

THE SOCIAL IMPACT OF CASH TRANSFERS

a study of the impact of cash transfers on social networks of Kenyan households participating in cash transfer programs

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January, 2008

Special thanks

Carlos Alviar and Birgithe Lund-Henriksen UNICEF, Carren M. Ogoti, Assistant Director Children's Services, Ministry of Home Affairs, Rose District Office Children's Officer, Lorraine R. Blank Policy evaluation and Research UNICEF/Cash Transfer and social protection, Claudia Hutspheth UNICEF, Sheri Aswani and Pinena Otieno research assistants, Mary Gitahi community health worker, Kengemi, Kathy Bowman MCC, Caroline Mboya community health worker Homa Bay and Chris Kau community organizer, Homa Bay.

This study was developed and supported by RENEWAL - the Regional Network on AIDS, Livelihoods and Food Security – coordinated by the International Food Policy Research Institute (IFPRI). We gratefully acknowledge core support provided to RENEWAL by Irish Aid, the Swedish International Development Corporation Agency (SIDA), the International Development Research Centre (IDRC), and the United States Agency for International Development (USAID).

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INTRODUCTION

This study explores one aspect of the broader issues of social networks. It is specifically concerned with whether a minimal cash grant selectively provided to some extremely poor households as part of a social safety network programme may impact the social networks of receiving families. An underlying concern is that assistance to the most vulnerable is constructive and does not undermine already fragile family coping systems.

To explore the issue of social networks and cash transfers, a qualitative study was carried out in Kenya in November 2007. Interviews were conducted with 6 recipient families of the Kenya Government Cash Transfer Programme (CTP) – 3 families in an urban setting and 3 in a rural setting. This study attempted to answer the question, do cash transfers enhance or disrupt informal social networks?

CONCEPTUAL FRAMEWORK

Within the overarching livelihoods framework, the conceptual framework for the study is based on the assumptions that social networks are part of the defining elements of household well-being, that social networks of the most vulnerable families tend to be very weak or fragile, and that a change in available resources (cash) could effect the social network, positively or negatively. It is further assumed that “foodways”, human behavior around food, offers a helpful window through which to understand social networks and family well-being. The livelihoods framework is particularly valuable as it includes consideration of human and social capital in understanding well-being, vulnerability and coping strategies of the household (Chambers, DFID 1999). As suggested by Devereux, the “livelihoods approach” is particularly useful in reflecting the complex realities faced by poor people in specific contexts (Devereux 2004).

Social networks

No family survives completely alone. Social networks are fundamental to survival and well-being, and at no time are social relations more critical than in situations of acute distress. Social relations are often assumed to be positive, helpful, supportive of families and individuals in need, but they can also be weak or unhelpful, negative, even predatory. Curry argues that the most vulnerable families are those with few or very weak social networks. Devereux and Sabates-Wheeler in their working paper,

Transformative Social Protection, (2004) state that poverty and vulnerability are not just about economic deprivation but are also about social deprivation. Understanding how social networks contribute to both vulnerability and coping is essential to understanding the needs of vulnerable families and how assistance can most constructively be provided.

The exploration of informal social networks at the household level may be observed through food sharing events and behaviours. Sharing food with a neighbor, the presentation, the quantity and quality of the food shared all contribute to status and reciprocal exchange of resources. Participation in food events at the community level creates status. It identifies membership in the group and establishes identity for the household. Household participation in food sharing contributes to social capital and access to resources. In many cultures sharing of food builds trust and community. The lack of food and the resulting isolation from community participation destroys social networks and contributes to vulnerability.

Social capital theory considers webs of relationships and social networks as fundamental to the survival of the household. Bridging and bonding relationships most often established at the household and community level, may be constructed through foodways. The strength, weakness and value of these relationships will contribute to maintaining household informal social networks.

The study of foodways at the household level does provide an understanding of informal social networks and household well-being. Some research shows that it is less accurate as a mean to understand vulnerability of the household. Acquisition of social capital, status and the desire for basic human dignity appear to take precedence over foodways in nearly all but extreme situations of food distress. In this case vulnerability may be hidden in order to maintain status and social capital.

