RESEARCH ARTICLE

Questioning the Effectiveness of Cash Transfer Programme for Orphans and Vulnerable Children in Supporting Orphaned Children with Disabilities.

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Manuscript Info

Abstract

The number of children being orphaned due to HIV and AIDS has been of concern given the already fragile and overburdened family and community support. Much of the focus has been on orphanhood as the major factor affecting child vulnerability. However, there are challenges when specific groups such as orphans living with disability are targeted for support. This paper describes the living conditions and challenges of orphaned children with disabilities. The study is guided by social construction theory developed by Berger and Luckmann (1966) and posits that individuals and groups participate in the construction of their perceived social reality. Thus, people's attitudes towards disability are influenced by the dominant belief systems of the society in which they are located and will vary across time and culture. The study adopted 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 revealed that the Cash Transfer Programme for Orphans and Vulnerable Children (CTP-OVC) does not adequately support orphaned children with disabilities as such children are still entangled in a twist of unending cycle of vulnerability. Communities' attitude towards children with disabilities is still negative due to cultural beliefs and attitudes leading to invisibility of such children's needs and thus deprivation. The study concludes that inclusive social protection still remains a challenge especially for children in multiple OVC categories. Thus, there is need to work on strategies that can remove cultural and social stereotypes that encourage common perceptions regarding children with disabilities.

Introduction:-

Social Cash Transfers (SCTs) are a relatively new social protection instrument in East and Southern Africa. SCTs have gained prominence as effective interventions in combating inequality, social exclusion and chronic poverty as well as enhancing the participation of the poor in economic development (UNICEF & UNAIDS, 2004). Cash transfers (CTs) are a non-contributory, regular form of social assistance in the form of payments of money, provided by the state or non-governmental organizations (NGOs) to individuals or households, with the objective of decreasing chronic (long-term) or acute (shock-induced) poverty, addressing social risk and reducing economic vulnerability (Samson et al., 2011; Bryant, 2009).

A growing body of evidence indicates that cash transfers can have positive impacts on reducing childhood poverty. Devereux and Pelham (2005) reviewed a number of cash transfer programmes in Southern Africa and found that vulnerable children are able to benefit from cash transfers even if they are not the direct targets. CTs to households

were found to be spent mostly on food, clothes, seeds and meeting the costs of services such as education and health. Adato and Basset (2008) add that CT 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 CT schemes, including Brazil, Colombia, Honduras, Mexico, Nicaragua and South Africa (Bryant, 2009). Furthermore, evaluations of the Child Grant Programme in South Africa and targeted conditional cash transfers in Latin America show that cash transfers, combined with additional investments in basic service provision, are an effective tool in reducing child poverty. CTs improve child nutrition, raise birth registration and school enrolment rates and increase overall survival rates (Barrientos & de Jong, 2004; Jones et al., 2008).

New research in Kenya further suggests that CTs not only improve nutrition, education and health benefits for orphans and vulnerable children (OVC), but that they also can significantly reduce risky sexual behaviour and HIV infection (Handa et al., 2012). While many effective programmes are in operation, Taylor (2008) observes that there remains a huge gap between the results of the initiatives and what is yet to be done. Many of the initiatives have focused primarily on orphanhood as the major factor affecting child vulnerability thereby obscuring other vulnerabilities that children face. Little attention has been paid to orphaned children living with disability. There is inadequate literature that provides a more comprehensive response that supports families and communities to not only care for OVC but also to safeguard the rights of children in multiple OVC categories. UNICEF (2013) reports that research on child disability in middle and low income countries is very limited and the resultant lack of evidence hinders good policy making and service delivery for children who are among the most vulnerable.

This paper provides an understanding of the dynamics affecting children with multiple vulnerabilities. Specifically the paper describes the living conditions of orphaned children with disabilities. The paper concludes that there's need for the establishment of programmes which are not only aimed at mitigating the negative effects of HIV and AIDS on children but also OVC with disabilities. A multi-sectoral approach is needed to address the plight of orphaned children living with disability as well as their caregivers in order to achieve inclusive sustainable development.

