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Effect of Cash Transfer Programme on Health Needs of Vulnerable Children and Orphans in Langas, Eldoret, Kenya

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Abstract **Original Research Article**

Cash transfers are increasingly becoming the best practice in the social protection sector employed to address poverty and vulnerability in developing countries. In Kenya, the Orphans and Vulnerable Children Cash Transfer Programme was launched as a pilot initiative in 2004 in response to extreme poverty and the effects of HIV/AIDS on children. The effectiveness of this programme in improving the livelihoods of orphans and vulnerable children has not been a subject of many studies. Therefore, the research was conducted to evaluate the effect of cash transfer programme on the socio-economic, health, education and food security needs of orphans and vulnerable children in Langas Ward, Uasin Gishu County, Eldoret, Kenya. Based on the study, this paper presents and discusses the findings on the effect of cash transfer programme on the health needs of orphaned and vulnerable children in Langas Ward. The study adopted the Ex Post Facto research design. The target population for the study was 411 caregivers enrolled on the orphans and vulnerable children Cash Transfer Programme in Langas Ward. A sample of 203 caregivers was selected through simple random stratified sampling and used purposive sampling to select 3 programme officials, 7 children, 7 community health workers and 7 opinion leaders. The data for the study was collected using questionnaires and document analysis. Data analysis was done using descriptive statistics, ANOVA models and mixed methods. The study found that the CT had insignificant effect on beneficiaries' health and food security with (P-value 0.759), which was greater than the 0.05 significance level. The study recommended that the amount provided by the government to the caregivers should be increased to a range of Ksh 4000-8000 per month, which was the average of amounts suggested by the respondents. Capacity building of the parents and guardians to initiate income-generating activities is also necessary for economic growth.

Keywords: Effect, Cash Transfer, Health Needs, Orphaned, Vulnerable Children, Langas, Kenya.

INTRODUCTION

Cash transfer programme refers to actions and activities that involve the provision of regular and predictable cash stipends to target population of poor and vulnerable persons. Bryant [1] and Department for International Development (DFID) [2] define cash transfer as regular and predictable amount of money provided by the state as part of social contract with its citizens. They include child support grants, orphan care grants, disability grants, social pensions and transfer to poor households among others. Cash transfer programmes have become prevalent in developing countries as an alternative to traditional based policies such as subsidies as a more efficient mechanism for targeting interventions.

One important use of cash transfers has been in anti-poverty programmes, which are interventions that condition transfer payments upon specific human capital enhancing behaviours such as school attendance or health check-ups [3]. The study thus focused on grants provided to orphans and vulnerable children (OVCs) in Kenya, particularly in Langas Ward, Eldoret.

From the global perspective a number of countries have embraced cash transfer programmes for the purpose of providing reliable social protection for the poor and the vulnerable. These countries include; USA, Brazil, Latin America, Turkey, Bangladesh, Morocco, Egypt and Kenya just to mention a few. In the USA, Family Rewards Programme was launched in New York in 2007 to test the impact of monetary

incentives on children's education, family health and adults' work force outcomes. The programme sought to break intergenerational cycles of poverty by offering cash assistance to poor families to improve their health, children's education, increase parents' work and earnings in the hope of reducing poverty of over a long time [4].

According to Garcia and Moore [5], many of the African countries have also adopted and introduced cash transfer as a way of addressing poverty and promoting socio-economic development. These countries include Kenya, Burkina Faso, Burundi, Ghana, Namibia, Nigeria, Malawi, Tanzania, Uganda, Zambia and Mozambique. In the last decade alone, cash transfer programmes have increased from 9 African countries to 41 Countries.

