

ASSESSMENT OF EFFECTIVENESS OF CASH TRANSFER PROGRAM ON PEOPLE WITH SEVERE DISABILITIES IN RONGAI SUB-COUNTY

Nesphit Gitonga Mutiga 

Jomo Kenyatta University of Agriculture & Technology,
School of Entrepreneurship, Procurement and Management, Kenya
nesphitg@gmail.com

Daniel M. Wanyoike

School of Entrepreneurship, Procurement and Management,
Jomo Kenyatta University of Agriculture & Technology, Kenya
dwanyoike@gmail.com

Abstract

This study assessed the effectiveness of Cash Transfer program on People with Severe Disabilities (PWSDs) in Rongai Sub County, Kenya. Three objectives viz. identification criteria of PWSDs, effectiveness of the cash transfers program, monitoring and evaluation process were studied. A descriptive research design with a target population of 116 was adopted. 90 respondents were selected through simple random sampling. Data was coded for descriptive and inferential analyses using SPSS 20. Majority respondents were male (61.2%). 71.7% attained primary education. 78.8% required permanent assistance to meet toiletry needs, feeding and protection from harm. PWSDs identification process was conducted yearly (64.7%) and was satisfactory (68.2%). Cash transferred was insufficient to the beneficiaries. An institutional framework was used to implement the PWSDs program (mean 3.20). The study established strong correlations between PWSDs identification, cash transfer process, evaluation process ($r=.804$, $.831$ and $.717$) and the effectiveness of the cash transfer program. The study recommended stakeholder analysis, training and involvement in the planning, implementation and evaluation processes. Evaluation of the cash transfer program should be conducted at regular and feasible intervals.

Keywords: Disability; Identification; Monitoring; Cash transfer program; Effectiveness

INTRODUCTION

Social protection is concerned with preventing, managing, and overcoming situations that adversely affect people's well-being or cushion them against vulnerabilities (United Nations Research Institute, 2010). Social protection consists of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets and diminishing people's exposure to risks. It enhances the capacity to manage economic and social risks, such as unemployment, exclusion, ill health, disability and old age. Traditionally, social protection has been used in the European welfare state and other parts of the developed world to maintain a certain living standard, and address transient poverty. Roman Emperor Trajan expanded a program for free grain to include more poor citizens of the empire. In addition, he instituted public funds to support poor and vulnerable children. Organized welfare was not common until the late 19th and early 20th centuries. It was during this period that in both Germany and Great Britain, welfare systems were established to target the working classes followed by the United States several years later, during the Great Depression. However, modern social protection has grown to encompass a much broader range of issues and purposes. It is now being used as a policy approach in developing nations, to address issues of persistent poverty and target structural causes. Social protection has rapidly been used in trying to reduce and ultimately eliminate poverty and suffering in developing countries (mostly in Africa).

A report by the International Disability Alliance (IDA, 2010) describes how people with disabilities have been a priority for the Government of Afghanistan despite the underdevelopment of the social welfare system. This was because a large proportion of the population was made disabled by the war. However, research has shown targeting of safety net programs to be inefficient, with a relatively large number of ineligible households receiving benefits while eligible households are left out. This is because only a few programs have been specifically targeted at poor households. The martyrs' and disabled program, which dominates spending on safety nets, is not poverty-targeted. Meanwhile, even poverty-focused donor programs show high levels of leakage to non-deserving households (Save the Children, 2012). Several developing economies have recently introduced cash transfer programs, which provide money to poor families contingent on certain behavior, usually investments in human capital, such as sending children to school or bringing them to health centers. The approach is both an alternative to more temporal social assistance programs. (Laura, 2004).

Evaluation results for similar programs launched in Colombia, Honduras, Jamaica, Mexico, Nicaragua, and Turkey reveal successes in addressing many of the failures in delivering social assistance such as poor poverty targeting methods, disincentive effects, and insufficient welfare impacts. Many questions remain unanswered, however, including the

potential of conditional cash transfer programs (CCT) to function well under different conditions. There is a broader range of challenges among poor and vulnerable populations to be addressed to prevent the intergenerational transmission of poverty. Conditional Cash Transfer programs are innovative approaches to the delivery of social services (Rawlings, 2004) that conditionality makes this new generation of social programs, an instrument for longer-term human capital investments as well as short-term social assistance. Sub-Saharan Africa's Cash Transfer (CT) programs share many characteristics with CT programs around the world. However, they clearly stand out as unique in certain areas. Some of these features effectively address the unique challenges of Sub-Saharan Africa, others are not inherently positive or negative, and still others have arisen as CTs are used to confront challenges of greater frequency or depth than those seen in other regions.

Poverty, disease and ignorance were identified as critical challenges facing Kenya, at the time of independence. Considerable success has been achieved in addressing some challenges but poverty and vulnerability remain a major challenge to majority of Kenyans (Training Manual for Gender and Social Development Officers, 2011). This is particularly in rural areas and slums of major towns. To people living with disabilities, the situation is more deplorable. Besides poverty and illiteracy, people with disabilities experience more suffering, of poor health, discrimination and stigmatization. Disability is the disadvantage and exclusion which arises as an outcome of the interactions between people barriers they face due to failure of society to take into account their rights and needs. According to VSO (2006), these impairments includes and not limited to, physical, intellectual, mental or sensory characteristics or condition which place limitations on individual's personal or social functioning. It has been argued that disability is a social problem. It is the exclusion of people with impairments due to social and environmental discrimination that act as barriers to their full and equal participation equally or equitably in mainstream society.

According to (Kenya National Survey persons with disabilities , 2006) 46% of Kenyans experience some form of disabilities. More disabled people reside in rural areas, 65% of Persons with Disabilities (PWD) regard the environment as major problem in their daily lives. According to the Kenya 2009 population census, 3.5% of Kenya's population is PWDs. They are disproportionately represented among the world's poor, and tend to be poorer than their counterparts without disabilities. It is estimated that 1 in every 5 of the world's people is a PWD. The Kenya's vision 2030 provide a long term development framework and initiatives aimed at sustaining rapid economic growth and tackling poverty and combating discrimination faced by various groups including people with disabilities.