Social Protection for Children:-

Social protection is a fundamental right of children. The United Nations Convention on the Rights of the Child (1989) sets out children's right to social protection:

"States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child." (Article 26)

Governments with support from development partners have been investing in social protection programmes that have demonstrated a range of results. There is a growing interest across Africa in safety nets as a means of providing predictable social assistance to poor and vulnerable populations. The most popular safety nets are social cash transfers and public works (GOK, 2012). Social protection measures have been shown to stimulate productivity and growth if such interventions address market failures such as helping households deal with health shocks, loss in labour productivity, school attainment, among others. Moreover, protective social protection, which includes cash transfers, can play an important role in supporting and maintaining participation of the poor in economic activity and in breaking the intergenerational transmission of poverty (UNICEF, 2009). It can also facilitate a better balance between care-giving and productive work responsibilities, which is critical for the achievement of the Millennium Development Goals (MDGs) (especially MDGs 4 and 5) now translated to Sustainable Development Goals (SDGs)(Jones et al., 2008).

In Africa and elsewhere, social protection measures have been shown to be of great benefit for children. Programmes have demonstrated positive impacts on nutrition, access to health and education, and in reducing child labour. These are not only immediate benefits, but last over a child's lifetime. Better nourished, healthier and better educated children have better life chances, which may break intergenerational cycles of poverty (Save the Children Fund, 2007).

In Kenya, the situation of Orphans and Vulnerable Children (OVC) is an issue of National concern. It is estimated that there are over 2.4 million orphans in the country, 47 percent who are orphaned as a result of HIV and AIDS and many more remain vulnerable due to several other factors (GoK, 2010). With the weakening extended family systems in the society most children find themselves without proper social support with the incapacitation and death of their parents. As a result, OVC are denied a chance to access their basic needs such as proper health care, education, shelter and nutrition. Orphans suffer stigma, stress and trauma in addition to the loss of parental love, care and protection and more often they are disinherited (UNICEF, 2009; MoGCSD, 2009; GoK, 2012) Such a situation exposes the OVC to different forms of abuse and exploitation such as physical abuse, defilement, sexual exploitation, child labour, and early marriages while more flock to streets to fend for themselves (MoGCSD, 2009).

Theoretical Framework:-
This study is guided by social construction theory developed by Berger and Luckmann (1966) which, is a synthesis of the ideas of Émile Durkheim and George Herbert Mead. They posit that the primary features of social order are based on the principle that society is a human product while man is a social product (Berger & Luckmann, 1966).

A social construct is an idea or notion that appears to be natural and obvious to people who accept it but may or may not represent reality, so it remains largely an invention or artifice of a given society (International Encyclopedia of the Social Sciences, 2008). A major focus of social constructionism is to uncover the ways in which individuals and groups participate in the construction of their perceived social reality by looking at the ways social phenomena are created, institutionalized, known, and made into tradition by humans. People's attitudes towards disability are influenced by the dominant belief systems of the society in which they are located and will vary across time and culture. Therefore, children are regarded as constructions of their particular society. Similarly, disability is also socially constructed. However, it doesn't mean that disability does not exist in reality, rather, what a society expects of people living with disability, the way that they are perceived, what is seen as good or bad for them and what they are competent or incompetent to perform depends upon the particular concept of disability that society has constructed.

This theory is relevant for this study because disability is socially constructed and therefore disabled children's powerlessness varies according to how the adults in specific social settings conceptualize such children. It also depends on how children themselves conceptualize disability in any given society. This social construction of disability by adults and children themselves is further influenced by the changing socio-economic environment which includes the current international debate on the rights of the child. If disabled children are to be seen as integral members of society, there is need to sensitize adults to be willing to accept them unconditionally. The perceptions adults have of children inevitably affect the roles, responsibilities and behaviour that children are to take on in any particular context as well as how children themselves respond to parenting and how they perceive their involvement in matters affecting their everyday life including their participation in social protection programmes. Social constructionism contributes to an understanding of why despite the existence of social protection policies aimed at responding to OVC needs, such programmes remain ill equipped and unsustainable. Therefore, we are able to identify gaps in OVC social protection policy and legislation.