In Kenya, cash transfer system started in 2004 and falls under the Social Assistance pillar under the Social Protection domain and involves the direct transfer of cash stipends (Ksh 2000) bimonthly that is; amount paid after two months to target poor or vulnerable individuals or groups of individuals based on a predetermined set criterion. The main objective of cash transfer to orphans and vulnerable children programme (CT-OVC) as stated by the Ministry of Gender, Children and Social Development [6], is to cushion the beneficiary households from the hard socio-economic risks and shocks, building their resilience as well as boosting their socio-economic opportunities, food security, human capital development including education and inclusiveness. Five types of social protection programmes are being implemented in Kenya and these are cash transfer to orphans and vulnerable children (CT-OVC), people living with severe disability cash transfer (PWSD-CT), older persons cash transfer (OPCT), hunger safety net cash transfer (HSNP-CT) and urban food subsidy (UFS-CT). According to the Ministry of East Africa Community, Labour and Social Protection [7], cash transfer to orphans and vulnerable children was first piloted in 2004 in Kwale, Garissa and Nairobi respectively and was gradually expanded to cover the whole country. The CT-OVC program's goal is to improve the poor's ability to care for and safeguard OVCs, support their fostering and retention of children within their families and communities by ensuring food security, and promote their human capital development, which includes education.

Langas Ward is located in Eldoret municipality Uasin Gishu County, Kenya. It is one of the sprawling informal settlements in Eldoret municipality. It is an electoral ward in Kenya. It comprises seven villages and these include Block 1, Block 2, Block 3, Block 4, Block 5, Block 6 and Block 7 (Yamumbi). Langas Ward has a land area of 45.2 square kilometres with 2,815 persons per square kilometre [8]. Langas Ward was selected for this study because it is an informal settlement (slum) which is densely populated with a total population of 127,167 and a population density of 2,815 persons per square kilometre [8]. According to 2019 National census, there were 64,166 males and 62,998 females. Langas has the highest number of vulnerable and impoverished populations with diverse multi-ethnic background. It is an area with the highest number of beneficiaries of cash transfer including 411 OVC households [9].

Studies done by Ombati and Ombati [10] indicate that, Langas slum is characterized by high density neighbourhoods, poor and inadequate housing, poor sanitation, weak or non-existing infrastructure and lack of basic services such as education, health care, high unemployment rates, high rates of violence, limited formal education and employment opportunities. All these combined lead to crime, alcohol and drug abuse in the area. Almost all houses are made of hardened mud and sticks with iron sheets or tin rooftops. Open spaces around the Langas slums look like a dumping site than a community. People living in poverty are often ignored and among them are children and youth inhibited by boundaries of urban poverty. Some struggle to survive in the harsh environment of slum life characterized by severe lack of resources, high unemployment, inadequate housing, poor services and extreme poverty. Half (50%) of Langas' residents are children and adolescents aged 24 years or younger. Young people are at high risk of negative coping strategies including risky sexual behaviour, juvenile delinquency and violence.

Cash transfer and health of beneficiaries

In 2005, the government of India launched 'Janani Suraksa Yojana', which is a conditional cash transfer scheme intended to incentivize women to give birth in a health facility. Lim *et al.,* [11] examined the coverage of this intervention in relation to the expected health outcomes. The study used data from the nationwide district level household survey done in 2002-04 and 2007-09 to assess receipt to financial assistance from the government as a function of social-economic and demographic characteristics. The study used analytical approaches that applied difference in difference estimators to assess the effect of cash transfer programme on antenatal care in facility birth and prenatal, neonatal and maternal deaths. The study by Lim *et al.* further found that 5%-44% of women giving birth received cash payments. The poorest and least educated women did not always have the highest odds of receiving cash payments. The cash transfer had significant effect on increasing antenatal care and an in-facility birth. In the matching analysis, cash payments were associated with a reduction of 95% perinatal deaths per 1,000 pregnancies and 2.3 neonatal deaths per 1,000 live births. The comparison between those with and those without, the reduction were 4.1 perinatal

deaths per 1,000 pregnancies and 2.4 neonatal deaths per 1,000 live births. The study depended solely on document analysis as a tool of gathering information unlike this research that depended on both questionnaire and document analysis as tools of collecting data.

