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RESEARCH ARTICLE

Community-based capital cash transfer to support orphans in Western Kenya: A consumer perspective

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Abstract
Various types of 'cash transfer' are currently receiving much attention as a way of helping orphans and vulnerable children in Africa. Drawing on a qualitative study conducted in Western Kenya, this paper points to the strategy of community-based capital cash transfers (CCCT) as a particularly promising method of supporting orphans and carers. Qualitative data were obtained from 15 orphans and 26 caregivers in Bondo District, Kenya, beneficiaries of a CCCT programme run by a partnership between the community, the government social services department and a foreign donor. Our findings suggest that the programme not only increased food availability, but also enhanced social capital. Further research is needed to explore the potential of CCCT in supporting orphans and vulnerable children in countries with high orphanhood rates.

Keywords: *Orphan care, community support, cash transfer, Africa, social capital*

Introduction

In light of the increasing attention being paid to cash transfers as a way of providing social support to vulnerable families, this paper examines the viability of community-based capital cash transfers (CCCTs) as a method for assisting orphans and their carers in Africa. The importance of establishing effective support is vital, considering the alarming rates of HIV/AIDS in Africa. Of the estimated 39.5 million people living with HIV/AIDS worldwide, 13.3 million are in sub-Saharan Africa, a region witnessing some of the highest prevalence rates seen in the world today (UNAIDS/WHO, 2006). According to Raleigh (1999), HIV/AIDS is the leading cause of death in Africa and the fourth leading cause of deaths worldwide and hits in particular the 15–49 year-old age group. As a result, millions of children have been made vulnerable or orphaned by the epidemic (UNICEF, UNAIDS, & USAID, 2004). Although Kenya is experiencing a decrease in HIV prevalence rates, 2.3 million (14%) children in Kenya have been orphaned (have lost one or both biological

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parents), and providing adequate care and support for these orphans is an increasing problem (NACC, 2005). In addition, children in poor families are likely to be affected most severely by orphanhood and poverty remains a problem for many families in Kenya, where 46.1% of the population lives in absolute poverty (World Bank, 2007).

Traditionally, care for orphans has been absorbed within the extended family (Drew, Makufa, & Foster, 1998; Nyambedha, Wandibba, & Aagaard-Hansen, 2003a); however, widespread poverty, demographic and lifestyle changes mean that it is increasingly difficult to care for orphans in the family networks (ibid.). With an increasing number of young adults dying, and in particular women, the burden of care is falling on the very young or the very old. As a result, many elderly people are resuming parental responsibilities, often with no reliable source of income (Nyambedha et al., 2003b). Monasch and Clark (2004) found that orphans who have lost both parents are nearly twice as likely to be in the care of an older person (55 years and over) than households with non-orphaned children. This is of particular concern, because care by grandparents and other distant relatives is often the last resort. Those children slipping through local safety nets are at risk of ending up on the street, becoming homeless or being employed as domestic workers (Foster, 2000). Thus some form of social protection, preferably through community-based responses for the support of orphans and their caregivers alike, is seen as important in protecting them against extreme poverty and adverse situations (Drew et al., 1998).

Cash transfers are used commonly in economically more advanced countries to distribute cash to vulnerable families. In developing countries, cash transfers first showed their potential among marginalised communities in South America. Progresa (now Oportunidades) in Mexico was the first developing country to scale up nationally and currently covers 20% of all families in Mexico (Rivera et al., 2004). In South America the principle aim is to develop human capital. Poor families receive cash transfers conditional upon their attendance at preventive health services and regular school attendance (Handa & Davis, 2006). Conditional cash transfer schemes have decreased the number of children with stunted growth, improved immunisation and school attendance (Rawlings & Rubio, 2005) and decreased child labour (Barrientos & DeJong, 2006).

