

FACTORS INFLUENCING UTILISATION OF INUA JAMII PROGRAMME'S PERSONS WITH SEVERE DISABILITIES CASH TRANSFER ALLOCATION BY BENEFICIARY HOUSEHOLDS IN MANYATTA CONSTITUENCY, EMBU COUNTY

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ABSTRACT

Throughout history, with regard to the right to social protection, persons with severe disabilities (PWSDs) have struggled to live full and productive lives as independently as possible. This is because in societies, especially in developing countries such as Kenya, where there is scarcity of resources, even much less dedicated for PWSDs; stigma, discrimination and attitudinal and environmental barriers continue to pose a serious challenge. The primary purpose of this study was to investigate the factors that influence the utilization of the Inua Jamii Cash Transfer programme and its allocation to persons with severe disabilities and their households. The study was guided by four objectives: To establish how household characteristics; caregiver factors; individual characteristics of PSDW; and to finally examine how government regulations influence the utilization of PWSD's Cash Transfer allocation by beneficiary households. The research site was located in Manyatta, one of four sub-counties that make up Embu County, in Eastern Kenya. This area was selected owing to its good mixture of child, young adults and adults with PWSD in the County. Ethical permission for the research was obtained from the National Council for Science and Technology (NACOSTE), the University of Nairobi's Research Ethics Committee as well as the Embu County government. All participants consented to participate in the study, either directly or indirectly through written proxy consent from parents or grandparents for those participants with intellectual disability. Based on the social model theoretical framework, a conceptual

map was designed to demonstrate the relations between the independent, dependent and moderating variables of the study. The social model provided the study with a broader framework by which the caregiver practices were examined as opposed to the medical model which would have limited the study. The study adopted a descriptive research design. Data was cleaned, tabulated and analysed with the use of Statistical Package for Social Sciences (SPSS 21.0). The study begun through a pilot study involving 10 PWSD-CT beneficiary households (10% of 99) from neighbouring Runyenjes Constituency before embarking on the actual study so as to test the validity and reliability of the data collection instruments as well as to create an insight concerning the interests of the study. Aligned to its objectives, the study found that the household head significantly influenced the decision on the utilization of the cash transfer allocation at 51%. In the study's second objective it was found that women bear the greatest burden of caring for PWSD where 89.6% of the caregivers were women. While in the third objective of the study, it was found that 9.4 percent of PWSD were 70 years and above while 17.7% of PWSD have chronic illnesses which increased their healthcare costs. In the fourth objective of the study, evidence from the study shows that there seems to be very little monitoring of the utilization of cash transfer allocation by beneficiary households by government agencies. Also the government's existing operations manual only gave general suggestions on how the allocation should be utilized i.e. to meet the household's basic needs. Although it is well

documented that caregivers are often faced with significant social, physical, psychological and economic burdens, there has been fewer studies dedicated at examining the impact of government initiated programmes aimed at the PWSD and the caregiver in Kenya. This study is useful to the GoK, Embu County Government as well as the caregiver and scholars concerned with improving the wellbeing of PWSDs. For instance, the study found that although 59.4% of the beneficiaries that received the PWSD Cash

Transfer, cited small scale farming as their other source of livelihood nearly 80.2% of the households had children less than 18 years who are dependents. This exacerbated poverty at the household level that many a time led to other forms of social violence in the household.

Key Words: *utilization, inua jamii programme's, persons with severe disabilities, cash transfer allocation, beneficiary households, Manyatta Constituency, Embu County*

INTRODUCTION

All over the world, national and local governments are preoccupied with addressing the wellbeing of persons with disabilities. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) has defined disability as “long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder a person’s full and effective participation in society on an equal basis with others” (United Nations, 2009: 4). It has been estimated by the World Health Organisation (WHO) that approximately 10 percent of the world’s total population are persons with disabilities. It is also stated that nearly 80% of these individuals live in the developing countries (WHO, 2006). At least 93 million children aged 0–14 years are estimated to have moderate to severe disabilities, and 200 million children are estimated to have cognitive or socio-emotional delays (WHO, 2011).

