

**ASSESSMENT OF THE BENEFICIARIES' PERCEPTION, POLICY ACHIEVEMENT
AND SUSTAINABILITY OF THE CT-OVC PROGRAMME ON ACCESS TO BASIC
EDUCATION IN SEME SUB COUNTY IN KISUMU COUNTY**

BY

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DECLARATION

Declaration by the Candidate:

I declare that this thesis is my original work and that it has not been presented either wholly or in part to any other university for a degree or any other award.

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DEDICATION

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ABSTRACT

The Social Protection Floor Initiative, which is a global framework for social protection is designed to provide strategic support to countries in their efforts to promote social assistance. One such support is Cash Transfer (CT) for Orphans and Vulnerable Children (OVCs). In Kenya, the intervention is largely government-sponsored, and promotes among others, access to basic education. In the basic education sector, CT is designed to address issues of enrolment, attendance, transition and retention. Even though the number of OVCs is rapidly rising in areas with high prevalence of HIV/AIDs and poverty, it is not clear in programme areas where compliance attracts no penalties, how CT-OVC has impacted on access to basic education. This study was conducted in Seme sub-County which has the highest CT-OVC beneficiaries in Kisumu County with the main goal of assessing the government sponsored CT-OVC programme's contribution to basic education. The objectives of the study were: to assess the programme's achievement(s) on access to basic education; to analyze the policy sustainability on access to basic education; and, to explain the perceptions of beneficiaries on access to basic education. This study was anchored on a descriptive design and guided by the institutional theory whose main tenet is that government policies are implemented in an institutional environment to respond to citizens' problems. The study population was 1,967 households, public primary schools within the programme area, education and children officers, Beneficiary Welfare Committees (BWC), the area chiefs, OVCs, and Location OVC Committees (LOCs). A sample size of 332 out of the 1,967 households was determined using the Yamane's formula. The target population was clustered using the six areas in Seme and simple random sampling was employed to select the 332 households from the six areas. Purposive sampling was used to identify respondents for the focus group discussions (FGDs), key informant interviews and in-depth interviews. Quantitative data was collected using structured questionnaires. Qualitative data targeted 10 primary school heads, 2 education officers, 2 children officers, 4 Location OVC committee members, 25 OVCs, and 2 area chiefs –identified through purposive sampling. Three FGDs targeting members of the BWC was held. Quantitative data was analyzed using descriptive statistics and qualitative data was analyzed through coding to generate themes relevant to the objectives. The study shows that the activities under CT-OVC programme has affected increase in enrolment, retention and class attendance. Much of this is a reflection of the efforts of the caregivers. 71.39% of the caregivers had contributed to transition of OVCs from one class to the other and had also increased their investment in basic education. Moreover, 96% supported basic education access. It emerged from the study that the newly enrolled beneficiary households recorded a higher ability to sustain themselves in social-economic activities than the old household beneficiaries, increasing their capacity to cater for the education needs of the OVCs. On the flipside, there was an increase in dependency among half of the beneficiaries. The programme was perceived as biased in recruitment process and households in serious need were left out and therefore OVCs in these households may have failed to enroll in school. The study recommends among others, that the Department of Children Services (DCS) should strengthen the coordination structures and conduct civic education exercises on the programme areas focusing on access to basic education.

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LIST OF ACRONYMS AND ABBREVIATION

CCT	Conditional Cash Transfer
CT(s)	Cash Transfer(s)
DCS	Department of children services
DFID	Department for International Development
DFID	Department for International Development
EFA	Education for All
FGD	Focus Group Discussion
IDS	Institute of Development Studies
KIIs	Key Informant Interview(s)
Kshs	Kenya shillings
NACC	National Aids Control Council
NASCOP	National AIDs and STI Control Programme
NHIF	National Hospital Insurance Fund
NSA	Non-state Actors
NSSF	National Social Security Fund
ODI	Oversees Development Institute
OVC	Orphaned and vulnerable children
PEPFAR	President’s Emergency Plan for AIDs Relief
RAAAPP	Rapid Assessment, Analysis and Action Planning Process Report
SID	Society for International Development
SPSS	Statistical package for Social Scientists
UNRISD	United Nations Research Institute for Social Development
USAID	United States Agency for International Development

OPERATIONAL DEFINITION OF TERMS

Access to Basic Education	This is the provision of resource and policy opportunities that enables the OVC to be admitted in school, retained and complete primary school education. In the context of this work, the study attempts to describe how CT-OVC through the caregivers has facilitated an environment for orphans to be admitted in school, remain in school and possibly complete their education. Subsequently, access may not be quantified in numbers but there are clear descriptions that show how CT-OVC has been a medium through which the orphans are able to obtain basic education which they would have otherwise not accessed.
Attendance	This term is used in reference to how the CT-OVC programme has contributed to material and non-material opportunities that makes the OVC turn up in school to learn.
Basic needs	These are elements required for survival, and normal mental and physical health. Include food, water, shelter, clothing et cetera.
Beneficiaries	Refers to both children and guardian(s) under the programme.
Beneficiary Welfare Committee (s)	Beneficiary Welfare Committees (BWCs) are established once households are enrolled into the programme. They are based in locations where the programme is operational and are elected by beneficiaries.
Caregiver	A parent or guardian who is responsibility for a child's welfare in school and is charged with utilizing the CT payments on behalf of OVCs and in most cases, he/she is the household head.
Cash Transfer	Cash distributed to individuals or households to enable them provide basic needs of Orphans and Vulnerable Children.
Chronically ill	A caregiver or child who has been bedridden for at least the last past 3 months and has a terminal illness (i.e. AIDS, tuberculosis, cancer).
Community barazas	These are discussion platforms where communities and beneficiaries to participate respectively in the targeting and enrolment processes as well as awareness creation around the programme.
Conditional Cash Transfer	This is where money is transferred to persons in a programme based on conditions and penalties in view of addressing specific challenges that the persons face.
Enrolment	This term applies to the enlistment of pupils in primary schools. In the context of the study, it is used to refer to class 1 enlistment. The study also considers situations where pupils are enrolled in different classes due to factors such as

transfers. In this study, enrollment is assumed to be enhanced by the contribution of the CT-OVC programme on material and non-material opportunities that increases the ability of OVCs to be admitted in a public school for a given period of time.

General co-responsibilities	These are responsibilities that provide for broad guide on the use cash transfers based on programme objectives but the conditions are not strictly enforced and do not attract penalties.
Government sponsored CT-OVC programme	This is a programme that supports OVCs through cash transfers and has been implemented and funded by the National Government since 2004. The Government also obtains funding from donor partners for direct implementation.
Irregular school attendance	Unpredictable attendance where the school routine by an OVC that has no continuity and is frequently disrupted.
Orphan	A child below the age of 18 years who has lost one or both parents.
Perception	The way in which the CT-OVC programme is regarded, understood, or interpreted by the caregivers and members of the Beneficiary Welfare Committees
Programme Structure	Programme structure in this study depicts community structures that are utilized by DCS in implementing the programme including CSAC, BWCs and LOCs.
Retention	Refers to the ability of pupils to remain in school and in the case of this study, this is enhanced by the activities and contributions of the CT-OVC programme through material and non-material opportunities that enable OVCs to remain in school and/or complete learning.
Specific co-responsibilities	These are responsibilities are strictly enforced in 10 counties in Kenya and are linked to a specific set of conditions for which non-compliance to such conditions attracts penalties through deductions of pre-determined amount of money from the conditional cash transfer.
Sustainability	Ability of the CT-OVC programme to continually provide stipulated services that contribute to present and future social change. In this study, this sustainability is meant to contribute to continued support on activities that help OVCs access to basic education.
Synthesize	This is the process of combining elements key in explaining the manner in which achievements as well as challenges manifest in the CT-OVC programme so as to make it more understandable and easy for evaluation.

Transition

This is the ability of OVCs to pass from one class to the other after acquiring necessary quality knowledge as per the requirement of that level or class. The study stipulates that the CT-OVC programme's contributions to material and non-material opportunities increases chances of OVC transition from one class level to the other.

Vulnerable child

A child who has extreme restrictions to basic needs especially those from poorest households. The poorer the households, the more vulnerable the child.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

In a bid to consolidate efforts to combat extreme poverty and promote access to essential social services of which are meant to push up vulnerable groups to almost as much level of living standards as the rest of the society, United Nations (UN) General Assembly in 2009 set in place a global instrument known as the Social Protection Floor Initiative (SPF) framework. One of the guarantees of the Social Protection Initiative was to ensure basic income security for children with the aim of facilitating among others, access to education. As much as the inception of the global social protection system was informed by the history of struggles to protect the extremely poor, it has also rapidly guided the development of regional specific social protection strategies (UN System Task Team, 2012). By 2012, several international agencies, such as the European Commission, the World Bank, the World Food Programme and United Nation Children's Fund (UNICEF) had launched regional social protection strategies informed by the SPF framework (UN System Task Team, 2012).

Promoting access to basic education services is one of the strategies for building human capital among the poor and vulnerable children, an essential focus in the global social protection system and a component in many CT-OVC programmes. Recent attempts at strengthening access to universal basic education among the poor and vulnerable children goes back to the year 2000 when 164 Governments met in Dakar, Senegal under the World Education Forum to discuss on complementary strategies to address the education needs of poor children across the globe (Akanksha, David, & Elise, 2010).

After the Dakar forum, many countries embarked on various programme implementations to meet Education for All (EFA) goals by 2015. Subsequent years showed remarkable improvements in sub-Saharan Africa where enrolment in schools increased by 36 percent, with 14 countries abolishing tuition fees (Akanksha et al., 2010). Even though there was a strong evidence of increased enrolment, there emerged a group of children that were still highly vulnerable and who did not benefit from the enrolment initiatives and regularly failed to attend

schooling due to extreme poverty and high prevalence of HIV and AIDs in the respective 14 countries (Akanksha et al., 2010). This group of children was identified as the Orphaned and Vulnerable Children (OVCs).

Due to cases of extreme poverty and HIV/AIDs, Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programmes as part of the larger social protection initiative in Latin America were initiated to provide specific policy solution to the then protracted inability by OVCs to access birth certificates, food security and nutrition, health as well as basic education (Fizbern & Schady, 2009). According to World Bank (2009) however, conditional cash transfers (CCT) with a component on promoting access to basic education was highly recommended as the most effective mechanism for reducing poverty and inequality in Latin America in the short run and increasing incentives for human capital development, which would reduce poverty and inequality in the long run. According to Fizbern and Schady (2009), enforcement of compliance on education as a co-responsibility prescribed by the various CT-OVC programmes proved successful in Latin America courtesy of the strict compliance and effective impact oriented designs which addressed specific issues of school enrolment and completion. Even with such strict conditions leading to increased school completion in Latin America, the effect on children learning outcomes differed from country to country and from locality to locality among OVCs (Fizbern & Schady, 2009). Though these studies are important in contextualizing the role of CT-OVCs, they do not reflect the realities in areas where there is no strict compliance. For instance, Fizbern & Schady mainly focused on overall increase in percentages of OVCs but they did not explain how such percentages come about especially in view of spending priorities by the caregivers on material resource that enables the OVCs to enroll, be retained and complete their schooling.

In sub-Saharan Africa region, CT-OVC payments assisted households with financial means to access items key in promoting access to education like sanitary pads, shoes, bags and extra textbooks among others. In South Africa on the other hand, the implementation of the Child Support Grant (a CCT programme) not only reduced child poverty rate from 42.7% to 34.3% but also achieved a 62% increase in school completion (UN System Task Team, 2012). However, most of the implementation areas in sub-Saharan Africa unlike South Africa, lacked evidence

connecting the progressive access to basic education by OVCs to the CT-OVC programme, especially in areas where the implementation was unconditional. The UN System Task Team (2012) study did not explain other aspects of access to basic education like enrollment and school attendance. Without understand these aspects and their relationship, it remains less convincing that the completion was mainly as a result of the Child Support Grant Programme.

In Kenya, with complementary support from development partners and NGOs, the government-sponsored CT-OVC programme has seen similar achievements whereby more than 59,000 OVCs by the end of 2010 had completed primary school education (DFID, 2011a). However, the achievement was mainly captured in the districts where Condition Cash Transfer with penalties on the failure of caregivers to implement their co-responsibilities was being piloted. The gaps in DFID's work are that it did not bring experiences from programme implementation structures such as the BWCs in trying to explain these achievements.

A study by Alex, Patrick, and Aly (2010) in Kwale and Homabay -where penalties were strictly enforced- shows that the conditions for government-sponsored CT-OVC programme was 69% effectively complied with in terms of enrolling children in primary school (based on responses from caregivers). However, their study did not consider programme monitoring documents like the school report books (SRBs) and the perspectives of the OVCs for verification as a way of evaluating the achievements of CT-OVC programme. While the achievements of CT-OVC in relation to access to basic education are numerous, Conditional CT-OVC programmes with specific co-responsibilities have provided majority of the evidence. This study will therefore lookat whether documents like SRBs exist or their equivalence in some of the identified primary schools.

Even with the above achievements, challenges have also manifested regarding the contribution of government-sponsored CT-OVC programme on access to basic education. In many of the Latin American countries, afraid of future inability to address the growing numbers of OVCs and access to schooling, efforts were made to design CT-OVC programmes with high impact evaluation frameworks to measure the quality of the outcome in terms of curricular and co-curricular performances (DFID, 2011a). However, in the African continent especially in the

poorest countries, little effort was made to develop such effective impact evaluation designs amid the growing poverty and diseases that threatened the ability of OVCs to access education (DFID, 2011b). Interestingly, as noted by Jones and Shahrokh (2013), such designs in Latin America were based on experimental designs bringing out the learning outcomes on OVCs which differed from country to country and equally from locality to locality. These three studies lacked other designs such as the descriptive design which are equally important in policy evaluations especially in understanding based on narrations, issues to do with enrollment, retention and completion.

Challenges of supply side such as poor school infrastructure, teacher absenteeism, and lack of adequate learning supplies in Africa (Fizbern & Schady, 2009) have negatively affected the quality of educational outcomes (completion and subsequent performance) among OVCs in sub-Saharan Africa and East Africa a factor that may not necessarily be addressed by the CT-OVC programmes. In Uganda and Tanzania, interventions have largely been from Non-Governmental Actors aimed at improving school attendance and performance by granting unconditional cash to the child's caregiver who then decide on an Income Generating Activity (IGA) that will eventually produce most dividends to cover existing educational costs. However, an analysis of a study by Mary et al. (2013) in Uganda and Tanzania did not bring out any relevant data with respect to improvements in enrolment, attendance and retention in the primary school level as a direct result of the CT-OVC programme. This was due to the fact that their focus was majorly in the Early Child Development and Education (ECDE) sub-sector. This is different from Kenya where the government-sponsored CT-OVC programme incorporates a component of basic education, designed to increase enrolment, attendance and retention in public primary schools (Department of Children's Services [DCS], 2013). Most of these studies did not focus on access to basic education among OVCs, and where such studies were done, the focus was in areas with penalties or under the pilot phase (Behrman, Sengupta & Todd, 2005; DFID, 2011a; DFID, 2011b; Hessel, Juan, & Norbert, 2008; Johannes & Jeremy, 2013; Pearson & Alviar, 2009; Tsuma, 2010), but not in areas with general co-responsibilities.

With an estimated 1.8 million children in Kenya who are orphaned and additional 600,000 who are extremely vulnerable (Wambisa, 2012), the breakdown of communities and families in the

face of HIV/AIDs has increased the numbers of OVCs, and with the growing numbers, monitoring general co-responsibilities in respect to access to education services has gradually become a challenge worth noting (UNICEF, 2009). Even though Wambisa's study depicts the numbers, it primarily looked at the outcome of HIV/AIDs among OVCs but not within the framework of the government sponsored CT-OVC programme. Without assessing the specific contribution of the CT-OVC programme to basic education, it will not be easy to revisit the larger social protection policy and provide holistic positive feedback that can help to repackage the same.

Challenges relating to the CT-OVC programme and access to basic education at the national level (Alex et al., 2008) are similar to those experienced in Kisumu County. As one of the largest beneficiaries of government-sponsored CT-OVC programme due to extreme poverty, HIV/AIDs and years of economic marginalization, a study carried out by NACC (2014) revealed that more than 93.4% of the monies received by caregivers was used for food consumption (72.0%) and (21.4%) on access to health for CT-OVCs. Basic education services were however not captured in that study. The Kisumu County Fact Sheet indicates that 60% of the total population is absolutely poor. According to the Ministry of Health, NACC and NASCOP (2014), there were 118,500 people living with HIV/AIDs in Kisumu in 2014 with a prevalence rate of 19.3% against the National average prevalence rate of 6.04%, an illustration of the growing numbers of OVCs.

The government of Kenya is yet to come up with a well-defined projection as to the number of OVCs in Seme Sub County. The single registry for social protection that is managed by the social protection secretariat under the Department of Children Services (DCS) lacks an online archive or record which can allow the public access to specific data in different administrative levels that goes down to the sub counties. The Kisumu County Government County Integrated Development Plan (2013-2017) highlight that there were 35,000 OVCs in the onset of 2013 but fails to break down the number further across the seven sub-Counties (Nyando, Nyakach, Muhoroni, Kisumu East, Kisumu West, Kisumu Central and Seme).

Challenges that OVCs face include: poverty, lack of caregiver support (mostly in households with chronically ill parents, or where both parents have die and the oldest child acting as the caregiver or in households headed by a grandparent), and presence of stigma or discrimination among others. These problems have been around for a long period in most rural parts of Kenya and are synonymous with areas where HIV/AIDs is endemic. To illustrate the prevailing abject poverty, SID (2013) in their report indicated that Seme sub-County had the highest share of mud with wood/cement houses or homes at 90%. Furthermore, the sub-County had the highest challenges of water resource in most homes, and the second sub-County with the lowest share of residents with a primary level of education after Kisumu Central. OVCs were said to be more vulnerable to diseases including HIV/AIDs which had a negative impact on their learning (SID, 2013). SID's report however was largely from an impact evaluation point of view and looked at the learning outcomes (quality outcome). This study will assess the achievements and challenges looking at the processes and support provided to OVCs to access basic education.

In reference to policy sustainability of government-sponsored CT-OVC programme implementation on access to basic education, Jones and Shahrokh (2013) recommended in their study on the need to conduct a study on each of the specific government-sponsored CT-OVC programme objective. Their argument was that this approach would help to understand the uniqueness that may not be captured in a general (all objectives oriented) study. Even though, policy sustainability has been a central factor in the implementation of the CT-OVC programmes, to date, policy implementation of CT-OVC is yet to be financially sustainable across Africa. For instance, in Malawi since its inception in 2005 to 2009, the government provided no budgetary allocation for CT-OVC policy implementation while in Zambia, the government-sponsored 5% of the programme cost with the rest of 95% funded by donors. Even though many countries within the sub-Saharan Africa have policy instruments to guide the implementation of CT-OVCs, past studies havenot assessed the adequacy and predictability of such budgets and implementation structures which can affect in the long run specific contributions to basic education. For instance, Chatterji et al. (2009) revealed that many of the OVCs after enrolling in primary schools in Zambia, dropped out to venture into unskilled labor, with some voluntarily stepping out of school to fend for their siblings in situations where they acted as house heads.

The CT-OVC programme in Kenya was launched in 2004 to meet the needs of the country's increasing number of children made vulnerable by poverty and HIV/AIDS (Tsuma, 2010). The main objective of the programme was to provide a social protection system through regular cash transfers to families living with OVCs. Specific objectives of the CT-OVC programme encompassed the following. Firstly, was to increase access to basic education and in particular, increase in school enrolment, attendance and retention for 6 to 17-year-old children in basic school (up to standard 8). Secondly was to improve access to primary health care by way of reducing the rate of mortality and morbidity among 0 to 5-year-old children, through immunizations and growth monitoring. Thirdly was to engage in civil registration and encouraged caregivers to obtain birth certificates for children. Fourthly was on their need to strengthen capacities within the households on nutrition and access to food. To be able to benefit from the programme, the household must be extremely poor, must have OVCs and must not have been enrolled in other CT programmes like the Older Persons Cash Transfer (OPCT) for example (National gender and Equality Commission, 2014). Since 2011 upon being integrated unto the wider social protection policy, the basic education component within the government sponsored CT-OVC programme had not been assessed with a view of finding out whether was sustainable or not, more than 5 years since being implemented through a policy angle.

The CT-OVC programme started out as a pilot project in Garissa, Kwale and Nairobi, then supported by UNICEF. At the initial stage, it supported 500 Households, each receiving Ksh.500 per month. During the development of the piloting phase, there was growing political pressure to expand the program to other areas. The Department of Children's Services then started implementing the lessons learned in 10 additional districts (Bungoma, Trans Nzoia, Nayndarua, Nyeri, Nakuru, Meru North, Siaya, Kisii Central, Mombasa, and Machakos) with around 5,000 additional families. An increment of Ksh1,500 per household each month was implemented in these additional districts (John, 2009), where the government of Kenya funded the programme at 24% of the total funding secured. Scaling up of the CT-OVC programmes targeted geographically poor, remote areas in Kenya, where households were extremely poor, increasing the allocation to Kshs. 2,000 per month per household (Dipankar, 2009). The structure for payment execution was initially through District treasuries before the Postal Corporation of Kenya (PCK) was identified as an alternative service provider and later on replaced by

commercial banks (World Bank, 2009). Focusing on payment execution is perceived largely as an effort to address programme sustainability but the study by World Bank did not link the sustainability of the programme to access to basic education, an element of interest in this study.

As much as cash transfer interventions was important in promoting access to education, among others, it was perceived that with no policy framework, not much would be realized (NGEC, 2014). On 7th of June, 2005 a draft National Policy on OVC was developed under the supervision of the National Steering Committee (NSC) on OVC. This was later on reviewed and integrated into the National social protection policy in 2011, laying a framework for sustained commitment by the Government of Kenya to implement the CT-OVC programme including aspects of basic education. Other social assistance programmes under this policy framework includes, older persons' cash transfer, cash transfer for persons with severe disabilities, hunger safety net programme, and the urban food subsidy programme. The beneficiaries in the four programmes are coordinated under a single registry which is meant to avoid duplications because a household should not benefit from more than one programme (NGEC, 2014).

With a policy framework in place and a plan of action initiated, a commitment of 30 million USD out of the 126 million USD was made to actualize CT-OVC programme between 2010 and 2013 by the Kenyan Government, reaching more than 80,000 households, an improvement from the less than 1 million USD in 2004 (World Bank, 2009, p. 18 & 36). Attempts afterward to scale up the CT-OVC programme to full national-wide coverage were rejected for two reasons. First, the funds were insufficient to sustain a national-wide coverage, and second, is that the community oversight structures were weak to sufficiently complement program implementation (World Bank, 2009). To address such policy dilemma, a Partnership Memorandum of Understanding (PMOU) was developed and a Technical Working Group consisting of DCS, DFID, UNICEF and World Bank was formed for inter-policy coordination. However, the Ministry of Education in charge of the management of basic education missed out (DFID, 2011a).

In Kisumu County, the challenge of sustaining the existing policy framework has been complicated by the increasing number of children living with HIV/AIDs which stands currently

at 16,326 (Ministry of Health and NASCOP, 2014). The new HIV infection annually among children in 2013 was reported to stand at 2,296, the second largest in the country. The beneficiaries of CT-OVC in Kisumu County by 2012 were 6,331 households whereas there were 56,795 households with an orphan each and 27,830 extremely poor households with an orphan (UNICEF, 2012 & National Census, 2009 cited in Ministry of Health & NASCOP, 2014). In 2015, the national government at the county level enrolled additional OVCs in the CT programme increasing the number of beneficiaries to 9,843 with Seme taking the larger portions (DCS, 2015). Even with this increment in numbers, there were no studies linking the CT-OVC programme implementation to access to basic education among the orphans.

But even with this increment, policy weaknesses have manifested in the budgeting process, programme implementation, monitoring and in inter-programme linkages. These policy weaknesses consequently pose a threat on access to basic education among OVCs in Kisumu (DCS, 2015; Alex, Patrick & Fred, 2008). Even with the threats and challenges, these noted studies have not examined the sustainability of programmes such as CT-OVC in light of their increasing demand, their contribution to the existing problems, funding, and coordination especially when looking at programme specific areas like education that are equally grappling with supply problems. As a result, timely correctional measures are rarely brought on board right from the policy formulation level to programme implementation level.

Integration of perception is yet another aspect that needs to be defined further by this study in light of access to basic education and in getting on board voices and experiences from the participants. There exist structures formed to assist in the implementation of CT-OVC programme globally and nationally of which forms the point of interaction with the existing or would be beneficiaries. One lesson learnt in Latin America is that where the cash transfer for OVCs actively engaged the people in awareness creation and setting the right structures for participatory implementation of the programme objectives (education access), there was an 82% increased attendance of schooling by OVCs, with 70.6% transiting to secondary schools. In addition, there was 28% total fall in inequality in Brazil between 1995 and 2004 (DFID, 2011a). Nonetheless, studies by Susanne and Paul (2007), Nicola et al. (2013) and the NGEC, (2014) did

not define the perceptions of beneficiaries in respect to the role such perceptions play in legitimizing or otherwise, the implementation of government sponsored CT-OVC programmes.

In Kenya, on one hand, not much has been done in terms of looking at how newly established community-level programme structures like the Constituency Social Assistance Committee (CSAC), the Beneficiary Welfare Committees (BWCs) among others contribute to shaping the right perceptions of the beneficiary households in respect to increasing discussions and awareness on the education needs of OVCs or otherwise. On the other hand, even though CT payment ceiling is Ksh. 2,000/= per month per household irrespective of the numbers of OVCs, the collection of experiences and voices has not been sufficient to define how beneficiaries that are the poorest of the poor set their spending priorities, as well as perceived such amounts in the long run and amid the challenges they faced especially during the provision of basic education needs among the OVCs.

According to Kirera (2012), the consumption of basic education in most parts of Kenya where conditional CT-OVC programme is being piloted for instance, has started to reduce in currency - as “less important” due to growing economic harsh conditions. Lack of information sharing has also increased the level of ignorance in the management of responsibilities; including payment of fees, levies and other aspects of OVCs’ school life by caregiver. This is an illustration of the possible knowledge weakness of community-level programme structures and in this case, on education issues (Kirera, 2012). To depart from Kirera’s study, this study will centre on the collection of experiences and voices from both the BWCs and the OVCs to explain the unfolding perceptions.

Joy et al. (2014) recommend in their study on the need to look at caregivers’ knowledge capacity to address the education needs of OVC as well as the collection of education-related experiences from OVCs which shapes their access to basic education. This study will in addition to caregivers also target OVCs and community level structures to describe their perception on access to basic education. Furthermore, the study will also define perceptions in respect to the utilization of the CT payments by the beneficiary households in view of the basic education.

1.2 Statement of the Problem

The number of OVCs in Kenya is rising due to the high prevalence of HIV/AIDs and poverty. This poses a challenge of failure by OVCs to access basic education. To address this problem, the Government has also set aside more resources, increasing its CT-OVC intervention reach. However, as these interventions spread wide, existing studies show that general programme achievements were mainly captured in areas where the cash transfer attracted strict penalties on the failure to comply with conditions. The gap with the previous studies is that they did not look at whether there were specific achievements in the basic education sector especially in programme areas where failure to comply with the set conditions did not necessarily attract any penalties. Without assessing the specific contributions of the programme in the basic education sector in areas where conditions were not strictly enforced, it is not easy to revisit the larger intervention policy and provide positive feedback that will help to repackage and improve the overall social protection policy.

Furthermore, with the growing numbers of OVCs, increasing funding constraints, limited policy implementation and oversight capacities of the DSC and programme structures; coupled with poor inter-policy communication and coordination, past studies have not analyzed the sustainability of such policy aspects and how they affect access to basic education among the OVCs. This has an implication in strengthening the focus and sustainability of the intervention and subsequently questions around quality outcomes, especially in the basic education sector. Furthermore, the way in which caregiver's set their spending priorities, their perceptions on the programme, their participation in decision making processes, and implication for OVC's access to basic education and has not been defined and discussed adequately in most of the studies reviewed. In addition, the perception of OVCs on the programme's contribution to basic education (which includes enrolment, attendance, retention and completion) has not been identified as a policy issue yet they remain the main beneficiaries for whom the CT-OVC programme is designed to serve. There have been few descriptive studies on these aspects, to provide context for informed policy recommendations on the programme. This then creates a challenge for policy recommendations especially from parts of the country like Kisumu County and Seme sub-County by extension, where the programme has made huge investments. The aim

of this study was therefore to describe how the CT-OVC programme has promoted access to basic education in Seme-sub-County.

1.3 Research Questions

The research aimed to answer the following key questions:

1.3.1 Main Research Question

What are the beneficiaries' perceptions, policy achievements and sustainability of the government-sponsored CT-OVC programme on access to basic education in Seme sub-County, Kisumu County?

1.3.2 Specific Research Questions

1. What are the achievements of government-sponsored CT-OVC on access to basic education in Seme Sub-County?
2. How sustainable is the policy implementation of government-sponsored CT-OVC component on access to basic education in Seme Sub-County?
3. How do the perceptions of beneficiaries under government-sponsored CT-OVC programme affect enrolment, attendance, retention and completion rates of OVCs?

