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Implications of Cash Transfer Programmes for Social Relations:
Kenya's Cash Transfer for Orphans and Vulnerable Children (CT-OVC)

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Acronyms

AAC	Area Advisory Council
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisation
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DANIDA	Danish International Development Agency
DC	District Commissioner
DCO	District Children's Officer
DFID	Department of International Development
DO	District Officer
DOSC	District OVC Sub-Committee
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
ID	Identification Card
KIHBS	Kenya Integrated Household and Budget Survey
LOC	Locational OVC Committee
MGCSD	Ministry of Gender, Children and Social Services
NACC	National Aids Control Council
NCCS	National Council for Children's Services
NGO	Non-governmental Organisation
NPA	National Plan of Action
NSC	National Steering Committee
OVC	Orphans and Vulnerable Children
PAIS	Ministry of State for Provincial Administration and Internal Security
RAAAP	Rapid Assessment, Analysis and Action Planning
SIDA	Swedish International Development Cooperation Agency
UN-HABITAT	United Nations Human Settlements Programme
UNICEF	United Nations Children's Fund
WB	The World Bank

Abstract

With the perceived failure of economic growth to tackle persistent income inequality and poverty around the world, social protection has increasingly become a preferred complementary model for addressing these challenges. Cash transfer programmes are therefore an essential constituent of social policy and seen as an important mechanism to tackle poverty, vulnerability and social exclusion. However, the multi-dimensionality of cash transfer programme impacts beyond direct economic and material benefits is under appreciated. Drawing on document analysis and qualitative field research, this study considers the impacts of Kenya's Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme on social relations. While the programme has resulted in social capital gains within beneficiary communities, it has also had perverse effects that have simultaneously engendered threats to social cohesion. The negative outcomes are largely seen to emanate from programme processes, particularly the small percentage of households targeted. Ultimately the study highlights the necessity for directing focus towards a comprehensive social protection system with a universal orientation to maximise benefits of transfer programmes. Meanwhile, there is need to expand the evaluative space to take cognizance of the range of impacts engendered by such programmes, including relational outcomes.

Keywords

Chapter 1   Preliminary Research Issues

1.1   Background

Social support and protection is not new, as transference of resources (food, shelter, clothing and cash) to the poor has been a feature of human society from ancient times. In modern societies, the responsibility for social protection is borne by social networks, families, other institutions, markets as well as public authorities or governments. After a long period during which development policy gave prominence to the supply of public goods and services by the state, attention is shifting towards direct transfers to the vulnerable. In the past decade, social protection and assistance programmes have gained traction in sub-Saharan Africa as a reliable complementary model for addressing high levels of deprivation and vulnerability (Niño-Zarazúa *et al.* 2011:163). This is especially following the adoption of the Millennium Declaration in 2000 that helped focus attention and establish social protection mechanisms as an important policy tool to tackle poverty, vulnerability and social exclusion (Barrientos and Hulme 2008:3-9). In line with this thinking, cash transfer programmes have emerged as an essential constituent of poverty reduction strategies (Copestake 2008:545).

The driving force behind this preference for cash injections to local economies is attributable to the supposed ability of cash transfer programmes to meet the twin objectives of short-term poverty alleviation and human capital building (UNDP-IPC 2008:3). The move is also fomented by positive evaluations of pioneering cash transfer programmes in Latin America, thus serving to provoke their adoption as a popular component of development strategy in other countries. Countries in Africa are therefore beginning to translate their National Social Protection Strategies into social protection policies and programmes in partnership with international partners, usually within the context of Poverty Reduction Strategy Papers (PRSPs) (Niño-Zarazúa *et al.* 2011:163). Policy interest is now shifting from the mere profiling of poverty and emergency aid towards concern with factors that that propel households and communities to sink into impoverishment; how to avert such trends and pathways out of deprivation (ibid). There is thus a new wave of social protection programmes throughout Africa, and in Kenya, the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme is the latest in the country's growing stable of social protection mechanisms.

The CT-OVC is a culmination of many years' efforts to deal with growing numbers of orphans and vulnerable children (OVC). It was conceived in the run-up to the general elections in 2002, stemming from the realization that elements of social protection, especially family and communal mechanisms were breaking down in the face of the growing AIDS pandemic, a demographic momentum that led to increased numbers of orphans (Alviar and Pearson 2009:1). The idea for the programme took root in 2004 with the development of the first version of a National Plan of Action (NPA) for OVC, followed by the establishment of a National Steering Committee (NSC). By the end of the year, the programme was in place through the initiative of the Ministry of Home Affairs with funding and technical support by United Nations Children's Fund (UNICEF) (Bryant 2009:67). The CT-OVC aims to encourage fostering of OVC and support development of their potential by strengthening the capacity of families to protect

and care for them. It also aims to render and mobilize support for community based responses in the care of OVC (GoK 2008a:12). The programme is premised on the idea that orphaned children in Kenya are located within a social environment that the potential to provide care and support but lacks adequate capacity.

This study explores the development and implementation of the CT-OVC in Kenya to date, drawing on research in Kisumu-East, which is among the districts in which the first phase of the programme was implemented. The main concern is on the implications of the programme for social relations within the community. The analysis pays particular attention to wellbeing and social capital gains and costs at individual, household and community levels, as well as state-citizen relations.

1.2 Framing the Research Issue

The assessment of cash transfer programmes around the world has typically been conducted against their 'material impacts' on the consumption expenditure, income, nutrition, human capital development in health and education. This may be attributed to their clear links to economic growth as well as the relative ease of assessing such indicators through surveys (MacAuslan and Riemenschneider 2011a:60-61). When viewed against the 'material impacts' lens, it is hardly surprising that evaluations of the programmes have been overwhelmingly positive. A possible explanation is that in the context of functional market systems, impacts on beneficiary communities are significant since recipient families are able to immediately improve their welfare by directly spending the supplementary money on useful goods and services (Arnold *et al.* 2011:5). Such favourable assessments have thus led to greater appetite for adoption of cash transfer programmes by countries that have not yet done so and formed the basis for scaling up the existing ones. Consequently, there has been little motivation for donors and governments to widen the range of possible indicators against which the programmes may be evaluated (MacAuslan and Riemenschneider 2011a:60-61).

Despite the multi-dimensionality of programme impacts, positive material impacts have been consistently underscored, while negative implications have been glazed over (MacAuslan and Riemenschneider 2011a:61). Positive judgements about the desirability of cash transfer programmes have therefore been based on the elevation economic indicators over social relations. "Any negative social consequences are relegated to unfortunate side effects, to be solved within the framework of the intervention, rather than reasons to reconsider the intervention itself" (MacAuslan and Riemenschneider 2011b:2). Even though there is evidence that programmes similar to CT-OVC have significant social impacts, thorough examination of their implications is rarely conducted. As Skovdal *et al.* assert,

> [H]ousehold-focused cash transfer initiatives have an important role to play in the social protection of orphaned children and their educational attainment (Case et al. 2005), [but] experiences from South America have highlighted that household- and stipend-based cash transfer initiatives can potentially undermine traditional coping strategies (Jones et al. 2008). Insights about the unintended consequences (e.g. on gender and household dynamics)… are still lacking (2010:234).

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Intersection of cash transfer programme activities with the community can result in positive outcomes for social relations, for instance enhancing cohesion, solidarity, and empowerment. However, outcomes that compromise wellbeing including resentment, tension, stigma, and even hostility are also a possibility. This study is therefore an exploration to unravel the possibility that such outcomes have been occasioned by implementation of Kenya's CT-OVC programme.

Of interest is the prevailing evaluative tradition that seems at ease with the scant attention directed towards examination of the social, cultural and political implications of cash transfer programmes in developing nations. According to Hurrell and MacAuslan,

> there is an odd disjunction between the development of sophisticated tools for the political analysis of social policy in industrialized countries (see, for example, Skocpol 1992) and the almost exclusive priority given to economics in the analysis of social policy in most low and middle income countries, particularly in Africa (2012:257).

Given that the priority for the majority of populations in developing countries is to meet material needs in order to assure their wellbeing, such focus may perhaps be justifiable. However, in the rush to fulfil the basic needs of the most vulnerable populations, it is possibility that crucial non-material impacts have been missed or under-documented.

The most comprehensive evaluation of the CT-OVC was conducted in 7 districts between 2007 and 2009 (see Hurrell *et al.* 2010). Not surprisingly, the evaluation fails to solidly capture social relations impacts. It however confirms that recipients of the transfer (caregivers) generally happen to be women heads of the household, and that it is they who usually decide how to use the transfer, either alone or in consultation with other adults within the household (Ward *et al.* 2010:28). This represents a shift in economic power in patriarchal communities and has implications for household wellbeing and relations. As MacAuslan and Riemenschneider assert,

> if development interventions are to be judged by their impact on wellbeing, and wellbeing is not only material but also includes the nature of relationships with other people, institutions and symbols, then these changes must matter" (2011:65).

The implications of cash transfers on social relations and how such relations may affect the interventions are pertinent and therefore not to be downplayed.

Several other studies have been conducted about cash transfer programmes in Africa, but focus on the social aspects of the interventions has not been sufficiently explicit. MacAuslan and Schofield conducted a study of the Korogocho Slum Emergency and Food Security cash transfer initiative, and though they were "interested in the impact of cash transfers on relations within and between households" (2011:19), the major concern was on the effectiveness of programme design in achieving economic objectives.[1] The initiative was also a temporary emergency response to alleviate effects of increased food prices among

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[1] Korogocho is a poor urban settlement (slum) in the outskirts of Kenya's capital city, Nairobi

people affected by HIV and AIDS. Other notable studies include MacAuslan and Riemenschneider's (2011) study of cash transfer programmes in Malawi and Zimbabwe dealing with labour constrained households and food insecurity respectively; as well as Hurrell and MacAuslan's (2012) study of the political implications of cash transfer programmes in sub-Saharan Africa. Despite their contributions to understanding the impacts of cash transfer programmes, specific focus on social implications still warrants particular focus. The CT-OVC programme in Kenya presents such an opportunity.

While acknowledging the importance of evaluating the impacts of cash transfer programmes based on material assessment of wellbeing, the study seeks to highlight that such focus is lopsided and can be misleading if it fails to take into consideration non-material impacts which similarly have implications for wellbeing. According to Copestake (2008:545), the almost exclusive fascination with material indicators fails to capture the multi-dimensionality of impacts, including their full meaning to the intended beneficiaries and other stakeholders.

1.3 Motivation and Relevance

The motivation for this research was to reflect about the repercussions of policy interventions on the social wellbeing of the people they are meant to assist. I have worked as a District Officer (DO) in three districts of Nyanza province in the Ministry of State for Provincial Administration and Internal Security (PAIS), the 'face of government' at local level, the department where the public presents grievances and government departments seek assistance when they encounter challenges in implementing programmes. I am therefore acutely aware of the empowering and disruptive consequences that emanate from activities of development interventions. In addition, such interventions are not immune to local factors, with successful implementation often dependent on successful navigation of these community dynamics. For instance, projects involving transfer of resources (in cash or in kind) can flare up into disagreements in households and the community. The *Kazi Kwa Vijana* (youth employment programme is one such intervention in which I was involved in resolving community tensions while serving in Nyamira district in 2008-9. These frictions represented undesirable but not totally unexpected impacts, reflective of programme weaknesses and the need for more a comprehensive approach while designing and implementing development interventions.

As the most promising cash transfer programme in Kenya, CT-OVC represents an opportunity for engaging with and identifying the range of possible social impacts as a necessary step towards better formulation, implementation and evaluation of social protection policies. This study therefore recognises the multi-dimensionality of development programmes and the possibility of unintended consequences. Given that such implications are significant and could be undesirable, they should not be treated minor pitfalls or challenges, but rather important considerations for planning and executing cash transfer programmes. Achievement of economic objectives may be a priority, but it is also important (if not equally so) for policy makers and implementers to have a keen awareness of how the cash transfer programmes interface with the social environment, including the social repercussions of economic benefits.

Shifts in people's feelings, attitudes and behaviour have a direct bearing on a programme's acceptance in the community and hence its effectiveness and

viability. Experience of programme implementation may therefore turn out quite different from the expected outcomes. In contexts where majority of potential beneficiaries have little differentiation in socio-economic characteristics, targeting may for instance result in leapfrogging effects that breed divisiveness and tensions. Leapfrogging occurs when recipients of cash transfers are suddenly 'catapulted' to a higher living standard, leading to differentiation from other community members who are almost as poor (Ellis 2012:208). The resulting jealousy and resentment may cause divisiveness and exclusion, leading to social tensions that compromise community solidarity (Ellis 2012:201-14; Jones *et al.* 2008:266-7). The 'leap-frog effect' can be exemplified by Peru's *Juntos* programme where the fact that children from benefiting households could afford uniform and shoes generated dislike among children in non-benefiting households. This was extended to schools where children from excluded families would refuse to assume school responsibilities, claiming that it was the duty of those 'who were being paid'. At community level, the sense of division was heightened among women as meetings and events organised exclusively for programme beneficiaries made the rest feel discriminated (Jones *et al.* 2008:255-73).

Cautionary notes have also been sounded against the tendency to reduce social protection to cash transfer programmes, as this could breed perverse effects like fostering children for financial gain (Roelen and Sabates-Wheeler 2011:17; Sabates-Wheeler *et al.* 2009:117). Despite their growing popularity, cash transfers cannot replace the full menu of interventions and strategies for addressing poverty and vulnerability that dot the social protection landscape. Identifying the full range of consequences therefore provides valuable information that can be used in decision making, with important ramifications for design, implementation, monitoring and evaluation. The CT-OVC programme can therefore be strengthened by a broader understanding of its impacts; reinforcing desirable outcomes while sensitizing stakeholders to any detrimental effects. In addition, the study is a contribution to the growing recognition of the multi-dimensionality of programme impacts, and the need to expand the evaluative space in programmatic assessments to take cognisance of relational impacts.

1.4   Situating the Research

Kisumu-East, one of the districts that comprise Nyanza Province was selected for the study.[2]   It has two administrative divisions, Winam and Kadibo but the study focused on Winam, which currently hosts all the locations under the programme. Winam division consists of eight locations, namely Township, Kondele, Kolwa West, Kolwa Central, Kolwa East, Kajulu East, Kajulu West and Miwani. However, out of the eight locations the CT-OVC programme is only being implemented in Township, Kolwa West and Kolwa East. Kadibo division is therefore not participating in the programme.