While there is potential for conditional cash transfers to improve uptake of effective interventions and services by providing incentives, there is also a danger that carers may fear that they could be excluded from further benefits if the children showed progress (Palmer, Mueller, Gilson, Mills, & Haines, 2004). Additionally, one cannot guarantee that the money will benefit the children, as the intrahousehold resource distribution is complex (Barrientos & DeJong, 2006). The transferability of conditional cash transfer programmes to the African continent is currently being debated (see Farrington & Slater, 2006; Kakwani, Soares, & Son, 2006; Schubert & Slater, 2006). Acknowledging the frequent lack of political will and infrastructure in many African countries, cash transfer initiatives in sub-Saharan Africa have remained largely unconditional. Devereux, Marshall, MacAskill, & Pelham (2005, p. 3) define unconditional cash transfers as 'unconditional transfers of cash made by government or non-governmental organisations to individuals or households identified as highly vulnerable, with the objective of alleviating poverty, providing social protection, or reducing economic vulnerability'.

A review by Devereux et al. (2005) of unconditional cash transfers in sub-Saharan Africa stresses the importance of choice in spending, and supports the unconditionality of cash transfer initiatives. South Africa has been in the forefront of unconditional cash transfer initiatives for pensioners and poor households in Africa (Du Toit, 2007). An evaluation of an unconditional child support grant scheme suggests that the initiative has had a positive impact on both poverty levels and school enrolment and eludes to the potential of cash

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transfers in Africa (Case, Hosegood, & Lund, 2005). However, as such programmes have been introduced only recently in some African countries, there remains little experience or evaluation of their process and impact.

Searches of 'cash transfer', 'child support', 'Africa' and 'evaluation' on Pubmed, Popline and ISI Web of Knowledge revealed only one published article (see Case et al., 2005) on the impact of a cash transfer initiative supporting children from poor households in Africa. There is, however, some grey literature available on cash transfers in Zambia (Schubert, 2005) and on emergency cash transfers in Malawi (Harvey & Savage, 2006). Whereas these papers have described the traditional cash transfer model in which regular, usually monthly, amounts are given to at-risk families, there is no literature on the CCCT model that we have set up and evaluated and which forms the topic of the current paper. In this programme, capital is transferred to a community group and social welfare support activities are decided by the community group, rather than in the more traditional model whereby government/non-governmental organisation (NGO) officers identify vulnerable children families and give them regular stipends. This paper describes the experience of one community (made up of four neighbouring villages) in western Kenya that received a single sum of €4,100 as part of a CCCT scheme and we explore the experience of implementers and beneficiaries, in order to examine the process and outcome of CCCT in a poor rural Kenyan community.

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Methods

Setting

The study took place in the Bama community in the Usigu Division of Bondo District in Nyanza Province. Bondo district lies on the shores of Lake Victoria, covers a land area of 972 km^2 and has a population of 260 933, the majority of whom belong to the Luo ethnic group (GOK, 2005); 68.1% of its population live in poverty and suffer from recurrent droughts and infectious diseases, and has some of the highest HIV prevalence rates in Kenya (ibid.). Estimates from the district development plan in 2002 (GOK, 2002) put the HIV/AIDS prevalence rate in Bondo at 30%, while more recently a conservative figure of 13.7% has been released (NACC, 2005). Bondo has experienced a substantial increase in mortality among adults of reproductive age due to HIV/AIDS, and there has been a rapid increase in the number of orphans. According to a study carried out by Nyambedha et al. (2003a) in a neighbouring sub-location, one of three children below 18 years of age had lost at least one biological parent and one in nine had lost both biological parents.

Bama community was chosen randomly among the four communities in Bondo district receiving support from the Danish International Development Agency (DANIDA) through the Community Capacity Support Programme (CCSP) a collaborative programme with the Department of Social Services (DSS), Government of Kenya. The district DSS staff mobilised the community to conduct a participatory needs assessment of the orphans. A project management committee (PMC) was convened by the community itself to oversee the project's implementation and capacity-building workshops for the community were conducted. An action plan aiming to increase food security among orphans and their caregivers in the community was developed by the community and the PMC. The cash transfer involved a one-off payment to the community and once the action plan was approved, CCSP transferred the money into a community account at the disposal of the PMC. In practice the money was used in Bama to buy 24 oxen, four ploughs, a water pump and pipes, seeds, fertilisers and drugs for the oxen. The committee met regularly to review and evaluate the implementation process. This process is illustrated in Figure 1.

