UTILIZATION OF SOCIAL CASH TRANSFER ALLOCATION BY
OLDER PERSONS IN KIRINYAGA COUNTY, KENYA

BY
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C50/CTY/PT/24708/2011

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OF KENYATTA UNIVERSITY

MAY 2015
DECLARATION

This project is my original work and has not been presented for a degree in any other University.

Signature……………………………………….Date……………………………

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Adm/NO: C50/CTY/PT/24708/2011.

Approval by Supervisor

This project report has been submitted for examination with our approval as University Supervisors.

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DEDICATION

Dedicated to the beneficiaries and the potential beneficiaries of the Older Persons Cash Transfer Programme in Kirinyaga County for their enthusiasm towards the success of the programme.
ACKNOWLEDGEMENTS

The project was carried out through the help of many individuals and various institutions. First, my sincere gratitude is to the Almighty God for the gift of life and good health throughout the project period and courage that enabled me to face all the challenges and overcome them.

Secondly, my sincere appreciation to my supervisors Dr. Lucy W. Maina and Dr. Samuel Mwangi for the constant guidance, constructive criticism and encouragement throughout the project period. Special acknowledgements also to the Kenyatta University Post Modern Library where I gathered some of the secondary data.

Lastly, I wish to acknowledge my informants and survey participants for the information on the research topic.
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ABSTRACT

The study set out to assess the utilization of social cash transfer allocation by older persons in Kirinyaga County. Despite extensive research on the concept of social cash transfer programmes for various social groups, little is known about the utilization of the allocation by the beneficiaries in Kenya. Thus, the study aimed at assessing the utilization of social cash transfer allocation by older persons in Kirinyaga County, with a view to making recommendations which can be used to improve the programme. The specific objectives were; to identify the different ways in which older persons utilize Older Persons Cash Transfer Programme benefits, examine the extent to which the programme meets the needs of the older persons, and suggest improvements to enhance the programme in order to optimize its ability to meet needs of the older persons. In order to analyze the theoretical background of the problem and explain the research findings, the study was guided by the political economy theory. The theory dwells on structural dependency. It recognizes that social structure is the key determinant of the position of older persons in the society. The study used cross-sectional survey design to collect and analyze data. The target population was 550 beneficiaries of the older persons cash transfer programme and members of their households in Kirinyaga County. A sample of 164 respondents was obtained through proportionate and simple random sampling methods due to the different number of beneficiaries in each of the four constituencies in the study area. Primary data was collected using interview schedules and focus group discussion guide while secondary data was generated from records, books, journals, published and unpublished research materials using thematic analysis. Qualitative data was analyzed thematically while descriptive statistics which included frequencies, percentages and modes were used to analyze quantitative data using SPSS programme. The study established that Older Persons Cash Transfer Programme allocation is mostly utilized on basic necessities such as food and clothing. It also emerged that the allocation is mostly utilized by the dependants in the beneficiaries’ households for example in paying for their school fees. In order to address the problem, the study recommended a timely disbursement of the Older Persons Cash Transfer Programme funds, economic empowerment of older persons through formation of groups and funding of these groups directly and an increase in the individual allocation. The study is important to policy makers, practitioners and stakeholders in the implementation of the programme as guided by the suggested improvements.
# LIST OF ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AU</td>
<td>African Union</td>
</tr>
<tr>
<td>CASCO</td>
<td>Constituency AIDS and Sexual Transmitted Infections Coordinator</td>
</tr>
<tr>
<td>CCT</td>
<td>Conditional Cash Transfer</td>
</tr>
<tr>
<td>CT</td>
<td>Cash Transfer</td>
</tr>
<tr>
<td>CT-OVC</td>
<td>Cash Transfer for Orphaned and Vulnerable Children</td>
</tr>
<tr>
<td>CTP</td>
<td>Cash Transfer Programme</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphaned and Vulnerable Children</td>
</tr>
<tr>
<td>CDO</td>
<td>County Development Office</td>
</tr>
<tr>
<td>CGSDO</td>
<td>County Gender and Social Development Officer</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>GoK</td>
<td>Government of Kenya</td>
</tr>
<tr>
<td>GTZ</td>
<td>German Technical Corporation</td>
</tr>
<tr>
<td>HAK/I</td>
<td>Help Age Kenya/ Help Age International</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HIV/AIDs</td>
<td>Human Immunodeficiency Virus/Acquired immune Deficiency Syndrome</td>
</tr>
<tr>
<td>KDHS</td>
<td>Kenya Demographic and Household Survey</td>
</tr>
<tr>
<td>KES</td>
<td>Kenya Shillings</td>
</tr>
<tr>
<td>KIBHS</td>
<td>Kenya Integrated Budget Household Survey</td>
</tr>
<tr>
<td>MIPAAA</td>
<td>Madrid International Plan of Action on Ageing</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organizations</td>
</tr>
<tr>
<td>OPCTP</td>
<td>Older Persons Cash Transfer Programme</td>
</tr>
</tbody>
</table>
SCTP: Social Cash Transfer Programme
UNICEF: United Nations International Children's Emergency Fund
UNDESA: United Nations Department of Economic and Social Affairs
UNDP: United Nations Development Programme
WEF: Women Enterprise Fund
CHAPTER ONE: INTRODUCTION

1.1 Background to the study

Social cash transfers are regular non-contributory payments of money provided by entities such as government or non-governmental organizations to individuals or households based on economic need. This is aimed at providing the recipients with social protection and consumption. In particular, they target groups of persons who are excluded from formal employment and hence cannot access formal social systems. The transfers can be universal or explicitly targeted to those identified as poor or vulnerable (Michael & Samson, 2009).

The overall objective of the cash transfer programmes is to strengthen the capacities of the beneficiaries and improve their livelihoods while alleviating poverty through sustainable social protection mechanisms. Specifically, the programmes are aimed at promoting immediate relief to the vulnerable persons such as older persons, orphans and vulnerable children and persons with disabilities from extreme poverty while enhancing their basic rights. This is in line with the four International Labour Organization strategic objectives which include the promotion of rights in the community; employment, social protection and social dialogue with regard to gender (ILO 2012). This is achieved through provision of regular and predictable cash transfers to selected beneficiaries and building their capacity to improve livelihood.

