Building orphan competent communities: experiences from a community-based capital cash transfer initiative in Kenya

Morten Skovdal,[1]* Winnie Mwasiaji,[2] Albert Webale[3] and Andrew Tomkins[4]

[1]Institute of Social Psychology, London School of Economics and Political Science, London, UK, [2]Department of Gender and Social Services, Government of Kenya, Nairobi, Kenya, [3]SECOBA Consultancy, Nairobi, Kenya and [4]Centre for International Health and Development, Institute of Child Health, University College London, UK

*Corresponding author. Institute of Social Psychology, London School of Economics and Political Science, Houghton Street, London WC2A 2AE, UK. Tel: +44 (0) 20 7955 6231. E-mail: m.skovdal@lse.ac.uk

As a result of the increasing number of orphans in sub-Saharan Africa, numerous programmes have been initiated to facilitate the care and support of orphaned and vulnerable children. This paper reports on a community-based capital cash transfer initiative in Kenya and explores its role in building orphan competent and supportive communities through its participatory project cycle. Using a mixture of individual and group interviews, 300 orphaned children and 110 adults involved in this initiative were interviewed using open-ended questions. A thematic analysis of the data revealed that many of the communities participating in this programme had become more united and active in the support of orphaned children following the mobilization of much needed economic, political and social support resources. Despite many difficulties, largely due to the complexity of communities, we conclude that community-based capital cash transfer initiatives can facilitate the building of orphan competent communities.

Keywords   Orphan care, community mobilization, cash transfer, social capital, Kenya

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KEY MESSAGES

- Community-based capital cash transfers have the potential to strengthen community responses to orphan care and support.

- Cash transfer programmes in Africa should be complemented with community-based capital cash transfers.

- More research is needed into the type of community-based activities and structures that provide most benefits to orphaned children.

Introduction

Countries in sub-Saharan Africa (SSA) are faced with the challenge of providing care and support for the estimated 11.4 million AIDS orphans that live in the region (UNAIDS/ WHO 2007). In Kenya alone, an estimated 2.3 million children have lost one or both parents (NACC 2005). In response, numerous rapid assessment analyses and action planning (RAAAP) reports and national plans of action have been produced by national governments in the hope of providing the astounding number of orphaned children with adequate care and support. A

review by Sabates-Wheeler and Pelham (2006) of national plans of action and RAAAPs from 14 countries in SSA highlights that these reports see orphaned children as located in a social environment that has the potential and willingness to provide care and support, simultaneously with the perception that these environments are overstretched, limiting their ability to provide good quality of care and support. Both of these assertions highlight the importance of strengthening and supporting local efforts at a community level. Nonetheless, a growing number of

nationwide cash transfer initiatives are being piloted and scaled up in SSA, which largely bypass the communities and target vulnerable households directly. We would like to suggest that such initiatives should be complemented by social action funds that allow communities and community groups to draw on and strengthen existing orphan care and support strategies. To do this we present the experiences of people participating in a government-run social action fund initiative and explore the processes that either hinder or support the building of orphan supportive and competent communities.

Social action funds, referring to the allocation of money to community-driven initiatives, are not new. Seeking to support community-level efforts in alleviating poverty and disease, the 1990s saw a number of African governments set up social action funds for community-driven development initiatives. In both Tanzania and Malawi, the World Bank has supported social action funds administered by local government departments (Kishindo 2000; World Bank 2006), and in Kenya, the Constituencies Development Fund continues to provide local community-based organizations with much needed funds to support local initiatives. Such initiatives have allowed communities to improve the accessibility to, and delivery of, social, economic and health services such as building classrooms and rural dispensaries as well as improve access to drinking water and food, means of communication, maintenance of roads and the construction of small-scale irrigation dams. The community-driven development processes involved with social action funds have also been found to strengthen social capital at a community level (Bowen 2009; Skovdal et al. 2008). The social action fund initiative described in this paper has its roots in a community-based Nutrition Programme set up in 1980 in Kenya by the Danish International Development Agency (DANIDA) in association with different departments of the Government of Kenya. Throughout the 1980s multidisciplinary teams were gathered to facilitate the participatory planning and social action by selected communities to improve food security and nutrition. Responding to the diverse needs of poor communities, the programme eventually evolved into a Community Capacity Support Programme (CCSP), which, under the auspices of the Department of Gender and Social Services (DGSS) in Kenya, has supported communities throughout Kenya with funds for social action initiatives (Muthengi 2005). This paper reports on the experiences of the CCSP in working with local village development committees (VDCs) in dispersing social action funds to communities to strengthen their capacity to provide care and support for a growing number of orphaned children.

