitation of social protections. For the purpose of this study, I therefore adopt the definition of social protection by Devereux and Sabates-Wheeler (2004: 9):

Social protection is the set of all initiatives, both formal and informal, that provide: social assistance to extremely poor individuals and households; social services to groups who need special care or would otherwise be denied access to basic services; social insurance to protect people against the risks and consequences of livelihood shocks; and social equity to protect people against social risks such as discrimination or abuse.

Devereux and Sabates-Wheeler (2004: 9) further conceptualise the role of social protection as protecting vulnerable people from falling into deprivation, preventing vulnerable populations from selling off their productive assets during hard economic times, promoting real income and capabilities through livelihood enhancing programmes and transforming social relations to address structural root causes of social and gender inequality, exclusion and marginalisation through the establishment of legislative frameworks for the protection of socially vulnerable groups. These roles are not very neat and sometimes overlap each other. While social protection plays an important role in providing protection against social vulnerabilities for the chronically poor, economically

vulnerable and socially marginalised, we should be cautious not all social protection measures automatically lead to positive outcomes. Unintended adverse outcomes such as tension and stigma can result from targeting social cash transfers to few individuals leading to the social exclusion of others and polarisation of society especially in a context where the majority of the population are poor (Ellis 2012). Other measures may reinforce established social norms and hierarchies and cause further marginalisation of vulnerable groups. For example, targeting cash transfers to women caregivers could reinforce traditional gender roles of women as carers and men as breadwinners (Cookson 2017; Bastagli et al. 2016; Wasilkowska 2012).

3.2 Cash transfer

Cash transfer is one of the instruments of social protection adopted widely to reduce poverty and vulnerabilities among vulnerable groups. According to Arnold et al. (2011:2), cash transfer is “direct, regular and predictable non-contributory payments” to poor and vulnerable individuals and households. It is considered under social assistance within the social protection system (Roelen et al. 2018) and targeted to the most vulnerable section of the population such as the elderly, persons with disabilities and children. The logic behind cash transfers is that individuals are assumed to be rational beings who can effectively utilize the cash to address their needs and improve their living standards (Arnold 2011). Cash transfers are implemented by both government and NGOs and funded through taxes, donor funds or a mix of both. Major international actors have also influenced the design and implementation of cash transfers globally, for example the World Bank has a strong inclination towards conditional cash transfers, while the ILO has advocated for a rights-based approach towards social protection. UNICEF has a family-based approach towards cash transfers and has recently pushed for a systems’ approach which links cash transfers with other complementary services such as education and health (Roelen et al. 2018). With regard to how cash transfers influence social relations, MacAuslan and Riemenscheider (2011a: 3) conceptualise cash transfer as an ongoing process of intervention in a complex social relation system where individuals are embedded within the system at household, community, social and political institutions. Cash transfer systems are imbued with resources, power and knowledge that affect people’s social relations through various activities such as mobilisation, awareness-raising, targeting, enrolment, and payment (MacAuslan and Riemenscheider 2011a).

3.3 Cash transfer and gender relations

Most evidence on implications of cash transfer on gender relations comes from studies conducted in Latin America and the Caribbean (LAC) countries due to their long history of implementing cash transfer programmes. Cookson (2018) in an ethnographic study with beneficiaries of Juntos, Peru’s conditional cash transfer programme, found that programme implementers imposed extra conditions on recipient mothers beyond what has been specified in the official programme policy. Recipients were coerced to perform responsibilities beyond what the programme has set and local implementers threatened mothers with expulsion from the programme in case of non-participation. Mothers were unjustly forced to undertake activities such as painting the junto flag on their houses, participating in cooking fairs, preparing lunches for school children, and marching for politicians during elections. Conditionality have therefore, been used as a coercive tool by authorities to subordinate women beneficiaries. Cookson (2018:149) further argues the efficiency narrative of conditional cash transfer in addressing poverty is based on the “hidden cost” of women’s time and unpaid labour. Women bore the brunt of the programme

implementation by spending a lot of their time walking and waiting for government services so as to fulfil programme requirements. Conditionality is seen effective if they result in changing people's behaviours towards a more responsible manner. By imposing conditionality on rural mothers to change their behaviours, assumptions made is that children are poor because of the misguided behaviours of their mothers. Yet, poverty is as a result of the difficult prevailing conditions in which mothers care for their children. Instead of focusing on changing women's behaviours through conditionality, there is a need for changing the broader structural causes that results in persistent inequalities. This will require a shift towards challenging, "the political-economic question that simpler, technical fixes so often side line" (Cookson 2018: 151). Llobet and Milanich (2018:173) on the other hand argue that what critics of conditional cash transfers have framed as "tension between women's and children's interest are not necessarily perceived as such by women themselves" because women's actions might be misunderstood as oppressive yet women themselves might see them as strategic and useful. For example, mothers consider their children as a source of support and security both at the present and in the future and any efforts they expend on their caring will help them achieve such objectives.

However, social and gender dynamics as well as the nature and design of cash transfer programmes in SSA are quite different from those in LAC countries and therefore, findings from LAC cannot be entirely generalised for SSA. Studies in SSA have shown that cash transfers targeted at women caregivers have increased women's decision making in the household (Bonilla et al. 2017; Otulana et al. 2016; Peterman et al. 2015; Wasilkowska 2012;). According to a mixed-method evaluation of the Zambian Child Grant Programme, Bonilla et al. (2017) found the programme has increased women's sole and joint decision making in the household. Women retained control over the management of the cash and thus used it for saving and investment thereby improving their financial status in the household. Similarly, in a mixed method evaluation of Kenya's Hunger Safety Net Programme where more than two thirds of beneficiaries are women, Otulana et al. (2016) found that the programme has increased women's decision making in household budgets and enabled them to save and invest the cash in small businesses for income generation. Child Support Grant in South Africa has also been found to have increased women's control and allocation of household resources and improved household food security (Patel and Hochfeld 2011). Peterman et al. (2015) further claims a cash and food transfer programme in Uganda has increased women's decision making which was mostly driven by the cash component indicating cash transfer changes household dynamics in ways food transfer could not. Bastagli (2016) also argues that cash transfers have increased the involvement of women in decision making, delayed marriage among young girls, increased use of contraceptives, decreased unwanted pregnancies and reduced multiple sexual partners. Cash transfer has also increased ownership of small livestock such as goats and chickens by women caregivers (Bastagli 2016).

While cash transfer has been shown to positively impact women's decision making, studies have similarly highlighted limitations of cash-only interventions to make any transformational changes to women's empowerment. Bonilla et al. (2017) argue that women's decision making did not extend beyond the household domain due to existing socio-cultural norms that determine men as household heads and primary decision makers. Patel and Hochfeld (2011) also observed that the South African Child Support Grant has not transformed gender relations and women remained responsible for the care functions of the household. Similarly, Otulana et al. (2016) have shown that while the programme has increased women's decision making and enabled women to invest in income generation, it has also led to tensions among spouses due to men feeling that their authority is being undermined by women's control over programme cash. An evaluation of cash transfer by Concern Worldwide and Oxfam GB (2011) in Kenya, Zimbabwe and Indonesia also noted that cash

transfers had not improved community relations and, in some cases, worsened as a result of the programme. Cash transfers tended to entrench rather than challenge traditional household and social roles performed by women and was seen as helping women better perform their responsibilities (Wasilkowska 2012).