Cash transfers

'Don't worry about what I feed my family. You just give me some money and I will take care of it. You don't have to assume that I don't know what to feed my family. The problem is that I happen to be poor.' (Farmer, Bangladesh early 1980's, Poitter, 2005).

Cash transfers, the provision of cash as an alternative to in-kind assistance, is increasingly being used as a social protection method in situations of acute poverty, hunger and vulnerability. In Kenya, for example, cash transfer programmes have been functioning for several years in support of people who lack access to food sufficient to meet daily needs, and the large numbers of people impacted by the HIV and AIDS crisis.

The operative assumption of cash transfer programming is, as stated by Harvey, in the Humanitarian Policy Group publication, *Cash Based Responses in Emergencies*, 2007, that providing people in situations of distress with cash as a means of social protection is a

viable alternative form of assistance, can be targeted and distributed safely, and that people use the money sensibly on basic essentials and on rebuilding livelihoods. Cash based responses support the existing structure of the household, encourage empowerment and provide flexibility for decision-making. Generally cash is seen as having an improved influence on livelihood strategies and increases sense of well-being and dignity for the household. Devereux states in, *Cash Transfers in southern Africa: what we know and what we don't know* (wahenga news, rhvp, 2006), “there is convincing evidence that cash transfers have significant positive impacts on the lives and livelihoods of the poor.” However, he also asserts that while cash transfers may contribute to the well-being of the household, the impact of cash on local markets, gender relations and **social networks** (emphasis added) of the household is not fully understood and therefore the total and long-term well-being of the household could be in question.

‘Foodways’

‘Food is life and everything can be studied through food’, (Counihan, 1995).

Understanding family ‘foodways’ provides a universal and insightful indicator of household social networks and household well-being. Understanding what a family eats, who they eat with, who they share and prepare food with and the family and community rituals, reflect complex realities of a household and community.

The formal study of foodways as an anthropological field can contribute to the livelihoods framework as it shares much of the same concepts and literature. Foodways commonly includes five food related sub-fields: systems level food issues, such as political economy, trade, hunger and famine; health and nutrition issues; social relations and food; household rituals, including sharing and preparing of food; knowledge and power, including cultural, identity, and gender; and agriculture, including access to land, global patterns of cultivation and production, biotechnology and safe food.

Social networks and foodways

The dynamics of social networks in situations of vulnerability are not well understood and the specific cultural aspects are even more difficult to factor into a useful understanding of vulnerability and social protection. Pottier, writing from the perspective of anthropology, asserts that social dynamics of households must be explored if ‘lived experience’ is to be understood (Pottier 2005). Sabates-Wheeler and Pelham, writing from a development perspective, observe that “...a large knowledge gap (exists) concerning the extent and nature of the issue of social networks” (Sabates-Wheeler, R. and Pelham, L. 2005). Lautze (2007) and Devereux (2002) writing respectively about livelihoods and food insecurity echo this same conclusion.

‘Foodways’ human behavior around food, provides a simple method of analysis of the social networks of the household. Food is a human need and the basic behaviors around it are generally universal and predictable. The lack of these behaviors or the adaptation of them may be an indicator of household vulnerability. This study

selected three food behaviors as its method of analysis these included, a review of who eats together in the household, the household means to borrow food or share food and household participation in community events.

THE STUDY AND METHODOLOGY

This study was undertaken in the fall of 2007 and included a review of the literature and field research in Kenya. Kenya was chosen for the study because of the on-going cash transfer programming of the Kenyan Government and UNICEF, the willingness of collaborators to facilitate the research, and the principle researchers' previous work in Kenya.

The study was designed as a perception study, supported by an interpretative approach. The study researchers collected and interpreted the data from a series of interviews with cash transfer beneficiaries, community health workers, research assistants, neighbors, community services personnel and Government children's services workers. The research approach purposed to include diversity in ethnicity, location, age, gender and HIV status among interviewees. Research assistants were chosen from the communities of the interviewees.