When ranked according to population, Kisumu East district is the ninth in the country having an estimated 473,649 residents (KNBS 2010). Kisumu town, which is situated within the district is the third largest town in the country by

[2] The **county** is the new administrative unit, but former districts and provinces are still operational. Maps with province and county boundaries provided at the end in the appendices

population, and is a regional capital, an administrative, commercial and industrial centre. The town and its environs have an estimated population of 388,311 (Commission on Revenue Allocation 2011) which translates to 82% of the district population. This is significant as most of the population lives in Winam division, where the CT-OVC programme is being implemented. In general, Kisumu County has rich endowments including Lake Victoria and fertile agricultural land which supported a vibrant economy in previous years. However, the region's economic potential has been in regression over the years and the town is now one of the poorest despite its rich resource base. Food insecurity, growing urban poverty and the high prevalence of HIV and AIDS are key concerns and according to the UN-HABITAT, 60% of the city's population lives in slums while over 15% have contracted HIV and AIDS (2006:4).

Despite the difficult past, Kisumu is currently undergoing economic revival and experiencing a net immigration flow from surrounding districts. With increasing population, land sizes have become ever smaller, creating an impetus for people to seek their livelihood in urban centres. Slums have therefore been growing steadily within Winam division, adding pressure on the already impoverished settlements within and around the city (UN-HABITAT 2005:1-15). Economically, Kisumu's landscape is dominated by the informal sector as well as urban agriculture, with 52% of the working population eking out a living in transport, petty sales, repairs, carpentry, metalwork and other small-scale businesses. Additionally, 50% of the population is involved in urban agriculture and livestock keeping, which dominate the peri-urban landscape where the majority live (UN-HABITAT 2006:9).

The CT-OVC programme is therefore being implemented in an environment of widespread poverty, but also within the context of a rapidly changing socio-economic, political and cultural transformation. Nevertheless community solidarity and mechanisms for mutual support have remained relatively strong, and evidence during this research affirm that 'households and community support systems, though strained, remain resilient and the bedrock of care' in times of crisis (Okwany *et al.* 2012:59).

According to the Ministry of Gender, Children and Social Services, (MGCSD), implementation of the programme in the district began in 2006 with an initial 116 beneficiaries with funding provided by UNICEF and UK's Department for International Development (DFID), and the programme currently enrols 2,480 households.[3] Kisumu-East district was deemed ideal as the focal point for this research given its involvement with the programme from the early stages (phase I after pre-piloting). It was therefore considered more likely to reveal possible impacts given the long interaction of the community with the programme. Additionally, I am well versed with the area having lived and worked there, a fact that made the task of collecting data less daunting.

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[3] Based on interview with Kisumu-East District Children's Officer

1.5 Research Objectives and Questions

This study seeks to achieve two objectives. First is to determine and highlight the implications of the CT-OVC programme activities on social relations within households, between households and the larger community. Secondly, it examines aspects of programme implementation that result in these impacts, and how they have in turn affected the programme.

Main Research Question

What are the implications of the CT-OVC programme on social relations among communities within Kisumu-East District?

Sub-questions
1. What are the effects of the programme on individual, household and community relations?
2. How has the programme affected citizen-state relations?
3. How have these impacts been taken into account in the programme cycle?

1.6 Methodology

This was an exploratory study undertaken in Kisumu, Kenya (see maps in appendix 4) from July to August 2012. The methodology employed is primarily qualitative, since it is well suited to the "study of social relations, owing to the pluralisation of life worlds" (Flick 2006:11) and difficulties in quantifying social relationships.

Data collection techniques

Comprehensive review of academic literature was conducted as well as documents relevant to the CT-OVC and the social protection situation in Kenya. Notably, the Operational Manual for the CT-OVC programme; the CT-OVC Operational and Evaluation Report 2007-2009; the draft Kenya National Social Protection Strategy 2009 - 2014 and the Kenya Social Protection Sector Review were extensively consulted. Two main techniques employed for data extraction; semi-structured interviews and a focus group discussion. Strictly speaking, both methods are interviews that vary only in form because one involves individual participants while the other comprises several of them (O'Leary 2010:196).

To guide the interviews, an interview guide was prepared in advance, but the semi-structured approach was preferred since flexibility afforded opportunities to seek clarification and elaboration on issues under study. Concrete issues were defined but the response was left open. Follow up questions would then be asked depending on the participants responses. A focus group discussion was considered advantageous because in addition to low costs, it is rich in data, stimulating participants and supporting them to remember events. It is also efficient because it provides quality controls on data collection (Patton 2002:386). During the study this was found to be the case as participants would often clarify or refute each other' views. This was considered useful by affording opportunity to cross check information and reveal otherwise latent details.

Selection of study participants

Having worked in Kisumu the researcher was well placed to mobilize formal and informal networks to identify and access study participants. Two categories of participants were targeted; community based participants as well as government or organizational representatives. Study participants (except key informants) were from single parent headed households supporting three to seven orphaned children or orphans living by themselves. Participating households from the slum areas of Bandari, Nyalenda and Manyatta (Township and Kolwa West locations) live in high density urban communities, mostly in rented one or two roomed wooden or mud houses. Households with no parents were typically worse off (based on visual observation) than households with at least one parent. Participants from Kolwa East location fared no better, though their dwellings were mostly family-owned.

Table 1: Study Participants

Locations	Data Collection Method	Research Participants
Township Kolwa West Kolwa East	Semi-structured Interviews	**Key Informants (9)** • 2 Children Officers • 1 District Officer • 3 Chiefs • 1 Social worker • 2 Locational OVC Committee members
		Community Members (14) • 11beneficiaries • 3 non-beneficiaries
	Focus Group Discussion	**Community members (6)** • 3 beneficiaries • 3 non-beneficiaries

Source: Researcher's construction

29 study participants were reached through 23 semi-structured interviews (including 9 key informants) and 1 focus group discussion comprising 6 individuals. The key informants were purposively drawn from government and the community for their perceived knowledge and experience in implementation of the CT-OVC programme. The rest of the interviews targeted beneficiaries of the programme and non-beneficiaries (eligible but excluded due to limited programme capacity). A combination of purposive and convenience sampling techniques was used for their identification and inclusion in the study. The focus group discussion also comprised a mix of both benefiting and non-benefiting members of the community. Study participants were drawn from the three locations in which the CT-OVC programme is being implemented.

Reflexivity and Ethical Challenges

Being a qualitative social research, the study is hinged on social relationships that are vulnerable to interpersonal dynamics. Interactions between the researcher and the study participants through data collection methods are recognized as social encounters co-produced by the two parties and capable of affecting the research. According to Laws *et al.* (2003:80-81) the identity of the researcher or analyst has an indelible impact on the process, hence the need for open reflection about the researcher's own point of view. The subjectivity of the researcher and the study participants becomes part of the research process itself. The reflections of the researcher about their own actions as well as observations, impressions, irritations and even feelings become data and part of interpreting the findings (Flick 2006:16). Accordingly, there is appreciation that the researcher's own values, beliefs, and interests will always be an influence on the research, and reflexivity presents a means for dealing with this inevitable bias (Laws *et al.* 2003:80-81).

Working with vulnerable persons exposes power differences between the researcher and the participants, and the "problem of negotiating proximity and distance in relation to the person(s) studied" (Flick 2006:120) was noted in this study. Most interviews with beneficiaries of the programme were conducted in their homes, and it was quite clear that study participants considered the researcher an important visitor. For instance, signs of preparation for the visit were observed, including spruced up houses and the fact that participants seemed to have made an effort to dress up. This was not considered a hindrance because the researcher's own upbringing reflects a similar experience where efforts are made to 'appear decent' when there are visitors. The only concern was that the interaction should be as un-intrusive as possible, and it is believed that this was achieved. In organizing for the interview, the choice of venue was always left to the participants, and they invariably chose their own homes, except one that was conducted in the participant's place of business. To counter possible barriers, a member of the community known to the participants accompanied the researcher, usually the local representative in the beneficiary welfare committee. This facilitated introductions and translation when needed in addition to helping put the study participants at ease. I was also conscious of my manner of speech, utilising Swahili language most of the time and dressing 'casually' for the interviews to reduce perceived class or status demarcations.

At the beginning, my own position as a government official tended to complicate matters as it was clear that study participants believed the research capable of provoking changes. As it has been observed by Laws *et al.*, 'it is very difficult for people in need to understand that a researcher is interested in them only for the purposes of broader study, and will not bring any assistance in their wake' (2003:235). This was attributed to the fact that the initial contact was through the local chief. To reduce the power differences and likelihood of study participants from 'colouring' their responses, I concealed my status as a civil servant and introduced myself as a 'student'. However, perceptions that the research could influence matters persisted, with frequent exhortations by participants that I forward their concerns to the government. To address the issue, I tried to be as honest as possible with the study participants about the likely impacts of my work without dampening the gravity of their concerns.

While interacting with study participants, I was conscious of a sense of outrage on witnessing the squalid conditions in which some of them lived and the seeming inadequacy of the CT-OVC to generate significant impact on their condition. This was only alleviated by the optimistic outlook, resilience and confidence of the participants about their ability to overcome the deprivation as long as they continued to receive support. There was therefore realization that though the amount of the transfer seemed insignificant to me, the participants held it in high regard.

Being a civil servant am aware of the challenges that government officials face, which are not well appreciated by the general public. There was therefore a tendency to identify with my colleagues when participants seemed unfair in making accusations against government officials. There was however conscious effort to accord adequate time to all participants including government officials in a bid to obtain both sides of the story as comprehensively as possible. Patient listening was thus an important strategy for gaining this understanding, with the result that most interviews took more than an hour as long as participants felt they had something to say. A semi-structured though in-depth approach was therefore favoured in addition to including both programme beneficiaries and non-beneficiaries to render space for the expression of varied opinions.

The initial plan was to interview beneficiaries from child headed households under the assumption that a child is a person below 18 years. This however did not conform to local perceptions since individuals of up to 23 years were designated as children as long as they were still in school (including tertiary learning), dependent on other family members or were unmarried. The study did not therefore trace any household headed by a child under 18 years; a fact attributed to time elapsed since the programme was first implemented in Kisumu in 2007. However, perspectives of children under 18 years were captured in the course of the main interviews with caregivers. In several of these cases, I requested curious children who had been peering in from doorways to be invited back inside, apparently after being admonished to stay out of the house (in deference to the 'visitor') as the interview progressed.

1.7 Structure of the Paper

The upcoming section (Chapter 2) presents the concepts used in this research paper, with an analytical framework for examining and presenting the findings. In chapter 3, an overview of the situation in Kenya is highlighted, including and policy and institutional framework for the country's social/child protection system. Chapter 4 describes establishment and development of the CT-OVC programme and summarizes its structures, functions and processes of implementation, while chapter 5 presents findings about the social impacts of the programme as envisaged in the analytical framework. Chapter 6 marks the end of the paper by discussing concluding remarks about the findings and their implications for policy.

Chapter 2   Conceptual and Analytical Framework

This study assumes that social relations form an integral part of the defining elements of household and community wellbeing, and of significance is to find out how these relations have been affected by the CT-OVC. Concepts of social and child protection, risk and vulnerability, cash transfer, social relations and citizen-state relations are deemed important and are examined hereafter.

2.1   Social Protection

Social protection is seen as an important component of poverty reduction strategies, the goal being to reduce vulnerabilities occasioned by social, economic and other shocks and stresses. Social protection constitutes the range of interventions (by public or private as well as informal networks) which support individuals, households and communities in their efforts to prevent, manage, and overcome risks and vulnerabilities (Jones and Holmes 2010:1). The Kenya government defines it as

> policies and actions, including legislative measures, that enhance the capacity of and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods, and welfare, that enable income-earners and their dependants to maintain a reasonable level of income through decent work, and that ensure access to affordable health care, social security, and social assistance GoK (2012: vi-vii).

Devereux and Sabates-Wheeler conceptualize social protection as protective (providing relief from deprivation by safeguarding household income and consumption levels); preventive (averting deprivation and ensuring households don't resort to negative coping strategies), and promotive (enhancing real incomes and capabilities) and transformational (enhancing social equity) (2004:10). Their transformative dimension regards social protection as a means to tackle power imbalances that result and sustain vulnerabilities. Accordingly, they advocate "a more "political" or "transformative" stance [that] extends social protection to arenas such as equity, empowerment and economic, social and cultural rights, rather than confinement to targeted income and consumption transfers" (ibid:3)..

Social protection mechanisms are meant to benefit categories of the vulnerable identified as the chronically poor; the economically vulnerable and the socially marginalised. These categorizations are not absolute, and they often overlap due to the composite nature of vulnerability (ibid:12). The approach proposed by Devereux and Sabates-Wheeler (2004) identifies a quartet of interventions that address the needs of the vulnerable groups. The table below summarizes the categories of vulnerable groups and the proposed interventions. Though cash transfers are not explicitly stated in this framework, they would fall under the social assistance interventions category. The CT-OVC is therefore a targeted income transfer intervention, one among a wide array of possible social protection mechanisms

Table 2: A Framework for Social Protection Programmes

Vulnerability Categories	Examples of Affected Groups	Category of Interventions	Types of Programmes
Chronically poor	Severely disabled Terminally ill Ethnic minorities Urban unemployed Pastoralists Subsistence smallholders	Social Assistance	Disability benefit Single-parent allowances Social pensions Food aid Food-for-work
Economically at risk	Cash crop farmers Internally displaced persons Orphans Informal sector workers Widows The elderly	Social Insurance	Formalised pensions Unemployment benefits Health insurance Maternity benefits Burial societies
Socially Vulnerable	Ethnic minorities Abducted children People living with AIDS Victims of domestic abuse People with disabilities Street children Female headed households	Transformative Action	Changes to regulatory framework to protect vulnerable groups. Operationalizing economic, social and cultural rights Sensitization campaigns
		Social Services	Community based care Orphanages Refugee/IDP camps Crèches/pre-schools

Source: Devereux *et al.* (2002) cited in Devereux and Sabates-Wheeler (2004:13)

Trends in Child Protection

By conceptualizing child protection within the larger discussion about social protection, the issue becomes how a child-sensitive social protection system can be achieved. This is informed by an understanding that children and their care-givers face "multiple and often intersecting vulnerabilities and risks" and the fact that such vulnerabilities are dynamic and their experience changes throughout childhood (Jones and Holmes 2010:1). There is no consensus in defining a child protection system, but there is general agreement about what it entails. The Kenya's National Council for Children's Services (NCCS) has adopted the UNICEF definition that defines a child protection system as a

> set of laws, policies, regulations and services, capacities, monitoring and oversight needed across all social sectors – especially social welfare, education, health, security and justice – to prevent and respond to protection related risks. At the level of prevention, the aims of the system include supporting and strengthening families to reduce social exclusion and to lower risk of separation, violence and exploitation (UNICEF 2008:4-5).