In 2003, the government of Ecuador launched a new cash transfer programme known as 'Bonode Desarrollo Humano', meaning human development grant. Paxson and Norbert [12] carried out a study to ascertain how a government run cash transfer programme targeted at poor mothers in rural Ecuador influenced the health and development of their children. The research sought to find out the effects of cash transfers on child health and development in rural Ecuador. Random assignment at the level of a parish was used to identify the programmer's effects. The study used quasi experiment with treatment and control groups. Random assignment was conducted into the roll out of Bono de Desarrallo Humano cash transfer. Two separate experiments were conducted. One was designed to examine the effects of the cash transfer on poverty and educational attainment among school aged children. The other experiment was designed to examine how the cash transfer affected the health and development of pre-school aged children. Parishes were randomly assigned to treatment and control groups. In treatment parishes, poor families with pre-school aged children were eligible to receive the cash transfer early in the implementation. In control parishes, families were not offered the cash transfer until several years later.

Case and Paxson [13] tracked children in developed countries into adulthood and found that healthier and taller children do better on tests of cognitive ability and that these children grow into taller adults and earn significantly higher wages. The findings from the study indicated that cash transfer programmes had positive effects on the physical cognitive and the social-emotional development of children, and the treatment effects were substantially larger for poorer children than for less poor children. Among the poorest groups, children whose mothers were eligible for transfers had outcomes that were on average more than 20% of a standard deviation higher than those for comparable children in the control group. Case and Paxson also found that the cash transfer in Ecuador led to better nutrition, greater use of health care and better parenting. The programme seemed to improve children's nutrition and increase the chances of being treated for helminth infections. The study observed that children in the treatment group were unlikely to visit health clinics for growth monitoring, mental health and parenting.

A study by Rasella *et al.,* [14] in Brazilian municipalities sought to find out the effect of conditional cash transfer programme on childhood mortality by doing a nationwide analysis of Brazilian municipalities. The study aimed at assessing the effect of cash transfer referred as Bolsa Familia meaning family allowance on health of young children who were under the age of 5 years. This study was necessitated by specific causes associated with poverty, malnutrition, diarrhoea and lower respiratory infections. The cash transfer targeted poor households with a maximum income of 70 dollars per person a month when they complied with conditions related to health and education. The research applied a mixed ecological design and included 2853 out of 5565 municipalities with death and live births statistics of adequate quality. The study used government resources to calculate all causes of under 5 years mortality rates for selected cases. The cash transfer was classified as low, intermediate or consolidated and target population coverage for at least 4 years. The study used multivariable regression analyses of panel data with fixed effects. Also, the study created a longitudinal data set from several data bases. The study found that under 5 years mortality rates, overall and resulting from poverty related causes, decreased and Bolsa Familia Programme coverage increased. The rate ratios for the effect of the cash transfer programme on overall under 5 years mortality rate were 0.94 points, for the intermediate coverage 0.88 points and for the high coverage 0.83points. For consolidated coverage the effect, consolidated cash transfer coverage was highest on under 5 years mortality resulting from malnutrition and diarrhoea. Concisely, the study concluded that a conditional cash transfer can greatly contribute to a decrease in childhood mortality and in particular for deaths attributed to poverty related causes such as malnutrition and diarrhoea in large middle-income country such as Brazil. The study was undertaken in a middle-income country whereas this one took place in a developing country (Kenya). The two studies are similar because both of them tackled health issues of children under the age of 5 years.

Zhang *et al.,* [15] conducted an assessment on effects of a conditional cash transfer programme on nutritional knowledge and food practices among caregivers of 3-5-year-old left-behind children in the rural Hunan Province, China. The research was carried out in 40 rural villages in Hunan province, China, in the counties of Fenghuang and Pingjiang. Left-behind children are a distinct demographic in China, and their numbers are growing. The majority of grandparents who look after left-behind children are unaware of correct nutritional and feeding practices, putting the children at danger of malnutrition. In China, left-behind children refer to children with at least one parent living in another area due to employment and therefore the parents and children do not live together home. The study obtained data from a cluster randomized control trial to evaluate the effectiveness of a conditional cash transfer programme on rural left behind children's

nutritional status and development in poor rural areas of China. In the intervention group, six trainings were held. The control group received routine health services only. The study used two rounds of questionnaire surveys and questionnaires in-person interviews were used to assess the changes in nutritional knowledge and food practices among caregivers of left behind children. Face-to-face questionnaire interviews were carried out before and after the intervention. The study selected the sample provided by the local governmental departments from Pingjiang County comprising 277 villages and Fenghuang 340 villages. A total of 72 villages in Pingjiang County and 132 villages in Fenghuang County met the village's criteria. Using a cluster randomized control trial, the study selected 40 villages randomly. Fifteen (15) left behind children aged 3-5 years old and their caregivers were randomly selected from the villages. A blocked balancing algorithm was used to randomize villages to either the treatment or control group.