Therefore, the above discussion is an indication of a growing recognition for the need to consider gender dimensions during the design and delivery of cash transfer programmes because the “gendered patterns of work and care mean that women often bear the brunt of additional unpaid and paid work requirements” (Razavi 2007 as cited in Roelen et al. 2018:9).

3.4 Intra-household relations

There is a growing focus on intra-household relations within the current social protection landscape (Norton et al. 2001). According to Sabates-Wheeler and Kabeer (2003), cash transfers have long been based on the assumption of a unitary model of the household where resources are pooled together and equally distributed among members. However, households are not sites for equal distribution of resources and there are complex factors that determine resource allocation among household members (Sabates-Wheeler and Kabeer 2003). Sen (1990); Agarwal (2011); and Pearson (1992) have described households as sites of competing interests, resources, rights and obligation where every day forms of interactions and negotiations take place. According to Sen (1990) and Agarwal (1997), intra-household relations are characterized by both elements of conflict and cooperation. When conflict occurs, household members bargain for a favourable outcome which depends on “[the] individual’s fall-back position – the outside options which determine how well-off he/she would be if cooperation fails” (Agarwal 1997: 4). Gender inequality could weaken women’s bargaining position as compared to men while various forms of social capital such as networks, kinship and groups can also play an important role during conflict. Agarwal (1997) also argues that “women spend their income largely on their families rather than on their own personal needs” while Sen (1990) believes that women’s altruism lowers their bargaining power within the household since they subordinate their self-interest for the well-being of others. Agarwal (1997) counters Sen’s narrative of women’s altruism lowering their bargaining power by arguing women can be altruistic to their children’s wellbeing while at the same time bargaining very hard with their husbands.

This framework helps to analyse how decisions within households are bargained for by the different parties during conflict. Outside income such as cash transfers can improve caregivers’ bargaining power in the household by strengthening their fall-back position in case of conflict, give clear perception of their individuality (self-interest and altruism) and provide a higher perception of their contribution to the household’s economic conditions (Sen 1990). Targeting income support to men and women may have different implications for other household members such as children and the elderly (Norton et al. 2001). It is therefore, important for social protection policies to carefully analyse existing intra-household dynamics when designing support to households (Norton et al. 2001).

3.5 Social Relational Approach

Kabeer (1994) developed the social relational approach to examine how development programmes can produce, sustain and reproduce inequalities and discrimination through various institutions such as the state, market, communities and households. She used the term ‘social

relations' to describe structural relationships that create, maintain and reproduce differences in people's position within society. Social relations determine the identity of individuals or groups, their rights, roles and responsibilities, claims they can make and the control they can have over resources. It produces various inequalities by according individuals and groups certain positions and hierarchies within society. Some of these social relations that create inequalities include: gender, generation, race, class, caste and ethnicity. The strength of this approach is that it provides a comprehensive analysis that can inform policy planning and interventions for social change. However, the approach does not capture multiple voices and experiences in analysing gender inequalities due to its structural bias towards institutions and therefore, down plays individual agency.

Chapter 4: Poverty, Vulnerabilities and Establishment of CT OVC in Kenya

4.1 Poverty and Vulnerability in Kenya

Kenya's population in 2016 has been projected at 45.4 million with children below 18 years comprising 48.1% (KNBS 2018). While the national poverty rate² has been approximated at 36.1%, child poverty³ is higher at 41.5% with approximately 9 million children living in poor households (KNBS 2018). Further, the prevalence of poverty is higher in households with children (33.7%) when compared with those without (13.5%). The poverty gap⁴ between households with children (9.5%) and those without (3.7%) is significant. Although the data does not provide the sex disaggregation of child poverty, it indicates children aged 0-5 years have a lower poverty rate (36.8%) as compared to 6-13 years (43.9%) and 14-17 years (43.8%).

Geographically, most children from poor households live in rural areas accounting for 6.7 million of the approximately 9 million poor children in the country. This shows that while children account for almost half of the population, poverty disproportionately affects them. Vulnerabilities children face are also gendered for example, while girls face risks of female genital cutting and early marriages, boys face risk of joining gangs and other radical groups (Gelders ca. 2016). Besides, children face several risks and vulnerabilities across their life phases ranging from survival and development in their infant years through thriving during schooling years and the challenges of transitioning to adolescent and adulthood. Children living with special needs face additional challenges in navigating their childhood just as those living in deprived areas such as the North Eastern region. The first few years are very important in laying a solid foundation for children's development and well-being, and for that reason social protection that is sensitive to the needs of children is critical (Gelders ca. 2016; Sabates-Wheeler et al. 2009). In what follows I discuss the development of the CT OVC programme as a way of addressing some of the vulnerabilities children face in the country.

4.2 Establishment of the CT OVC Programme

The CT OVC programme was established by the government with the support of UNICEF in response to the growing number of OVC in the country as a result of high poverty and the HIV/AIDs epidemic in the late 1990s and early 2000s. According to Pearson and Alviar (2009), the motivation for the establishment of the programme came from the realisation that informal social protection systems for supporting OVC such as families and communities were overstretched due to the HIV/AIDS epidemic. UNICEF conducted a national media campaign in the run up to the 2002 general election to create public awareness on the plight of OVC in the country and lobbied various political candidates to pledge support for addressing the issue if they get elected into office (Pearson and Alviar 2009). This has generated a debate in the national assembly that led to the establishment of a parliamentary committee on matters of OVC which further led to the development of a

² Households and individuals whose monthly adult equivalent total consumption expenditure per person is less than Ksh 3,252 in rural and peri-urban areas and less than Ksh 5,995 in core-urban areas (KNBS 2018).

³ Children living in households that have been deemed poor based on the absolute poverty lines (KNBS 2018).

⁴ Measures how much poorer the poor people are relative to the poverty line (KNBS 2018).

National Plan of Action for orphans and other children made vulnerable by HIV/AIDS in 2003 (Pearson and Alviar, 2009).

The CT OVC programme was first piloted in 2004 across the 3 districts⁵ of Garissa, Kwale and Nairobi with an initial coverage of 500 households. Each household was paid Ksh 500 per month (Approx. US dollars 6.50 at the time). At the end of the pilot phase in 2007, approximately 13,280 households from 17 districts were enrolled and the amount of stipend increased to Ksh 2,000 (US dollars 20) per household per month. The government with funding support from UNICEF, the World Bank, DFID and other development partners progressively expanded programme coverage to the whole country over the years (MEACL&SP 2017). The programme is unconditional although at the start of the pilot phase caregivers were sensitized that the cash was meant for human capital development of OVC (Handa et. al 2018:264). The table below summarizes the expansion of the CT OVC programme in the country since 2004.