Method:-
This study was conducted 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 adopted a cross-sectional survey design with mixed methodology. Both probability and non-probability sampling approaches were used. A sample of 400 OVC was selected from a population of 2220 OVC. Purposive sampling was then used to pick 10 orphans with disability for this study. The study also employed purposive sampling in selecting the key informants. Data was collected by use of a structured questionnaire, focus group discussions and in-depth interviews. The structured questionnaire was used to obtain socio demographic data of respondents. In-depth interviews were conducted with children and their caregivers while key informant interviews with Sub-County OVC Sub-Committee (SCOSC) chairperson, 2 Location OVC Committee (LOC) members and 2 Beneficiary Welfare Committee (BWC) members from whose areas the orphans with disability reside.

Percentages and mean were used to provide information on the distribution of the responses. Qualitative data was categorized into emergent themes while narrative analysis was used so as to provide insights about the lived experiences of orphans with disability.

Ethical Considerations:-
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 of the OVC after explaining to the participants the objective of the study. All personal identifiers were removed to ensure that the information given was confidential.

Situation of households caring for Orphaned children with disabilities:-
Socio demographic characteristics:-
From the findings, there was no single type of disability but the disabilities varied from physical disability (40%), mental disability (20%) hearing impaired (20%), visual impaired (10%) and multiple disability (10%). The study found out that 60% of the respondents lived with their surviving parent, 20% with their elderly grandparents and 20% with other relatives (aunt/uncle). The respondents' ages ranged between 8 and 17 years, with the mean age being 12.4. Majority of the respondents were boys (80%) while girls accounted for 20%. Thirty percent were school going children while 70% were out of school even though they had attained the school going age.

Food and nutritional support:-
Majority of the caregivers reported that they were able to provide the children with at least two meals per day mainly breakfast and supper. From the focus group discussions with the caregivers, it was reported that with the CTs they could provide food for the children although they paid less attention to the nutritional status of the meals. One female discussant pointed out that,

I thank the government for the money it gives us. Though not enough but it has helped me provide food for this child. When the money comes, I can afford to buy maize and make at least two meals in a day. You know us we don't really mind about eating a balanced diet... (laughs) As long as there's food to keep us going, the rest is just luxury... (39 year old female discussant).

The above verbatim quote is an indication that caregivers give little attention to the nutritional status of the meals taken within their households as long as they have a meal. A balanced diet is seen as consideration for the wealthy who can afford a variety of meals. This can be attributed to the meaning people associate with a balanced diet. In this context, the understanding is that it is associated with the rich and thus this social construction shapes the perceptions of the caregivers within the study area, yet there are simple local foods that caregivers can easily access to meet the dietary requirements.

An in-depth interview with the beneficiary welfare committee members revealed that some OVC living with disability had special dietary needs which were rarely fulfilled because of the burden of poverty. They conquered that the CTs were not adequate to provide a complete balanced diet. Moreover, they added that the CTs are delayed and as a result the caregivers could not plan for their children's welfare.

The SCOSC also revealed that poverty within the homes was high and thus the CTs though mitigating the effects of the poverty could not adequately address complete nutritional needs of the OVC with disabilities. It was reported that several follow ups within homes were being done by the sub-county office to encourage caregivers to give special attention to dietary requirements because the child's overall development depended on the type of foods they were given. However, they mentioned having difficulties in achieving the results since they could not monitor each and every caregiver.

Shelter and care:-
Children with disabilities were well sheltered in semi permanent houses (mud walled and floor and iron sheet roof). The roofs were not leaking and the floors were nicely smeared with cow dung. However, a closer look at their sleeping places showed some form of negligence. Most of the respondents had torn mattress or sacks with torn blankets. The rooms where they slept were untidy, unhygienic and smelly. In one incident, the child had only an old torn blanket. The caregiver explained that since the child was mentally disturbed, he kept destroying the beddings he

was given by either cutting them into pieces or even burning them. As such, the caregiver had decided not to give him any more decent bedding because after all he would destroy them.