In Kenya, according to recent figures, the population of persons with disabilities (PWD) is estimated to be around 6.6 million out of a population of 44 million (Kenya Association of Manufacturers, 2014). Like in most other developing countries, PWDs in Kenya are also marginalised and continue facing many problems as a result of their disabilities. Most have no access to education, health, employment or rehabilitation. The majority continue to experience hardships as a result of in-built social, cultural and economic prejudices, stigmatization and more often, abuse and violence. Additionally, disabled women are more disadvantaged due to their gender and their disability.

Persons with severe disability (PWSD), which this research project report is primarily concerned with, typically demonstrate a limited ability to communicate effectively. According to a recent study by Griffin and Smith (2016), persons with severe disabilities tend to use non-verbal communication which is often idiosyncratic and at times confusing. This has led to the

justification of the control of their Cash Transfer Allocation by their caregivers. The control of the cash transfer by the caregivers has very often been deemed so because of the beneficiary's disability that often makes it difficult to determine their capacities. As a result of this situation, a communication gulf has emerged between the PWSD and the caregiver, who determines how the cash transfer money is utilised. This has led to accusations of social violence and deprivation of the PWSD by their caregivers.

Indeed, it could be argued from the onset that when we adopt a broader conception of deprivation to include the poverty of PWSD that include those suffering with psycho-social problems which may include demoralization, the deprivation of PWSD may actually constitute a form of social violence. Deprivation is multidimensional given the fact that there are so many different things which members of a given community may be deprived of. This multidimensionality makes deprivation of PWSD difficult to quantify. For instance, Dennis Pringle (1999: 314) demonstrated some of the difficulties in attempting to quantify deprivation, for instance, to paraphrase a question that he had posed earlier, how do we weight the absence of an indoor toilet for a severely disabled person in say Manyatta constituency as opposed to say the PWSD's access to a maternity clinic in Embu County? Furthermore, Pringle (1999) has pointed out that the problem of deciding upon an appropriate weighing is compounded by the fact that the relative importance of these features is likely to vary considerably from one severely disabled person to another, as well as their ages, for instance whether it is an elderly person, or a child, or for that matter even an expectant mother and so forth.

Unlike poverty, the extent of which can be quantified in monetary units, there are no obvious units to measure the extent of deprivation. The extent to which a poor PWSD falls below the acceptable standard can be expressed at least in monetary terms. Deprivation in contrast, is a diffuse concept related to the quality of life, such as, for instance, a deprived person with a severe disability lacking access to various features which other people in a given society regard as 'normal', if not essential, for a reasonable quality of life.

Here in Kenya, the geo-spatial dimensions of poverty play a significant role in understanding the dynamics that affect the well-being of PWSD. Poverty and social inequality are, by definition, social problems, but the processes that generate these inequalities do not take place in isolation. They are affected by other dynamics in local settings such as the politics of the county government. This has capacity to also produce different outcomes that affect different PWSD in different counties as well as constituencies like Manyatta in Kenya. Some of these conditions and characteristics may include for instance natural resources such as the recently discovered oil in Turkana County and the on-going intra-community conflict in that region – this has capacity to further severe the well-being of PWSD in the area. Other factors might include, location relative to services and other geographically disadvantaged counties such as counties in the North-Eastern region of Kenya, which due to the historical legacy that has led to their relative deprivation (lack of infrastructure and insecurity), they are under the current Constitution entitled

to the national equalization fund. Additionally, other characteristics that have an impact on PWSD deprivation are as a result of cumulative historical legacy of past social, economic, cultural, political and administrative processes (physical infrastructure of the constituency such as Manyatta, or Embu County itself).

Although some of the processes discussed above that generate social inequalities which in turn have an adverse effect on PWSD are largely of a social and economic characteristic, they cannot be fully understood unless they are located within a certain historical and geographical context (Pringle, 1999). These may include entitlements such as the Inua Jamii Cash Transfer programme as well as other related factors such as household characteristics, caregiver factors and the individual circumstances of the PWSD him/herself for instance nature and severity of their disability, age, marital status, education level, health status among others.