Despite the potential of community-driven initiatives in the context of supporting orphaned children, an increasing number of household-focused and stipend-based cash transfer initiatives are currently being piloted and implemented in SSA (Schubert 2005; Pearson and Alviar 2008; Bryant 2009), partly motivated by the success of conditional cash transfer programmes in South America in improving child health and school attendance (cf. Rivera et al. 2004; Handa and Davis 2006; Lagarde et al. 2007). Whilst such household-focused cash transfer initiatives have an important role to play in the social protection of orphaned children and their educational attainment (Case et al. 2005), experiences from South America have highlighted that household- and stipend-based cash transfer initiatives can potentially undermine traditional coping strategies (Jones et al. 2008). Insights about the unintended consequences (e.g. on gender and household dynamics) as well as the cost-effectiveness of such programmes are still lacking (Lagarde et al. 2009). Whilst some household-focused cash transfer initiatives in Africa are indeed drawing on community structures in the selection of orphaned children (Evans 2008), the funds remain to be dispersed to households and not for social action initiatives at a community level.

It is against this background and our interest in strengthening community involvement in orphan care and support that we explore the potential of community-driven social action funds in building orphan competent communities, by which we refer to communities that have the commitment and means to support orphaned children through activities that are planned and implemented by community members themselves. While doing so we aim to integrate social action fund initiatives, like the one described in this paper, into the cash transfer debate and therefore refer to our programme as community-based capital cash transfer (CCCT).

Conceptual framework: orphan competent communities

To facilitate our analysis and framing of orphan care and support programmes at a community level, Skovdal and Campbell (2010) have outlined six resources and forms of social capital that characterize an orphan competent community (see Table 1). These resources should be promoted in communities affected by AIDS to improve the quality of care and support available to orphaned children and thereby enhance the coping and resilience of children. According to Skovdal and Campbell (2010), an orphan competent community is a community in which orphaned children and their fostering households are best able to negotiate and access support from their social environment (including extended family, friends, neighbours, community groups, schools, NGOs and government departments). In this paper we draw on this theoretical framework to assess the impact of social action funds and a CCCT programme in strengthening the capacity of communities in providing orphan care and support. The participatory learning and action processes (described in the methodology section) involved with the CCCT programme resonate with the conceptualization of an orphan competent community in that the participatory processes of CCCT acknowledge children, the fostering households and their communities as active participants of social change as well as the complex dynamics between them. Only by acknowledging local resources and facilitating local responses will we be able to develop interventions that can support communities in such a way that they can best facilitate the resilience and well-being of orphaned children.

Methodology
The CCCT intervention
The CCCT for orphaned children was administered to 39 rural and subsistence farming communities across 13 districts of Kenya. The communities had between 1500 and 2500