The definition reflects a progressive shift by governments and international organizations from the traditional approach to child protection focussing on distinct subjects like child trafficking, street children and HIV and AIDS in favour of a *systems approach* to social protection policy. This integrated multi-pronged approach is guided by the Convention on the Rights of the Child (CRC),

recognizing that instituting or strengthening a child protection system entails consideration for legal and policy reforms, developing institutional capacity, planning, budgeting, monitoring as well as information systems (NCCS 2010:4). The approach reinforces the fact that safety nets and social insurance mechanisms go hand in hand, working together to protect vulnerable populations. The view in government is that improving the country's social protection system therefore requires progress in all component mechanisms in safety nets, social security and health insurance. The approach privileges complementary livelihood investments and employment as a means to promote graduation from safety nets and usher households out of poverty (GoK 2012:viii). It also recognizes the cross-cutting nature of responsibilities for child protection across government and non-state agencies.

Applying the transformative element proposed by Devereux and Sabates-Wheeler (2004), a child sensitive social protection system includes measures for the protection of children's rights as well as ensuring their voice and agency within families, schools as well as communities without any form of discrimination. Jones and Holmes (2010:1-2) apply the transformative model to present an effective child protection system as encompassing the following elements: social assistance to vulnerable and poor children and households; social services targeted at marginalised children in need of specialized care and attention; social insurance mechanisms that protect children and families from health risks and livelihood shocks as well as other stresses; and social equity mechanisms protecting children and their families against social risks including discrimination or abuse.

Discourses in child protection: HIV and AIDS Orphans

For many years, debate about OVC has revolved around the devastation caused by HIV and AIDS, with significant statistics generated highlighting the plight of children in the context of the HIV and AIDS especially in sub-Saharan Africa (see Figure 1). As the scope, scale and severity of the epidemic became clear the ensuing moral panic resulted in high levels of concern and mobilization in support of OVC. However, responses by governments and their partners have been flawed and lopsided due to their focus on AIDS orphans (JLICA 2009:11). In their quest to rally support, stakeholders emphasized the 'AIDS orphan' crisis, which led to the dominance of a 'social rupture theory', which contended that informal safety net mechanisms traditionally employed by families and the community had disintegrated and unable to take care of OVC (Okwany *et al.* 2012:52).

This trend resulted in the number of AIDS orphans being used as gauge for the severity of national epidemics, and providing support for AIDS orphans the overriding concern (JLICA 2009:11). This approach has however been largely discredited, and there is wider recognition that it is not only orphans who face difficult conditions, but other categories of children as well. Orphans are therefore a part of a much larger group of children who face severe and urgent needs. Government-led interventions therefore need to reach not only orphans, but all children who need support and services in poor communities affected by HIV and AIDS (ibid). There is also recognition that the vast majority of affected children are almost exclusively supported their families and communities, who bear up to 90% of the financial burden mitigating the impacts of HIV and AIDS on children (Richter 2008 cited in JLICA 2009:9).

Figure 1: Direct Impacts of HIV and AIDS on Children

- The number of children living with HIV per year globally has increased eight-fold since 1990. An estimated 2 million children were living with HIV in 2007, 90% of them in sub-Saharan Africa (Richter, 2008; UNAIDS, 2008).
- 370,000 children were newly infected with HIV in 2007, representing 17% of all new HIV infections globally (Richter, 2008; UNAIDS, 2008).
- 270,000 children are believed to have died from AIDS in 2007 (Richter, 2008; UNAIDS, 2008).
- Adolescent girls are particularly vulnerable to HIV infection. In some populations in sub-Saharan Africa, a fifth of girls under 18 years of age are infected with HIV (de Waal & Mamdani, 2008).
- Millions of children witness the debilitating effects of HIV on parents and caregivers, some becoming the "caregivers of their caregivers."
- In 2007, some 12 million children in sub- Saharan Africa were estimated to have lost one or both parents to aids, representing approximately 37% of parental loss from all causes (Richter, 2008; UNAIDS, 2008).

Source: Adopted from JLICA 2009:9

Like other countries in sub-Saharan Africa, families in Kenyan communities have continued to provide the bulk of care, support, and protection for children affected by the pandemic with minimal or no assistance from external agencies. In heavily burdened areas, the coping capacities of families have been severely eroded by the combined impacts of AIDS, poverty, and food insecurity, but there has been no 'rupture'. Governments therefore have the responsibility to provide the needed support and services. The CT-OVC programme should be seen from this perspective, that is as an attempt to boost the capacities of families and communities to more effectively absorb the shocks of HIV and AIDS. This is in recognition of the resilience of families and communities in the face of crisis and their centrality in any long-term response to children's vulnerability (Okwany *et al.* 2012; JLICA 2009).

2.2 Vulnerability: Towards an OVC Definition

Reducing risks and vulnerability for the poor is a critical underpinning for social protection. However, vulnerability is a term that tends to be loosely used, leading to its confusion and even substitution with the poor (Ellis *et al.* 2009:23). According to Jones *et al.* poverty is recognized as 'a dynamic rather than a static state' that 'may be temporary, transitory or chronic' (2008:257). In this study, we adopt the definition by Ellis *et al.* to view vulnerability as situations where people have impaired ability to cope with high risk events that have adverse impacts on their livelihoods (2009:23). These risky events (or shocks as they are commonly called) could be individual, for instance illness, accidents and death, or communal, for instance drought, floods and plant or animal disease outbreaks (ibid). in vulnerable households, coping ability is determined by their asset status, hence those with a strong base in terms of land, family, labour, savings and other assets are likely to absorb the shock more effectively without 'livelihood collapse'.

Vulnerability circumstances are wide and varied, hence the diversity of social protection mechanisms, for instance food and basic needs deprivation by age or poverty/destitution levels; food production and consumption deficits; HIV and

AIDS shocks among others. Further, the multi-dimensionality of factors underpinning poverty and deprivation render it difficult to attain consensus not only on definitions but also about priority areas, which is even more challenging in the case of children (Jones *et al.* 2008:257).

Despite the complexities of defining vulnerability, its use in this study in relation to children is under the term orphans and vulnerable children (OVC). The term is an attempt to steer away from the misconceptualization of vulnerable children as orphans, particularly in relation to HIV and AIDS. OVC therefore refers to the much broader range of children (including orphans) who are affected by vulnerability. (Bird *et al.* 2005:3). While an orphan is a child that has lost one or both parents (and here concern is for a child under 18 years), a vulnerable child is one whose safety; wellbeing and development are for various reasons threatened, including access to basic services, adequate care or a secure home environment. An OVC is therefore seen as any child who has lost one or both parents or otherwise at risk of deprivation due to an inadequate or unstable care environment.

2.3   Cash Transfer Programme

The study focuses on cash transfer programmes as social assistance interventions with the potential to empower the poor to use small sums of money in productive and life-improving ways. The definition proposed by Arnold *et al.* has been adopted for this study, where cash transfers are seen as the 'direct, regular and predictable non-contributory payments that raise and smooth incomes with the objective of reducing poverty and vulnerability' (2011:2). While cash transfers may be conditional or unconditional, further categorization is possible based on objectives; design and implementation choices; as well as financing options (ibid). Regardless of categorization, cash transfers target sections of the population regarded as poorest or most vulnerable, for instance older people, persons with disabilities and children.

The theoretical case for cash transfer programmes is based on the assumption that individuals can be trusted and empowered to effectively use resources availed to them to improve their living standards (Ressler 2008:4). Poverty is recognized as multi-dimensional, with inadequate and unreliable levels of income identified as a critical aspect of the problem. Cash transfer programmes are therefore meant to provide a modest but reliable income to assist households stabilize consumption and enable them sustain spending on food, education and healthcare. This is especially critical when households undergo unusually tough economic times as it cushions them against further vulnerability, for instance disposal of assets or plunging into debt (Arnold *et al.* 2011:3). Financial inputs are therefore seen to improve influence on livelihood strategies and increase the sense of wellbeing and dignity at household level (Ressler 2008:4). Over time, formerly vulnerable households build human capital, accumulate productive assets and gain access to credit.

Ultimately, cash transfers should be regarded as a complement rather than an alternative to provision and improvement of basic services in health and education (Arnold *et al.* 2011:3).

2.4 Implications for Social Relations

Social relations impacts denote the range of positive or adverse outcomes of the CT-OVC on interactions and social networks of programme stakeholders; hence the study explores how people interact with each other at household and community level. In Africa, social networks are fundamental to family survival and wellbeing especially during times of distress, and no household exists completely alone. However, while social relations should be helpful and supportive, they can also be unhelpful, negative and even predatory (Ressler 2008:3). The most vulnerable families are therefore those with few or fragile social relations and networks. According to Devereux and Sabates-Wheeler (2004), in addition to economic deprivation, poverty and vulnerability are also about social deprivation. Understanding how policy interventions affect social relations and coping mechanisms of vulnerable members of the community is essential to understanding their needs and how assistance can be best provided (ibid).

Though cash transfers have been implemented in Kenya for a long time, the CT-OVC programme represents one of the most ambitious and coordinated programmes targeting the vulnerable children and households. By examining experiences of the community about the programme's impact on their social relations, this study aims to contribute to raising the profile of relational impacts and hopefully appreciation of their centrality in the programme cycle. As indicators of wellbeing, these impacts are significant and make a convincing case for their specific inclusion in the evaluation of cash transfer programmes.

2.5 Conceptualizing Citizen-State Relations

The concept of citizen-state (or state-society) relations is concerned with how state institutions interact with societal groups in the exercise of public authority, as well as how the people may influence the state. It refers to

> a form of social contract that gives the state its legitimacy provided it serves the will of its citizens. In practical terms, it involves the ability of citizens to demand services and hold state actors to account; and the extent of the state's responsiveness to their demands and needs (HelpAge 2011:17).

It also includes the rights and responsibilities of citizens towards the state and their level of trust in the state. This relationship is therefore not direct or automatic, and is actually multi-dimensional, touching on the political, economic, social and civil spheres. Focus is on the mutual rights and obligations of state and the society in regard to negotiating allocation and use of public resources, hence issues of public trust, representation and accountability are central (DFID, 2010:15). In relation to the CT-OVC, strengthening this relationship would mean "focusing on new forms of participation, responsiveness and accountability and requires the active involvement of beneficiaries" (Okwany *et al.* 2012). The question is whether this bond has been strengthened or weakened by the programme.

A key component of citizen-state relations is state legitimacy, where negative experiences of citizens with the state may breed a legacy of mistrust and rejection of state institutions. The inability or unwillingness of the state to provide for the welfare of citizens, improve standards of life or otherwise respond to the needs of citizens can therefore undermine state legitimacy (GSDRC 2011:9). Effective

performance of public institutions is therefore a prerequisite for legitimacy and can be attained by service delivery, social protection systems, as well as the degree of representation and accountability.

2.6 Analytical Framework

Social Relations Approach

The social relations framework was created by Naila Kabeer and explicitly draws on structural feminist roots, locating the family and household within the network of social relations connecting them to the community, market, and state. Among other claims, the social relations approach asserts that development is a process for increasing human well-being (survival, security and autonomy), and not just about economic growth or increased productivity (Kabeer 1994:279-285). Further, social relations determine people's roles, rights, responsibilities and claims over others and that institutions produce and maintain social inequalities (ibid). The approach is useful for this study in understanding relations between institutions. Other approaches used for analysing family and community dynamics include the wellbeing and social capital frameworks, as the social relations perspective has challenges incorporating multiple voices and experiences of local actors due to its structural bias (Pittman 2011).

Wellbeing Perspective

The study utilizes the wellbeing perspective developed by Copestake (2008) and elaborated by MacAuslan and Riemenschneider (2011). The main idea is that improvement of wellbeing, which is the goal of development interventions, is not merely dependent upon "the possession of or interaction with material objects or characteristics" (MacAuslan and Riemenschneider 2011:61). To a significant extent, "it also depends on interactions with people and relations with ideas" (ibid). Copestake's framework therefore views wellbeing from both material and non-material dimensions, as is seen as highly localized, subjective and rooted in culture and personal experiences. In this regard, of importance is how the CT-OVC has interacted with prevailing cultural trends and experiences as "any social assistance programme is embedded within a web of social relationships that is moulded in turn by strongly held beliefs and values" (Copestake 2008: 548). Relational factors can therefore influence perceptions about the programme and how it is implemented in practice. In this study, the wellbeing perspective is used to assess the effects of the CT-OVC programme on the quality of participants' social livelihoods.

Social Capital Framework

Closely tied to Copestake's material and non-material characterization of impacts is the 'capital framework' which distinguishes three types of impacts, namely physical, human and social capital. Social relations fall under social capital, which is the most intangible among the three. We draw on Skovdal and Campbell (2010 cited in Skovdal *et al.* 2010:235) who have outlined the resources and forms of social capital needed to strengthen the capacity of communities to take care of orphans. These include knowledge and skills, recognition of local strengths and agency, building partnerships and connectedness, supportive social spaces as well as positive social identities. These are considered essential building blocks of orphan care and support programmes at community level and should therefore be

promoted in communities affected by HIV and AIDS as a means "to improve the quality of care and support available to orphaned children and thereby enhance the coping and resilience of children" (Skovdal *et al.* 2010:234).

In relation to the CT-OVC programme, application of this framework suggests that the goal would be to build an orphan competent community, which Skovdal and Campbell (2010), define as

> a community in which orphaned children and their fostering households are best able to negotiate and access support from their social environment (including extended family, friends, neighbours, community groups, schools, NGOs and government departments) (cited in Skovdal et al. 2010:234).

Being human, people are inclined to "sustain meaningful friendly relations with individuals, families, groups, neighbours and communities" (Pawar 2006:212) and though many relational impacts are invisible, they are significant social implications. To foster wellbeing, many communities actively cultivate trust and encourage frequent interactions and participation in social, economic and political activities. Social capital therefore has implications for behaviour, with high levels associated with cooperative and altruistic behaviour while reduced social capital could herald governance problems and other social pathologies (Jackman (2001:14217). In this study the social capital framework is applied under the wellbeing perspective, since effects on social capital ultimately have implications for wellbeing of individuals, households and the community.