The intervention group's caregivers were considerably more likely to accurately comprehend the relevance of children's height and weight measures, food variety, including eggs and dairy in the diet, and anaemia detection and prevention, according to the study. The intervention group's caregivers were also much more likely to prepare dairy products and eggs for their children, according to the study. The study analysis showed that the caregivers of left behind children nutrition knowledge improved significantly. The study revealed that 60% of the caregivers surveyed were female, approximately 30% of caregivers had no formal education, and more than 80% were grandparents of children left behind. Randomization was done using computer system hence minimizing some errors associated with random selection. The study was conducted in a developed Country (China) in rural areas whereas this study was conducted in a developing Country but in an urban setting.

Pettifor *et al.*, [16] studied the effect of conditional cash transfer on HIV incidence in young women in rural South Africa. The study assessed the effect of a conditional cash transfer on HIV incidence among young women in rural South Africa. It was conducted in Bushbuck ridges sub-district in Mpumalanga province, South Africa. The study applied randomized controlled trial, which included girls of between 13-20 years on condition that they were enrolled in school grade 8-11, not married or pregnant, able to read, they and their parents or guardians had the necessary documentation to open bank account, were residing in the study area and intending to remain until trial completion. Young women and their parents/guardians were randomly assigned by use of numbered sealed envelopes. The envelops contained a randomization assignment card that was numerically ordered with block randomization. These women were to receive a monthly cash transfer conditional on school attendance of school days per month versus no cash transfer. The participants completed an audio computer assisted self-interview before HIV test, counselling, HIV and herpes simplex virus (HSV) testing and post testing counselling baseline, then an annual follow up visit of 12, 24 and 36 months. Parents/guardians completed a computer-assisted personal interview at baseline and for each follow up visit. A stratified proportional hazards model was used to treat analysis of the primary outcome, HIV incidence to compare the intervention and control groups. The study found that 10,134 young girls were recruited and enrolled 2537 and their parents or guardians to receive cash transfer programme and the control group was1223. At the baseline the median age of girls was 15 years and 672(27%) had reported to have ever had sex, 107 incident HIV infections were recorded during the study: 59 cases in 3048 person years in the intervention group and 48 cases in 2830 person years in the control group. HIV incidence was not significantly different between those who received a cash transfer and those who did not. The study had high standards of ethical considerations in collecting sensitive information such as incidences of HIV/AIDS infections and sex. This study adhered to ethical considerations and ensured high level of confidentiality of the responses obtained from the respondents.

Okoli *et al*., [17] undertook a study on conditional cash transfer programme in Nigeria. The study aimed to ascertain potential gains for maternal and child health service uptake in a national pilot programme. The research described the use of a conditional cash transfer programme to have aimed at encouraging use of critical maternal, neonatal and child health services among rural women in 9 Nigeria states. The study drew from a pilot in 37 primary health care facilities in 9 Nigeria states. The programme enrolled 5000 and US 30 dollars assigned to them if they attended antenatal care, skilled delivery and postnatal care. The study selected 88 other primary health care facilities from the 9 states which implemented the standard package of supply upgrades with the conditional cash transfer. Data on monthly service uptake throughout the continuum of care was collected at 124 facilities during quarterly monitoring visits. An interrupted time series using segmented linear regression was applied to estimate separately the effects of cash transfer programme and supply package on service uptake. The study by Okoli *et al.*, found that between April 2013 and March 2014, 20,133 women enrolled in the cash transfer. Additionally, the study found that 64% of beneficiaries returned at least once after registration and 80% of women delivering babies with skilled attendance returned after delivery. It was found that the cash transfer intervention was associated with statistically significant increase in the monthly number of women attending four or more antenatal care