The study is based on interviews with six Kenyan families. Kangemi (slum) community on the outskirts of Nairobi and Homa Bay, Nyanza Province were the target communities primarily because of their HIV and AIDS prevalence rates and their participation in the Cash Transfer Programme. Study participants were selected by the District Children's Office. All were beneficiaries of the Kenyan Government Cash Transfer Program(CTP) at the time of the study. Criteria for participation in the CTP required that a member of the household had been ill for at least 6 months, that the head of the household had no job and that orphans and vulnerable children lived within the household.

Participants in the study from the Kangemi community had received cash payments every six months for two years from 2005 as part of Phase I of the programme, and were just beginning to receive payments of 3,000 shillings every two months as part of an adjusted Phase II programme. In the Homa Bay community the cash transfer programme had just begun. Study participants had received 3,000 shillings as a first payment three to four weeks before the interviews.

Participant Demographics

PARTICIPATING HOUSEHOLDS	TIME IN CASH TRANSFER PROGRAMME	CAREGIVERS GENDER	CAREGIVERS AGE	TOTAL NUMBER OF ORPHANS IN THE HOUSEHOLD
Three urban slum dwellers Kangemi, Nairobi	1-2 years	Three female	Two over the age of 60 and one under the age of 60	Six
Three rural farm/fishing communities Homa Bay, Nyanza Province	1-2 months	One male Two female	Three over the age of 60 One over the age of 90	Thirteen

- The participants in the Kangemi community were of Kikuyu ethnicity and the participants in Homa Bay were Luo.
- The sample included five women and 1 man as head of household.
- Five participants were over the age of 60 and one was 43 years old.
- No child headed households were among either Kangemi or Homa Bay study participants. All participant households included orphans and vulnerable children.
- Four study participants had received one payment within the previous month and two participants had received cash for two years prior to the interviews.

The interviews

All interviews except one were conducted in the homes of the participants. One was conducted in a participant’s workplace at his request. In both Kangemi and Homa Bay the principle researcher was accompanied by a community health worker known by the participants and a research assistant from the community who assisted by taking notes and translating the conversations. The interviews were in English and Swahili. The assistants were well known to participants which facilitated both access and ease of discussion. In all situations the conversations were comfortable and it was clear that the community health workers were at home with the beneficiaries and knew the families well. In Homa Bay the community health worker was also a teacher in the local school and knew the children of participants. In Kangemi the health worker was a community elder and respected as an advocate for children in the community. The

research assistants in both cases were from the community but did not know the beneficiaries before the interview sessions.

As a means of facilitating discussion about foodways and social networks, participants were asked if they would allow photos to be taken of the persons who eat and share food within the household. All families agreed. Poloroid photos were taken and arranged in a 'memory book' with notes added about the identity of the people in the photos. The memory book was then left with the family. Copies of the photos and documentation were kept by the researcher as part of the study with full agreement of the participants (see Annex 1).

The questions

The interview questions explored social networks through questions about eating together, sharing and borrowing of food, survival techniques when there is no food, daily food needs, preparation and access to food, and how the cash has affected family food needs. The questions were formulated before the interviews (see Annex 2) and responses were reviewed by the researcher and assistants following the interviews.

The analysis

A interpretative approach was chosen to analyze the responses. Each interview was transcribed and each response was grouped under main research topics or categories.

Limitations of the study

While every effort was taken to ensure an accurate representation and to minimize bias the following are factors that may have influenced the outcomes. The study had a small number of participants which limits the generalizability of the findings. While all participants met the general criteria for the study, the selection of households was made by the community district officer and criteria for selection was not clearly defined; the use of culturally similar research assistants from the survey communities contributed considerably to access and familiarity with household issues, while at the same time may have unintentionally biased the results; a similar situation existed for the principle researcher who had previous experience in Kenya; it is recognized that an external researcher, an outsider, could influence the responses for various reasons including assumed linkages with the donor.