The impacts of the CT-OVC programme are mapped and categorized under four categories: individual; intra-household or domestic; inter-household or community as well as citizen-state relations. A framework to guide the analysis is summarized below:

Figure 2: Framework for Social Relations Analysis

Key:

→ Positive

⇢ Impacts
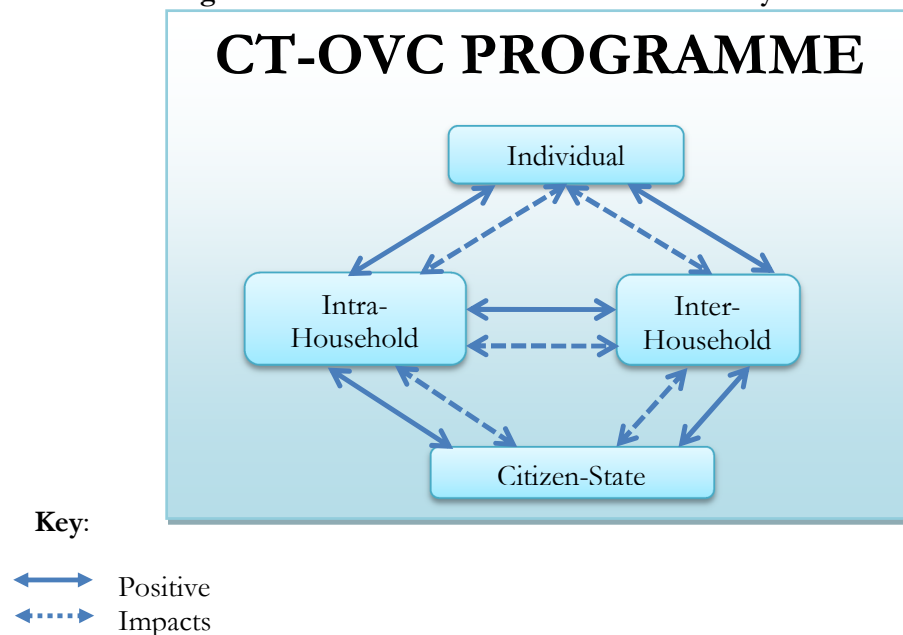
Source: Researcher's construction

Chapter 3   Situation, Policy and Institutional Overview

This chapter presents a situation analysis of vulnerability in Kenya and an overview of the policy and legal context on which the country's child protection system is underpinned. National institutions and local structures in child protection that overarch the CT-OVC are described.

3.1   Scanning the Landscape: Poverty, Risk and Vulnerability

By 2009, Kenya's population was estimated to be 38.6 million people. Current national absolute poverty is estimated at 49.3% with 21.5% of the population classified as extremely poor or hard-core poor (GoK 2012:8).[4] According to estimates of the 2005/06 Kenya Integrated Household and Budget Survey - KIHBS (Kenya National Bureau of Statistics 2007), most ultra-poor are in rural areas, with 21.9% prevalence compared to 8.3% for urban areas. At 49%, levels of absolute poverty are similarly higher in rural areas (GoK 2012:6). The unacceptably high poverty levels are indicative of the need for a vibrant social protection sector with programmes for social security, social assistance and social health insurance. Unfortunately, the vulnerability situation in the country is dire as the existing social protection programmes are inadequate, as their coverage and investment levels remain below the level of need (GoK 2012:4).

In regard to children, the continuing crisis of poverty, fragmented development and HIV and AIDS has resulted to more children growing without adequate support, care and protection. OVC are therefore among categories recognized as being most susceptible to the effects of poverty (GoK 2009:6), with provision of care and support being a challenge due to their growing numbers. Out of the total population, children are estimated at 19.1 million, 10.2 million of them (53.5%) being poor in absolute terms while 4.6 million (24.2%) are hard core poor and in need of urgent support (GoK 2012:8). It is estimated that there are as many as 2.4 million orphans (see Table 3) in Kenya, which is 12% of all children under the age of 18 years, with 50% of orphanhood (total or partial) due to HIV and AIDS (NACC 2010:17).[5] When considered together with other vulnerabilities (excluding disability), the number of OVC rises to 3.6 million, 25.8 of who are classified as hard core poor (GoK 2012:8).[6]

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[4] An extremely poor household's entire income falls below the food poverty line; hard core poor households cannot provide for their basic needs including shelter, food, schooling, health care and clothing.

[5] The exact number is uncertain since different figures have been floated, for instance UNAIDS (1.4 million); UNICEF 1.9 million; NACC (2.4 million)

[6] The number of disabled children is 349,207, 27.5% are classified as hard core poor

Table 3: Trends in the Number of Orphans in Kenya

	1985	1990	1995	2000	2005	2008
Maternal Orphans						
AIDS	0	1,196	72,965	362,539	635,208	655,358
Non-AIDS	583,738	595,451	577,670	533,335	481,997	460,692
Total	583,738	596,647	650,635	895,873	1,117,205	1,116,051
Paternal Orphans						
AIDS	0	2,394	71,893	263,755	416,777	430,300
Non-AIDS	908,512	896,738	829,476	776,433	736,198	727,110
Total	908,512	899,132	901,369	1,040,188	1,152,975	1,157,410
Dual Orphans						
AIDS	0	1,011	61,919	234,514	351,473	326,347
Non-AIDS	240,372	204,910	163,598	131,380	105,585	94,975
Total	240,372	205,921	225,517	365,894	457,058	421,322
Total Orphans	1,251,878	1,289,858	1,326,487	1,570,168	1,813,122	1,852,139
All AIDS Orphans	-	2,785	91,487	427,392	755,800	813,730

Source: Takona and Stover, estimates based on ANC data and DHS 2003, cited in Pearson and Alviar (2007)

3.2 Towards a Response: Policy, Regulatory and Legislative Context

Social security is a human right enshrined in the Universal Declaration of Human Rights (1948), the International Covenant on Economic, Social and Cultural Rights (1966), and other human rights instruments (GESS 2012). In Africa, the relevance of social protection in fighting poverty and promotion of inclusive growth is articulated in the African Union's Social Policy Framework, endorsed by heads of state in 2009 (GoK 2012:9-10). This framework is a commitment by governments to achieve outcomes towards provision of basic social protection throughout the continent (ibid).

The Kenya government has attempted to fulfil its obligations, a commitment that is reflected in various instruments, policies and plans. For instance, provisions of the constitution adopted in 2010 affirm the state as the primary duty bearer towards provisioning for vulnerable populations. In addition, the country's development blueprint (Kenya Vision 2030) prioritizes vulnerability and poverty reduction (GoK 2012:4). The recent adoption of the National Social Protection Policy by Cabinet is an additional bid to assure the social wellbeing of society's most vulnerable groups. The policy contains a framework to guide the process of instituting cash transfers, work for food and work for cash programmes in

addition to pensions and health retirement schemes (APSP 2012). There also exist sector specific laws and guides aimed at improving social welfare, including the Education Act of 2007; HIV prevention and control Act of 2006; Strategy for revitalising Agriculture for 2004-2014; and National Policy for the Sustainable Development of Arid and Semi-Arid Lands (2007). Instruments with particular focus on protection of disadvantaged members of society include the children's Act (2001); the National Policy on Youth (2006); the National Gender and Development Policy (2000) and the Persons with Disabilities Act (2003).

In regard to the rights of children and their protection, Kenya is party to the UN Convention on the Rights of the Child, article 19 of which requires state parties to take

> all appropriate legislative, administrative, social and educational measures
> to protect the child from all forms of physical or mental violence, injury
> or abuse, neglect or negligent treatment, maltreatment or exploitation,
> including sexual abuse, while in the care of parent(s), legal guardian(s) or
> any other person who has the care of the child (OHCHR 2007).

The article envisages the enactment of protective measures to support children and caregivers, as well as preventive measures to deal child maltreatment (NCCS 2010: 5-6). Kenya is also a party to the African Charter on the Rights and Welfare of the Child, in addition ratifying the Hague Convention on Inter-Country Adoptions, Palermo Protocol, the Millennium Declaration 2000 on MDGs, as well as the ILO Conventions 138 (minimum age) and 182 (worst forms of child labour) (ibid). These have been domesticated through the enactment of the Children's Act (2001), in addition to commitment to develop a functional child protection system as prioritized through MGCSD's Strategic Plan for 2008-2012. Towards this end, the Framework for the National Child Protection System for Kenya was developed in 2011 by NCCS.

3.3 Getting Down to Business: Strategies for Child Protection

According to the Kenya Social Protection Sector Review, safety net programmes in Kenya range from cash transfers; in kind transfers; to public works programmes. The programmes cover a broad spectrum of sectors and have a wide range of objectives (GoK 2012: 12). Other than the CT-OVC which is a social cash transfer, other programme addressing the needs of children are in education and health/nutrition sectors, with the transfers involving cash and food (see Appendix 1). To date, the free and compulsory primary education programme remains the single largest and arguably most successful programme geared to addressing the needs and rights of all children.

The Children Act (2001) created the National Council for Children's Services (NCCS), which has the policy oversight for children's issues, and the Department of Children's Services (DCS) which is its implementing and technical arm. They operate under the ministry with the mandate over children issues. The Act requires the NCCS to establish Area Advisory Councils (AAC), which are therefore statutory bodies that represent the NCCS at all established administrative levels (see appendix 3, where stakeholders in child protection are also highlighted). In actual terms, two of the bodies that specifically implement

the CT-OVC programme are the District OVC Sub committee (DOSC) and the Locational OVC Committee or LOC (see appendix 2) (IRCK 2011:13-14).

Conclusion

The government is duty-bound to alleviate poverty and reduce the vulnerability of sections of the population that confronts most risks. The various policy measures highlighted in this section can be seen as an affirmation of this commitment. In regard to child protection, there are strategies in place, but it is also quite apparent that challenges abound, including the outstripping of the capacity of available interventions by current needs. Despite the determination reflected through various instruments including policy documents and enactment of legislation, these are not harmonized and are contradictory in many cases (NCCS 2010:6). In addition, many duty bearers are not fully aware of all relevant laws, policies, regulations and guidelines, leading to misapplications that result in children falling through the protective net intended by these instruments (ibid). The following section examines findings on implementation of CT-OVC processes and procedures in advancing child protection.

Chapter 4   The State-Community Nexus: Planning and Practice

This section discusses implementation of the CT-OVC programme, highlighting the design variables for the programme. The processes and procedures for its implementation are examined as laid down in programme guidelines. Programme activities are viewed as avenues for engagement for individuals with each other as well as with the state. The role of the community in the implementation of the programme is therefore evaluated and a comparative analysis made between what is envisioned in the guidelines and study findings.

4.1   Establishment and Development of the CT-OVC Programme

The programme is largely unconditional and targeted, with the geographic selection of participating districts based on the magnitude of their OVC problem.[7] To qualify, a district should manifest a heavy burden of orphanage and/or vulnerability as demonstrated by the level of HIV and AIDS prevalence and number of OVC; the level of visible poverty as well as presence and quality of other interventions for OVC.

Goal and Objectives

The main goal of the programme is to

> provide a social protection system through regular and predictable cash transfers to families living with OVC in order to encourage fostering and retention of OVC within their families and communities, and to promote their human capital development (GoK 2007:16).

The transfer is also expected to improve education, health, food security/nutrition and civil registration outcomes for OVC, while building the caregivers' knowledge about care and support of the OVC. The goal and objectives reflect UNICEF's framework for the protection, care and support of OVC, whose key strategies include: strengthening the capacity of families to care and support OVC; mobilising and supporting community based responses; ensuring access to essential services; protection through enhanced policy and legislation; and awareness creation to encourage a supportive environment for OVC (UNICEF 2004). Developed under a child rights framework, the programme was meant to potentially cover all OVCs, but given resource constraints, it was targeted towards the poorest OVC households (Hurrell *et al.* 2010:2).

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[7] In a few areas conditionalities were attached to payments on pilot basis

Tracing CT-OVC Development and Scale up

The CT-OVC has been implemented in three phases, beginning with a pre-pilot project that covered 500 of the poorest OVC households in three districts in December 2004 (Ikiara 2009: 6); each family receiving Kshs. 500 (about 5€) per month. After the initial rollout the programme was progressively scaled up over the years, with caregivers currently collecting Kshs. 2,000 (about 19 €) per month, paid bi-monthly through Kenya's network of Post Offices and district treasuries. It is envisaged that the programme will cover all districts and reach 150,000 households by the end of 2012, benefiting 525,000 OVC countrywide. According to the Kenya Social Protection Sector Review, by 2010 the programme was supporting 412,470 OVC beneficiaries (GoK 2012:4).[8] The scale up of the programme is summarized below:

Table 4: The Scale-up of Kenya's CT-OVC Programme (2005-2012)

Phases	Period	District Coverage	Household Coverage	Partners
I	2005	3	500	GOK, SIDA, UNICEF
	2006	17	3,000	
II	2007	37	12,500	GOK, SIDA, UNICEF, DFID
	2008	37	25,000	GOK, SIDA, UNICEF, DFID, DANIDA
III	2009	47	70,000	GOK, SIDA, UNICEF, DFID, DANIDA, WORLD BANK
	2010	47	100,000	
	2011	6	135,000	
	2012	74	150,000	

Source: Researcher's construction.[9]

The programme draws its human resources from the Department of Children's Services, with funding and technical support from Government of Kenya (GOK), UNICEF, Swedish International Development Cooperation Agency (SIDA), The World Bank, and DFID. In 2005/2006, the government provided US$800,000; US$ 933,333 in 2006/2007; US$ 2,816,666 in 2007/2008; and US$ 9,662,272 in 2008/2009 (MGCSD presentations). Contributions from development partners have been significant, and budgetary allocations for the 2011/2012 financial year reveal that the bulk of financing was external (see Table 5).

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[8] The number of households is distinct from the number of OVC benefiting within the households. Here the figures indicate the number of OVC in the beneficiary households.
[9] Constructed from analysis of GoK 2007; Ikiara 2009; Hurrell *et al.* 2010 and recent MGCSD presentations

Table 5: CT-OVC Budgetary Allocation for FY 2011/2012

Funding Sources	Amount in millions	
	(US $)	(Kshs.)
GOK	13	1,086
World Bank (WB)	16	1,330
UNICEF	3	250
DFID	8	670
Total	**40**	**3,336**

Source: Adapted from MGCSD

Programme Conditionalities

During piloting half the households in the CT-OVC were subjected to conditions, including school attendance and immunization (Bryant 2009: 70). Though study participants spoke about these conditionalities, in practice these were not firm requirements for continued enrolment. These were found to be a strategy by government officials to 'encourage' the community to utilize available services. As one chief put it,

> No one has been punished for not following the conditions, but we usually tell them to follow them because it is our job to ensure all that children are going to school and taken for health services.

The issue of conditionalities therefore seems unclear and misunderstood, and appears a remnant of the pilot programme when the question of whether to impose conditionalities was first tested. Conditionalities were supposed to be monitored and enforced, but only in areas with sufficient education and health services (GoK 2007:19), but supply variability of these services across different areas makes enforcement impractical. In addition, the capacity for a credible monitoring and evaluation system to support such enforcement is highly doubtful. The current status of conditionalities is therefore vestigial and not an active component of the programme.