Table 1: Expansion of CT OVC in Kenya

Year	No. of households enrolled
2004	500
2007/08	13,280
2008/09	45,911
2009/10	82,371
2010/11	124,991
2011/12	144, 931
2012/13	152,323
2015/16	255,608
2016/17	355,000

Source: Author's construction based on data from MEACL&SP (2017: 2)

4.3 Eligibility Criteria

The programme targets household with orphans and vulnerable children that are extremely poor, not benefiting from any other cash transfers or with a chronically sick member (MEACL&SP 2017). An OVC has been defined as a child below 18 years who lost parent(s), lives in a household with chronically ill member for the last 3 months or more or lives in a child headed household i.e the head of the household is below 18 years of age (MEACL&SP 2017). This categorical targeting of OVC by the programme was appreciated by the chief and LTC members who observed that it made targeting households easier as programme eligibility criteria clearly states the presence of OVC in the household. They compared this type of targeting to relief food distribution where a lot of challenges in beneficiary selection exist because of unclear targeting criteria and every household expects to benefit yet the food is not enough to cover everyone. The chief thus explained:

⁵ Districts have been renamed as sub-counties in the current administrative structure in the country

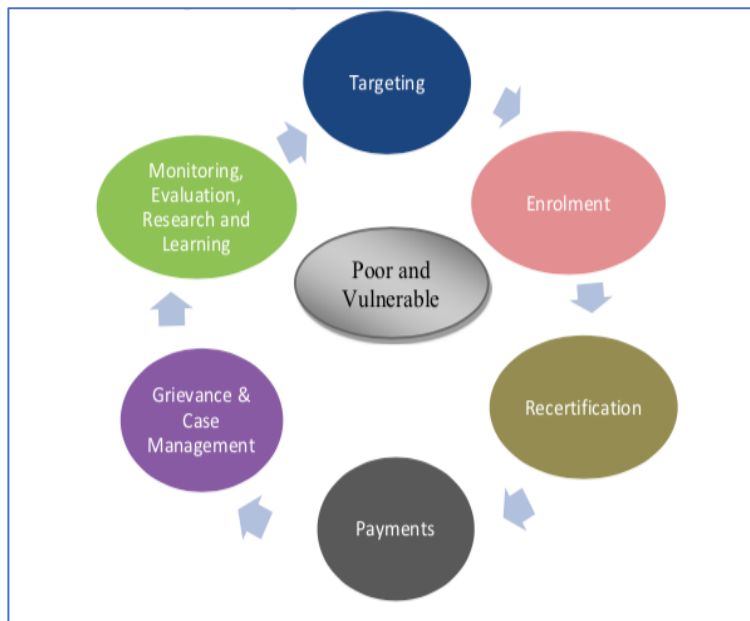
There were a lot of challenges with food distribution. The food received was small in quantities and could not reach everyone. We do not know which category to target and which one to leave. Do we give the food to the sick, the elderly, orphans or disabled? Which category is more deserving than the other was the biggest challenge. So, we were forced to share it out in small quantities among many groups of vulnerable people. But with the CT OVC, it is targeted at specific group i.e the orphans first and vulnerable children second (Chief interviewed on 19th August 2018).

Nevertheless, the vulnerability criteria used by the programme could still exclude other categories of vulnerable children as argued by Gelders (ca. 2016) that orphanhood is not the only determinant of childhood vulnerability and orphans are not necessarily more vulnerable than other non-orphaned yet vulnerable counterparts. The targeting of orphans could therefore, exclude non-orphans who are equally or more vulnerable (Gelders ca. 2016). Gelders (ca. 2016) further argued that the proportion of households with children under five years enrolled in the programme are significantly low due to the periodic nature of programme scale up and this goes against child sensitive social protection principles which advocates for early interventions in the lives of children to avoid irreversible harm later in life. Moreover, children's involvement both in the design and implementation of the programme is absent despite the programme's stated objective to address their human capital development.

4.4 Programme Implementation Cycle

The programme implementation cycle involves six (6) main processes: targeting, enrolment, recertification, payments, grievance and case management; and monitoring and evaluation as illustrated in Figure 1 below.

Figure 1: CT OVC Implementation Processes



Source: MEACL&SP (2017:12)

4.5 Beneficiary Selection Process

The programme utilizes a combination of geographical, proxy mean tests and community-based targeting to identify beneficiaries (MLEAC&SP 2017). The selection process follows four main steps: identification of geographical areas and targets, community sensitization and selection of Location Targeting Committees (LTCs), identification and validation of households, registration and enrolment (a summary of the targeting process is attached in the appendix section).

4.5.1 Identification of areas and targets

Identification of geographical areas and the number of target beneficiaries per location is done at the national level by the department of Social Assistance Unit (SAU) based at the ministry headquarters in Nairobi. These decisions are based on poverty and population data in the country according to the latest Kenya Integrated Household and Budget Survey and the National Population and Housing Census data respectively. A programme expansion plan is then prepared and shared with respective CCCs who further pass the information to SCCOs and Constituency Social Assistance Committee (CSAC) members for implementation.

According to SCCOs and LTCs interviewed, the geographical targeting led to skewed distribution of beneficiary targets among various locations. They reported locations with smaller populations relative to others, received higher targets than locations with larger populations, bringing imbalances in beneficiary distribution among various areas. Bute town, which has the highest population in the Sub-County, has 167 beneficiaries whereas smaller surrounding areas have received a larger share. This has resulted in some caregivers from Bute town seeking enrolment in other areas where they have existing kinship relations. A female caregiver explained that she got enrolled into the programme in a location where her brother-in-law was a chief since her chances of joining the programme in Bute town was minimal due to the high population of vulnerable households vis-à-vis low targets.

4.5.2 Community sensitization and selection of LTCs

At Sub-County level, SCCOs and CSAC members mobilise and conduct community awareness and sensitization meetings at locational level. These meetings are meant to share information on the programme scale up such as household eligibility criteria, targets per location and the selection of LTC members to spearhead the process at the location level. Selected LTC members embark on further community meetings to identify all the poor and vulnerable households in the areas, generate a list of all identified households, which is sent to ministry headquarters for data entry and synchronization using Management Information Systems (MIS).

4.5.3 Screening and community validation.

The synchronized household list is then sent back to the SCCOs and CSAC members who further conduct community-based screening of all the enlisted households. The information is also posted in public places such as government notice boards, social halls, schools and health centres for the community members to access and verify. This community-based screening process results in a list of poor and vulnerable households for registration. The SCCOs engages enumerators and supervisors to undertake data collection of the identified households using a prescribed targeting form. The collected data is again sent to Nairobi for synchronization with MIS and analysed by the Proxy Mean Test (PMT) and a potential list of beneficiaries is generated. This potential list of

beneficiaries is again validated using a two-step process: single registry system to weed out beneficiaries benefiting from more than one cash transfer programme, to avoid double dipping and community-based validation process to address problems of inclusion and exclusion errors. The validated data is then updated on the MIS and the final list of eligible households ranked in order of priority is produced. While evidence shows that PMT are highly prone to inclusion and exclusion errors and could potentially cause community conflicts and tensions (Kidd et al. 2017), there were no reported cases of community conflict as a result of the process. However, some LTC members reported that sometimes they are blamed of being biased by those who miss out on the process with a view to be considered in subsequent enrolment. Calder et al. (2011) as cited in Kidd et al. (2017: 15) explains that the absence of community conflict in Kenya's CT OVC programme following beneficiary selection using PMT is attributed to programme implementers deceiving those who were left out to be considered for future enrolment.

