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## Participation of Orphans and Vulnerable Children in Cash Transfer Programme and its Implications for Social Protection in Kenya

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### **Abstract:**

*The situation of Orphans and Vulnerable Children (OVC) in Kenya has been of national and international concern. The Cash Transfer Programme for OVC (CTP- OVC) is currently the largest in the country having been established in 2004 as a response strategy to address the OVC situation. In spite the presence of policy framework and guidelines about involving children at all levels of programme planning, there is no evidence to show that interventions such as the CTP-OVC are designed and implemented with the participation of children who are the intended beneficiaries. The participation rights of the OVC in this programme are yet to be clearly understood. The aim of this study was to assess the nature and extent of OVC participation in CTP-OVC and its implications for social protection. The study was guided by the concept of children's agency which recognizes the autonomy of children as competent actors. The study employed a cross-sectional survey design with mixed methodology. Both quantitative and qualitative methods of data collection were employed. Data was presented using descriptive statistics, reports and verbatim quotations. The study findings indicate that the CTP-OVC does not involve the participation of OVC to a large extent. Cultural beliefs and values were found to play a significant role in hindering children's participation. However, it was realized that involving OVC in the CTP-OVC has far reaching benefits both for the users and programme implementers. Based on the findings, the study concludes that child participatory approaches should be included at all levels of OVC programming. The study recommends that there is need to work on strategies that can remove cultural and social stereotypes that encourage common perceptions and/or unproven hypotheses regarding children.*

**Keywords:** Vulnerability, Cash Transfers, Participation, Social Protection, Children.

### **1. Introduction**

Orphans and Vulnerable Children (OVC) continue to maintain a spot at the forefront of the international agenda with millions of children worldwide being orphaned or made vulnerable due to the impact of HIV and AIDS and escalating poverty levels (World Vision, 2005; UNICEF, 2008). The growing OVC population worldwide is a high priority for national governments and international stakeholders who recognize this as an issue with social, economic, and human rights dimensions (USAID, 2009).

It is estimated that there are 2.4 million OVC in Kenya out of which 1.15 million are due to HIV/AIDS. Besides children who are orphaned, an even greater number of children are made vulnerable due to factors such as poverty, diseases, abandonment, disasters and the 2007 post election violence, among others causes (GoK, 2003; NACC, 2005). The burden on the extended family to care for OVC therefore means that most children are slipping through the safety net thus ending up in situations of extreme vulnerability. This underscores the need to tackle childhood poverty and vulnerability by providing social protection policies that are child centred in accordance with the United Nations Convention on Rights of the Child (1989).

Emerging responses towards cushioning vulnerable populations in sub-Saharan Africa have included several social protection mechanisms. Three of the most prevalent include; social security, emergency relief and social transfers (Devereux & Cipyryk, 2009). Cash transfer schemes are increasingly being seen as a right of citizenship, and evidence shows that they can help tackle hunger, improve living standards and the education and health of the poorest families. Significant progress has been recorded in a number of developing countries with large cash transfer schemes, including Brazil, Colombia, Honduras, Mexico, Nicaragua and South Africa (Bryant, 2009). Despite the positive results of CTs, there still remains a huge gap between the results of the initiatives and what is yet to be done. Literature indicates that little attention has been paid to issues of local knowledge and participation yet these are the foundation upon which the agency of children as makers and shapers rather than users of interventions designed by others are recognized. This study sought to examine the nature and extent of OVC participation in CTP-OVC and its implications for social protection in Kenya.

#### *1.1. Importance of Children's Participation*

Since the adoption of the Convention on the Rights of the Child (CRC), children's participation has been the subject of an increasing flood of initiatives. Hart (1997) observes that many organizations including schools, community groups, local, national, international

as well as Non-Governmental Organizations (NGO) have begun to explore the meaning of consultation, participation, partnership and empowerment. Consequently, in the recent past, work has been developed from local to international level from a wide range of contexts involving children of all ages, throughout the world and from every feasible social and economic situation.