Several other policies addressing the disability protection are the contained in the Kenya's constitution (Kenya constitution , 2010), Social protection policies in Kenya are coordinated by the ministry of Labor, Social Security and Services. The Ministry of Education provides for children with physical and mental disabilities to be placed in mainstream schools. Other significant bodies are the Kenya Institute of Special Education (KISE), a government institution established in 1986, with the aim of meeting the educational needs of disabled children, youth and adults. Persons with severe disabilities are persons who need permanent care, including feeding, toiletry, protection from dangers from themselves and other persons, and are endangered by environment. They require intensive support on a daily basis which keeps their parents or guardians or care gives at home and close to them throughout. This has been addressed through the constitution of Kenya and international agreements which recognizes social protection as a fundamental human right for all citizens of the world and various acts of parliament including people with disabilities Acts 2003.

The Bill of Rights states that the dignity of individual and communities is recognized and protected including their fundamental freedoms so as to preserve and promote of all human beings (The constitution of Kenya, 2010). The national disability policy 2006 recognizes disability as a development issue. Consequently it acknowledges the rights of persons with disabilities to development and the need to address factors that push them into absolute poverty. There is link poverty and disability that creates vision cycle, poverty leads to disability and disability often leads to poverty. The government of Kenya has progressively made deliberate efforts to mainstream and integrate persons with disabilities in national development. (Policy, The Kenya National Social Protection, 2011). The overall objective of PWSD-CT program is to enhance the capacities of livelihoods of PWSDs and mitigating the effect of disability to the household. The program was designed and planned at the national level. The target is at the household level, and for this program, a household with a PWSD. This Household must be extremely poor; the targeted House hold should not be a recipient of pension, or any reasonable regular income. It should not be a recipient of any other cash transfer program. The program is implemented at constituency level, through administrative locations. This is followed by sensitizing the constituency social assistance committee (CSAC). The community mobilization and sensitization is leads to formation of location committee (LOC) and the Beneficiary committee (BWC).

Statement of the Problem

As entrenched in the social pillar of the country's vision 2030 blue print and the constitution of Kenya, resources distribution and improved livelihoods for all vulnerable groups and people with

disabilities is a flagship project. The ministry of labor, social security and services has managed the cash transfers program for PWSD for the last five years to a total of 104 beneficiaries in Rongai Sub County. The planning and implementation of this program has seen several changes and improvements. At least 80% of initial beneficiaries have consistently been receiving cash benefits. These beneficiaries are expected to have been brought out of stigmatization and discrimination. The main is to put them on equal level and status as other members of the Household who have no disabilities. They have thus become a center focus of a household since they have moved from poor status to improved livelihood. Project management is the application of knowledge, skills, tools and techniques to project and program activities to meet the program requirements. This is accomplished through initiating, planning, executing, controlling and closing. This is constrained by demands of scope, time, cost, risk and quality demands. Any successful program must adequately address these constraints. Projects or programs are started to address a certain unique identified need just like the CT program. The cash transfer program for PWSDs was specifically designed to meet the needs of these specific categories of persons. However, like constraints in a project, the program has also faced various challenges. PWSDs are persons whose needs were not being addressed in any other way. The perceived needs include poverty, poor health, Stigma and exclusion from mainstream society. The cash benefits are expected to cushion them against suffering from hunger, illiteracy and disease. Other forms of abuse for PWSDs are neglect and discrimination from sharing equal rights like other members of the household and society at large. The effectiveness of the cash transfer program can only be seen if these needs are adequately addressed by the cash transfer program. This study endeavored to address the challenges and generate solutions to the CT. Several loopholes have also been reported by the beneficiaries. People who are nominated to collect the funds on behalf of beneficiaries demand compensation; the caretaker collects the benefits without informing the beneficiary. Some beneficiaries never know that the benefits had been collected. Others went to the post office only to find that other people had collected their money. (GSDRC Helpdesk Research Report 1137).

LITERATURE REVIEW

Theoretical Literature

While there is a large body of literature examining social protection and cash transfers' (CT) impacts on poverty reduction and development, there is much less on understanding the mechanisms and pathways by which this happens. This study adopted the theory of change to include pathways, causal relationships, and underlying assumptions about how change

happens. The broad aim of conditionality is to improve human capital outcomes and promote resilience through impacts on behavior (Bastagli 2009). By adding conditions, CTs aim to incentivize investment in mid- to long-term human capital accumulation, which can be underserved by poor people making short-term coping decisions. Conditions also aim to increase intra-household bargaining power of weaker individuals, and increase human capital across society. Most Latin American CTs are entirely conditional. The transfers improve human capital and productive capacity, which leads to economic growth (Barrientos, 2012). This framework suggests that transfers influence growth by lifting restrictions on household productive capacity. It suggests that cash transfers mediate growth by facilitating access to credit, providing more certainty and security in consumption, and helping overcome cost restrictions, which can influence household decision-making. CTs are expected to have positive impacts on human capital, physical and financial asset accumulation, and the local economy; and positive or negative effects on labor supply. The conclusion is that CTs do have effects on the productive capacities of households in poverty, and that they do influence micro-level growth through these proposed channels.

Program theory's purpose is to ascertain the theoretical sensibility of a program (Rogers, 2000). A program theory consists of a set of statements that describe a particular program, explain why, how, and under what conditions the program effects occur, predict the outcomes of the program, and specify the requirements that brings about the desired program effects (Sedani & sechrist, 1999). Program theories can be developed during the operation of the program (Rogers et al, 2000) or prior to evaluating a program to determine if its failing or succeeding (Bickman, 1987). One purpose of conducting a theory-based evaluation is to test the model hypothesized to explain the program and the mechanisms utilized to obtain the intended outcomes (Rogers, 2000). A number of vital components to an evaluation need to be investigated in order for the findings to be reliable, valid, meaningful, and interpretable. According to (Koskela 2000): A theory provides an explanation of observed behavior, and contributes thus to understanding of prediction of future behavior, its tools for analyzing, designing and controlling can be built. The PWSD- CT program was conceptualized and followed the due process of program planning implementation, monitoring and evaluation with the basic purpose of meeting the stakeholder's needs. In this case, the major objective was to alleviate poverty, and extreme suffering by persons with severe disabilities. For the program to be qualified as successful, then there is need to clearly monitor each process involved, and evaluate the outcomes, in order to measure how close they are in line with the baseline goals. Mutuku (2010) suggested challenges faced during the implementation of social protection programs that include the government lack of adequate coordination and information sharing

between actors, therefore leading to duplication of activities. Social protection initiatives are not publicized to the citizens, therefore learning and information is limited to the institutions undertaking specific programs.