Monitoring and Evaluation

Members of DOSC and LOC are mandated to assist the DCO in the supervision of the CT-OVC programme by conducting periodic follow up of beneficiaries. However, no particular strategy was in place in the study area, and their involvement was dependent on willingness to volunteer their time. As a result, monitoring and evaluation was found to consist of *ad hoc* visits by LOC and BWC members through individual initiative whenever they could spare time. However, these efforts were ineffective and most beneficiaries have never had such visits. Nationally, the only comprehensive review was conducted between 2007 and 2009 (see Hurrell *et al.* 2010), and it covered only 7 districts.

Exit Policy

The programme was intended to provide cash benefits to beneficiaries as long as possible so as "to ensure maximum impact... provided they have a need and they continue to meet the programme criteria" (GoK 2007:22). Provisions for exiting the programme are clear; chief among them after expiry of 5 years. Households are also supposed to exit if they no longer satisfy the eligibility criteria; fail to comply with the conditionalities for four consecutive periods; renounce participation in the programme; move to another area not covered by the programme; are no longer deemed poor; or are found to have given false information or committed fraud (GoK 2007:22). The study found that since the programme was first implemented, only one targeting process for identifying eligible households has been conducted (excluding new areas of programme scale up). It also confirmed that original beneficiaries of the programme are still benefiting, including those that were enrolled in 2007, clearly beyond the envisaged five year limit.

4.2   Initiating Selection for Eligible Households

The location OVC committee (LOC) generates a list of all households that meet eligibility criteria; that they are hard core poor households; have permanent OVC between 0 - 17 years old[10]; and are not benefiting from other similar programme, whether in cash or in kind. The product of this exercise is a *List of Identified Households,* and the LOC is supposed to visit them all to ascertain eligibility. In practice however, LOC members claimed they already knew the most vulnerable households, hence found it unnecessary to conduct individual visits in all cases. Additionally, membership to the LOC is voluntary, unpaid and its operations are not funded. Guidelines provide that the LOC consults with the District OVC subcommittee before generating the *List of Identified Households*, but in practice they directly liaised with the District Children's Officer who would normally endorse the input of the LOC. The LOC is therefore clearly the most significant stakeholder in the identification of the beneficiaries, but its effectiveness in targeting is doubtful given the stated weaknesses.

Opportunities for gatekeeping

In addition to chiefs, inclusion of community elders and other opinion leaders (for instance retired civil servants or prominent business persons) represents the entirety of community representation in the LOC. The opinion leaders are supposed to be nominated by the community through *baraza*, and like chiefs, they are assumed to frequently interact with community members and wiling to serve the common good of the community.[11] The study however found that chiefs merely 'appointed' trusted 'point men', especially those they routinely called upon to mobilize the community or obtain information at village level. The

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[10] Below 18 years old, as per Children's Act, Cap. 586

[11] *Baraza* are open community meetings, usually in a chief's office compound

possibility of these individuals acting as gatekeepers to the programme can therefore not be ruled out. Merely because one is an 'elder' or opinion leader does not necessarily qualify them to articulate issues affecting children. Nevertheless, the involvement of chiefs and elders is an accepted and practical way of making use of existing structures and resources. In any case, they are usually the first port of call for members of the community when they seek to seek assistance and otherwise interact with the state.

4.3   Confirmation and Ranking of Beneficiaries: an Exercise in Futility?

Once the *List of Identified Households* is submitted to the national secretariat of the CT-OVC, a *List of Potential Beneficiaries* is generated. Enumerators are then sent to verify the initial information collected by the LOC, in a process meant to confirm the vulnerability situation of the households; compliment available information concerning the households; and to verify their poverty situation. The enumerators are supposed to visit the households initially identified by the LOC, assisted and accompanied by a village elder or LOC member. At this stage, new households are not added, and enumerators only certify if they meet criteria for eligibility. Further, there is no evaluation about the poverty levels of the identified households in relation to others within the same locality. Though verification is supposed to weed out non-deserving households and replace them with eligible ones in the list of potential beneficiaries, in practice the exercise rarely resulted in changes. In most areas, it was actually a challenge to conduct it due to lack of interested applicants as they worked under the same conditions as the LOC members; that is unpaid volunteers.

After validation, the OVC Secretariat generates a *Priority List* based on a ranking system that considers the number of orphans; number of disabled family members; and age of the caregiver. This list is also used to establish cut-offs depending on available funding, with those excluded meant to be added on priority basis as resources become available. In practice, scaling up is so rare that the lists are outdated and inadequate to gauge vulnerability. Even when the OVC still qualify, LOC members prefer households with younger OVC who were now regarded as more vulnerable.

4.4   Community Validation: the Last Chance

To complete the identification of eligible households, the list of prioritized eligible household is sent back to the community for final validation, which is accomplished through a public *baraza* organized by the DCO in collaboration with chiefs. If approved by the community, this represents the final review for determining households to be enrolled in the programme and eventually compiled as a list of *Selected Households*. Despite the supposed virtues of a community based targeting approach, the study found the validation process far from perfect and could in fact be circumvented. In at least one sub-location, the validation was never conducted while mischief was reported in other areas, especially in the urban communities benefiting from the programme. For example cases were reported where people were 'validated' and confirmed in *baraza*, only to later turn out that the endorsement was an orchestration between the beneficiaries and

some community members, therefore casting the validation process into serious question.

4.5 Programme Enrolment and Registration

When selected households are invited to enroll in the programme, a special enrolment event is organized where the households are registered as programme beneficiaries. An identity card (ID) is issued, and the caregiver is fully authorized to collect payments on behalf of the household.

Collection of programme benefit

The selected households are given Kshs. 2,000 (19€) per month payable bi-monthly (hence Kshs. 4,000) at selected post office branches within the districts. At the time of research, payment in Kisumu was in on-going for the months of July/August 2012 and the researcher was able to observe the process and interview some beneficiaries. In case a caregiver is unable to collect a payment for any reason, they are entitled to the full amount of the uncollected money in subsequent payments. If they lose their programme card, they are required to notify their respective LOC, usually through the area chief, who in turn informs the DCO to issue a letter to the caregiver ascertaining the situation. With the letter, the caregiver can collect the money as long as he is accompanied by the DCO or a LOC member. The programme ID is therefore a crucial document and the strenuous conditions in case of its loss serve as incentives to guard it closely. However, they may expose beneficiaries to manipulation and exploitation by LOC members.

Figure 3: CT-OVC Implementation Process
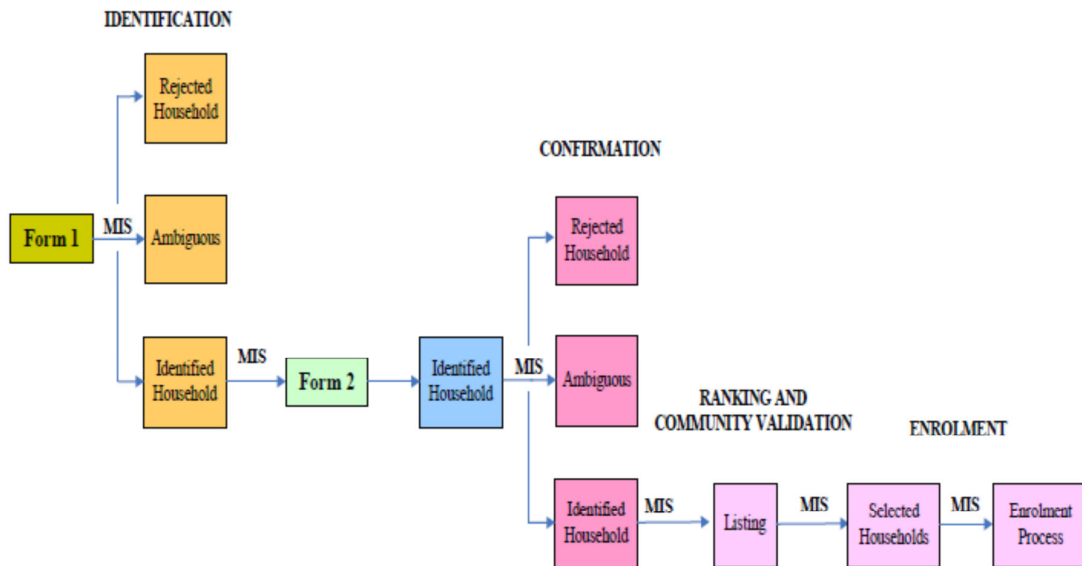
Source: IRCK (2011:28) adopted from GoK (2007:29).

Conclusion

Processes and procedures for implementing the CT-OVC programme have been described in this section, establishing that there are significant disparities between programme design and practice. Though BWCs have been established to counter concerns about transparency and accountability, the LOC is still dominated by the chiefs and their appointees, while the DOSC seems to have delegated it collective mandate to the DCO. Unfortunately, the DCO simply lacks the capacity to single handedly keep tabs on the entire programme without relying on existing structures. Given the inherent weaknesses of the monitoring and evaluation mechanisms, efficiency in local functioning of CT-OVC mainly relies upon the goodwill of stakeholders. The following chapter presents more findings of the study, with particular examination of programme implications on social and relational aspects of the community's wellbeing.

Chapter 5 Relational Outcomes of Cash Transfers

This chapter presents the key findings on the impacts of CT-OVC programme on social relations, analysed from the perspectives of the individual, the household and community as well as implications for citizen-state relations. These outcomes are relevant as they may not always conform to expectations underlying implementation. As Thomson (1963) asserted,

> It is quite possible for statistical averages and human experiences to run in opposite directions. A per capita increase in quantitative factors may take place at the same time as a great qualitative disturbance in people's way of life, traditional relationships and sanctions. People may consume more goods and become less happy or less free at the same time (cited in MacAuslan and Riemenschneider 2011:1).

5.1 Social Solidarity and Identity

Stabilizing households through assured incomes

The semi-structured interviews and focus group discussion usually began by asking a general question about what study participants liked about the CT-OVC. Responses were largely positive, with favourable perceptions most intense among beneficiaries. The boost to household income was most appreciated for its contribution to school related expenses, and it was clear that majority of caregivers regarded keeping the children in school a priority. The improved ability to buy food was an aspect for which the programme won accolades, and in practical terms this constituted the greatest percentage of short term household expenses. The fact that households could spare money for schooling and food was found a source of relief, contributing to better relations, a sense of stability and wellbeing in the family. As one beneficiary stated,

> The money may be little, but we are glad when it comes because it has its place. At least it contributes to handling some of the most important problems as we worry about other things.

Increased income level was therefore considered a boost to family relations and the household's immediate and long term welfare. This view was replicated among the children, who generally cherished the improved ability to eat more frequently and stay in school without being sent away due to lack of proper uniforms, books and other provisions.

From common identity to differentiation: perceptions about targeting

Asked what they did not like about the programme, it is clear that study participants had reservations about the targeting process, the main concern being the perceived exclusion of 'deserving households'. The dissatisfaction was based on two reasons; first was the perception that the programme left out too many deserving households, with its reach considered insufficient given the small number of beneficiaries relative to population in need. A participant stated that;

When you look at many of those living here in Nyalenda, it is the poor people… you know, the tuk tuk and bodaboda (motorbike and bicycle taxi) riders, mama mbogas (women who sell groceries on village/slum pathways), jobless youth, casual labourers and others. It is good that the children's programme is helping those of us who are widows and are taking care of orphans, but the truth is that many more have been left out and it is only that we were lucky to be included.

The other reason for dissatisfaction was the perception that the targeting processes included some 'richer people', hence excluding *'more' deserving households*. Whereas there was recognition that the contentious households were also poor, the feeling was that there were households that were comparatively worse off hence 'more entitled' to benefits. Recognition of beneficiaries and non-beneficiaries about their common poverty is a self-categorization that indicates a sense of identity in their collective plight. This is consistent with findings about the PROGRESA programme in Mexico (Adato 2000), Peru's JUNTOS programme (Jones *et al.* 2008) and social transfer programmes in Zambia and Malawi (Ellis 2012), where the community expresses a strong sense of solidarity about their deprived condition, hence the common statement that 'everyone here is poor'.

5.2   Community Empowerment and Participation

Relation of financial independence to esteem

Evidence points to positive impacts of cash transfers through promotion of self-esteem and status of individuals and families. Asked how the programme had affected them as individuals, beneficiaries talked of a renewed sense of confidence and pride. Accordingly, they thought the programme had enabled them become active and respectable members of their households and communities rather than being burdens. A recipient that is also a BWC official was unequivocal that they 'are now visible in the community and can talk in front of other people', a clear allusion to the dehumanizing effects that poverty can have on people's lives. It was therefore apparent that independence from the goodwill of relatives and neighbours was a source of new-found pride and contributed to boosting individual and household worth.

The voice of children: is their participation a practical right?

Beneficiary households in this study were either headed by a single parent or the children were living with other caregivers (elder siblings or other relatives). To maintain cordial household relations, it was found that some level of children's involvement was required in decision making, depending on their age and level of schooling. The likelihood of involvement was more in households with elder children, which emerged during the focus group discussion when participants stated that children could be very insistent about the prioritization of their interests, especially in regard to spending on educational provisions. Three caregivers had children in upper primary and secondary classes, with unique requirements compared to children in lower classes. This includes payment for 'mock' and final examination fees, revision books and supplies like geometric sets.

In at least two cases, the mothers planned their budgets with the elder daughters, while in one case it was the responsibility of a girl female OVC living with her grandmother. In most other cases, the children's role was limited to stating their needs, with the final decision about expenditure resting with the caregiver.

Gender also has some influence, a point that came across during an interview as well as in the focus group discussion, where there was consensus that raising girls is difficult. One caregiver stated that

> It is very difficult when there are girls in the house and you are raising them alone because you have to fulfil their needs otherwise they may turn to men. You never know who is out to take advantage of your daughters.

In this case involvement of girls (or at least fulfilment of their needs) was seen by caregivers as necessary to avoid disagreements and lessen vulnerability to immoral influences. In one instance, a caregiver reported that the child refused to go to school because the she refused to buy a revision textbook that the child considered important for examination preparations. The mother eventually bought the text, but she reported being careful thereafter to discuss with her child about their financial standing in view of the daughter's consciousness about her rights and willingness to take firm stands to safeguard them. Overall, participation of children in household decision making was varied, but an awareness that the money was meant for their welfare was noted.