Listening to children and considering seriously what they have to say can hardly be said to have been a frequent hallmark of interpersonal relationships or societal organization. However, the implementation of Article 12 of the CRC as adopted by the United Nations General Assembly (UNGASS) in 1989 alongside other civil rights required a profound and radical shift on the status of children in most societies as well as the nature of adult and child relationships. The participatory thrust of the CRC demands considerable and profound change in cultural attitudes towards children and the ways, means and implications of putting this into practice may make adults feel uncomfortable. In fact, children themselves frequently experience similar feelings of unease (Lansdown, 2001). Child participation has no lower age limit but extends to any child who has a view on a matter of concern to them.

Williams (2004) concurs that children and young people's participation is important in poverty reduction policy processes. His arguments may be divided into two broad categories; the first set which is called the instrumental approach argues that it is good for children and young people to participate because it develops their critical thinking, dialogue and citizenship skills. Arguments in the second category are linked to the rights-based approach, which maintains that it is children's right to participate in making decisions that affects their lives. He further contends that as the debate on children's participation proceeds, it is becoming increasingly common for observers to acknowledge the validity of both types of argument: from participation as a means of better addressing children and young people's needs and encouraging their growth as active citizens, to participation as a right (Williams, 2004.) Lansdown (2001) and Shier (2001) concur with this argument that consulting children and drawing on their perceptions, knowledge and ideas are essential to the development of effective public policy.

The participation of children and young people in matters that concern them encourages a greater understanding of, and commitment to democracy. Hart (1992) argues that it would be unrealistic to expect children and young people suddenly to become responsible, participating adult citizens at the age of 16, 18 or 21 without prior exposure to the skills and responsibilities involved. The implication is that engagement with political processes from an early age promotes an interest in, and commitment to, the principles of democratic behaviour (Lansdown, 2001; Shier, 2001). The increasing involvement of children and young people in policy processes related to childhood poverty needs to be situated within a broader context of participation in poverty reduction policy. Therefore, putting children and young people's interests and opinions firmly onto the agenda has been described as the new challenge for social development. Additionally, the concept and practice of children's participation have become increasingly established and accepted by organizations and governments around the world (Save the Children, 1995).

Despite the new development agenda that marks a major shift from the consideration of children as marginal subjects to the promotion of children as a development target group in themselves, children are still seen as incompetent and immature persons who are unable to make decisions pertaining to matters that affect their lives. Often, decisions are made about children's lives based on information provided only by adults. However, adults cannot think, feel and see life as a child does. Adults often make assumptions about what information children are able, or not able to provide. If adults do not listen to children, the decisions that they make for children may have a negative, rather than a positive, impact. There is scarcity of literature to explain the mode of engaging children's participation and more particularly in the recently introduced CTP-OVC.

### *1.2. Problem Statement*

The CTP-OVC is a response to the growing levels of vulnerability and poverty associated with an increasing number of OVC. Although the CTP-OVC is important and necessary, its focus has tended to exclude the users of the service it addresses. In spite of the presence of policy framework and guidelines about involving children at all levels of programme planning, there is no evidence to show that interventions such as the CTP-OVC are designed and implemented with the participation of children who are the intended beneficiaries. Besides, literature on issues of local knowledge and participation upon which children's agency is premised is scarce, yet this is the basis upon which the agency and competence of children is anchored and the cornerstone of successful implementation of children's programmes. The lack of attention to participation of OVC as a factor in the programme's appropriateness and sustainability has brought the programme goals into sharp criticism. The purpose of this study was therefore to assess the nature and extent of OVC participation in CTP-OVC and its implications for social protection.

### *1.3. Conceptual Framework*

The study was guided by the concept of children's agency postulated by Prout & James (1997) and Qvortrup (1999). Children's agency emerged as a concept from the new social studies of childhood and gained momentum in the 1980s and 1990s. This is a time when scholars began to argue that children be studied in their own right as full social actors rather than being viewed primarily as adults-in-training who must undergo the process of socialization in order to be considered as mature to act in their own rights (James & Prout, 1997; Corsaro, 1997; Mayall, 2002; Nyambetha, 2006).