Empirical Literature

A CT program's objectives should guide who should be selected as program beneficiaries. If objectives focus on poverty, impoverished households or individuals are the program's ideal beneficiaries. A program's targeting system is the method it uses to select beneficiaries or households to be included in the program. Targeting can be completed using geographic locations; or categorical indicators, such as gender or age; community members (Coady, Grosh, and Hoddinott 2004). According to Oddsdottir (2014), eligibility is based on poverty and having a household member in at least one of three demographic categories that may include a Single parent with orphan or vulnerable child (OVC), elderly poor or a Person with extreme disability unable to work (PWD). Initial selection of households is done through a community based process and is verified centrally with a proxy means test. This method was applied in Ghana. In addition to the above, in Kenyan program, for a household to be eligible, it needs to fulfill the condition that a household must be caring for a person with severe disabilities (in need of permanent care including feeding, using bathroom; protection from danger from themselves, other persons, or the environment; those who need intensive support on a daily basis which keeps caregivers at home or close to them at all times). The household must be extremely poor. And the household must not be enrolled in any other cash transfer program or be receiving any pension or other regular income. Due to low literacy and numeracy levels among some beneficiaries, caretakers may not tell them the truth about the value of the transfer and pocket the rest of the money. Post office workers may collaborate with caretakers to defraud the beneficiary (World Bank, 2013).

With regard to the process of cash transfer, the research identifies the main stakeholders of the program. These are the people and institutions involved in the implementation of the program. All these actors are interrelated at different levels on implementation of the CT- PWS D Program. Specific objectives of the program are to provide regular and predictable cash transfers to extremely poor households taking care of persons with severe disabilities, to strengthen capacities of the caregivers in order to improve the lives and livelihoods of persons with severe disabilities within their households. The program is implemented by Sensitizing the Social Development Officers (SDO) who in turn will sensitize the Social Assistance Committees (CSAC). A community mobilization and sensitization is conducted leading to formation of location committees. Recruitment and training of enumerators who will conduct a Household

identification and filling of targeting forms is done. Ranking of beneficiaries is done, followed by a community validation of potential beneficiaries. Enrolment of the qualified beneficiaries is prepared followed by Training of caregivers of enrolled beneficiaries on their rights and entitlements. A biometric registration of beneficiaries and their caregivers is conducted currently being contracted to Kenya commercial bank, which finally makes payments. Monitoring and evaluation is conducted at every stage to address any deviations and program gaps.

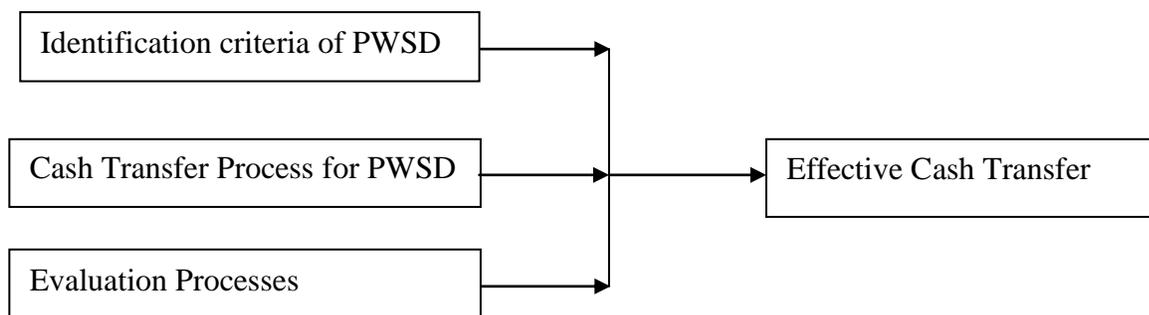
In the original plan of the program, and initial implementation phase, the Social Development Officers were paying the benefits directly to beneficiaries in their households, this created security concerns and risks. Postal Corporation was then contracted to be paying through their countrywide branch network. The system has then been improved by contracting Kenya Commercial Bank who was using Biometric system to identify the beneficiaries by their finger prints.

Evaluation of the Program

Evaluation is the assessment, as systematically and objectively as possible, for a completed project or program (or a phase of an ongoing project or program that has been completed). Evaluations appraise data and information that inform strategic decisions, thus improving the project or program in the future. Evaluations should help to draw conclusions about aspects of the intervention including relevance, effectiveness, efficiency, impact and sustainability. The World Health Organization evaluation studies(2007), found that disability affects 10% of every population. An estimated 650 million people worldwide, of who 200 million are children, experience some form of disability. Surveys conducted in 55 countries by the Disability Statistics Compendium show prevalence rates varying from 0.2% to 21%. Despite the multi-dimensionality of programme impacts, positive material impacts have been consistently underscored (MacAuslan&Riemenschneider 2011). Positive judgments about the desirability of cash transfer programmes have therefore been based on the elevation of economic indicators over social relations. Household-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). The most comprehensive evaluation of the CT-OVC was conducted in 7 districts between 2007 and 2009 (Hurrellet *al.*, 2010). Not surprisingly, the evaluation failed 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). This represents a shift in economic power in patriarchal communities and has implications for household wellbeing and relations. Information gathered in relation to these aspects during the monitoring process provides the basis for the evaluative analysis. In this research, evaluation will be used to address various aspects of scope change in the cash transfer the program. It is through this process that various changes will be made in order to improve the objective delivery. Change has been made in beneficiary verification, efficiency of delivery; from staff paying directly to biometric system. All these are some of lessons learnt resulting from the evaluation process.