1.4 Objective of the Study

1.4.1 Main Objective

The main objective of this study was to assess the beneficiaries' perceptions, policy achievements and sustainability of the government-sponsored CT-OVC programme on access to basic education in Seme sub-County, Kisumu County.

1.4.2 Specific Objectives

Specific objectives of the research were to:

1. Assess the achievements of government-sponsored CT-OVC on access to basic education in Seme sub-County,
2. Analyze the policy sustainability of government-sponsored CT-OVC programme implementation on access to basic education in Seme sub-County,

3. Explain the perception of beneficiaries on access to basic education under government-sponsored CT-OVC programme.

1.5 Justification of the Study

This study was prompted by the patterns seen in literature, where studies conducted in Kenya, are consistent in looking at the contribution of government-sponsored CT-OVC programme on access to basic education in programme areas where penalties are enforced. Information therefore lacks on the government-sponsored CT-OVC programmes in areas where the penalties are not enforced even though five years have passed after the commencement the programme under the Kenya Social Protection Policy framework (DCS, 2013). The government-sponsored CT-OVC Operational Manual, 2013 mandates promotion of access to basic education among OVCs up to class 8 or from the ages of 6 to 17 years (DCS, 2013).

This mandate has not been given attention in the previous studies, and for this reason, the present study gives a keen focus to this. The other programme objectives within the manual include: improvement of food consumption, access to basic health services (0-5 years), civil registration in terms of birth certificates and strengthening capabilities of households within the programme to increase linkages with other ministries and partners. By looking at the basic education sector, the study is better placed to assess the contributions of the CT-OVC to promoting access to basic education and provide feedback that can contribute to the restructuring of the larger social protection policy.

The study contributes to the on-going scholarly and policy debates on social protection initiatives for the needy persons, and specifically to the CT-OVC programme on access to basic education. By focusing on CT-OVC discourses around access to education, particularly from the demand side (pupils and caregivers), this study therefore opens up more academic studies to look into other specific intervention areas that may have been left out by other studies. It will particularly be important to academicians in political science, public policy and sociology.

The reason to have the study in Kisumu was based on the fact that while Kisumu is the 3rd worst HIV/AIDS affected County in Kenya after Nairobi and Homabay (NACC, 2014), it is the only

one among the three where government-sponsored CT-OVC programme is entirely implemented with no penalties. It's important to note that in the period of 2004 to 2010, CT-OVC programme implementation in Kisumu County attracted penalties but then the implementation technique changed to remove the application of penalties (Joy, Wycliffe & Okoth, 2014). It is hoped that the findings will later be packaged to help policy practitioners to improve on this intervention for the benefit of OVCs.

1.6 Scope and Limits of the Study

This study was conducted in Seme sub-County, in Kisumu County at a time when the Department for Children Services was in the process of scaling-up her CT-OVC programme in Seme sub-County. The focus of the study was on government-sponsored programme component on basic education which is meant to increase access to public primary school (enrolment, attendance and retention) targeting 4 to 17 years old children and only up to standard 8. The scope included a selected number of beneficiary households under the government-sponsored CT-OVC programme, children (OVCs), area chiefs where the programme is being implemented, education and children officers as well as programme structures such as the LOCs, CSACs and BWCs. Last but not least is that the study was region specific and cannot be generalized.

The study's limitations included, challenges of data access especially from the sub-County Children Office due to perceived fear of victimization or a perception that the study was all about finding mistakes of the sub-County Children Office. To address this, the researcher shared the intentions of the study in an initial meeting with the respective sub-County Children Officer and sought entry support from the County Coordinator of Children Services where the researcher was interned. Cultural and language barrier was another study limitation. Based on the fact that the researcher was not from the same community and had little understanding of the language and culture, he employed the services of local research assistants from the community in Seme sub-County who assisted in administering the caregivers' questionnaires and transcribing the data from Dholuo into the English based questionnaire. The local research assistants were oriented on how to administer the questionnaires in order to improve their skills and knowledge on key areas of study and the quality of data to be collected. A mock exercise was carried out in one of the location where the programme is active within Seme, targeting at least 6 participants (the reason

for 6 was based on the six programme implementation locations). This approach played a great role in minimizing biasness and furthermore, improving their capacity for patience among the research assistants. Normally, data collection of this nature is tiresome

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Access to basic education enables children to individually and collectively develop their academic prowess and personalities and to live a satisfying life within society. The goal of learning is to empower the child to develop his or her skills, human dignity, self-esteem and self-confidence among others (Akanksha et al., 2010). According to Scott and Sudhanshu (2008), governments in developing countries, especially in Latin America, have recognized the need to support children from poor and ultra-poor backgrounds with basic education in efforts to secure the future of millions of these children who are worst vulnerable.

Social protection programmes like CT-OVC create space for OVCs, providing minimum support to primarily stabilize their education and healthcare needs. Existing literature has been able to bring out the different manifestation of achievements including challenges, policy sustainability of the CT-OVC programme and how the same affects the component of basic education. In addition, perceptions of different programme beneficiaries in respect to access to basic education have been brought out from different perspectives worth reviewing. This section will, therefore, review the literature based on the three study objectives, establishing some of the literature gaps.

2.2 Achievements of Government-Sponsored CT-OVC on Access to Basic Education

Nicola et al. (2013) found out that the CT-OVC programmes were the most successful forms of social protection in developing countries since first being pioneered in Brazil and Mexico in the mid-1990s. The programme is credited with helping to bring down poverty in Latin America by 7% in 2009, and on the other hand increasing overall school attendance by more than 2.3 million among OVCs. The concept behind CT-OVC has spread across the world and today millions of poor households are beneficiaries of such programmes. Fizbern and Schady (2009) argue that the benefits achieved were because of the conditionality imposed which served to enforce uptake of basic education services.

On the other hand, DFID (2011a) found out that there is substantive evidence from a number of countries that where cash transfer programmes have been implemented accordingly, it has, in turn, helped to reduce inequality among boys and girls in terms of the existing hurdles to enroll, attend and remain in school until successful completion. In Brazil, for example, a combination of cash transfer programmes accounted for 28 percent of the total fall in the Gini index in schools within programme areas (a summary of inequality) between 1995 and 2004 (Fizbern & Schady, 2009). However, their study majorly looked at both secondary and primary school education, but in Latin America. This study assesses the achievements of programme, primarily, in respect to her contribution on access to public primary school education by OVCs in Kenya and specifically at the community level.

According to Fizbern and Schady (2009), the reason as to why countries like Brazil have shown evidence of success in education promotion among OVCs is because they concentrated their efforts on conditional CT programs, investing in monitoring and impact evaluation frameworks that easily adjusted to address challenges on a day to day basis. In their study on cash transfer in Uganda, Mozambique, Malawi, and Zambia, Scott and Sudhanshu (2008) noted that the probability of completing schooling among OVCs in these countries improved from 32% in 2005 to between 61% and 64% in 2007; an essential achievement for the programme. However, their study does not rule out the possibility that other social protection policies such as Universal Primary Education and non-state actors' actions to combat household poverty may have played part. Scott and Sudhanshu's study outcomes captured only Uganda within the East Africa region, which has received enormous support from the Non-State Actors and where initiative from the government in terms of sponsorship has been weak. This is unlike Kenya where government's role is anchored in the National social protection policy.

A randomized experiment by Hessel, Juan and Norbert (2008) to compare conditioned cash transfer results from extremely and relatively poor groups in the South America in 2007 revealed that cash transfer of USD 15 per month increased school enrolment from 75% to 85% from the extreme poor group while the enrolment for relatively poor group remained at 75% even with the same amount. In the same vein, Hessel, Juan and Norbert (2008) found out that cash transfer reduced harsh economic conditions by 3.61% among 320 households allowing their children to

complete school. Johannes & Jeremy (2013), on the other hand, based on a cost-effectiveness study argue that the monthly transfer had no effects on economic outcomes due to poor CT payment ceilings, suggesting that the CT had no major impact on the overall access to education. It is important to note however that the two sets of literature looked at the contributions from a purely experimental and economic point of view. This study however looks at the contributions from a policy assessment point of view.

In Kenya, the adoption of the Free Primary Education Policy in 2003 saw school enrolment leap from 5.9 million to 7.2 million within a year. But just because the FPE policy is in place, does not mean that children from extremely poor households (OVCs) will be able to maximize the benefits brought by the policy. Even though by 2010, many OVCs across the country had managed to enroll in public primary schools, more than 900,000 could not complete schooling since 2004. More than 75% of that number failed to sustain frequent school attendance factor that saw the overall percentage of school attendance between the years 2007 and 2010 lower (DFID, 2011a). According to Tom and Sam (2015), CT-OVC programme as part of the social protection policy had been designed to address such gaps among the poor. Interestingly, their study did not provide empirical evidence particularly in the education sector and on cases of school drop-out.

An increasing number of leaders both at the national and international levels have recognized that deepening interdependence by investing in CT-OVC programmes help to complement other essential sectors like education (Barrientos & Scott, 2008). The CT-OVC is seen as an alternative to address the financial inabilities by poor households to exercise their responsibilities. These responsibilities range from ensuring that they take their children for immunization to their enrolment and attendance in primary schools.

However, even with the above achievements, came challenges on the role of CT-OVC programmes in accessing basic education both at the national and community levels. According to Behrman, Sengupta, and Todd (2005), many scholars in Latin America have shunned away from studying CT-OVC programmes which did not have a conditional mechanism for enforcing

penalties or programmes that were not under any pilot phase as their studies were ‘obsessed’ with the extent of impact created.

Logistical problems have accompanied most of CT programmes. Nicola, Fiona, and Agnieszka (2013) argue that with the advent of CT-OVC payments in Kenya, problems relating to logistics followed. The first service providers were the district treasuries but due to leakages in the payment method, long bureaucracies and ineffectiveness of the systems in place, the Postal Corporation of Kenya (PCK) was later on identified as an alternative service provider. However, this option failed to yet address the challenge of timeliness and mobility as caregivers were required to walk long distances (with some areas being up to 15 km to pay points). Some used local means of transport with a return trip costing approximately 2-4 USD, significant amount to buy either a textbook or provide lunch for an OVC for a whole week. It is yet unknown from studies reviewed whether funds disbursements through service providers such as PCK were timelier than before.

According to Tsuma (2010) in his study of CT-OVC in Kenya, the previous challenges that the elderly caregivers experienced with CT-OVC payments through both the District Treasuries and the Post Offices compelled the DCS and donor partners to look for more convenient alternative service providers. It was realized (Tsuma, 2010) that significant portion of the payment was used to take care of movement reducing the effect of the same in helping to take care of the education, health and nutrition needs of the OVCs. Reducing the distances covered, meant having service providers establishing pay points closer to the beneficiaries. However, what did not come out directly from the two studies were the characteristics of the problems relating to mobility and the timing of cash transfer. Even though these characteristics may influence the ability of OVCs to attend school, past studies did not assess them in context of access to primary school education and equally, for OVCs between the age of 4 and 17 years.

Tsuma (2010) introduces the concept of free primary education (FPE) arguing that the implementation of this policy may have brought out a perception that CT-OVC’s contribution is insignificant within the larger context of the basic education sector. This is because, items like bags, shoes and pads were not a mandatory requirement and could not strictly lock a child out of

school compared to if and when tuition and admission fees were charged to parents and caregivers. However, when dealing with the poorest of the poor segment of the society, vulnerability is usually grave. What may not be seen as mandatory requirements under the FPE policy can still inhibit enrolment, retention/attendance and completion. This observation positions the study to assess these achievements for ease of recommending policy alternatives.

According to UNICEF et al. (2009), with the introduction of FPE in Kenya in 2003, this meant that the cost of education was no longer met by parents but by government and donor partners. However, this measure did not result in a rapid increase in financial or human resources available to the education sector. The number of teachers being employed in Kenya under treasury and international financing rules remained at 235,000 but with the increasing pupil population, additional teachers were needed to ensure a proportional ratio of 35:1; meaning 35 pupils to 1 teacher. In many schools, classroom provision was over-stretched; in some cases, student enrolment rose above 120 per class but sustaining this number up to the completion level became the biggest challenge for the government.

Tsuma (2010) illustrating the problem of supply side by the Kenya government argue that more than 80% of public schools for instance in Kwale in 2010 experienced lack of enough desks, books and other materials for learning, meaning that other sources of financing including prohibited levies became the only alternate choice to ensure smooth running in schools (Tsuma, 2010), a factor that may have greatly destabilized retention of most OVCs in school. In his arguments on levies what does not come out clearly was whether the CT payments directly facilitated the payment of these levies or they were derived from other programme funding like the free primary policy et cetera. His study also does not pay attention to internal beneficiary factors such as the knowledge and capacity of caregivers.

The Ministry of Education in Kenya in her efforts to help the girl child gain access to sanitary towels initiated the Schools National Sanitary Towels programme in 2016 following the amendment of the Basic Education Law. This was a move towards improving access to education in areas where many of the girls from poor backgrounds could not afford these essential materials and therefore avoided attending school during their menstruation periods.

According to UNESCO (2014), the high cost of sanitary towels presented enormous challenge that related to the question of affordability. The debates around affordability of the pads therefore provided an opportunity for government to provide compulsorily, sanitary pads to all girls in primary and secondary schools. However, according to Ondieki (2017), faced with financial constraints, the focus among caregivers in most parts where CT was being implemented, shifted to girls in class seven and eight as a way to cope with the management of their meagre resources. Increased preference was given by the Schools National Sanitary Towels Programme to schools in slums and arid areas. This therefore means that not so much has been exploited in respect to sanitary towels, its relationship with the girl OVCs and access to basic education, particularly attendance under the framework of CT-OVC.

According to Babajamian and Hagen-Zanker (2012), in their study of social protection and social exclusion: an analytical framework to assess the links, argued their findings from a sociological point of view where social protection may not necessarily enhance livelihood outcomes if policies fail to tackle the specific factors that cause exclusion. For instance, they argued, *“education grants and school-based feeding programmes may not increase girls’ access to schooling if social norms are treated as ‘normal’ even when they discriminate against the same girls during their menstruation cycle.”*

Furthermore, Geertz, Lyer, Kasen, Mazzola, Peterson (2016) in their study on the Menstruation Health in Kenya argued that lack of access to sanitary services and towels across Kenya has disempowered 65% of girls in Kenya who are forced to stay at home to avoid staining their clothes with blood in public. Staying home during this period is treated as ‘normal’. They further argue that the reason for the girls staying home was because, the cost of sanitary towels was beyond the reach for most of the extreme poor households. This study therefore looks at the issue of sanitary towel, availability, its relationship with CT spending and whether it contributes or not within the programme area to the OVCs (girls) attending or being retained in school.

2.3 Policy Sustainability of Government-Sponsored CT-OVC on Access to Basic Education

Temin (2008) argues that countries with successful comprehensive social protection are those that are moving away from narrow programming approaches towards integrated programming

such as the CT-OVC programme which brings on board education, health access, nutrition, food security among others. In her study of cash transfer programme coverage, coordination and costs, McCord (2009) argues that not only are the coverage of pilot programmes extremely low in countries like Zambia, Malawi and Kenya where the ultra, extreme and hardcore poor (ranging from a coverage of 3%, 8% and 9% of the eligible out of the poor households respectively) are targeted, but also the fact that the pilots failed to connect with other policies like the universal primary education and education scholarship programmes to build linkages and synergies.

World Bank (2009) found out that with CT-OVC having been supported policy wise in Kenya, government and donor partners were able to commit more budgetary allocation to the programme. With consistency in providing CT payments to households with OVCs, and noticing that there was a policy framework in place, Tsuma (2010) argues that school administrations became more receptive to these children even when levies needed from them was not immediately available as they were assured that this would be eventually be paid upon disbursement of the CT payments. Tsuma's study was however conducted in areas where compliance and penalties were enforced with school report cards among others being verified before CT payments.

According to McCord (2009), the initiation of CT-OVC in Kenya, Zambia and Malawi helped to address many of the education challenges but with funding highly dependent on foreign donors. For instance, in Malawi, the government had no budgetary allocation set aside for social protection Cash Transfers especially for OVCs while in Zambia, the government-sponsored 5% of the programme cost with the rest of 95% funded by donors. Chisinga (2009), revealed that the Kenyan Government contributed USD 3.9 million (5%) in 2008 to the CT-OVC program with UNICEF contributing the rest of the funding through government financial management systems as well as Appropriation in Aid. The study did not however found out how these funds supported or contributed to opportunities that could increase the capacity of the OVCs to access basic education.

While in Kenya delays in disbursement by the government due to funding constraints, growing beneficiary list and bureaucracies as well as late disbursements by donors have frequently led to

delayed process of actual payments (Kirera, 2012). However, the study by Fizbern and Schady (2009) on Latin America provides a different impression. Their study suggested that even though the governments transferred larger grants to ensure that all aspects of condition were addressed, it was not automatic that with large grants, the programmes would realize more effects on school enrolment and attendance. A review of the *Oportunidades* program in Mexico and *Familias en Acción* program in Colombia (both which were CT-OVCs implemented in slums and peri-urban areas) which made large transfers, did not assess aspects of education especially on enrolment (Fizbern & Schady, 2009). Their studies however shared on the impact of the programme amid the challenges of delayed payments of CT. How the delay played to education access remained largely undiscussed. This study addresses the gap by providing relevant descriptions of the delay in payments and linking the same to access to basic education in a rural set up.

According to McCord (2009), even if scaled up nationally, CT-OVC programmes based on prevailing funding problems could not reach more than one million poor households in Malawi and Zambia and more than two million in Kenya by 2009. McCord (2009) found out that the cost of taking the Kenya CT-OVC programme ‘to scale’, offering full coverage of the eligible poor population (defined segment of the poor) would be 0.8% of GDP or 3% of the total government budget. This, however, was not the main question but rather how to sustain the source(s) of funding. The availability of funding was significant but perhaps unsustainable if the programme was to eventually realize the right of all OVCs to basic services amid their increasing numbers.

Ikiara (2009) in his study of the political economy of cash transfers in Kenya argues that the Government’s share of the financial resources in respect to all the CT programmes under the social protection policy has increased from a low level when the programmes were initiated to a point where its contribution almost matches that of the donors. He further argues that the budget allocation to CT-OVC programme increased between 2005/06 and 2008/09, from USD 800,000 to over USD 9 million respectively, but these funds and their ceilings largely reflected the prevailing commitments made by the donor communities more than the commitment by the Kenyan Government. However, Ikiara’s study does not make an assessment of the funding and its utilization from the year 2011 when the social protection policy was approved, an aspect that this study will attempt to look at.

Weak coordination of donor efforts and low policy implementation capacity of DCS field offices were among some of the inhibitive factors identified by McCord (2009). However, two things did not come out in McCord's study. First is that she did not look at the challenges of sustainability in respect to the households meeting the basic education needs of the OVCs. While general strain in funding would affect sustainability in terms of funding flow especially in the case of more scale ups, it is important to analyze the effect of such policy stance at the community level, where the service provision was designed to generate positive outcomes in areas such as basic education and health inter alia. Secondly, even though McCord notes that the DCS field officers had weak policy implementation capacity; her analysis was too general and failed to take into account the specific programme objectives. This study therefore looks at the specific area of basic education and proceeds to analyze the manner in which OVCs' education needs were met and whether the CT-OVC Operational Manual was used to provide guidance.

UNICEF (2009) on her side argues that poor inter-policy coordination posed a serious challenge to the actualization of the intentions of CT-OVC programme in Kenya. The Ministry of Education in Kenya while implementing the FPE policy has not been able to effectively monitor specific activities relating to OVCs; whether caregivers end up paying the outlawed fees in public schools or whether OVC beneficiaries are attending and completing school amid their unique challenges (World Bank, 2009). On the other hand, DFID, (2011b) argues that CTs need to be complemented by ongoing sectoral strategies, for instance, scholarships and bursaries among others as this will help to sustain policy implementation. With such occurrences, Slater and Farrington (2009) have used them to paint a grim picture why policies in African countries rarely actualize their intended outcomes. Whether other social protection programmes links with the CT-OVC programme to amplify the intended educational outcome remains a gap that this study wants to find out.

According to NGEK (2014), CT-OVC related documentation on how programme structures are working and the general implementation of the programme to inform policy process by CT-OVC secretariat is insufficiently available, a factor that also points to the problem of inter-agency coordination. This happens even when the Government of Kenya is mandated by the social

protection policy to develop a single registry in view of harmonizing and consolidating fragmented schemes which include the CT-OVC programme and how progress is being made to harness access to education among OVCs (Kenya National social protection policy, 2011). Nonetheless, the CT-OVC programme is deemed laborious to implement, with many conditions such as education, health, civil registration and nutrition posing a huge challenge to monitor and institute penalties (Ruth & Oliver, 2010). It is emerging from most literature that governments have different approaches to addressing the plight of OVCs, but the lack of sufficient evidence for documentation in programme areas where conditions do not attract penalties makes it hard to analyze the sustainability aspect of the programme and in general the social protection policy. Looking at the contribution of the CT-OVC to the basic education sector by this study provides an in depth data to help close this gap where presently there is insufficient evidences to analyze programme sustainability.

According to Pearson and Alviar (2009), a common level of CT-OVC programme coverage does not mean a common level of transfer value particularly in the education sector where there are enormous supply challenges. Fizbern and Schady (2009) found out that larger transfers are not consistently associated with larger program effects on school enrolment or a better end result of the CT-OVC programme in Latin America, as other aspects such as policy knowledge and skill to build structures and processes for implementation is essential. Pearson and Alviar (2009) further discussed using Kenya as an example that the value of the household transfers (in terms of amounts) is kept low deliberately to avoid a ‘dependency’ effect, harness programme sustainability and subsequently, community structures are used to create awareness of the objective of the CTs. However, due to the fact that the studies were not conducted through the policy research lens, it was not possible to analyze whether in actual sense, the low amounts worked well to reduce dependency and in the same respect keep OVCs in school.

2.4 Perceptions of CT-OVC Beneficiaries on Access to Basic Education

The cash transfer in developing countries is argued to have relieved caregivers some of the financial burden involved when dealing with OVCs’ educational needs. With the assurance of income from the programmes, many households have however deemed the OVCs as ‘assets’ but with no voice in deciding their priorities in the utilization of the grants. Many studies have not

projected their voices in addressing the challenges, and concerns they face within the programme objective area of basic education. Yet, their experiences, and perceived notions in relation to the CT-OVC programme remains an important factor that may need to be established. Nicola et al. (2013) argued that *“while regarding children as a potential source of income can be problematic, on an overall scale, the CT programme is perceived to have transformed caregivers’ attitude towards the OVCs, looking at them as less of burden”*. This means that most households and caregivers in particular can live with the OVCs, based on the idea that while living with them through a tight financial ‘rope’, they can still get help from government (Nicola et al., 2013).

In Southern Africa, the CT-OVC program is perceived to have built on community participation in decision making, especially in identifying potential OVC households, creating awareness on the programme objectives and addressing perception issues which helped to build trust, confidence, and knowledge while eventually breaking the vicious cycle of poverty and illiteracy that is associated with ultra-poor. Interestingly, communities in Zambia for instance projected the perception that Conditioned Cash Transfers protected pupils by ensuring that they attend school in a year. That because of the programme, they had gained knowledge on what to use the payments on, listing items such as procurement of books, shoes, uniforms and provision of lunch and co-curriculum activity fees among others. This is based on the fact that participatory monitoring was done frequently (on a termly basis) and weak points addressed through OVC area meetings convened by the chiefs. However, their study did not assess factors beyond the penalties that may have influenced positive perception among the beneficiaries to ensure that the books, shoes and the rest were bought with the right intention of maximizing the right of the OVC to basic education.

Susanne and Paul (2007) found out that even though there was impact in Malawi in 2005 with the CT programme, where school drop-out rates among OVCs reduced from 40 to 25 per cent, failure to integrate programme structures into the process of building the right perception saw less constructive interaction between the structures and beneficiaries. One of the main factors was lack of trust, an aspect that later on increased the dropout rates to 30 percent in 2006. Susanne and Paul (2007) also realized that the increase in drop out was also due to the fact that

beneficiaries lacked the right knowledge to inform them on what to pay for or not to pay for, and therefore taken advantage of by school administrations (Susanne & Paul, 2007). The gap with their study is that it did not look at whether the failure to shape the right perception was a failure of the policy framework to anticipate and provide guidance on the role that attitude plays in sustaining a programme or simply whether it was the failure of capacity implementation by the structures. This study attempts to address this gap by looking at the guiding documents and whether they are those aspects that speak to building the right perception.

In Kenya, as Nicola et al. (2013) argue, there were reports of tension in many ultra-poor Kenyan households between 2009-2011 where a perception held by orphans interviewed was that more than 67% of caregivers preferred to spend CTs on their biological children (who were equally vulnerable) more than on them even though they lived in the same household. Furthermore, CT payment spending in this regard were generalized to include supporting other programme objectives apart from basic education making it hard to define the financial commitment set aside for the basic education sector. In such situations, the programme spending on education aspects was also rated as unknown and that the CT spending were perceived not easy to categorize or differentiate (Nicola et al., 2013). Moreover, Nicola et al. (2013) pointed out that people were willing to take in orphans not because they wanted to promote their rights to education but because they wanted to justify being recipients of CTs, with the notion that there more OVCs, the more the CT payments one would get. This study closes the present gap by trying to categorize the monetary spending by household caregivers on the education needs of the OVCs.

There has been a strong community-driven perception change towards OVCs and the programme since the government of Kenya rolled out the CT-OVC programme in 2004 although much needs to be done as well to identify the nature of perceptions and whether there are positive attitudinal changes that can contribute towards providing the right effect during the implementation of the CT-OVC programme. As captured by DFID (2011b), some of the caregivers before, viewed the OVCs as a burden and were perhaps extremely vulnerable because they lacked access to social support networks and most felt isolated within their own communities. The end result was that many of them failed to access schooling due to simple things like lack of uniforms and levies to facilitate schools in procuring items like desks. In the late 1990s, many of the relatives to OVCs

were reluctant to foster these children (Susanne & Paul, 2007) partially due to the potential drain the action would have on their already meager resources. Even with the introduction of the CT that is capped at Ksh 4,000 paid after every two months, most households have still expressed that the programme has not significantly addressed or lessen the burden of responsibility that they are faced with in terms of taking care of the needs of these OVCs (DFID, 2011a). Even with these general perceptions, both the DFID and Susanne and Paul's studies did not assess the perceptions and attitudes in respect to the basic education especially in assessing areas where the perceptions were negative or positive. This study will therefore close this gap by assessing and defining these perceptions and afterwards develops recommendation on approaches to civic education.

Alex et al. (2008) further revealed that less than 27% of the caregivers in Homabay for instance reported having established some form of income-earning activity (IGA) which was an outcome of continuous attitudinal/perception change initiatives where the beneficiaries were allowed to put into practice some of their economic driven ideas they thought would provide sustained solution to the living standards of their children (OVCs), eventually impacting on the ability of the caregivers to ensure that these OVCs attended and were retained in school. IGAs became a symbol of 'value addition' in terms of what they could use the CT payments on. According to Habasonda (2009), with time and due to the financial strains faced by caregivers, the perception whereby CTs were to be spend directly on the four objectives of the CT-OVC programme started to change with some of the caregivers thinking that it was right to invest the payments in capital ventures as individuals or groups before using the profits to pursue the four objectives. Different perceptions with time also emerged especially as to whether this was acceptable or not (NGEC, 2014). What did not come out of many of the studies reviewed was whether the new trend and the mixed perceptions regarding CT payment and its link to IGA affected or otherwise improved the ability of the OVCs to access basic education.

2.5 Theoretical Framework

This study was guided by the institutional theory which posits that government policies, like the social protection policy (which houses the CT-OVC programme) are implemented through government structures so as to respond to the problems faced by the citizens in a manner that

also helps to legitimize their own quest for survival. Public problems are identified through a political process whereby under the theory, political factors constitute one of the many institutional structures. Public problems identified are therefore resolved best using public policy (which is a purposive action institutionalized by governments). To this end, government institutions are an important actor not only in formulating and sustaining policies meant to address poverty reduction and social protection, but also in the actual implementation and assessment or evaluation of the outcome of the same policies.

According to Scott (2008) institutional theory is a widely accepted theoretical posture that emphasizes on legitimacy and problem solving as the two main principles. Under the institutional theory, policy-making is conducted in a way that underscores the formal and legal aspects of government structures. Scott further suggests that institutions based on this theory, are composed of cultural-cognitive, normative, and regulative elements that, together with associated activities and resources, provide stability and meaning to social life –intimating their capacity to solve public problems). The theory also postulates that institutions operate at different levels of jurisdiction, from the world system to localized interpersonal relationships and are subject to change processes, both incremental and discontinuous.

Institutional theory focuses on the deeper and more resilient aspects of social structure and operate in a political space. It considers the processes by which rules, norms and routines are established to guide community social behavior and meaning to people's social life (Scott, 2004). Institutional arguments are founded on the basis that policy solutions are administered through institutions, based on such rules, norms and routines but subjected on political interests (Clemens & Cook, 1999).

There are two dominant trends in institutional theory: old institutionalism (which uses institutions to find sequences of social, political, economic behavior of the people receiving services and change across time) and new institutionalism (which posits that institutions operate in an open environment consisting of other institutions and actors, called the institutional environment and therefore the need to understand the environment). Every institution is influenced by the broader environment and their main goal is to survive and gain legitimacy.

Survival and legitimacy can only be achieved by these institutions providing the services that they were established to provide (March & Olsen, 1984).