Table 1 Building blocks of an orphan competent community

Building blocks of an orphan competent community	Description
Knowledge and skills	*Adults*: Residents of an orphan competent community should have good factual knowledge of AIDS and its impact on children and their livelihoods, as well as a sound awareness of the drivers of stigma and discrimination that hinder support for AIDS-affected children. Residents should also have a good understanding of local coping strategies and community responses to orphan care and support.
	Children: Orphaned children need to be aware of the kind of services available to them within their communities (formal and informal) and have the skills to negotiate access to these services. Children can also draw on local knowledge and skills to generate income and cope with adversity.
	Professionals: Service providers working in an AIDS-affected community need to be aware of the knowledge and skills of community members and how these assets can be facilitated and supported to strengthen community-based orphan care and support initiatives.
Recognition of local strengths and agency	*Adults*: To act upon their knowledge and skills, community members must recognize and have confidence in their own assets and local strengths in providing orphan care and support.
	Children: Orphaned children must recognize and have confidence in their capabilities to cope with adversity and their ability to actively negotiate support from community members and services.
	Professionals: Service providers have to plan their services and interventions with a recognition of community strengths (and not only their shortcomings) and actively involve community members in the process.
Building partnerships and access to resources	*Adults*: It is vital that communities have the capacity to build partnerships with local and outside community groups and organizations that can help them in supporting orphaned children. In doing so, communities can access knowledge, skills and other resources that they would otherwise not have access to.
	Children: Orphaned children should be aware of any orphan support alliances taking place in their community as well as be able to actively participate in these alliances.
	Professionals: It is important for professionals to be open and receptive to community groups, and to listen to their needs and provide them with the resources to facilitate local responses.
Solidarity and connectedness	*Adults*: Communities that are characterized by sympathetic and supportive relationships provide the optimal context in which children and households affected by AIDS can negotiate support.
	Children: Orphaned children can more easily negotiate support and set up supportive friendship groups if living in a context characterized by solidarity and connectedness.
	Professionals: Service providers should seek to mobilize communities in such a way that they support each other despite differences and work for a common purpose.
Supportive social spaces	*Adults*: Community members need supportive and sympathetic social spaces in which they can discuss collectively their anxieties about how to support the increasing number of orphaned children. In such a context, community members can more easily brainstorm and plan ways in which they might be able to support orphaned children.
	Children: Children are more likely to voice their problems and discuss issues that affect them in supportive social spaces. Schools and church groups can provide children with supportive social spaces.
	Professionals: Service providers can facilitate supportive social spaces through initiatives such as Stepping Stones (Welbourn 1995), Community Conversations (UNDP 2004) and Participatory Learning and Action Tools (Rifkin and Pridmore 2001).
Positive social identities	*Adults*: Community members involved in orphan care and support take pride in what they do, and see themselves as different from community members who make no effort to support children and households affected by AIDS.
	Children: Orphaned children who actively participate in community life can construct positive social identities (Skovdal et al. 2009).
	Professionals: Service providers should seek to understand and facilitate the role of positive identities in supporting orphaned children and their communities.

inhabitants coming mainly from one village and its rural surroundings. However, in some districts, the communities consisted of a cluster of hamlets. The programme worked closely with existing VDCs, often made up of village decision makers, who were consulted and involved throughout. The process of implementing CCCT in each community was similar to that of the participatory action and learning cycle advocated by Rifkin and Pridmore (2001). The first step of the project cycle involved the sensitization of community members (leaders, teachers and parents/guardians) on orphan issues and child rights and the election of a project management committee (PMC), the members of which were subsequently trained on

project management, book-keeping and community participation. This was followed by a rapid appraisal of orphaned children in difficult circumstances by the communities, who subsequently wrote up social action plans that could solve some of the obstacles faced by the communities in providing care and support to orphaned children. PMC members, in consultation with community members and the VDC, identified between 65 and 100 orphans as being '*the most needy*' and who were to benefit from the community initiative fund. No rigid criteria on orphan selection were imposed by the DGSS or the funding agency. Our assessment of children's school attendance and performance before and after the intervention, which will be detailed in a

Table 2 Social action plan activities implemented

Activity	n	%	Level of focus
Goat keeping	14	17.5	Mixture of household and community
Oxen and plough	13	16.25	Community
Seeds and fertilizers for communal farming	8	10.0	Community
Bee keeping	7	8.75	Community
Beds, bedding and mosquito nets	4	5.0	Household
School fees	4	5.0	Household
Housing and latrines	4	5.0	Mixture of household and community
School materials	4	5.0	Household
Dairy cows	4	5.0	Community
Pig rearing	3	3.75	Community
Paraffin business	3	3.75	Community
Posho mill	2	2.5	Community
Tree nursery	2	2.5	Community
Construction of workshop	2	2.5	Community
Poultry keeping	2	2.5	Household
Clothing	1	1.25	Household
Rabbit keeping	1	1.25	Community
Farm inputs shop	1	1.25	Community
Fishmongers	1	1.25	Household
TOTAL	*80*	*100*	

forthcoming paper, suggest that the VDC and PMC indeed identified the most vulnerable children.