These programmes are also aimed at decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability. The overall goal of such programmes, including the Older Persons Cash Transfer programme, is to reduce poverty,
vulnerability and deprivation while promoting equity and social justice (Michael & Samson, 2009). These programmes enhance the capacity of vulnerable citizens to participate in socio-economic activities.

The cash transfer programmes have gained prominence in the development policy debate. Almost all major bilateral and multilateral donor institutions such as German Technical Corporation (GTZ), World Bank, International Monetary Fund (IMF), Department for International Development (DFID), CIDA and SIDA have encompassed cash transfer programmes. Various non-governmental organizations have also initiated and supported cash transfer projects (Help Age International, 2007). In Latin America, countries like Brazil, Mexico, Honduras and Nicaragua administer large-scale cash transfer programmes. In Nepal, South Asia, a universal pension scheme was introduced in 1994/5 and subsequently expanded where all older people aged 65 years and above receive 28 US $ per month. There is also a supplementary scheme supporting poor widows aged 60 years and above who receive 21 US $ per month (Help Age International, 2007-Old Age Social Pensions around the World).

Inclusive development in Africa cannot be achieved solely by economic transformation and promoting productive employment, but also requires social protection interventions aimed to ensure that the most vulnerable and poorest groups benefit from increasing growth. A growing body of evidence shows that social protection interventions can in themselves contribute to growth. Investing in social protection programmes is a cost-effective instrument in the long run through its impact on poverty and social mobility.
In the African region, there is a growing acceptance in social protection for the elderly with smaller cash transfer programmes gaining momentum in East Africa. There are diverse actors implementing social protection ranging from financial institutions, religious bodies, state actors, Non Governmental Organizations, International Non Governmental Organizations and bilateral donors. For instance, in Southern Africa, there has been large scale cash transfer programmes that have contributed to the reduction in poverty gap; in Lesotho, the Old Age Pension Scheme, benefitting persons aged 65 and above led to a reduction in the rates of dependency among the elderly (Ferreira et al, 2007).

In Zambia, the Kolomo Social Cash Transfer Scheme has led to an increased cash income of beneficiaries on average by 300 to 400 percent. It has also led to an increase in the beneficiaries’ total income both in cash and kind. This reflects an inclusive growth in human and social capital. In Malawi, the Mchinji Social Cash Transfer Scheme has reduced poverty, hunger and starvation in all households living in the targeted area that are poor and at the same time labour constrained (Muiruri & Elossy, 2012). Malawi’s Social Cash Transfer Schemes have recorded a double impact in the decision making processes in the society by the less privileged (Muiruri & Elossy, 2012).

Kenya's cash transfers have been implemented since 2004 as part of the social protection programmes designed to address specific problems for orphaned and vulnerable children and extremely poor elderly people in the society (Muiruri & Elossy, 2012). The CTPs piloted by the Kenyan government (some with support from donor community) include the Orphans and Vulnerable Children of 2004, the Hunger Safety Net Programme of 2002, the OPCT programme of 2006, Emergency Food Aid School feeding programme and the Cash Subsidy
to children affected by HIV/AIDS. The OPCTP was designed based on the model of earlier cash transfer programmes.

The Kenya National Social Safety Net Programme, for example, cushions Kenya’s poorest and most vulnerable households from the worst effects of crises such as drought, malnutrition, and unemployment. The Safety Net merges five existing programs—the Cash Transfer for Orphans and Vulnerable Children, the Hunger Safety Net Program, the Urban Food Subsidy Cash Transfer, the Persons with Severe Disability Cash Transfer and the Older Persons Cash Transfer. The safety net programme for the elderly aims at gradually expanding these existing efforts while achieving greater efficiency and coordination, including targeting the most vulnerable older persons (Cattell, 2003).

Kenya’s development strategic plan, the Vision 2030, identifies aspects relevant to the creation of social equity and wealth creation opportunities for the poor with emphasis on different categories which include geographical units, income status, sex and age. This is by raising average annual incomes per person; reducing poverty from the level of 46 per cent of the total population by between 3 and 9 per cent among others (Kenya Integrated Household and Budget Survey 2005/6). This Vision 2030 blue print aims to provide a high quality of life for all citizens by the year 2030. The vision is built on three pillars: economic, social and political.

The Vision 2030’s Social Pillar aims to achieve a just and cohesive society, enjoying equitable social development in a clean and secure environment. It is based on transformation in eight social sector areas, namely: education and training; health; water and sanitation;
environment, housing, and urbanization; gender, youth, sports, and culture; and promoting equity and poverty reduction (social protection). It makes special provision for those with disabilities, the older persons and those who live in marginalized areas. The consolidated social protection fund is one of the flagship projects of the Vision 2030 under which cash transfer programme for the elderly falls.

Social protection for the older persons in Kenya is implemented under the National Social Protection Policy, 2011. Kenya’s National Social Protection Policy was debated and passed in Parliament in May, 2012. Social protection has three components; social insurance (contributory), labour market regulations and social assistance to the poor and most vulnerable. The policy proposes use of several strategies and instruments for delivering social protection broadly within social assistance, social security and social health insurance sectors. Specific instruments include Cash Transfers, Food Distribution, School Based Feeding Programme, Social Health Insurance, Price Subsidies, and Microfinance amongst others. The older persons are among the vulnerable constituent of the populace pointed in the policy as targets of the social assistance component of the National Social Protection Policy.

In the Constitution of Kenya (2010), Chapter 4 (Bill of Rights), Part 2, Article 43, Section 1 (e), every person is entitled to social security. According to Section 2 of the same article, the state shall provide appropriate social security to persons who are unable to support themselves and their dependants. The state, therefore, has a constitutional obligation to provide for the older and vulnerable members of the society. The Constitution of Kenya also outlines economic and social rights for every person, right to be free of hunger, and; to have adequate food of acceptable quality. Further, the Constitution mandates the government to provide social security to its citizens especially to persons who are unable to support
themselves and their dependants including children, persons with disability, the youth, minorities and other marginalized groups, and older members of society.

Although the OPCTP has been in existence for about seven years, research studies focus on adequacy and disbursement of the funding rather than its utilization. Therefore, with regard to the African family set up where many older persons have dependants, the question that the current study endeavoured to answer was “how is social cash transfer allocation utilized by older persons?”