visits. A statistically significant increase was also observed in the monthly number of women receiving two or more tetanus toxoid doses during pregnancy. Changes for other outcomes with the cash transfer intervention included number of women attending first antenatal care visit, number of deliveries of babies with skilled attendance, number of neonates receiving oral polio vaccine at birth were not found to be statistically significant. The study depended on a pilot study, which was conducted in 37 primary health care facilities in 9 states of Nigeria. This study carried out a pilot study for testing the instruments and then embarked on the actual research.

Owusu-Addo, Renzaho and Smith [18] in Nigeria undertook a study to develop a conceptual framework for understanding cash transfer linkages and social determinants of health. The specific objective of the study was to propose a framework that would identify the linkages between cash transfer and social determinants of health, discuss its implication and argue for active involvement of health promoters in cash transfer design, implementation and evaluation. The social determinants of health are the conditions in which people are born, grow, work, live, age and the wider set of forces and systems, social norms and political systems. Owusu-Addo *et al.,* in their study, applied systematic literature search to identify published and unpublished impact evaluation studies of cash transfer in the sub-Saharan Africa. The study also conducted interviews with cash transfer policy makers, managers and development partners. The interviews were audio-recorded and transcripts were analysed using thematic framework analysis. The interviews followed a semi- structured interview guide which was developed based on the draft framework examining participant's understanding of the concept of social determinants of health and the incorporation of this into cash transfer policy making. The stakeholders' engagement phase offered the opportunity for clarifying unclear information in the framework and the incorporation of multiple perspectives into the development of the framework as done in other studies. The interviews were audio-recorded and transcribed in their original form. Notes taken during the conference plenary session were added to the interview transcripts for analysis. Owusu-Addo *et al.,* found that there was limited recognition of social determinants of health in cash transfer policy-making and implementation. The evidence reviewed pointed to strong impacts of cash transfer on social determinants of health. The framework thus conceptualized how the cash transfer architecture and contexts may influence programmed impacts. The study found that the proposed framework could be used by policy makers to guide cash transfer design, implementation and evaluation. Similarly, the study also found that cash transfer policy makers, development partners and programme managers had a limited recognition and uptake of the social determinants of health in cash transfer design, implementation and the need to engage with the health sector. The study reviewed grey literature unlike this study, which relied on secondary literature. The method of data collection differed from this study.

Bryant [1] evaluated Kenya's cash transfer programme in order to record practitioners' opinions on the process that led to the cash transfer programme and determine its impact on orphans and vulnerable children's health and human rights. The government of Kenya had established cash transfer programme that delivers financial and social support directly to the poorest households containing OVCs with special concerns for those children affected by HIV/AIDS. The assessment expanded the category of children who must be seen as vulnerable by stressing that all children living in communities affected by poverty and HIV/AIDS face serious threats to their wellbeing and healthy development. All children risk being denied their basic human rights such as shelter, food, clean water, health care and education. The assessment used observation and interviews with key actors. The study was also based on the analysis of technical programme documents obtained from key actors. The assessment used experimental design method whereby household survey was conducted to collect baseline data on beneficiary and non-beneficiary households in areas where the programme operated and was used to collect the same data from comparison and control groups. When data was complete, two follow-ups were conducted to test the effectiveness of attaching conditions to the cash transfer programme. Questionnaires were used to capture information on a number of measures on the welfare of children and their households. In his study, Bryant found that cash transfers had demonstrated a strong potential to reduce poverty and strengthen children's education, health, and can form a central part of social protection strategy for families affected by HIV/AIDS. The assessment also found that an estimated 12% of all Kenyan children less than 18 years of age, 1.8 million are orphans and according to Kenya government estimates, AIDS alone has killed one or both parents of 700,000 of the country's children. Bryant's research was conducted in all regions of Kenya whereas this study was carried out in Langas, Eldoret. The study investigated two variables but this investigated four variables.