STATEMENT OF THE PROBLEM

Throughout history, PWDs have struggled to live full and productive lives as independently as possible. This is because in societies the world over and especially in a developing country such as Kenya, where there is a scarcity of resources, even much less for PWSDs, stigma, discrimination, attitudinal and environmental barriers continue to pose a challenge to PWSDs. According to Vanmala Hiranandani (2005), many societies in the developing world through their legislation, policies and practices, have continued to regard the disabled person as unfit for society, as sick, as functionally limited, and as unable to work. This is a major problem that continues to impact negatively on Kenya's PWSDs community as well as their caregivers by exacerbating their poverty and deprivation. The 2016 World Bank Report on Poverty and Shared Prosperity (2016) report estimated that in 2013, an estimated 767 million people were living under the international poverty-line of US\$1.90 a day. In Sub-Saharan Africa alone, it was estimated that 388.7 Million people were poor, translating to 50.7 per cent of the world's poor. In Kenya, according to the Economic Survey of 2014, poverty incidences per county ranged from a low of 21.8 per cent in Nairobi to a high of 87.5 in Turkana. This implies that two in every 10 people in Nairobi live below poverty line compared to nine in every 10 people living in Turkana County (Kenya Economic Survey, 2014). In a related study by Kenya National Bureau of Standards (KNBS), using the Gini index which measures the extent to which the distribution of consumption expenditure among individuals or households within an economy deviates from a perfectly equal distribution found that Embu County's Gini index is 0.379 compared with Turkana County, which has the least inequality nationally (0.283). A Gini index of '0' represents perfect equality, while an index of '1' implies perfect inequality (KNBS, 2013). Although poverty in general is a problem in the country, the extent to which a poor severely disabled person falls below the acceptable standard in Kenya is worse. A severely disabled person is often deprived of access to various features which other people in a given society regard as 'normal', if not essential, for a reasonable quality of life. Therefore, there is a need for a study aimed at establishing what role initiatives such as Inua Jamii Cash Transfer programmes has played in

uplifting the lives of PWSDs and their caregivers aimed at looking into the government policies related to the initiative, its utilization in the households as well as the characteristics of PWSDs that influence its allocation and utilization.

GENERAL OBJECTIVE

The purpose of this study was to investigate the factors that influence the utilization of the Inua Jamii Programme's Persons with Severe Disabilities Cash Transfer allocation by beneficiary households in Manyatta Constituency of Embu County.

SPECIFIC OBJECTIVES

1. To establish how household characteristics influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households
2. To establish how caregiver factors influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households
3. To assess how characteristics of individual Persons with Severe Disabilities influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households
4. To examine how government regulations influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households

THEORETICAL FRAMEWORK

There are two major theoretical models largely used in disability studies, namely the Medical Model and the Social Model. In the past few years, the medical model has been discredited due to its rigidity. This is because it focuses the problem of disability as if it was restricted only to the person who had the disability. It emphasizes on 'correcting' the handicap in the PWD in order to enable them 'fit' into the society, through rehabilitation, treatment and so forth. In recent times, scholars engaged in disability studies have relied abandoned the medical model and adopted the social model. This is because the social model offers a wider scope of analysis when looking at disability research. The primary argument in support of the social model in contrast to the medical model is that it sees the society as the primary cause of disability in a given environment. It therefore advances the need to remodel society to accommodate the person with disability. In other words, it is aimed at removing disabling barriers in society and creating an enabling environment for the PWD to participate meaningfully in society.

This study adopted the social model as a theoretical framework. This model provides a broader framework by which the caregiver practices can be examined as opposed to the medical model which is concerned about individual coping mechanisms. The social model of disability defines impairment as 'the medically defined condition of a person's body/mind' and disability as 'the socially constructed disadvantage based upon impairment' (Wendell, 2001: 22).

This model is suited to this study because of its multi-factoral, cross-cultural and family constructed meanings that this study will incorporate. Therefore this study looking at interactions of PWSD with their caregivers in relation to the use of the Inua Jamii Cash Transfer Programme will highlight the importance of socially constructed meanings of severe disability behaviour, development as well as variation in the expectations for skills in development and behaviour. Recent studies on cross-cultural variability in caregiver practices have highlighted the importance of cultural beliefs, religion and socio economic status. All these affect the well-being of the caregiver as well as the PWSD.