In terms of their representation and involvement in programme processes, two children are supposed to be nominated in the AACs at all levels, but in practice this was not found to be the case. Some participants even expressed doubts about the necessity of involving children, questioning what their role would be. In this regard, the voice of children can be seen as subdued and though the programme targets their welfare, focus is on empowering the family and the community. In terms of physical representation, they are merely criteria for their households' qualification for enrolment into the programme. The study did not find indications that the community (caregivers and children) desired more children involvement or representation, and in line in local cultural practices, caregivers ultimately have discretion over the welfare of the children.

Community awareness, empowerment and participation

It was apparent that the CT-OVC programme has led to significant empowerment for both government officials and members of the community, including caregivers and OVC. The chiefs and LOC members acknowledged and appreciated training received about children rights as envisaged in the Children's Act (2001). The programme has therefore served to inculcate knowledge to the community through stakeholder training. Community members (beneficiaries and non-beneficiaries) were found to be well informed about the programme, a common refrain being that *'hii ni pesa wa watoto'* in other words 'this money is meant for children'. Children interviewed similarly admitted knowledge about their right to expect decent school uniforms purchased through programme payments among other needs.

The recent establishment of BWCs whose membership and officials are drawn from the beneficiaries themselves is not only a sensitization tool, but

caregivers are also using it to voice their concerns about the programme. It has also promoted leadership in championing their aspirations. For instance, drawn together by their common status as widows, BWC officials in Kolwa West location have registered a self-help group that promotes savings and entrepreneurship among members. The group (known as *'Nyathi Ber Ot'* meaning 'the child is the beauty of the home'), has therefore taken advantage of the CT-OVC structure to organize and promote members' welfare. By the admission of group members, the idea shows great promise for improving their welfare and ultimately the children under their care.

The study found no stigma associated with the programme, with evidence of enhanced participation in community affairs. However, this participation was limited to attending meetings and events associated with the programme. Some beneficiaries feared that failure to attend could result in their missing important information; hence participation was motivated by the desire to maintain their place in the programme. Non-beneficiaries also reported taking a keener interest in events related to the programme for similar reasons, motivated by the hope that they would receive favourable information, for instance about programme scale up. One participant said that,

> I go to the meetings hoping that one day they will announce when the programme will be expanded into our area.

Contrary to findings of non-participation in community activities in other programmes like PROGRESA and JUNTOS, there was no indication that this was the case for the CT-OVC though the question was specifically explored. This was attributed to the fact that other than the payment, the programme did not grant special privilege to beneficiaries. Save for participating in public *baraza*, there were very few avenues for constant communal interactions especially in the urban areas, for instance no communal work activities were identified. Even children reported no change in how they were treated by teachers or other students at school. The reported tensions and jealousies did not therefore extend beyond households and local neighbourhoods.

Improving gender relations or entrenching bias?

Recipients of the CT-OVC programme were generally found to be women, a deliberate bias that chiefs and members of LOC affirmed had served the interests of the OVC better than if money was given to men. For instance, a chief stated that "men are more likely to be blinded by *pesa kidogo* (little amount of money) and can easily misuse it", a position reinforced by a reported case where a male caregiver sent the children away to live with their grandparents after receiving the money. This is not to mean that men are more wasteful or selfish, as cases of misuse among some women were also reported. Rather it underscores the community's confidence with women as caregivers, confirming available literature that suggests that they are more likely to spend money for the benefit of children and the household.

The dominant position among key informants was that by empowering women financially, the programme was contributing to the promotion of gender equality. However, it could well be that the practice actually entrenches a

patriarchal perception of the woman as a caregiver (as opposed to men as providers). In one case where a man was listed as the caregiver receiving the benefit on behalf of the household, it was because he presided over a polygamous family in which there were several orphans from various households. The LOC member representing the area stated that

> We decided to give the money to the *mzee* (old man) because even though there are several households with orphans we had to select one caregiver. Otherwise other community members may complain that one 'home' has been given too much. The *mzee* is now the beneficiary and he has to decide how to use the money for all the families within his homestead[12].

Giving the money to the man was also considered a way of avoiding conflicts within the family. The LOC member clarified that had the elder wife been alive, the benefit would have been paid to her as the other families would defer to her. It is therefore apparent that traditional attitudes still inform decisions about programme implementation and the claim about women empowerment holds true to the extent that the programme prioritized and targeted widows for inclusion into the programme, hence the high number of women enrolled.

5.3 Social Divisions

Social tensions: living with jealous and resentful neighbours

Jealousy was the most frequently cited negative effect of the programme, found to generate resentment at household and community level as well as in interactions between citizens and state officials. A third of the beneficiaries reported soured relations with family members and neighbours as a consequence of the CT-OVC programme. One reported that her neighbour had stopped greeting her and was spreading rumours about her ineligibility as she was now 'rich'. According to the participant, the neighbour was jealous because the beneficiary had started her own *kiosk* (small shop). This resentment can be attributed to differentiation caused by the targeting process which created distinct categories of beneficiaries and non-beneficiaries, and is a manifestation of the consequent leap-frogging effects discussed in chapter one. The sudden differentiation of community members therefore resulted in a breakdown of cohesion. This resentment was mostly by neighbours not selected as beneficiaries, and some were quite vocal that the programme was 'no good if it did not include everybody'. The shattering of the common identity of poverty through creation of a 'new class' can hence be viewed as disruptive to community solidarity.

An interesting example of the community's aversion to targeting was narrated by a chief, who recounted how LOC officials were at one time unable to trace some beneficiaries for 3 days during the verification exercise because jealous neighbours refused to direct enumerators to their homes. Another source of resentment was the prevailing attitude that the programme represented 'free

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[12] The man had three wives, two of who were deceased leaving OVC. All three families/households lived in the same large compound.

government money' hence everyone should benefit from it. Consequently, even people considered comparatively well-off were attempting to benefit from the programme. In Township and Kolwa West locations for instance (which are mainly urban and cosmopolitan), some beneficiaries complained that families with assets and stable jobs wanted to join. Government officials attributed this to misconceptions that any household with OVC could benefit regardless of economic standing. They further reported difficulty in convincing such people that the programme gave priority to the most vulnerable.

Household conflicts and wrangles

There were reports of tension and disagreements within households between caregivers and the OVC, mainly over use of the money. A BWC member reported that in one case an OVC complained that the caregiver (not the parent) used the money *kujirembesha* (to adorn herself). While it is not clear if the OVC was being neglected, this is indicative of a sense of entitlement noted among some of the children concerning the money. In this sense, the CT-OVC can be seen to have disrupted domestic relations in a context where the parent or caregiver determines how household income is utilized. I personally experienced the difficulties that may exist within the household while interviewing a caregiver in Township location. Her adult son came home unexpectedly while drunk during the interview and demanded to know how much I would pay for the interview. The LOC member who accompanied me intervened and convinced the young man to leave, but the incident nearly cut short the interview. The mother attributed the son's behaviour to joblessness, and being a widow it was difficult to deal with him given that she also had to take care of six other children. It emerged that this did not deter the son, who would often ask for money when the mother went to collect the programme payment.

Another source of conflict was determining who to collect the payment after the death of the primary caregiver. Some families quarrelled about the 'rightful' caregiver and though an alternative caregiver is usually registered, some OVC did not approve of their caregivers, especially when the proposed caregiver was not an immediate relative, or the OVC felt entitled to choose their own nominee. These disagreements are expected since as Barrientos and DeJong assert, household relations have complex dynamics that are determined by individual preferences as well as social and cultural norms. Decision making in the household could therefore be a result of interaction and bargaining. In this case, the impact of cash transfers will be dependent on who receives the benefit, as it could strengthen the individual's bargaining position within the household (2006:541-2).

Some BWCs reported cases where caregivers were unable to plan for the money they received, leading to running of debts with local traders. Delays in disbursements of the money from government therefore led to strained relations with the business people. The chiefs also confirmed that they were aware of such cases. Some of the beneficiaries who had experienced the situation expressed discomfort with being indebted as they sometimes had to hide from their creditors. However, there was no evidence that indebtedness is a major problem or that beneficiaries are more prone to borrowing than the rest of the community. It rather points to the need for general sensitization about resource management.

Commercialization and the test to filial bonds: abandonment and neglect

Generally, the study established that programme benefits were used for OVC welfare. However there were four confirmed cases of caregivers neglecting OVC under their charge despite continuing to receive programme benefits. Two cases involved caregivers who no longer lived within the district, but left the children in the care of their grandmothers. In another case, the initial caregiver had passed away, but the registered alternative caregivers refused to take in the OVC despite collecting the payment. Luckily for the OVC in this case, they lived on their late parents' land, with neighbours rendering most of the support.

When challenged about cases of abandonment and measures taken to remedy the situation, government officials seemed unsure, suggesting that such cases took long to be reported to them. This pointed to weak monitoring systems and calls into question the capacity of the programme to detect cases of OVC neglect. The preferred action by the chiefs, LOC and BWC members was to try and convince the caregivers to take care of the OVC. Though they threatened such caregivers with withdrawal of funding, they confessed reluctance to recommend such severe sanctions. They reasoned that this may eventually not be in the best interests of the OVC because their welfare may be compromised by withdrawal of the funds. According to the chiefs, the 'errant caregiver' could be the only person willing to take responsibility for the OVC, and so they had to work with them.

These cases can be viewed as a perversion of the plight of the OVC by commercializing the process. In this case money is a powerful motivator that breeds selfish greed which severely tests filial bonds and disregards the welfare of the OVC. Though there were no indications of widespread abuse of the programme, the lack of a clear mechanism and reluctance by concerned officials to aggressively address the problem portends serious risks.

Costly relations and the price of collective silence

While following up complaints about inclusion of non-deserving households in the slum areas of Township and Kolwa West locations, it emerged that the desire to maintain cordial relations with neighbours prevented people from speaking out against each other. When challenged why they did not speak out during the validation *baraza*, some revealed that they were unwilling to be perceived as undermining or betraying others, with one participant also nervous about safety;

> I did not say anything because some of these people we have lived together for many years. In addition you don't know what someone may do to you. After all the money belongs to government and not issued from my pocket.

In the absence of viable mechanisms for raising objections people were reluctant to hurt existing relations by protesting openly. The cosmopolitan nature of the urban areas makes it difficult for everyone to be well known. During the validation, some people colluded with friends who vouched for their eligibility, while other were cleared without being physically present, the excuse being that they were sick or had not heard about the meeting. In one of the sub-locations, no validation was conducted, and the names proposed by the LOC were

approved without further vetting. Apathy regarding accountability demonstrated by the attitude that the money belongs to government reveals low citizen awareness about their role as taxpayers and contributors to state resources.

5.4   Relations with the State

Perceptions of the benevolent state

Though participants were generally satisfied and appreciated their selection into the programme, they did not ascribe participation to their vulnerability. They instead associated it with luck or the efforts of the chiefs and LOC members. Given the large number of deserving (but excluded) households, this is perhaps understandable, but it reveals that power relations are disproportionately skewed in favour of the state and characterised by an unenlightened public. In this context, demand for improved accountability mechanisms is predictably low. The programme therefore enhanced the stature of government officials involved in implementation, with chiefs, LOC and BWC members reporting receiving requests from people hoping to be included in the programme in future. Citizen-state dynamics are therefore weak, and many people perceive the programme as a favour or gift from government. They are therefore largely unaware of their rights and the obligation of the state to provide social protection.

Hostile reactions towards programme implementers

The chiefs particularly bore the brunt of the 'hostility' due to their perceived power to influence the process of targeting and selection, ostensibly due to favouritism on the basis of clan and family. According to the chiefs, the programme may have brought out long standing grudges that made them easy scapegoats for blame. For instance, a disgruntled community member was reported to have stated that

> I knew that the chief would not include my orphans because he is biased.

On their part, the chiefs averred that beneficiaries were chosen by the LOC representatives and confirmed through *baraza,* hence blaming them was unfair and misguided. Despite the uneasy relations, maintaining cordial interactions was generally viewed as critical and chiefs and members of LOC said they were keen not to sour relations with community members when they could help it. To illustrate this point, it was found that though there are provisions to discontinue households from the programme, no one had ever been discontinued, even when questions were raised about non-deserving beneficiaries and other perceived violations.

It also emerged that during the initial identification and confirmation of beneficiaries, some households were hostile to the enumerators, and it would seem that they either did not understand why they were being asked questions or were simply apathetic to the process. According to one chief,

> Some people even chased away the enumerators and said they were fed up with processes that never seemed to amount to anything in the end.

This could suggest a lack of adequate prior engagement with the community to educate them about the programme.

Cases of hostile caregivers (especially men) who did not like to be questioned about how they were using the money were reported. Such caregivers felt that it was their right to use the money as they saw fit. There were reports of children being prevented from talking to LOC or BWC members, with the caregivers complaining that the programme had excessively empowered children by asking them to 'report' if they were not well taken care of. In such cases, the programme was seen to be intrusive.

Programme integrity and allegations of corruption

Those not benefiting from the programme were more likely to voice reservations about CT-OVC implementation. The major reason attributed to the hostility include allegations of unscrupulous dealings in some LOCs, hence lack of faith in the targeting process, concerns that point to the need for strengthening accountability mechanisms. Though there were no indications of widespread corruption, some of the concerns about the integrity of some of the implementers may have merit. Complaints of undeserving people receiving benefits and the fact that they had not been weeded out by the time of this study is a concern that may erode the community's goodwill. Interestingly, this problem was not present in the rural location of Kolwa East, where community solidarity and support was noted to be strong. In this area, some beneficiaries willingly let themselves to be disqualified during validation in favour of more deserving households. There is therefore need for a thorough vetting mechanism in the urban areas to ensure that unscrupulous persons do not benefit from the programme.

Conclusion

The relational outcomes of CT-OVC presented in this chapter have been categorized into four: impacts on social stability and identity; community empowerment and participation; social divisions; and relations with the state. The following chapter is the last section, reviewing findings of the study in the light of its original objectives and research questions. Implications for social policy are explored with particular focus on the targeting process of cash transfer programmes.

Chapter 6   Concluding Reflections

We set out to achieve two objectives; to determine and highlight the implications of the CT-OVC programme on social relations within households, between households and the larger community; and to examine aspects of implementation that result in these impacts, and how they have in turn affected the programme. The main question was to find out the implications of the CT-OVC programme on social relations among communities within Kisumu-East District. In this section, conclusions emanating from the study findings are presented from a perspective of cash transfers programmes in general, not necessarily the CT-OVC in particular.