4.5.4 Registration and Enrolment.

The final beneficiaries are enrolled into the programme, their biometrics taken, issued with smart cards to facilitate payment and provided information on their payments. The programme manual states that caregivers upon enrolment will be sensitized on programme rights and responsibilities by SCCOs. Caregivers are expected to ensure provision of decent shelter, food, clothing, education, medical care, protection against abuse and exploitation and acquisition of birth certificates. While a majority of caregivers raised concerns about the low amount of stipend the programme provides vis-à-vis the expectation caregivers are expected to meet, they nonetheless, reported prioritizing the immediate needs of their children and spend the cash on items such as food, clothes and school-related expenses.

4.6 Concerns about the low stipend

According to Pearson and Alviar (2009), the Ksh 2000 (approximately US dollars 20) monthly stipend the programme provides was calculated on the basis of the prevailing poverty line in the country at the time of the programme's inception. However, the poverty line as critiqued by feminist theorists (Bradshaw et al. 2017; Chant 2008) is not a reliable measure of poverty situation since it does not take into consideration existing intra-household inequalities. It considers the household as a single unit of measurement aggregating the household poverty condition without taking into account existing gender and generational inequalities within the households. It does not consider the distribution of resources within the households, which could be hiding secondary poverty often suffered by women and children. The provision of a uniform rate to all households irrespective of household size has been viewed as unfair by some caregivers especially those with large family sizes who felt the programme should take into consideration the number of household members in allocating the amount per household. Other concerns raised by beneficiaries and LTCs members during the study was that the amount has not been adjusted since the introduction of the programme despite changing economic situations in the country such as inflation and price fluctuations. This they claimed has decreased purchasing power of the stipend over the years.

Chapter 5: Intra-household Relations

This chapter presents findings of the study on intra-household relations. It is organized in four themes that emerged from the interaction with the study participants; gender relations, household stability, self-esteem and confidence, and children's relations with caregivers. I also attempt to present existing tensions and divergent views that emerged from my interactions with various participants.

5.1 Gender relations: Women empowerment or entrenching gender roles?

A majority of the caregivers registered in the programme are women who are in charge of the collection and management of the programme cash. While the programme policy does not explicitly state women to be the caregivers in the programme, the majority of participants felt women are in a better position to collect the money since they stay at home with the children and are thus well placed to be caregivers in the programme as opposed to men who might be out seeking casual work or attending to outdoor activities such as looking after livestock. A female caregiver explained, “we [referring to women] are always at home with the children and therefore, available for collections of the money during payments” (female caregiver aged 44, interviewed on 1st August). Another female caregiver also argued that women are more responsible than men in ensuring the funds are utilized for the benefits of the children. “If women are the ones in charge of the money, it will reach the children. If men are the ones collecting the cash, they might spend the money on chewing *miraa*”⁶ (female caregiver aged 47, interviewed on 2nd August 2018). These sentiments were also shared by LTC members who viewed women's role in the household as carers, a factor they consider when nominating a caregiver for collecting the household cash.

Women are at homes with children most of the time while the men could be away either looking after animals or looking for casual work. The women are better placed to collect the money when the payment is ready” (LTC3, interviewed on 16th August 2018).

Other LTC members suggested selecting women as caregivers was a precautionary measure to reduce conflicts in household especially within polygamous families. “Some men are polygamous and if they are given the money, they might spend it on their other families causing problems” (LTC1, interviewed on 7th August 2018).

This gave female caregivers an opportunity to control the management of the cash as one female caregiver has stated, “I only inform him [referring to her husband] when I have already spent the money. Sometimes, I do not even inform him at all” (female caregiver aged 46, interviewed on 31st July 2018). Other female caregivers reported that having control over an independent source of income improved their independence and decision-making in the household compared to before when they had to wait for their husbands to give them money. A female caregiver explained:

⁶ A plant whose leaves and twigs are chewed as stimulants and mostly used by men in the area.

“Before, when I wanted to buy a pair of shoes, I would ask for money from my husband but now I do not. Even if I may not have cash at times, I can still buy them on credit and pay back when I receive the payment” (female caregiver aged 42 years, interviewed on 6th August 2018).

Others have used part of the money to start income generation projects in the form of small businesses such as selling samosas, groceries, poultry keeping, and others have bought goats. A female caregiver operating a grocery kiosk explained how she started the business with part of the cash after receiving arrears.

I missed payments for two consecutive cycles but received it in arrears of Ksh 12,000 (Approximately US dollars 120) on the third payment cycle. Instead of using all the money for household consumption, I decided to use part of it to start this grocery business so that I can supplement our income. Now, this is better than just staying at home the whole day waiting for my husband to bring money home (female caregiver aged 47 years, interviewed on 15th August 2018).

Other female caregivers have also suggested that the programme has improved their bargaining power in relation to their spouses since they have resources at their disposal and are able to contribute to the household economy. They are no longer seen by their husbands as sitting idle at home but as productive members who contribute to the household economy (female caregiver aged 42 years, 6th August 2018).

A majority of the male participants similarly expressed positive feedback about the role of female caregivers in the programme. They saw the cash as meant for welfare of the children and according to them, the best placed person to manage children welfare are their mothers. Other male participants also appreciated the cash has relieved them the pressure of being asked for money by their spouses. A male participant explained that when his spouse collects the cash, she will assess the needs of the households and spends the money on priority items and his income will then be used to address other household needs.

These findings are consistent with various studies that have shown that cash transfers can contribute to increasing women’s decision-making in the household (Bonilla et al. 2017; Hagen-Zanker et al. 2017; Bastagli et al. 2016; Wasilkowsa 2012). Bonilla et al. (2017:56) found that Zambia’s Child Grant Programme has increased women’s decision-making in households and women have gained “control over the transfer for household investment and savings for emergencies”. Similarly, Wasilkowsa (2012) found that a cash transfer programme in Somalia has increased women’s decision-making with regard to household expenditure.

While this could be interpreted by some as empowering female caregivers in the household, it has also placed a burden on them as some men were claimed to have reduced their financial support to the household. A female caregiver complained that her husband reduced his financial support to the family since their enrolment into the programme and expects her to provide for the family because she has got money. This has affected relations at the household level as mothers are overwhelmed with both care work and household provisions. I have observed in some of the households where the female caregivers are engaged in small-businesses that daughters are doing household chores like taking care of small children, cooking food and cleaning while the boys are mostly engaged in outdoors activities. While enquiring from one of the caregivers why her daughter alone was doing household chores, yet there are several boys, she explained the boys perform more difficult tasks such as fetching water from a distant borehole and also sent on errands in town. This

could be interpreted that while the programme has enabled some female caregivers to start small-businesses, it has also entrenched gendered roles in the household as girls stepped in to support household chores while boys are modelled after their fathers as providers for the family.

These findings are in line with studies that have shown cash transfers have increased women's care work burden by imposing household responsibilities on them such as taking care of children (Cookson 2017, Bastagli et al. 2016). Bastagli et al. (2016) argues that cash transfers can reinforce gender stereotypes such as the perception of women being good household managers and spend cash for the betterment of the family while men are portrayed as self-serving who would spend the transfer on non-beneficial items to the household. Sabates-Wheeler and Kabeer (2003:29) have also highlighted these gender stereotypes of men being more likely to spend their income on consumables and status goods while women mostly spend their income on children and household goods and therefore, the assumptions underlying the targeting of cash transfers to women. Wasilkowska (2012) also observed that giving women small amounts of cash transfers is viewed as helping them perform their routine household duties better and therefore, men will not resist women being in charge of the programme cash. However, blind targeting of cash at women without considering existing social norms can inadvertently perpetuate these gender stereotypes (Bastagli et al. 2016). A study conducted by the Food and Agriculture Organisation of the United Nations (FAO 2015) in seven SSA countries further found that although cash transfers in SSA has improved access and control of resources by women in the short-term, it did not significantly change structural gender norms that influence decision-making in the household.