1.2 Statement of the problem

Research on utilization of social cash transfer allocation by older persons in Kenya has not received much attention. Researchers (Kimosop 2009, Mathiu & Mathiu 2012, Ressler 2008) who have conducted studies on the OPCTP both inside and outside Kenya have focused on the disbursement, adequacy and the impact of the fund rather than the utilization of OPCTP allocation by the beneficiaries. This is despite annual budgetary increase of the fund by the government resulting into a rise in the individual monthly allocation for the beneficiaries.

One of the objectives of social cash transfer programmes is to help the beneficiaries meet their basic needs. Therefore, if the cash is not used for meeting the basic needs and is instead spent on anything else, a number of problems are likely to arise. First of all, the situation of older persons in the society will continue deteriorating excluding them from community development activities. Secondly, the government would end up wasting a lot of funds that it would have otherwise used in other meaningful development activities such as building
social institutions. Lastly, it would make donors shy away from funding other related programmes for fear of similar results.

1.3 Purpose of the study

The study is timely because the situation of the majority of older persons in Kenya is yet to record a significant change despite the concerted efforts by the government to implement the OPCTP. This is a clear indication that the allocation meant to be utilized exclusively by the beneficiaries is channeled elsewhere. Therefore, the study aimed at assessing the utilization of social cash transfer allocation by older persons in Kirinyaga County, Kenya. Kirinyaga County was selected due to the high number of OPCTP beneficiaries.

1.4 Objectives of the study

The study was guided by the following objectives:

a) To identify the different ways in which older persons utilize OPCTP benefits.

b) To examine the extent to which the programme meets the needs of older persons.

c) To suggest improvements to enhance the programme in order to optimize its ability to meet needs of the older persons.

1.5 Research questions

The study sought answers to the following research questions:

a) How much money is spent on food, clothes shelter, healthcare, travel and other needs by the beneficiaries?

b) To what extent does the programme meet the needs of the older persons?
c) How can the programme be enhanced to optimize its ability to meet the needs of the older persons?

1.6 Assumptions of the study

The study assumed that all the applicants in this programme have similar characteristics with other applicants in other Counties in Kenya and therefore the study findings will improve on findings of other past and related studies carried out in other Counties. It also assumed that the answers given by the respondents are correct and true to their best of knowledge. Therefore the study findings can have high level of accuracy and generalization.

1.7 Significance of the study

The study is significant because it has come up with key findings that can be used by the Department of social welfare to address the problem of utilization of social cash transfer allocation by older persons. The study findings and conclusion contribute to knowledge on some key information as to the different ways of utilization of cash transfer allocation and the extent to which the programme meets the needs of older persons in Kenya. Finally, the findings may form a credible basis for future research in related areas.

1.8 Scope and limitation

The study was to address the utilization of social cash transfer allocation by older persons in Kirinyaga County. Within this scope, the study was interested in identifying the different ways in which the older persons utilize OPCTP benefits, examine the extent to which the programme meets the needs of the older persons as well as come up with improvement suggestions aimed at finding a solution to the problem.
In terms of limitations, the study methodology made it impossible to survey the entire population of interest (beneficiaries of OPCTP). The methodology also did not provide definite information about cause-and-effect relationships. This is because the study offered a snapshot of a single moment in time; it does not consider what happens before or after the snapshot is taken. The method used was also not able to detect developments or changes in the characteristics of the target population at both the group and the individual level. In other words, cross sectional survey design does not extend beyond a single moment in time. As a result, it cannot establish sequences of events.

1.9 Operational Definition of Terms

**OPCTP:** A programme providing predictable cash of KES 2,000 shillings per month paid every two months at the rate of 4,000 Kenya shillings to the beneficiaries of the programme.

**Older Person:** The Constitution of Kenya chapter 17 Article 260 defines an older person as any person above 60 years. For purposes this study, an older person refers to a person above 65 years and a beneficiary of OPCT programme. This is because the lower limit for potential beneficiaries for this programme is 65 years.

**Community development:** Enhanced social relationships and participation in community matters, initiatives and development projects leading to improved welfare and a sense of belonging in the community.

**Utilization:** Putting OPCTP benefits into meaningful use.

**Welfare:** A state of being able to meet basic household needs e.g. food, shelter, clothing, medical care, education and leisure.
Impact: Is a lasting and or significant effect of an intervention on intended targets. Target in this case is an older person receiving cash transfer from the government.

OPCT beneficiaries: Older persons enrolled in the Older Persons Cash Transfer Programme funded by GOK.

Cash Transfers: These are regular non-contributory payments of money provided by government or non-governmental organizations to individuals or households, with the objective of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability.

Social Protection: Kenya’s Social Protection Policy defines it as Policies and actions, including legislative measures, which enhance the capacity and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods and welfare; enable income-earners and their dependents to maintain a reasonable level of income through decent work; and ensure access to affordable healthcare, essential services and social transfers.

Household: Encompass persons living in common habitation and sharing common facilities. In this case, households with elderly persons were targeted.

Household Allocation: Money received through the OPCTP programme.

Household head: Person in charge of a household.

Household expenditure: Total family uses in monetary terms in meeting basic and other needs.

Household income: Total family earnings from salaried employment, business, farming and other economic activities.

Urban: All towns in the County (Kerugoya, Kutus, Kagio and Mwea).

Sub-urban: All shopping centres in the County and areas in close proximity to the towns.
**Vulnerability:** Inability to meet the very basic of needs.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

According to ILO (2011), social transfers refer to a transfer of income or services, from one group in a society to another, for example from the young to the old, the healthy to the infirm, or the affluent to the poor, among others. In other words, all social security benefits represent social transfers, either in cash or in kind. Social transfers are organized through different social security arrangements. These schemes can be classified in two, according to their financing mechanisms: contributory schemes and non-contributory schemes. In any given country, several schemes of different types generally co-exist and may provide benefits for similar contingencies to different population groups.