When the action plans were approved (some were only approved following advice and suggestions by the district social development officer), community bank accounts were set up and a capital cash transfer of €4000 allowed the PMCs, with support from the VDCs and advice from the local district officer of social services, to implement the activities they had prioritized. However, before the implementation commenced, community members were trained in skills specific to their projects (e.g. farming techniques, animal disease management, bee keeping). We have described the project cycle in greater detail elsewhere (cf. Skovdal *et al.* 2008). The funds provided, if shared amongst the 65–100 orphaned children identified to benefit from CCCT in each community, come to approximately €40–62 per child—by comparison, the national average per capita income is €28 per month, and orphaned children enrolled in the Kenyan cash transfer programme receive €15 per month (Bryant 2009).

The activities implemented collectively by the communities were diverse, ranging from community-led income- and food-generating activities to purchasing items for individual children and their households. Table 2 illustrates the activities implemented by the 30 communities (from 10 districts) participating in this study, also highlighting the socio-ecological levels of focus for the different activities. Eighty activities were registered, suggesting that communities managed to implement two or three activities from their social action plans with the funding available, with goat keeping and farming with oxen

and plough being the most popular activities carried out. Communal activities involved the PMC managing collective income-generating activities (e.g. pig rearing, posho mill, dairy cows) and distributing, in consultation with the wider community, the revenue from their activities to needy orphaned children. Household-based activities (e.g. purchasing of clothing, payment of school fees and poultry keeping) required less commitment from the PMC to generate income and placed more responsibility at a household level. How the PMCs managed the programmes differed amongst the communities. In some communities, goat rearing was a collective activity where offspring were given to orphaned children and their households or sold to generate money. In other communities the goats were given directly to the orphaned children and their households, and the PMC merely had to ensure that the goats stayed well and produced offspring.

Nevertheless, as Table 2 indicates, the majority of activities were collectively implemented by the communities, with food and income generated from the communal activities dispersed to the most needy children and households. Although some activities might have generated more income or been more useful to the orphaned children than others, the focus in this paper is on the process rather than on material outcomes. Therefore, it is not in the scope of this paper to compare outputs of the intervention between communities and activities.

Data collection and sampling

The qualitative data for this study were collected in December 2007 by a team of 20 local enumerators across 10 districts in Kenya. The enumerators were local to the districts in which the study was conducted and were trained by W.M. and A.M. in Nairobi and briefed on the study protocol to ensure consistency. The 10 districts (out of a possible 13) participating in this study were selected on the basis of availability of staff at the district office for social services. One rural community (from an average of three communities per district) was purposively sampled to represent each district. Weight was given to communities with high orphan numbers. The 10 districts and communities selected to participate in this study are listed in Table 3.

In each selected community, the list of CCCT-supported orphans was revisited, and orphaned children who had migrated, got married and those not aged between 10 and 17 years were excluded. The plan was to systematically and randomly gather a total of 30 CCCT-supported children from the eligibility list of each community as well as to purposively sample three caregivers and eight VDC/PMC members. Four communities were not able to yield 30 CCCT-supported children (see Table 3). A total of 272 orphaned children, 30 caregivers and 80 VDC/PMC members were interviewed using semi-structured questionnaires and topics guides with open-ended questions. Orphans addressed the questions on the topic guide individually in writing and through drawing, but were gathered in classrooms of 15 children each where instructions and support were available. A total of 30 caregivers and 20 VDC/PMC members were individually interviewed using a topics guide and the remaining 60 VDC/PMC members took part in 10 focus group discussions.