The concept of children's agency has been used in varied ways to provide a better understanding of childhood and serve as a framework upon which the recognition of children's capacity for autonomy, competent decision making and their role as active social agents is based (Mayall, 2000). A flourishing body of research on children's everyday lives emphasizes their capacities as experiencing subjects who are capable of autonomous action and cultural creation. This means that children make sense of the world around them and take their place in that world through everyday cultural practices (Kehily, 2009). This view is contrary to traditional discourse based on theories of socialization and structural-functionalism which viewed children as humans in the process of becoming human beings (Coady, 2008) and therefore incompetent and immature (Ahn, 2011; Corsaro, 1997).

However, the new paradigmatic shifts with the emergence of the “new sociology of childhood” emphasizes children’s agency and considers children’s lives in the present. It also views children as competent human beings capable of making decisions about matters that affect them and not as future projects (Prout & James, 1997; Qvortrup, 1999; International Save the Children Alliance, 2003). This new sociology of childhood recognizes that children learn and develop through active interaction with others and participation in their environments and are therefore capable of being meaningfully involved and influence processes that take place in their lives (Bandura, 2001; Corsaro, 2005). The concept of children’s agency is also reinforced by the UNCRC (1989) that positions children as entitled to autonomy and full participation in matters that affect them. The new sociology of childhood while arguing for the autonomy of childhood also questions the unbalanced power relations between children and adults. Such a division of childhood and adulthood coupled with structural factors constrain children’s agency. Thus, children should be seen as “human beings” rather than “human becomings”. The theorists argue that even though children are adults in the making, they are competent human beings in their own right independent of the perspective and concern of adults (Qvortrup et al., 1994).

Although there are cultural differences and disparities in the perception of children’s agency and competence, scholars emphasize the need to increase the facilitation of children’s participation, agency and autonomy (Corsaro, 1997; Mayall, 2002; Nyambedha & Agaard –Hansen, 2003). This is because children learn new skills which builds their self esteem and helps them articulate their views in developing strategies for change as well as exercise their rights. Denying children a voice encourages impunity for abusers and can lead to wrong decisions. Macfarlane and Cartmel (2008) assert that when children are supported in learning to exhibit agency they also learn about negotiation, compromise, success and failure as well as resilience.

The concept of children’s agency provides a framework to question how children are involved in the CTP-OVC by investigating whether they have opportunities to express their views freely and how they participate in the process. Moreover, an understanding of children’s agency and how it influences children’s participation helps us understand whether children’s agency is either enabled or disabled in situations, which exist within the policy framework for implementing CTP-OVC in the study area. Such an understanding helps us to identify gaps in OVC social protection policy and legislation thus create interventions that are based on children’s own views of their subjective experiences.

## 2. Methodology

The study adopted a cross-sectional survey design conducted in two phases. The study was carried out in Ikolomani sub-county, Kakamega County in Western Kenya. It is a rural and less developed region of Kenya characterized by high levels of communicable diseases including HIV/AIDS, malaria and TB, minimal access to health care services and high levels of poverty (GoK, 2005). Traditionally, the family unit in Kakamega County is a patriarchal extended structure. The study population included all OVC benefiting from the CTP-OVC in Ikolomani sub-county, their caregivers, government officials, programme co-ordinators and local leaders with expert knowledge on the CTP- OVC. The unit of analysis was the household. The study combined both probability and non-probability sampling approaches where a sample size of 400 OVC was used. The study also employed purposive sampling in selecting the key informants. Primary data collection instruments included semi structured questionnaires, focus group discussions and key informant interviews. Data obtained was reduced, segmented, coded and categorized into emergent themes for analysis. Results were then presented descriptively and in form of verbatim. The study was approved by Maseno University Ethics and Review Committee (MUERC). Participation in this study was voluntary. An informed consent was sought from the caregivers and guardians of the OVC after explaining to the participants what the study was all about. All personal identifiers were removed to ensure that the information given is confidential.