5.2 Strengthening household stability or causing tensions?

A majority of caregivers have expressed that the programme has contributed to stability of relations within household. The assurance of receiving regular and predictable income has given caregivers a sense of hope and optimism. The cash made possible for households to access essential items such as food, clothes, medicine and other necessities. Availability of food within the household has on the other hand reduced tensions among household members. Incidence of parents squabbling over household provisions has reduced since the cash provided alternative means of accessing food. Also, competition among children over scarce food has been reported to have reduced since households can afford to buy more food than before with the extra cash. A male polygamous caregiver pointed out,

Before [the programme], there were some issues in the family. But since we began receiving the money, there were a lot of improvement in our relations. Children used to sulk and often fight each other [but] now they make jokes and play together. They also respect us very well as parents (a polygamous male caregiver aged 46 years, interviewed on 31st July 2018).

The above caregiver being in a polygamous marriage explained that he had some difficulties providing for his families and at times had strained relations with his first wife over family support. However, with the enrolment of the first wife into the programme, he acknowledged the pressure of being asked for financial support has diminished and their strained relations have improved.

This is in line with Slater and Mphale's (2008:9) findings of a pilot cash transfer project in Lesotho which contributed to a reduction in gender related conflicts and tensions by reducing food

shortages. Similarly, a study by Concern Worldwide and Oxfam GB (2011) on the implication of cash transfers on gender relations in Indonesia, Kenya and Zimbabwe found an increase in peaceful co-existence and harmonious relations among households as the transfer was used to meet basic needs and reduce pressure on men from their spouses with regard to provision of household income thus improving intra-household relations. Wasilkowska (2012) reported an improvement in peace and harmony among cash transfer beneficiaries in Somalia as a result of reduction in hunger and pressures of daily life. Haushofer and Shapiro (2013:3) also reported that cash transfers improve “psychological well-being of recipients and their families” by reducing depression and stress and increases happiness and satisfaction.

While households appeared stable from the outside, some were struggling with ensuring the needs of their members being met with the little cash they received. Caregivers, especially with large families, expressed concerns with the small amount of stipend the programme provides is incommensurate with household needs. A widow with 11 dependents reported:

My household consist of 11 members including 4 of my nieces and nephews. The Ksh 4,000 we receive after every 2 months is just a small drop and I find it difficult to cover the family needs (widow caregiver aged 47 years, interviewed on 8th August 2018).

The above caregiver expressed difficulties buying new items like shoes and clothes for some of the children while leaving out others due to the small amount of money the programme provides because it creates a sense of jealousy among the children. She expressed it would be fair to consider household size in determining the amount per household. Other caregivers also reported making a lot of balancing when allocating the cash to various household needs. I observed a female caregiver consulting her sons aged 16 and 17 years over clothes they preferred to be bought for an upcoming celebration of *Eid-ul-Adha*⁷. Both boys wanted *kanzu*⁸ for the celebration. However, the amount available was not enough to buy their choice of cloth. After negotiations, the boys settled for cheaper outfits but still the mother did not want to disappoint her sons even though the money she had was not enough. She later bought them the *kanzus* through credit from one of her acquaintance who sells clothes. I asked what support she receives from her husband amid the struggle she is going through. She replied:

He no longer contributes to the household expenditure since I got enrolled in this programme. I cannot remember the last time he bought us anything. I was the one struggling with raising the children all along. Were it not for this little cash, our situation would have been worse than this (female caregiver aged 58 years and in polygamous marriage, interviewed on 4th August 2018).

She further explained that her husband has abandon them for his second wife since she got enrolled into the programme thinking they have a regular source of income and are able to sustain themselves. Similarly, another caregiver complained about the lack of support from her husband

⁷ Main Islamic holidays celebrated to mark the end of the pilgrimage.

⁸ A long cotton or linen robe mostly worn by Muslim men.

since her enrolment into the programme. Below is an extract from my field notes taken during the study.

Female caregiver aged 47 and a mother of 9 children

I visited the caregiver for an interview and by the time I arrived at her place she was not at home. I found 3 of her children who informed me that their mother was out to collect some wooden materials for construction. While I was about to leave, she appeared carrying bundles of sticks tied together and strapped on her back with 2 of her sons in tow also carrying some materials. She put down the bundle of sticks, sat down on the bare ground looking very exhausted. Although I knew her before, I could not recognize her when we met the previous day in the shopping centre for it was a long time since we last met. Besides, she appeared physically weak and emaciated. After having a glass of water and some rest, we started our conversation.

I was concerned about her health and why she appeared so weak. She said she was overwhelmed by the responsibilities of caring for and providing for the household members because her husband has abrogated his responsibility of providing for the family since she got enrolled into the programme. She took a loan of Ksh 10,000 (approximately 100 US dollars) to treat her eldest son who has been sick for a while, but the husband was not willing to help her settle the debt despite him earning some regular income. She pays monthly madrassa fees for her 3 children, but the children dropped out of the madrassa for the past one month due to outstanding fees. She narrated that her husband does not even contribute to her baby blessing ceremonies. Such ceremonies are culturally important especially for pregnant women since they are prayed for by other women folk. She said she started holding these ceremonies after her enrolment with the programme cash.

The Eid celebration was fast approaching, and people were buying new clothes for their children in preparation for the event. However, she was worried because the husband seemed not interested to buy new clothes for the children. “I am so much worried on what to do now. I am thinking of borrowing clothes on credit for the children tomorrow if the shop owners are going to lend me” she dejectedly said (Field notes taken on 20th August 2018).

This shows the tensions that exist within some of the households enrolled in the programme as some caregivers abandon their responsibilities with regard to household provisioning thus straining relations among household members.

5.3 Self-esteem and Confidence

The programme has been associated with improvement in the self-esteem and confidence among beneficiaries. A majority of the caregivers have reported a feeling of satisfaction in seeing their children go to school and attend madrassa alongside other children in the community. The ability to contribute to the household economy and subsequently meet their parental responsibilities gave them confidence, dignity and raised their self-esteem and this was more apparent among female caregivers than their male counterparts. A divorced female caregiver with 5 children stated:

I used to beg for support from neighbours and it was both difficult and shameful for me to do so. With my enrolment in this programme, I no longer beg people. I feel

my sense of dignity has been restored (Female caregiver interviewed on 11th August 2018).

Other caregivers have also noted improvement in their participation in community events such as weddings, religious events, funerals and other social events. These events are considered important in strengthening cohesion and solidarity among community members. While it is not mandatory for participants to make any contribution for attending such events, culturally people feel it is inappropriate to attend such ceremonies empty handed, and fear being ridiculed by others hindering their participation. Caregivers expressed happiness in their ability to attend some of these events because they can afford to contribute and thus improved their social status and strengthened their social relations. I met a female caregiver who was planning to attend the wedding of her nephew in Wajir town which is approximately 270 KM away and she was excited about the opportunity. She remarked,

I was not able to attend family weddings before due to distance and cost. However, I am not missing out on this because my nephew is the first born in the family and I must attend his wedding. I have saved some money for my travel from the recent programme cash I received. I am looking forward to dancing a lot of buranbur⁹ during the wedding” (female caregiver interviewed on 1st August 2018).