Effects on individual, household and community relations

Findings demonstrate that the programme resulted in significant gains for individuals, households and the community, helping to not only improve their material wellbeing, but also contributed to enhancing the dignity of beneficiaries. There were positive outcomes in inculcating a sense of hope by assurance of regular payments to supplement their ability to meet basic needs. The programme also fostered solidarity and cohesion and empowered individuals and groups in the community. Concurrent with the empowering impacts, there were adverse outcomes for social relations, engendering tensions and divisions that threatened cohesion and solidarity. The often made argument that social transfers create resentment and dependency is therefore partially true, and this was consistent with studies of other programmes in Africa and Latin America, which have similarly found mixed evidence of both positive and negative social impacts (Ellis 2012; MacAuslan and Schofield 2011; Jones *et al.* 2008; Save the Children UK 2005). There was however no evidence of dependency, and since the community supporting OVC is poor, the CT-OVC helps reduce the burden of care. This is consistent with finding of Save the Children UK (2005) that found that 'rather than creating dependency, cash transfer programmes are a crucial response to rising dependency ratios in contexts of high HIV-prevalence.'

Effects on citizen-state relations

Impacts on interactions between the community and state agents were similarly varied with findings of improved relations as well as disaffection and hostility. Citizen-state relations were found under-developed as the community regarded the programme as a gift from government, a benevolent entity somewhat removed from their daily lives. Implementation was therefore perceived as a responsibility of government through its agents, and this was reflected in the minimal community involvement from initial stages and subsequent domination by the LOC by local interests. In regard to children, the study found that their participation and involvement was not considered significant or necessary by the community.

A scenario where citizens perceive the state as a dispenser of largesse rather than as a primary duty bearer in social provisioning indicates 'unhealthy' citizen-state relations. There is therefore need to enlighten citizens about their rights and

obligations in relation to the state, as an enlightened population is likely to create demand for accountability and lay the ground for improved implementation of interventions.

Accounting for the impacts in the programme cycle

The study found that the programme lacks an effective monitoring mechanism that would ensure that lessons learnt are incorporated into the implementation cycle. Of note is that many of the misgivings about the programme emanated from the targeting process, but little has changed in the processes or procedures for identification, selection and validation of beneficiaries since the programme was first launched. This is attributable to limited government capacity and budget allocations for monitoring and supervision, making the programme vulnerable to 'leakages' and corruption.

6.1   Implications for Policy

The overall conclusion of this study is that cash transfer programmes with a system of household targeting have social costs that need to be taken into consideration when evaluating them and exploring alternative mechanisms. Though positive outcomes in social solidarity and cohesion are evident, there are also adverse impacts on social relationships that generate divisions, and these may have negative social capital implications. Statistically, the extent of these outcomes in currently unknown and is a viable question for future research, but their frequent expression is strong evidence of a problem that should be addressed. The empowering outcomes among women in the community produced by strengthened social relationships and demonstrated by organization in to a self-help group suggests building new forms of social capital that should be nurtured and encouraged.

It is quite apparent that the genesis of most adverse impacts of cash transfers is attributable to the targeting process. The creation of beneficiaries and non-beneficiaries as distinct social categories in a context of widespread poverty and vulnerability underlies these impacts. Pre-assigning the number of beneficiaries based on available resources and budgetary considerations as opposed to need excludes deserving households, making it difficult to justify programme criteria that communities perceive as unfair and arbitrary. The resultant competition for limited opportunities may heighten the risk for rent seeking behaviour, and this partly accounts for prevalent corruption allegations regarding social transfers.

Despite implementation challenges, household targeting retains good equity and efficiency arguments. Addressing challenges in beneficiary selection especially by strengthening community participation and review of potential beneficiaries as well as ensuring an effective and systematic appeal process may help reduce the social problems. In contexts of widespread poverty where communities perceive themselves as 'all poor', it may be useful to take local perceptions about poverty into account by engaging communities in defining acceptable criteria for assistance. Governments should therefore invest more in involving communities in targeting processes.

Targeting involves discrimination and exclusion; hence the uncertainty inherent in the process means that grievances that entail adverse implications for social relations may always be expected. It also involves high administrative costs and requires capacity that may not be available in developing countries. On the other hand, the key to lessening the adverse relational impacts lies on widening the coverage of the interventions' coverage UNDP-IPC (2006). This explains why most governments deploy a combination of both universal and targeted social policies, though the likelihood of negative social impacts is heightened by targeted interventions. Despite the financial costs, greater effectiveness and less social costs ultimately lie in fully scaling up transfer programmes to all members of the pre-defined population or groups. This means adopting a 'universal approach' to benefit all citizens who meet eligibility criteria, also called the 'categorical approach' (Ellis 2010:6) in recognition that social protection is not truly universal but limited to particular vulnerable groups. In the meantime, a viable alternative is to expand the band of inclusion to more households to lessen differentiation while ensuring that criteria for enrolment are clearer and have greater acceptability.

Universal interventions lessen perverse incentives for people seeking to become or remain beneficiaries and deny bureaucrats discretionary power typically vested by targeted programmes, and which may be abused. As a first step, governments must be willing to institutionalize social welfare provisioning as a state obligation, hence the need for efforts by all stakeholders to perceive and promote the attainment of wellbeing as a right, not a discretionary entitlement from the government to its citizens. As suggested by Ellis (2010:4), well executed categorical transfers that guarantee all qualifying citizens benefit would have significant social and political ramifications, including greater enthusiasm for programmes across social strata. Such transfers would be less socially divisive and citizens would be more aware of their entitlements. Politically, such an approach would provide invaluable political leverage for the government and greatly enhance its relations the citizenry. Ultimately the selected modalities must balance social acceptability, political feasibility and economic costs.

Appendices

Appendix 1: Kenya's Social Protection Programmes

Programme	Beneficiaries	Number of Beneficiaries	Funding Agency	Implementing Agency	Transfer Type
A. NON CONTRIBUTORY PROGRAMMES					
I. Agriculture					
National Accelerated Agricultural Inputs Access Programme (NAAIAP)	Small-scale poor farmers	120,750 (2010)	Govt. of Kenya (GoK), WB	Ministry of Agriculture (MoA)	Farm inputs
Njaa Marufuku Kenya (NMK) Component 1	Farmers' groups	12,180 (2010	GoK	MOA	Cash
Food and Agriculture Organisation (FAO) Farmer First Programme	Household members with HIV/AIDS, TB, or severe malnutrition	1,200 (2010)	FAO	-	Farm Inputs
II. Education					
Most Vulnerable Children (MVC)	Schools in poor areas	1,778,297 (2009)	GoK, DFID	Ministry of Education (MoE)	Cash
Expanded School Feeding	School children	1,115,830 (2009)	GoK, WFP	World Food Programme (WFP)	Food
Home Grown School Meals (HGSM)	Schools in marginalised areas	538,457 (2010)	GoK, JICA	MoE, WFP	Cash
Regular School Feeding	Primary school children	803,669 (2010)	GoK, WFP	MoE, WFP	Food
Secondary Education Bursary Fund	Vulnerable secondary school students	66,570 (2010)	GoK	MoE	Cash
III. Health and Nutrition					
HIV/AIDS Nutrition Feeding	HIV clients on ART and OVCs in affected households	72,065 (2010)	WFP	Several agencies	Food
Health Voucher – OBA Scheme	Poor women in ASAL areas	59,982 (2010)	UNICEF, GoK	MoMS	Cash
NMK Component 2	School-children	37,196 (2010)	GoK	MoA	Cash

IV. Social Cash Transfers					
Hunger Safety Net Programme (HSNP), Phase 1 Pilot	Chronically food-insecure, extremely poor, and vulnerable people	289,480 (2010)	DFID	Min. for the Development of Northern Kenya and Arid Lands	Cash
Cash Transfer for Orphans and Vulnerable Children (CT-OVC)	OVC	412,470 (2010)	UNICEF, DFID, WB, GoK	MGCSD	Cash
Older Persons Cash Transfer (OPCT)	Older people	33,000 (2010)	GoK	MGCSD	Cash
Disability Grants	People with disabilities and institutions serving people with disabilities	2,100 (2010)	GoK	MGCSD	Cash
Urban Food Subsidy	Poor households in urban areas	5,150	Several donors	WFP, Oxfam, Concern	Cash
V. RELIEF AND RECOVERY					
General Food Distribution (GFD)	Poor households and disaster victims	2,180,058 (2010)	GoK	Special Programmes, WFP	Food
Supplementary Feeding (including Mother & Child Nutrition)	Poor women and children	454,667 (2010)	GoK	WFP	Food
Food/Cash for Assets	Vulnerable communities	140,000 (2010)	Several donors	WFP, Ministry of Northern Kenya	Food or Cash
B. CONTRIBUTORY PROGRAMMES					
National Hospital Insurance Fund (NHIF)	Formal and informal sector workers	367,886 (2010)	MoPHS	NHIF	Cash
National Social Security Fund (NSSF)	Formal and informal sector workers	38,339 (2010)	Ministry of labour	NSSF	Cash
C. OTHER					
Civil Service Pension	Civil servants	209,384 (2010)	Ministry of Finance	-	Cash

Source: Adopted from the Kenya Social Protection Sector Review; GoK (2012: 5). Other programmes not covered here include *Kazi Kwa Vijana* and the National Aids and STD Control Programme

Appendix 2: Composition and Roles of CT-OVC Organs

1. National Council for Children's Services (NCCS):

According to article 32 of the Children Act, the role of NCCS is to "exercise general supervision and control over the planning, financing and coordination of child rights and welfare activities and to advise the Government on all aspects thereof …" (GoK: 2001). The NCCS is required to carry out this mandate through the establishment of district, divisional and location specific Area Advisory Councils (AACs). Thus the Act assigns NCCS a policy, regulatory and standard setting role with respect to children's rights and services.

Composition

The Council comprises 21 members;

1) Eminent person appointed by the President – Chairperson
2) Director of Children's Services – Secretary
3) Permanent Secretary in the Ministry responsible for matters relating to children
4) Permanent Secretary in the Ministry responsible for matters relating to education
5) Permanent Secretary in the Ministry responsible for local authorities
6) Permanent Secretary in the Ministry responsible for health
7) Permanent Secretary in the Ministry responsible for finance
8) Permanent Secretary in the Ministry responsible for labour
9) Attorney-General
10) Commissioner of Police
11) Six (6) persons representing NGOs engaged in child welfare activities
12) Three (3) persons representing religious organizations, nominated by the Episcopal Conference, the National Council of Churches of Kenya and Supreme Council of Kenya Muslims
13) Two (2) representatives off the private sector

2. Department of children's services (DCS)

As the technical arm in the ministry, the DCS has established a Secretariat and assigned it the responsibility to address the OVC situation in Kenya. Within this OVC Secretariat is the National OVC Steering Committee, established to advise the government regarding policy issues, practice, implementation, and monitoring of OVC programming. In 2004, the committee undertook a Rapid Assessment, Analysis, and Action Planning (RAAAP) which quantified the OVC situation in the country, leading to the development of the *National Plan of Action* (NPA) *for OVC, 2007–2010*. A key finding of the assessment was that many vulnerable children were unreached by programmes targeting OVC. This forms the basis for the comprehensive strategy proposed in the NPA, proposing the provision of cash subsidies to OVC households and foster families.

Within the Ministry there is a Central Programme Unit (CPU) whose responsibilities include coordination, planning and managing activities of the CT-OVC programme. The main areas of its focus are operations; planning & evaluation and monitoring; management of information system; and administration and finance (GoK 2007:12).

The main duties of the CPU are:

a) Coordinate the identification and selection of beneficiaries' processes.
b) Produce the lists of eligible households.
c) Coordinate logistics for enrolment.
d) Supervise the compliance of conditionalities under the processes.
e) Request cash transfers to payment agencies
f) Approve payments to beneficiary households.
g) Coordinate programme promotion procedures
h) Organize training for programme operations for central and local staff
i) Ensure proper documentation and reporting for programmes processes

The CPU Coordinator manages and supervises the day to day activities related to the programme and provides operational guidelines for the programme to the operations coordinator. The CPU coordinator will report directly to the Director of the Department of Children Services about the CT-OVC programme's results.

Among the numerous activities the CPU coordinator has, s/he has the following responsibilities:

a) Plan and coordinate activities for the programme's implementation throughout the country
b) Ensure the programs are implemented according to the Government's guidelines, legal framework and donors agreements
c) Supervise the financial and procurement activities to guarantee transparent procedures during the implementation of the programme

3. District Area Advisory Council (AAC)

The District AAC composition is therefore a reflection of the composition of the NCCS at the district level, with representatives from the line ministries, private sector, and civil society. The AAC is chaired by the District Commissioner (DC) of the respective district, with meetings conducted quarterly (every three months). The District Children's Officer (DCO) is the key person within the district in regard to implementation of activities concerning Children. S/he is the Secretary of the AAC and the convener of meetings. The role of the AAC is to coordinate and supervise activities and services for children at the district level (GoK 2007:15). It identifies or approves locations within the district where the CT-OVC programme will be implemented. It also selects a District OVC Sub Committee (DOSC) among its members, which is charged with supporting implementation of the programme on behalf of the AAC (IRCK 2011:15).

A comparative analysis of policy and practice reveals that the AAC in Kisumu had a very limited role to play in coordinating and supervising the programme. The responsibility was found to be on the District Children Officer (DCO), and the AAC rarely met. As the technical officer of the ministry in charge of the administrative aspects of the programme, the DCO manages the programme at District level and is a link between the CPU, entities providing health, education and civil registration services, and the beneficiaries. The DCO is also in charge of

monitoring compliance and reporting information back to the CPU (GoK 2007:14). The other notable point is that the committee mainly comprises of the most senior government officials in the district, and it would seem that the voices of children are therefore only represented by proxy through the DCO.

The NCSS is supposed to be represented at all administrative levels through the AACs, and just like in the district, the councils are should be cascaded to the division and location levels if required. There operations are similar to the district AAC, including quarterly meetings. However, the divisional and locational AACs are only established on need basis and they were found not to exist in Kisumu. The main reason for the absence is the presence of the location OVC Committee which has an almost similar membership structure and is involved in most of the CT-OVC activities. A summary of the structure and stakeholders is presented in appendix 3.