OBSERVATIONS AND KEY FINDINGS

To explore the impact of cash transfers on social networks, findings are drawn from observations and interviews with study participants on the following issues: community context, identification of who eats together, sharing and borrowing of food, and participation in community functions. In addition, several observations are drawn about the functioning of the cash transfer programme.

Context

Whether urban or rural, or of Kikuyu or Luo ethnicity, all families in the study appeared to be among the most vulnerable in their communities. All study families

were single adult headed households, supporting from two to six orphaned children and all were impacted by HIV and AIDS.

The living context for urban and rural families differed considerably. Participating households from the Kangemi community live in a high density urban community (slum), just outside of Nairobi, where residents are predominately Kikuyu. All participating families lived in very simple one room wooden houses without electricity or plumbing, attached side by side, and accessible by dirt paths. Elementary schools exist in the community and although basic education is free participation requires resources for school uniforms, activities and books. While vegetables, meat and basic food items were easily available, families in the study reported having such limited resources that they could buy very little. All family members appeared healthy but the community worker mentioned significant improvement in health status over the course of the cash transfer programme.

Study participants in the community of Homa Bay, Nyanza Province live in a rural setting on the edge of Lake Victoria outside of the city of Homa Bay. The region is commonly known as “Luoland”, indicating its dominate Luo ethnic make-up. Participants lived in very simple one room earthen structures without electricity or plumbing, surrounded by agricultural land, with neighbors within easy walking distance. Elementary schools exist in the area and, as in the urban areas, basic education is free but family resources are required for full participation which is often beyond the resources of the poorest families. Shops with basic food supplies exist near the houses of participants. Despite being an agriculture and fishing community, and near shops with basic food supplies, study participants reportedly had limited access to income generating opportunities, land for production or fish to meet family food needs. The general health status of family members appeared weak; some children in the household were HIV positive.

In both urban and rural settings, in both Luo and Kikuyu ethnic communities, participating families were struggling to survive and among severely disadvantaged households within the community.

“Before the cash we just slept hungry.”
(Rachael Nyambura Mutonga, age 65 Kangemi)

The Cash Transfer Programme

To understand participants’ experience with the cash transfer programme, the following information was explored: length of time participant’s had received cash through the cash transfer programme, participants’ understanding of the programme, which person in the household collected the cash, and what the cash was spent for.

All participant households in the study had received cash payments through the cash transfer programme. Participants in Kangemi had received cash transfers every 6 months for two years with no conditionalities as to use of the money. The cash transfer programme was new to the study participants in Homa Bay community, who

among 96 selected households in the area, received their second payment approximately 6 weeks before the researcher's visit. The payment of 3,000 shillings was distributed through the post office. No conditionalities were placed on the use of the money by the cash transfer programme. Participants were aware that conditionalities maybe imposed at a later time requiring school attendance for all children living within the household.

Understanding of the cash transfer programme differed between those with long and short term experience in the programme. Participants in Kangemi appeared to understand and have confidence in the reliability of the cash transfer programme, its length, and the relationship between the programme, the government, and the donor. In Homa Bay participants did not appear to understand the programme well; they were uncertain why they had been selected, where the cash was coming from, and if they could depend on regular payments. Even though they had received the first two payments without problem, they expressed considerable distrust in the reliability of future payments because of the possibility of corruption.

Mr. Kau, the community chairperson in Homa Bay, spoke on several occasions about how difficult it was to select the beneficiaries and to explain the process to them.

Several other Homa Bay residents who were not participants in the study, mentioned confusion as to how the people were selected and how one might go about getting on the list for the next distribution of cash.

Participants in Homa Bay mentioned that they had not been told if they would receive the cash again, how much it would be or where it was coming from.

Study participants in both locations described the processes used for distribution of the cash as successful and without problems. They understood who in the household was designated to receive the cash payment and how they would handle the situation if that person was not able to receive the cash.