Figure 1. Conceptual Framework



Critique of Reviewed literature Relevant to the Study

Evidence on how cash transfers can reduce poverty remains a hot topic in both development and relief circles. Some development agencies have put cash transfers at the center of their social protection strategies. However, cash transfers are far from a panacea, and questions around the appropriateness and feasibility of cash transfers in different contexts are important and urgent. From the view of the many social protection policies undertaken by the government, social protection seems an expensive use of the available scarce resources. However, the benefits are beyond the costs; for instance the humanitarian relief is provided to people whose lives and livelihood are threatened by natural disasters. Secondly, the effective safety nets can encourage moderate risk taking by the poor, leading to higher average incomes. Third, there are both direct and indirect economic costs of not investing in social protection. The governments' investment in economic development and comprehensive social protection measures, then the costs and impacts of environment can be contained. A study published by the Poverty Reduction, Equity and Growth Network (PEGNet), revealed that the CCT alone could not result in poverty reduction. CCT programs are not a panacea against poverty and social exclusion and its limitations should be addressed by creating other strategies which focus on more comprehensive policy reforms. Examples are the creation of productive options, temporary

employment programs, access to micro-credit and micro-entrepreneurial opportunities, among others. A cash transfer to help the poor build business is like aspirin to a flesh wound. It helps, but not for long. The real problem is the absence of firms small and large to employ people productively. The root of the problem is political instability, economic uncertainty, and a country's high cost structure, among other things. A government's attention should properly focus on these bigger issues.

Research Gaps

There is a significant amount of research available on Cash Transfer Programs (CTP) which is used to advocate for CTP and to design or improve programming. There remain a number of research gaps which need to be addressed. Some of these gaps are CTP-specific whilst others, such as the need for additional research into cost-effectiveness and market impact, are more generic. A number of common challenges for operating social protection programs for PWSDs include lack of data, proper targeting system, and costly monitoring system, lack of awareness by beneficiaries and little budgetary allocations by the governments. Programs designed with a focus on charity rather than empowerment can create a disincentive to work. This research thus sought to contribute to more information regarding the cash transfer program in Kenya.

METHODOLOGY

Research Design

This research employed a descriptive research design. This research strategy was preferred because it permits the collection of data through questionnaires administered to a sample (Saunders & Thorn Hill, 2007). The use of the survey design facilitated the collection of a considerable amount of data quickly, efficiently and accurately (Oso&Onen, 2005). The target population and sampling frame comprised of 116 (104 PWSDs and 12 key experts) enrolled in the CTP in Rongai Sub-County. The key social development experts were purposively selected from the Constituency Social Assistance Committee (CSAC) who represented the five wards. Two key social development experts were drawn from each ward making a total of 10 plus two key social development experts from Rongai District headquarters.

Sample and Sampling Procedure

A sample size of 90 respondents was randomly selected from the target population using the mathematical approach by Miller and Brewer (2003):

$n = N / [1 + N (\alpha)^2]$, Where, n is the Sample size, N is the Sampling frame (116), α is the Error margin (0.05) and 1 is the Constant

$$n = 116 / [1 + 116 (0.05)^2]$$

$$n = 89.90$$

$$n = 90$$

The key social development experts were 12 and so the ordinary are $90 - 12 = 78$. The 78 PWSDs were included in the sample size proportionately. The study used a semi-structured questionnaire to collect data and the selection was informed by the nature of data to be collected. Such information is best collected by questionnaires (Mugenda & Mugenda, 2003; Saunders *et al.* 2009, Kombo, 2006). The use of this instrument involved asking both structured and open-ended questions. This method enabled the researcher to collect more data on the phenomena under study.

Pilot Study

A pilot study was conducted to test the validity and reliability of the research instrument (questionnaire). Pilot study can also be used to test an idea or hypothesis (Hulley, 2000). The pilot test targeted 10% of the sampled respondents from the enrolled members of the PWSD households. The Cronbach alpha threshold of 0.7 was used to test and compare the result findings (Creswell, 2002). Validity as noted by Robinson (2009) is the degree to which results obtained from the analysis of the data actually represents the phenomenon under study. Validity was maintained through objective questions inclusion in the questionnaire. Reliability refers to a measure of the degree to which research instruments yield consistent results (Mugenda & Mugenda, 2003, Cooper & Schindler, 2003).

Data Collection, Processing and Analysis

The data collected as compiled, edited, sorted, classified and tabulated to make it easier for analysis. The data was then coded and analyzed using SPSS version 20. According to Marshall and Rossman (1999), coding data refers to the formal representation of analytical thinking. Descriptive statistics and inferential analysis were generated.

ANALYSIS AND FINDINGS

Reliability Coefficient

A pilot study was conducted to test the reliability of the questionnaire. The Cronbach's Alpha Test was conducted on all measures for the independent and dependent variables with a threshold of 0.7.

Table 1: Cronbach's Test Score Results

Variable	N	Cronbach's Alpha Score
Process of PWSDs Identification	13	.809
Process of cash transfer to PWSDs	17	.835
Evaluation Process	7	.720

Preliminary Findings

A total of 90 questionnaires were administered and 85 were completely filled and returned translating to 94.4% response rate. Higher response rates assure more accurate results (Biemer&Lyberg, 2003).The results of the analysis shown in Table 4.1 indicate that majority of the respondents were male (61.2%) while females constituted (38.8%).

Table 2: Respondents Distribution by Gender

Gender	Male	Female	Total
Frequency	52	33	85
Percentage %	61.2	38.8	100
Cumulative %	61.2	100	

Table 2 shows how respondents were distributed according to their age category. The findings indicated that majority of the respondents (36.5%) were aged 11 to 20 years. The findings imply that majority of the PWSDs were relatively young people in the Rongai sub-county population.