According to Amenta and Ramsey (2010), solutions to people's problems are legitimized through policy actions of which failure to adopt them is seen as 'irrational and negligent'. Due to pressure to claim relevance, institutions as claimed by the rational choice variant of the new institutional theory, will adopt programmes even when the form does not promote efficiency. This justifies March and Olsen (1984) arguments that people functioning within institutions behave as they do because of normative standards rather than their desire to maximize individual utilities.

This among others illustrates some of the weaknesses faced by the theory. For instance, the theory is criticized as structurally biased, unable to explain the social and political change, even within the institutions themselves. Additionally, institutions can be constraining, superimposing, and influence policy issues in a way that limits some forms of action and citizen participation while facilitating others that are beneficial to her existence.

Institutional theory has been applied by DiMaggio and Powell (1983) to look at how powerful actors such as international bodies or development agencies have imposed policy expectations on less powerful institutions at the National and Sub National level; supporting certain legal frameworks or budget schedules that amplifies their interests at the expense of the people's needs.

New institutional theory was relevant in this study as it looks at the CT-OVC programme as a policy component within the larger Kenya National Social Protection Policy which is implemented through an institution, aided by programme framework. This study applied the theory in two folds. Firstly, it examined how the CT-OVC programme was being implemented through the DCS and the actual achievements of the programme in harnessing access to education as an aspect of social protection at the community level. Examining area specific achievements provided a clear pathway on whether CT-OVC programme implementation in the

current form was relevant in promoting access to basic education as a public good and with extension helping to legitimize the respective government structure or otherwise.

Secondly, communities usually struggle to find themselves at the center of policy making process, in the case of this study, beneficiaries contributions, perceptions and attitude in informing CT-OVC programme and in particular, access to basic education were rarely assessed by the policy makers and implementers. This is due to the fact that policies are created within a political system full of competing interests and political ideologies. The implication of political process is hugely felt by the host institution during the budgeting and programme implementation processes. However, the strength of the theory is drawn from the fact that it links policy relevance with institutional infrastructure and technical capacities, which are essential in ensuring that services like basic education for OVCs are dispensed. Therefore, the theory helped to generate information on beneficiaries' perception in light of the strengths and weaknesses of institutionalism, which is the guiding theory.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research design, the study area, population and sample determination, data collection instruments utilized, fieldwork procedures and experiences. Furthermore, data management procedures, data analysis and ethical considerations are also presented.

3.2 Research Design

This study was anchored on descriptive research design in order to provide information without making inferences or causal statements but finding out “what is” based on the different phenomena. The design allowed for data to be collected from the study population at one specific point in time as the design is most predominant in survey studies (Nachmias and Nachmias, 1996). The design relied on the frequency, percentages and characteristics of the respondents (Majumdar, 2005) and entailed used of mixed method to collect data through quantitative and qualitative tools. The frequency was derived from the 332 questionnaires and was further quantified through percentages. Characteristics of the issues was majorly qualified through verbatim quotes, while the quantitative tools helped to bring out the characteristics of the respondents in terms of age, duration in the programme, estimated number of OVCs living in the household, and the level of education, et cetera. According to the Association for Educational Communications and Technology (2001), descriptive research can be either quantitative or qualitative and involves gathering data that describe events and then organizes, tabulates, depicts, and describes the data collection. Under descriptive design, the phenomenology was used to understand the opinions as well as ways of looking at things, by the caregivers, OVCs as well as key informants like the school head teachers, chiefs, community programme structures such as BWCs as well as programme staff and stakeholders such as the DCS and the Directors of Education. The perceptions, and attitude of Key informants, OVCs, and BWCs’ FGD discussants based on their experiences were important in understanding the events beyond purely quantitative details.

To this end, the descriptive design therefore worked well especially for the first and second objectives that assessed achievements and analyzed the sustainability of CT-OVC programme respectively. Phenomenology was majorly used to define the perceptions of the beneficiary in respect to access to basic education under objective three. Through descriptive designs, qualitative findings can add value to frequencies and graphs generated by quantitative method by providing in depth, additional, or even conflicting perspectives often in complex policy and social issues phenomena that are not easily amenable to single frame probing (De Lisle, 2011). Qualitative method helped to triangulate finding generated by quantitative method as there are no sampling rules and adherence to numbers in qualitative research (Carolyn & Palena, 2006). The advantage of using this design is that when in-depth, narrative descriptions of small numbers of cases are involved, like in the third objective of the study – defining the perceptions of CT-OVC beneficiaries, the researcher is able to capture and describe the participants’ opinions and beliefs, in a way that other designs may not.

3.3 Study Area

The study was conducted in Seme Sub-County in Kisumu County. The choice for Kisumu County was based on the fact that she is the third largest county in the country with new HIV infection annually among children as well as the highest county with ‘migrating’ OVCs and second highest county with OVC after Homabay County (UNICEF, 2012 & National Census, 2009 cited in Ministry of Health & NASCOP, 2014). In addition, Kisumu County was the second highest recipient of government-sponsored CT-OVC with no penalties (Joy, Wycliffe & Okoth, 2014), and therefore of interest to this study.

The specific choice for Seme sub-County was informed by the fact that there were 9,843 beneficiary households with OVCs in Kisumu County (DCS, 2015). Out of this, Seme had the highest number of beneficiaries (1,967 households). Other sub-Counties with beneficiary households caring for OVCs under the government-sponsored programme were Kisumu West with 1,611 households, Nyando with 1,245, Muhoroni with 1,557, Nyakach with 1,414, Kisumu East with 1,409 and Kisumu Central with 640 households (Social Protection Secretariat, 2017). Seme Sub County presents an extreme case from where lessons of success/failure can be drawn. The sub County borders Kisumu West, Rarieda, Bondo and Gem Sub-Counties and is situated

0°05'11.9 south and 34°38'53.5 east. The sub-County depends on crop farming with much of the agricultural activity being practiced on small parcels of land. The main (cash and food) crops grown include beans, maize, sorghum, potatoes, groundnuts, kales and cotton (Kisumu CIDP, 2013). According to SID (2013), 43.6% of the population lives below poverty line.

According to the Kisumu CIDP (2013), The majority of the residents in Seme are predominantly of the Luo tribe. According to the National census of 2009, Seme has a population of 98,805 people with an area of 190.20 square kilometers (sq.km). There are four wards namely: West Seme with a population of 28,456, Central Seme with 23,213, East Seme with 21,688 and North Seme with 25,448. East Seme is the smallest ward with 55.7 sq. km, West Seme is the biggest ward with 77.10 sq. km.

The CT-OVC programme in Seme has been up scaled and is implemented in six locations based on the 2005 administrative boundaries. Presently, West Seme, Central Seme, East and North Seme have been elevated to Ward status within Seme Sub County, while Otwenya and South West Seme have remained locations.

3.4 Study Population

The unit of analysis for the CT-OVC programme was households. There were 1,967 households with OVCs currently being supported through government-sponsored CT-OVC programme in Seme Sub-County (Social Protection Secretariat, 2017). In addition, the objectives of this study could not be met without views from the following groups: the government officers -from the Ministry of Education, school heads, area chiefs and officers from the DCS, as well as OVCs and the programme structures (BWCs, CSAC and LOCs) at the location and sub-County level.

3.5 Sample Size and Sampling Procedure

This study used both probability and non- probability sampling techniques to obtain respondents for collecting quantitative and qualitative data namely simple random sampling and purposive sampling. For quantitative data, the size of the sample used in the study factored in the desired

level of precision, a high confidence level of 95% and a low margin of error (0.05% was assumed).

3.5.1 Households

Sampling is related with the selection of a subset of individuals from within a population to estimate the characteristics of whole population (Kish, 1965). For the households, the kind of data collected was quantitative in nature. A sample size determination on the 1,967 households (where probability sampling was employed) was calculated using Yamane (1967) formula as shown below:

$$n = \frac{N}{1 + N(e)^2}$$

$$n = \frac{1,967}{1 + 1,967(0.05)^2} = 332$$

The study employed two-stage sampling process namely, cluster sampling technique which was used to select the appropriate clusters (the six locations where the programme is presently active) for the study. Thereafter, the 332 households were picked using a simple random sampling (through ballot) within the six locations. For CT-OVC programme administrative purposes, all the six areas were classified by the Department for Children Services (DCS) as locations. The sample size per each cluster (see column E in the Table 3.1 below) was derived from the respective percentages (column D) against the total sample size of 332 which is representative of the 100%. See the table below:

Table 3.1: The study population and sample size

[A]	[B]	[C]	[D]	[E]
	Location/cluster	No of the beneficiary households /study population	Percentage	Sample Size: random sampling
1	West Seme	407	20%	67
2	South Central	516	26%	86
3	North Central	137	07%	23
4	East Seme	190	10%	33
5	South West	172	09%	30
6	Otwenya	545	28%	93
		1,967	100%	332

Source: The Seme sub-County Children Office' Data on CT-OVC enrolment (2017)

3.5.2 Government Officers

Two education officers (County Director of Education who heads the implementation of the basic education strategies at the County level and Seme sub-County Director who supervises all primary schools in the sub-County were targeted as Key Informants using the purposive sampling method). Two children officers (Kisumu County Children Coordinator who heads the administrative functions of the DCS office in Kisumu County including supervision of Seme sub County and sub-County Children Officer who coordinates the implementation of CT-OVC programme implementation at the sub-County level)were also targeted as Key Informants through the purposive sampling method. Two area chiefs with information in two of the areas where the programme is active were also targeted as Key Informants using the purposive sampling method.

3.5.3 OVCs

To identify the OVCs, the household caregivers were voluntarily asked to provide information about the schools and name of some of the OVCs during the collection of quantitative data. This information was afterwards used to identify the OVCs especially in households whose annual income from other sources rather than the CT-OVC programme was less than Ksh. 12,000. This amount was chosen because it was half of the total amount (Ksh. 24,000) received annually by caregivers as CT payments and formed a good basis to gain in depth perspectives on the challenges of accessing education and how the OVCs were coping amidst such meager financial

resources. The variation in the number of OVCs interviewed per school depended with the assent received from the pupils themselves. Subsequently, twenty-five (25) OVCs were sampled using the purposive sampling method for the in-depth interviews. The OVCs were drawn from four public primary schools (Otenga 7, Diemo 5, Ochara 4 and Kitmikayi 9) which were also part of the 10 public schools whose school heads were engaged with the purpose of triangulating the information obtained. According to Dworkin (2012), there is variability in what is suggested as minimum number but recommends that 25–30 ought to be the minimum sample size required to reach saturation and redundancy in the use of in-depth interview; where the information collected will longer offer any new or relevant data. In-depth interviews helped to collect qualitative data.

The study sought informed consent from their caregivers during the quantitative data collection and from the school head or class teachers. Even with the consent being secure, the participation by the OVCs was still voluntary based on their assent. Their participation was guided by section 3.10 on ethical consideration. The interviews targeted children between the ages of 6 to 17 years as per the dictates of the CT-OVC operation manuals (2013). The interviews were done with each of the OVC, initially identified under section A of the caregiver questionnaire.

Information sought from them (the OVCs) was to assess who was responsible of taking care of their education needs, whether the caregiver participated in the school life of the OVCs (an important aspects of enhancing retention), to find out their frequency of attending school, to get a sense of the type of material support they received from their caregivers in respect to access to education, to understand whether they had known of the CT—OVC programme and last but not least whether they could attribute any of their education progress to the programme. Their input was important in qualifying and verifying the achievements noted by caregivers and other stakeholders within the CT-OVC programme. Engaging OVCs directly would also help the study place recommendations based on direct observation and interaction that would help to strengthen strategies for reducing vulnerabilities faced by OVCs in the future.

3.5.4 Public Primary School Heads

Ten (10) school head teachers from the 98 public primary schools in Seme sub-County were sampled purposively for KIIs –from primary schools with the highest numbers of OVCs as captured in caregivers’ questionnaire and therefore presented an opportunity to gain depth of data. This approach attained the 10% threshold which according to Kumar (1989) is necessary in ensuring that saturation is attained. Qualitative data was collected, providing information on enrolment, attendance and retention of OVCs and other rich perspectives from head teachers. It is from these ten (10) public primary schools that the school head teachers were engaged. These public primary schools were: Kambundi, Awanya, Kitmikayi, Ochok, Diemo, Nyamgun, Onyingo, Otenga, Ochara and Odienea Kagayi with a combined pupil population of 6,484 by end of the year 2016.

In implementing the programme objective on basic education, the school head teacher in the 10 schools also referred to as participating schools were required to be trained by the District Education Officers (*who were in charge of the programme implementation in school as per the operational manual, 2013*) on how to collect and forward information on school registration and attendance. Data from these schools are then sent to the District Children Officers who ought to enter them into the Management Information System (MIS) that is manned by the CT-OVC secretariat. The reason for this process is to monitor whether or not the programme is in the right course in terms of achieving its objectives.

3.5.5 Beneficiaries’ Welfare Committees (BWCs)

There were 3 FGD sessions targeting BWCs membership drawn across Seme sub-County where CT-OVC programme is implemented in view of stimulating ideas and experiences around their roles and contributions to the implementation of the component on basic education. Singh and Masaku (2014), recommends the least number for FGDs in any study to three (3), to reach the saturation point. Furthermore, Singh and Masaku (2014) argue that if the sample size is too large, some participants may be left out of the discussions and therefore this study purposively sampled and collected qualitative data from 10 participants per FGD in consultation with the sub-County Children Office. A list of all the BWC members in each of the six programme locations/clusters

was provided. Thereafter, the researcher held the first FGD with joint BWC members from South Central and West Seme (forming the first session of the FGD), North Central and East Seme forming the second session of the FGD and lastly, South West and Otwenya forming the third session of the FGD. With two clusters joint together for this exercise, the 2 chairpersons, 2 vice-chairpersons, 2 female members, 2 male members and 2 representatives of the minority and persons with disability were selected for this exercise, making a total of the participants to reach 10 in number.

3.5.6 Location OVCs Committees (LOCs)

At least 4 members of the LOCs from East Seme, Otwenya, North Central and South Central where the committees were yet to be deactivated and the ones rich in information on CT-OVC were sampled purposively for KIIs to gain qualitative data on how beneficiary households are identified, the initial screening and recruitment process and awareness on aspects touching on basic education.

3.6 Data Collection Methods and Tools

Data collection was anchored on both the quantitative and qualitative methods because of three main reasons: to help explain and integrate the data collected, to vary the analysis of the phenomena under study as well as overcome the weaknesses of using a single method. Qualitative method entailed using KIIs, FGDs, in-depth interviews and observation to generate in-depth textual data. Quantitative method entailed the use of semi-structured questionnaires and generated statistical data that helped to generalize aspects of the findings. In addition, secondary data was collected from existing assessment and evaluation reports of the CT-OVC programme done by various multilateral and bilateral institutions (including but not limited to World Bank, UNICEF and DFID), internet materials done by other writers on the contribution of CT-OVC to basic education, and other relevant CT-OVC programme implementation reports.

3.6.1 Instruments of Data Collection

The study used five instruments namely: 1) **Semi-Structured Questionnaire**. 2) In-depth Interview tool. 3) Key Informant Interview guide. 4) Focus Group Discussion guide. 5) Observation checklist.

3.6.1.1 Semi-structured Questionnaire

The questionnaires offered a set of questions to the respondents that most closely represented their views. Questionnaires can easily collect data that will yield statistical data apart from being a convenient and inexpensive way of gathering both quantitative and qualitative information from participants and could be used to cover a large geographical area. In total, 332 caregiver semi-structured questionnaires were administered to respective household heads or caregivers yielding statistical and qualitative data. The choice to select a caregiver per each household was based on the fact that they are the ones who are responsible for receiving CT-OVC payments on behalf of the OVC(s) and spending the same in line with the general co-responsibilities and subsequently provided primary data that responded to all the three objectives of study.

3.6.1.2 In-depth Interviews

The In-depth interview allowed the OVCs to share their opinions without bias from their caregivers, providing a higher quality of information free. In-depth interviews with OVCs helped to capture relatively sensitive information from a child's perspective. The in-depth interview tool borrowed from the sensitivity question framing approach from the Washington State child interview guide (Harborview Center for Sexual Assault & Traumatic Stress, 2009). The In-depth interviews targeted 25 children, and was conducted in an empty classroom (a private space) to provide answers to study objectives one and two: achievements of government-sponsored CT-OVC on access to basic education; and policy sustainability of government-sponsored CT-OVC programme implementation on access to basic education.

3.6.1.3 Key Informant Interviews (KIIs)

The KIIs are insightful in ensuring that complementary questions are asked and answered in an open-ended manner to harness data validity. The KII guides assisted in producing rich information which was particularly important in assessing and verifying the findings from questionnaires. According to Kumar (1989), KIIs are also important especially in generating suggestions and practical recommendations. The KII guides were employed to furthermore explore the underlying motivations and perceptions of the study population and provided answers to all the three study objectives: achievements of CT-OVC on access to basic education;

policy sustainability of government-sponsored CT-OVC programme implementation on access to basic education and perception of beneficiaries on access to basic education.

3.6.1.4 Focus Group Discussions (FGDs)

The focus group discussion was deemed important in stimulating discussions among peers or participants (BWCs) who had a common interest around CT-OVC programme. The FGDs generated new thinking about various topics or phenomenon which resulted in a much more in-depth discussion sessions. An FGD guide was developed for guiding the three separate FGD sessions with BWCs. The approach of targeting the BWCs allowed room for all the participants (who were homogeneous) to feel comfortable with each other and for ease of allowing information sharing. Singh & Masaku (2014) argues that homogeneity helps to level the playing field and reduces inhibitions among people who will probably never see each other after the exercise. This method was used to generate data in relation to the three study objectives.

3.6.1.5 Observation

One of the advantages of unstructured observation was its directness and its ability to enable the study of behaviors as they unfold; monitoring all aspects of the phenomenon that seem relevant to the study. An observation checklist was developed and provided general guidance on some of the phenomena that should be observed within the study in line with the study objectives. The checklist was used for augmentation as well as to capture aspects that may escape the rigidity of structured questionnaires like: whether the OVCs were in school during the interview time, whether they had uniforms or shoes or books and for the OVCs with disability(s) whether they also had access to learning equipment, whether the OVCs were in good health, whether schools had evidences of class registers and lists of OVCs, the financial status of the caregivers, the contexts in terms of community relationships among others. This data was primarily in line with objective one on achievements of government-sponsored CT-OVC on access to basic education in Seme sub-County but also contributed to secondary data that analyzed policy sustainability of government-sponsored CT-OVC programme implementation on access to basic education. Observation toolkit was also implied to observe the perception of beneficiaries (in this case the BWCs) on access to basic education.

3.7 Data Analysis

Qualitative data was thematically analyzed using coding. The categorization from the codes helped in generating themes for discussion in line with the research questions. Coding of major themes was carried out in view of looking for patterns that brought out or described the perceptions of beneficiaries on access to basic education under government-sponsored CT-OVC programme. Coding was also used to thematically categorize the policy sustainability aspects of the programme in respect to access to basic education. This process assisted in developing the respective subsections. Findings from the qualitative data informed the study arguments and were presented where appropriate, as verbatim quotes.

Quantitative data was analyzed through frequencies and percentages to provide summaries and averages of data which illustrated the outcomes or effects in respect to access to basic education (dependent variables) after manipulating the CT-OVC programme (an independent variable). Quantitative data is presented using, frequency distribution tables, figures or graphs. Institutional theory guided the analysis to ensure that strengths and weaknesses of the DCS and subsequent CT-OVC programme implementation in view of the existing institutional environment were appropriately identified.

3.8 Validity and Reliability

Joppe (2000) defines reliability as the extent to which results are consistent over time and there is an accurate representation of the total population under study and if the results of a study can be reproduced under a similar methodology. Reliability is mostly concerned with whether the study would yield the same results if it were to be repeated by another researcher. To create an effective survey and test reliability, the researcher pretested the structured questionnaire one week before rolling out the exercise. The testing targeted 34 household caregivers (10% of the total sample) randomly selected from the six cluster areas. These were not part of the final sample. The responses given during the testing remained within the intention of the questionnaire. The research team asked the same interviewees the same questions twice or thrice but changing the interviewer. The answers remained the same an illustration that the questionnaire was stable. A high degree of stability indicates a high degree of reliability. For validity of information, triangulation of data collection methods was used for purposes of

validation and follow-up to ensure consistency and establish the worth of information gathered. FGDs were particularly useful follow-up mechanism for information received from questionnaires and in-depth oral interviews.

3.9 Inclusion and Exclusion Criteria

Inclusion criteria are characteristics that the prospective respondents must have if they are to be included in the study, while exclusion criteria are those characteristics that disqualify prospective respondents from inclusion in the study. The study applied both criteria by ensuring that in line with the CT-OVC operation manual, 2013, the OVCs to be between 6-17 years were targeted, the caregivers came from only the beneficiary households receiving the CT payments from government's CT-OVC programme and last but not least, only those beneficiaries coming within the Seme programme area were targeted.

3.10 Ethical Considerations

A number of ethical issues and procedures were put in place before, during and after data collection. Protection of participants' rights including the right to privacy and confidentiality, right of protection from discomfort and harm and right to withdraw from interview/data collection process were all respected and adhered to throughout the process of data collection and analysis. On protection of study participants, for instance, the study only obtained relevant information that would help to assess and define the existing perceptions regarding CT and avoided other private life of the OVCs and caregivers that were not of interest to the study. Both qualitative and quantitative data were anonymized using codes.

With consent from their caregivers and subsequently from the school head teachers or class teachers, the interviews with the OVCs were conducted. Informed consent was integrated into quantitative and qualitative data collection tools and both written and oral permission was sought from the interviewees (including the OVCs and their guardians or school administration) prior to data collection. This means that even though consent was given by the school head teachers, the study had to get the final assent from the children themselves before any interview (being below 18 years of age, they could not give legal consent but assent). For OVCs in the public schools upon decline to assent or withdrawal, the same was noted as 'interviewee did not agree to be interviewed or withdrew' while for oral refusal during collection of qualitative data, the same

was noted through the symbol 'WD' to mean withdrawal. Furthermore, data collected was converted into a soft copy version, stored and backed up in duplicate –in a memory stick for the entire period of the study. Identification data (bearing the identities of the respondents) has been encrypted using a folder with a password and is strictly separated from content data (data that has been sieved under this study). Data storage was done based on Maseno University standards and will be stored for at least two years. Unwanted data on hard copies will be shredded and computer files permanently deleted immediately after the publication of the study. Data transfer was conducted in respect to existing legal and administrative standards provided by Maseno University, and other existing Kenyan law.

Data collection that involved gaining the consent of individuals in authority of whom are directly and indirectly involved in the CT-OVC programme was done at least within 5 working days before the scheduled day of the interview. A written or verbal request was availed for approval. For OVCs, the study acknowledging that they lack the capacity to decide for themselves due to age sought informed consent from their caregivers during the quantitative data collection and from the school head or class teachers. Even with the consent being secured through the school authority, the participation by the OVCs was still voluntary based on their assent and were subjected to the same rights as other interviewees. Their respective head teachers and the Children Officer were involved as witnesses. The study applied for an ethical review approval from Maseno University Ethics and Review Board and obtained an authorization of compliance since the study involved humans. To allow the participants to make contacts, the researcher left his cell number with the Children Officer (in-charge of CT-OVC) and that all the participants were aware from the consent form that the researcher was a student of Maseno University. The purpose of the study was also explained to the participants.

CHAPTER FOUR

AN ASSESSMENT OF THE ACHIEVEMENTS OF GOVERNMENT-SPONSORED CT-OVC ON ACCESS TO BASIC EDUCATION IN SEME SUB-COUNTY

4.1 Introduction

This chapter therefore presents the findings and discusses the achievements of government-sponsored CT-OVC on access to basic education in Seme sub-County. The findings and discussions were descriptive and based on both quantitative data collected from the 332-caregiver questionnaires as well as from the Focus Group Discussions and Key Informant Interviews among key stakeholders engaged by the programme. The chapter is not aimed at showcasing increase in numbers and completion rates but endeavours to describe how the activities resulting from the programme's cash transfer has influenced caregivers to help the children under their care to access basic education. Structured caregiver questionnaires (332 in total) were used to collect data on the achievements of the CT-OVC programme with a return rate of 100%. Key informant interview guides were used to collect qualitative data on the 10 identified primary school head teachers, 2 education officers, 2 children officers, 3 Location OVC committee members, and 1 area chiefs. All these participants provided data on the achievements of the CT-OVC in the area of the study.

The in-depth interview guides were used to collect data randomly from 25 OVCs in schools within the CT-OVC programme implementation area. Focus Group Discussions guides were also used in three focus group discussions that engaged the members of the BWC. Effort was made to ensure that the qualitative data collection process also had a threshold of 100% in return rate.

This chapter sought to find out the whether the households had benefited from the CT-OVC programme based on the periods, the amount of payment received and how the same was spent in the basic education for OVCs, the general mode of payment, timing and the distance to the pay-points by caregivers. Furthermore, this chapter was to eventually find out the nature of

contribution that the CT-OVC programme had made in respect to promoting the component of basic education.

To understand these achievements and factors that may have played towards their realization, the study under this chapter looked at the demographic characteristics of the respondents, household demographic characteristics and last but not least, OVCs demographic characteristics. The chapter further presents the findings of the achievements and brings out in the same vein, some of the challenges that have either slowed down or completely made some of the elements in the sub-sector of basic education, an uphill task to accomplish under the CT-OVC programme.

4.2 General Demographics of Seme sub-County

According to SID (2013), 43.6% of the population in Seme –of which is predominantly Luo– lives below poverty line. That is to say more than half of the 98,805 people are impoverished and depend on agricultural activity being practiced on small parcels of land. The main (cash and food) crops grown include beans, maize, sorghum, potatoes, groundnuts, kales and cotton. The County Government of Kisumu in 2014 recorded in the sub-County, rising cases of early marriages, rapid school drop-out rates and unprecedented levels of child labor.

To address the increasing poverty which was identified as the main cause, Government and Non-Governmental Institutions have been active in the sub-County implementing social assistance interventions. Recently in 2014, the County Government of Kisumu launched a shs.7.8million bursary fund that targeted the sub-County. According to Joy, et al. (2014) the Non-Government Organizations have been instrumental in supporting the OVC programme and in particular the education component at least for the OVCs already enrolled in primary and secondary schools.

4.3 Demographic Characteristics of the Respondents

This section brings out the demographic characteristics of the households that are benefiting from the programme in Seme sub-County. The characteristics include specific programme areas where the household beneficiaries come from, the age, gender, level of education, occupation, annual and source of the income of the caregiver, and the number of OVCs being supported by caregivers in Seme sub-County.

4.3.1 Caregivers Demographic Characteristics

The role of caregivers of beneficiary households is not only to receive cash payment of paid through the temporary pay-points (Mobile Unit) or a permanent pay-point (Bank or permanent agent) but also to implement co-responsibilities which are the four CT-OVC programme specific objectives –with basic education being one of them. The caregivers are the ones that connect the OVCs to the programme and are in most times, related to these children but not necessarily their parents. There can only be one caregiver per household explaining the fact that in Seme sub-County for instance, the number of caregivers actively engaged by the government sponsored CT-OVC programme was 1,967 in total. According to FAO (n.d) the CT programme gave more preeminence on ultra-poor households with at least one deceased parent, or a parent who is chronically ill, or whose main caregiver is chronically ill. Most of the caregivers in Seme were elderly due to the fact that the targeting process or ranking system preferred them over caregivers that appeared younger in age.

Data collected from the caregivers showed that 96.5% of them were female, with a mean age of 54 years. The youngest female caregiver was 25 years old and the oldest female caregiver was 85 years old. The Table 4.1 below shows the distribution of the age where the age bracket of 71-85 had the highest caregivers with 104 in total depicting a high probability that the caregivers were grandmothers to the OVCs. The most recent data as per October 2017 by the National Social Protection Secretariat indicated that 84% of the caregivers were female.

Table 4.1: Age of the caregivers

Age sets	Frequencies
25-40 years	31
41-55 years	93
56-70 years	102
71-85 years	104
Total	336

Source: Field Survey Data (2017)

Apart from most of the caregivers being elderly, 39% of them had no formal education. Furthermore, 52% had completed primary school level education. Last but not least, 6% had reached the secondary school level education and 3% had completed tertiary education level. See the table below. The relationship between the age, educational standards and the implementation of CT-OVC programme was important in this study due to the fact that caregivers were key stakeholders in school management committees where topical issues meant to improve attendance and retention were discussed. Therefore, understanding the age and education of the caregivers provided insight on their capacity weaknesses and social vulnerability as they contribute towards the capital development of these children.

Table 4.2: Level of education for caregivers

Education	Frequency	Percent
Valid primary	173	52.0
secondary	21	6.0
No formal schooling	131	39.0
Tertiary	7	3.0
Total	332	100.0

Source: Field Survey Data (2017)

4.3.2 OVCs Demographic Characteristics

The age of the OVCs that participated in the interviews ranged from 9 years to 16 years, with 32% of them being at the age of 12 years. Eighteen out of twenty-five of the OVCs (72%) said that their mothers were the caregivers and accessed the CT-OVC payments on their behalf.

Sixteen out of the twenty-five OVCs (64%) indicated that their fathers were not alive while five (20%) indicated that both parents were not alive. This shows that most of the caregivers were single mothers.