RESEARCH METHODOLOGY

Research Design

In view of this, a descriptive research design was used for this research. According to Mugenda and Mugenda, (1999), descriptive research is a systematic collection and analysis of data in order to answer questions concerning current status of a program, report or activity. It is concerned with determining the frequency with which something occurs or the relationship between variables (Bryman & Bell, 2003). This approach was thus deemed appropriate for this study, since the researcher was able to collect detailed information through descriptions which were useful for identifying variables and hypothetical constructs related to determinants of utilization of InuaJamiiPWSD-CT allocation by beneficiary households in Manyatta Constituency. This method provided descriptions of the variables in order to answer the research questions in the study.

Site Description

The InuaJamii Cash Transfer programmes namely OVCT, OPCT and PWSD-CT operate nationally in all the 290 constituencies across the 47 counties (Cash Transfer Operations Manual, 2013).The study was carried out in Manyatta Constituency between the months of July and August 2017. Manyatta Constituency is one of the four constituencies in Embu County of Kenya. According to the 2009 Kenya Population and Housing Census (KPHC), the constituency has a population of 154,632 persons. Manyatta Constituency is largely characterized by a rural settlement pattern with only one major urban centre namely Embu Town. The constituency has 10 locations namely; Gatari South, Kathangariri, Kibugu, Kithimu, Mbeti North, Mbuvoire, Municipality, Ngandori East, Ngandori West and Ruguru (KPHC, 2009).

Target Population

Ngechu (2004) defines a population as a well-defined or set of people, services, elements, events, group of things or households that are being investigated. Busha et.al, (1980) state that "a population is any set of persons or objects that possesses at least one common characteristic." The target population in this study was 131households caring for persons with severe disabilities in Manyatta Constituency, currently benefitting from the PWSD-CT programme (Manyatta Sub-

county Department of Social Development, June 2017). According to the Cash Transfer Operations Manual (2013), a household qualifies to be enrolled into the PWSD-CT programme if it meets the following criteria; It has member who is a person(s) with severe disabilities, is extremely poor earning a monthly income of less than Kshs. 2,000, is not enrolled in any other cash transfer programme, is not receiving a regular pension, beneficiary has resided in a location for more than a year and that the beneficiary is a Kenyan citizen.

Sample Size and Sampling Procedure

While a sample is a carefully selected portion or part of the target population, sampling is a procedure where a fraction of the data is taken from a large set of data, and the inference drawn from the sample is extended to the whole group. Determination of the current PWSD CT beneficiary households was established from the April to May Payment Cycle payroll which was obtained from the Manyatta Sub-County Social Development Office. Simple random sampling technique was used to identify the first PWSD-CT beneficiary household in a location, then the next households were identified through snowball sampling technique. This is a non-probability sampling technique that is used by researchers to identify potential subjects or respondents in studies where subjects are hard to locate as is the case with PWSD-CT beneficiary households in Manyatta Constituency. This type of sampling technique works like chain referral. After observing the initial subject, the researcher asks for assistance from the subject to help identify people with a similar trait of interest (Castilo, 2009).

Data Collection Instruments

The research adopted qualitative and quantitative techniques of data collection. Quantitative data was collected through the use of structured questionnaires that were administered to the sampled 99 PWSD-CT beneficiary households while qualitative data was collected through interview of a key informant who is the Manyatta Sub-County Gender and Social Development Officer II using an interview guide.

Pilot Testing of the Data Collection Instruments

A pilot, or feasibility study, is a small experiment designed to test logistics and gather information prior to a larger study, in order to improve the latter's quality and efficiency. A pilot study can reveal deficiencies in the design of a proposed experiment or procedure and these can then be addressed before time and resources are expended on large scale studies (Borg and Gall, 1989). Based on Orodho's (2009) recommendation that a sample size of 10% of the sample population is good enough for piloting of instruments, a pilot study involving 10 PWSD-CT beneficiary households from neighbouring Runyenjes Constituency was conducted before the actual study so as to test the validity and reliability of the data collection instruments as well as to create an insight concerning the interests of the study. Reliability was achieved by employing

the split-half method to compute reliability coefficient that was 0.86 that falls within the acceptable limit of 0.7-1 (Nachmias & Nachmias 1996).