Additionally, it was noted that 70% of the children had their feet infested by jiggers. Key informant interviews with the BWCs indicated that jiggers were a big menace in the area due to the type of soil. However, they were quick to point out that the major reason for the jiggers was the unsanitary conditions and lack of care the children lived in which worsened their condition. One of the children lamented,

I can't walk and do most of the things on my own, so my grandmother has to help me. But look at her (points towards her direction); she is too frail to carry me around. I only take a bath once in a while especially when a well wisher comes to support me. My beddings rarely get changed yet I soil them. I hear they give some medicine to kill these things (meaning jiggers) in my legs and hands but how can I get it? (15 year old boy)

The above verbatim explains the living conditions and experiences of OVC with disability. They live in squalid environments despite their caregivers receiving cash transfers from the CTP-OVC. This means that the structural barriers surrounding disability are so embedded into the society that it shuns such children. Yet, there are no clear mechanisms within the programme for children to raise complaints to the relevant authorities to help strengthen the programme to achieve its goals.

Health care:-
From the findings, it was noted that despite their delicate situation, children with disabilities rarely went to hospital for specialized attention. Whenever, they fell ill with fever, diarrhoea, headache or felt unwell, their caregivers would administer home based treatment. Caregivers reported that they would go to nearby drug stores and explain the symptoms to the seller who would give them drugs to administer to the child. Alternatively when there was no money to purchase the drugs, the caregivers would administer traditional herbs. However, two caregivers explained that they often took their children to hospital whenever they fell ill because they were HIV positive and thus needed constant monitoring. The reason given by the caregivers for not taking their children for specialized care was that given the children's condition which made mobility difficult, they would be forced to hire a motorbike or taxi which was expensive. From the focus group discussions, it also emerged that these children were seen as a shame to their families and thus the caregivers shied away due to public gossip and stigma. One discussant reiterated that.

You see in our community, disability is still not so accepted. Culturally, it is believed that it's punishment for some taboo that was committed. It is therefore very shameful, especially this madness. Everybody refers to us as that family of mad people. It is even complicated by the fact that we have this big disease (meaning HIV). I don't like being ridiculed; it demoralizes me (50 year old male discussant).

The verbatim quote is an example of how society perceives disability and how this perception shapes the caregivers' attitude towards their disabled children. OVC with disabilities feel helpless because they are constrained by social structures which believe that disability is a curse. Thus, such children's participation is not only hindered by community's notions about childhood but also notions on disability.

From interviews with the key informants, it was noted that most health facilities were located far away from residential areas thus caregivers found it difficult to carry their children along. Poor roads were also cited as a major hindrance. The most common means of transport was motorbikes popularly known as *bodaboda*. However, due to the impassable roads, the *bodaboda* operators charged exorbitant fares which the caregivers could not afford.

Psychosocial support and special facilities:-
Results from the study indicated that the respondents received no psychosocial support in form of counselling whether from their caregivers or volunteers. The respondents and their caregivers noted that they required a variety of services to help them live near normal lives. The services mentioned included; Counselling (25%); Mobility (15%); Life skills/Vocational life skills (10%) and Special schools (50%).

The caregivers regretted that they could not access these mentioned services for their children which impeded their future prospects. They complained that the special schools were located very far away from their homes and that the process for admission in those special schools was tedious and expensive. A caregiver narrated her experience,'

Even before my husband died, we tried to take this child to a special school but I tell you what we went through made us give up. First of all the school was far, then getting admitted was like hell. Remember we were making several trips there and you see the case of this child...he can't even do a thing on his own. So those people kept telling us to come back until we got tired. Moreover, the fees in that special school was high we could not even afford. We finally gave up. Once there is disability in your family, it's like a curse I tell you. You will just suffer until that time when God decides to take the child...Without education and other life skills, you don't expect any future for this child. Only God knows... (45 year old female).