Oral consent was obtained from all the children, their caregivers and the VDC and PMC members interviewed. There

Table 3 Areas of data collection and sampling; participating districts and communities and number of children, guardians and PMC/VDC members interviewed

District	Community	Households with orphans (%)	Children	Guardians	PMC/VDC
Kiambu	Ndiuni	13.9	26	3	8
Maragua	Gakuyu	8.1	30	3	8
Kilifi	Roka Maweni	6.4	20	3	8
Kwale	Karyaka	7.5	25	3	8
Makueni	Mithumo	11.8	21	3	8
Bondo	Ramogi	27.4	30	3	8
Nyando	Ramanda	19.8	30	3	8
Baringo	Atiar	15.0	30	3	8
Bungoma	Ngoli/Ndole	7.3	30	3	8
Busia	Nyapera	10.6	30	3	8
TOTAL			272	30	80

PMC = project management committee; VDC = village development committee.

were no refusals. Permission and ethical clearance for this study was granted by the DGSS in Kenya.

Data preparation and analysis

Responses by adults were written in English by the enumerators conducting the interviews, and an estimated 10% of the written responses by the children were written in a local language or Swahili and subsequently translated into English. All the data were coded manually and analysed drawing on the coding process proposed by Pope *et al*. (2002). Initial ideas and phenomena within the text were labelled according to theme, providing a provisional classification and coding framework. The reoccurrence of ideas and phenomena led to the identification of features of the data set and a more robust coding framework. When a phenomenon reappeared in the data, it was attached to a theme. To ensure the inclusion of a wide range of perspectives, diverse responses were given importance. A coding table was created, presenting the raw data alongside a description, interpretation and recommendation.

To explore the potential of CCCT in strengthening communities' capacity for orphan care and support, this paper brings together the overall impressions and experiences that community members had of the CCCT initiative, the difficulties they faced and some of their recommendations to overcome these challenges. Our analysis is framed within the theoretical framework presented in this paper and we therefore seek to present related (reflecting the aim of the paper) and diverse (as opposed to necessarily representative) views. Although some orphaned children benefited hugely from the outcome of the activities the communities implemented (e.g. increases in food production or income generation), the social benefits deriving from the participatory processes involved in CCCT are noteworthy and deserve our attention. We present our findings under three headings that each represents a milestone in the CCCT process.

- Collective action, power and control;
- Supporting orphaned children;
- Opportunities and sustainability.

Findings

Collective action, power and control

A prerequisite of CCCT is the cooperation between community members for collective action. In bringing community members together for collective action, many felt that the CCCT process had helped them develop a sense of community. One guardian from Ndiumi district said, "*We have seen the development of a community*", a community which is stronger because of the connectedness to others and networks of solidarity:

> "*It has promoted unity among the caregivers and the orphans.*" (Guardian, Atiar district)

> "*The programme has brought some caregivers together and they have been able to help each other during difficult times and this has been a great help.*" (Guardian, Gakuyu district)

As part of the CCCT process, the collective action was framed according to the circumstances present in the communities by VDC and PMC members consulting the guardians and orphans about their circumstances. This was articulated well by a 13-year-old girl from Ramogi district:

> "*This programme looks at the welfare of orphans by consulting the caregivers and the orphans themselves about the problems affecting the community and supports them accordingly.*" (Orphan girl, 13, Ramogi district)

However, the level of consultation with guardians outside the PMC/VDC committees and orphaned children differed greatly among the communities. Some PMC/VDC committees offered only tokenistic participation to the orphans and their guardians, undermining the impact of the activities. This was articulated by a few guardians:

> "*For a better impact, there should be real involvement of the community members in the survey and drafting of the action plan and proposals.*" (Guardian, Ramogi district)

Despite these difficulties, many of the communities felt a tremendous sense of confidence and ownership as a result of their role in planning and implementing the programme.

> "*The community felt they owned the programme since they were involved in the development of the action plan and the financial management. They have gained a lot of confidence.*" (District social development officer, Bungoma district)

Part of the confidence came from the training provided by the district department of social services. The community members involved in the programme were trained in skills relevant to the activities they had planned. These skills ranged from project management and book-keeping to activity-specific training such as farming techniques, goat rearing and oxen keeping.

> "*The communities were empowered to implement the activities through training which gave them self-confidence.*" (District social development officer, Kilifi district)

''The programme has empowered the community with modern farming techniques.'' (Caregiver, Ngoli district)

As this programme targeted geographical communities that are made of stakeholders with different agendas and access to power, there was potential for disagreements and conflict within the communities. In a group discussion with VDC and PMC members in Ramogi district, it was revealed that due to its limited scope, the programme opened itself up to the possibility of conflict within the community, as some people benefited from it and others did not.