Kenyan government launched the OPCTP in 2004 on pilot basis in selected districts. This was in view of the tough social and economic hardships faced by the elderly. According to the Kenya’s National Social Protection Policy (2012), the programme is meant to benefit persons aged 65 years and above. The programme’s main objective is to strengthen the capacities of older persons and improve their livelihood while alleviating poverty through sustainable social protection mechanisms. A number of research studies have been conducted in relation to the programme (HAI (2007), Ressler (2008), Ikiara (2009), Kimosop (2009), Mathiu & Mathiu (2012), Muiruri & Elossy (2012). The studies found out that OPCTP funds are inadequate and the disbursements untimely.
2.2 Social cash transfers in Africa

According to Ikiara (2009), the challenges facing Sub-Saharan Africa are daunting. Although the continent experienced strong economic growth in the beginning of the 21st century, poverty and poor human capital indicators still characterize many countries in the region (World Bank, 2009). Challenges related to environmental degradation, agricultural production and food security, climate change, natural and human made disasters, volatile prices and terms of trade, high unemployment and population growth, HIV/AIDS and other diseases, and other problems demand strong responses. The vulnerability of Africans to the myriad of challenges has increased as traditional support systems have struggled to protect individuals faced with both social and economic problems.

Increasing migration, urbanization, the HIV/AIDS epidemic, and the declining traditional family support structures have weakened informal safety nets. Certain groups, such as orphans and vulnerable children, have been greatly vulnerable to these changes. These issues, along with recent economic crises and downturns, have increasingly led governments and donors in Africa to examine whether social protection in general—and cash transfer programmes in particular—can address some of the continent’s challenges (World Bank, 2009). Examples of developing countries in Africa with successful social assistance programmes include Ethiopia, Lesotho, Ghana, Uganda and Zimbabwe.

The African Union (AU) framework on ageing has significantly supported and encouraged African countries to design national policies on older persons in line with the MIPAA recommendations. This is because older persons face various economic and social challenges
that demand responsive national actions. Foremost, Africa's economic growth performance as from 2000 was impressive. The economic growth attained an average of 5.6 per cent between 2002 and 2008; followed by a decline to 2.2 per cent in 2009 due to the global financial crisis, and later growth recovery at 4.6 percent in 2010 that slowed again in 2011 as a result of political transition experienced in North Africa. However, despite this impressive performance, the trickledown effect has not significantly changed the conditions of living of older persons in Africa.

Older persons continue to constitute a high percentage among the poorest in any part of the world; with older women suffering even more due to a number of factors including exclusion, inequality and various forms of suppression. Further, HIV and AIDS has had multiple effects on older persons since support from the younger generation through transfers are usually lost once a younger person who has been a bread winner dies. Without other sources from which to generate income, the burden increases due to care responsibilities for the orphans. Continuing with encouragement to address the needs of older persons, the AU supports the development of social protection programmes to provide social security to older persons.

The Declaration on Employment and Poverty Alleviation in Africa at the summit held in Ouagadougou in 2004, adopted by the African Union and the AU Policy Framework on Ageing and Older Persons (2005) contributed to an increase in awareness in Africa on the issue of social protection. Uganda is one of the countries that has prioritized social protection as an appropriate mechanism to address the needs of older persons. The African Union is at the forefront calling for a binding international legal framework at the level of a global convention that will address the concerns and needs of older persons. In Africa, a number of countries
have embraced social cash transfer programmes as indicated in the table below (Schubert & Slater (2006), Hausheter & Shapino (2013), Blattman (2013), Akar et al (2011)).

The following is a tabular representation of various social cash transfer programmes to various social groups in Africa. The table shows varying monthly average size of cash transfer benefits given at the household level.

**Table 2.1: Forms of Cash Transfer to various social groups in Africa**

<table>
<thead>
<tr>
<th>Country</th>
<th>Cash Transfer in US $</th>
<th>Type of Benefit</th>
<th>Year Established</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>15</td>
<td>Social Transfer</td>
<td>2003</td>
</tr>
<tr>
<td>Senegal</td>
<td>14</td>
<td>Social Transfer</td>
<td>2000</td>
</tr>
<tr>
<td>Lesotho</td>
<td>13</td>
<td>Grants</td>
<td>2009</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>11</td>
<td>Pension</td>
<td>2000</td>
</tr>
<tr>
<td>Mali</td>
<td>8</td>
<td>Grants</td>
<td>2008</td>
</tr>
<tr>
<td>South Africa</td>
<td>112</td>
<td>Social Transfer</td>
<td>2003</td>
</tr>
<tr>
<td>Mauritius</td>
<td>100</td>
<td>Pension</td>
<td>2005</td>
</tr>
<tr>
<td>Namibia</td>
<td>57</td>
<td>Pension</td>
<td>2006</td>
</tr>
<tr>
<td>Cape Verde</td>
<td>43</td>
<td>Pension</td>
<td>2003</td>
</tr>
<tr>
<td>Lesotho</td>
<td>35</td>
<td>Pension</td>
<td>2004</td>
</tr>
<tr>
<td>Botswana</td>
<td>27</td>
<td>Pension</td>
<td>2009</td>
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<td>Swaziland</td>
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<td>Pension</td>
<td>2006</td>
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<td>South Africa</td>
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<td>2007</td>
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</tbody>
</table>
According to the same source, these transfer values vary substantially. The wealthiest countries provide the largest transfers through their social pensions, which are US $100 monthly or more in some cases. The size differences in part reflect cost-of-living differences between the less wealthy and wealthier African countries. Other programs award cash transfers on a graduated system. This design provides households with a base transfer that is supplemented according to the number of household members. Many of the CTPs reviewed, outside of social pensions, used this strategy to link household size to transfer values (Schubert & Slater, 2006).

Cash Transfer Programs in Africa are either universal or means tested (World Bank, 2009). Universal cash transfers provide cash to all eligible and registered beneficiaries. Means tested cash transfers provide benefits only to beneficiaries who have fulfilled prescribed conditions, known also as co-responsibilities. Common conditions include the requirement that children regularly attend school; that they obtain prescribed medical checkups; or that a household adult attend educational seminars covering basic nutrition, health, and other topics. Typically,
most means tested cash transfers—and some universal cash transfers—provide benefits to female, rather than male, adult household members. This design feature is expected to increase females’ household bargaining power and to improve the well-being of children. It is based on empirical evidence suggesting that greater control of household resources by females is associated with larger expenditures on items for children (World Bank, 2009).