## 3. Results

### 3.1. Socio-demographic Characteristics of Beneficiaries

The study revealed that 55.5% of the beneficiaries enrolled in the OVC-CTP were male while 44.5% were female as shown in the table below;

Gender	Frequency	Percent
Male	222	55.5
Female	178	44.5
Total	400	100.0

Table 1: Gender of respondents

Source: Field data

The results indicate that there were slightly more boys enrolled in the CTP-OVC than girls. The explanation given by programme officers from in-depth interviews was that gender of the OVC is not a criterion used in the selection process as long as the household meets the national level poverty and vulnerability criteria. Data on the caregivers indicated that almost all CTP-OVC caregivers were female accounting for 70% while 30% were male. The explanation given for this kind of disparity from the programme officers and which was also reiterated by the caregivers was that women were more likely to spend the CT-OVC funds on the family than men and were therefore preferred. Men would rather spend the money outside the home drinking and on non-familial activities.

Most of the CT-OVC beneficiaries were between the ages of 10-14 representing 60% while those between 15-17 years were 38%. Beneficiaries below 10 years were only 2%.

	Frequency	Percent
Below 10	8	2.0
10-14	240	60.0
15-17	152	38.0
Total	400	100.0

Table 2: Age of Respondents

Source: Field data

The results show that there were very few cases of OVC beneficiaries below 10 years but the number was highest between 10 and 14 years then declined at 15 years onwards before the children were faced off from the programme when they attained age 18. The reasons given for this kind of trend from some of the FGDs held with the caregivers were that most children below 10 years were more “invisible” as compared to those aged 10-14 years. They explained that socio-culturally very young children are viewed as “non-existent” and not so much in need of attention. Therefore, those between 10 and 14 have a higher chance of being included in the programme as compared to those below 10. The number of beneficiaries declines between 15-17 years because at that time most of them have finished primary schooling and sort alternative livelihood sources like being employed as house helps, farm labourers, child sex workers, etc.

A significant proportion of the respondents were attending school (81%) while only 19% were out of school.

	Frequency	Percent
School going	324	81.0
Non-school going	76	19.0
Total	400	100.0

Table 3: Schooling Status of Respondents

Source: Field data

This shows that despite the government’s efforts in introducing free primary education and the CTP-OVC to boost enrolment and retention of OVC in school, there were still children who had attained the school going age but were out of school. Some of the reasons given for the OVC non-schooling was that some caregivers especially those who had more than one OVC could not afford the other levies demanded at school like books and school uniform. Other caregivers had children with disabilities like speech, mobility, hearing impaired, mental or multiple disabilities which limited them from attending normal schools, yet their caregivers could not afford to take them to special schools. Additionally, the caregivers argued that households in the CTP-OVC received similar cash payments without household dynamics like the number of OVC in the household and the types of vulnerabilities within the household being considered. This therefore disadvantages households with more than one OVC or those with children in multiple OVC categories.

The respondents who were in lower primary were 30.5% while 38.5% were in upper primary Those in secondary school accounted for 12% while 19% were non-school going children. Random follow ups for the OVC were done in some of the schools and it was noted that most of the beneficiaries had a steady school attendance and were generally neat. Caregivers also corroborated this information with most of them indicating that the CTP-OVC had helped them send their children to school despite the funds not being sufficient. However, they had managed to engage in petty business to supplement their household incomes and welfare. This data indicates that there are real benefits to beneficiary households that accrue from the CTP-OVC.

	Frequency	Percent
Lower primary	122	30.5
Upper primary	154	38.5
Secondary	48	12.0
Not in school	76	19.0
Total	400	100.0

Table 4: Level of education of Respondents

Source: Field data

A majority of the beneficiaries were single orphans (82.5%) with 50% as paternal orphans and 32.5% maternal orphans. Double orphans were 11% of the respondents. Those children who were considered vulnerable were 6.5% (Child headed family, Child chronically ill; Parent(s), guardian/ caretaker chronically ill or Parent/guardian very poor.

	Frequency	Percent
Single Orphans	330	82.5
Double (Total orphans)	44	11.0
Others (non-orphans)	26	6.5
Total	400	100.0

Table 5: Nature of Orphan-hood of respondents

Source: Field data

The study findings reveal that most caregivers (41.3%) were chronically ill, 21.5% of the households had children who were chronically ill, 26.5% were in very poor households, 2.5% were child headed households while 8.3% were children in multiple OVC categories.