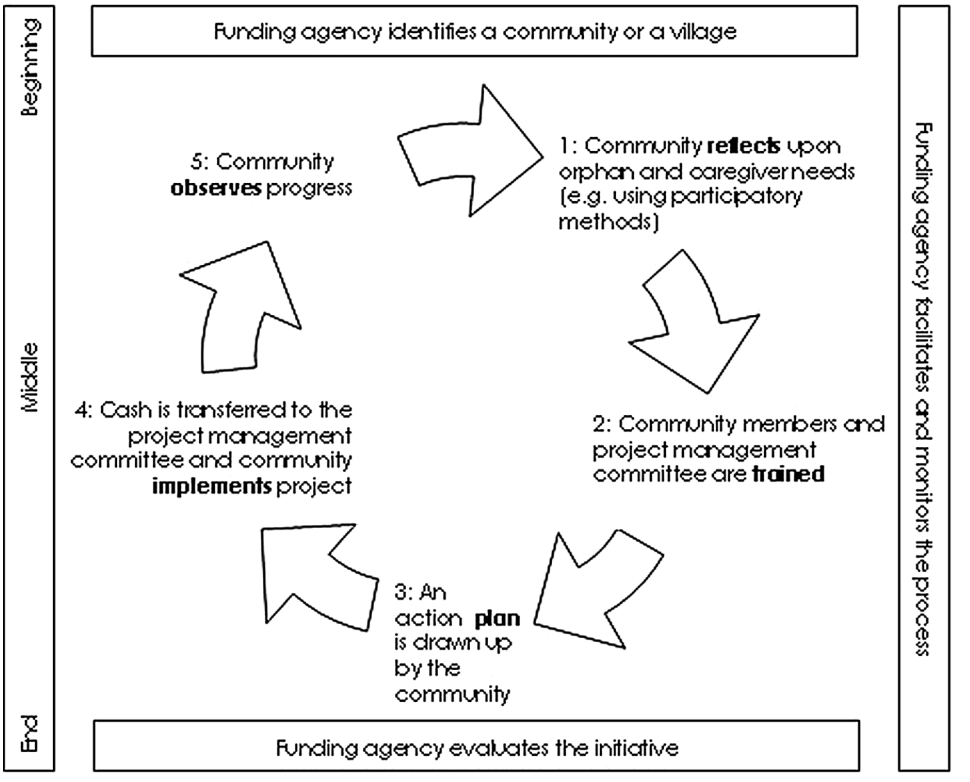

Figure 1. Theoretical implementation process of CCCT.

Members of the committee were caregivers and elected by the community. Bama community is made up of four villages: Bar Okwiri, Achuodo, Magombe and Abidha and has 24 active grassroot groups, serving various vulnerable populations of the community and who come together under a community-based organisation called Bama CBO. According to Bama's own census, the community had in 2006 a population of 2050, of whom 503 are orphans, indicating an increase by 17% from their 2005 census which counted 417 orphans.

Data collection

The data were collected in June and July 2006 by two local investigators who grew up in the district as orphans themselves and related well to the beneficiaries. The local investigators were trained in qualitative research techniques by one of the authors (M.S.). Pilot interviews were carried out with six orphans and two caregivers, following which the interview proforma was modified. Fifteen orphans and 26 adult caregivers, including parents and grandparents in the community, were interviewed. A third of the 26 adult caregivers interviewed were also members of the PMC.

Orphans who were involved in the programme, aged between 11 and 17 years, were accessed through community leaders. Data included (i) 27 narratives (where participants were asked to write short stories about pictures they had taken with cameras); (ii) 11 semi-structured interviews; and (iii) six focus-group discussions (FGD) following a topic guide. Community maps drawn by the children in an introductory workshop were used to provide

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interviewers with reference points in the community, facilitating the discussions. To encourage active participation in the focus groups, Photovoice was used (see Wang & Burris, 1997; Wang, Yi, Tao, & Carovano, 1998). Photovoice is an action research method which seeks to collect research data at the same time as empowering participants to think critically about their lives and the possibility of changing them for the better (Wang & Burris, 1997). Orphans were given disposable cameras and trained on how to use them. The training included ethical considerations such as asking for permission and receiving consent (see Wang & Redwood-Jones, 2001). The photographs were discussed in focus groups. After each discussion, the orphans were asked individually to pick three of their photographs and write small essays about three topics: 'I wish to share this photo because. . .'; 'what this photo really tells us is. . .' and 'how does this situation relate to my life or those around me?'. The photographs the children chose and wrote about included a wide variety of topics including their basic needs (e.g. food, water availability and housing), challenges faced by them and their caregivers (e.g. neglect, abuse and poverty) and things or people who are important to them (schools, teachers and neighbours). At the end of each interview and focus group, informants were given a verbal synopsis by the enumerators of their accounts to ensure accuracy of representation. All focus groups had a field assistant taking notes and observations were incorporated into the final transcripts. All individual and group interviews were recorded using a digital voice recorder.