Children have also reported receiving request from their peers to buy them items because of the perception their families are stable economically. In one of the interactions with the children, a boy said, “my friends request me to buy them plumpy nuts¹⁰. They think my mother will give me money to buy plumpy nuts if I request from her” (8-year-old boy, 8th August 2018).

A FAO (2015) report on the impact of social cash transfer programming on community dynamics in SSA, points towards beneficiaries’ renewed sense of confidence and self-esteem as a result of their capacity to buy household items such as food and clothes and their ability to re-establish social ties and participate in community events. Concern Worldwide and Oxfam GB (2011) have also shown similar findings that cash transfer has increased confidence and self-esteem of women in handling cash, reduced negative coping strategies and improved intra-household relations while Bosworth et al. (2016) and Wasilkowska (2012) found that cash transfer increased self-esteem and social status of beneficiaries due to their ability to engage in communal and social events. However, certain groups of beneficiaries such as widows and divorced women were found to have gained more social status as a result of their independence from “hegemonic power structures such as marriages” that limits women’s financial contributions to social functions (Wasilkowska 2012:8).

5.4 Children’s relations within the households

While the majority of caregivers reported they do not proactively involve children in decisions regarding utilization of the funds, they however, noted children are increasingly becoming assertive in their needs being addressed especially during the payment period. Children insist their caregivers buy them what they require especially items related to their schooling for example books, school

⁹ A Somali dance mostly performed by women.

¹⁰ A form of paste made of peanuts sold in local shops and medically used for treating malnutrition.

uniforms and exam related expenses. A female caregiver explained that her children would become stubborn with their needs being met when they know she has received the money. A male caregiver added that,

children are well aware when the money comes, and they request their mother to give them some money. Sometimes, they will not accept a no for an answer unless we talk to them politely and convince them (Male caregiver, interviewed on 3rd August 2018).

Few caregivers have also expressed that children have learnt to ask for money especially when the cash is collected. They would request to be given money when sent to buy things from shops unlike before when children did not make such demands. While Slater and Mphale (2008) have reported cash related generational conflicts among beneficiary households in Lesotho, there was no such conflict reported between children and their caregivers in this study.

5.5 Conclusion

The programme has generally improved female caregivers' decision making in the household, strengthened relations by increasing food availability, reduced pressure of family provision on men and boosted self-esteem and confidence among caregivers. However, unintended adverse consequences such as increase in women's and girls' care burden through entrenching gender roles and tensions among some households as a result of reluctance by some caregivers with household support have also been reported.

Chapter 6: Community Relations

This chapter discusses the findings in relation to the implications of the cash transfer on beneficiaries' relations at community levels. It is divided into four themes; relations with local traders, social networks, trust and reciprocity and children's relations with peers followed by a brief conclusion at the end. The main argument in this section is that while the programme strengthened beneficiaries' relations with other community members through expansion of social networks and access to credits, it has also affected communal trust and reciprocity as a result of the individualising nature of the stipend and thus weakened communal coping strategies.

6.1 Improved Relations with Local Traders

The programme has improved the credit worthiness of beneficiaries due to the reliability of cash. This has given caregivers security to access goods on credit for their households. Most participants stated that they are able to access goods on credit from local shops as the shop owners know they receive regular cash from the government and are able to pay back their debts. This was not the case before as shop owners would not trust them and were afraid to lose their goods. A caregiver stated, "I have established a good relationship with shop owners and can now borrow goods. I pick what I want and pay them once I get the cash" (female caregiver interviewed on 9th August 2018). Similarly, caregivers have established good relations with payment agents from whom they collect their payment and these agents also allow them soft loans in cash, which they can use to pay for emergency needs such as hospital bills and school fees. Once the payment is ready, agents will recover their loans from the beneficiary's amount. This not only gives caregivers access to flexible loans but also benefits the agents by expanding their client base and hence get a good commission from the number of clients served besides recovering their debts.

However, some caregivers have also expressed fear of over-borrowing as this could lead to being trapped in debts if they do not check their appetite for loans. They complained that as soon as they receive the money, the whole amount goes into debt repayment and they are left with nothing. This sometimes causes friction between spouses especially when the loan was not agreed upon by both in the first place. A female participant whose husband is enrolled in the programme as a caregiver, complained that when the husband collects the money, he does not bring the full amount home but instead gives excuses of using part of the money for debt repayment which she is not aware of. Some LTC members have also confirmed cases where beneficiaries get into trouble with local shop owners by over borrowing their limits.

By virtue of being caregivers in the programme, women have better access to credit facilities than men. Traditionally, men were the borrowers of goods for the family, but this development seems to have brought new dynamics as more women caregivers are accessing goods on credit. While some female caregivers were happy with the opportunity to support their households during times of hardship, others were equally concerned because the burden of repayment fell squarely on them, yet the goods borrowed are consumed by the whole household. Some female caregivers complained that their husbands avoid buying goods on credit on the pretext that no one will give them credit while others claimed their husbands are not willing to help them with the repayment of the loan. This tends to resonate with the feminist critique of social protection as entrenching "feminisation of responsibilities and obligations" (Chant 2006:206).

6.2 Social Networks

Some female caregivers reported to have joined contribution-based social groups such as merry-go rounds due to their increased ability to make regular contributions. This allowed them to make small savings and invest in livelihood projects such as the purchase of goats for sale. The social networks also serve as an important platform for sharing information and updates regarding programme related information such as payment dates, collection of programme cards. Some members also go together in groups when collecting their payments from their respective payment agents to keep each other company. The groups also serve as important spaces for women to share daily challenges they face and seek each other's financial and moral support. A female caregiver with ten children shared that she wanted to take a break from giving birth without informing her husband because she was afraid, he might not agree with her decision and thus strain their relations. She sought the help of her fellow group members who advised her to seek family planning services at the hospital, which she did and was happy to have gotten the help she needed. Male caregivers on the other hand reported the cash enabled them to make a contribution towards family functions such as annual family gatherings where extended family members get together and offer prayers for their continued unity and prosperity. This they said has improved their status within the community and also gave them a sense of entitlement for communal support.

FAO (2015) found that cash transfers have enabled beneficiaries to join contribution-based networks, social structures, local institutions and other family and community members, reducing existing social distance between the rich and the poor and improving social relations among community members. Similarly, FAO (2014) in a qualitative study on the impact of cash transfers in Kenya found that the programme has increased beneficiaries' abilities to engage in communal events and religious activities strengthening their social capital.

6.3 Trust and Reciprocity

Communal sharing of resources is an important coping strategy for households during periods of hardship (Slater and Mphale 2008) and "individualisation of entitlements delivery and receipt can create challenges in the context of social norms and living arrangements predicated on sharing and reciprocal support" (Sabates-Wheeler 2018: 131). There was a feeling among participants that the programme has reduced reciprocity and communal sharing of resources. Caregivers expressed a growing sense of selfishness among the community members as a result of the cash transfer in the area. Before the cash transfer programme, vulnerable households received food transfers from the government, international and local NGOs. However, the food transfer phased out with the onset of the cash transfer programme. Most programme beneficiaries doubled up as beneficiaries of the food transfer programme and they drew comparison between the two programmes with regard to trust and reciprocity among community members. According to the caregivers, it was easier to share food ration with non-beneficiary neighbours than sharing part of their cash now. The cash has made people become 'mean' as one caregiver remarked:

People used to share easily food ration with each other but with the cash, they have become mean. The cash is meant for an individual and once the

person receives the money, he or she does not want to share with others (male caregiver, interviewed on 3rd August 2018).