	Frequency	Percent
Child headed family	10	2.5
Child chronically ill	86	21.5
Parent(s), guardian/caregiver chronically ill	165	41.3
Parent/guardian very poor	106	26.5
Others (Multiple OVC categories)	33	8.3
Total	400	100.0

Table 6: Vulnerability status of Respondents

Source: Field data

The results reveal that all the beneficiary households were not just considered because of the presence of orphaned child/ren. Majority of the households had other vulnerabilities which made them qualify for enrolment into the programme. However, there were few cases of households within the programme who had no child though the caregivers were either very poor and/elderly. When the programme officers were asked about this anomaly, the explanation given was that there had been an OVC in such a household who exited the programme either because they had reached 18 years or had moved to another place and given the caregiver's condition, they could not remove them from the programme entirely. However, this raises concern about the selection criteria and the issues of monitoring by Location OVC Committee (LOC) and the Beneficiary Welfare Committees (BWCs). Thirty three percent of OVC had multiple vulnerabilities which included orphans living with disability, orphan child labourers, terminally ill orphans and child substance abusers. The findings indicate that orphan hood was not the only factor affecting child vulnerability but there were other children who suffered multiple vulnerabilities due to their orphaned status.

Observational data on residential environment of respondents showed that majority of the respondents (80%) lived in iron sheet roofed houses with mud walls and floors while 15% of respondents lived in grass thatched houses with mud walls and floors. The respondents shared the houses with their caregivers. Only 5% of the respondents lived in permanent houses made of iron sheet roofs, concrete walls and floors. Among the 5% there was no observable evidence of poverty and vulnerability. This gave the impression that targeting was not properly done since some of the respondents failed to meet some of the requirements within the national poverty and vulnerability criteria to be eligible for admission into the CTP-OVC.

The study revealed that about half (50.5%) of the OVC lived with their surviving parent. Those who lived with their grandparents were 30% while those who lived with their uncles/aunts were 10.3%. Those OVC who lived with their siblings were only 7% while 3% lived with other people who were not entirely blood relations.

	Frequency	Percent
Surviving parent	202	50.5
Grandparent	120	30.0
Uncle/Aunt	40	10.3
Sibling	28	7.0
Others	10	2.5
Total	400	100.0

Table 7: Relationship to Caregiver

Source: Field data

From the findings, it can be deduced that most OVC are still maintained within their families and kin. This can be attributed to the African culture where by children are regarded as belonging to the community and not the individual. This is in spite of the fact that socio-cultural transformations such as the rise of individualism and hard economic times have undermined the community's ability to take care of OVC. Child headed households have also become a common phenomenon in the advent of HIV and AIDS.

### 3.2. Nature and extent of OVC Participation in CTP-OVC

The study sought to assess the nature and extent of OVC participation in the CTP-OVC by examining respondents knowledge of CTP-OVC and type of participation. The findings from the study revealed that 80% of respondents had heard about the CTP-OVC and only 20% had not heard about it. From the 80% who knew about the programme, majority (90%) had heard about it from their caregivers while the rest (10%) heard it from other sources like peers, teachers and chief's barazas.

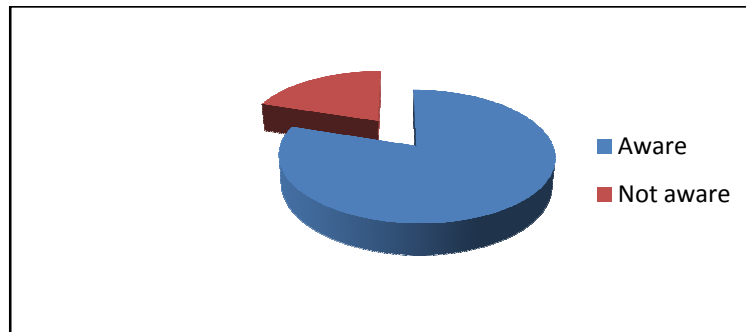


Figure 1: Awareness of CTP-OVC  
Source: Field data

The OVC not only knew about the programme but also knew that there was money being sent to their caregivers by the government to cater for their welfare. However, despite majority of OVC having knowledge on CTP-OVC most of them were not aware about the inclusion/exclusion criteria, how often the cash transfers were made and what the money was meant to do for them. One of the respondents from an FGD with the OVC noted that,

I know my uncle receives some money from the government which is meant for me. I don't know how much it is and how many times they send him the money (12-year-old boy).