According to Marito and Moore (2009), cash transfers, in general, are recognized as more efficient than food or other in-kind transfers, both from a logistic and from a utility-maximizing point of view. Additional important issues should be considered before cash transfers are used, particularly during times of food shortages, droughts, or other natural disasters. When food supplies are extremely limited, food transfers are preferable to cash, because cash transfers may drive up local food prices and not protect consumption levels. The value of cash transfers can also erode significantly in a high inflation environment. Unless the cash transfers are indexed to food prices, food transfers may be more appropriate. Thus, cash transfers are not a universal solution, and local factors affecting their effectiveness need to be carefully considered (Marito & Moore, 2009).

In Africa, countries such as Mozambique, Zambia, Malawi and Ethiopia have implemented schemes with a focus on achieving food security for the poorest households rather than their long-term development by, for example, increasing school attendance (World Bank, 2009). Some agencies, including the World Bank, feel that African countries should also attach conditions to social cash transfer programmes. By applying conditions, programme designers try to influence the behaviour and attitudes of target households in a way that they consider
suited to poverty reduction. Conditionality tends to be more acceptable to policymakers (legislators) and taxpayers.

In conclusion, there are some success stories of social assistance programmes in Africa. In South Africa for example, coverage of social grants has increased significantly from just over 2 million beneficiaries in 1996/97 to almost 14 million in 2009/10, particularly through extension of eligibility for the Old Age Grant and the Child Support Grant. In the former case, the retirement age has been lowered to 60 for men, to match that of women. In the latter case, eligibility has gradually increased to cover children up to 18, rising from 320,000 grants in 2000 to 9.4 million in 2009/10; this accounts for more than 80% of the increase in the total number of social grants. Other than the success stories, there are also some challenges facing the implementation of social assistance programmes in Africa. These include continued high levels of poverty and inequality, political, social and economic stability. This has resulted in continued political motivation to increase coverage of social grants (Sagner, 2007).

2.3 Ways in which older persons utilize social protection benefits

Social protection benefits have helped in alleviating vulnerability amongst the older persons (Help Age International, 2007). According to the Kenya National Population and Housing Census estimates (2009), Kenya has a population of 38 million and about 46 percent of the population lives below the poverty line. The poverty gap was estimated at 16.6 percent and those extremely poor were 19.1 percent of the total national population. Amongst the groups highly vulnerable groups to poverty in the country are the older persons (Strategic Plan, Republic of Kenya, 2009). According to the Vision 2030 blue print document, poverty levels amongst the older persons are generally influenced by a number of factors such as; level of
education, size of the household headed by the older persons and involvement in agricultural and other economic activities.

The Vision 2030 blueprint document further indicates that there is a serious threat that persons who are not below the poverty line, might sink below it in their old age, since they have not saved or generated adequate wealth. On the other hand, they have to incur heavy expenditure on health, which if not given attention only worsens their quality of life. Destitution and ill health could lead to rampant devastation of life of aged people under such circumstances. However, in an effort to reverse these trends, the introduction of the OPCTP has seen the beneficiaries spend the fund in a number of ways.

A study conducted by World Bank (2008) in Mexico on cash transfers shows meaningful impacts on food consumption (20% increases over baseline/control group spending on food). In addition, the World Bank's review states that there is a good deal of evidence that households that receive conditional cash transfers spend more on food and, within the food basket, on higher-quality sources of nutrients than do households that do not receive the transfer but have comparable overall income or consumption levels (such as milk, meat, fruits, vegetables, and eggs). According to the AU Summit held in Ouagadougou in 2004, across some four randomized studies where it is measured in comparable terms, increases in spending on food makes up more than half of the transfer amount: For example, In a randomized study of the Mexican Oportunidades Conditional Cash Transfer Program, approximately three quarters of transfers are estimated to be spent on food. A second study from Mexico, of the Programa Apoyo Alimentario, an unmonitored conditional cash transfer,
found that nearly all (94%) of cash transfers were spent on food. A randomized study of the conditional cash transfer program in Nicaragua found that roughly three quarters of the transfer was spent on food. In a randomized control trial of the CT-OVC unconditional cash transfer program in Kenya, roughly half of transfers are spent on food (Mathiu & Mathiu, 2012).

In other words, nutrition seems to take a great share of the benefits although it is not purely adequate. It has reduced the extra burden of the older persons having to over engage in casual jobs in search of money to buy food. A study by Mathiu & Mathiu (2012) in Kenya indicates that access to food is known to impact on nutritional status of the poor and vulnerable. The study revealed that a quarter of this money is also used to buy clothing to protect the beneficiaries from extreme weather conditions and therefore boosts their health. Consequently, they feel trusted to take control of their own lives. The beneficiaries see such grants and other cash transfers as their right. Whilst many people find that the cash they get is not enough to pay for all their needs, it does have a significant impact on their lives (Mathiu & Mathiu, 2012).

A study by Ikiara (2009) indicated that, more than just meeting their basic needs, older persons use the money to pay their way and support others which helps restore their dignity and sense of self-worth, and relationships and respect between family members improve. According to Ondigi (2012), OPCTP enables many older people to break out of the isolation in which they live, socialize with others and become active members of society. The study further indicated that older persons are able to travel to see their relatives and children. The funds also enable the beneficiaries to visit the market and meet friends hence boosting
socialization (Help Age International, 2007). The fund also enables the beneficiaries to actively participate in agriculture by enabling them purchase seeds, fertilizers, farm tools like wheel barrows and ox-drawn carts which is part of development and community involvement (HAI, 2007). The study further indicated that older persons are also able to buy livestock for instance chicken and goats. They are able to sell them later at a profit while at the same time getting alternative food sources like eggs and milk hence improving nutrition from farm produce.

According to the Kenya Integrated Household and Budget Survey (2005/2006), beneficiaries use the fund to cater for their health needs. According to the survey, old age is often accompanied by decreased mobility, sight, hearing and strength. Minor ailments can become serious impairments that can weaken older people’s coping strategies in response to emergencies. The survey further reveals that older people tend to have poor access to medical services during emergencies, and often experience a lack of understanding, expertise or medication for the treatment of chronic illnesses. Medical services are very essential to older persons’ health status. It is therefore paramount for the older persons to have access to and afford medical care when need arises and this has been boosted in Kenya by the government subsidized medical fee in public hospitals. However Kimosop (2009) maintain that, in some instances, older persons are required to purchase drugs from private pharmacies especially during a shortage of drugs in public hospitals. Therefore, the two thousand shillings grant from the OPCTP plays a crucial role in supplementing funds for such drugs.