With regard to expenditures, participants in both locations indicated that the cash payment was most commonly used for school related expenses. While primary school tuition is free in Kenya, families face various additional education costs which if not paid prevent children from participating. In addition pre-school and secondary school have tuition fees.

Participants reported that the second major use of the cash transfer funds was for household food. Participants indicated that the cash had allowed them to have more than one meal a day, that they did not have to sleep hungry, that it was possible to send food to school with the children, that they could have breakfast. Other uses of the cash included rent and medicines.

Notably, two participants indicated that they kept the cash a secret from friends and family. A full understanding of why families considered it necessary to keep it secret was not clear.

*Nobody knows about the cash given to her, it is a secret.
(Aska Awino, age 97, Homa Bay)*

*“I keep the cash a secret. People will laugh at me because I need help.”
(Irene Njoki, Kangemi)*

In summary, participants indicated satisfaction and appreciation for being selected to participate in the programme, and received the cash without problem. Participants who had just begun the programme were concerned about the reliability of the payments. Two potentially problematic concerns were identified, that families in Homa Bay did not understand why they were selected, and, secondly, reports of the difficulty faced by community leaders in making the selection of participants for the programme.

Social networks

To explore the strength of social networks of study participant households in the Kangemi and Homa Bay communities, three food related behaviors were considered: who eats together, borrowing and sharing of food and participation in community events.

Eating together

Primary household networks are explored in this study by considering who eats together - ‘those who eat around a common pot’. The aim of the question was to understand who is of a close enough relationship that even when food is scarce they would be included in household food activities. In all cases the head of the household reported eating with the children living in the house; in one case in Kangemi a sister was included as an occasional visitor with whom they shared food; in one Homa Bay household, several neighbor children were sometimes included; and one person in Kangemi mentioned serving close friends. In summary, when resources are limited, only care givers and children within the household are fed; occasionally, close family members or friends. Eating behaviors in participating households did not reflect wide social networks.

Borrowing and sharing

Participants were asked what actions they would take if they have no food in the house, and, whether they are able to borrow food from friends and neighbors if needed. Two children said that if no food existed in the house they would just “sleep hungry”. Adult participants indicated that occasionally people did share but it appeared to be exceptional; some participants indicated that they did not give or receive food from anyone. Interestingly, participants did not mention family members as a source of assistance; the reasons remain unclear.

The responses concerning borrowing and sharing of food did not appear to significantly differ by ethnicity or urban/rural location. However, longer-term beneficiaries of the cash transfer programme were more likely to mention the possibility of borrowing because of a greater confidence that they could re-pay. Following are quotes that reflect participants' experiences with borrowing and sharing.

“Food is shared among five children, she can not share food with neighbors and they did not help her ”. (Rachael Nyambura Mutonga, age 65 Kangemi)

*“Even when my wife was alive I do not remember people coming to share food.”
(Elisha Ochola Bwana, age 77, Homa Bay)*

“No neighbor is concerned about another so she does not know who is desperate or in poverty.” (Irene Njoki, Kangemi)

Before the cash and when she was sick no one brought food to her. (Rahab Nyangina, age, 43, Kangemi)

*She gives food to the neighbors when they need it but they do not share with her.
(Aska Awino, age 97, Homa Bay)*

The image of the relaxed, inclusive food sharing behaviors of the African family with neighbors and friends did not represent life experience of these families. Research assistants commented that household isolation had increased with high levels of poverty. Importantly, participants in the cash transfer programme for two years reflected social networks that enabled them to borrow and share food.

“If there is no food we can borrow and pay after now that we have the cash.” (Zilpa Aludo, age 79, Homa Bay).

Participation in community events

Household participation in community events is an indicator of the web of relationships around the household and its subsequent social capital. Community events in the life of an east African household commonly include burials, fund raising events called ‘harambees’, school participation, and church functions, among others. Such events revolve around social networks and typically are of a reciprocal nature which require in-puts from the household and, in-turn, provide support.