Validity of the Data Collection Instruments

Validity indicates the degree to which the instrument measures the constructs under investigation (Mugenda and Mugenda, 1999). Validity is judged by the ability of a tool to measure accurately what it ought to measure. There are three types of validity tests namely; criterion, content and construct validity. Criterion validity refers to the likelihood that a question will be misunderstood or misconstrued. Pretesting is a good way to increase criterion validity. Content validity is used to measure the degree to which the sample of the items represents the content that the test is designed to measure. A measure possesses construct validity to the degree that it confirms to predict correlations with other theoretical propositions (Yin, 2013). Criterion validity was used to establish the validity of the data collection instruments. This was done by pre-testing the instruments amongst 10 PWSD-CT beneficiary households in Runyenjes Constituency.

Reliability of the Data Collection Instruments

Reliability is the measure of the degree to which a research instrument yields consistent results or data after repeated trials (Mugenda and Mugenda 2003). A pre-test of the instruments was carried out in 10 PWSD CT beneficiary households in Runyenjes Constituency to determine reliability. Elimination, alteration and improvements were done on the data collection instruments based on the findings from the pilot study.

Data Collection Procedure

The researcher sought an introductory letter from the University of Nairobi in the school of extra-mural studies and authorization letters and research permit. These documents enabled the researcher to secure an authorization letter from the county coordinator for social development in Embu County. The letter introduced the research to the respondents before administering questionnaires. The researcher then embarked on administering data collection instruments to the sampled respondents. The questionnaires were administered by trained data enumerators. The data enumerators were trained by the researcher in understanding the sensitive and ethical nature of the research involved in disability studies in order to maintain dignity and confidentiality of the respondents.

Data Analysis Techniques

Data analysis is the process of bringing order, structure and meaning to the mass information collected (Mugenda & Mugenda, 2003). Data was edited for completeness, accuracy and completeness in order to identify and eliminate errors made by respondents. Coding was done to translate question responses into specific categories. Statistical Package for Social Sciences (SPSS) was used to generate frequency distributions using descriptive statistics in order to

examine the pattern of the responses. The findings were presented in form of Tables, frequencies and percentages in order to bring out the relative differences of values.

RESEARCH FINDINGS

The research study was aimed at answering four questions. First, in what ways do household characteristics influence the utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households? Second, what caregiver factors influence utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households? The third question the study preoccupied was what characteristics of the individual Persons with Severe Disabilities influence the utilization of the Persons with Severe Disabilities Cash Transfer allocation by beneficiary households? And finally, the study sought to find out how government regulations influence the utilization of Persons with Severe Disabilities Cash Transfer allocation by beneficiary households?

The study as such set out to achieve this aim by adopting the social model approach in its theoretical framework. This model provided the study with a broader framework by which the caregiver practices were examined as opposed to the medical model which would have limited the study. The social model was thought suitable in this suitable due to its multi-factoral, cross-cultural and family constructed meanings that this study incorporated. For instance, the interactions of PWSD with their caregivers in relation to the use of the Inua Jamii Cash Transfer Programme highlighted the importance of socially constructed meanings of severe disability behaviour, development as well as variation in the expectations for skills in development and behaviour. The study also came across cultural beliefs, religion and socio economic status as important factors in caregiver practices and in the well-being of PWSDs.

In addressing the first objective of the study which sought find out how household characteristics d the use of PWSD Cash transfer allocation in each beneficiary households, it was found that the household head significantly influenced the decision on the utilization of the cash transfer allocation at 51%. Therefore it is possible to argue that the PWSD CT programme should take into account the household head in the programme's capacity building efforts such as inclusion in the beneficiary welfare committees which currently only comprises of beneficiaries and their official caregivers.

The results confirm that women were the majority of carers for PWSDs, managing on average a household size of 5 members. 89.6% of caregivers were female while 10.4% were male. Indeed from our data illustrated at large in Chapter 4 of this study, household heads were females at 51% while males were 45%. 68% of household heads had up to primary level of education while 16% had secondary education and 14% had not gone to school. Further, 65.6% of household heads were parents of a PWSD.

Households with children under 18 years who are dependents comprised 80.2% of the population while 14.6% of the households had other persons with disabilities. Other vulnerable persons included older persons at 9.4%, chronically ill persons at 8.3% and orphans and vulnerable children at 4.2%. This study's findings as a result appears to support other research studies such as Ertekin et al (2014) that have demonstrated that women continue to bear the brunt and burden of carers and caregivers and the soft violence that the responsibility entails. There is therefore a need to look at the Cash Transfer programme with this specific evidence in mind and make adjustments that will positively improve not only the wellbeing of the PWSD but also of his or her female carer.