This shows how structures within the society may constrain children with disabilities and the desperate situations of their caregivers. There are unequal opportunities for such children within society because of their disabilities which limits them from accessing some of the basic needs. Children with physical disabilities may want to participate in daily life activities but are constrained by their immobility. Inaccessibility to and use of supportive devices by orphans living with disability has placed them in unending cycle of poverty. None of the respondents had assistive devices and this had made their lives very complicated. All respondents with severe disabilities were out of school because of the inability of their caregivers to provide the assistive devices they needed like wheelchairs, canes, and other devices to enhance mobility and hearing aids.

From the focus group discussion with the caregivers, they noted that their children suffered a lot of psychological distress like stigma, rejection, depression and people to talk to. That even other normal children had shunned them because of their disability and adults were unwilling to talk to them or even take them in as they were considered as burdens. As such, the children were lonely which negatively impacted on their self esteem.

The key informants felt that it was imperative for children living with disability to receive additional services. They however noted that there was no provision within the policy to cater for such services but it was the caregivers' responsibility to fulfill the requirements of their children.

Disregard for the rights of children with disabilities:-
OVC with disabilities felt that their rights within the programme had been completely ignored since the programme entirely focused on orphanhood obscuring their disability. They felt left out because of stigma and discrimination from the community and isolated from their peers and were therefore deprived of interaction and play. This isolation therefore limited their opportunities to learn through observation and interaction with other children. A discussant narrates.

We are children and more so living with disability. No one wants to listen to us, we don't matter. Society has ignored that we exist. We have no rights, no voice at all. (17 year old boy)

The statement is an example of adults' perception about children with disabilities as people who occupy a powerless position in society. It brings out the notions adults hold about children having no knowledge regarding issues which tends to dim their prospects of participation. Since most of these children were immobile, they could not access public forums for children where they could learn and develop skills to deploy their agency effectively. However, the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD) reiterates the commitment by governments to ensuring that all children, irrespective of ability or disability, enjoy their rights without discrimination of any kind.

Discussion:-
OVC are among the most vulnerable children and when this vulnerability is compounded by disability, the situation becomes dire. Although the objective of CTs was to promote food security and health as well as the nutritional and educational status for OVC, orphans living with disability still miss out on such opportunities. Moreover, such orphans have other special needs that are separate from the needs of the general OVC population such as the need for assistive devices.

The compounded effect of disability on orphanhood has been obscured and consequently given little attention in social protection programming. The reason for this kind of scenario is the stigma that victims and families of disabled children go through. The World disability report (2013) notes that there's unreliable information in most countries about the number of children with disabilities, the kind of disabilities they have and how those disabilities impact on the lives of the victims. Because of the ostracism from the communities in which they live, even loving

parents and relatives may shy away from disclosing cases of children with disabilities within their households. This therefore places such children in double tragedy since they are not only disabled but also orphaned (World Disability Report, 2013)

Most orphans living with disability are still out of school despite the government's efforts to increase access to formal education for the disabled. The reasons include stigma and discrimination from the community, lack of special schools and facilities and physical distance from home to school. African Development Bank (ADB) (2010) notes that education that is inclusive reduces discrimination as it enables children with and without disabilities to grow up together. Education thus gives children with disabilities skills which allow them join employment market as well as become role models to others. This in turn helps reduce the unending cycle of poverty (ADB, 2010). Sharma (2010) further notes that, children with intellectual disability suffer behavioral problems which hinder the child's learning in a number of settings, including at school and at home. Many of such children especially in rural communities are isolated from their peers and are therefore deprived of interaction and play because of their behavioral issues (Sharma, 2010). This isolation limits their opportunities to learn through observation and interaction with other children.

Findings from the study indicate that orphans with disability also face neglect from their caregivers and are shunned by the community. For example, majority of the respondents' beddings consisted of tattered blankets and mattresses which may further jeopardize their health by leading to other infectious diseases. They may also be deprived of food and decent clothing. Additionally, physical restraint and use of force when dealing with them is common. This further weakens their visibility and participation in communities where they live. Shelter (2006) notes that hundreds of thousands are trapped in homes that are dilapidated, damp or dangerous. They add that growing up in poor housing conditions has an undeniable impact on children's health especially the effect of cold, dump and mould. Cold temperatures lower the resistance to respiratory infections while damp conditions are favourable to bacteria and viruses mould and fungi produce allergens that can lead to asthma and other respiratory problems. Living in cold, damp housing may also have an impact on children's mental health thus increasing children's chances of experiencing stress, anxiety and depression (Shelter, 2006).