Ethical clearance for the research was granted from the Kenyan government through the Department of Gender and Social Services and through the Institute of Child Health, University College London. Written consent was obtained from all participants or their guardians if they were under 18 years of age.

All narratives, focus groups and seven of the interviews were conducted in the local Dhluo language, and four interviews with project committee members were conducted in English. Interviews and focus groups in Dhluo were transcribed and translated later into English. One transcript was selected randomly and back-translated by a third party to test for accuracy of translation. Culturally and locally specific terms and meanings of the data (e.g. use of metaphors or references to locations) were discussed and clarified by the local investigators. Data were analysed using the framework approach (see Pope, Ziebland, & Mays, 2000). The investigators identified key issues and a coding structure was developed. Following a comparison and discussion of the indexed data sets, themes, sub-themes and codes were entered, analysed and charted in ATLAS.ti 5.0 by M. S.

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Results

The data are presented under three headings:

1. problem identification,
2. social action and
3. self-evaluation.

Problem identification

The problems facing the orphans were expressed similarly by adults and orphans. However, the orphans referred to additional problems of abuse by caregivers.

> I used to burn charcoal and my caregiver would sell them. If I asked her to buy me something, she would hit me. If I asked her why she hit me, she would deny me food and chase me away from the house at night (written narrative by orphan girl, 13).

Among the key concerns raised by committee members were the ageing of caregivers and food insecurity.

> . . . the problem is lack of food; even those taking care of the orphans do not get enough, especially the elderly [interview with PMC member (PMCM)].

> . . . the caregivers are too old to look after children properly (FGD with village development committee member).

> Our action plan involved ploughing and cultivating more land to produce more food (interview with PMCM).

The community used the funds to increase food security among orphans by helping the caregivers to grow food. However, considering the limited funds, the community had to select a restricted number of orphans (80 worst-off orphans of 415) and caregivers to benefit from the project. The selection was conducted by the PMC based on a survey identifying all households with orphans and their detailed knowledge of the vulnerabilities of the families in the community.

The orphans also expressed the limitations of elderly and sick caregivers in growing food. However, the orphans often felt guilty about the situation as they had a sense of responsibility for the welfare of the elderly and sick caregivers.

> We burn charcoal to buy food. Nobody gives us food and we have to look after our caregivers because they are too old to look after themselves (interview with orphan boy, 16).

> I've been supported by Bama; they ploughed for me. Nobody else helped me with the weeding. My mother is sick so I do it alone. Sometimes we do not have any food (interview with orphan girl, 13).

> This photo shows our grandmother who is old and struggles so that we can get food to eat while we are in school [. . .]. I feel so sad and could even leave school because grandmother is old and she is the only one looking for food (written narrative by orphan girl, 15 refering to figure 2).

Figure 2.

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Physical and fiscal abuse by caregivers was reported frequently by the orphans. Education was perceived to be the route out of poverty and suffering, and the most frequently identified need by the orphans. Support by peers was important in coping with abuse.

> My father left some cattle for me. But he is dead and my caregiver has sold them. If I complain she just yells at me [. . .] but we should help the old people who are also widows. Even though we are orphans, we can also help them and in return they might give us food to eat (written narrative by orphan boy, 15).

Interviewer:	*What can you see?*
01:	A child carrying a big container.
Interviewer:	*What does this show us?*
02:	She is being mistreated by the caregiver.
01:	She is forced to do so.
03:	She is suffering.
02:	She is forced to fetch water with that big container; if she refused she can be punished.
03:	If she doesn't fetch water maybe she can be denied food.
Interviewer:	*What can we do about this?*
02:	We can help her with sandals so that she doesn't walk barefoot.
01:	We can help her carry the water.
04:	If she asks you to help her carry, you could help.
05:	We can help her with something like a cloth to comfort her head while carrying water (FGD with orphan girls, 12–17 refering to figure 3).