In summary, a study by HAI (2007) in Zambia found a wide range of positive impacts of the programme through proper spending of funds granted to the older persons. The first impact is
that it has boosted food security. In relation to this, recipients were more than ten percentage points more likely to eat three meals a day than non-recipients. Secondly, it has impacted positively on health. In this case, recipients were more likely than non-recipients to have bought medicine in the six months preceding research (88 per cent compared to 74 per cent). Lastly, it has boosted the dignity of the beneficiaries. Here, recipients were more likely to report feeling appreciated and supported by their families and communities and to feel less lonely than non-recipients. These benefits could be translated to mean opportunities for enhanced lives.

2.4 Extent to which the programme meets the needs of the older persons

The older persons are the most destitute group in Kenya (Ressler, 2008). Majority of them, in the country, are trapped in misery through a combination of low income and poor health (Muiruri & Elossy, 2012). Traditional support of the family is increasingly unable to cope with the problem. In a world where the extended family is breaking down and children are unable to take care of their parents, majority of the older persons face destitution. The emerging demographic profile and socio-economic scenario of the country indicate that matters will worsen dramatically in the years to come. However, since the inception of OPCTP, a value has been added to the socio-economic and political lives of the older persons by meeting some of their needs while at the same time meeting the needs of the dependants, community and the nation (Muiruri & Elossy, 2012).
2.4.1 How the programme meets both the needs of the beneficiaries and the dependants

According to Cattel (2003), the basic aim of the programme is to meet the needs of the beneficiaries and reduce abject poverty facing older adults. The programme has indeed been meeting some of the basic needs of the beneficiaries but as much as it has been benefitting the target group, the benefits end up in the hands of either the dependants of the older persons or even their relatives. A study done by Michael and Samson (2009), for example, revealed that almost all the funds end up in paying part of school fees for some orphaned dependants leaving the beneficiaries of the programme in worse economic situations than they were previously in. According to Help Age International (2007), children benefit when grandparents have a cash transfer fund. In other words, the provision of cash transfers to older people has a positive effect on the wellbeing of children.

According to Ressler (2008), parents and grandparents use the grants to pay for children's school fees, uniforms and school books. The study further indicated that the Kenyan government OPCTP enables the older people to buy food and clothing for their families and reduced the extra burden of the older persons together with the children. A study by Muiruri and Eloessy (2012) indicates that majority of children in families headed by older persons end up in the streets begging for food while others get involved in child labour. However, as a result of the programme, there has been a notable change in such children because they are able to go to school (Muiruri & Eloessy, 2012).

An evaluation by Help Age International (2007) on the OPCTP contribution to family support and community participation by beneficiaries has revealed that the programme has largely benefitted families and communities: nearly one in ten recipients reported that the
programme had enabled them to help others – either within their household or in the wider community – for example through paying school fees, contributing to welfare groups such as for the bereaved persons in the community, education for the needy persons, wedding ceremonies and health funds for the sick in their community. Older persons also contribute financially in community projects out of the little fund they get from the programme (Help Age International, 2007). They also contribute in self help groups. Such self help groups benefit members in addition to trickling down their effects to the dependants of the family.

A study by Mathiu and Mathiu (2012) indicated that just like other social groups in the society, the older persons have started forming self-help groups which are registered by the Department of Social Services and funded by the Ministry of Labour Social Security and Services. These groups include KARIKA in Dagoretti, DAPA in Buru Buru, Purity Community Care for the Aged in Nyeri and Needy and Aged in Kirinyaga. They also incorporate income generating activities such as pottery, basketry, carpentry among others in their group activities (County Gender and Social Development Officer, 2012). The focus of such self help groups is to alleviate poverty and hardship amongst the older persons.

The impact assessment by Help Age International (2007) further shows that the social cash transfer funds enable the older persons to employ domestic workers to help them in domestic and farming activities. As a result of this, they contribute indirectly in the upkeep of their employees families through the provision of basic needs. According to the targeting done by the Sub-County Gender Social Development Offices, one of the conditions for one to be a beneficiary is that the individual must be from a needy family headed by an older person. In other words, a family that cannot sustain the older person and the dependants therein. Before a
beneficiary clothes him or herself, he or she must clothe the dependants there in (CGSDO, 2012).

On a wider scale, by meeting the needs of the beneficiaries together with their dependants, the programme has an impact on local economies, hence benefitting the nation at large (Ressler, 2008). According to this study, the allocation from the programme, even though in modest amounts, leads to alleviation of poverty and an improvement in health of the beneficiaries and their dependants. According to the same source, one of the clearest ways in which a society is able to act against poverty is through its system of social grants.

Grants are associated with a greater share of household expenditure on food and hence improved nutrition. The programme contributes measurably to the health status of the beneficiaries (Peil et al, 2005). Improved health status enables the government to save on health expenditure for the older persons and redirect such funds to other development aspects. Healthy individuals are also able to actively participate in economic activities. Economically too, the programme has led to accumulation of assets through small investments. It was reported that older persons’ households have been enabled to make small investments (Ressler, 2008).

According to Ikiara (2009), political, economic and human rights groups have also benefitted from the programme. This is because the funds have changed the fortunes of the beneficiaries. These groups are able to reach and address the older persons in already mobilized groups rather than as individuals which is more effective and efficient in the campaigns of such groups. Politically, the programme has empowered the beneficiaries by enhancing their self esteem among other social groups and peers (Ikiara, 2009).
2.5 Improving social protection programmes for the older persons

Several scholars identified a number of recommendations to improve the programme. Mathiu and Mathiu (2012) suggest that there should be increased political will to sustain and scale up OPCTP. According to Mathiu and Mathiu (2012), experience from Kenya is that once a cash transfer programme is introduced, stopping it can be a highly sensitive and embarrassing issue politically and socially and therefore governments are likely to be cautious during the initial stages. However, political pressure has shown to push the government to get fiscal space, increase funding, implement and scale up the programme. For example three major political parties featured cash transfer issues in their political manifestos during the 2013 election campaigns in Kenya providing the impetus needed to gain political leadership that will make cash transfer programmes government supportable and sustained. The political pressure by politicians to fulfill their obligations to their constituents has resulted to OPCTP budget increase from Ksh 2 billion in the 2012/2013 financial year to Ksh 4 billion in the financial year 2013/2014 (National Budget of Kenya, 2013/2014).