''There was some disagreement among some community members because some people's lands were not ploughed due to the high demand.'' (PMC/VDC group discussion, Ramogi district)

The limited scope of the programme was one of the most frequently occurring weaknesses reported. As the CCCT programme for orphaned children only transferred capital once, it did not consider the increasing number of orphans within the communities. In Bondo district for example, one community (Bama) experienced a 17% increase in the number of orphaned children, from 417 to 503, between 2004 and 2005 (Mwasiaji *et al*. 2008). As Table 3 highlights, Bondo district has a large number of orphaned children and is not representative of other districts. However, in the context of limited resources, even a small increase in orphan numbers will be noticeable:

''Because of the increase in orphan numbers, there were not enough funds.'' (PMC/VDC group discussion, Ngoli district)

As many of the disagreements and limitations articulated by the beneficiaries referred to the diversity of stakeholders and the hierarchical structures evident within the communities and between the community and the funding agency, a more tightly defined community may overcome this—a community of circumstances for example (e.g. a group of widows). This was recommended by one PMC member from Nyapera district:

''It would be better if the community can be more relevantly defined in terms of shared objectives or circumstances than in terms of geographical village borders.'' (PMC member, Nyapera district)

Despite these difficulties, the majority of respondents reported an increased sense of perceived self-efficacy or empowerment as a result of their involvement with the CCCT process. The next section will explore the potential of CCCT to increase the likelihood that people feel in control over detrimental issues affecting them, building orphan competent communities.

Supporting orphaned children

The CCCT process mobilized community members to orphan care and support issues. The evolving focus on the needs of orphaned children was notable and many informants reported having gained a sense of control and confidence in their ability to support orphaned children.

''The programme has mobilized the community and made them aware of how much they can do to improve their standard of living, reduce poverty and improve the well-being of orphaned children.'' (VDC member, Mithumo district)

''It has helped the caregivers to know that they themselves can be in a position to support the orphans well.'' (VDC member, Gakuyu)

Having previously kept themselves apart (possibly as a result of stigma), the guardians of orphaned children came to feel more confident in discussing the problems they faced and how they could overcome them. Their limited resources (political, social and financial) previously led them to act individualistically in their responses, but the guardians found considerable strength in working together.

''The orphan issue was left only to the caregivers but now it is the responsibility of all and it's easier this way.'' (VDC member, Gakuyu district)

This working together often materialized through sharing of land and local resources to help with the running of the projects—an invested interest that was frequently argued to be a key factor in facilitating ownership and success of activities. In some cases, the established VDC and PMC groups also found time to be involved in HIV/AIDS prevention and care activities, especially with youth and young adults.

''The community is now a change-agent and it is able to share the knowledge and experience gained through the CCCT orphan support programme by conducting other programmes like counselling against the dreadful disease HIV/AIDS.'' (PMC member, Ramogi)

Through workshops on orphan care and support strategies, community members were sensitized to these issues. The workshops, combined with the CCCT process and building of self-efficacy and connectedness, *''have provided different skills to the caregivers on how they can manage the orphans''* (Guardian, Ngoli district). This improved management of orphaned children in the communities was felt by some of the children, who reported increased participation and support:

''It tries to make orphans feel that they have an important part to play in their lives and it tries to remove their loneliness.'' (Orphan boy, 16, Karyaka district)

''The CCSP programme gave the orphans and caregivers oxen and ox-plough for cultivation of farms. They also provided goats—I have benefited from the cultivation activities done by members using the oxen given by the social services people.'' (Orphan girl, 14, Ramogi district)

Although the focus on orphaned children has mobilized the communities and made them more competent in providing care and support, there was some disagreement on the usefulness and extent to which orphaned children should be targeted. Does targeting orphaned children lift them to a level equal to that of their non-orphaned peers? Or does it segregate them further through stigmatization?