Figure 3.

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It is evident that the vulnerability of orphans cannot be explained only by lack of food and poverty, but this is linked intrinsically to the kind of care that is available to them. Ageing and sick caregivers seem to be part of the problem.

Social action

One aim of the CCSP was to strengthen the social and human capital of the community through training, networking and working together.

> CCSP took responsibility for food security but also encouraged us to collaborate with other organisations for support for education (FGD with PMCMs).

As part of the social action plan the community mobilised itself and groups were formed and strengthened using advice from CCSP.

> We started out as widows who could not manage. We started a group hoping to find a way of helping ourselves and the orphans. We were assisted by Bama to plough and plant vegetables and sorghum. The group has been successful and those who used to burn charcoal to buy food now also grow food (FGD with caregivers).

> We are now more united and that is why we are benefiting (FGD with caregivers).

> We [Bama CBO] used to plough for people with orphans free of charge. But you cannot just do things for free. Now when these people produce crops they bring us some [. . .]. We use the revenue from the sale of the crops to maintain the animals (interview with PMCM).

The programme appeared to have a considerable impact on the caregivers and their food production, assisting them not only with food for the orphans, but also with some income. In addition, caregivers noted a change in behaviour of orphans. For example, orphans who were known previously to have been forced to resort to theft for survival no longer had to do so.

> Before I ploughed with my bare hands. Nowadays Bama ploughs for me, while I do the weeding. My life has really changed. I have vegetables and nowadays I don't have many problems with food. I also sell some vegetables to get money (FGD with caregivers).

> As a caregiver I have benefited. All our land was ploughed and therefore I have enough food and have been able to pay for the children to attend school (FGD with caregivers).

> Nowadays orphaned children eat well. I used to dig with bare hands and a lantern, but now we have a plough. Also, in the past orphans used to steal other people's maize but now that's over (interview with caregiver).

Like the adults, the importance of networking and social capital was also noted by the orphans and was described vividly by an orphan girl using a photograph:

> This photo tells us that we should love one another and that if you have something, you can share it with others. You see in this picture some people are cooking while others are doing other things. This shows that we should work together to succeed. As has been said, togetherness is the key to success (written narrative by orphan girl, 15 refering to figure 4).

As the orphans were not involved directly with the ploughing, they had little knowledge about the oxen and ploughs. However, they did talk frequently about their gardens and their role in weeding it when caregivers were ill. These activities diverted their energies from school-work and play.

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Figure 4.

Self-evaluation

The PMC monitored the impact and management of the programme through regular meetings and recording of activities in notebooks which were read by the DSS staff. The notes kept by the PMC were reflective and facilitated a number of changes to the management and sustainability of the project. Initially each village identified four volunteers to do the ploughing; however they learned quickly that the volunteer model was not feasible:

> We had four male volunteers on a one-week training course, but when it was time to plough, nobody turned up. They told me: 'I can't work in this 16 acres of land without payment, I want money' (interview with PMCM).

> We sometimes got money from richer landowners when we ploughed for them and we used this for purchase of food and drugs for those in need and to sustain the oxen (interview with PMCM).

As a result of their notes and reflections, a PMC member told the research team that if they could repeat the programme they would give the oxen to four small groups, giving the groups ownership and responsibility for the oxen. This will probably benefit a smaller number of orphans, but is likely to have a greater and measurable impact. It was difficult to know the extent to which individual orphans themselves benefited in this study:

> The caregiver is supported but it is very difficult to evaluate how much each orphan receives from the support (interview with PMCM).

One project committee member suggested that orphan programmes should reach the orphans directly, for example through the distribution of goats directly to the children, and not through caregivers. No conditions, except for the target group, were meant to be given

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to the communities. However, a consultant who had visited the community before this programme started had been perceived by the community to be giving them instructions on what to do with the money.

> We were given the money, but the rules that were placed were so tight. The needs of the orphans were totally different with what the consultant planned (interview with PMCM).

Such power imbalances and differentials were found throughout the community; these contributed to difficulties in supporting all the orphans and caregivers in the community.

> Friction is often here. The harmony in the community is sometimes torn between what you are supposed to do and the size of the problem (interview with PMCM).