Table 3: Respondents' Distribution by Age Category

Age (Years)	Frequency	Percentage	Cumulative %
Less than 10	3	3.5	3.5
11-20	31	36.5	40
21-30	20	23.5	63.5
31-40	15	17.7	81.5
41-50	7	8.20	89.4
Above 50	9	10.6	100
Total	85	100	

The study findings in Table 3 show that 71.7% attained primary level of education, 14.2% attained secondary school education level. It was further noted education level of the

respondents was relatively low and therefore the reason why the study relied much on the care givers' feedback during the data collection. The respondents who had attained middle level college or university levels of education were mainly the expert respondents in the sample size. According to Murphy and Myors (2004), education level has an impact on the statistical power of data as it determines the respondents' ability to comprehend questions.

Table 4: Respondents' Education Levels

Education Level	Frequency	Percentage	Cumulative %
Primary school	61	71.7	71.7
Secondary school	12	14.2	85.9
College	5	5.9	91.8
University	7	8.2	100
Total	85	100	

The study sought to ascertain the number of years PWSDs have lived in Rongai sub-county in Table 4. Majority of the respondents (63.5%) had lived in Rongai for more than 10 years as compared to those between 1 and 5 years (11.8%). There were no respondents who had lived in Rongai for less than one year.

Table 5: Living Period of PWSDs in Rongai Sub-county

No. of Years	Frequency	Percentage
Less than 1 year	0	0
1-5 years	10	11.8
6-10 years	21	24.7
Above 10 years	54	63.5
Total	70	100.0

Descriptive Analysis of PWSDs Identification Process

The study also sought to find out if any member of the households of the respondents had PWSDs and the findings were 85.9% in Table 4.5. The respondents had physical forms of disability. The study established that 78.8% (67) of the respondents required permanent assistance to meet toiletry needs, feeding and protection from harming themselves or others compared to 21.2% (18). 100% (85) of the respondents were aware of the cash transfer

program from the National government of Kenya. All the PWSDs were introduced to the cash transfer program by the Kampiya Moto social development divisional office. The study also established that the process of PWSDs identification is conducted yearly as supported by 64.7% (55). Findings on the frequency of cash transfer, majority of the respondents 75.3% (64) indicated that it takes 2 to 3 months while 24.7 % (21) indicated that it takes 4-5 months. The findings are in line with Mleinek and Davis (2012) explanation that many poor people with disabilities, living in remote areas, are unaware of social protection schemes or cannot access them. In addition, majority of the respondents 68.2% (58) were satisfied with the process of the PWSDs identification process. In both responses for satisfaction, some said the process targets the right people, identifies the needy, the community was involved and others claimed the whole community was not involved.

Table 6: Analysis of PWSDs Identification Process

Category	Frequency	Percentage %
Form of Disability		
Yes	73	85.9
No	12	14.1
Total	85	100
Need for permanent assistance		
Yes	67	78.8
No	18	21.2
Total	85	100
Awareness of cash Transfer program		
Yes	85	100
No	0	0
Total	85	100
Frequency of PWSDs Identification Process		
Not aware	18	21.2
Yearly	55	64.7
Every two years	10	11.8
Above two years	2	2.3
Total	85	100

Frequency of Cash Transfer

Every Month	0	0
2-3 Months	64	75.3
4-5 Months	21	24.7
Over 6 Months	0	0
Total	85	100

Satisfaction with PWSDs identification

Yes	58	68.2
No	27	31.8
Total	85	100

Results from Table 6 indicated the process of PWSDs identification was transparent and open for scrutiny by all stakeholders had a mean of 3.30. The findings imply that the process was transparent and open to all stakeholders for scrutiny. This was followed by the aspect of community involvement in the identification of the PWSDs with a mean of 3.23 indicating that there was involvement of the community in the PWSDs identification exercise. The least successful aspect of PWSDs identification process was the collaboration of local administration, NGOs and government authorities. According to Schneider (2011), lack of specific identification criteria may result in the disabilities that are included mainly being visible disabilities rather than invisible disabilities. Though most aspects of PWSDs identification were found to be above average, the cash transfer program should endeavor to exceed their PWSDs identification performance indicators.

Table 7: Descriptive Analysis for PWSDs Identification

				Std.	
		Min	Max	Mean	Dev.
i.	The community is involved in the identification of PWSDs at sub-location levels	2	5	3.23	.894
ii.	The local administration, NGOs and government authorities often collaborate in identification of PWSDs	2	5	3.09	.902
iii.	The Locational committees (LOCs) and Beneficiary welfare committees(BWCs) participates at all levels of PWSDs identification process	2	5	3.16	.982

iv.	There is a data base for all PWSDs identified and is regularly updated by social development workers at the district social development office	2	5	3.17	.812
v.	The process of PWSDs identification is transparent and open for scrutiny by all stakeholders	2	5	3.30	.791

Descriptive Analysis of Cash Transfer to PWSDs

From the responses in Table 8, it was established that cash collection was done by the caregivers at 69.4% (59) followed others at 25.9% (22). There was no cash transfer through MPESA or mobile phone money transfer channels. Further, very few PWSDs were able to collect the funds themselves. Some respondents indicated people who are nominated to collect the funds on behalf of beneficiaries demand compensation. Sometimes the caregiver collects the benefits without informing the beneficiary. Other beneficiaries still don't know that the benefits are collected. The results show that the cash transfer program should broaden its channels of cash transfer and embrace technology by adopting mobile money transfer technologies. This will improve the efficiency of cash collection by all the involved parties. Further analysis of the distance travelled in kilometers by the respondents to collect cash found that majority covered over 10 kilometers, 74.1% (63). This finding has an implication on the costs involved on transport and the balance of the funds for other uses.