On proof of birth registration which is a preferred requirement for admission/enrollment under the Education law in Kenya (Basic Education Act 2013), 14 of the OVC interviewees (56%) indicated that they had birth certificates while 11 (44%) did not have. The study made efforts through feedback visitation to beneficiary households to verify whether in deed the birth certificates were available and found that 9 out of the 14 OVCs' certificate were available for verification, all of which were obtained between the years 2013 and 2016. In one of the interviews with the school head teachers, he indicated that in the past, it was usual for caregivers and parents to be sent home to come with their children's birth certificate to authenticate their age as directed by the Ministry of Education.

4.4 Prioritizing basic education under the CT-OVC programme in Seme

In Seme sub-County, the programme has been implemented without conditions since 2010 and has so far targeted 1,967 households. The programme is coordinated by the Seme sub-County Children Officer. From the data collected from the field regarding programme areas where the caregivers provided most support to the OVCs, 30% gave priority support to the food and nutrition component, 26% gave priority support to health and immunization, 24.5% gave priority support to basic education and 11% gave priority to civil registration. The rest of the 8.5% chose not to respond. Priority was however different from support, as it only guided where to invest more, and support entailed providing assistance of which all the three programme areas received.

With 24.5% intimating that they gave priority to basic education, this aspect of the programme was said to be implemented in collaboration with the sub-County Director of Education office as well as the school head teachers. As provided in the CT-OVC Operational Manual (2013), it remained the responsibility of school head teachers to implement the programme in school and to document the subsequent outcomes such as high retention, transition as well as completion rates. Under this study, the findings show that out of the ten schools engaged namely, Kambundi, Ochok, Awanya, Diemo, Kitmikayi, Nyamgun, Onyingo, Otenga, Ochara and Odiinya-Kagayi,

two of them were not aware of the existence of beneficiary OVCs under the government sponsored CT-OVC programme and were equally not aware of whether or not they were bound by the guidelines of the CT-OVC Operational Manual, 2013. The other eight school head teachers confirmed that they were aware that they were participating in the CT-OVC programme and in this case, the number of the OVCs varied from 95 pupils to 276 per public primary school.

Even with this estimation, there was no official CT-OVC programme beneficiary list in the eight schools. The same was also lacking in the education office and in children's department. Therefore, what the schools documented or generated was a list of OVCs (beneficiaries and non-beneficiaries), based on their day-to-day interaction with caregivers and the pupils themselves. The OVCs' list was not the same as anticipated in the Operational Manual which ought to be prepared by the Children Officer at the sub-County level. The revelation was different from the expectations within the CT-OVC Operational Manual (2013) where children between 6 and 17 years old ought to be monitored after every 12 months with the schools having a list of the actual beneficiaries that is provided to them by the respective sub County Children Offices.

However, this study found out that human resource constraint as well as lack of awareness on this requirement by the operational manual by participating schools was identified as the main reasons for not sharing the beneficiary lists with the respective primary schools. The challenge with this is that the lack of information regarding the presence and number of OVCs in a school would in turn make it difficult for the school head teachers to obviously monitor the attendance and retention rates of these OVCs.

4.5 CT-OVC Programme Contribution to School Attendance, Transition and Completion

From the quantitative data, 71.39% of the caregivers indicated that OVCs had in the past one year transited from one class to another (an illustration of improved retention and transition), while 14.5% indicated that the OVCs had completed class eight in the past one year. This meant that the combined percentage of OVCs having transited as well as completed their primary level education was at 85.89%. They (caregivers, head teachers and OVCs) directly attributed this to the benefits of CT-OVCs programme. Not so many studies on CT-OVC programmes have looked at class transition of OVCs which is different from attendance. In Viet Nam's province of

Dien Bien for example, Unicef (2013) found out that the government Cash Transfer Scheme from 2007 to 2011 stimulated poor and ethnic minority children to attend school at 58% from less than 30% but did not provide insight on whether the OVCs were able to transit from one class to the other, a factor that informs the completion rate.

It is evident from the caregivers that CT in Seme has contributed to significant positive effects in terms of access to education especially on attendance and retention, at least in areas where the programme is active in implementation (where attendance of OVCs in the same school over a period of time is high, also signifies that retention is high). Even with this progress, from the FGDs with the BWC members, it was not convincing that this achievement was solely contributed by the programme as other factors such as the school feeding programme seemed to have also played an important role.

4.6 The Role of the Caregivers in Promoting Access to Basic Education in the CT-OVC Programme

Caregivers are the nexus between the CT payments and the OVCs who are the ultimate beneficiaries. They are tasked with co-responsibilities that speak to the four specific objectives of the programme including the basic education. Many studies have shown that caregivers are an integral part of the lives of OVCs especially in circumstances where they used the CT payments to buy shoes, uniforms and school bags et cetera. In table 4.6 below, a total of 319 out of 332 household caregivers (96.1%) said that they used the CT to support the basic education needs of the OVCs whereas 13 (3.9%) did not. This support was different from prioritization, whereas captured before under 4.4, about 24.5% of caregivers gave priority to basic education. Even though basic education was third in terms of priority sector and funding usage, the objective was to find out whether funding, even in low amounts, still supported access to basic education by OVCs. The fact that a high percentage of caregivers indicated that they used part of the funds to support some of elements (education items and materials) in sector, show the efforts the caregivers still had to keep the OVCs in school.

This aspect also helps to further explain why there were high attendance rates as argued by six out of the ten school head teachers based on the key informant interviews. This study agrees to

that of UN System Task Team, (2012) in South Africa which revealed that the effort and willingness of the caregivers in the implementation of the Child Support Grant (a CCT programme with strict compliance but with no penalties) not only reduced child poverty rate from 42.7% to 34.3% but also achieved an average 62% increase in school enrolment, attendance and completion. In the South African study, just like in this study and as indicated by the sub-County Children Officer and the two of the area chiefs, the efforts by the caregivers to support access to education by the OVCs lied on the existence of basic knowledge by the caregivers on matters basic education, especially the awareness campaigns by the Ministry of Education on the compulsory free primary education for all children. According to the sub-County Director of Education, the fact that they emphasize that OVCs had to go to school, this progressively compelled the caregivers to use part of the CT payments to carry out their co-responsibility which entailed buying uniforms, books and paying for the levies.

In one of the FGDs with the BWC members, the discuss ants argued that the reason why Kombewa area had more caregivers supporting the education needs of the OVCs was because the education office with the support of the Non-Governmental Organizations had provided basic knowledge as well as raised public awareness on basic education matters. It was argued that there were more OVCs consistently attending school.

Table 4.3: CT-OVC support to the education needs by the caregivers.

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	319	96.1	96.1	96.1
No	13	3.9	3.9	100.0
Total	332	100	100	

Source: Field Survey Data (2017)

4.7 Specific contributions of CT to Basic Education

While material support such as sanitary pads or towels to the girl child, school shoes, school bags and extra textbooks among others are definite essentials that help pupils in enrolling in school, attending and being retained in school as well as completing school, the ability of ultra-poor households to procure these items has been proved by Johannes and Jeremy (2013), as an uphill task. This study therefore looked at these specific support areas that the CT-OVC programme contributed towards.

4.7.1 Contribution of CT-OVC On Access to Sanitary Towels for OVCs

Due to the importance of sanitary towel to the girl child and the challenges of affordability as well as the insufficient funds to finance sanitary pads by the Ministry of Education at least in Seme, the study sought to find out from caregivers whether the CT-OVC programme in its part contributed to the female OVCs of primary school going age accessing sanitary towels/pads and whether this effort increased their ability to attend schooling. As the table below shows, the study found out that only 19% of the caregivers used the funds in the past one year to buy sanitary towel while 81% did not. The percentage of those that did not buy the sanitary towels remains high depicting the continuing challenges of girl empowerment as similarly noted by Geertz et al., (2016).

Table 4.4: Caregivers using CT-OVC programme payments purchase of sanitary pads

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	63	19.0	19.0	19.0
No	269	81.0	81.0	100.0
Total	332	100	100	

Source: Field Survey Data (2017)

In two of the FGDs with the BWCs, the discussants indicated that the high percentage of caregivers who did not use the CT-OVC payments to buy sanitary towel for their girls was not due to lack of interest or due to social taboo associated with menstrual cycle but because of perceived active presence of the Schools National Sanitary Towel Programme in the sub County.

It was argued that the 19% of those who directly bought sanitary towels for their OVCs were in situations where their OVCs had not received any supply from the Sanitary Towel Programme in their schools. There was also a general argument in the 3 FGDs with the BWCs that the huge percentage (81%) of caregivers who did not buy the sanitary towels was due to the fact that discussions about menstruation period was not introduced for discussion in the community meetings.

Eleven of the OVCs interviewed (female) were engaged on whether they accessed sanitary towels on a monthly basis and the effect this had in their school attendance. Only 3 accessed the sanitary towels on a monthly basis while the 8 did not received the sanitary towel on a regular and monthly basis. To cope with this problem, the OVCs indicated that they either skipped school on the days they had their menstruation cycle or used skipped classes even when within the school environment. Even while at home, others used mattress stuffing and old clothes and rarely asked for assistance to avoid social stigma associated with it. One of the BWC members said:

Before the implementation of the National Initiative to supply pads and before CT-OVC was up-scaled, culture had for a long time labeled menstruation as dirty, forcing most girls to remain at home during their cycles. This affected their learning outcomes in the long run. With increased sensitization conducted by the female LOC members, this is progressively being appreciated by the caregivers but a lot more needs to be done. The girl child is high likely not to attend schooling than the boy child in my village. Sensitization is in most times conducted during household beneficiary targeting or upscale processes and so far, we have not been told that we can buy sanitary towels with this money. Mostly, as caregivers, we are left to decide on this.

According to the Children Officer, in Seme sub-County, the huge percentage of the caregivers who did not purchase the sanitary towels for the girls under their care was likely also to have been influenced by the fact that most of the public primary schools were actively benefiting from the national government initiative that was being piloted in the sub-County targeting more than 80 public primary schools including schools within the CT-OVC programme areas. The presence of the sanitary towel initiative in the sub-County was said to have been triggered by the widespread poverty in the location, village and household levels and the strategy to go through

school, was to promote retention. However, we lack data to verify whether the towels had increased OVCs' retention in school, at least for those caregivers that had used CT payments to buy them (sub County Children Officer, 2017).

On the other hand, seven out of the ten school head teachers indicated that they were receiving supply of washable sanitary towels from the government and other well-wishers, which included non-governmental organizations. They however noted that the support was not regular and therefore female OVCs (girls) were not be able to be retained in school throughout the term as some hid at home whenever they were on menstruation period. The findings also show that, even for caregivers with OVCs, sanitary towels were not their priority considering the meager financial resources they received from CT-OVC programme. This factor therefore is likely to have contributed to challenges of retention among the female OVCs.

The CT-OVC programme is likely not to have had significant contribution (looking at the 19%) in terms of financially empowering the caregivers to buy sanitary towels, an important item that influenced the attendance and retention of the female OVCs in school. The finding of this study agreed with Geertz et al. (2016) that in cases where resources are scarce, coordination of the respective programmes (i.e. the National sanitary towel initiative and the CT-OVC programme) should be encouraged especially where they can complement each other at the sub county and school level. This inter-policy linkage has a potential of increasing the outcome of the girl child accessing education.

4.7.2 Contribution of CT-OVC to the Purchase of School Bags

Provision of school bags is one of the measurable indicators for assessing the commitment by caregivers in improving access to education under the CT-OVC Operational Manual of 2013. School bags provide a healthy way for students to transport items to and from school or class. Therefore, assessing the contribution of the programme by looking at this specific indicator was important, particularly in providing a general understanding on whether this was an area of interest to caregivers and its contribution to attendance, and retention.

As the table below indicates, the study found out that 67.5% of the caregivers used part of the CT funds received to buy school bags for OVCs while 32.5% indicated they did not use the funds to buy school bags. In one of the FGDs with the BWCs, most of the caregivers bought school bags on a yearly basis. A participant in this group discussion argued:

The high percentage recorded by caregivers does not mean that all the OVCs in a household are always lucky to get a school bag. No! at times, out of three, you will find one who was in 2015 or 2016. From our meetings, every year, a caregiver out of the persuasion by the current children officer, got to buy a bag for an OVC but it is important to note that there are still a lot of OVCs without a school bags.

Table 4.5: CT-OVC payments supporting purchase of school bags.

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	224	67.5	67.5	67.5
No	108	32.5	32.5	100.0
Total	332	100	100	

Source: Field Survey Data (2017)

An in-depth interview with the school head teachers pointed out that schools in several instances exerted pressure on parents and caregivers to buy school bags especially for the youngest pupils. Although school bags were not a mandatory requirement by schools, they were treated as necessary requirements and one that would allow OVCs to feel like other pupils and reduce instances of book loss. The heads explained that most pupils are given text books by the school and past experiences showed that the text books got lost due to poor handling and lack of bags. The BWCs argued that the percentage recorded by caregivers appeared high because school bags were bought once after a very long time unlike sanitary towels or school books that had a shorter lifespan. “I have a child that has used his school bag for one and a half years now” said a member in one of the FGDs with the BWCs. In an interview with the OVCs, 19 of them said that their caregivers had bought them school bags while 6 did not. The study observed that the 19 OVCs that had bags had missed school attendance with an average of 2 days in the last term (September-November 2008) while the 6 with no school bags had missed school attendance with an average of 6 days.

This study looks at the provision of school bag as an indicator to influencing school attendance, an element that the baseline study by Alex et al. (2008) on the Kenya CT-OVC programme implementation did not capture. In a study by Muyanga (2014), on factors that influence the implementation of social transfer programmes in Kenya: a case of OVC-CT in Nginda location, Embu West District, she goes even further to argue that because of the programme, the caregivers could afford to buy school bags for the OVCs at least ones a year and the bags could be used for 2 to 3 years before new ones were bought. School bags as she argues, provided the OVCs with the means to carry their lunches, books, pencils as well as snacks. Similarly, observations were made in Seme under the CT-OVC programme showed that school bags were mostly used to carry books and snacks to school by the OVCs. This study therefore shows that not only did the bags provide a platform for the OVCs to carry materials and books, but also that there was a connection between availability of school bag and the attendance rate among OVCs.

4.7.3 Contribution of CT-OVC to the Payment of School Levies.

The challenge of paying for school levies and fees was identified as one of the main reasons why pupils were sent home by school administration. The study findings showed that by paying or committing to pay these fees and levies, the caregivers provided an 'alternative avenue' for raising additional funds for public primary schools. For instance, school levies and admission fees were being charged by the school administration on all pupils including the OVCs. Out of the total CT money spent on the education needs of the OVCs, 71.4% of the caregivers said that they used a portion of the amount to pay for 'school fees'. It is only 28.6% of the caregivers that did not use the cash to pay for 'school fees'. An interview with six out of the ten of the school head teachers revealed that majority of the parents were asked to pay for the cost of desks in the first year of the child's admission and caregivers were not exempted from this responsibility. At other times, they paid for teachers hired by the school board of management due to the shortage of teachers. Though these are payments made directly to the school, they were not recorded down as school fees or admission fees due to legal penalties that the school management could face from the ministry.

One of the school head teachers observed:

We know that we are not supposed to collect school fees, and we have told parents and caregiver that what they pay is not admission fees but levies and

when we send pupils home to come with the levies, they brand it as fees. Honestly, we need the money to pay board employed teachers and that's why you will definitely have the huge percentage of caregivers saying that they paid school fees. Remember, government always sends disbursement when it is very late and we must run the school otherwise it will close down if we exempt the OVCs from the payments.

In respect to school levies, 20.2% of the caregivers agreed they used the CT funds to pay for levies such as exam costs, to enable pupils engage in co-curricular activities, school renovations and development as well as for teacher motivation among others, while 79.8% said they did not pay for any school levies. One justification made in two of the three FGDs with the BWCs that attempts to explain the high percentage of caregivers who did not pay levies was based on the fact that most of them did not know what constituted levies, or what levies were and perceived any payment as "school fees".

Furthermore, one of the participants, a head teacher, in a Key Informant Interview argued:

Even though we need finances, rarely are children especially the ones who are orphans and vulnerable, sent home as we engage parents in negotiations to ensure that they pay the arrears once the CT payments are remitted. This approach has been successful in the past and most of the caregivers have so far been committal.

The Kenya Basic Education Act 2013 prohibits sending children back home due to failure of paying levies. However, payment of levies is still encouraged but ought to be regulated and payments being evident through an official receipt. The guidelines as contemplated in law are to be provided by the respective County Education Boards (CEBs) and approved by the Cabinet Secretary of Education. The fact that CT payments was used to pay for both fees and levies, irrespective of whether it was right or legally wrong contributed in keeping the OVCs in school.

While the Basic Education Act (2013) allows for schools to charge levies but prohibits the payment of school fees due to the fact that it is taken up by the National Government under the Free Primary Education (FPE) programme, two of the school head teachers admitted that because CEB was not yet active for consultation, they have been getting guidance from the sub-County Director of Education to come up with reasonable amounts for levies which are sensitive to the OVCs who are a majority in government schools. From the caregivers, 50% indicated that

they paid levies which ranged between 100 and 200 Kenya shillings depending on the school in question. The levies were paid on a termly basis to take care of the following costs: an average of 50 shillings per head for the Parent Teacher Association, average of 50 shillings per head for internal school assessment tests and average of 100 shillings per head for inter-school termly assessment tests.

An interview with the sub County Children Officer indicated that since CT payments were the main source of finance for most households with OVCs, there was a high possibility that the same CT payments were used to pay for these levies. The study found out from 7 out of the 10 school head teachers that levies were paid between the following periods: February, June, October and at times in December. It is important to note that the payment timing falls within the anticipated CT-OVC payment periods of August, October, December, February, April, and June (DCS, 2013).

The question that can be asked is whether or not payment of levies or school fees were some of the anticipated contribution of the CT-OVC programme to basic education. While the CT-OVC Operational Manual emphasizes on the promotion of enrolment, attendance and retention in the basic education sector among the OVCs, it does not provide for levies as one of the areas for spending the CT by the caregivers. Neither is school fees provided for in the indicators to look after during the programme implementation.

While the FPE programme is meant to promote the rights of all children including the OVCs on accessing basic education in government schools, Fleming (2015), argues that the CT-OVC programme only helps to complement and fill in the gaps by providing some form of subsidy (CT payments) to poor households. In deed, the study found out that because of the CT-OVC programme, the caregivers gained some financial ability to pay levies and cushion the OVCs from absenteeism in school. This is an important point because whereas the basic education law may emphasize on the need for every child to remain in school even when they are not able to pay the required levies, in practical terms, this does not happen. Schools employed strategies to ensure that majority of the pupils paid the levies in light of the challenges the respective administrations were facing.

4.7.4 Contribution of CT-OVC Programme to the Purchase of Shoes and School Uniform

While shoes and uniform are not a mandatory requirement in law for school going children, as a matter of school tradition, the two items have been considered a necessity with some schools still treating them as mandatory, a factor that has exerted more pressure on caregivers into prioritizing them. Based on the CT payments received throughout 2016 for instance, the study found out that 70.8% of the caregivers used part of the money to purchase school shoes, whereas 29.2% did not. According to an in-depth interview with the 25 OVCs, 18 of them indicated that they had being bought new shoes by the caregivers in the past one year. Seven (7) of the remaining OVCs indicated that they had been bought shoes but could not remember the year. *“My grandmother bought me the shoes last year. She said that she got some money from the government”* said one of the OVCs.

At the time of data collection, it was difficult to track whether the OVCs were still getting shoes bought from the CT money as there existed no tool both at the Sub County Director of Education or Children Office to coordinate the collection of such information. *“Therefore, the information collected from the caregiver is likely to be based on a one-off event”* said the chief, alluding to the fact that even with the high 70.8%, it still does not mean that all the OVCs had school shoes or shoes that were in good condition.

On school uniform, 73.8% of the caregivers indicated that they used the payments received to purchase them, while 26.2% did not. The study could not however establish whether the shoes and uniforms purchased were per household or individual OVC considering that there were more than one OVC in each household. From the findings derived from the caregivers, it suffices to mention that each household indicated having purchased at least a school uniform and shoes in the past one year. According to the FGDs with the BWC, the fact that purchase of shoes and uniforms by the caregivers was not a compulsory requirement, therefore such discussions and exchange of ideas were not given priority in their *barazas* (meetings).

In his study of the influence on cash transfer programme on access to basic education programme among the OVCs in Kwale where the programme’s conditionality attracted penalties for non-compliance, Tsuma (2010) argued that, within the free primary education (FPE)

programme, items like bags, uniforms and shoes were not a mandatory requirement and could not strictly lock out a child from accessing education. While primary schools in Kwale did not send the OVCs home for lack of such items, a discussant in one of the FGDs with the BWCs in Seme sub-County admitted that OVCs in her area have been sent home severally to get these items. For Kwale lack of these items (shoes and uniforms) only led to further discrimination of the OVCs by school administrations and fellow pupils, a factor that would still discourage regular attendance. What comes out in Seme is that the BWCs have failed to come up with decisions that could influence caregivers into buying school uniforms and shoes and as a result, prevent the OVC and other pupils from being sent home repeatedly to get these school items.

4.7.5 Contribution of CT-OVC Programme to Purchase of Text Books

According to the Kenya FPE policy circular (2016), under the School Instructional and Materials vote head, each pupil in a public school is allocated Ksh 731 divided into three tranches, 50% disbursement in the first term, 30% disbursement in the second term and 20% disbursement in the third term. Unlike school uniforms and shoes that are not provided for in the vote head, textbooks and exercise books have a vote head. In the second term of 2016 for instance, pupils including OVCs received a total disbursement of Ksh 219.30 per capita. Out of this, Ksh 62.57 was allocated to textbooks as well as Ksh 90.72 for exercise books. Even with this assistance from the FPE policy programme, the study found out that 75.6% of the caregivers still used the CT payments to purchase text books, whereas 24.4% did not. The study sought to understand why this percentage was high.

Table 4.6: The number of caregivers who used CT payments on textbooks

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	251	75.6	75.6	75.6
No	81	24.4	24.4	100.0
Total	332	100	100	

Source: Field Survey Data (2017)

It emerged from the key informant interviews with the school head teachers, sub County Director of Education and the LOC members that one of the reasons as to why many of the caregivers

ended up spending more of their CT payments to purchase textbooks was because the government under the FPE capitation grant did not supply these materials in time or during the learning period as per the school calendar. As pointed out by one of the school head teachers, *“many a times, the capitation grant delayed and we only received a circular from the Ministry of Education towards the end of the school term indicating the amount of grant sent to the two respective bank accounts (the SIMBA and General Purpose Account [GPA])”*.

According to 8 out of the 10 of the school head teachers, the delays in disbursement of the FPE grants forced them to ask the parents and caregivers to take up the costs of buying the textbooks. He noted: *“Most pupils are required although informally (without any written explanation), to buy a text book in any of the subject they have challenges with, but this is not mandatory”* said one of the school head teachers. This aspect played a central role in the high percentages of caregivers buying textbooks (75.6%) as schools coerced many of them into buying. The study found out that one of the strategies used by most schools to pressurize the caregivers in taking up the costs for buying the text books was by sending the OVCs home. A discussant in one of the three FGDs with the BWC members said:

We have had discussions in our barazas with the caregivers and they have complained for being compelled by school administrations to buy a text book in each of the main subjects. At times, school head teachers would recommend to the poor caregivers specific shops where these books can be bought from, while others even collecting the money from the caregivers and going ahead to buy the books from the suppliers themselves.

According to a report by the Wanzala (2016), even though the government allocated Ksh 10 billion for procurement of text books in the last three years, most schools across the country and particularly rural and slum based public primary schools did not have access to these materials. The report goes on to add that the head teachers played a key role in propagating the massive irregularities in the procurement of textbooks for public schools, with fraud ranging from forged signatures, delivery of phantom text books, overpricing and single sourcing. In Seme, the sub County Director of Education indicated that she was also faced with the same governance challenges and that this had widened the pupil –textbook ratio between 4:1 and 6:1 in public primary schools against the desired ratio of 1:1.

She explained:

The enormous corruption in the basic education sector has made the cost of buying these text books high, meaning that even if the caregivers bought them, they would buy them almost double the normal price in the market as schools have schemed ways of guiding parents to particular shops. With the CT payments being meager, this means that once a child has been sent home, then the caregiver has two options, either to exhaust the finances of that month that is within their reach, borrow, or to keep the child at home for more days as they look for other sources of getting money to buy these books.

The Seme Constituency Social Assistance Committee (CSAC) which is part of the wider national social protection programme structures helps to coordinate all inter-departmental and sectoral programmes contributing to social assistance in Seme sub-County. The structure brings together both the Ministry of Education and DCS officers, among other offices and is perceived important in coordinating the implementation of the overall Kenya Social Protection Policy. However, according to the Sub County children officer, rarely did the members of the CSAC meet to exchange information, create awareness especially in areas where caregivers were likely to be taken advantage of and share feedback in the various BWC meetings. As a body that ought to play a key role in sensitizing communities especially in new locations, lead the process of selection of enumerators to collect data for targeting new households into the CT-OVC Programme; participate in the validation of household lists; and to supervise the targeting process of new households (DCS, 2013), rarely did the members in practical terms, participate in these activities. The sub County Children Officer noted that the CSAC was more active on secondary school bursary matters than on other programmes.

Their inclination towards the supervision of bursaries is majorly supported by the fact that there was more pressure from the Ministry of Education for the structure to work on the secondary school bursary awarding processes. Nevertheless, in a Key informant Interview with the County Director of Education, the Seme's CSAC in 2015 made a decision to vet the procurement of text books in public primary schools where the ratio were extremely wide and where most of OVCs were schooling. Around 13 public primary schools were vetted and the outcome with regards to pupil book ratio was 1:5 across all main subjects, meaning every one book bought by the FPE capitation grants was shared by five pupils. The finding of this exercise was nevertheless shared with the BWCs in a bid to create awareness of the problem and to allow the structures to

ventilate on possible solutions both within the reach of the caregivers and other relevant government programmes. The sub-County Education Director explained:

The vetting may have brought out a new governance and management problem which could easily keep the OVCs at home and which CSAC had to deal with going forward. Although efforts were made to get school administrations to explain why there were no books bought by government using tax payers money in the shelves, little did the CSAC pay attention to the contributions of caregivers and their struggles in buying the same or similar text books, especially in schools where the administration took advantage of their ignorance.

The study found out that absentism in school is largely because the OVCs among other pupils were often sent home for simply failing to have the needed text books, pressurizing as many caregivers as possible into buying these text books. The CSAC therefore must define her mandate, work on strategies for protecting OVCs to remain in school while acting as a body to share some of these challenges with other departments like the Ministry of Education as well as donor partners in efforts to leverage the situations. This is important as their role in the CT-OVC programme has not been assessed before in respect to basic education.

4.7.6 CT-OVC Programme Contribution To OVCs with Special Needs on Access Basic Education

One of the challenges of implementing the CT-OVC programme is the integration of OVCs with special needs especially, physical disability. The CT-OVC programme having been informed by the need to address the challenges of OVCs amid poverty and HIV/AIDs, not much in terms of implementation has focused on possibilities of looking at households that have OVCs with special needs. Specifically, the CT programme does not provide education benefits to children with mild disabilities yet this group of children do not benefit from the Cash Transfer for Persons with Severe Disabilities. The CT-OVC programme is also structured in a way that the households can only receive one form of cash transfer.

According to the Seme Sub County Director of Education, the Ministry has been disbursing an extra Ksh 2,000 per year per capita to pupils including OVCs who are physically challenged in order for public primary schools to procure materials such as braille, computer magnifier for children with visual disorders as well as speech generator for children with severe disabilities or

autism among others. These aids were said to be expensive for the CT payments to afford them and therefore did not contribute to enrollment, attendance or completion of school for this group. *“We have materials that the school provides for us to use like braille. But the braille machines are few, so schools borrow from each other. I also borrow my friends from time to time’ as my grandmother cannot afford to buy me one”* said one blind OVC in an in-depth interview.

Through an observation in 3 out of the 10 school that allowed the study to verify whether there were learning materials, the study found out that braille was the most commonly used special needs materials especially for english and, Kiswahili subjects. From the 3 FGDs with BWCs, the discussants indicated that that learning aids such as braille and personalized wheelchairs were also not easy to purchase especially for the OVCs who were blind or physically disabled. *“Some children cannot use desk and may need wheelchair or furniture that is friendly to them. However, they are expensive and this has locked out a lot of OVCs with disability from attending school”* said one discussant in the FGDs with BWCs.

The BWC members affirmed that it would not be fair to leave the burden of purchasing these materials with the poor caregivers who depend on CT-OVC programme as their main source of income. The lack of an Educational Assessment and Resource Centre (EARC) in Seme which mainly helps to identify, assess and refer handicapped children for appropriate services was said to affirm on the challenges of lack of essential services by the two tiers of government. As a result, therefore, most OVCs with special needs could not be assessed for appropriate referrals and assistance in accessing education. They were therefore not enrolled in schools as there lacked advisory services and information to recommend on rehabilitation equipment that schools could buy. This is an aspect that the CT-OVC programme could not help much with but hope to rely on interventions by other programmes and policies.