> The oxen and plough were not enough for the community. There are still some problems from those who have not been ploughed for, they see this as tribalism (interview with caregiver).

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Discussion

This study describes the perspectives of some members of a community involved in a CCCT initiative in Western Kenya. We recognise some limitations of our study. With a Caucasian lead investigator, perceived possibly by the community to be representing the funding agency, expectations of further funding may have been inflated and caused some informants to provide desirable answers. As the study had to be completed over a 2-month period time constraints may represent the greatest limitation of this study, missing out on valuable validity checks and further triangulation, and perhaps more importantly, the long-term effects of this type of intervention still remain to be investigated.

Nevertheless, the data indicate the potential of CCCT. While we did not measure household food security or food intake by the children, the responses indicated increased access to food, and in some cases income, within the household. Aside from the more direct benefits of increased food security, the data also suggest that CCCT adds an indirect benefit of improved social capital. Participating caregivers felt empowered due to the support, focus and acknowledgement they had been given through the programme. Intra-household allocation of resources remains complex and under-researched (Duflo, 2003). However, a recent review of unconditional cash transfers by Devereux et al. (2005) also found that children gained directly and indirectly from the increased availability of resources. Arguably, this being a community initiative, policing of utilisation of funds is performed by the PMC and thus minimises their misappropriation.

Ageing caregivers face difficulties in providing care for the orphans. Similar observations have been made by Nyambedha et al. (2003b), who found that one in five caregivers in Bondo is 55 years of age and above; they commonly face problems in terms of food, medical care and support for schooling. Interestingly, our study shows that orphans are also caring for the caregivers. Although the elderly 'caregivers' may have the responsibility of the orphans, our findings suggest that it is often the orphans who are left with the greatest burden of care. Thus caregivers and orphans provide care for one another, with elderly caregivers taking on the role as a guardian more than a caregiver *per se*. Additionally, while some orphans reported abuse by caregivers, they still showed considerable empathy and appreciation for their caregivers at the same time. These dialectic assertions point towards the complexity of relationships and social representations among caregivers and orphans in Luo culture. The abuse reported by the orphans may be due to what Nyambedha et al.

(2003a) term 'culturally inappropriate care', which among the Luo implies care by matrilineal kin or strangers and is found, in their study, to be the case for 28% of orphans. These findings may affect the quality of care available to orphans, which can explain findings from Zimbabwe which suggest that orphans' exposure to extreme poverty does not explain their likelihood to suffer from malnutrition and ill health compared to their non-orphaned peers (Watts et al., 2007). This makes orphan-supportive contexts, such as that facilitated by CCCT, all the more important.

A number of challenges were highlighted by the informants. These contain valuable lessons for providers of social protection. Aside from the more common constraints related to unpredictable weather, volunteerism and community dynamics, our study highlighted the effects of power differentials between project employees and stakeholder representatives and between orphans and their caregivers. Echoing Rifkin (1986), the experience of the community perceiving advice and suggestions as conditions provides an indication as to how hegemonic structures, power relations and perceptions of the 'other' feed a didactic relationship between community members and a funding agency that can impede an optimal impact. Initially the didactic relationship shaped the programme, but as the community felt an increasing sense of ownership, their tactics changed. Furthermore, the limited resources and increasing number of orphans requiring help was a frustration and a potential cause of conflict in the community. These require attention if the CCCT programme is to be scaled up.

Nevertheless, despite these challenges require attention if the CCCT can be compared usefully with more conventional cash transfer initiatives. CCCT appears to overcome some of the challenges that stipend-focused cash transfers may present and also prove its appeal to smaller aid agencies.