The study explored participation by the households in community events. In the Kangemi community, participants reported examples of their involvement in activities that included burials, church, HIV and AIDS support groups. In the Homa Bay community no examples of household participation in community events were reported; the reasons are not fully understood. With regard to school participation, the children in Kangemi households indicated engagement in school activities to the level the caregiver could afford. School involvement of children in Homa Bay households was less clear.

Following are several quotes reflecting participant responses with regard to participation in community events:

“I can now give a few coins at church”. (Rachael Nyambura Mutonga, age 65, Kangemi)

“I have joined a HIV support group”. (Rahab Nyangina, Kangemi)

She is able to pay the house rent, buy the school uniform and now they have breakfast, (with the cash). (Irene Njoki, age 67, Kangemi)

Able to share food with her sister. (Rahab Nyangina, age, 43, Kangemi)

She has received cash for two years and now is in a group with her fellow classmates and through this group when she has no food she can get cash from the group.” (Rahab Nyangina, age, 43, Kangemi)

All children in the Kangemi households were in school it was less clear in Homa Bay. Child of Rahab, loves school because it will enable him to gain knowledge on how to read and write. He wants to be a pilot. (John Karanya, age 9, Kangemi)

Shadrack was at home because his fellow students had gone to Lake Magadi and he could not afford the 1000 sh. that it cost to go along. He was disappointed because he really wanted to see how soda ash was mined. (Shadrack Mutonga, age 10, Kangemi)

In summary, while recognizing that a deeper understanding of community participation requires more study, participation in community events appeared to be stronger in the Kangemi community than in Homa Bay. This may be attributable to many factors including that the Kangemi households had been beneficiaries of the cash transfer programme for two years and the Homa Bay community had just received their first payment. Culture could also be a factor but exploration of differences between Luo /Kukuyu patterns of social interaction is beyond the scope of the study.

Additional observations

- In the households interviewed, there appeared to be a mutually beneficial relationship between the orphans and vulnerable children and their elderly caregivers. In response to questions about the role of the children in the household, participants suggested that assistance goes both ways; the older generation care for orphans and vulnerable children and the children provide care for the older people.

“The older children do the cooking.” (Aska Awino, age 97, Homa Bay)

“When ever I am sent for something by my grandmother I run.” (Shadrack Mutonga age 10, Kangemi)

*The kids are her hope and future since her daughter disappeared.
(Irene Njoki, age 67, Kangemi)*

- Both beneficiaries and community members spoke freely about HIV and AIDS, seemed very aware of the testing procedures, nutrition and dietary requirements for people living with AIDS. Compared to the researcher's experience in Kenya seven years previously, the openness to discuss HIV and AIDS was noted as a significant change. Older participants appeared more willing to talk about the impact of HIV, where as the younger woman, who was HIV positive, found it hard to talk about the fact that she was in need because of HIV and AIDS. Stigma within the family and community appeared to be deeply embedded even though the issue of HIV and AIDS treatment is openly discussed.
- Contrary to the commonly held understanding that HIV and AIDS testing is free, participants affirmed that costs were involved. While the initial HIV test is free, the CD4 test, important to complete the diagnoses and begin treatment, was not free and was rarely available in small hospitals. For participants in both Kangemi and Homa Bay, accessing this test required a bus ride and a charge for the test. Differences of opinion also existed concerning the necessity of the test with some arguing that treatment could be started without the test and others stating that treatment should only be given on the basis of test results.

CONCLUSIONS

In considering the conclusions it should be noted that the observations are based on a small sample and the results are indicative and deserve deeper exploration.

Participant households appeared to have very weak social networks, an indication of their vulnerability. Cash payments appeared to strengthen the social networks and social capital of participant households. Additional resources enabled recipients to participate in community events, share food and borrow when in need because they had a capacity to repay.

Observation of 'foodways' of families in acute economic distress indicate that food is not commonly shared beyond intimate household members, and that borrowing to meet food needs is not an option if repayment is difficult. The study of household 'foodways' proved helpful in understanding social networks and family well-being.

Cash payments appeared to make a significant contribution to household well-being.