Other caregivers felt the cash is small and not enough for their own household needs let alone sharing with others. They felt this has adversely affected their social relations with non-beneficiary neighbours and reduced the level of reciprocity they previously enjoyed. This was also confirmed by an LTC member who said, “this OVC cash sticks inside people’s pockets [selfish] and has a bad effect on sharing norms between people” (LTC2, interviewed on 13th August).

These findings are consistent with studies that show cash transfer has been found to potentially reduce reciprocal exchanges because people do not easily share cash with their neighbours as opposed to food (Slater and Mphale 2008; Concern Worldwide and Oxfam GB 2011; MacAuslan and Riemenschneider 2011b). This impacts adversely on community members especially women who “tend to have a range of lending and borrowing strategies, with neighbours, family, shops ... that enable them to cope when things get tough” (Concern Worldwide and Oxfam GB, 2011:16). MacAuslan and Riemenschneider (2011b) also argue that cash transfers in Zimbabwe had adverse effects on social relations between households because recipients did not want to share the cash with non-recipients and thus caused jealousy and hatred between neighbours. On the other hand, Bosworth et al. (2016: 134) asserts that cash transfer has strengthened “informal safety nets and risk sharing arrangements” as well as “trust-based reciprocity” among communities as a result of beneficiaries’ ability to participate in communal events. However, Bosworth et al. (2016) caution that these positive social capital gains do not automatically translate into communal support and sharing of resources as they are sometimes undermined by a sense of jealousy and exclusion on the part of non-beneficiary households.

6.4 Children’s relations in the community

A majority of the children reported having a good relationship with their peers in the community often sharing spaces such as schools, madrassa, play grounds and other social spaces. They reported playing together with friends especially in the evening after school and madrassa. However, incidence of children in the programme becoming a target of bullying by their peers have also been reported. A caregiver complained that her daughter of five years old and in pre-primary school was bullied by her colleague in the school. The mother complained, “she kept asking my daughter what she had carried from home every morning and even searched her school bag to find out what is inside.” A ten-year-old boy also complained his newly bought shoes were stolen while attending prayers in a mosque and had to walk home bare-footed. He says incidences of theft by children happen very often when one goes to the mosque with new pair of shoes. “There are children in our village who just wait to steal the shoes of others instead of asking their parents to buy them shoes” he remarked. While these are isolated incidents, it could be attributed to the household’s ability to buy their children new items and thus an important pointer to some of the unintended consequences children face courtesy of their enrolment in the programme.

6.5 Conclusion

The above section has discussed the programme’s contribution to issues of social capital, social networks, trust and reciprocity between beneficiaries and other community members. The

programme has enhanced caregivers' capacity to access goods on credit through the establishment of rapport with local traders and payment agents. It has also increased caregivers' social networks and strengthened solidarity and support among themselves. However, unintended adverse effects on trust and reciprocity with other community members has been reported, weakening communal sharing of resources and affecting coping mechanisms during times of hardship.

Chapter 7: Concluding Reflections

The study aimed to examine the influence of CT-OVC on social relations among beneficiary households in Bute town of Wajir County in North Eastern Kenya. It considered how the programme influenced social relations of beneficiaries at the household and community level. Qualitative data collection techniques such as semi-structured interviews, informal conversations and participant observation were used to collect primary data from the field while various documents were reviewed to gather secondary data. The primary data was translated into English, transcribed and thematically analysed using an inductive approach.

7.1 Summary Findings

The study found that the cash transfer had both positive and negative influences on the social relations of beneficiaries at household and community levels. It has improved female caregivers' decision making at the household level, strengthened household relations by increasing food availability, reduced wrangles among household members and boosted caregivers' self-esteem and confidence by enabling them to meet their household needs. On the other hand, the programme might have entrenched traditional gender roles leading to increased care work burden for women and girls and caused tensions in some households as a result of reduced male support. These findings are consistent with Bonilla et al.'s (2017) mixed method evaluation of the government of Zambia's Child Grant Programme which showed that the programme has increased women's decision-making either as sole or jointly with other members in the household as well as retaining control over the management of the transfer and used part of the cash for savings and investments. However, women's decision making beyond the domains of household expenditure was constrained by existing gender norms which dictates men as household heads and primary decision makers in the family (Wasilkowsa 2012). Similarly, FAO's (2014) qualitative case study in Kenya found that cash transfer has increased decision-making among women in beneficiary households but failed to challenge existing patriarchal structures that perpetuate unequal gender relations.

With regards beneficiaries' relations with the wider community, the study findings point towards enhancement of beneficiaries' relations with local traders and payment agents and expansion of beneficiaries' access to credit services. It has also facilitated some beneficiaries join social support groups where they shared information and sought each other's support during times of difficulties. The programme enhanced beneficiaries' contribution to communal events such as weddings, burials and thus improved community solidarity and cohesion while at the same time raising beneficiaries' status and visibility within their community. However, the programme might have adversely affected trust and reciprocity among community members since many caregivers found it difficult sharing their cash with non-beneficiary neighbours. This could have potentially affected communal sharing of resources and thus weakened beneficiaries' coping strategies during times of difficulties. FAO (2014) also shared similar findings that cash transfer programme strengthen beneficiaries' social networks by increasing their ability to participate in communal and religious events. However, it undermines "trust-based reciprocity within communities" due to jealousy from non-beneficiary households (FAO 2014: 1).

7.2 Policy Recommendations

The study findings are important for government, policy makers and implementers of cash transfers as it suggests that cash transfers could increase women's decision making and strengthen beneficiaries' social relations. However, these gains do not significantly shift social norms that determine gender roles within household and communities and could further entrench such norms if not well examined and mitigated. As a way of mitigating unintended adverse effects of the programme on beneficiaries' social relations, I put forward the following policy recommendations:

Link the programme beneficiaries with other complementary interventions. For the programme to have transformative role in addressing the structural causes of inequalities, it needs to be complemented by other interventions that enhance caregiver's access and control of resources, promote their voice, agency, improve decision-making and move beyond traditional gender roles of women as mothers and carers to women as productive members of society. "Cash transfers on their own are not transformative without linkages to programme components that reinforce legislation on equal rights, raise awareness on social issues or promote social mobilization" (Newton 2016: 5). Therefore, there is a need for linkages with other complementary programmes and services designed to raise awareness about adverse social norms affecting women and children and address inequalities and social injustices.

Engage with and sensitize programme implementers on gender and child sensitive social protection. Best designed policies and programme can fail if those implementing them are themselves not "engaged and empowered as agents of change" (Cornwall 2016). Building the capacity of programme implementers to become agents of change in their own capacity can increase the effectiveness of interventions (Sholkamy 2011 as cited in Cornwall 2016). Build the skills and knowledge of programme staff on gender and child-sensitive social protection as well as raising their awareness on unintended consequences that could emerge from implementation.