Inaccessibility to and use of supportive devices by orphans living with disability has placed them in unending cycle of poverty. None of the respondents in the study had assistive devices and this had made their lives very complicated. All respondents with severe disabilities were out of school because of the inability of their caregivers to provide the assistive devices they needed such as wheelchairs, canes, and other devices to enhance mobility and hearing aids. This is against the World Disability report (2013) which asserts that childhood deprivations can have lifelong effects on children with disabilities as it limits their access to gainful employment and participation in civic affairs. However, when children with disabilities have access to and use of supportive services and technology, they are better placed to participate in the community's affairs as well as contribute to their own development (World Disability Report, 2013).

Indeed orphans with disability have rights just like any other children. However, these children because of prejudice and cultural superstitions have been forgotten in terms of participation in matters that affect them. The Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD) reiterates the commitment by governments of ensuring that all children, irrespective of ability or disability, enjoy their rights without discrimination of any kind. It is evident from the results that orphans with disabilities have been completely left out. Most of them are hidden in their homes and therefore "invisible" to the public and their views are not taken into consideration. Since most of these children are immobile, they can't access public forums for children where they can easily participate. The implication is that they end up not having proper socal skills needed for survival. Rajani (2000) argues that it is by questioning; expressing their views and having their opinions taken seriously that children develop skills, build competencies, acquire confidence and form aspirations (Rajani, 2000). Thus, the more opportunities a child has for meaningful participation, the more experienced and competent he or she becomes. This allows more effective participation, which in turn enhances development.

Conclusion:-
Social protection is a fundamental right of children articulated in article 26 of the Convention on the Rights of the Child (1989). Governments with support from development partners have been investing in social protection programmes that have demonstrated a range of results. Protective social protection, which includes cash transfers, can play an important role in supporting and maintaining participation of the poor in economic activity and in breaking the intergenerational transmission of poverty which is critical for the achievement of inclusive development.

There is no doubt that orphanhood has placed a huge burden on the capacities for families and communities to care for OVC. The impacts of orphanhood on children directly challenge social protection systems and how they can effectively support the wellbeing of children which presents great threats to social and economic development as well as effective development of children. The situation is further worsened by the fact that orphaned children with disabilities are entangled in a twist of unending cycle of vulnerability. With the weakening extended family systems in the society most children find themselves without proper social support after the death of their parents which exposes them to different forms of abuse and exploitation. Despite the government's efforts to provide CTs to OVC, orphans with disabilities still live in dire circumstances. Orphaned children with disabilities are yet to be given equal opportunities and thus ignored from social protection programmes targeting child vulnerability.

Cultural beliefs and attitudes towards children with disabilities still remains a major obstacle. The social stigma associated with disability leads to marginalization and invisibility of these children's needs and thus deprivation. However, disability is not inability thus communities should be made to acknowledge and accept children's power. Disabled children know a lot about their own lives and thus need to be given opportunity to give their experiences which may be quite different from the assumption of adults. Adults who hold negative attitudes and perceptions about children with disability should re-evaluate themselves and help create a conducive environment that is disability friendly.

Inclusive social protection still remains a challenge as results indicate that children's participation is still very little especially in interventions such as the CTs to OVC whose aim is to benefit OVC (the intended beneficiaries) and mitigate against child poverty and vulnerability. Adults still feel that they should talk on behalf of children yet; children's participation has been the subject of an increasing flood of initiatives, ranging from research and publications to conferences and concrete projects since the adoption of the Convention on the Rights of the Child (CRC). 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.