“After the death of the children’s parents, the grandmother, Rachel Mutongah, took them to stay with her but she was sick and jobless. The cash transfer programme was going on in the community and UNICEF insisted the family to be selected as they were living without food and shelter was a problem as their landlord would chase them out of the house due to not paying the rent. After she has benefited from the cash, her life has changed a lot as she can take the children to school, they have food and can pay the

rent. Life has changed.” (Community health worker, Mary Gitahi commenting on the situation of Rachel Mutongah aged 65.)

Issues deserving further study

- Strategies that contribute to strengthening very weak social networks of vulnerable families.
- Why some families chose to keep cash transfer payments a secret. Understanding this issue would be useful to identify potential negative impacts of the cash transfer programme on social networks.
- Better understanding of what information is essential for participant families to know about the cash transfer programme.
- Understanding caregivers, both orphans and vulnerable children and the elderly.

ANNEX ONE

Kangemi Families



Rahab Nyangima (right) age 43 with her sister Mary Klanyiru and her son John age 9 . Kangemi, Nairobi Kenya



Racheal Nyambura Mutonga, aged 65
Shadrack aged 10 and Helen aged 13
Kangemi, Nairobi



Irene Njoki age 67 and Peter aged 13 with Sheri Aswani, research assistant,
Kangemi, Nairobi Kenya

Homa Bay Families



Zilpa Aludo age 79, with 4 of her grandchildren and neighbour children



Elisha Ochola Bwana age 77 with the community health worker, Caroline Mboya, community chairman, Chris Kau, and research assistant, Pinena Otieno



Aska Awino age 97 and 6 grandchildren and 1 of 2 great grand children with the community health worker Caroline Mboya and the community chairman, Chris Kau.

ANNEX TWO

Selected questions and responses from participants

HOMA BAY

PARTICIPANT NAMES

1. Elisha Ochola Bwana
2. Aska Awino
3. Zilpa Aludo

AGE

1. 77
2. 97
3. 79

PEOPLE WHO LIVE IN THE HOUSE

1. 5 children one wife
2. 6 grand children and 2 great grand children
3. 4 grandchildren eat in their house.

AGES OF PEOPLE WHO LIVE IN THE HOUSE

PERSON WHO COLLECTS THE CASH

1. He collects the cash or his son victor
3. She herself fetches the money

HOW LONG SHE HAS BEEN A BENEFICIARY

1. Only one payment 3000 sh
2. One month
3. One month

PURCHASES WITH THE CASH

1. All the money was given to the school
2. The first payment brought food maize vegetables
3. The cash has helped to buy food and clothing for her children she also bought buckets and basins.

FAVORITE FOODS

1. Favorite foods, meat and cabbage tea.
2. The children like fish beans and chipati
3. They eat rice, cabbage, onions, maize and beans small fish (the very nutritios one)??

WHO COOKS

2. The elder grandchildren cook
3. She does the cooking

WHO DO THEY SHARE FOOD WITH

1. No neighbors came and shared food with him. Even when my wife was alive I don't remember people coming to share food.
2. She gives food to the neighbors but they do not share with her.

WHO HELPS WHEN THEY ARE IN EXTREME DISTRESS

2. Has plots built by the son so she gets the little money from the house on the plot. (very poor quality) She thanks God for the cash but it is little. Nobody is helping her but she can't leave the children.

RENT

ETHNICITY

1. Luo
2. Luo
3. Luo

IF THERE WAS NOTHING TO EAT IN THE HOUSE

1. When there is nothing to eat in the house what do you do? The watch repair business has always helped.
2. When there is no food in the house at all....god helps me but I have not experienced
3. If she does not have food she can borrow and pay afterwards.

PARTICIPATION IN COMMUNITY EVENTS

3. She does not belong to any groups

ISSUES AROUND THE CASH

1. His neighbors know about the cash. It is a good programme but the amount is too small.
2. Nobody knows about the cash given to her.