In addressing the second objective, the study sought to establish what caregiver factors influence the utilization of PWSD Cash transfer allocation by beneficiary households. From the onset, based on the data collected from the field, women appear to bear the greatest burden of caring for PWSD where 89.6% of the caregivers were women. Further, the highest number of caregivers is elderly aged between 51 and 60 years (32.3%). This could be attributed to rural urban migration where young parents leave their children with severe disabilities under the care of their grandparents. It could also be due to orphanage that has been caused as a result of high prevalent of HIV and AIDS related diseases often caused by poverty.

Indeed, the study found that a majority of households that is 88.5% reported their gross monthly to be less than Kshs 5,000. Only 2% of the households had a gross monthly income above Kshs 10,000. The study found that although 59.4% of the beneficiaries that received the PWSD Cash Transfer, cited small scale farming as their other source of livelihood nearly 80.2% of the households had children less than 18 years who are dependents. This exacerbated poverty at the household level that many a time led to other forms of social violence in the household.

Individual characteristics of PWSD, spelt out as the third objective of this study, and the role that they plays in determining the utilization of the Cash transfer allocation by beneficiary households were an important factor. Figures showed that 9.4 % of PWSD were 70 years and above 17.7% of PWSD have chronic illnesses which increased their individual healthcare costs. The level of education of each PWSD was another factor that was crucial in determining how the Cash Transfer monies were used in a household. Generally speaking, disabilities, very often prevents school attendance of children and youth with disabilities and restrict human capital accumulation and may thus lead to limited employment opportunities and reduced productivity and earnings in adulthood especially for persons with a severe disability onset at birth or during childhood. The study revealed that 68.8% of household heads had primary education, while 72.9% of PWSD had no education at all. Majority of the caregivers at 64% had primary education and 5.2% had post-secondary education.

It is important to note that the relevance and intensity of how individual characteristics of a PWSD in influences the use of Cash Transfer monies will vary depending on many factors,

including the socioeconomic status of a family before the onset of childhood disability, the timing of disability onset (for example, at birth, early childhood), the type and severity of disability, the interaction between individual's disability and the school environment in the community, as well as the cultural and education policy background. That said, the findings in Tables 4.11 and 4.12 of this study shows that the highest percentage of beneficiaries had multiple disabilities at 39.6% with 90.6% being severely disabled, which conforms to the programme's requirement that the PWSD be one requiring 24-hour care due to the severity of the disability, as is the case with persons with multiple disabilities.

This study addressing the fourth objective, examined the principal role that government regulations play in the use of PWSD Cash transfer allocation by beneficiary households. One thing clear was that one of the most significant weaknesses in the current devolved institutional system in Kenya is the limited capacity for horizontal and vertical coordination of issues affecting PWSDs. For instance, the data collected in this study demonstrates that the mechanisms for horizontal coordination at the county level that have been put in place by Embu's County government through its ministry for Gender, Youth and Social Services to cater for matters that affects PWSDs have not been ample. At the county level, the county government has the responsibility for coordinating the provisions of public service to PWDs. There is a need, and this study therefore proposes for an improvement or a better synergy of communication between the local and national offices in order to mainstream much needed services to PWSDs and their caregivers.

Indeed one of the key issues of local development in Embu County that has reoccurred numerous during the course of data collection phase of this study has been the question of democratic deficit in many local partnerships that champion disability issues. The answer to which according to participants' input, lies in the inclusion of many disable person in local decision-making organs and boards. Therefore, it appears that attention ought to be directed towards ensuring, generally speaking, that other board members of partnerships in Embu County are representative of well defined disable people's interests and these partnership structures provide opportunities for the interests of the socially excluded, particularly those affected by severe disabilities to be well represented. The study found that there was a serious lack of clearly stated guidelines on the utilization of the cash transfer allocation. The existing operations manual only gave general suggestions on how the allocation should be utilized i.e. to meet the household's basic needs.