Little focus has also been paid on the extent to which individual child risk factors like differences in orphanhood status influence the adequacy of CTs. Moreover, the focus of the CTP-OVC has been on meeting the children's material needs with very little attention paid to rights based approaches which may guarantee a more sustainable livelihood for OVC. This is attributed to the lack of consideration for children's agency yet; children understand vulnerability from their own perspective and are capable of determining their needs as well as the risks they face. Therefore, the lack of recognition for children's capabilities within the programme yet they are the real beneficiaries, brings to question the goals of the programme and its sustainability chances.

The study recommends the following:
- Social protection programmes that not only focus on mitigating the negative effects of HIV/AIDS on children, but also children with multiple vulnerabilities.
- There is need to work on strategies that can remove cultural and social stereotypes that encourage common perceptions regarding children with disabilities.
- Participatory approaches in all phases of planning, formulation and implementation of programmes and policies that focus on child vulnerability.

References:-

1. African Development Bank (2010). *Strenghening Inclusive Education.* Accessed at http://www.adb.org/documents/guidelines/strengtheninginclusiveeducation/strengthening-inclusive-education.pdf
2. Adato M. and Bassett, L. (2009). *Social Protection to Support Vulnerable Children and Families: The Potential of Cash Transfers to Protect Education, Health and Nutrition*. Washington, DC: International Food Policy Research Institute.
3. Barrientos, A. and de Jong, J. (2004). *Child Poverty and Cash Transfers. Report 4*. London: CHIP.
4. Berger, P. and Luckmann, T. (1966). *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Harmondsworth: Penguin.
5. Bryant, J.H. (2009). Kenya Cash Transfer Programme: Protecting the Health and Human Rights of Orphans and Vulnerable Children'. *Health and Human Rights 11(2): 65-76.*
6. Devereux, S. and Pelham, L. (2005). *Making Cash Count: Lessons from Cash Transfer Schemes in East and Southern Africa for Supporting the Most Vulnerable Children and Households*. Brighton: Institute of Development Studies.

7.   Government of Kenya. (2012). *Social Protection Strategy, 2009-2012.* Ministry of Gender, Children and Social Development, Nairobi: Government Printer.
8.   Government of Kenya .2005. *Millennium Development Goals: Status Report for Kenya*. Nairobi: Ministry of Planning and National Development.
9.   Handa, S., Pettifor, A. Thirumurthy, H. and Halpern, C. (2012). '*Effect of a National Social Cash Transfer Program on HIV Risk Behavior in Kenya'*. Abstract for IXI International AIDS Conference 22-27 July 2012, Washington DC.
10.   Jones, N., R. Vargas and Villar, E. (2008). 'Cash Transfers for Children in Peru: Tackling the Multi-Dimensionality of Poverty and Vulnerability'. *Environment and Urbanization* 20(1).
11.   MoGCSD. (2009). *Cash Transfer for Orphans and other Vulnerable Children (CT-OVC) Program.* Nairobi: Government Printer.
12.   Rajani, R. (2000). *Discussion Paper for Partners on Promoting Strategic Adolescent Participation*. New York: UNICEF.
13.   Samson, M., van Niekerk, I. and MacQuene, K. (2011). *Designing and Implementing Social Transfer Programmes: A Policy Manual*. Cape Town: Economic Policy Research Institute.
14.   Save the Children. (2007). *Children and Social Protection: Towards a Package that Works.* London: Save the Children UK.
15.   Sharma, R. L. (2010). A Study of knowledge, Attitudes and Practices (KAP) Survey of Families Toward their Children with Intellectual Disability in Barwani, India. *Asia Pacific Disability Rehabilitation Journal 21:101–17.*
16.   Shelter. (2006*).Chance of a Lifetime: The Impact of Bad Housing on Children's Lives* https://england.shelter.org.uk/__data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf
17.   USAID, UNICEF, and UNAIDS. (2004). *Children on the Brink: A Joint Report on New Orphan Estimates and a Framework for Action.* New York: UNICEF.
18.   United Nations Children Fund (2013). *Children with Disabilities.* New York: UNICEF.
19.   United Nations Children Fund. (2009). *The State of the World's Children.* New York: UNICEF.
20.   United Nations. (1989). *Convention on the Rights of the Child.* Geneva: Office of the United Nations High Commissioner for Human Rights.