Table 8: Process of Cash Transfer to PWSDs

Section	Frequency	Percentage %
Collection of Cash Transfer		
Collect myself	4	4.7
Collected by Caregiver	59	69.4
Mpesa	0	0
Others	22	25.9
Total	85	100
Distance Travelled (KMs)		
1-3	0	0
3-6	15	17.7
6-10	7	8.2
Over 10	63	74.1
Total	85	100

In addition, the respondents were asked to indicate the extent to which they agree with the cash transfer program and the results were tabulated in Table 9. The findings indicated that there is a standard criteria or an exit strategy used to terminate the support under the cash transfer program for PWSDs with a mean of 3.50 followed by a standard criteria used to select PWSDs in order to determine the eligibility of the beneficiaries with a mean of 3.24. The results further show that coverage of all areas in Rongai by the cash transfer program, development of materials to create awareness of the cash transfer program to beneficiaries and convenience of the procedures used to pay beneficiaries had lower mean scores of 2.29, 2.21 and 2.19. The standard deviations were more than one implying indifference or lack of sufficient support or focus to implement the questions as required. According to the Kenya cash transfer audit (2014), the beneficiaries pointed out that the payment centers were located far from their residence. For example, in Marsabit where transport infrastructure is less developed, and the terrain is difficult the beneficiaries reported incurring high transport costs estimated in some areas at Kshs 3000, a figure higher than the monthly allowance. In such cases, the beneficiaries feel discriminated through physical location of services and hidden costs. Such factors diminish the overall value and benefit of the program. The findings also complements those of the World Bank (2013) that found that negative perceptions and misinformation about the program, such as the perception that receiving cash transfers makes people lazy, or that the cash transfer program was an election ploy in Kenya.

Table 9: Descriptive Analysis of Cash Transfer to PWSDs

		Min	Max	Mean	Std. Dev
i.	All the areas in Rongai sub-county are equally covered by the PWSDs cash transfer program	2	5	2.29	1.407
ii.	There is a standard criteria used to select PWSDs in order to determine the eligibility of beneficiaries	2	5	3.24	.899
iii.	There is a standard criteria or an exit strategy used to terminate the support under the cash transfer program for PWSDs	1	5	3.50	.983
iv.	There are materials developed to inform beneficiaries about the cash transfer program to raise public awareness	1	5	2.21	1.312
v.	The procedures used to pay the beneficiaries are convenient, reliable and transparent	1	5	2.19	1.342
vi.	The cost of cash transfer to PWSDs is affordable and favorable	1	5	2.20	1.411

Descriptive Analysis of Utilization of the Cash Transferred to PWSDs

The respondents were asked to respond on the utilization of the collected cash by the beneficiaries. The findings in Table 10 indicated that the cash was not enough for their upkeep, 78.9% (67). Majority cited reasons surrounding the cost of living as major hindrance in the use of the funds. Most of the funds were used for food at 80% (68) followed by medication at 7.1% (6) and least for other uses at 2.3% (2) respectively. Findings on decision making about how the funds were utilized show that parents 55.3% (47) were the majority decision makers. This was followed by caregivers at 27.1% (23). The results are a true representation of the scenario on the ground because most PWSDs are taken care of by parents or caregivers. A few PWSDs were found to be able to decide on their own 11.7% (10) regarding the use of the cash transfer funds. Majority of the respondents indicated they were not satisfied 57.1% (40). The reasons given were that PWSDs were not consulted on the use of the funds nor were wishes or their priorities considered.

The result are in line with the World Bank (2013) which indicated low literacy and numeracy levels among some beneficiaries, caretakers may not tell them the truth about the value of the transfer and pocket the rest of the money. Majority were not trained on the cash transfer funds at 80% (68). Regarding other forms of assistance available to PWSDs, majority at 94.1% (80) indicated they did not receive any other form of assistance apart from the cash transfer program.

Table 10: Utilization of the Cash Transferred to PWSDs

Section	Frequency	Percentage %
Is cash Enough for Upkeep		
Yes	18	21.1
No	67	78.9
Total	85	100
Use of Transferred Cash		
Buy food	68	80
Medication	6	7.1
Education of household members	4	4.7
Income generating activity	5	5.9
Other uses	2	2.3
Total	85	100

Decision making on Spending		
Myself	10	11.7
My parents	47	55.3
My spouse	5	5.9
My caregiver	23	27.1
Total	85	100
Satisfaction with Cash Utilization		
Yes	30	42.9
No	40	57.1
Total	85	100
Training on Cash Transfer Fund		
Yes	17	20
No	68	80
Total	85	100
Other forms of Assistance		
Yes	5	5.9
No	80	94.1
Total	85	100

Descriptive Analysis of the Evaluation Process

This question sought to show the extent to which the evaluation process was effective on the cash transfer program in Rongai sub-county. From Table 11, most respondents reported that the cash transfer program uses an institutional framework to implement the PWSDs program with mean of 3.20. All the other aspects received less than average mean scores starting with the involvement of the government authorities, structures and mechanisms, involvement of civil society and NGOs in the design and implementation of the PWSDs, regularly evaluation assessment for cash transfer and use of impact assessment criteria developed to assess the implementation of the cash transfer program. The implications of these findings have a negative impact on the effectiveness of the cash transfer evaluation process. The less than average mean scores imply that the evaluation of the cash transfer program indeed affected the effectiveness of the cash transfer program to PWSDs. The results are in line with Hurrellet al. (2010) who conducted the most comprehensive evaluation of the CT-OVC in 7 districts. The evaluation failed to solidly capture social relations impacts.

Table 11: Descriptive Analysis of the Evaluation Process

		Min	Max	Mean	Std. Dev
i.	The cash transfer program uses an institutional framework to implement the PWSDs program	1	5	3.20	.768
ii.	All the relevant governmental authorities, structures and mechanisms are involved in evaluation of PWSDs	1	4	2.24	1.461
iii.	Civil Society organizations, beneficiaries and NGOs are involved in the design, implementation and evaluation of the PWSDs	2	5	2.39	1.301
iv.	Evaluation assessments of the cash transfer program for the PWSDs are regularly conducted	1	5	2.18	1.510
v.	There is an impact assessment criteria developed to assess the implementation of the cash transfer program for PWSDs	1	5	2.23	1.337

Moreover, the study found that majority of the respondents indicated there was evaluation of the cash transfer at 84.7% (72). This was followed by majority indicating that frequency of evaluation process was over one year 68.2% (58). 17.1% (15) were however not aware when the evaluation of the cash transfer program was done. The respondents were asked to suggest areas of improvement on the evaluation of the cash transfer program. They pointed out identification of PWSDs payment duration and frequency should be improved upon to enhance the efficiency of conducting cash transfer evaluations at the grass root levels.