Selected questions and responses from participants

KANGEMI

NAME

1. Racheal Nyambura Mutonga
2. Irene Nyoki
3. Rahab Nyangima

AGE

1. 65 Years of age
2. 64 years
3. 43

PEOPLE WHO LIVE IN THE HOUSE

1. 5 grandchildren live with her
2. 2 children
3. She feeds 2 kids one is 26 the other one is 18 and the other 9 years

AGES OF PEOPLE WHO LIVE IN THE HOUSE

1. Ages of children 14, 13, 12, 11,10 all are in school.
2. 5 and 13 She would really like to get medication for the kids. She has been taking care of the kids since childhood because her daughter left.
3. 26, 18 and 9

PERSON WHO COLLECTS THE CASH

1. Rachel the grandmother
2. The cash is a secret
3. She is the one who receives the cash. She is a single mother

HOW LONG SHE HAS BEEN A BENEFICIARY

1. 2 years
2. New beneficiary in Phase 2
Has rec. only one payment
3. She is an old beneficiary (Phase one and two) of UNICEF
She was chosen because lived in a small house and she was very sick.

PURCHASES WITH THE CASH

1. They used to sleep on the floor but since she has gotten the money she was able to buy beddings, uniforms books food and two beds. They used to sleep hungry once the landlord bared the door because she was not able to pay the rent.
1. The cash has really helped her she can buy more and provide breakfast for the kids.
2. The cash is a secret. She has not told anyone.
2. Before the cash she had no breakfast...only one meal a day.
2. School fees are still a problem. Secondary school is not free....25,000 to 40,000.
3. It really helps her in paying the rent. School fees and food stuff especially basic needs.
3. Through the cash she has been able to take her son for a driving course.

SCHOOL

1. The kids really love school and really do great.

FAVORITE FOODS

1. ugali, rice, mixture of maize and beans
2. Her favorite foods are bananas and ugali and now she can buy bananas. she eats, beans vegetables and carbohydrates.
3. The favorite dish is Gutheri, ugali and vegetables (green) sukuma and spinach.

WHO COOKS

1. Grandmother
2. She is the one who does the cooking. She would really like to get more food

WHO DO THEY SHARE FOOD WITH

1. She only shares food with the 5 kids. She only gives some few coins to the church.
2. She shares the food with the kids and friends who always pay visits to them. Now she has more she does have friends who come by and she shares food with them.
3. She only shares the food with the kids. Nobody helped her with cash before UNICEF started helping her. She involves herself only with people in the AIDS support group.

WHO HELPS WHEN THEY ARE IN EXTREME DISTRESS

1. The neighbors are the only people who helped. She does not share food. No food was given by the church neighbors gave her food. Phase 1 and 2.
2. No neighbor is concerned about another so he does not know who or anyone who is desperate in poverty. She has been living in Kangemi since she was a lady (the grandmother). She has been living in her house for five years.
3. She is in a group with her fellow classmates and through this group when she has nothing she would get cash from the class mates group. When the neighbors have nothing she always gives them.

RENT

1. rent is between 1,000 and 2'000 a month in Kangemi. One small room house in a small street in Kangemi, She had several chairs, one table and a giko.

ETHNICITY

1. she is Kikuyu.
2. She comes from Nairobi.
3. She has been born in Kangemi....

IF THERE WAS NOTHING TO EAT IN THE HOUSE

1.If they had nothing to et and had to cook for the kids she would borrow. She appreciates the work of the community health worker because she has really been helpful. If the community health worker is not around she always asks the neighbors for food stuffs. It is a two-way traffic if the neighbor doesn't have they borrow form this grandmother.
2. when there is nothing to eat they usually sleep hungry .
3. If they really had nothing to eat she would lend on credit and pay later.

PARTICIPATION IN COMMUNITY EVENTS

1. The only community event she participates in is burials.

ISSUES AROUND THE CASH

2. Her friendships did not change with the cash because it is a secret! She does not tell because people will laugh at her because she needs help.
3. The issue of cash is not a secret, her friends know and her kids. Her fellow beneficiaries who were with her were curious because she was chosen.

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