Muiruri and Elossy (2012) recommended the increased coordination and collaboration to mainstream ageing into other government departments, programmes and policies. There will be need for improved coordination and collaboration between the stakeholders, other ministries, academia and NGOs. The key area of support will be the need to create awareness among policy makers on the plight of older persons. The information collected shows that most government officers are ignorant on the issues affecting older persons. The activities to be supported include networking, consensus building meetings, workshops and press conferences. There should also be a focus to strengthen collaboration and partnership with
United Nations agencies such as UNDP. There will, also, be need for improved collaboration with Central Bureau of Statistics in undertaking various research studies on a range of issues affecting older persons and in data collection and analysis on issues specific to the needs of older persons.

Ikiara (2009) also suggested the Integration of the programme with other complementary interventions. There is need to promote legal rights/ redress mechanisms, strengthen linkages to friendly health services in addition to OPCTP. Evidence presented globally is clear that pro poor interventions that directly address the needs of vulnerable people in the short term as well as protecting them from lapsing into poverty in the longer term due to economy-wide, community-wide or household specific shocks have positive impact. The study further suggests an alignment of all social protection programmes to the countries development plans and budget cycles: it is important for governments to allow participation of various partners such as other public institutions, private sector, civil society organization, individuals, and international organizations to participate in various ways in the development and delivery of social protection programmes. However, the government financing, leadership and coordination is critical to sustain the cash transfer programmes.

Gondi (2005) has examined the status of the old age policy in Kenya and recommended monitoring and evaluation of OPCTP. According to Gondi (2005), the success in the implementation of any programme depends on how well the activities are funded, implemented, monitored and evaluated through feedback mechanisms (Gondi, 2005). For this to take place, in-built mechanism that ensures continuous participation of key stakeholders, in
monitoring and evaluation is necessary. This feedback informs the next round of planning and resources allocation, hence ensuring efficiency in the way development resources are deployed both for economic growth and poverty reduction.

Gondi (2005) maintains that collection and analysis of data on socio-economic issues affecting older persons is crucial for monitoring and evaluation. In collaboration with NGO, academia, international organizations, private sector and public in general, the government should identify information gaps that exist in relation to the needs and rights of older people, collect data on factors that contribute to the poverty experienced by older people, undertake research on differential ageing in women and men, and research on educational gaps and needs of older people amongst others. Monitoring and evaluation processes should be undertaken on a continuous basis and in-built within policy implementation. Older persons should be actively involved in the monitoring and evaluation of the programme with a view to establishing whether it meets its objectives.

Ferreira et al (2007) recommends a need to borrow best practices from the African pioneers of social protection programme like Zambia, Malawi, and South Africa and elsewhere like Mauritius where the programme has been a great success. This should be Kenya’s learning ground, in order to ensure that the programme does not suffer similar setbacks and thus making the programme sustainable.

2.6 Theoretical framework

The study employed a theoretical approach based on the Political Economy perspective by Caroll Estes (1979) and Minkler and Estes (1998). The theory explains structural dependency. It is a framework used to examine public actions such as social assistance. According to Estes
(1979), social structure is the key determinant of the position of older persons in Africa. Minkler and Estes (1998) argue that political economy challenges the ideology of older people as belonging to a homogeneous group unaffected by dominant structures in society (Quodagno, 2010).

According to this theory, our society is organized in such a way that the older persons are in the periphery thus being dependent on assistance from others. The theory further looks to how state organs decide who is allocated resources and who is not. This impinges upon retirement and subsequent pension schemes. Hence, the state can make and break the fortunes of its populace. Consequently, current governmental discourses about cutting public expenditure on pensions and increasingly calling for private provision of support for the aged legitimizes the ideology mystification stereotypes of “burden” groups and populations (Quodagno, 2010).

This is a case of the state using its power to transfer responsibility of pension provision from the state and onto individuals. Indeed, blaming people for not saving enough money for their pensions and other retirement benefits obscures and mystifies the fact that the real economic problems derive from the capitalist mode of production and political decisions. According to the theory, society creates the social problems of old age through “structured dependency” embedded in institutional ageism, poverty due to lack of material resources, retirement policies, negative consequences of residential care and passive forms of community care services.

Therefore, since government programmes are not adequate, there should be a “structural” perspective of “rules and resources” governing older people in advanced capitalism and wider social system. Inequalities in the distribution of resources should be understood in relation to
the distribution of power within society and social class, rather than in terms of individual variation (Estes, 1979).

Estes argument applies to the social and political structures of Kenya in that political decisions determine how much is granted and to who. Political good will in the Kenya’s 2013/2014 national financial budget for instance, showed a boost in the allocation from Ksh 1 Billion to Ksh 3 Billion. This theory therefore helped to conceptualize how government programmes, exclusively the older Persons Cash Transfer Programme (OPCTP), are inadequate to meet the needs of the elderly population in the study area.

2.7 Conceptual framework

The framework was adopted for its potential usefulness as a tool to assist the researcher to make meaning of subsequent findings. It was meant to model the interplay between the dependent, independent and intervening variables. The model in Figure 2.1 illustrates this scenario.

**Fig 2.1: Factors that determine utilization of C.T. fund**

![Diagram of Factors affecting C.T. fund utilization]

**Dependent variables**: Government policies, External support, Family composition, Social relationships

**Intervening variables**: Socio-economic status, Health status, Individual characteristics

**Independent variable**: Use of Cash Transfer
The study conceptualized that use of social cash transfer allocated to older persons is determined by factors such as external support to older persons, family composition, government policies, social-economic, health status of the beneficiaries, social networks and individual characteristics (gender, education).

Socio-economic status, health and individual characteristics are the intervening variables; some older persons in fact do not need the transfer while others are not only vulnerable but also have dependants in addition. These factors in the end determine how they use the cash; whether they use it on meeting their basic needs (as intended) or on other things.