Table 12: Evaluation Process of Cash transfer Program

Section	Frequency	Percentage %
Any form of evaluation		
Yes	72	84.7
No	13	15.3
Total	85	100
Frequency of Evaluation process		
Not aware	15	17.7
Monthly	0	0
After two Months	0	0
After 6 Months	12	14.1
Above one year	58	68.2
Total	85	100

Inferential Analysis

From Table 13, the results show there is a strong correlation between PWSDs identification and the effectiveness of the cash transfer program. The significance level is 0.000 which is less than 0.05 implying that the relationship is statistically significant. This means that enhancing the process of PWSDs identification will have a positive impact on the effectiveness of the cash transfer program.

Table 13: Correlation between PWSDs Identification and Effectiveness of Cash Transfer Program

		PWSDs Identification Process
Effectiveness of Cash transfer Program	Pearson Correlation	.804 ^{**}
	Sig. (2-tailed)	.000
	N	85

** . Correlation is significant at the 0.01 level (2-tailed).

From Table 14, the study established that there is a strong positive relationship between the cash transfer process and the effectiveness of the cash transfer program with $r = .831$ and a significance level of .039. The result indicates that proper implementation of the cash transfer program is essential for the effectiveness of the cash transfer program. The findings further compliments those of the WHO (2009), that the disabled in Kenya are increasing and the government has adopted a number of laws and policies pertaining to people with disabilities. The reason why the cash transfer program should be carefully implemented to safeguard the PWSDs.

Table 14: Correlation between Cash Transfer Process and Effectiveness of Cash Transfer Program

		Cash Transfer Process
Effectiveness of the cash transfer Program	Pearson Correlation	.831*
	Sig. (2-tailed)	.039
	N	85

*. Correlation is significant at the 0.05 level (2-tailed).

Findings in Table 15 indicate a very strong positive correlation between evaluation process and the effectiveness of the cash transfer program ($r=0.717$). The significance level is less than 0.05

($p=0.024$). The result imply that designing the evaluation process well and involving all the necessary stakeholders will promote effective implementation of the cash transfer program.

Table 15: Correlation between Evaluation Process and Effectiveness of Cash Transfer Program

		Evaluation Process
Effectiveness of cash transfer program	Pearson Correlation	.717 [*]
	Sig. (2-tailed)	.024
	N	85

*. Correlation is significant at the 0.05 level (2-tailed).

Summary of the Findings

PWSDs Identification Process

The study found that majority of the households had PWSDs with physical forms of disability. Majority of PWSDs require permanent assistance to meet toiletry needs, feeding and protection from harming themselves or others. Further, all the respondents in the study were aware of the cash transfer program. All the PWSDs under were introduced to the cash transfer program by the Kampiya Moto social development office. PWSDs identification was conducted yearly while the frequency of cash transfer takes 2 to 3 months. In addition, majority were satisfied with the process of the PWSDs identification. In support of this, the process targets the right people, identifies the needy and the local community was involved. However the collaboration of local administration, NGOs and government authorities was below average. There was also lack of specific identification criteria for PWSDs. The PWSDs identification program should endeavor to exceed their PWSDs identification performance indicators.

Cash Transfer Process to PWSDs

The study established that cash collection was done by the parents or caregivers. Further, there was no cash transfer through MPESA or mobile money transfer channels. A few of the PWSDs who were able to collect the funds themselves indicated that some people who are nominated to collect the funds on behalf of beneficiaries demand compensation. Sometimes the caregiver collects the benefits without bothering to inform the beneficiaries. In addition, some beneficiaries still don't know that the benefits are collected or exist. The cash transfer program should broaden its channels of cash transfer and embrace technology by adopting mobile money transfer. This will improve the efficiency of cash collection by all the involved parties. The distance travelled was more than 10 kilometers and was costly to the beneficiaries. The study

established that there was a standard criteria or an exit strategy used to terminate the support under the cash transfer program for PWSDs. Not all areas of Rongai sub-county were covered and materials to create awareness were not developed. The funds were not adequate due to the rising costs of living and most of it was used to buy food and medication. Decisions on use of the funds were made by parents or caregivers. Thus, most PWSDs were not satisfied with how the funds were used.

Evaluation Process of the Cash Transfer Program

The cash transfer program used an institutional framework to implement the PWSDs program. All the other aspects of the cash transfer showed reduced participation especially the involvement of the government authorities, structures and mechanisms, civil society and NGOs. There were no regular evaluation assessments for cash transfer. The implications of these findings have a negative impact on the effectiveness of the cash transfer evaluation process. Moreover, the study found that evaluation of the cash transfer was conducted after one year. The suggested areas of improvement on the evaluation of the cash transfer program were pointed out as identification of PWSDs, payment duration and frequency. This should be improved upon to enhance the efficiency of conducting cash transfer evaluations at the grassroots. The result imply that designing the evaluation process well and involving all the necessary stakeholders will promote effective implementation of the cash transfer program.

CONCLUSIONS

The study concluded that the cash transfer process should involve relevant government authorities, civil society and NGOs at both identification and design of the assessment levels. The evaluation of the cash transfer program for the PWSDs should be conducted at regular and feasible intervals. The impact criteria should be developed to assess the implementation of the cash transfer programme. The cash transfer program should endeavor to cover all areas of Rongai sub-county at least to an equitable level. The materials for creating awareness and promotion of the cash transfer program should be developed. Workshops or PWSDs sensitization trainings should be conducted on the cash transfer initiatives. Cash transfer payment procedures should be improved and made reliable and convenient to reduce distances travelled to collect the funds.

RECOMMENDATIONS

The study recommended that the cash transfer should conduct a stakeholder analysis, training and involve them in the planning, implementation and evaluation processes of the cash transfer

program. The evaluation of the cash transfer program for the PWSDs should be conducted at regular and feasible intervals. The study also recommends that the development of an integrated impact criteria to assess the implementation of the cash transfer program. The materials for creating awareness and promotion of the cash transfer program should be developed. Workshops or PWSDs sensitization trainings should be conducted on the cash transfer initiatives.