Composition

1) District Commissioner – Chairperson
2) District Children's Officer – Secretary
3) District Education Officer
4) District Medical Officer
5) Officer Commanding Police Division (OCPD)
6) District Social Development Officer
7) District Probation Officer
8) Clerk to the Council
9) Council Chairperson or equivalent
10) District Labour Officer
11) District Information Officer
12) Registrar of Births and Deaths
13) Children's Magistrate or representative of the Judiciary
14) District Planning Officer
15) Two (2) children representatives: a boy and a girl nominated from child led initiatives in the district
16) Six (6) persons representing NGOs engaged in child welfare activities
17) Two (2) representatives of the private sector (business community)
18) Three (3) persons representing FBOs

4. District OVC Sub-Committee (DOSC)

This committee is the executive arm of the district AAC, specifically constituted for implementation of the CT-OVC program. There are nine mandatory members of the DOSC, though others can be recommended by the district AAC. A chairperson is selected by members of this committee, while the DCO remains the secretary and the key focal person for implementation of the CT-OVC programme. The DOSC is in charge of sensitizing district administrators, opinion leaders and the community on the CT-OVC Program. They are also in charge of creating, training and supervising location CT-OVC Committees. Like the District AAC, the presence of the DOSC was unfelt and the committee was largely unknown even by the Chiefs who only recognized the DCOs role. Similarly, the voice of children is eerily silent at this level. Voice is understood to

mean 'the ability to identify, frame and articulate interest and to be relevant' (IRCK 2011:6).

Composition

1) District Children's Officer
2) District Statistics Officer
3) District Development Officer
4) District Education Officer
5) District Health Officer
6) District Civil Registration Officer
7) District Labour Officer
8) Representative of Faith Based Organization
9) Representative of Non-Governmental Organization

Roles of the DOSC

a) Orienting and sensitizing district administrators and opinion leaders on the CT-OVC Programme.
b) Sensitizing communities within the locations selected for the CT-OVC programme.
c) Facilitating the formation of Location OVC Committees.
d) Assisting in the training process of Location OVC Committees about their roles in the programme.
e) Assisting the Location OVC committee in identification of enumerators for data gathering on households with OVC.
f) Assisting in training of enumerators.
g) Supervising the work of LOC members and enumerators for instance administration of assessment questionnaires.
h) Reviewing the ranking and listings of eligible households.
i) Presenting the final list of eligible households to the community for validation.
j) Helping in the training of caregivers for selected households.
k) Assisting in the process of signing agreements between the OVC household and GOK through the Children's Department.
l) Facilitate the opening of accounts by beneficiary caregivers.
m) Monitoring the progress or development of identified OVC and their households
n) Maintaining an inventory of CBO and NGOs working for children in the location

5. **Divisional AAC: Composition**

1) District Officer – Chairperson
2) District Children's Officer – Secretary
3) Area Education Officer
4) Public Health Officer
5) Officer Commanding Police Station (OCS)
6) Social Development Officer
7) Representatives of local authorities
8) Children's Magistrate or representative of the Judiciary
9) Divisional Agricultural Officer

10) Divisional Water Officer
11) Voluntary Children's Officer(s)
12) Two (2) children representatives: a boy and a girl nominated from child led initiatives in the district
13) Six (6) persons representing NGOs engaged in child welfare activities
14) Two (2) representatives of the private sector (business community)
15) Three (3) persons representing FBOs

6. Locational AAC

The LOC was created to assure community participation in implementation of the CT-OVC and it is the most active body in the programme. The DOSC facilitates selection of LOC members, which is accomplished by mobilizing opinion leaders and community members in a selected location through *baraza*. The community does the final selection. Total membership of this committee ranges from 7–15 depending of the context of the location. In Kisumu district, each sub-location nominated two members. The LOC sensitizes the community of the Children Act and the plight of OVC and HIV and AIDS. It also encourages the community to obtain birth and death certificates and maintains OVC data. The most important role is in identifying OVC, identifying enumerators for household surveys, validation of selection of beneficiaries through the community, enrolment, coordinating home visits and awareness sessions as well as monitoring progress of OVC (GoK 2007:16).

The study shows that the community is most familiar with the LOC, which works very closely with the DCO and the local administration in execution of its duties, with Chiefs and Assistant Chiefs being critical facilitators. At this level, the community is supposed to be represented by nominating their own representatives, but it was widely reported that the chiefs handpicked them as opposed to community selection. The LOC plays a fundamental role (discussed in chapter 4), and disenfranchising any group at this level is a serious setback to voicing their issues. In terms of representation, the LOC has not been an effective tool since it sidelines not only the OVC, but also caregivers.

Composition

1) Chief/Assistant Chief – Chairperson
2) Zonal Education Officer – Secretary
3) Voluntary Children's Officer from the location
4) Public Health Officer
5) Area Councillors (s)
6) Three (3) representatives of FBOs
7) Three (3) representatives of CBOs
8) Two (2) representatives from the private sector (business community)
9) Two representatives of opinion leaders in the location
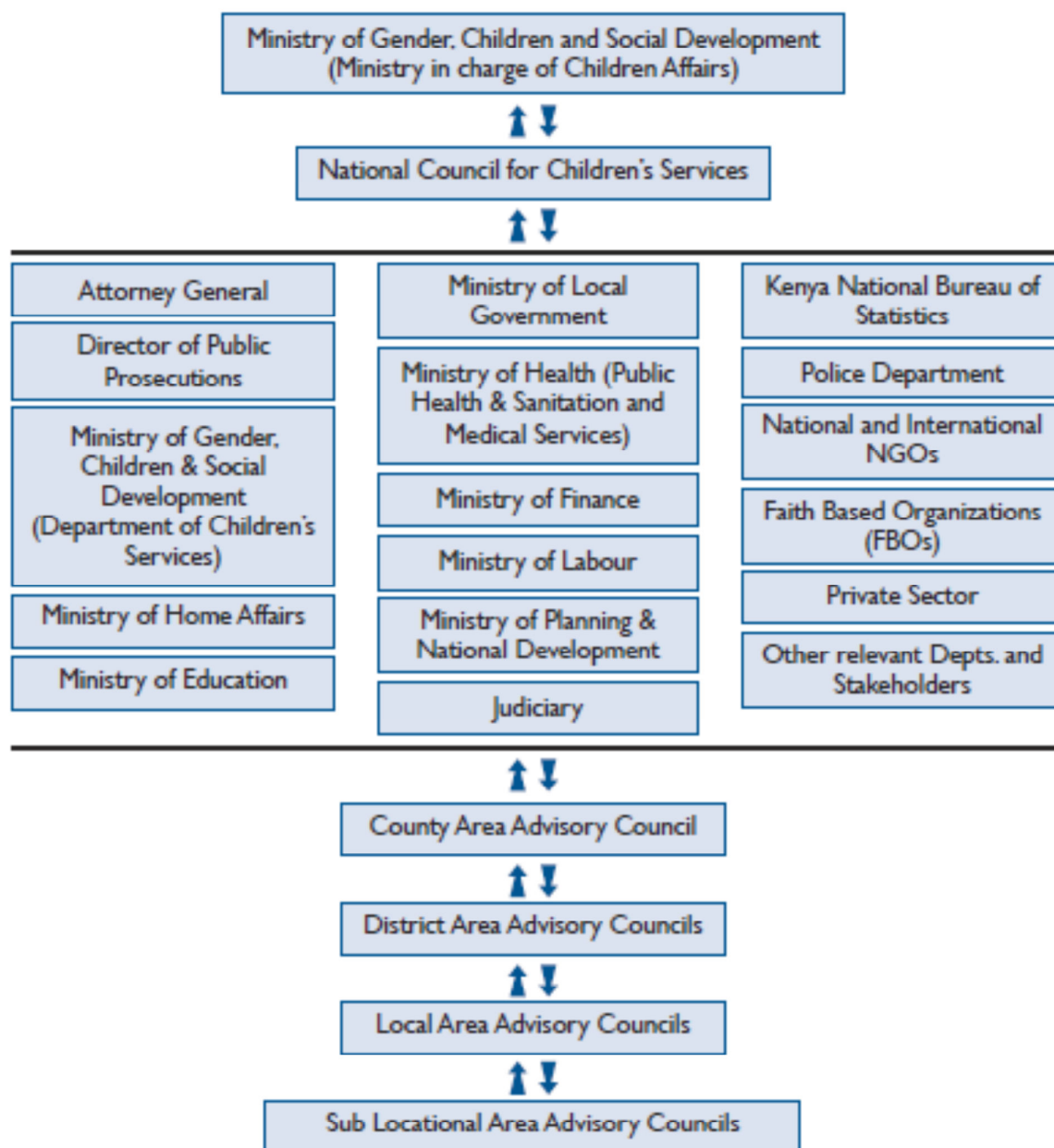10) Two (2) children representatives: a boy and a girl

Roles of LOC
Works with the DOSC to fulfill the following roles;

    a) Identifying households with OVC within their location.
    b) Identifying enumerators for the data collection exercise with their location.
    c) Guiding enumerators to access eligible households identified by the LOC.
    d) Mobilizing the community for the validation exercise
    e) Assisting in the enrolment of selected households
    f) Monitoring the progress of OVC
    g) Guiding District and National teams to OVC households during visits
    h) Sensitizing the community on CT-OVC

7. Beneficiary Welfare Committee (BWC)

This is a recent addition to the CT-OVC implementation structure and represents as a key reform demands by donors supporting the programme. The committee is meant to strengthen programme implementation by improving oversight and accountability mechanisms. To accommodate the BWCs, the mandate of the LOCs was redefined, and oversight of the payment process has been shifted to the BWCs. Training and awareness-raising about these reforms has already been done at national and community-levels, and in Kisumu, the BWCs are already operational (World Bank 2011:2), a fact that was confirmed during the field work for this study. The significant aspect in relation to the BWCs is that they are entirely composed of beneficiaries, and though they represent the bottom rung in the CT-OVC structure, programme beneficiaries expressed positive sentiments about their establishment. It was also found that the BWCs are serving as an effective space for engagement between the beneficiaries of the programme and the state, with some committee officials having links to the DOSC through the DCO, with whom they maintain close working ties.

Appendix 3: National Child Protection Institutional Framework

Ministry of Gender, Children and Social Development
(Ministry in charge of Children Affairs)

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National Council for Children's Services

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Attorney General	Ministry of Local Government	Kenya National Bureau of Statistics
Director of Public Prosecutions	Ministry of Health (Public Health & Sanitation and Medical Services)	Police Department
Ministry of Gender, Children & Social Development (Department of Children's Services)	Ministry of Finance	National and International NGOs
	Ministry of Labour	Faith Based Organizations (FBOs)
Ministry of Home Affairs	Ministry of Planning & National Development	Private Sector
Ministry of Education	Judiciary	Other relevant Depts. and Stakeholders

⬆⬇

County Area Advisory Council

⬆⬇

District Area Advisory Councils

⬆⬇

Local Area Advisory Councils

⬆⬇

Sub Locational Area Advisory Councils

Source: The Framework for the National Child Protection System for Kenya; GoK (2012:12)

Appendix 4: Maps

Map of Kisumu District with Location Boundaries
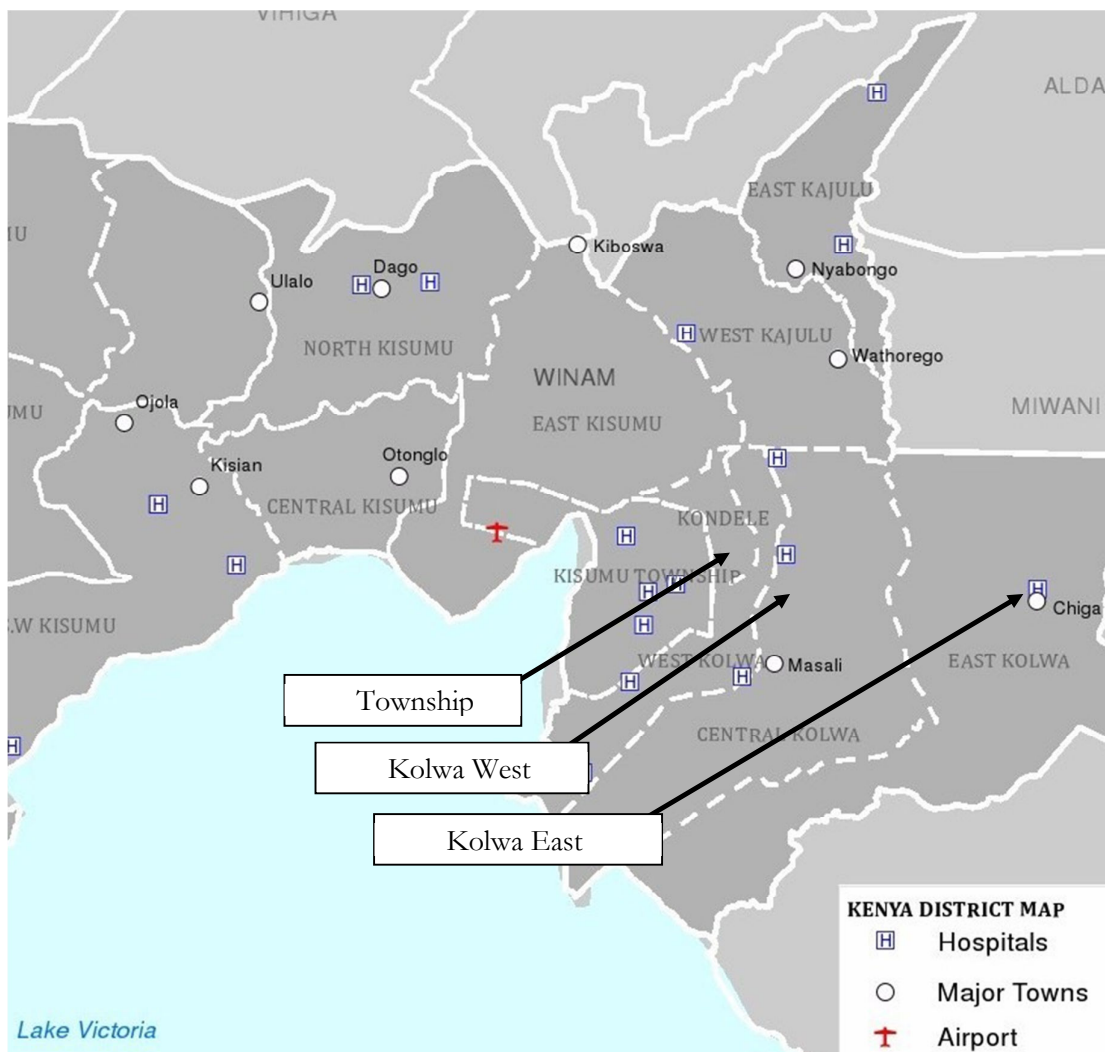
The three areas (locations) of study indicated

Map of Kenya with Major Towns and Province Boundaries

Nyanza Province is on the western flank around Lake Victoria with Kisumu
as the major town.

Source: http://www.mapsofworld.com/kenya/kenya-political-map.html

Map of Kenya County Boundaries

Source: https://opendata.go.ke/facet/counties

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