Cohen, Omondi and Ginger [19] in Nairobi Kenya, analysed whether cash transfer enhanced with behavioural nudges helped women deliver babies in facilities that are consistent with their preference and are of higher quality. The study conducted a randomized controlled trial of pregnant women in Nairobi. Two interventions were put to the test in this study. The first was a clearly labelled monetary transfer that stated that it assisted women in having babies where they desired. The second was a financial transfer

that included labelling as well as a promise from the recipient to deliver a baby in a pre-specified preferred facility as a condition of receiving labelled cash transfer. The researchers discovered that labelled conditional cash transfers increased patient perceptions of interpersonal care but not technical care quality. It also raised the likelihood of women giving birth in institutions that fulfilled standards for regular and emergency new-born care, but not for obstetric care. Women preferred institutions with excellent technical and interpersonal care quality, but this quality was often negatively associated within facilities, and the labelled financial transfer had minimal quantifiable advantages. The study concluded that a larger study was warranted to determine whether the labelled conditional cash transfer could improve maternal and new-born outcomes. The study applied quasi-experimental design to evaluate the impact of cash transfer on maternal health whereas this study employed ex post facto design to assess the effects of CT - OVC programme on beneficiaries' livelihoods.

Njuguna [20] conducted a study in Kakamega County to assess the impact of conditional cash transfer programme aimed at promoting maternal and child health services. The government of Kenya launched a free maternity programme in 2013. The county administration of Kakamega reinforced this with a conditional cash distribution program aimed at disadvantaged women. This was done to make mother and child health services more accessible to them. The study therefore, aimed at the impact of this intervention in Kakamega County. Data on monthly delivery of babies, antenatal attendance and four antenatal session attendance was analysed for Kakamega. Bungoma and Busia Counties acted as comparison/control groups since they did not have a conditional cash transfer programme. Purposive sampling was undertaken as these 3 counties border each other and are inhabited by members of the Luhya ethnic group. Data taken from government-run level four and higher hospitals. MOH711, an integrated reproductive health, HIV/AIDS, malaria, tuberculosis, and nutrition-reporting tool, was used in the study. Data was also taken from the section on safe delivery. By summing the number of normal deliveries, caesarean sections, breach deliveries, and assisted vaginal deliveries, the total number of births was calculated. The difference-in-difference treatment estimator method was used with the neighbouring counties of Busia and Bungoma acting as comparison or control groups. The difference-in-difference method is a quasi-experimental design that utilizes longitudinal data to compare changes in outcomes between a population, which is enrolled in the programme (treatment group and a population that is not. Regression analysis was also conducted to establish the relationship between population and poverty. Analysis was carried out for deliveries, antenatal attendances and four antenatal attendances separately. In his study, Njuguna found that monthly deliveries increased by 57. Monthly antenatal clinic visits and four antenatal clinic visits both increased by 539 and 144, respectively. Monthly baby deliveries climbed by 67, monthly prenatal clinic visits grew by 568, and monthly four antenatal clinic visits increased by 156. Monthly deliveries climbed by 57, ANC attendance grew by 539, and attendance at 4 prenatal clinics increased by 144. The analysis was carried out again for the first and second years of the intervention, respectively. Monthly prenatal clinic attendance, four antenatal clinic attendance, and deliveries all increased by 535, 100, and 90 percent in the first year. Poverty was revealed a significant factor affecting delivery and antenatal clinic attendance in the study. Purposive sampling technique was appropriate for the study because the hospital facilities were adjacent and had the potential of providing relevant information. This study also employed purposive sampling in gathering data from key informants like programme officers, community health workers and opinion leaders.