One area chief said:

While the basic education law encourages the integration of children with special needs with others children, and spells out the right of any school going age to access learning institutions, but due to lack of progressive action by government to work on the supply challenges facing OVCs with special needs, these children will still miss school because the environment is not friendly, irrespective of how much the sub-County Children’s Office tries out.

This finding agrees with a technical Brief by the USAID (2014), which argued that OVC especially the ones with disability(s) were more likely to benefit less in CT-OVC programmes. To deal with this problem, there is need to review the National Social Protection Policy and initiate policy discussions on how the different social protection programmes could work in close collaboration to implement the National Government's commitment of ensuring that learners with special needs and disabilities have equal access to quality and relevant basic education. Presently, there also lack adequate data on children with special educational needs in Some sub-County.

Currently, there lacks a policy framework which can lay the infrastructure in schools and advance the rights of the OVCs with special needs and disabilities. The National Government of Kenya is yet to approve the 2009 National Special Needs Education Policy Framework. While the DCS may not be able to do much while implementing the CT-OVC programme to assist this category of OVCs, the department can spearhead discussions with different stakeholders at the sub-County, County and National level in a way to attract room for collaboration in efforts to address the identified inadequacies.

In conclusion, while there are significant achievements made by the CT-OVC programme to increase element of education access, in particular attendance and retention, it is important to note also that there have been numerous challenges. With the programme meaning to promote enrolment, attendance and retention of pupils in school between the age of 4 to 17, it also faced challenges in several ways. Firstly, it failed to inform programme scale ups on the problems relating to access to items like sanitary towels.

The study also found out that most of the caregivers bought school bags on a yearly basis, but only one of the OVC in that household would be lucky, while the rest would still use paper bags or their old torn bags. Furthermore, in situations where a caregiver could not afford to pay for admission fees, then she or he would be presented with the challenges of delayed enrolment of the OVC in school.

On school shoes and uniform, the fact remained that even though it was not mandatory for pupils to go to school in uniform and black shoes, schools still treated them as ‘mandatory’, a factor that pressurized caregivers into prioritizing them with their meager CT funds. Access to school without uniform led to immediate discrimination against the OVCs who would be sent home in most times. On text books, caregivers ended up spending more of their payments to purchase them because of delayed FPE capitation grants but this effort even though not ideal, helped to retain OVCs in school. Supply challenges in the basic education sector meant that learning materials could not be purchased for the OVCs with special needs and disabilities and if purchased, the materials were still inadequate and marred with delays. Even with the challenges as narrated above shows, the study on the programme contributed to the OVCs accessing basic education the study concludes that the achievements were more than the challenges

CHAPTER FIVE

POLICY SUSTAINABILITY OF GOVERNMENT SPONSORED CT-OVC PROGRAMME ON ACCESS TO BASIC EDUCATION

5.1 Introduction

As discussed in chapter four on the achievements of the programme, there are four specific objectives that inform the implementation of the CT-OVC and one of them is access to basic education. Due to the challenges faced by OVCs, the government protects them by providing such social assistance to address unique challenges that can easily be ignored but still affect their ability to access to basic education. The attainment of basic education is important not just for OVCs but all the children in Kenya as it provides the core foundation for future investment and a gate pass to combating abject poverty. The achievements of CT-OVC programme requires not only for the same to be documented but also to be examined through a policy mirror of what is working and what is not. Such an approach provides useful information to public policy decision makers. If proper mechanisms are put in place and the sustainability of the CT-OVC programme ensured, then such a process can greatly secure the achievements that have so far been realized in support of basic education and vice-versa. An analysis of the programme implementation and coordination is therefore an important aspect of policy assessment and can help understand the sustainability of the activities of CT-OVC on their basic education needs.

Policy sustainability remains a pertinent factor in the implementation of the CT-OVC programmes although a study by World Bank (2009) shows that many African countries cannot sustain social protection related programmes above and beyond donor support. Policy sustainability, especially of the CT-OVC programme means looking at the ‘process and outcome’. The ‘process’ entails specifically looking at the approaches of implementing the programme, flexibility of the programme to be modified especially during the implementation phase to keep it in line with her objectives, the type of structures and human resource and whether they add value in their current state in meeting the programmes objective, the state of the budget and funding sources, as well as timeframe of the project. Timeframe is important as any policy is based on a given timeframe by which the problem needed to have been acted upon. These processes had a direct and indirect influence on the ability and capacity of households to

eventually enroll, retain, transit or help OVCs to complete schooling. The ‘outcome’, in this study entailed specifically looking at whether the process approach had provided room for OVCs to attend, transit and complete their primary school education.

This fifth chapter therefore analyzed the policy sustainability of the CT-OVC in respect to access to basic education by the OVCs, looking at the question of dependency and inter-dependency, CT-OVC programme and donor funds and the consequences of such support on the education needs of the OVCs, general funding of the CT-OVC programme as well as implementation, coordination and communication of the same in light of access to basic education services by the OVCs.

The findings and discussions under this chapter were based on interviews with the school head teachers, area chiefs, selected OVCs, LOC members and the education and children officers. Information derived from the interviews generated discussions to understand the sustainability of the CT-OVC in the current form and in the long run. Some of the key concerns were therefore on budget, planning and implementation, coordination and beneficiary ownership among others. Focus group discussions as well as computation, ranking of averages and frequencies were also employed. In addition, secondary literature was used to support some of the arguments made during the analysis of policy issues. The need to engage the children (OVCs) was to integrate their voices and views into the programme as the primary beneficiaries.

From a key informant interview (KII) with the Seme Sub County Children’s Officer, the number of OVCs has risen from approximately 48,350 OVCs documented in 2014 to 97,754 by December 2016. This trend is worrying as the current household beneficiaries (with an assumption of 3 OVCs per household [5,901]) only represents about 6% of the total OVC population that is in need of social assistance initiatives (Social Protection Secretariat, 2017). If resources for CT-OVC programme stagnate, then it means that the percentage will decrease even further increasing the gap in terms of the beneficiary and non-beneficiary OVCs.

To understand whether the activities of CT-OVC geared towards basic education can be sustained or not, the study discussed the various findings in the subsections below:

5.2 Dependency and Inter-Dependency and How it Affects the Sustainability of the CT-OVC Programme

The increasing number of OVCs attracts a clamor for more financial and management support. These two (financial and management/human resource) are key among the resources that are meant to absorb beneficiaries into the CT-OVC programme. The study observes that the two resources, among others, are contextual and fluid and this means that the implementation of the social protection policy and in particular the CT-OVC programme in Seme has become more donor dependent as time progresses. Presently, the programme has spent more than half a billion Kenya shillings in Seme within a span of 5 years since 2011 on the beneficiary households with half of the funding coming from Unicef and DFID (KII with the Seme Sub County Children Officer). The study further observes that there is no evidence that the implementation of the CT-OVC programme has created a significant or long-term social-economic transformation, even though this is a key sustainability factor which can increase the capacity among households towards access to basic education. On the contrary, the study found out that the CT payments in Seme sub-County had to a larger extent created a dependency problem among the beneficiaries and this was on the rise.

The findings from the caregivers revealed that 257 out of the 332 caregivers (77.4%) had not diversified or added newer sources of income between 2011 and 2016. In an FGD with the BWCs, it emerged that the main reason for the failure by caregivers to gain more avenues or sources of income was based on the fact that the CT-OVC programme appeared rigid to involve the beneficiaries in the planning and implementation phases. The study observed that the caregivers were rarely engaged with the DCS to identify strategies and networks during planning that could sustain access to basic education by the OVCs. Because of lack of their involvement, they were left to merely consume resources brought to them by the government.

Table 5.1: Years benefited from the CT-OVC programme

Years of being a beneficiary	H/H-frequency	Percent	Valid Percent
2-3 years	40	12.0	12.0
4-5 years	120	37.0	37.0
above 5 years	182	51.0	51.0
Total	322	100.0	100.0

Source: Field Survey Data (2017)

The Table 5.1 shows the number of years the households indicated as having benefited from the CT-OVC programme. More than half of the caregivers (51%) indicated that they have benefited from the project for more than five years, while 37% of the caregivers indicated that they had benefited from the project in between 4 and 5 years. Last but not least is that 12% of the caregivers indicated that they had benefited from the project in between 2 and 3 years.

The focus group discussions with the BWCs indicated that the CT-OVC programme had created dependency syndrome among the beneficiary households in Seme, especially those that had been in the programme for a long period. This is contrary to one of CT-OVC programme pillars, which was to help promote human capital development of OVC to help as many of them as possible to break out of the poverty cycle and dependency (Davis, Dewbre, Federighi, Handa and Winters, 2012). Even though the payments were designed to be low to minimize overdependence, most of the caregivers resulted into borrowing to keep up with demands from the OVCs upon enrolment in primary schools. *“Small things like sanitary towels or lack of uniforms would demoralize most of the OVCs from attending schools and therefore buying such was considered important”*, said one of the LOC members in a key informant interview.

The CT-OVC programme is managed by the Central Programme Unit (CPU), housed under the DCS and which is headed by a unit Coordinator. The Coordinator manage and supervise the day to day activities of the programme and reports to DCS. Apart from managing the CT-OVC programme, the CPU also coordinates and plans the activities of the OVC-CT Programme. The programme has four main areas namely: Operations, Planning and Evaluation and monitoring, Management Information System and Administration and Finance. The operations unit as per the CT-OVC Operational Manual (DCS, 2013) ought to have one officer per five districts (presently,

sub counties) who works on fulltime basis for the programme. As per the CT-OVC operational manual, every sub-County Children Office (DCS) ought to have one or two Children Officers in charge of the administrative aspects of the programme and to coordinate significant logistics processes. The sub-County Children Officers at the District (Sub County) serve as a link between the CPU and the entities providing health, education and civil registration services, and the beneficiaries. According to the operational manual, they ought to monitor compliance and report back to the CPU.

The current structure means huge consumption by the CPU and DCS seconded staff, especially on logistics, salaries and per diems or allowances. The percentage that goes into such consumption is arguably higher compared to the amount used as direct CT to the intended beneficiaries. Data collected from the sub County Children Officer for Seme (2017) illustrates that in the financial years 2015/2016 and 2016/2017, approximately Ksh 28.5 million and Ksh 30.4 million were spent to meet the programme running costs and technical assistance in Seme sub County alone against 42 and 46.8 million shillings that was directly disbursed as CT payments within the same financial years. It is important to note that the running costs and technical costs were exclusive of the costs accrued for contracting Banks and any other service providers to provide services in the sub County.

Even with the above challenges that depicts dependency, the study noted some positive form of interdependence and progress. Two area chiefs argued that some of the households that had benefited for two or three years are the ones that had set up alternative income generating activities (IGAs) such as dairy goats, sheep, poultry and rabbit projects and, retail kiosks to help them sustain their livelihood. Emerging from the newly recruited beneficiary households was their ability to work around the programme rigidity taking advantage of the CT payments to provide the capital for most of the households to venture into Income Generating activities (IGAs).

This strategy although not envisaged in the programme, was argued by two of the areas chief interviewed as key informants to have successfully helped households overcome liquidity constraints and maximize the opportunities to sustain the OVCs in school, especially whenever

payments of school levies was required. In an interview with the school head teachers, 5 out of the 6 who had attendance data of the OVCs, they argued on having received more financial support from the newly recruited household caregivers. The support together with other parents allowed the school to participate in extra-curricular activities which included sports and drama festivals. This relationship where the CT-OVC provided funds to poor households, who then used the same to generate opportunities for more funding, and in the long run strengthen the relevance and impact of the programme is what the study labels as inter-dependency.

In his study of the political economy of cash transfers in Zambia, Habasonda (2009) argued that long periods of CT-OVC programme implementation led to the over-reliance of the programme for financial support, rather than individuals increasingly becoming self-reliance; a pointer towards dependency. He further refers to a Minister of Finance in Zambia who expressed his reservations with the CT-OVC programme by arguing that it gave a false sense of assurance to children from poor households that they may grow up believing that it is fine to be poor because the system will take care of them. Nonetheless, while his study gave a general impression of dependency, this study brings out evidence and connects it to the basic education sector and the outcome the programme can create when it adapts a less rigid and inter-dependent approach, especially in sustaining the education needs of the OVCs.

As a way of encouraging inter-dependency among the beneficiaries, the County Children Coordinator stated: *“we asked most of the beneficiaries recently enrolled in Seme to use the CT payments to start off IGAs especially those who can, as we realized that donor fatigue was setting in despite their huge funding support”*. According to the Social Protection Secretariat (2018), there was a significant drop in the funding of the CT-OVC Programme in 2017/2018 which was 5.2 billion Kenya shillings a drop from 12.4 and 11.2 billion Kenya shillings in 2015/2016 and 2016/2017 respectively, signaling less donor fund contribution. As literature by, Davis et al. (2012) already indicates, in the Zambian case for example, receiving a goat and not money was seen as much more worthy than money even when the money was equivalent to the cost of the goat. However, a decision to integrate IGAs as key policy aspects into the CT-OVC programme has to be made by the DCS especially as a way of also encouraging sustainability of specific objectives such as basic education.

Seemingly, the study through the three FGDs, found out that households had increasingly attempted to engage in IGAs as per the advice received from the government officials. In Otwenya and North West seme for instance, the BWCs had organized the households in groups of 8 to 15 where they had started poultry projects and raring of rabbits and goats. They sold their products in neighboring schools and in the local markets. The saving and investment scheme had the same semblance of any other saving and investment scheme where the profit generated got to be ploughed back to the IGA and a certain percentage allowed to be given to a specific household within a month through the approach of a merry-go-round. This technique was argued to have helped a lot of the caregivers' access money to support the educational, nutrition and health needs of the OVCs. A chairperson to one of the BWCs in an FGD session said:

We were challenged by the DCS to be creative and enculture the idea that if the project does not come to an end soon, still some of the households will be required to leave the programme once all the OVCs under their care reach the age of 18 years and above. So, income generating activities would be key and with no other alternative, the CT transfers would form the only capital where households would come together in groups and start joint ventures, therefore sustaining the outcomes produced by the CTOVC programme.

5.3 The Challenges of Elderly Caregivers in Sustaining the CT-OVC Programme

The old age of many primary caregivers has a major implication on the future support of basic education among the OVCs, a factor that speaks to an issue of sustainability. This study observed that even though the caregivers were important, most of them were growing physically weak to participate in projects and initiatives that could generate or strengthen their own livelihood systems. The livelihood systems under the auspices of the income generating activities was deemed by 102 of the caregivers an important improvement and sustainability element. However, the same was only tried out by caregivers between the ages of 25-40 especially those in the newly enrolled households.

According to the sub-County Director of Education in Seme, while the CT-OVC programme appeared somewhat rigid, the elderly caregivers made it even hard to unclog some of the challenges faced by the OVCs in school including lack of representation in school meetings. The study found out in the 3 FGDs with the BWCs, that the absence of caregivers in such meetings

led to school administrations discriminating against the OVCs. This factor specifically contributed to irregular school attendance and eventually affecting the academic performances of the affected OVCs. In an in-depth interview with the OVCs, 19 out of 25 of them indicated that their caregivers were elderly (grandparents) and only 6 out of the 25 indicated that their caregivers attended school meetings in the last one year even after passing the message to them. Alex et al. (2010) in their evaluation of the Kenya CT-OVC help to paint a picture of a vast majority of OVCs who are total orphans and most commonly cared for by grandparents (elderly caregivers).

5.4 Lengthy Funding Process to the Implementation of the Government Sponsored CT-OVC Programme

The Kenyan Government has gradually increased funding for CT-OVC in Seme from 15% in 2012 to 45% by end of 2016. The rest of the money is sourced from donor communities such as the Unicef, World Bank and DFID (KII with the Sub County Children Officer). The funding by government is argued to delay CT payments at the locational level particularly when scale up is conducted and new beneficiaries identified due to lengthy funding processes. According to the Seme sub-County Children Officer, the process of payment takes time because there are thousands of households enrolled while the DCS and the CT-OVC secretariat staff that can work to transfer field data into electronic data, especially staff that can work using the Management Information System (a system that helps to improve on the accountability and transparency aspects of the programme) are few and all are centralized in the CPU. The Children Officer argued that because of the few skilled human resources that can work on electronic data and the MIS, verification and approval of payroll/payment lists of the beneficiary households, the process of payments often delayed.

An interview two LOC members helped highlight the role they play in implementing the CT-OVC programme. Apart from leading the enumerators in the targeting and recruitment processes, in ensuring compliance with co-responsibilities, and in case management et cetera, the other important role they played in collaboration with the sub County Children Officer and other programme structures was to monitor CT payments to the beneficiary households (DCS, 2013). The study found out from the 4 LOC members that the CT payments did not come in time as per

the stipulated Months of disbursement and this had consequences especially in areas where the caregivers were to spend the funds in meeting the needs of the OVCs; areas such as the basic education. In circumstances where a caregiver failed to pick their payments in 3 to 4 subsequent payments schedules, the process of getting them back after correcting the problem (which in most times had to do with poor communication) was deemed lengthy. This reduced even further the financial capability by caregivers to sustain their support for OVCs.

This is a very painful and lengthy process where documents are repeatedly lost and certain procedures of verification and confirmation delayed for five-to-eight months. The delay can be worst if a new financial year begins and the verification process in Nairobi was not concluded” said one of the LOC members.

According to Mwoma and Pillay (2016), in their study of the educational support for orphans and vulnerable children in primary schools: challenges and interventions in Soweto, South Africa, the times when the caregivers struggled to put food on the table was when the processes of CT payment delayed with a month or two. This meant that they also lacked the finances to meet education related obligation that demanded financing with approximately 65% of the OVCs skipping school and at times, failing to completely to attend school for weeks. This study found from the caregivers that 22% of the households had witnessed at least one OVC dropped out of school because of protracted delay in disbursing CT payments and therefore inability to access education materials and items needed in school. Some of the newly enrolled household waited for 5 to 8 months upon verification to receive the funds, most of the OVCs in such households dropped out of school to fend for their families, affecting the overall contribution of the CT-OVC programme to access to basic education.

5.5 Programme Funding and the Implementation of the CT-OVC Programme

The study observed that while government share of funding was gradually increasing, donor funding was decreasing, an aspect that was pointed out by the Kisumu County Children Coordinator as a big challenge to the implementation of the CT-OVC programme in Seme Sub County just like other sub counties. About 6% of the OVCs are presently benefiting from the programme out of the remaining OVCs in the sub-County (Social Protection Secretariat, 2017). Any decrease in donor funding creates anxiety among the BWC members, as it means that their

exit if not well planned may affect the 6% and others who are indirect beneficiaries. Many times, the government had proven that they were still not prepared to take up the funding gaps that would be created with the departure of any of the present donors.

The amount received from the Government of Kenya was majorly an outcome of intense lobbying at the national level by Non-State Actors led by children focus civil society organizations and women members of parliament (NGEC, 2014). The funds received from the donor community was however based on lobbying by the Executive arm of the National Government in line with global commitments to support safety nets programmes and to promote Education for All commitment in poor countries. The only challenge with these funds is that they came with conditions that suited best the donor, and as a result, has influenced the amount of financial support received for the CT-OVC on a yearly basis.

While the sub County Children Officer admitted that there was an increment in the CT grants in general for Somebody from the donor community (Unicef and DFID) and from the Government of Kenya, she argued that they did not have a monitoring tool to track how much of the CT payments contributed directly to addressing the basic education needs of the OVCs. The same challenge of lack of a monitoring mechanism was also argued by the sub County Director of Education in Seme as a setback. She indicated that because compliance was not strictly enforced, it equally implied that monitoring would not be strictly adhered to, including the development of the relevant tools. In an attempt to clarify and give more contexts on grant increment, the Seme sub-County Children Office stated:

In 2013, the funds that we received had increased by 4% from 2012. In 2014, the increase was 3.7%, while in 2015, the funds increased by a further 3%. There was a slight decrease in 2016 by 2.8% less that of 2015. Let me not comment for 2017 as we are yet to receive an official communication of the funds disbursement analysis, but in general, there has been an increase in funds allocation. The introduction of scale ups where new beneficiary households have joined the programme alludes to the fact of an increment in funding. More so, where new households have joined, primary schools in that area have reported increased enrollment, case example include Ndiru and Ojola primary schools where scale ups were done in the surrounding communities. Nduri primary school saw an increment of 40 more pupils in 2017 January compared to 2016. Approximately, 32 of them were OVCs.

In an interview with both the County Children Coordinator and County Director of Education, there were indications that during the implementation process, some donors preferred the CT programmes spending on areas such as civic registration, health care and food security spending compared to basic education. The argument with many donors was that the FPE grant as a pillar programme in the basic education sector and if implemented appropriately, should be able to take care of the basic education needs of the OVCs and therefore lessen the constraints faced in the implementation of the other components of the CT-OVC programme. To these donors, things like shoes, uniform, ability to access meals by the OVCs, school bags, the constraints of the poor households paying for levies were not a serious point of concern.

According to the County Director of Education, while his office was mandated with the primary responsibility of implementing the Basic Education Policy which looked at the supply side, including factors such as whether public primary schools had enough Teachers' Service Commission (TSC) employed teachers, whether the school learning infrastructure/facilities were done to the required approved standards by the Ministry of Education, whether learning met the minimum standards set out by the Ministry of Education and whether tuition and admission fees were paid by the National Government in time to close the likelihood of school administration mounting that burden on poor parents among others. He argued that the CT-OVC programme looked at the demand side of basic education, to mean, that the programme contributed primarily to the promotion of the right of the OVC to access basic education.

To this end, the two policies would compete for budgetary allocation, leading to budget reductions and where appropriate modifications. From the key informant interview with the County Director of Education, the study found out that the reductions and modifications would eventually affect the amount of fund to be received to implement the different policies. Of course, this also depended on the support from parliament as well as the prevailing area of interest by the government in terms of priorities. Increase the budgetary allocation in key public policies was encouraged although the range in terms of the increment and the base of the budget would significantly differ. According to a budget analysis by Kinuthia and Lakin (2016) the basic education policy received more funding than the national social protection policy. Even though both benefited from the increment, the basic education received an allocation of Ksh

339.3 million in 2016/17 an increase from Ksh 336.3 million in 2015/16 financial year. On the other hand, the social protection merged with culture received an allocation of Ksh 33.7 million in 2016/17 financial year an increase from Ksh 31.5 million in the 2015/16 financial year (Kinuthia and Lakin, 2016).

One of the challenges with the CT-OVC programme as a component of the social protection policy was the funding approach which entailed a lengthy government red tapes that led to disbursement delays in 2016 and 2017 affecting the timing in which the beneficiary households collected their CT payments. The effect of the lengthy red tapes was felt severally in Kisumu County at large and in sub counties such as Seme where some of the enrolled households would substantially receive their CT payments after four months instead of the stipulated 2 months.

The County Director of Education said:

These are the months where the DCS at the Seme sub County reported that to us that children and in this respect OVCs were being sent home as they could not afford to pay levies. We try to intervene by disciplining the schools, but you can imagine how many cases we have to deal with especially when it comes to balancing the question of parents paying reasonable levies to keep the school going and having the children in school but with very poor quality standards of learning.

In response to the change in approach, more African countries have expressed the need to be financially assisted to improve on their social protection and assistance systems so that they can be efficient (Tom and Sam, 2015). Yet, past experiences by the international community illustrate grand corruption especially the misuse of donor funding. An example was the Kenyan government case where in 2009, the Ministry of Education was accused by DFID for embezzling 4.6 billion Kenya shillings meant to free primary education (Wafula, 2013). This specific incidence point to the grave challenge of addressing graft that slows down the implementation of key programmes like the CT-OVC, or completely makes the programmes less sustainable in the long run.

5.6 CT-OVC Communication and Coordination Structures at the Community Level and their Role in Basic Education

Information about the CT payments flows from the CPU through the Area Advisory Council (AAC). This is the entity that oversees project implementation at formerly, the district level to the sub-County Children Office. Thereafter, the information is conveyed to the LOCs who were given the responsibility for coordinating home visits and awareness sessions carried out with volunteers, on the main objectives of the programme. This has currently been left to the BWCs (DCS, 2013). The role of the chief in respect to communication and coordination under this programme is not formally documented in the Manual except for their usual responsibility of coordinating National Government services at the community level.

The study observed that the area chief was nonetheless an active stakeholder, and participated in the enrolment phase of households into the programme and subsequently communicated, the timings for the CT payments and the venues where the payments will be taking place. The chiefs used their own open forums or “baraza’s” to relay information regarding the CT payments. *“We try to engage the BWCs by invited them to our meeting and passing the information back to the Seme sub-County Children Officer. Our roles are always limited as we do not have sufficient trainings on basic education issues”*, said one chief.

The study findings also revealed that the CT-OVC programme implementation at the sub-County level, did not have a well-developed community level coordination and communications mechanism. For instance, there was a huge disconnect between the BWCs and the DCS in terms of the issues slated for discussions and issues actually being discussed for awareness creation purposes in the community baraza’s.

According to sampled bi-monthly CT-OVC programme implementation reports (2016 and 2017) by the sub-County Children Officer, the agenda repeatedly explored in the BWC meetings was one that shared on whether co-responsibilities were being implemented in general, whether payments were done according to the payroll list, monitoring of complaints, general plights of the caregivers and last but not least, discussions on financial assistance from and well-wishers.

Rarely was agenda designed around how caregivers would assist the OVCs in contributing to the realization of their education needs. A discussant in an FGDs with the BWCs said:

In most of the BWC meetings, the agenda was either to share on a new list of beneficiaries, complaints from caregivers on CT payment delays or to discuss on the entry of new payment points or exit of the existing ones among others. Because we report to the children officer on the state of the OVCs when she attends our meetings, there are no other channels that can make our communication regular. We did not have much of our agenda to discussing the specific problems that acted as impediment for OVCs in access to basic education. Perhaps that was because we did not have information exchange on the same.

It also emerged that the County Children's Department in Kisumu was not aware neither did they have a project management system populated with real time data on the attendance of OVCs in public primary schools at least for the participating schools. Some Sub-County Children Officer only communicated with the sub-County Director of Education Office on needs basis of the OVCs in the respective schools i.e. upon the OVCs being sent home because of lack of text books or levies et cetera. The Constituency social assistance -Committee (CSAC) or the Area Advisory Council although imperative structures, were not utilized by the DCS to generate solutions to the challenges faced. Furthermore, most of the communication between the two officers (sub County Director of Education and the sub County Children Officer) was made through paper work and not the Management Information System (MIS). This is despite the fact that the Social Protection Policy (2011) advocated for the development of a fully functional Programme MIS which could be used to close any gap in communication and equally enhance information access or reach.

From an interview with the County Children's Coordinator, the role of the County Office was to supervise the sub Counties to ensure that the objectives of the CT-OVC in general were being actualized, but rarely directed or managed the programmes' activities at the sub County or community levels. The development of the communication and coordination channels was done between the CPU and the sub County offices (former districts). The County Director of Education argued that there was no formal structure at the county level for engagement on matters of CT-OVC, especially on issues that affected access to basic education by the OVCs.

This was to some extent driven by the fact that they did rarely receive any education related issues based on referrals to act upon from the respective sub County offices.

The County Director noted:

The fact that we do not get regular information from all the seven sub counties on the state of affairs, means we cannot do much to influence policy discussions with other county level stakeholders including the Kisumu County Government. When an issue of supply like lack of text books in schools prevents school attendance, whereby the trend is to send home OVCs to buy them, we need to know of such cases, so that either we address it with the schools or find out why the government cannot provide these text books, particularly if they are listed as the main books for academic learning.

At the sub-County level, the study observed through the CT-OVC programme implementation reports by the DCS (2017) that referral of cases was discussed by the sub County Children and the Education Officers based on a case by case meetings arranged between themselves and not necessarily following the established channel which ought to be through the CSAC (DCS, 2013). For instance, in the case of a child not being able to get a birth certificate (a requisite document used during enrolment in school), and this matter remained unattended for three months, then it would be discussed and a resolution agreed upon and passed on to both the primary school administrations or the caregivers for action.

It is apparent that unlike the Hunger Safety Net Programme (HSNP) which has a 2014-2017 communication strategy and plan that shows institutions tasked with communication and the approaches to be used in the communication is achieved between the programme and beneficiaries as well within the partners, the CT-OVC programme lacks a formal communication strategy to provide similar guidance. The only attempt made to formalize communication in the CT-OVC programme is where under the operational manual, there is a Central Programme Unit which is tasked with communications of the programme. The communication in this case is largely on the programme milestone and not the day-to-day flow of information through the established programme structures.

From the KII, 7 out of the 10 school head teachers said that they were aware of the existence of the CT-OVC programme. Out of these 7, 5 confirmed that they had established communication

channels between their schools and the sub-County Children's Officer to facilitate follow up on the attendance data and progress of the OVCs, although the structure is still informal. The other 2 school head teachers indicated that there was not a properly established channel to ensure continuous reporting. The remaining 3 school head teachers out of the 10 school head teachers who were not aware of the programme indicated that if well guided, they could still be able to prepare and share enrollment, retention and completion data of OVCs with the respective government institutions.

Communication and coordination are usually the most challenging aspects of policy implementation (Mwoma and Pillay, 2016). Usually, institutions heading a policy implementation role, tend to work devoid of other institutions and structures that the implementation of the policy also relies upon. The consequences of such weakness is that information which can help to improve the outcome, only gets to be discussed during review workshops, where the impacts are least, unlike discussions through the set inter-programme coordination and communication channels (Tom and Sam, 2015).