The respondents were asked to identify how they thought they were involved in the CTP-OVC. As to whether the OVC were involved or consulted at any level of the CTP-OVC, 80% of the respondents reported not to have been consulted at all while only 15% said that they had been consulted; 2% had actively participated and 3% had initiated the participation.

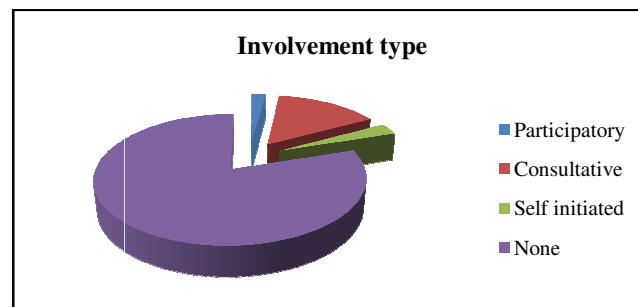


Figure 2: Type of OVC involvement in CTP-OVC  
Source: Field data

When the 80% were asked whether they knew the reasons for them not being involved at all in the CTP-OVC they revealed that they had been denied a voice regarding "adult" matters. That since they were children, it was taboo to participate in issues considered to be for adults especially issues to do with money. Discussions from the FGDs revealed that majority of the children had been socialized to accept authority without questioning. One of the respondents asserted that,

We are taught to obey our parents in school, church and even by our elders. I cannot go around asking my guardian about the money. How do I even start? It is disrespectful...I will be reprimanded (15-year-old boy).

Of the 15% who reported to have been consulted, it was done verbally by their caregivers. The kind of consultation done was about the needs of the respondents and how to utilize the CT-OVC funds. However, from the FGDs with the children, it was noted that despite the OVC being consulted, it had very little impact on the final decisions that the caregiver/s took. Children may be consulted but no feedback is given and as such the children have no information on how their ideas were used. Manipulation of OVC in the CTP-OVC implies that the OVC give their suggestions about the CTs but whether it is taken in by the caregivers or not remains elusive since they only have to contend with what is given to them.

Findings from the FGDs with OVC also established that as much as adults may ask for the views of children, these views are sometimes misinterpreted. One of the respondents said:

Even though my aunt asks me about what I want, and I tell her my needs, she does not grant all of them. May be just one because we are many children here and all of us need attention. Sometimes I tell her something and she takes it differently, not the way I wanted it to be. May be the words I use mean different things to her... (13-year-old girl).

Active participation was reported by only 2% of the respondents. This was mainly through active discussions with their caregivers about the CTs, priority areas for expenditure of the CTs and even choice of investment. This kind of participation occurred among older single orphan OVC between (15-17) and who were also in secondary schools.

Participation was initiated by 3% of the respondents. Self-initiated participation processes are those where children themselves are empowered to take action without merely responding to an adult-defined agenda. Children identify the issues of concern to them and control the process whereas adults serve as facilitators rather than leaders. This finding however was not the case because all the OVC who reported to have initiated the participation were mainly within child headed households and the eldest OVC had been forced due to circumstances to take up the caregiver's responsibility. Thus there was absence of an adult. In one of the FGDs with the caregivers, the discussants conquered that absence of an adult in a household prematurely puts the children in a situation where they have to take up adult roles. The participants in the FGD were quick to point out that it was taboo for children to take up a leading role in household matters where there was an adult person.

#### *4.3. Discussion*

From the study findings, it is clear that CTP-OVC was implemented without the involvement of the intended beneficiaries which brings the programme objectives into sharp criticism. These results concur with those of Oboka (2013) and National Equity and Gender Commission (2014) who observed that some of the beneficiaries were not aware of amounts payable to them, frequency of payment and eligibility criteria which is attributable to lack of adequate sensitization of beneficiaries and caregivers about the fundamental principles and provision of the cash transfer programme.