Statement of the Problem

The government of Kenya has come up with cash transfer programmes with the sole aim of reducing poverty [21]. Despite the government's cash transfer to beneficiaries' households, many households in Langas are impoverished. Studies done by Ombati and Ombati [10] indicate that Langas slum is characterized by high poverty levels, poor and inadequate housing, poor sanitation and lack of basic services such as health care. Health care systems in Africa suffer from neglect and underfunding leading to severe challenges [22]. Globally, 50% of children under five succumb to pneumonia, diarrhoea, measles, HIV/AIDS, tuberculosis and malaria. However, these diseases can be prevented or treated with timely access to appropriate and affordable medicines, vaccines and other health services [23]. The same diseases pose a big problem to the ultra-poor in Langas Ward. From the Ministry of Health MOH 705A, MOH 705B and MOH 717 records of 2019 at Langas Racecourse hospital indicate that; diarrhoea, respiratory infections, skin infections, pneumonia and eye infections are common diseases in Langas ward among the under 5 years children. However, the same diseases are common among those who are above five years and adults. This problem of poverty if not arrested through cash transfers, the orphans and vulnerable children in Langas Ward will succumb to the fore mentioned diseases.

Lilly, MacAusian and Concerned Worldwide [24] carried a study in Korogocho slum (Nairobi) on cash transfer initiative. The study was about cash transfer and food security of recipients. The study found that the cash recipients spend the cash on pressing needs such as food, school expenses and rent. Ressler [25] conducted a study on the impact of cash transfer on the social networks of households participating in

conditional cash transfer programme in Kangemi slum and Homa Bay. The study focused on cash transfer and social networks. The findings were when resources were limited, only caregivers and their children were fed and would not share food. None of the aforementioned studies touched on the effects of cash transfer on orphans and vulnerable children. Therefore, the current study was conducted to fill the gap by examining the effects of CT-OVC in Langas Ward, specifically focusing on fulfilment of the orphaned and vulnerable children's health.

MATERIALS AND METHODS

The study used Ex Post Facto research design in examining how an independent variable or variables, prior to the study affect dependent variable or variables. The goal of the research was to establish if the cash transfer to orphans and vulnerable children programme (independent variable) had affected these beneficiaries' livelihoods in terms of their health (dependent variables). It thus deployed mixed methods research design, collecting both qualitative and quantitative data. The target population for the study was 411 caregivers who were registered on cash transfer for orphans and vulnerable children programme by the government of Kenya. The study sample size was determined using Yamane's [26] formula, with a margin error of 0.05. From the target population, therefore, a sample size of 203 was calculated. For sampling purposes, the derived 7 blocks of villages for the study area of Langas Ward. These wards aided in proportional sampling. The study purposively selected 3 programme officials (Children Officers) who provided in-depth information about the programme. Moreover, 1 child (aged 15-17 years) from each village to validate the information provided by their caregivers. Additionally, 1 community health worker from each village was selected to provide information about beneficiaries' heath. Another 1 opinion leader from each village, including the area Chief, was also selected to provide overall information from their supervisory role perspective.

The study collected both primary and secondary data. Primary data was collected using questionnaires. The questionnaires were filled by caregivers, programme officials, OVCs, community health workers and opinion leaders with the assistance of research assistants. Document analysis was also used to collect data. Document analysis included the evaluation of results of other researchers' work in the related field, cash transfer journals, and cash transfer database, Ministry of Gender, Children and Social Development publications and other relevant books. The researchers employed both quantitative and qualitative data analysis. In quantitative data (numeric data) analysis procedure, descriptive statistics such as frequencies, percentages, means and standard deviations were used. The Statistical Package for Social Sciences (SPSS) was used to run the descriptive statistics. Tables and figures were used to summarize data. The researchers used ANOVA model to analyse quantitative data. This model was used to determine the mean, standard deviation P value or level of significance. The significance level of less than 0.05 was an indication that the effect of the measure was strong or significant and the significance level of more than 0.05 was an indication that the effect of the measure was insignificant. The study used ANOVA model results to determine the significance level of variables investigated. The qualitative data were derived from the caregivers of orphans and vulnerable children, Programme officers, OVCs, opinion leaders and community health workers who filled open-ended questions in a questionnaire. In qualitative data analysis, the research used thematic method.

RESULTS AND DISCUSSION

Effect of Cash Transfer on Health of Beneficiaries

The study sought to determine the impact of the Orphans and Vulnerable Children Cash Transfer programme on the health of beneficiary households in Langas Ward. The effect of CT on health of beneficiaries was analysed in terms of affordability of basic needs for OVC, medical check-up, immunization of children under 5, improvement in mental health, and accessibility to clean water.