LIMITATIONS OF THE STUDY AND SCOPE FOR FURTHER STUDY

The study faced limitations resulting from low literacy levels and language barriers during data collection which were overcome by using enumerators from the local community. Some of the PWSD were so impaired and could not read the questions and comprehend them well. Further, the study focused only on three objectives to evaluate the effectiveness of the cash transfer program. Thus, there are other factors which also affect the effectiveness of the CTP.

The study recommends further studies to be carried on factors influencing PWSDs identification for children in urban areas of Kenya. Also, further research should be conducted on the effectiveness of the cash transfer payment procedures, training and sensitization programs for PWSDs.

REFERENCES

- Atrostic, B. K., Bates, N., Burt, G., & Silberstein, A. (2001). Non-response in U.S. government household surveys: consistent measures, recent trends, and new insights. *Journal of Official Statistics*, 17, 209–226.
- Bailey, S. & Hedlund, K. (2012). *The impact of cash transfers on nutrition in emergency and transitional contexts: A review of evidence*. London: ODI.
- Barrientos, A. (2012). Social Transfers and Growth: What Do We Know? What Do We Need to Find Out? *World Development*, 40(1), 11-20.
- Barrientos, A. & Hulme, D. (2008). *Social Protection for the Poor and the Poorest: Concept, Policies, Politics*, Palgrave MacMillan
- Bastagli, F. (2009). Conditionality in public cash transfers targeted on the poor: *Social Policy and Society*, 8 (1), 127-140.
- Cooper, D.R., & Schindler, P.S. (2003). *Business Research Methods*. (8th ed.). Boston: 15 McGraw-Hill Irwin.
- Creswell, J. (2002). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Upper Saddle River, NJ: Merrill Prentice Hall.
- DFID. (2004). *Policy Framework for Pro-poor Growth (draft)*: Department for International Development, London
- Gerrishon, K. I. (2009). *Political Economy of Cash Transfers In Kenya*. Nairobi: University of Nairobi Press.
- Government of Kenya (GoK). (2008). *Kenya National Survey for persons with disabilities*, Nairobi, Kenya: National Coordinating Agency for Population and Development

- Government of Kenya (GoK). (2011). The Kenya National Social Protection Policy: Ministry of Gender, Children and Social Development
- Government of Kenya (GoK). (2002). Training Manual for Gender and Social Development Officers: Ministry of Gender, Children and Social Development
- Government of Kenya (GoK). (2003). Persons with Disabilities Act (2003). Nairobi, Kenya: Government Printers.
- Government of Kenya (GoK). (2006). The Kenya National Social Protection Policy: Ministry of Gender, Children and Social Development
- Hulley S. B, Cummings S. R, Browner W. S, Grady D, Hearst N, Newman T. B. 2nd ed. Philadelphia: Lippincott Williams & Wilkins (2001). Getting ready to estimate sample size: Hypothesis and underlying principles In Designing Clinical Research- An epidemiologic approach; pp. 51–63.
- International Labor organization (ILO), (2004). Kenya Country Profile, employment of people with disabilities, Geneva.
- JANESS, J. E. (2010). Critics Slam cash transfer program as Unsustainable corruption prone: retrieved from <http://bulatlat.com/main/2010/10/23/critics-slam-conditional-cash-transfer-program-asunsustainable-corruption-prone/>
- Kenya National Bureau of Statistics (KNBS), (2009). Census Report. Nairobi: Government Printer.
- Kombo, D. K., & Tromp, D.L. (2006). Proposal and thesis writing: An introduction. Nairobi: Pauline's Publications Africa
- Koskela, Lauri(2000). An exploration towards a production theory and its application to construction. Espo, VTT Building Technology: VTT Publications, 408.
- Laura, B. R. (2004). A New Approach to Social Assistance: Latin America's Experience with Conditional Cash Transfer Programs: Social Protection Discussion Paper Series August 2004 No. 0416
- Marshall, C. & Rossman, G. B. (1999). Designing Qualitative Research (3rd ed.). Thousand Oaks, CA: Sage
- Mbithi, L. & Mutuku, M. (2010). Social protection status in developing countries–The case of Kenya: Draft Paper prepared for ERD Regional Conference on Promoting resilience through social protection in Sub-Saharan Africa.: Retrieved from http://erd.eui.eu/media/2010/Mbithi_Social%20Protection%20%20paper-%20Kenya.pdf
- Mleinek, H. & Davis, M. (2012). Disability and Social Protection in Indonesia: GIZ.
- Mugenda, O. M & Mugenda, A.G. (2003). Research method: Qualitative and Quantitative approaches. Nairobi African centre for technology studies
- Mugenda, O.M & Mugenda, A.G. (1999). Research methods. Quantitative and qualitative approaches. (pp. 46 -48). Nairobi, Kenya: ACTS Press.
- Murphy, K. R. & Myers, B. (2004). Statistical Power Analysis: A Simple and General Model for Traditional and Modern Hypothesis Tests. Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Nassiuma D. K. (2000). Survey sampling: Theory and methods. Njoro, Kenya: Egerton University Press.
- Oddsdottr, F. (2014). Social protection programs for people with disabilities: retrieved from www.gsdr.org/docs/open/HDQ1137.pdf
- Oso, W.Y & Onen, D. (2005). A general guide to writing research proposal and reports. A hand book for beginning Researchers, (2nd ed.). Kampala: Makerere University Press.
- PMI, (2000). Project management body of knowledge guide: Publishing Division, Forty Colonial Square, Sylva, North Carolina 28779 USA,
- Robinson, B., (2009). E-waste: An assessment of global production and environmental. Washington D.C.: National Academies Press.

Saunders M., P.Lewis&Thornhill A.(2007). Research methods for business students, 4th edition: Prentice Hall.

World Bank (2000). World Development Report 2000/1:Attacking Poverty Washington DC: The World Bank.

World Bank (2013). Environmental and Social Systems Assessment of the Kenya National Safety Net Program for Results. World Bank, Washington D.C.