There is a need for understanding existing relational dynamics within households and communities when designing and implementing cash transfers so as to take into account social relations and how they affect decision-making at the household and community level. Households and communities are not homogenous sites where all members have equal powers to bargain for and control resources. Mapping the informal social support networks that communities rely on and monitoring the impact of cash transfer on these networks is also important so to avoid erosion of shared norms of reciprocity that determine resources sharing.

7.3 Critical evaluation of the research project

The study was conducted under time and resource constraints and did not have the luxury to work with a wider representative sample. The opportunity to conduct several visits to construct a before and after scenario was also limited and therefore, I relied on beneficiaries' retrospective account of information on how the programme affected their social relations. While mitigation measures for participants' biases have been considered, such as clearly explaining research objectives to participants within the context of informed consent, chances of participants perceiving the study as having potential to positively improve the programme cannot be totally ruled out and this might have had an influence on some of their responses.

While the study initially proposed to include a component on state-citizen relations, this could not be fully explored due to capacity constrain. This study therefore, proposes the need for further

investigation on kind of state-citizen relations social policies such as cash transfers engender for people that have suffered historical injustices and alienation and as a result have developed a sense of resentment, fear and mistrust towards state services and institutions (Lochery 2012).

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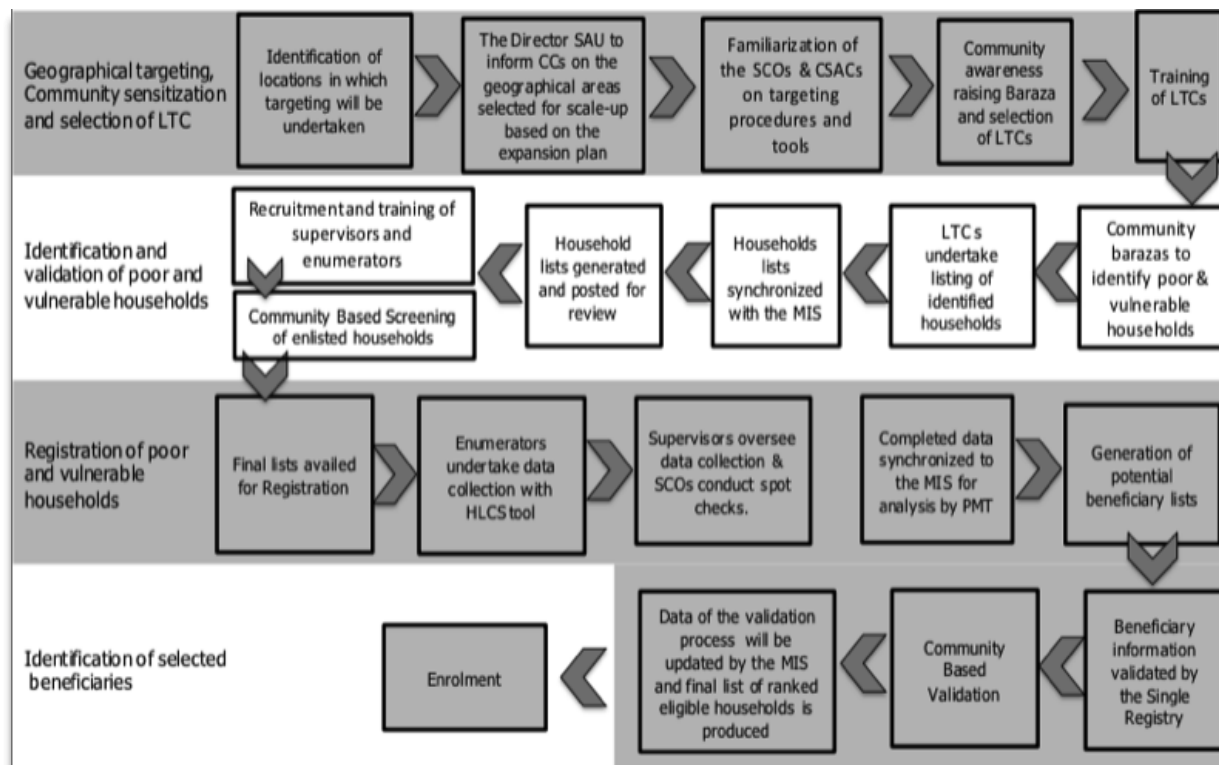
Appendix

Appendix 1: Location of Wajir County



Source: County Government of Kenya (2013)

Appendix 2: Summary of CT OVC Targeting Process



Source: MLEA&SP (2017: 16)

Appendix 3: Participants Profiles

Caregivers' Profiles

S/N o	Gender	Age in Years	Educational level	Marital status	No of dependents	Date of interview	Main Occupation
1.	m	46	None	Married – polygamous	9	31 st July	Casual worker
2.	f	46	None	Married – polygamous	8	31 st July	Sales Samosa as an IGA
3.	f	44	Secondary	Married – monogamous	10	1 st August	Operates a small kiosk in her home
4.	f	47	None	Married – monogamous	9	2 nd August	Stay at home mum
5.	m	48	None	Married – monogamous	8	3 rd August	Owens a public address system for hire
6.	f	58	None	Married – polygamous	3	4 th August	Owens few cows
7.	f	42	None	Married – polygamous	7	6 th August	Works as an office cleaner
8.	f	49	College	Widowed	10	8 th August	operate small kiosk in her home
9.	f	55	None	Widowed	11	9 th August	Stay at home mum
10	f	42	None	Divorced	5	11 th August	Works as an office cleaner
11	f	36	None	Divorced	3	12 th August	Stay at home mum
12	f	79	None	Widowed	2	14 th August	Lives with first-born son's family
13	f	53	None	Married – polygamous	6	15 th August	Operates grocery kiosk outside home

Source: Author's construction

Children's profile

S/No	Gender	Age in years	Schooling	Interview date
1.	f	14	Left school at std 4	31 st July
2.	m	13	Primary – std 6	31 st July
3.	f	16	Secondary – form 1	1 st August
4.	f	14	Primary – std 7	1 st August
5.	m	13	Primary – std 6	1 st August
6.	m	10	Primary – std 3	2 nd August
7.	m	17	Secondary – form 3	6 th August
8.	m	15	Primary – std 7	6 th August
9.	m	9	Primary – std 4	8 th August
10.	m	8	Primary – std 3	8 th August
11.	f	5	Pre-primary	8 th August
12.	f	13	Primary - std 7	8 th August
13.	m	15	Primary – std 8	8 th August
14.	m	21	Completed secondary school	14 th August
15.	m	16	Primary – Std 7	14 th August

Source: Author's construction

LTCs, Service Provider and Government Representatives profile

S/No	Pseudo Name	Gender	Age in Years	Educational level	Marital status	Date of interview
1.	LTC1	m	50	None	Married monogamous –	7 th August
2.	LTC2	m	59	None	Married polygamous	13 th August
3.	LTC3	m	48	None	Married polygamous –	16 th August
4.	SPA	m	56	None	n/a	18 th August
5.	CHF	m	n/a	Primary	Married	19 th August
6.	SCCO1	m	n/a	University Graduate	Married	26 th July
7.	SCCO2	m	n/a	University Graduate	Married	28 th August

Source: Author's construction