As welfare-providing strategies, traditional household-based stipend cash transfers are characterised by high costs and yet have a vision for economic growth and long-term poverty reduction. An assessment of 15 African countries by Kakwani et al. (2005) looked at the impact of cash transfers on poverty and school attendance and suggests that for cash transfers to have a significant impact, African countries must commit between 5% and 16% of GDP (ibid.), an arguably unobtainable amount. This is echoed by one of four main issues put forward by Schubert and Slater (2006) regarding conditions to cash transfer initiatives in Africa: (1) supply-side constraints, (2) implementation–capacity constraints, (3) cost–benefit considerations and (4) differences in sociocultural and political conditions. CCCT is not a welfare-providing strategy, but a poverty-reduction strategy that focuses on local communities. CCSP worked easily through the already established DSS and CCCTs can also be administered easily by NGOs. The one-off payment and relatively limited monitoring necessary makes this an attainable initiative for governments and NGOs in their quest in supporting communities with vulnerable individuals. The participatory learning and action cycle (See figure 1) allows the communities to do what they see as fitting to their needs, giving them ownership, making it culturally appropriate and acceptable. Although the four issues put forward by Schubert and Slater (2006) argue for unconditional stipend cash transfer initiatives, it is clear that they make an even more compelling case for CCCT initiatives, further supporting debates that question the transferability of conditional cash transfers, such as Progresa, to Africa. Interestingly, based on their observations of cash transfer initiatives in South Africa, Bohlman, Du Toit, Gupta, & Schoeman (2007) argue that stipend cash transfers in South Africa have had no impact on economic growth and suggest social development must be the backbone of economic growth policies. The participatory process of CCCT facilitates social development through the process of dialogue, or 'communicative action' and reflection on needs and circumstances, which are necessary for common action and positive change (Freire, 1973; Habermas, 1987). The

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community benefited tremendously from the strengthening of social capital and their partnership with CCSP. In line with Bourdieu's (1986) 'network view' of social capital the partnership with CCSP resulted in high levels of civic engagement and participation, and saw the creation of a positive local identity of unity. The partnership facilitated a sense of solidarity and awareness of orphans and their circumstances, and orphans expressed an observed increase in support and cooperation internal and external to the community, creating a health enabling context (Tawil, Annette, & O'Reilly, 1995). Moser (1998) argues that even resource-poor communities have 'portfolios of assets' and that social development interventions should focus on strengthening existing community strengths and resources. Social capital, as made evident in this study, is one such resource. The collective-efficacy and sense of empowerment developed through the CCCT process strengthened the community's capacity to deal with adversities, and according to Barrientos, Hulme, & Shepherd (2005) this is an integral part of social protection strategies. Although evidence for a link between social capital and health is still in its infancy, an increasing number of studies suggest positive outcomes of initiatives encouraging grassroots participation in local community networks (Campbell, 2000; Campbell & Mzaidume, 2001; Gregson, Terceira, Mushati, Nyamukapa, & Campbell, 2004). From health intervention sites in South Africa, Campbell (2003) found that a key determinant of the success of these programmes was the extent to which they mobilised existing resources of social capital or encouraged the development of new sources of social capital.

This highlights the value of alliances or partnerships between communities as a whole and more powerful individuals and agencies who have the structural power to assist them in addressing the social circumstances that undermine their health (Campbell & Murray, 2004).

Conclusion

'Community' and 'community participation' are highly contested terms (see Rifkin, 1996), and Campbell and Murray (2004) note that residents of geographical communities do not always share common identities or values. This could potentially leave CCCT open for nepotism, which must be attended to when scaling up. The simplicity of this initiative (see Figure 1) makes CCCT a viable orphan support intervention which can be scaled up to suit both the needs and circumstances of the target community and the funding agency, whether government or donor. As a result, NGOs, government and bilateral agencies alike can adopt the CCCT model and transfer capital to community-based organisations or villages within their catchment areas. Although Bama community succeeded in providing the orphans with food, greater deliverables could possibly have been achieved had the orphans been included in the decision-making and had additional funds been made available. Our experiences therefore indicate that *one* transfer of capital may not be sufficient, and suggest that funding agencies commit to support the community through a minimum of two capital transfers, following the cyclical process illustrated in Figure 1. Three recommendations follow from our study. First, future CCCT initiatives should be established among communities of similar circumstances. Secondly, CCCT should be evaluated in more diverse community settings. Thirdly, follow-up studies on processes and impact are needed.

We observed that in a typical rural community in Western Kenya, the CCCT programme tackled food insecurity and mobilised the community to do so and our study puts forward CCCT as a feasible orphan care and support strategy – one which resonates with the Kenyan National Orphans and Vulnerable Children Action Plan, with its emphasis on community-based

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orphan support (GOK, 2004). Further, we suggest that CCCT is a strategy which can be introduced and evaluated by government departments and be adopted by NGOs elsewhere in Africa.

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