''It supports orphans so that they are like other children in the community.'' (Orphan girl, 14, Ngoli district)

''They should not segregate the orphans because it brings with it the stigmatization of orphaned children.'' (VDC member, Nyapera)

Whilst CCCT has the potential to do both, it highlights the importance of involving orphaned children in the process to ensure that CCCT is implemented in accordance with their experiences of what is beneficial and what segregates.

A key feature of the building of orphan competent communities is the unity and collective action encouraged through the CCCT process. While we were unable in this study to document how many families had benefited from this spirit of working together, it was mentioned sufficiently frequently and remarked on so often by village and church leaders that it is likely to have been felt widely in the community.

Opportunities and sustainability

The power and control that can potentially be gained by orphan guardians through their involvement with CCCT empowers them to express their concerns and circumstances to community leaders and representatives of donors agencies. One guardian from Mithumo district observed that *''the orphan guardians got more exposed and gained the courage of expressing themselves''*. Some spoke of the enlightenment of orphan guardians and the long-term possibilities of their 'awakening' as orphan caregivers. Such awakening can have far reaching consequences that go beyond the one-off transfer of capital. One orphan boy talked about this potential as he noted a difference beyond his immediate needs:

''Caregivers support orphans through providing them with food and planning for their future. They change our lifestyle from poor to a better lifestyle.'' (Orphan boy, 12, Nyapera district)

The confidence and skills set gained by community members through CCCT makes them more likely to approach and be approached by alternative funding agencies, facilitating the sustainability of the programme.

''We as a community have become more attractive to other supports from outside.'' (VDC member, Gakuyu district)

One of the knock-on effects of the CCCT programme for orphaned children was the development of hope in individuals and families. While the CCCT programme is a short-term input—from planning to completion of physical tasks was 3 years at maximum—the process and attention given to orphaned children appeared to help people think in more positive and hopeful ways. Hope was articulated at different levels. For some, the gains of CCCT purchases had long-term prospects, providing them with assurance.

''The programme is helping us out of poverty. The goats are still productive and give us hope.'' (Caregiver, Mithumo district)

At a different level, the training and skills building of community members on orphan care and support strategies gave some guardians confidence in their ability to provide orphans with adequate care and support in the future,

giving them hope for a prosperous future for their orphan children:

''It has helped me to find hope of a brighter future for my grandchildren to become victorious and successful.'' (Caregiver, Gakuyu district)

The sense of hope brought about by CCCT was in turn observed to facilitate the psychosocial well-being of orphaned children:

''The hope and encouragement brought about through CCCT can make orphans more satisfied and comfortable.'' (PMC member, Mithumo district)

Whilst a change from *'despair to hope'* was observed during the interviews with the guardians as well as the orphaned children themselves, it may have resulted from the recognition that a government department was responding positively by giving resources. It may also have developed as a result of the community becoming more interactive and collegiate. This we could not discern.

Although the capacity building process has many sustainable qualities, this may not always be possible. Many participants reported on the negative impact of the increasing number of orphaned children in the project. Although a limited number of children were identified to benefit, these children do not live in a vacuum and the increasing number of orphaned children emerging with the communities was reported to undermine the sustainability of CCCT:

''Sustainability of the project is difficult due to the increasing number of orphans.'' (PMC/VDC FGD, Ramanda)

Several suggestions were made by community members as to how CCCT could be improved and made more sustainable. A caregiver from Ramanda articulates well the three most common recommendations for a sustainable CCCT: (1) use of local resources, (2) commitment (voluntarily) of people to the programme and (3) ownership of the programme.

''The new community should look into ways of sustaining the programme through using of its own resources. The community members should be able to volunteer and jealously guard the programme by taking it as one of their own.'' (Caregiver, Ramanda)

A number of the VDC and PMC members remain active in their communities, advocating for the care and support of orphaned children. A small number of communities benefiting from CCCT have been successful in eliciting funds from other aid agencies. The structures, training and experiences gained by the communities encourage them to seek funding from elsewhere, and in return make them attractive to aid agencies. Although it is appealing to suggest that this was because of the reputation of the VDC and PMC for good management of programmes and reliability and integrity, the data neither support nor deny this. Nevertheless, the ability to attract funds from other sources may be an indicator of sustainability and success in monitoring the outcome of future CCCT programmes.