Out of 203 respondents, 186(92%) reported that they had a challenge in accessing medical facilities whenever their children fell sick. They said that the Cash Transfer was not enough to meet their medical bills. Moreover, 17(8%) respondents reported that they had no challenge in addressing the health needs of the OVCs. In overall, the majority of the cash transfer beneficiaries do not afford medication whenever need arises. This implied that there is need for Cash Transfer policy makers and the health sector to have consultations with a view to enable the beneficiaries' affordable medical care. This can be achieved by providing medical insurance for all vulnerable groups who are in the Cash Transfer Programme.

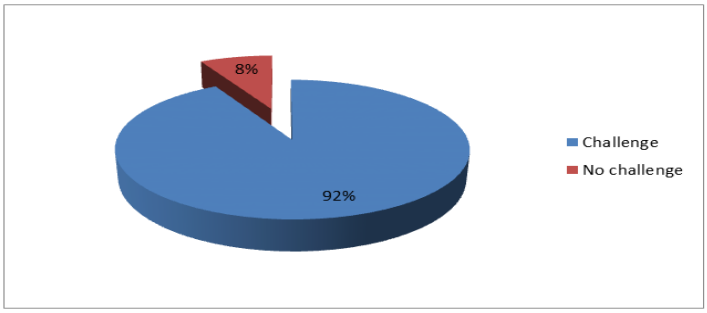

Figure 1: There are challenges in addressing the health needs of OVCs
Source: Survey data (2021)

The findings of this study contrasted those of Rasella *et al*., [14], on the effect of Bolsa Familia, meaning family allowance on child mortality rate in Brazil. In Brazil, Cash Transfer provided reduced child mortality rate by 94% while in Langas Ward under 5 immunization is free of charge. However, in Langas Ward the health of the children beyond 5th birthday is not guaranteed by the Cash Transfer.

The table below shows quantitative analysis and results of the effect of cash transfer on the health of CT-OVC beneficiaries using ANOVA model.

Table 1: Effect of Cash Transfer on Health

Tests of Between-Subjects Effects					
Dependent Variable: HEALTH mean					
Source	**Type III Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
Corrected Model	.414[a]	3	.138	.392	.759
Intercept	686.545	1	686.545	1951.953	.000
YEARS IN PROGRAMME	.414	3	.138	.392	.759
Error	69.993	199	.352		
Total	980.941	203			
Corrected Total	**70.406**	**202**			
R Squared = .006 -. (Adjusted R Squared = -.009)					

Source: Survey data (2021)

The effect of cash transfer on health of beneficiaries shown in Table 1 above was insignificant, with P-value 0.759, which was greater than the 0.05 significance level. This implies that health benefits due to cash transfer programmes had rarely been considered as an integral part of the health policy portfolio. Health agencies have remained relatively passive observers of CT schemes, rather than active participants in their design, implementation and evaluation.

Owusu-Addo *et al*., [18] carried out an assessment of the impact of cash transfers in rural Ghana. The assessment sought to establish the impact of conditional cash transfers on the health of orphans and vulnerable children in rural Ghana. The assessment found that there was improvement in child nutrition, improvement in health services utilization, poverty eradication, social transformation, improved education, improved emotional health and wellbeing.

CONCLUSION AND RECOMMENDATIONS

From the findings of the study, those who benefit from the CT are the orphans and the rest of the siblings in the household. The respondents believe that the cash transfer has helped places like Langas develop and thus eliminate poverty. Subsequently, it has reduced begging on the streets because children have benefited from the programme and are able to get their basic needs.

Amount of CT-OVC is main challenge to beneficiaries especially when the amount of cash transfer cannot meet all the basic needs of the vulnerable children and their foster families. A major policy and pragmatic interventions are needed to increase the amount so that needs of the beneficiaries are met. The expenditure includes school, food, hospital, shelter and clothes. The money is not usually enough but the caregivers try to use it effectively. The cash transfer is meant to benefit the whole household as the orphan also gets to benefit.

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