There was little monitoring of utilization of cash transfer allocation by beneficiary households by government agencies. Monitoring by department of social development is mostly done in households where there have been reports of inappropriate utilization. Monitoring by government agencies, CSAC and BWCs motivates households to utilize cash transfer allocations prudently for fear of being exited from the programme. Existing Complaints and Grievances mechanism of the programme is not fully embraced by beneficiaries due to lack of awareness.

Households generally use the cash transfer allocation to meet basic needs such as food and clothing as well as transport, diapers, medication and physiotherapy.

CONCLUSIONS

The history of persons with disabilities all over the world is dented largely with misery. Studies have shown that long-term physical, mental and intellectual impairments particularly of a severe nature are serious hindrance to a person's full and effective participation in society. Therefore cash transfer programmes are governments' response to rectify the imbalance that has been brought forth by PWSD. Here in Kenya, the GoK has made such an attempt as well. The scope of this study was limited to looking at Inua Jamii Programme's PWSD-CT and specifically the role the programme has played in uplifting the well-being of PWSDs and their caregivers in Manyatta Constituency in Embu County. This study employed descriptive research design, in data collection and analysis. This approach was deemed appropriate since the researcher was able to collect detailed information through description that helped to identify the study's variables in relation to the Inua Jamii's PWSD-CT programme through a sample size of 99 beneficiary households. The results confirm that household characteristics do influence the utilization of the PWSD-CT allocation by beneficiary households.

For instance, level of education of the household head. The study revealed that 68% of household heads had primary education whereas 72.9% of PWSD had no education at all. In the past, the government paid little attention to PWSD although the introduction of Inua Jamii Programme has been a response in recognition of this fact. More still needs to be done. The study has demonstrated that although 88.5% of families had a household income of less than Kshs 5,000 per month. Given that the average household size according to the study is 5 persons, this translates to less Kshs 40 per person per household. Such households would be classified as living in abject poverty according to the United Nations Human Development Report that has designated abject poverty as any person living on less than two dollars a day.

RECOMMENDATIONS

The study established that there was a low level of monitoring by the government on the utilization of the cash transfer allocation by beneficiary households due to limited human and financial resources. Towards this, the study recommends the equipping Social Development as well as the National Council for Persons with Disabilities (NCPWD) Officers with financial and human resources to conduct regular monitoring of households. Further, the programme should facilitate the Beneficiary Welfare Committees (BWCs) with financial resources and training to complement monitoring by government officers due to their proximity to the beneficiaries.

The programme should organize sensitization sessions and training of caregivers and household members on the Inua Jamii programme and financial literacy and support income generating activities in order to optimize utilization of the cash transfer allocation and minimize dependency

on the programme. Increase the cash transfer allocation from the current Kshs 2,000 per month, which 91.7% of the respondents cited as not being sufficient due to increased cost of living

The programme should be redesigned to be universal and cover all persons with severe disabilities as has been done with the older persons cash transfer programme which will cover all older persons aged 70 years and above beginning January 2018. This will significantly reduce the burden of caring for PWSD especially on households which have more than one PWSD and ensure that all households with PWSD are supported.

Potential caregivers should be carefully and consultatively vetted during targeting to ensure that the most responsible persons are registered as caregivers to collect the money on behalf of the PWSD and determine the utilization. This will ensure prudent utilization of the cash transfer allocation. The government should diversify payment options for beneficiaries to include mobile money transfer as a payment option to save on transportation costs as well as ensure security of the beneficiaries.

The programme should promote gender mainstreaming to ensure holistic approach to caring for PWSD for the improvement of the well-being of PWSD as evidenced in the finding that there are more female than male caregivers and household heads (Table 4.1). This will also address the challenge of gender based violence which affects negatively the utilization of the cash transfer allocation. The programme through the National Council for Persons with Disabilities should provide assistive devices and services such as wheelchairs and diapers which are expensive and take up household resources including the cash transfer allocation in order to promote the dignity and social and economic participation of PWSD and their caregivers

The government should support education for PWSD especially so because education for PWSD is expensive due to increased cost of care .The Inua Jamii Programme secretariat should come up with clearly stated guidelines on utilization of the cash transfer allocation which should be clearly communicated to the beneficiaries

Create awareness among beneficiaries, household members, the community and other stakeholders on the complaints and grievances mechanisms established by the programme in order to promote accountability in utilization of the cash transfer allocation.

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