Discussion

Many lessons were learned during the conduct of the CCCT programme and our research. Most encouragingly there was clear evidence of the potential of CCCT in building orphan competent communities. Our findings suggest that the partnership between the communities and the DGSS of Kenya sensitized and mobilized the participating communities to orphan care and support issues. The participatory process of CCCT, encompassing the communities' participation in social action plans as well as the implementation of their activities, provided the participating communities with the power and control to address some of the challenges to good quality care and support of orphaned children. Many community members gained confidence in their knowledge and local strengths, and the process generated supportive social spaces for households affected by AIDS, characterized by solidarity and connectedness.

Despite our reported success, the communities faced numerous difficulties and limitations in the implementation process, which led some community members to lose faith in local strengths and support. Many of the difficulties experienced reflected the diverse make-up of the communities, with friction frequently occurring as access to power, both symbolically and materially, differed significantly within the communities. Campbell and Jovchelovitch (2000) present some of the social psychological resources required for successful community participation. They argue that for meaningful participation, a community should refer to a group of people who: share an identity that can be articulated by the community, share a set of social representations that guide their understanding of reality and everyday practices, and share the conditions and constraints of access to power. The CCCT programme actively involved community leaders (through the VDC) and some orphan caregivers (through the PMC) and sought to involve the remaining orphan caregivers and children when decisions were to be made. Although the community leaders, orphan caregivers and children live in the same geographical community, they are three distinct groups of people with different levels of symbolic power, giving rise to conflict and disagreement that may undermine the potential of the programme.

This can be exemplified by the lack of meaningful involvement of children in all the participating communities. Although many people involved in the programme felt they acted as meaningful stakeholders, several groups felt left out of the process; these were predominantly youth and the orphaned and non-orphaned children themselves. This was also observed in our earlier pilot study (Skovdal *et al*. 2008). Whilst the children may not be actively involved in the project management, the programme seeks to target their needs; needs they should be able to voice in the planning stages of the project and not merely be a reflection of the adults' perceived needs of orphaned children. Furthermore, by giving children and youth a voice in the planning stages, they are more likely to take care of the items they are provided (e.g. taking an active role in caring for the goat or chicken given to their household).

We therefore extend the recommendation made by a PMC member from Nyapere district who argued that *"it would be better if the community can be more relevantly defined in terms of shared objectives or circumstances than in terms of geographical village borders''*. Future CCCT programmes may seek to target and

evaluate the impact of community-based organizations or community groups in providing care and support to orphaned children through CCCT, as these organizations comprise people who have come together to serve a common cause and may therefore be free from some of the power imbalances that characterize geographical communities. This can be done either by working with already existing community-based organizations or by assisting with the mobilization of grassroot groups and helping them form new community-based organizations. However, it is possible that other equally complex power relations may dominate these groups. Although the programme's focus to support orphaned children may have helped to minimize some problems (e.g. powerful community members hijacking the money to spend on activities that serve their own needs), the difficulties experienced in this programme still reflect well-documented warnings that participatory programmes are vulnerable to the power relations that characterize geographical communities (Cooke and Kothari 2001; Labonte 2004; Mansuri and Rao 2004).

Conclusion

In this paper we have explored the potential of social action funds in building orphan competent communities. Whilst numerous NGOs already implement community-based orphan support programmes (e.g. Foster *et al*. 1996; Roby and Shaw 2008), we have documented the experiences of a national programme implemented successfully through existing government structures. As social action funds require a transfer of cash from the funding agency to the communities implementing the activities, we have conceptualized social action funds within the cash transfer debate, furthering our interest to promote community-level responses to orphan care and support at a government level. Whilst some household- and stipend-based cash transfer programmes in Africa are already drawing on community structures to identify and disperse money to vulnerable and AIDS-affected households, we feel that these initiatives should be complemented with social action funds, or community-based capital cash transfers as we call them, to allow communities to draw on and strengthen existing orphan care and support strategies. Future evaluations will need to examine the wider range of supportive activities that might be realized as a result of the collective activity of planning and implementing a CCCT programme for orphaned children.

Acknowledgements

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