Even within a lead institution implementing a policy framework to meet set objectives, horizontal coordination and communication especially at the local or community level has been argued in the study to be weak. There is also the vertical communication and in this case, means communication between the PMU at the CT-OVC secretariat down to the sub-County Children Office. The study showed that information or data collection at the community and household levels to guide planning as well as modification of programme implementation was easily availed through the vertical communication channel. The problem was in the details of the data collected. An observation of the CT-OVC implementation reports by the sub County Children Officer showed that collection of data from the participating schools especially data on OVCs in respect to their percentages and where possible numbers in attendance, retention and completion was not available even though these were the main indicators for measuring programme success on access to basic education as provided in the CT-OVC programme manual, 2013.

A study by Barrett and Kidd (2015) on the design and management of cash transfer programme comes close to explaining the relevance of communication and coordination of information

through programme structures. They argue that public communication can help maximize the impact of cash transfer programmes by altering the behavior of beneficiaries; encouraging recipients to send their children to school and have regular health checks. While their emphasis was on communication and coordination and how it plays to create the right impacts among beneficiaries, this study looked at the details of the communication and information flow within the programme structures and how the coordination was done as well as the challenges that followed. The study concludes that in Seme sub County, there lacks a well-functioning community level coordination and communication mechanism and some of the structures such as BWCs and the CSAC did not engaged on formal basis to address the education needs of the OVCs unless upon special request and insistence from the Seme sub-County Children Officer.

5.7 Influence of funding Partners On The Utilization Of The CT Payments

Concerned by the aggressive increase in the high number of orphans and the vulnerable children after the launch of the CT-OVC programme by Government of Kenya and Unicef in 2004, DFID was convinced on the need to support phase 2 of the CT-OVC expansion which began in 2008. DFID rendered her support to the programme by channeling her grants through Unicef which equally channeled the grants through the government financial management system but supervising the financial reports and accounting the same back to DFID.

The finding reveled that grant contribution to government by DFID – a new entrant in Seme sub-County was used purposely for up-scales. From an interview with the children officer, it is the additional grants received from DFID that provided support to an extra number of OVCs targeted during programme upscale exercises primarily in South West and Otwenya locations. From table 4.1 in chapter four, under the column for the numbers of beneficiary households, it comes out that the two locations had the largest number of the household CT recipients.

More emphasis was placed by DFID on the need for the CT-OVC programme to complement the FPE in respect to access to basic education an illustration of direct influence (DFID, 2011a). The Government as per the policy objectives was still unable to solely cater for the soaring numbers of the OVCs, and according to DFID (2011a), if external support was not provided to OVCs by way of the CT payments, most of these already vulnerable children would bear the negative

impact that stems from the weaknesses of the FPE grants. Lateness in FPE grants disbursement as a weakness, led to most school administrations imposing on caregivers and parents, the burden of meeting the financial costs of running the primary schools. This therefore brought the usage of the CT payments to the limelight.

The study by Ikiara (2009) is a reminder that Kenya's social protection strategy has been shaped by many actors ranging from individuals to institutions, private to public, domestic to external. In his study, Ikiara goes further to indicate that Kenya's plans for the anticipated expansion of the CT programmes was based largely on budget resources supported by external financing from development partners but who were willing to participate on preferred choices within the CT programmes. This has remained to be the reality with the CT-OVC implementation in Seme Sub County, where according to the sub County Children Officer, health care and household food security was promoted by World Bank while access to basic education was promoted by both the DFID and Unicef. The three donors frequently asked for reports with indicators that captured areas that they supported. This meant at times, writing two to three separate reports, a task that was time consuming for the sub County Children Coordinator who also had administrative responsibilities.

In this study, DIFD support to basic education was said to have generally reduced because of accountability challenges by the Government of Kenya and the end of the wider Kenya Education Sector Support Programme which ran from 2005 to 2010 which provided the overall justification for social assistance. "This therefore meant that the future funding from DFID was still not clear and even if they were to continue with the funding, their priorities may shift and may not necessarily be on support to the basic education sector" said the sub County Children Officer.

5.8 Sustaining School Retention of OVCs in Primary Schools amid HIV/AIDs and the Elderly State of Caregivers.

According to the four interviews with the LOC members, they argued that while the number of OVCs was growing with the same being attributed to poverty and HIV/AIDs, in the various primary schools, most of them were deliberately not enrolled to avoid due pressure from

government which often compelled caregivers to ensure that the children were in school. To these LOC members, this was the main problem which needed to be investigated, as it may mislead and hide the real numbers from the collection and analysis of data relating to attendance and retention. One of the LOC members said:

Most of these children are orphans left behind by their parents and their grandmothers take the role of being their caretakers, making sure that the OVCs remain in school to learn. But in the recent times, the same caregivers because of the harsh economic realities and HIV/Aids have improvised ways of keeping some of the OVCs especially the older ones and the ones infected by HIV/AIDs away from school without causing much alarm. The older ones have been involved in labor intensive activities to generate income. These numbers are rarely captured and whenever people discuss about retention being high, it is based on those enrolled. How about those who have never been enrolled but are of school going age?

In trying to connect the challenges of HIV/AIDs and how they were connected to the education life of the OVCs, fifteen(15) of the OVCs in the in-depth interview believed that their caregivers did not attend meetings in their primary schools in the past one year because of the stigma associated with the OVCs living with HIV/AIDs while six mentioned that the caregivers did not attend school meetings because they were ill. One OVC said, *“My grandmother would keep promising she is coming then she does not. She would say that other parents discriminate on her and me. I feel at times discouraged and it affects my schooling and for the following weeks or days, I would readily skip going to school”*.

This finding agrees with Subbarao et al. (2004) who argued that the stigma can create barriers against the OVCs but whose study concentrated on the healthcare component and the treatment received in dispensaries and clinics. In this study, the focus was on basic education where the findings generated similar challenges of stigma and the barrier created in relations to school attendance. It is because of such challenges associated with stigma that Nyambedha Wandibba and Aagaard-Hansen (2003) recommended for programmes to explore the possibilities of incorporating community-based interventions that address the complex, local reality in which cultural factors, kinship ties, and poverty are interwoven. To them, this approach was more sustainable and would help households and communities to appreciate the rights of OVCs to enroll in school.

Caregiver's participation in the education life of the OVCs is important in helping to eventually improve the learning outcomes and to contribute to the specific education goal of the CT-OVC programme where enrollment, attendance and retention are key indicators for gauging where capital development is being achieved. According to the Seme Sub County Education Officer, because of factors such as old age, ignorance and illiteracy among the elderly caregivers, they (elderly caregivers) have not been supportive in the overall implementation of the CT-OVC programme in primary schools. This information was shared by at least 6 out of the 10 school head teachers who argued that elderly caregivers were least supportive in the education life of the OVCs (the rating was based on three variables namely: very supportive, supportive and least supportive).

The Seme sub-County Director of Education argued that the programme so far did not have a monitoring tool that would make it easy for head teachers to monitor and report specifically on caregivers' efforts in aiding on the retention of their children irrespective of their health status. The participation of caregivers just like other parents in school management committees or school meetings was provided for and encouraged under the basic education law of 2013.

From the above finding, the study summaries that while retention rate was high, to be able to sustain this achievement, designing and piloting capacity building programmes that target elderly caregivers is imperative. This is an approach that can also help to demystify the fears relating to stigmatization as well as to devise coping strategies that caregivers can work with. The majority of elderly caregivers continue to pose a challenge to the sustainability of the programme. While ignorance and illiteracy can be addressed through civic or public education, other challenges that they face can be tackled through special capacity building activities.

5.9 Civic Education and the Sustainability of the CT-OVC Programme

Civic education is an important facet in the sustainability of any public policy. It helps to create an active and participatory citizenry by providing information and learning experiences in advance, to equip and empower locals to participate positively in the processes of their community (Bayeh, 2016). Through civic education, the target groups and general public can learn and be informed about an initiative, its objective, approach, timeframe and intended outcome. Civic education also provides a platform to manage expectations. It also provides room

for the target groups to add their voices, which can help to critique policy implementation processes and initiate important policy modifications and sustainability aspects. In complex programmes like the CT-OVC where there are many sub programmes that are meant to be supported in a complementary manner, civic education is even highly important as it pitches the different concepts and help to address grey areas.

All interviewed members of the LOCs indicated that they did not have a good understanding of the issues within the basic education sector, especially rights, laws, regulation and other relevant policies. Due to this, they limited their involvement to simply creating awareness on basic education matters without going further to understand the specifics of the basic education policies and laws that can help them protect the rights of the OVCs. Furthermore, in the FGDs with the BWCs, the study found out that not much effort was made by the programme structures such including the BWCs themselves to encourage agenda items in their meetings that would in one way or the other promote the rights and responsibilities of the caregivers in respect to basic education for the OVCs. Because of this weakness by the BWC, many caregivers still ended up paying for “school fees” and unsanctioned levies without questioning the need to do so.

One area chief stated:

Sometimes, I feel that the challenges we have with enrolment of children especially those that have transitioned to class one from pre-primary school is because of these illegal charges schools impose on these poor children yet caregivers cannot complain or defend the rights of the OVCs from a point of knowledge. The caregivers do nothing but to return these children back home, affecting their entire education life. I know of some that are now in their late youth life and have never stepped into a classroom.

It was noted in two of the FGD with BWC that due to lack of knowledge and information on the legal and policy frameworks that guarantees OVCs access to basic education as a right, the cash transfers are not properly prioritized by the caregivers. The study also noted in the two FGDs that the caregivers paid school fees or levies not approved and receipted by the school board of management without questioning the intention of the monies collected.

While civic education is an important sustainability instrument for allowing participation in the CT-OVC programme, Bayeh (2016) argues that it is important to consider that different categories of people appreciate different forms of reach. As suggested in two out of the three FGDs with the BWCs, while the youth often preferred road shows to conduct civic education, elderly members preferred community forums, where they own the discussions and share learning experiences and the role of a facilitator was to guide and clarify the different perspectives in line with the realities and intentions of various relevant programmes. The study observed that this approach is what has been missing in the implementation of the CT-OVC programme in Seme sub-County especially in improving the implementation of the basic education components.

In conclusion, the study notes and appreciate some of the approaches taken by the sub County Children Office to lessen the dependency of the recently enrolled households on CT-OVC amidst the rigidity of the programme, by allowing the beneficiaries to pursue IGAs of their choice as long as they promoted the main four objectives of the programme. The study goes ahead to observe that the newly enrolled households were likely to be independent that the older ones due to their pursuance of small and basic yet fundamental investments through the IGAs. The IGAs were imperative in providing resource base for supporting material items for OVCs to be used while in school.

The study also argues that the old age of many primary caregivers has had a major implication on the future sustainability of basic education among the OVCs. Caregivers were characterized as physically weak to participate in projects and initiatives that could generate or strengthen their own livelihood systems. The absence and inability of the caregivers to engage in school meetings led to school administrations discriminating on the OVCs. The situation as argued in this study has forced many of the OVCs to keep off school. It is important to understand that a social support system is key in dealing with the challenges faced by OVCs but this idea can only be meaningful when synergies are created between like-minded programmes especially those that espouse the ideals of social protection.

The study also concludes that the current funding approach and bureaucracies of the national government delayed the payment of the CTs by the different contracted service providers. Particularly, areas where scale up is conducted and new beneficiaries identified are worst affected by the delays. The fact that the DCS and the CT-OVC secretariat staff working on the programme are few, especially staff that can work on the Management Information System to support the main task of verifying and approving payment lists of the beneficiary households, the funding from the government has been illustrated to delay for months.

Furthermore, the study noted that while government share of funding was gradually increasing, on the contrary, the donor funding was decreasing, creating anxiety among the BWC members, especially in respect to the ability and willingness of the government to incrementally close this gaps. On coordination and communication aspects of CT-OVC programme, the study notes that the programme implementation at the sub-County and County levels did not have a well-developed coordination and communications mechanism especially communication across different programmes and between the programme and beneficiary households. Majority of the participating schools also argued that they lacked a structured fashion of communication with the programme, a factor that would weaken sustainability.

On Influence of funding partners on the utilization of the CT payments, the study concludes that there is a likelihood of the basic education objective to receive more preference in Seme sub-County with the new entrance of DFID, although this will later on require an evaluation study to ascertain specifically the impact of DFID's contribution to the programme in Seme. Through a different lens and as noted in this chapter, the lateness in FPE grants disbursement led to most school administrations imposing on caregivers and parents, the burden of meeting the financial costs of running the primary schools.

On civic education as an approach towards an active and participating citizenry; an important facet towards policy sustainability, the study concludes that to be able to sustain high retention, it's important for awareness on HIV/AIDs and other challenges facing OVCs and caregivers to be created especially in schools targeting both teachers and parents. Awareness should also be emphasized on the legal and policy frameworks that guarantee OVCs access to basic education as a right. This will then help the caregivers prioritize and gauge their expenditure in respect to the resources received from the programme.

CHAPTER SIX
PERCEPTIONS OF BENEFICIARIES ON GOVERNMENT SPONSORED CT-OVC
PROGRAMME ON ACCESS TO BASIC EDUCATION

6.1 Introduction

As discussed in the earlier chapters, the CT-OVC programme together with other social assistance programmes has been designed to contribute to the implementation of the overall social protection policy which target the poorest in the communities. Programme households in Seme Sub County have in the previous chapters connected the positive changes in their socio-economic dimensions of life to the implementation of the CT-OVC programme. Having concluded earlier on that the programme in its current structure, implementation, coordination and communication is not entirely sustainable, the study sought to understand some of the perceptions that the beneficiaries of the programme had with regard to basic education in Seme sub-County. An analysis of the policy sustainability in reference to the CT-OVC programme provided the foundation for the study to explore how the communities perceive or regarded the presence of the programme based on experiences, challenges and progress/achievements.

In this chapter, the study set out to understand and further explain what the CT-OVC programme means to beneficiaries, and to define and understand these perceptions in light of the specific objective on basic education. From the background information, we know CT-OVC is not meant to directly and solely address challenges in the education sector but to harness complementarity. The CT-OVC programme is mainly concerned with four areas namely; food security, health, civic registration and education (CT-OVC programme Operational Manual, 2013). However, while basic education is regarded as important and compulsory in Kenya for all children, in areas where the CT-OVC programme is available, caregivers perceived the programme as equally important in compensating for the material needs that the free primary education grants under the basic education policy could not provide the OVCs with (Unicef, 2014). Defining the beneficiaries' perceptions of CT-OVC programme was therefore important particularly in deepening knowledge on how such perceptions may have influenced basic educational investment by the caregivers as well as engagements by other stakeholders. The understanding thereof would help develop viable policy recommendations that would call for necessary reforms

and restructuring of the programme implementation processes at least at the community level. These perceptions are also relevant to policy actors if they have to make decisions regarding the sustainability of the project activities.

Data on perception was collected through interviews from the 4 chairpersons of the LOC, 10 school head teachers, 25 OVCs, the 2 area chiefs, the County Director of Education, the County Children Coordinator, the sub-County Children Officer and sub-County Director of Education, and Focus Group Discussions targeting three BWCs mixed and drawn from the six actual BWCs. The qualitative information gave context to quantitative data collected from the caregivers through the administration of the questionnaires. The following sub-themes help us explain the perceptions that were collected from the study participants in respect to the CT-OVC programme and the basic education.

6.2 Participation in Community Meetings by the BWCs

This section explains how the beneficiaries of the programme felt about their participation within the confines of the CT-OVC programme. The area chiefs and chairpersons of the BWCs convened community meetings for the beneficiary households under the umbrella of the BWCs, comprising of elected officials from amongst the beneficiaries themselves. The study found out that the community meetings were not regularly held and that their frequency was not provided for in the CT-OVC Operational Manual. The meetings depended mostly on whether the BWCs were facilitated by the sub County Children Office in terms of sorting out their transportation costs or attendance in especially in circumstances where the meetings were convened directly by the Children Office. In both circumstances, their main expectation from caregivers was said to concentrate on discussions around the CT payments and spending (FGD with two of the BWC members).

Even though the agenda was shared on public notices that were mounted in some of the participating primary schools, health centres and chiefs' offices, the chiefs argued that the details of the communication was not consumed beforehand and in preparation for the meetings by the caregivers. The agenda for meetings convened by the chairs of the BWCs according to the chiefs mostly included scale ups, complaints handling; and, disbursement updates while agenda for

meetings convened by them (chiefs) included issues to do with gathering information on progress of the households as a result of using the CT payment, communication of inter-governmental directives et cetera. Discussions in the three FGDs with the BWCs indicated that while the meetings in general attained the required quorum, they were perceived less inclined towards discussing issues regarding access to basic education unless the Children Officer convened the meeting or sent a representative. The representative would then enrich the discussions with content that was deemed important to the promotion of either school enrolment or attendance levels of OVCs in beneficiary households.

The perception of the participants in all the three FGDs with the BWC was that the BWC meetings were under-utilized, with some arguing that the National Government did not take the feedback from community level programme structures seriously as no change in terms of programme implementation approach or CT payment increment has taken effect in the last 5 years. To the BWC members, the government did not consider them as a learning platform from where they can gain insights on the challenges, progress and impact of the programme. In such meetings where monitoring the progress of access to basic education formed part of the agenda, the perception (from the sub County Children Officer and BWC members) was that challenges such as payment of un-receipted admission fees and the demand for school levies from caregivers by school administration which were raised for redress stood no chance in terms of implementation. Discussants in the FGD with BWC argued that no measure has taken place, a factor that has gradually made a number of the beneficiary households to skip subsequent meetings irrespective of the conveners. Some of the respondents in one of the FGD termed the meetings they attended as “their meetings” to imply that they had no stake and control on the content of the discussions and therefore could not influence discussions on access to basic education.

This study departs from findings by DFID (2011a) in Latin America where CT-OVC programme actively engaged the beneficiaries to cultivate elements of community ownership in programme meetings. There were attempts made by the respective governments in places where the CT was conditional to respond to emerging issues from the beneficiary households. Largely this was credited to the existing impact monitoring and evaluation mechanisms were deemed efficient.

Community meetings in Latin America unlike as found in this study were well convened around issues which included addressing challenges of education among the beneficiaries.

6.3 Progress Reports on Basic Education

As earlier revealed, the CT-OVC programme structures at the community level are poorly organized to effectively communicate programme outcomes. The sub-County Children Officer is in charge of monitoring compliance and co-responsibilities, and ought to work in collaboration with the LOCs, BWCs, AAC and members of the community to support activities related to selection of beneficiaries, enrollment, co-responsibilities/compliance, payments, monitoring, case management and complaints. To this end and based on their past experiences, caregivers had a different understanding of what it entailed with programme implementation, particularly on access to basic education.

Findings from the quantitative data indicated that only 16% of the caregiver reported the schooling progress of OVCs (progress in respect to enrolment, attendance, retention, and supporting factors such as learning materials et cetera) directly to a children officer or volunteers within the DCS. Furthermore, 3.3% of the caregivers reported the progress to an education officer (the Sub County Director and Quality Insurance Officer) while 5.4% reported the progress to the area chief or at chief barazas. Six per cent (6%) of the caregivers reported the progress to the village elders and 5.4% reporting the progress within their BWC meetings. There were 64% caregivers who did not report any of their progress to anyone. The huge number of caregivers (64%) who did not report their progress illustrates that there they perceived the communication and coordination programme structures at the community level as practically absent and/or if present, poorly organized to address their concerns. An FGD discussant in the BWCs argued:

I realized that reporting the matter to the chief, brought no solutions to my case, where my child would be sent home from school to buy school shoes, and to collect money to pay for school support staff. This would be the trend, but unfortunately, while the chief's office promised repeatedly to find out what was happening, it did not. This continued to be the case and I decided to go to the sub County Director of Education in Seme town to report it directly. I have seen the concerned school administration being questioned for how they have been collecting and managing such monies even with the questioning they still continue to collect these funds.

Some of the caregivers also indicated that they did not know whom to report to and that the reporting was not mandatory. The beneficiaries (16%) who reported directly to the Children Officer were majorly those who resided in Kombewa where the DCS office was also situated. The same applied to the caregivers who reported to the area chiefs. This means that distance played part in deciding the structures or institutions that caregivers frequently shared their information with.

According to the sub-County Director of Education, her office hardly received written reports or visitation from the caregivers or the BWC in the past one year. The study observed from the minutes and records in the sub County Director of Education that there were five meetings (2 with the BWCs and 3 with individual parents on matters concerning OVCs and payment of levies). The sub County Director of Education said:

“For those few cases of either fees and levies charge or general discrimination that have been reported to our offices, we have worked on them and most have been addressed or are in the course of being addressed. Those that have not been reported or whose cases we have not come across will likely to have a negative impression about our office. Of course, there will be a disquiet by those caregivers that have not come to our office that we are not effective”.

In an interview with the LOC members, the study found out that there were many instances where the communities perceived government institutions as poor communicators and weaker problem solvers. According to three of the LOC members, the BWCs were perceived by caregivers as more effective in addressing issues raised by them (caregivers) which fell within their mandate unlike the Education and Children officers at the sub County level which were perceived as slow and less responsive. One LOC member of the LOC said:

I find it interesting that a very small percentage of caregivers reported the progress to the sub county Director of Education, yet this is the main office that has the mandate to implement the programme in schools. Either there was not much to be reported on regarding access to education by the OVCs or that the caregivers had no information or knowledge regarding the role that the education office in Seme played in the CT-OVC programme.

From the arguments, there is need for the DCS to work on how she communicates or follow up her decisions based on issues raised by the caregivers and other stakeholders at the sub-County level. This is because, the Central Programme Unit (CPU) which is in charge of the day-to-day implementation and supervision of the CT-OVC programme and forms the nucleus of the CT-OVC secretariat picks up information regarding the programme beneficiaries from the sub-County Children Office and with poor engagement between the respective institutions and the caregivers in addressing programme issues and in this case, education related issues, then the CPU may not be able to provide assistance and programme modification that can provide long term solutions to these problems.

While a study by Tsuma (2010) relied on school report cards as an important requirement that was used to measure progress reporting on access to basic education, this study relied on caregiver's direct responses and feedback from both the children and education officers in Seme. Tsuma's study was however conducted in areas where compliance and penalties were enforced with school report cards among others being verified before CT payments. In Seme sub County, the CT-OVC programme was not strictly conditional and therefore school report cards were not used for verification, meaning that caregivers were better placed to report on the progress reporting.

6.4 Perception on Livelihood Support (Income Generating Activities) and Basic Education

This study aimed at understanding the perceptions of the beneficiary households especially those that ventured into IGAs and those who did not; both in respect to the CT-OVC programme and on the programme component on access to basic education. With an abstract idea of the positive investments that IGAs created among the CT beneficiaries and in turn how the investments provided space for caregivers to make decisions that touched directly and indirectly on basic education of the OVCs, it is important to find out whether the same applied for Seme sub County. This is interesting, as the government sponsored CT-OVC programme does not expressly support IGAs although it does not also prohibit any household from pursuing such activities (DCS, 2013).

Farrington, Holmes and Slater (2007), found out in their study that sectors that livelihood support' programmes transferred productive assets which had a positive impact on the ability of poor households to build an asset base and encourage productivity. Even though their study was limited to food security, this study needed to find out if beneficiaries and other stakeholders perceived IGAs as valuable specifically in sustaining basic education in Seme.

The study found out that the difference in perceptions among the caregivers regarding the programme and basic education could easily be assessed based on the years of support received from the CT-OVC. The Table 6.1 below shows the different segmented years of support and the number of households that were sampled in each group as well as their average income based on other sources including IGAs.

Table 6.1: Average annual income in Ksh. per Household

Years of being a beneficiary	H/H-frequency	Percent	Average annual income in Ksh. per HH-from other sources	
Valid	2-3 years	40	12.0	48,500
	3-5 years	120	36.0	26,460
	above 5 years	172	52.0	18,905
	Total	332	100.0	

Source: Field Survey Data (2017)

From the Table 6.1, the study defined the average annual income from the different segments of household beneficiaries. The average was arrived at by combining all the annual income in each category and dividing the same with the total number of households under that category. Segment one were the 40 newly enrolled household beneficiaries. This segment had an annual average income of 48,500 Kenya shillings compared to the second segment of 120 households who had benefited from the programme between 3 and 5 years and who had an annual average income of 26,460 Kenya shillings. The third segment of 172 households that had stayed in the programme longest had an annual average income of 18,905 Kenya Shillings. Surprisingly, this shows that the oldest beneficiaries had the smallest source of alternative income, an aspect that

provides the evidence that livelihood promotion (IGAs) was engaged more by caregivers that had stayed least years in the programme than those who had stayed the longest.

This study made inquiries through probing both in the FGDs with the BWCs and interviews with the area chiefs and found out that most of the newly enrolled beneficiary households not only engaged in IGAs, but also their annual income was higher than those that had been in the programme for five years and above. In all the three FGDs, the discussants perceived the IGAs as an enabling factor to long term investment in the education life of the OVCs. It was further argued that the IGAs helped to build the needed socio-economic resilience among the beneficiary households.

In 2 out of the 3 FGDs with the BWCs, there was a perception that the CT-OVC programme had enabled some of the caregivers especially between the ages of 25-40 to set up small-income generating activities, affirming the fact that the source of income as illustrated above was majorly from the IGAs. They perceived the activities as having helped them to transform their livelihood; providing them with more resource capacity to take care of the OVCs in school. This revelation was furthermore shared in 2 FGDs with the BWC where the participants argued that majority of the households especially in North Central Seme and Otwenya had used the payments to start small open-air businesses and retail shops whereby the profit was used to buy school text books, uniforms and other items like bags. A discussant in one of the FGDs said:

I once asked a caregiver how she started that small kiosk in one of the CT-OVC programme areas and where she sells sugarcane, rice, cooking oil, and vegetables, and she said that she decided to use her first Ksh 4,000 CT payment as capital. It was a huge gamble but she insisted that the CT payments were low and she could not continue depending on them for survival with her children frequently being absent in school. She therefore had to think of how she could sustain two of her children and three of her sisters' children who she lives with and venturing in the kiosk business was the only practical way out. To this extent, CT programme.

The findings from the newly enrolled beneficiary households helps to validate a lesson learnt from the Zambia CT-OVC programme case, where according to Habasonda (2009), long periods of CT-OVC programme implementation had led to the over-reliance of the programme for financial support, rather than individuals increasingly becoming self-reliant.

6.5 Recruitment and Enrollment of Beneficiary Households

Recruitment and enrollment processes of the beneficiary households are provided in the CT-OVC Operational Manual, (2009). The recruitment process starts with a targeting procedure where poor households which have orphans and vulnerable children who are not currently receiving benefits from other Cash Transfer programmes are identified. The identification makes sure that the OVCs are single/double orphans, that the children or caregiver are chronically ill, that a household is headed by a child and last but not least is that the household must have at least one OVC to meet these eligibility criteria.

The LOC assist to select enumerators to conduct the recruitment exercise (which involves household survey) in the identified households with OVCs. The recruitment exercise is supervised by the sub-County Children Officer, who reviews the information gathered, and then delivers the data to the CPU. At the CPU, the data is entered into the MIS by CPU officers. The MIS produces three lists of households namely: a) eligible households, those who meet the eligibility criteria, b) the ambiguous cases of households, where there were contradictions and required sending back the data back for verification by the enumerators and c) rejected households, those that failed to meet the criteria (DCS, 2013). When resources are not enough to enroll all eligible households, the Operational Manual provide guidance. The list with eligible households is sent to the sub-County Children Officer for the validation process performed by the LOC and the community in a baraza and thereafter a refined list is developed and sent back.

From interviews held with the LOC members, the respondents indicated that they only conducted the initial OVC household screening in new areas where the Beneficiaries Welfare Committees (BWCs) had not been formed. Their engagement would only mean that the programme was new in the area or they were needed to help with scaling up to reach more beneficiaries, before being absorbed later on into the BWCs. To this end, the study found out that beneficiary households were mostly selected through a door-to-door visitation by members of the LOCs accompanied by an enumerator sent by the DCS. The potential beneficiaries were to be considered due to a number of factors as provided in the pre-screening forms although some of the BWC members in the three FGDs indicated that because most of the households presented similar situation of poverty and vulnerability, there were several occasions where the objective to promote food and

nutrition was used as a priority indicator to select the beneficiaries. In this case, BWCs perceived access to basic education as an indicator was not used to inform the enrollment process. The effect of this as discussed in one of the three FGDs with the BWCs is that basic education would not get priority or consideration by the caregivers and therefore while OVCs would be enrolled in schools, regular attendance would not be guaranteed.

Furthermore, the recruitment process by the LOCs were perceived by most potential beneficiary households as corrupt and full of favoritism where the most unfortunate households were not given the opportunities for enrolment into the programme with a number of un-deserving cases being enrolled. This according to the sub County Children Officer led to caregivers and potential beneficiary households to disregard the role of the LOCs in the recruitment and implementation exercises. *“We have had to struggle with even worst situation where extremely poor households are not in the programme, and the OVCs are no longer attending schools, some have gone to the cities to become street archines”* said a discussant in one of the FGDs.

Due to the challenges of engaging the LOCs, the BWCs were introduced to gradually take over the role that the LOCs used to play. The BWC taking up these roles from the LOC was noted as important in promoting transparency and accountability in respect to CT payment flow. According to the CT-OVC operation manual (2013), LOC members were supposed to be chosen by the sub-County Children Officer through a committee that brought together departments of government that are implementing aspects of the social protection policy. In reality though, the study found out that this never used to be the case as LOC members were selected either by the Children Officer and at times recommended by the area chiefs.