Article 13 of the UNCRC positions children as entitled to get and share information, as long as the information is not damaging to them or others. Thus, a key prerequisite to children's participation is the right to information. For any relevant and meaningful participation, children must be provided with the necessary information about options that exist and the consequences of such options so that they can make informed and free decisions. By providing information children are able to gain skills, confidence and maturity in expressing views and influencing decisions (<http://www.unicef.org/crc/files/Right-to-Participation.pdf>). Therefore, children ought to have adequate information about the CTP-OVC programme in order for them to make an informed decision about whether and how they should participate. Moreover, children should be told what their roles and responsibilities in the programme are for effective participation. Children's participation in the CTP-OVC has far reaching effects on the improvement and sustainability of the programme because when beneficiaries of a service are involved they feel a sense of ownership over the services they access and their needs are met more effectively. This information should also be shared with children in child-friendly formats and in a language that the children understand.

Despite the fact that many adults think asking children to participate gives children chance to disrespect their parents and grants them too much freedom to act without responsibility, children's capacity to participate depends on how adults support them by respecting their rights, trusting and having confidence in them and their views about matters that touch on their lives. This creates the right environment for children to be involved in decision making. When participation is initiated by adults, it creates an opportunity for children to share power with adults and therefore adults learn to respect children's' views.

Majority of the caregivers and even the OVC themselves had been socialized in ways that view children and childhood as incompetent beings. . Even though listening to children and considering seriously what they have to say has not been the common practice in our African societies, the participatory requirement by the CRC demands significant and drastic changes in cultural attitudes towards children. However, several studies (Rogoff et al. 1975; Bronfenbrenner 1979; Whiting and Edwards 1973; Alderson 1993; Blanchet 1996; Boyden et al. 1998) indicate that competence does not develop uniformly according to rigid developmental stages. The researches highlight the limitations of using age as a proxy for assumptions of competence and the importance of avoiding pre-conceptions about what children can and cannot do at any given age . Lansdown (2005) argues that children's participation in social and economic contexts have very little to do with biological and psychological determinants but much with the expectations of their communities, social and cultural contexts, the decisions involved, the life experience of the child, levels of adult support and goals associated with childhood. Despite the fact that age is taken as a critical factor in children's participation, evidence indicates that where children are given opportunities to participate, they acquire greater levels of competence, which in turn enhances the quality of participation (Rajani, 2000).

Although many adults think asking children to participate gives children chance to disrespect their parents and grants them too much freedom to act without responsibility, children's capacity to participate depends on how adults support them by respecting their rights, trusting and having confidence in them and their views about matters that touch on their lives. This creates the right environment for children to be involved in decision making. When participation is initiated by adults, it creates an opportunity for children to share power with adults and therefore adults learn to respect children's' views.

Caregivers were also reported to misinterpret information given to them by OVC. This implies that consulting children is not just sufficient but the caregivers need to go further and allow the children to give their own interpretations of words because most often than not it differs from the interpretation of adults. Lancaster (2003) accents that it is necessary to exercise care when interpreting what children are saying. When views are expressed by children through visual media, adults need to allow them to provide their own interpretations of their work and not pre-judge the meaning behind their representations.

#### *4.4. Conclusion*

The study concludes that there's still a lot to be done in order to ensure children's participation is truly actualized. If Kenya has to achieve and realise full implementation of article 26 of the UNCRC, concerted efforts are needed both at the national and the

community level to remove the barriers that impede the participation of children in programmes meant to benefit them especially the CTP-OVC. Thus, there is need for a paradigmatic shift in designing, planning and implementing children policies and programmes if we are to achieve any meaningful inclusive development. More needs to be done to enhance the children's knowledge about CTP-OVC by providing OVC with the requisite information on selection criteria, the rights of beneficiaries and how beneficiaries can monitor and evaluate the CTs. This does not only enhance their evolving capacities but also enables children's agency. The study therefore recommends that there is need to work on strategies that can remove cultural and social stereotypes that encourage common perceptions and/or unproven hypotheses regarding children.

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