For the chiefs, they had no basic background of the programme, however, they were also key in shaping opinions and perceptions within the communities. These Chiefs however influential, had not been trained on the guidelines and how to implement the same during recruitment and enrollment processes. The study argued further that while Chiefs were better informed than the sub-County staff in respect to the context and the households that needed to be enrolled, the challenge is that their role was perceived both by the caregivers and the DCS office to involve

favoritism and biasness, choosing those households with whom they have an intimate relationship with or that were ‘less opposed to their agenda’.

While Rebecca et al. (2011) looked at the role of the chief in the recruitment processes, identifying instances where they were perceived corrupt, this study went further to find out the perceptions of the beneficiaries regarding the LOCs. This group was also perceived as corrupt and full of favoritism where un-deserving cases were enrolled. What is further found out from this study that was not realized in Rebecca et al study was the role the chiefs played. While the chiefs had no basic background of the programme, they were key in shaping opinions and perceptions within the communities and played an important role in the recruitment of the new beneficiary households. This could influence the school life of the OVCs especially those left out of the programme in the event of poor or biased targeting.

6.6 Perception on the Transfer and Payments of the CTs

Payments to households are supposed to be made bimonthly. Even though the Operational Manual (2013) indicated that the Post Office was one of the financial institutions contracted to channel the payments, with time, more institutions have been added to facilitate quick and time payments. The payments are supposed to be made during the Months of February, April, June, August, October and December (DCS, 2013). Once the amounts to be paid to beneficiary households have been calculated in the MIS, the payroll list of payments must be sent to the financial institutions. All payments apart from the first one, are only made upon compliance to the four objectives which also includes promotion of access to basic education.

From the field data, 76% of the caregivers were generally contented with the approach adopted for CT payments where temporary pay-points were used as medium of payment. The concept of temporary pay-points - which is where a bank identifies an official agent who moves from one centre to the other within a programme area to facilitate payment of the CTs - was believed to be efficient and effective by most of the discussants in the three FGDs with the BWC members. Initially, the caregivers would have to locate pay-points, some of which were far away from their homes, more than 10 kilometers (way beyond the recommended distance of at most 4 kilometers, by the Operational Manual). The effectiveness was also argued by the FGD discussant in the

sense that some of the temporary payment points were within a radius of 1 to 2 kilometers from most of the beneficiaries allowing caregivers easy access time and reducing costs associated with long distances. *“Any savings from the transport cost would definitely help the caregiver address her immediate needs. If an OVC deliberately stayed away from school because of lack of sanitary pads, then this saving would help with that”*, said one FGD discussant.

Furthermore, many of the community “petty” debtors took advantage of the payment periods to get back their monies from the caregivers immediately after payments were done. The study observed that these were monies initially borrowed to cater for emerging issues including the educational needs of the OVCs like buying of textbooks, shoes, food including lunch for OVC. Due to fear of huge debts, caregivers deliberately failed to collect monies in the first two weeks upon the CT payment process kicking off. This strategy as discussed in 1 out of the 3 FGDs with the BWC helped to avoid debtors, but brought out an impression that the CT-OVC programme had created a form of financial dependency particularly among the longest served beneficiary households and this was based on continuous pattern of borrowing. The challenge with this is that it was vicious and the more loans the caregivers accessed, the more they were ‘chained’ to the petty debtors. One of the are chiefs said:

“We have had to address the increasing appetite by caregivers to borrow money from debtors and using the CT payments to pay off their debts. This is something we try to discourage as the people who suffers most are the OVCs particularly when they cannot access the clinic or when girls cannot go school because they are on menstruation period yet the caregiver does not have the money to buy sanitary towels.”

The study reveals that 81 out of the 332 caregivers (24.4%) perceived that the CT payments was disbursed per each OVC. On the other hand, 251 caregivers (a representative of 75.6%) perceived that the payments were per household. What comes out of this is that while majority of the caregivers had the right attitude regarding the attachment of the CT payments on households and not the respective OVCs, civic education is still important to help to create the right attitude among the 24.4% of the caregivers that thought that the CT payments were per OVC. The operational manual and the CT-OVC programme provides that the payments are attached to each beneficiary household irrespective of the OVCs present, although as argued by the sub County Children Officer, this was still not a public knowledge because of lack of awareness on the same

during beneficiary household recruitment process. Civic education will assist in managing the expectations and addressing the challenges that the OVCs faced in schools, particularly when the CT payments were delayed or where caregivers were involved in debts and stifled the meagre financial resources by their debtors due to their inability to repay.

According to DFID (2011a), while in other programme areas outside Seme largely understood the amount that was being paid to them capped at Ksh 4,000 paid after every two months per household, this was relatively not the same in Seme as this study indicates that a quarter of the caregivers indicated that they were not sure of what the bi-monthly amount was pegged upon. What also comes out of the study by DFID (2011a) is that most households expressed the challenge of the long distances to pay points pointing out to the burden of responsibility that they were faced with in terms of taking care of the needs of the OVCs while using significant amounts to travel to get the same payments (DFID, 2011a). This study shows that there was a deliberate effort to reduce such distances.

6.7 The Timing of CT Payments in Enabling or Disabling Access to Basic Education

From Table 6.2, the study found out that 80.40% of the caregivers said that CT payment delayed while 19.60% said that it came on time. The finding shows that majority of the caregivers perceived the CT-OVC programme as less effective when it came to time adherence. The caregivers felt that the timing was not regular or consistent, and in most occasions, the delay hampered their ability to honor payments and debts that they occurred either while buying school books, uniforms or shoes among others. Some of the issues voiced by one of the area chiefs was as follows:

The money sent to us is little and it comes after a very long time. Many caregivers that I do know are compelled by such circumstances to borrow from friends. Most households have gone to the extent of deliberately denying the youngest OVCs a chance to go to school in favor of the older ones, as they perceive this as a better way of coping with the financial constraints they are facing. The perception that the CT payments is meagre and that it will likely to delay has also forced many OVCs to skip school days especially during market days where they go to support their guardians in selling subsistent farm products like sugarcane, vegetables et cetera.

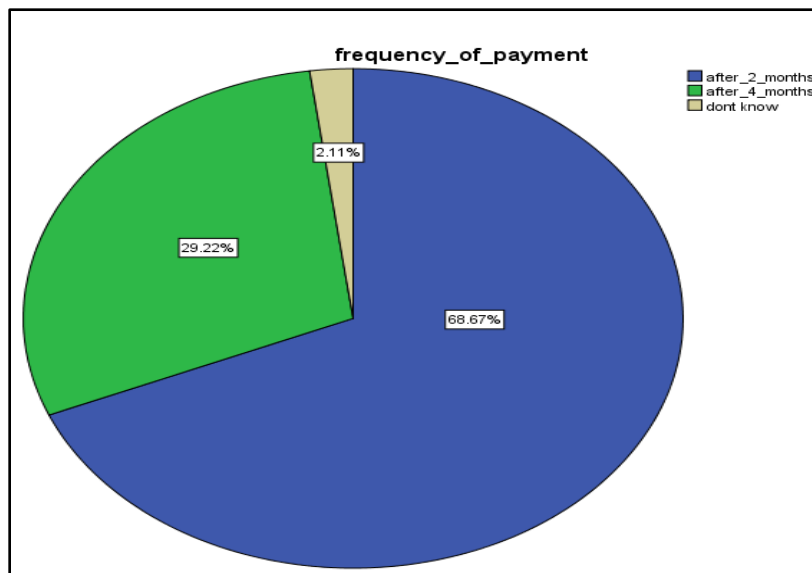
Table 6.2: Caregivers on whether or not CT payments were made on time

CT payment timing	Frequency	Percent
on time	65	19.60
not on time	267	80.40
Total	332	100.0

Source: Field Survey Data (2017)

This impression from the table above corroborates a report by the Ministry of Labour and East African Affairs, National Safety Net for Kenya, progress report (2016) which indicated that nationally from July 2013 to December 2015 there was only three times that the payments were made in time. These periods were May 2014 - Jun 2014, Mar 2015 - Apr 2015 and May 2015 - Jun 2015. In respect to the frequency of CT payments to the caregivers, the study as illustrated under figure 1 below, found out that payments for caregivers were done after every two or four months with 68.7% of the caregivers receiving their payment after 2 months from when they last received. Furthermore, 29.2% received the payment after 4 months while 2.1% did not know the frequency by which they received their payments. The consistency of transfer/payments were perceived as timely although insufficient to cover the indirect costs of basic school education for more than two to three children. The pie chart below elaborates further.

Figure 1: frequency of CT payments to households



Source: Field Survey Data (2017)

According to the three FGDs with the BWC members, the discussants argued that the majority of those received the payments in every 2 months, perceived the programme to have been reliable some of them paid debts or part of their debts used to address the education needs of the OVCs while at the same time being able to buy small materials like exercise books, rubber, pens and pencils et cetera. In the same FGDs, the discussant argued that the few (29.2%) who received payments after four months developed low confidence in the programme. While the delays may have been due to technical and administrative challenges for instance, an oversight by the CT-OVC secretariat to place the caregivers in the payroll in time, or in instances, where the biometric identification that is used together with the smart card to withdraw payment developed identification problems, this still was enough if prolonged to force OVCs not to attend primary school.

In conclusion, therefore, the CT-OVC secretariat and through the sub County Children Officer must work on the CT payment delays especially in a situation where 80.40% of the caregivers agreed that there were delays and that the delays affected not only their ability to keep the OVCs in school but also the manner in which the programme was being perceived by the very same beneficiaries. Furthermore, according to Ouma and Samuels (2012) in their study of transforming cash transfers: beneficiaries and community perspectives on CT-OVC programme in Kenya, they argue that most of the households had no productive labour (intimating OVCs in their teen) and therefore did not engage in wage labour as a coping strategy. Beyond the findings by Ouma and Samuels, this study found out that in Seme, OVCs (particularly the teenagers) had to skip school days and venture in labor or income activities that would help them to close the financial gap experienced by the often delays in CT payment.

6.8 Caregiver Trekking Distance and Its Implication on Efforts to Strengthen Basic Education

This study aimed at understanding the perception of the caregivers and other stakeholders regarding the distances they covered and the effect this had in their contribution to basic education. From this study, 11.7% of the caregivers said that they accessed the pay-points between distances of 0.1-2 km, whereas 9.6% accessed the pay-points between distances of 2.1-4 kilometers (kms). A majority of 156 (47%) accessed the pay-points above the distances of 4 km

while another significant number of the caregivers (31.6%) could not estimate the distance they walked in the past to the pay-points.

“There are more pay-points manned by bank agents and this has reduced the distances covered to between 3 and 5 kms way down from 12-20 kms in the past and we feel that the DCS listened to our grievances at least on the matters to do with distance”, said one of the participants in the FGDs. However, from the table 6.3 below, the fact that 47% of the caregivers still walked or travelled a distance of more than 4 kilometers means that the distances were yet to meet the recommended distance of below 4 kilometers by the CT-OVC Operational Manual. The study observed that the payments being done by equity bank and their agents were closer to the beneficiaries than the Kenya Commercial Bank (KCB) which had temporary pay-point areas and some of the payments were still done at the banking halls. One of the discussant in the FGD with the BWC members said:

Not only does the strategy used by equity save time, it also saves the costs associated with movement as they are closer to us and because of that I can attend to other roles. I went and received the cash by 10:00 am and after that headed to the market to buy a school bag for one of my children.

Table 6.3: Distance by caregivers to pay-point

Description	Frequency	Percent	Valid Percent	Cumulative Percent
0.1-2 km	39	11.7	11.7	11.7
2.1-4 km	32	29.6	29.6	29.6
Above 4km	156	47.0	47.0	68.4
Do not Know	105	31.6	31.6	100
Total	332	100.0	100.0	

Source: Field Survey Data (2017)

This finding is similar to a study by Tsuma (2010) in Kwale, which revealed that significant portion of the CT payment was used to take care of caregivers’ long distance movements that exceeded 6 kms, a factor that reduced the direct usage of the payments in helping to take care of the education needs of the OVCs among other needs. On pay-points, 74% of the caregivers said that they understood the pay-points that they visited to be temporary pay-points as they closed

after conducting the payment exercise while 26% of the caregivers understood that the pay-points were permanent pay-points. The availability of pay-points was generally perceived to have helped to reduce the distance covered before, allowing the funds used for transport to be used for other aspects key to the OVCs including as mentioned above buying of school bag. However, the reduction of the distance covered is yet to get the acceptable distance of within 4 kms.

One of the key recommendations from Tsuma (2010) was the need to reduce the distances covered by establishing temporary pay points closer to the beneficiaries within a radius of 3 kms in most rural areas. So far, the adoption has not been successful in areas such as Seme sub-County even though Tsuma's recommendation is cited severally in implementation reports by the DCS office in Kisumu. The perception by the Seme sub-County Children Officer and the Kisumu County Children Coordinator, is that reducing the distances further will greatly help the caregivers to save the finances for other things and afford more time to attend to their responsibilities in schools, taking into account that they have 2-5 OVCs that they do take care of.

6.9 Public Awareness of the Respective Legal and Policy Implementation Backgrounds

Generally, legal and policy frameworks provide the road map for the implementation of programmes. In other words, programme implementation is always linked towards supporting an existing policy framework. To be able to achieve the intended policy goal and maximize impact, social protection policy must be complemented with other policies like the basic education policy.

For instance, the OVCs while in school will be protected by the Basic Education Law of Kenya. Therefore, understanding of the legal and policy frameworks is perceived as important as it allows for caregivers to dispense their duties in a more informed way, reducing risks of being taken advantage of. This study therefore aimed at finding out whether the caregivers were aware of the legal and policy environment that surrounds them, especially regarding access to basic education and their understanding of such environment. The importance of this is that the insights drawn will help in concluding and making recommendations on areas of improvements

and awareness creation especially while working with structures such as the CSAC and the AAC.

The study found out that there was a very low understanding by the beneficiary households on the Basic Education Act (law) of 2013 and the basic education policy, both of which provide the caregivers with the responsibilities of ensuring the rights of the OVCs not to pay for admission and tuition fees in public schools and that they have a right to participate in decision making processes as provided in law. As noted in earlier in this study, payment of school fees was witnessed in most of the public primary schools even though this is prohibited by the basic education law. The sub County Children Officer said:

A huge proportion of caregivers had a misconception that they were to pay for admission and tuition fees and where school administration realized that they had basic awareness of such issues, they would coin different names in the form of levies to get the funds from the caregivers; some of them used the CT payments to do that.

The Basic Education Act (GoK, 2013) prohibits any child from being denied access to basic education and parents or caregivers who failed to ensure that the children were in school could be met with huge fines from the National Government. The challenge with lack of knowledge and understanding on legal and policy environment in the basic education sector is that most of the caregivers (68%) perceived that this was the weakness which played a role to them paying for the levies and “fees”.

Public awareness creation on the CT-OVC as well as on the basic education law and policy were argued by the BWC discussants as an important aspect of building the right perception not just for the current beneficiaries but also for potential future beneficiaries of the programme. Both the FGDs and interviews with the LOCs indicated repeatedly that (awareness creation) should be done especially in respect to the basic education. The assumption though was that it was the responsibility of the Ministry of Education to conduct education sector related public awareness. According to an interview with the sub County Director of Education, public awareness on the basic education law and policy was conducted mostly by the Non-Governmental Organizations (NGOs) in partnership with their offices.

Some of these public awareness campaigns of protecting the rights of the child to education was conducted both within and outside areas or locations where households benefited from CT-OVC programme. The NGOs were perceived as important actors in complementing the government as the sub County Director of Education office did not receive vote head budget for awareness creation. *“NGOs would plan with us on areas to reach based on their baseline surveys and there is nothing much you could do about that, as their justification also made sense”* said the sub County Director of Education.

On awareness of the CT-OVC programme two primary school head teachers on their part indicated that there was need to improve the approach that was being pursued by the DCS, whereby the participating schools were consulted periodically about how to improve reporting and communication as well as how to use the tools developed for monitoring attendance, retention and learning of the OVCs. To them, they only gained knowledge of the CT-OVC programme after seeking levies from caregivers and instead receiving letters from the sub-County Children Office and area chiefs confirming delays in cash transfers of which the OVCs depended to meet their education needs. Because of such communications, the school head teachers perceived that the cash that emanated from the CT-OVC programme was solely important in the payment of the levies.

In conclusion, the main perceptions that emerged from this chapter included the following: that the BWC meetings were being under-utilized, and the government was faulted for not taking feedback from community level programme structures seriously. This is an area that warrant redress. Communities also were said to perceive government institutions as poor communicators and weaker problem solvers and the reason why they were faced with communication challenges. The CT pay-points distances was perceived as reliable and saved time and money which was then used to buy essential materials like exercise books, rubber, pens and pencils et cetera. Meetings held under the programme were perceived as ‘government’ meetings and depended largely on facilitation by the children office. Furthermore, there was a perception of poor targeting and instances of biasness in recruitment where households with OVCs in serious need for help may have been left un-captured and therefore not enrolled into the programme.

The consistency of transfer/payments were perceived as relatively timely but with occasional delays. The funds were although insufficient to cover the indirect costs of basic school education for more than two children. Last but not least is that public awareness creation on the CT-OVC as well as on the basic education law and policy were argued by the BWC discussants as an important aspect of building the right perception that could optimize participation and decisions by caregivers in the education life of the OVCs.

CHAPTER SEVEN

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

This study assessed the contribution of Cash Transfer for OVC programme on access to Basic Education in Seme sub-County, Kisumu County. In particular, it assessed the programme's achievement(s) on access to basic education, analyzed the policy sustainability of government-sponsored CT-OVC programme implementation on access to basic education; and helped to define the perceptions of beneficiaries on access to basic education. The summary and conclusions in this chapter are therefore derive from the findings and discussions under chapter 4,5 and 6. The interpretations made from the study findings have been used to come up with the policy recommendations and suggestions for further areas of studies.

7.2 Summary of findings

7.2.1 CT-OVC Programme's Achievements on Access to Basic Education

The first objective was to assess the CT-OVC programme's achievement(s) on access to basic education. The study revealed that the programme contributed towards increased retention, transition and completion based on responses from the caregivers at least for the past one year. Even though the CT-OVC programme did not attract strict compliance in respect to how the CT payments were generally supposed to be used, there was a significant support by the CT-OVC programme on access to basic education through the efforts of the caregivers. This was different from prioritization of the CT according to the programme objectives. The fact that food security and nutrition was highly prioritized does not mean that the education needs of the OVCs were not supported where necessary. The aspect of support by caregivers was realized through the high attendance rates as argued by six out of the ten school head teachers based on the key informant interviews.

The study found out that while the CT-OVC programme relied on the sub County Director of Education to develop public knowledge on basic education, the presence of the NGOs significantly helped with the facilitation and mobilization of the public to attend such public forums.

On material opportunities that were important in increasing the ability of the OVCs to enroll, attend, be retained and transit in their primary school education, the study found out that a huge percentage of those that did not buy the sanitary towel was due to the fact that most of the public primary schools were actively benefiting from the National Government Sanitary Towel Programme. Amid this, other reasons included the lack of interest and poor internalization of the challenges of menstruation period facing the female OVC. The challenges of sanitary towel among the female OVCs are that it prevented them from going to school during the menstruation periods, lowering their school attendance ability in the long run. The CT-OVC programme did not have a significant contribution on this issue.

On procurement of school bag as another material opportunity, the study found out that majority of the caregivers used part of the CT funds received to buy school bags for OVCs. However, in each household only one OVC got to benefit and not all. The purchase of school bags was found to be a one-off occurrence in most households. The CT money was spent by the caregivers on the education needs of the OVCs, majorly to pay for school fees (admission and tuition fees). The caregivers were not receipted with the amount paid due to prohibition of “fees” payment by the basic education law. The study found out CT payments/money was also used to purchase school shoes. At least one or two OVCs per household were able to get school shoes within the first one year after the CT commenced. Out of the 25 OVCs, 18 of them indicated that they had being bought new shoes by the caregivers in the past one year affirming the high percentage recorded by the caregivers.

Furthermore, significant number of caregivers used the CT payments received to purchase text books. One of the reasons as to why many of the caregivers ended up spending more of their payments on purchasing textbooks (even though the funds were allocated under the free primary education (FPE) grant by the Ministry of Education) was because schools did not supply pupils including the OVCs with the materials in time or during the learning period within the school calender forcing caregivers to take up the costs. The failure to supply the materials in time was due to lateness in the disbursement of the FPE grants.

The CT programme was found not to provide education benefits to children with mild disabilities yet this group of children do not benefit from the Cash Transfer for Persons with Severe Disabilities. The CT-OVC programme is also structured in a way that the households can only receive one form of cash transfer. The study therefore was not able to find the contribution of the programme to material and non-material opportunities that led to increased access to basic education among the special needs OVCs.

7.2.2 Policy Sustainability of the Government Sponsored CT-OVC Programme on Access to Basic Education

The second objective was to analyze the policy sustainability of the Government Sponsored CT-OVC programme on access to basic education. The study found out that the new household beneficiaries' CT payments were able to support the education needs of more OVCs (an average of three) compared to the other categories of household beneficiaries, where the CT payments supported an average of one OVC in terms of their education needs. The education needs included school materials and payment of levies which were key contributing factors to school attendance, retention and completion.

Dependency on the CT payments in Some sub-County has been created among the beneficiaries who have been in the programme for long. The growing dependency was attributed to programme's rigidity to involve the beneficiaries in the planning and implementation phases. The elderly caregivers made it hard to unclog some of the challenges faced by the OVCs in school including lack of representation in school meetings. The study observed that while government share of funding was gradually increasing, donor funding was decreasing in size, a factor that would affect access to basic education in future.

From data collected from caregivers who had benefited from the programme between 2 and 3 years, the programme had contributed significantly addressing the drop-out rate. Since the CT-OVC programme did not have a monitoring tool that would make it easy for head teachers or school head teachers to monitor and report specifically on OVCs, it was not easy to track the exact attendance and retention rate of the OVCs. Furthermore, the study revealed that the CT-OVC programme did not have a well-developed coordination and communications mechanism at

the Sub County level. It also emerged that the County Children's Department in Kisumu did not have a project management system populated with real time data on the attendance of OVCs in public primary schools at least for the participating schools.

Last but not least, most caregivers based on the FGDs with BWCs indicated that they do not have a good understanding of the issues within the education sector, especially rights, laws, regulation and policies and this limited their involvement in support of the basic education component. Due to lack of knowledge and information on the legal and policy frameworks that guarantees OVCs access to basic education as a right, the little financial help ended up not being prioritized well, especially where the caregivers have to make payments in the name of school fees or levies but get getting receipted by the school board of management.

7.2.3 Perceptions of Beneficiaries on Government Sponsored CT-OVC Programme on Access to Basic Education

The third objective was to define the perceptions of beneficiaries on government sponsored CT-OVC programme on access to basic education. The study found out that the community meetings were not regularly held and that their frequency was not provided for in the CT-OVC Operational Manual. The meetings depended mostly on whether the BWCs were facilitated by the sub County Children office in terms of sorting out their transportation costs or attendance in especially in circumstances where the meetings were convened directly by the Children Office. In both circumstances, there main expectation from the caregivers was said to concentrate on discussions around the CT payments and spending (FGD with two of the BWC members). BWC meetings in general met the required quorum, although perceived less inclined towards discussing issues regarding to basic education access unless the Children Officer convened the meeting or sent a representative.

Majority of the caregivers were generally contented with the approach adopted for CT payments where temporary pay-points were used as medium of payment. The concept of temporary pay-points was believed to be efficient and effective. The effectiveness was in the sense that some of the temporary payment points were within a radius of 1 to 2 kilometres from most of the beneficiaries, shortening the access distance and allowing caregivers easy time and reduced

costs. By reducing costs that related to distances covered to pay-points, caregivers would use the funds to respond to immediate needs like buying sanitary pads for the female OVC who might have stayed away from school deliberately to avoid stigmatization.

On CT payments and timing, most of the caregivers said that CT payment delayed. The finding shows that majority of the caregivers perceived the CT-OVC programme as less effective when it came to time adherence and in most occasions, the delayed timing hampered their ability to honor payments and debts that they occurred either while buying school books, uniforms or shoes among others.

In respect to policy awareness, the study found out that there was a very low understanding by the beneficiary households on the Basic Education Act (law) of 2013 and the basic education policy, both of which provide the caregivers with the responsibilities of ensuring the rights of the OVCs not to pay for admission and tuition fees in public schools. The challenge with lack of knowledge on legal and policy environment in the basic education sector is that most of the caregivers paid the levies and “fees”. Public awareness creation on the CT-OVC as well as on the basic education law and policy were argued by the BWC discussants as an important aspect of building the right perception not just for the current beneficiaries but also for potential future beneficiaries of the programme.

7.3 Conclusion

On the first objective, on contribution of the programme to basic education of OVCs, the study concludes that there are tangible positive contributions to the material opportunities that played a role majorly in increasing enrolment, attendance, retention and transition. The study also highlights challenges such as: the failure to provide spaces for beneficiaries to share experiences based on best practices; the lack of interest to internalize the challenges of menstruation periods faced by female OVCs, resulting to slow down the attendance; increasing tendency by caregivers to use the CT monies to take care of the basic education needs whose support ought to come from the national government under the FPE programme; failure of the CT programme to integrate concerns from OVCs with mild disabilities; failure of the CT payments to be disbursed in time as per the stipulated Months, compromising the provision of education needs to the

OVCs and last but not least poor public awareness on existing laws, regulations and other relevant policies. In general, these challenges exposed the weak points within the policy framework, areas that would require interventions both on medium and long term basis and through a multi-stakeholder approach.

On the second objective on policy sustainability of the CT-OVC programme, the study concludes that dependency on the CT payments in Seme sub-County has been created among the beneficiaries who have been in the programme for longer periods (above 5 years). The rigidity of the programme to involve the beneficiaries in the planning and implementation phases worsened the dependency syndrome, while the poor coordination and communication structures limited public awareness of education access among OVCs and multi stakeholder solutions. Last but not least, the study also concludes that the current funding approach and bureaucracies of the national government delays the payment of the CTs by the different contracted service providers, an aspect that directly affects the ability of caregivers to address the basic education needs of OVCs. In general, the study has contributed towards closing an existing knowledge gap that was noted and furthermore recommended in a study by Nicola, Fiona, & Agnieszka, 2013. They had recommended in their study the need to conduct another study on each specific government-sponsored CT-OVC programme objective in effort to closely understand the uniqueness that may not have been captured their general (all objectives oriented) study.

In respect to the third objective on perception, the study concludes that caregivers were generally contented with among others, the approach adopted for CT payments where temporary pay-points were used as medium of payment. The present space for feedback was faulted because of past failure by government to respond to their issues (including delays in disbursement). BWCs perceived the government as less concerned and therefore occasionally referred to programme based meetings as “government meetings” even when they were held by the very beneficiary households. they were not taken seriously. On this objective, the study also concludes that there are indications of malpractices especially in recruitment of beneficiaries. There are also challenges associated with transfer channels of information from beneficiaries of the project to decision makers. Last but not least is that payments were perceived as timely

although insufficient to cover the indirect costs of basic school education especially in households with more than two or three children.

7.4 Recommendations

The recommendations of this study are to be used in the public policy process especially by policy makers and implementers while suggestions for further research are meant for scholars pursuing policy research in the area of social protection. The recommendations point out towards main areas uncommon in most of the past studies and ones that needs address. The recommendations are categorized under the three objectives.

Firstly, there is need to review the wider National Social Protection Policy and initiate policy discussions on lessons especially on some of the achievements and challenges that the programme has encountered in respect to access to basic education. The policy has been in existence for more than five years since commencement and with the various studies conducted on CT-OVC, sharing their findings (in terms of achievements and challenges) will help to further assess whether it's headed to the right direction or not.

Secondly, dependency syndrome that has been created in the programme by beneficiary households that have benefited from the programme for more years (more than five years) need to be addressed if education needs of OVCs are to be improved and equally promoted. Income Generating Activities has proven to help reduce the dependency and in return encourage inter-dependency. Adoption of this aspects into a policy framework will be critical in lessening the rigidity and allow the beneficiaries to use the payments where necessary as capital to start off livelihood projects that can sustain them better in the long run and reduce dependency. This has been proven to be possible by beneficiaries within the programme that have been supported between 2 and 3 years.

Thirdly, to address the current perceptions especially where government is perceived poor in providing feedback, the government should introduce regular sessions whereby they can clarify views and address some of the emerging issues within their constraints. Annual programme reviews can assist to collect views and attempt to address the same in the subsequent planning process. In the same vein, the DCS office in Seme should be supported to embark on a series of

community awareness or civic education in the programme areas focusing on the basic education objectives and how they ought to be implemented by the OVC caregivers. Furthermore, the awareness on access to basic education should connect to other collaborating policies such as FPE and the Basic Education policy to reduce the knowledge gaps as noted in the study as well as to build the capacity of caregivers on their rights and responsibilities.

7.5 Suggestions for Further Research

The finding from this study recommends the following areas for further investigation:

- a) The plight of OVCs with disability has not been adequately addressed in this study and previous studies especially in view of access to basic education. Importantly, is the need for a study to establish the unique challenges that persists which needs inter-policy redress mechanism in efforts to strengthen their access to basic education.
- b) The study was not able to delve on the contribution and sustainability of the CT-OVC programme in relation to the other specific objectives such as food security and nutrition, health care and civil registration. An assessment of these three objective areas will also help in the overall evaluation of the CT-OVC programme and with extension the social protection policy framework in respect to Seme Sub County.

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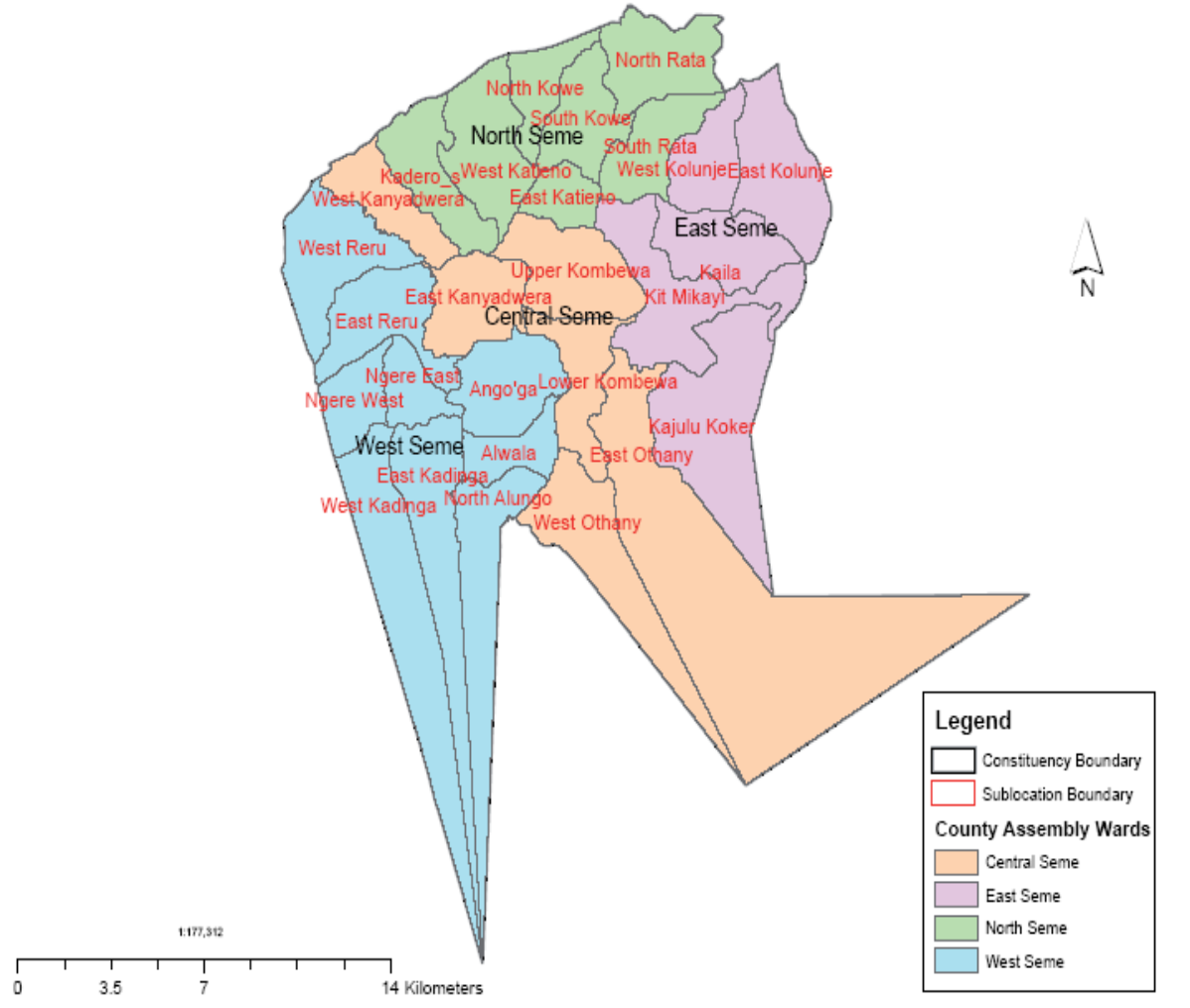
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APPENDICES

IEBC REVISED SEME CONSTITUENCY COUNTY ASSEMBLY WARDS



Source: Independent Electoral and Boundaries Commission, Kenya

APPENDIX 1: CAREGIVER QUESTIONNAIRE

Code |

My name is _____ from Maseno University. I am doing a study in this area about cash transfer on access to Basic Education among Orphan and Vulnerable Children. The purpose of this study is to evaluate the outcome of government-sponsored cash transfer in Seme sub-County. The results will be used to improve the CT-OVC programming and evaluate the National social protection policy. I would like to ask you some questions about your household and the OVC beneficiary as the head of the household or caregiver. The questions will not take more than fifteen minutes of your time. I will greatly appreciate your consent.

You may decide not to be interviewed as this exercise is voluntary. You also have the right to withdraw your consent or data or both at any point of the interview. The information that you provide will be kept confidential, and used for study purposes only. Your name will not appear in any report that comes out of this study, unless you authorize after understanding the possible implications and benefits.

Interviewee agreed to be 1. *Yes* 2. *No*

interviewed

Signature of interviewee:

Date:

Please listen to the questions carefully before responding. Thank you

SECTION A

1. Kindly give the following information

(Feedback in this column, where appropriate)

a	Ward			
b	Location and sub location			
c	Name of the caregiver:			
d	Age of the caregiver			
e	Name of the OVC beneficiary (optional)			
f	Gender of the caregiver			
g	Level of Education-caregiver			
h	Occupation			
i	Annual income in Kenya shillings			
j	Source of income			
k	No. of OVC you are living with			
l	No of OVCs being supported			
m	Name at least one of the OVCs being supported and primary schools where she/he learns	Name	Primary	Class

2. Are you currently a beneficiary of Government-sponsored CT- OVC?

Yes _____

No _____

2b. If Yes, how many years have you been benefited from the programme (count from 2011 to date) (tick where appropriate)

Years of being a beneficiary	Tick accordingly	Number of OVCs supported by CT payments on education needs before the programme	Number of OVCs supported by CT payments on education needs during the programme
2-3 years			
4-5 years			
above 5 years			

2c. How do you know when CT payments are available? (Probe the means of communication)

.....

3. How much do you receive as payment based on your visit to pay points? (for beneficiaries still in the active programme)

.....

4. How often do you receive cash transfer payments from the paypoints?

After 2 Months	
After 4 Months	
Don't? Know	

4b. How effective are the CT payment timeline (tick where appropriate)

- (Very effective).....
 (Effective).....
 (Less effective).....

5. What is your pay-point? (tick where appropriate)

- a. A Bank (Specify where to approximate distance)
- b. A permanent Bank Agent within your area (specify which agent)
- c. A temporary Bank Agent within your area (specify which agent)
- d. The Postal office.....

6. In your own opinion, is the amount sent per OVC or per household? (Tick where possible)

- 1 Per OVC
- 2 Per House
- Hold

SECTION B

7. Which areas do you most support the OVC(s) with? (tick where applicable)

1	Education	
2	Food and nutrition	
3	Health and immunization	
4	Civil registration	

7B. Why these areas (probe the incentive in place for them the areas ticked in a short sentence)

7c. if education has been ticked, where do you use the CT payments in the last one year (2016/2017)?

	Item	Tick where appropriate	Approximate amount spent per term per child from CT-OVC	Approximate amount spent per term per child from other sources of income (see 1i)
1	School levies..... (specify the levies)	()		
2	School fees..... () Specify	()		
3	School text and writing Books	()		
4	School Bag	()		
5	School shoes	()		
6	Sanitary Pads for the girl child	()		
7	Lunch for OVC in school (specify whether carry to school, contribution to feeding programme)	()		
8	Frequent medical checkup of OVCs in school	()		
9	School uniforms	()		
10	Access learning aid for special needs cases	()		
11	Others	()		

7d. In response to question 1 and 2 under 7c, why do you pay for the levies/fees? (tick once where appropriate)

- a) It's the right thing to do (.....)
- b) It's mandatory (.....)
- c) Because others are paying for it (.....)
- d) Don't know (.....)

8. Does the cash transfer come at the right/appropriate time to allow payments of the above items?

Yes _____

No _____

8b. If No, how do you pay for the above items? (give a sentence or two)

9. Rate the level of satisfaction by CT to the education needs of OVC (tick the most appropriate rating)

1	Not Satisfactory at all
2	Often satisfactory
3	Evenly satisfactory
4	Highly satisfactory

10. What are the three main challenges you have observed with implementation CT-OVC in terms of ensuring access to quality learning outcomes?

- a.
.....
- b.
.....
- c.
.....

11b. How can these challenges be best addressed?

- i.
.....
- ii.
.....
- iii.
.....

11. What are the three main household achievements you have witnessed with CT-OVC in terms of ensuring access to quality learning outcomes?

- a.
.....
- b.
.....
- c.
.....

12. What was the main situation? among OVC(s) in terms of improving learning outcomes before the implementation of the government-sponsored OCV-CT programme?

.....

13. Is the government-sponsored CT-OVC programme sustainable in improving learning outcomes in Seme Sub-County?

Yes _____

No _____

14a. If yes, how has the CT-OVC programme sustained and improved access to basic education?

Indicators	Tick where appropriate	Determinant
OVC(s) has transited from one class to the other or from class 8 to form 1		(Which class was the child before CT-OVC and which class is she/he now?)
The OVC(s) is performing well in school curricula and non-curricula activities		(What has been the performance/grades in the past three years to date, and what activities has the child been participating that he/she did not ? use to participate in)
OVC(s) is regularly attending school		How many times has the OVC(s) been sent home due to levies; How many times has the OVC(s) fallen sick
OVC has completed class 8		Does the OVC(s) have a KCSE certificate? What's the grade?

15 How do you report on your progress to the CT-OVC programme or Department of Children's services?

APPENDIX 2: CAREGIVER QUESTIONNAIRE IN DHOLUO

Code |

Nyinga en _____ koa Maseno University. Atimo nonro motenore gi pesa michiwo ne somo mochuno ne kiye gi nyithindo ma ok nyal yudo some e aluora ni. Tiend nonro ni en nono duoko mar pesa mane ochiw ne jogo ma ochung'ne kod sirkal e sub kaunti mar Seme. Duoko go ibiro tiyogo e bero chenro mag CT-OVC kendo e nono chike mag piny mar Kenya matayo ritruok mar oganda. In kaka wuon ot kata jarit, de aher penji penjo moko kuom joodi kod nyathi kich kata nyathi ma ok nyal yudo some ma idak go. Penjo gi ok bikawo secheni mokalo dakika apar gi abich. Abiro dwokoni erokamano maduong' kuom yie chiwuori.

Inyalo yiero mondo kik penji penjo nikech chenro ni en kuom yiero ng'ato. Bende in kod ratiro mar loko pachi kuom ayie mane isechiwo kata weche mane isechiwo kata ariyo go duto e kinde moro amora e twagni. Weche ma ichiwo ibiro kan mopondo kendo ibiro tiyo kodgi e weche nonro kende. Nyingi ok biwuok e lipot moro amora mabiro wuok e nonro ni mak mana ka ichiwo yie ni bang winjo weche manyalo wuokie kod ber ne.

Jachiwre oyie donjo e twak	1. Ee	2. Oyo
Sei mar jachiwre:		
Tarik:		

Yie mondo iwinj penjo maber kapok iduoko. Erokamano.

SECTION A

1. Yie ichiw weche gi

(Duoko e nafas ni, kama owinjore)

a	Ward	
b	Location kod sub location	
c	Nying jarit:	
d	Hik jarit	
e	Nying nyathi kich kata nyathi machandore moseyuto e chenro ni (ok ochuno)	
f	Kit chwech mar jarit	
g	Okang' mar somo-jarit	
h	Tich	
i	Kwand yuto kuom higa e pes Kenya	
j	Yor yuto	
k	Kwan mar nyithi kiye kata nyithindo machandore ma idak go	
l	Kwan mar nyithi kiye kata nyithindo	

	machandore ma ochung'negi			
m	Chiw kata nying achiel mar nyithi kiye kata nyithindo mochando ma ochung'negi kod skul ma primar ma osome	Nying	Skul	Klas

2. Kuom sani be in achiel kuom CT-OVC ma sirkal ochung'negi?

Ee _____

Oyo _____

2b. Ka ee, iseyudo kony koa kuom chenroni kuom higni adi? (Kwan koa higa mar 2011 nyaka sani)

.....

2c. Ere kaka ing'eyo ka chudo mag CT osewuok? (Fweny kit tudruok)

.....

3. En pesa adi ma iyudo kaka chudo kaluwuore gi limbeni e kuonde chudo? (Ne joyud kony ma pod nitiere e chenro madhi mbele)

.....

4. Iyudo chudo mar pesa ma ioro didi koa kuom kuonde chudo?

Bang' dweche ariyo	
Bang' dweche ang'wen	
Akia	

5. Kari mar chudo ni kanye? (Chuo kama owinjore)

a. E bengi (Ler ni en kure mondo ochiw bor)

b. Kuom jatij bengi mosiko e aluora ni (Ler ni en jatich mane)

c. Kuom jatij bengi ma ok osiko e aluora ni (Ler ni en jatich mane)

d. E ofis posta.....

6. Kuom pachi, bende pesa ichiwo ne nyathi OVC ka OVC koso ne ot ka ot? (Chuo kama owinjore)

1	Kuom OVC ka OVC	
2	Kuom ot ka ot	

SECTION B

7. Gin kuonde mage ma ichiwo kony ne OVC(s) molooyo? (Chuo kama owinjore)

1	Somo	
2	Chiemo	
3	Thieth kod chanjo	
4	Ndikruok e weche sirkal	

7B. Nang’o kuonde gi? (Non mich ma giyudo kuom kuonde ma gichwoyo e sentens machuok)

7c. Ka ochwo somo, gin yore mage ma itiyog gi chudo mag CT?

	Yoo ma itiyogo	Chuo kama owinjore	Tem yudo kwan mar omenda ma oa kuom CT-OVC ma otigo e tam achiel kuom nyathi ka nyathi	Tem yudo kwan ma otigo e tam achiel kuom nyathi ka nyathi.ka oa e yore moko mag yuto. (see 1i)
1	Pesni ma ichulo e skul..... (Ler gigo ma ochudne)	()		
2	Fee mar skul..... (Ler)	()		
3	Buge mag skul mar isomo gi ma indikee	()		
4	Bag mar sikul	()		
5	Wuoch skul	()		
6	Kitembeche ma itiyogo e kinde dhi e dwe ne nyithindo ma nyiri	()		
7	Chiemb saa uachiel mar OVC e skul (Ler ka giting’o chiemo, gisolo ne chenro mag chiemo)	()		
8	Yudo thieth kinde ka kinde ne OVCs e skul	()		
9	Lep skul	()		
10	Yudo gigo makonyo e somb nyithindo ma nitiere gi chandruok makende	()		
11	Mopogore	()		

8. Bende pesa ma ioro biro e saa mowinjore/madwarore mondo otimgo chudo mag gigo moler malo go?

Ee _____

Oyo _____

8b. Ka oyo, ere kaka ichulo gik moler malo go? (Chiw sentens achiel kata ariyo)

9. Chiw rang'iny mar morni gi CT ne dwaro mag somb OVC (Chwo rang'iny mowinjore)

1	Ok omora kata matin
2	Ng'enyne omora
3	Omora to seche moko be ok omora
4	Omora ahinya

10. Gin chandruok adek mage madongo ma iseneno kuom tiyo mar CT-OVC e keto okenge mag yudo duoko mabeyo e somo?

- a.
.....
- b.
.....
- c.
.....

11b. Ere yo maber ma chandruok gi inaylo kony?

- i.
.....
- ii.
.....
- iii.
.....

11. Gin ber mage adek madongo ma iseneno kod CT-OVC e udi e yore mag kete okenge mag yudo duoko mabeyo e somo?

- a.
.....
- b.
.....

c.
.....
.....

12. En wach mane maduong mane nitiere e yore mag bero duoko ma somo kuom OVC(s)
kapok ne ochak chenro mar sirkal chung'ne OVC-CT?

.....
.....
.....

13. Bende chenro ma sirkal chung'ne CT-OVC nyalo dhi mbele e yorene mag bero duoko
mag somo e sub kaunti mar Seme?

Ee _____

Oyo _____

14a. Ka ee, ere kaka chenro mar CT-OVC osechwalo kendo osebero yudruok mar somo
mochuno?

Ranyis	Chwo kama owinjore	Fweny
OVC(s) osechorore koa e klas achiel nyaka moro kata koa e klas 8 nyaka klas ochiko		(Nyathi ne nitere e klas mane kapok chakruok CT-OVC to en e klas mane sani?)
OVC(s) timo maber e puonj skul mag klas kod ma oko.		(Kuom higa adek nyaka sani, nyathi osebet katimo nade kata oyudo maks machal nade, to gin chenro mage ma nyathi osebet ka timo mane ok notim?)
OVC(s) dhi skul ma ok obare ding'eny		Ndalo adi ma OVC(s) oseduok dala ne wach chudo mag skul?
		Ndalo adi ma OVC(s) osebetie matuo?
OVC otieko klas 8		Be OVC(s) nitiere kod oboke mar KCPE?
		Ne oyudo maks adi?

15 Ere kak ichiwo lipot mar kaka idhi ne chenro mar CT-OVC kata duol mochung' ne chenro mag nyithindo?

APPENDIX 3: IN-DEPTH INTERVIEW GUIDE

Guidelines for Children In-depth Interviews

For ages 6 -11 → (adjust grammar as needed).

For ages 12 – 17 → (use “you” to refer to the respondent when reading questions).

My name is _____ and I am a Research Assistant working with Edwin Ottichilo a student of Maseno University. I would like to ask you a few questions regarding your current state of education access for 20 minutes at most. I have a verbal permission from your school administration, but I can only continue if you are okay with it. I will keep your information confidential and safe and you have the right to withdraw anytime during the interview. I have an interest in hearing your experience and suggestions. The information that you provide will only be used for the study purposes only. Your name will not appear in any report that comes out of this study. Please listen to the questions carefully before responding. I also seek your consent to record the session so that I do not miss any of your responses. Thank you

Name of your school:.....

1. What is your age?.....
2. Where do you live?.....(with caregiver, if not who else?.....)

3. Is your biological father alive?

Yes _____

No _____

4. Is your biological mother alive?

Yes _____

No _____

5. Do you have a birth certificate (piece of paper proving birth registration?)

Yes _____

No _____

Don't? Know _____

6. What class are you currently in? _____

7. Who is taking care of your education needs? (note where appropriate)

Father	
Mother	
Both father and mother	
Grand mother	
Aunt	
Uncle	
Grand father	
Other (explain)	

8. Did your caretaker attend school meetings in your school in the last one year? (probe the nature of meetings if the child think that meetings are attended, using scenarios such as invitation by school through him/her to the caregiver).

8b. If not, probe why.

9. Have you ever missed attending school in the last one year?

Yes _____

No _____

9b. if yes, how many times can you remember?

9c. what may have been the reason for missing out in school?

10. In your opinion, what support do you get from your caretaker while in school that has helped you to remain in school and learn for the last one year?

	Item	Tick where appropriate according to the child response
a	Text and writing Books bought by parents/guardians	()
b	School Bag	()
c	School shoes	()
d	Pads (for the girl child)	()
e	Frequent medical checkup in school	()
f	School uniforms	()
g	Access learning aid for special needs cases	()
h	Others (note all responses)	()
i	None	()
j	I don't know	()

Explain further any justification for receiving the support under No. 10:.....
.....

11. Where do you get lunch when in school? (Tick in the shaded box)

- | | | | |
|-----------------------------|-----|---------------------------|---|
| Go back home | () | Probe the distance | (close (01), far (02), very far (03)) |
| Feeding programme in school | () | Probe the frequency | Daily (01), twice a week (02), more than twice a week (03), don't know (04) |
| Don't have lunch | () | | |
| Others | () | | |

12. Have you heard of Cash transfer for OVCs?

Yes ____ (from whom) _____
No ____

11 (b) If yes, what do you think is the greatest assistance you have received? (Ask the child to list)

13. As an OVC, do you think, you have problems with attending school? _____

14. If Yes, what are these problems? (probe at least three things including listing two assistance they require)

15. How have you transited or known of other OVCs that have completed school because of benefiting from CT-OVC programme?

- 1 Yes
- 2 No
- 3 I don't Know

For both yes and no, allow them to explain further.....

16. Do you know of any of your colleagues who have dropped out of school in the last one year? If yes, probe the reason.

17. Have you been sick in the last one year while in school?

.....

17.b. If yes, (probe further where they received medication from.....

.....

Notes: (let them tell you any additional information that can help to contribute to retention and completion.....

.....

.....

.....

.....

Thank you for volunteering your time

APPENDIX 4: FOCUS GROUP DISCUSSION GUIDE (MEMBERS OF BWCS)

1. Do you know how the beneficiary households are selected by the CT-OVC programme?
2. Who participate in the selection process of the beneficiary households?
3. What are the roles of BWC and in particular on the access to education by OVCs?
4. Has the CT-OVC programme been effective in promoting retention/attendance, transition, enrolment and learning outcomes? If yes, what are the indicators? If no, what are some of the problems?
5. What other contributions can you note in addressing education needs?
6. Have you ever experienced caregivers paying tuition fees or admission fees or both?
7. How do you contribute in enforcing general conditions in respect to promoting enrolment, attendance and retention?
8. Do you attend the BWC meetings and how are they held (probe the time intervals when they meet and who facilitate and convene the meetings)
9. How do you report on the outcome of such enforcement or monitoring? Probe how this is done
10. In case of problems encountered in the implementation of educational outputs, how are they addressed? (probe how)
11. Do you experience delays with the CT payments? If yes, why do you think the delay happens?
12. Has the CT payments contributed to school transition and completion? If yes, how?
13. Do you create awareness on education and CT-OVC programme among beneficiary households?
14. Are you facilitated to attend capacity building as well as conduct community awareness meetings? (this is to probe if there is an incentive)
15. Have caregivers improved on their sources of income apart from CTs and which could be attributed to the CT-OVC programme between 2011-2017?
16. What is the best strategy to use to reach caregivers with knowledge and information that can improve the implementation of the basic education component? Probe further
17. If civic education appears to be the answer for question 11, then ask them how this can be done, which approaches are likable.

APPENDIX 5 KEY INFORMANT INTERVIEW GUIDE (EDUCATION OFFICERS, CHILDREN OFFICERS, CHIEF(S), SCHOOL HEADS AND LOC MEMBERS)

For Headmasters

1. Do you know of the CT-OVC programme?
2. Is there a channel of communication between you and the children officer or education officer about the welfare of OVCs?
3. Do you have OVCs in your school benefiting from the CT-OVC programmes?
4. How often do they attend schooling and what is the level of retention?
5. Do you have any records of their class attendance as well as their academic performance?
6. Do you receive levies or school fees from caregivers with OVCs?
7. Do you encounter delays in receiving levies by OVCs under the programme? (probe the type of levies or fees if any and when the same is paid)
8. What do you do when the OVCs under the programme do not pay? (probe whether they send them home)
9. Do you provide receipt after payment of levies by the caregiver?
10. What are some of the challenges you face with the implementation of the CT-OVC programme in your school?
11. Do you receive support of sanitary towels from the government and other well-wishers?
12. Are there achievements so far that the CT-OVC has realized in your school?
13. In your opinion, how supportive have the elderly caregivers been? (very supportive, supportive or least supportive). Allow them to select one and probe why.

For chief, education and children officers (modify accordingly to also fit the interviews with the county heads)

14. For how long have you assisted the implementation of Cash Transfer in the area/county?
15. Are local politicians involved in the programme implementation, If yes what sectoral areas in particular?
16. How long is the programme expected to be implemented?
17. What are the objectives of cash transfer on OVCs in the Sub-County?
18. What are the components of CT-OVC programme support?
19. Is the CT-OVC programme implemented together with other existing policies in the Sub-County?
20. If Yes, which are these policies?
21. What is the criterion used for selecting the beneficiary households?
22. How much payment is made to the households?
23. How do you communicate and coordinate as key departments and with OVC beneficiaries?
24. Are there structures at the county and community level to address matters of CT-OVC, especially on issues that affected access to basic education by the OVC
25. What is the mode of payment?
26. When is, the payment made?
27. How is the payment made? And are the payment methods reliable?
28. What is the source of the funding?
29. Do you know how much of the funding is utilized in Seme?
30. How you monitor compliance to co-responsibilities? (probe information relating to education services)

31. How many children are in attending school due to the CT payments (probe those that have managed to be in school due to the CT payments)
32. What is the role of the community in the programme implementation?
33. What is the role of the beneficiary households in the programme implementation?
34. Are there mechanisms in place for beneficiaries to complain or participate in programming?
35. Is there a mechanism in place to sustain OVCs that have reached 18 years or those that have completed class 8? (probe the mechanism and the nature of assistance if any is given)
36. If yes, from your experience, is the payment enough to cater for the education needs of OVCs?
37. Between education, health, food and nutrition which one gets more support by the care givers?
38. Is the support effective in your own opinion?
39. How you conduct potential beneficiary identification and also how is monitoring done?
40. From your experience, what are some of the challenges that the programme is facing with regard to addressing basic education?
41. On your own opinion, can these challenges be addressed? If yes, how?
42. What are some of the achievements of the programme so far on access to basic education?
43. How are these achievements communicated into a larger policy framework?
44. What is the policy framework and how is the communication done (probe approach and experiences?)

For LOCs

1. In your opinion, how are the OVC beneficiary households identified and selected? (probe their awareness of the tools used for selection as well as their level of understanding on their role in the programme)
2. Are local politicians involved in influencing recruitment or in any other process?
3. How do you engage communities in the programming processes?
4. As LOC members, how do you in your initial planning help to address the education aspects of the programme?

APPENDIX 6: OBSERVATION CHECKLIST

	Observe the following	Tick where appropriate	
		Yes	No
1	Was the children interviewed during school time?		
2	Was the mood of the household head/caregiver friendly during the administration of the questionnaire?		
3	Did the education officer appear to have some documents to refer during the interview?		
4	Did the children officer appear to have some documents to refer during the interview?		
5	Can you spot any form of discrimination from the care giver during the interview? (looking at how he/she is treating the OVC if at home		
6	Was there cooperation given by the school administration during the KII		
7	Did you observe presence of attendance form/lists showing that OVCs were attending schooling		
8	Did you observe the grades of OVCs in the respective schools; ask for permission to take pictures where possible		
9	While in school for KIIs, observe whether OVCs are in class. Single out some of them based on the attendance list.		
10	Were there OVCs with special needs? If yes, was there an assessment facility that provided expertise, referral and advice on how to deal with OVCs with special needs?		
11	Are schools helping to deal with OVCs with special needs?		
12	Are the OVCs provided with sanitary towel on a monthly basis (girl OVC) If yes, find out from whom		
13	Conduct feedback visitation to some of the beneficiary households to find whether they had civil certificates that are used for school enrollment.		
14	<ul style="list-style-type: none"> a) Check with the school based on the class register, the number of times an OVC missed school in a term. b) Check on whether the schools have special needs materials with them. c) Kindly note any key phenomenon observed like the attitude of the OVC during the interview process..... 		

APPENDIX 7: ETHICS REVIEW COMMITTEE APPROVAL



MASENO UNIVERSITY ETHICS REVIEW COMMITTEE

Tel: +254 057 351 622 Ext: 3050
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Private Bag – 40105, Maseno, Kenya
Email: muerc-secretariate@maseno.ac.ke

FROM: Secretary - MUERC

DATE: 2nd May, 2018

TO: Edwin Adoga Ottichilo
PG/MA/DS/00127/2014
Department of Development Studies
School of Development and Strategic Studies
Maseno University
P. O. Box, Private Bag, Maseno, Kenya

REF: MSU/DRPI/MUERC/00513/17

RE: Proposal Reference Number MSU/DRPI/MUERC/00513/17 An Assessment of the Beneficiaries' Perception, Policy Achievement and Sustainability of the CT-OVC Program on Access to Basic Education in Seme Sub County in Kisumu County

This is to inform you that the Maseno University Ethics Review Committee (MUERC) determined that the ethics issues raised at the initial review were adequately addressed in the revised proposal. Consequently, the study is granted approval for implementation effective this 2nd day of May, 2018 for a period of one (1) year.

Please note that authorization to conduct this study will automatically expire on 1st May, 2019. If you plan to continue with the study beyond this date, please submit an application for continuation approval to the MUERC Secretariat by 15th April, 2019.

Approval for continuation of the study will be subject to successful submission of an annual progress report that is to reach the MUERC Secretariat by 15th April, 2019.

Please note that any unanticipated problems resulting from the conduct of this study must be reported to MUERC. You are required to submit any proposed changes to this study to MUERC for review and approval prior to initiation. Please advise MUERC when the study is completed or discontinued.

Thank you.

A handwritten signature in blue ink, appearing to read 'Dr. Bonuke Anyona'.

Dr. Bonuke Anyona,
Secretary,
Maseno University Ethics Review Committee.



Cc: Chairman,
Maseno University Ethics Review Committee.

MASENO UNIVERSITY IS ISO 9001:2008 CERTIFIED