Socio-economic status is often measured as a combination of education, income and occupation. It is commonly conceptualized as the social standing or class of an individual or group. When viewed through a social class lens, privilege, power and control are emphasized. Socio-economic status is a key factor in determining the quality of life of older persons.

Declines in health and the death of a spouse, common among older adults, are factors that can affect financial standing and other aspects of social economic situation. This raises the level of vulnerability. As a large proportion of the population approaches retirement, greater demand is placed on social security, and cuts in these benefits are anticipated.

On average, the more advantaged members of a society are, the better their health. In the most recent era, researchers are increasingly exploring the mechanisms by which social economic status exerts an influence on health. There are multiple pathways by which socio-
economic status determines health; a comprehensive analysis must include macroeconomic contexts and social factors as well as more immediate social environments, individual psychological and behavioral factors, and biological predispositions and processes. Consequently, as older persons experience dwindling health, their socio-economic status falls and hence a pressing need to enroll in welfare programmes such as OPCTP.

Individual characteristics include gender, education and family size. In terms of gender, the AU Policy framework and Plan of Action on Ageing indicates that the majority of older persons in almost every country are women. Women’s greater longevity means that the world is predominantly one of poor women often widowed and compounded with the burden of taking care of other dependants. The larger the family size, the more the needs and hence greater utilization of the allocation.

In summary, literature reviewed showed that a greater number of older persons face social stigma/exclusion. They are excluded from decent housing, public transport and local amenities whereas the problem became more severe for those in poor set ups. Social exclusion is measured across seven domains including exclusion from social relationships, local amenities, financial products, civic activities and access to information, decent housing and public transport, cultural activities, and common consumer goods. As people age, they are more likely to become socially excluded. Decent housing and access to public transport are key issues for older people-possibly more so than other measures of deprivation, because of their impact on social participation.
In conclusion, the researcher hypothesized that receipt of benefits would reduce the vulnerability of recipients by enabling them meet their basic needs.
CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology that was adopted to carry out the study. It covers research design, variables and categories of analysis, site of the study, the study population, sampling techniques and sample size, research instruments, validity and reliability, data collection, data analysis and data management and ethical considerations.

3.2 Research design

The study used cross-sectional survey design. This design was considered appropriate because it enabled the researcher to look at numerous variables (age, income, gender, social relationships, health status, level of education among others) at a specific point in time or at once (Mugenda & Mugenda, 2003). The researcher analyzed the data to examine the relationship between the variables. Data was collected and analyzed from a wide range of respondents. Primary data was collected from the elderly persons and from caregivers. Secondary sources of data included key informants (County Gender and Social Development Officer, Sub-County Social Development Officers, Social Development Committee members) and County administrators. The design enabled the researcher to describe the present practices and characteristics that exist in the study area in relation to the utilization of the OPCTP allocation by older persons.

3.3 Variables/Categories of analysis

The independent variable that the study examined was the use of cash transfer. Intervening variables included socio-economic factors, health status and individual characteristics.
External support to older persons, government policies, family composition and social relationships were the dependent variables. The categories of analysis included both qualitative and quantitative types because the study interacted with both qualitative and quantitative data in order to adequately address the objectives.

3.4 Site of the study

The study was conducted in Kirinyaga County. Kirinyaga County is one of the 47 Counties in Kenya and is located between latitudes 0° 1’ and 0° 40’ South and longitudes 37° and 38° East. The County borders Nyeri County to the North West, Murang’a County to the West and Embu County to the East and South. It covers an area of 1,478.1 square kilometers. Administratively, the County is divided into five Sub-counties namely; Kirinyaga East, Kirinyaga West, Mwea East, Mwea West and Kirinyaga Central. The county has four constituencies namely Mwea, Ndia, Kirinyaga Central and Gichugu. Mwea constituency comprises of two districts namely Mwea East and Mwea West while other constituencies form Kirinyaga West, Kirinyaga Central and Kirinyaga East Sub counties respectively. From the Kenya Population and Housing Census 2009, the population of the county was 528,054 persons with an annual growth rate of 1.5 per cent. The population of older persons aged 65 years and above is 26,025. The total population is projected to be 595,379 in 2017.

3.5 Study population

Study population is the specific population about which information is desired. According to Ngechu (2004), a population is a well-defined set of people, services, elements, events, group of things or households that are being investigated. The target population for this study
comprised of persons aged 65 years and older in Kirinyaga County who are beneficiaries of the OPCTP. According to the CGSDO Kirinyaga County (2013), there were 550 beneficiaries as per 2013/2014 financial year returns.

The population was stratified as 152 from Mwea constituency, which was equivalent to 28 per cent of the total number of beneficiaries; 147 from Ndia constituency, which represented 27 per cent of the total number of beneficiaries; 160 from Kirinyaga Central constituency, which represented 29 per cent of the total number of beneficiaries and 91 from Gichugu constituency, which represented 16 per cent of the total number of beneficiaries.

<table>
<thead>
<tr>
<th>Constituency/ Sub-county</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mwea</td>
<td>152</td>
<td>28</td>
</tr>
<tr>
<td>Ndia</td>
<td>147</td>
<td>27</td>
</tr>
<tr>
<td>Kirinyaga Central</td>
<td>160</td>
<td>29</td>
</tr>
<tr>
<td>Gichugu</td>
<td>91</td>
<td>16</td>
</tr>
<tr>
<td><strong>Sampling frame</strong></td>
<td><strong>550</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: CGSDO-Kirinyaga 2013.
3.6 Sampling techniques and sample size

Proportionate and simple random sampling methods were used to select a representative sample due to the different number of selected beneficiaries in each of the four constituencies of the study area. The researcher made a complete list of beneficiaries from each constituency. The number of participants from each constituency was determined by their number relative to the entire study population. In this case, the constituency with the highest number of selected beneficiaries had the highest number of respondents. Proportionately, a 30% sample of respondents from each of the constituency was deemed appropriate for the study (Ikiara, 2009). This gave 164 respondents with Mwea having 45, Ndia 44, Kirinyaga Central 48 and Gichugu 27 as shown in Table 3.3. This is the number which participated in the interview.

Table 3.3: Sample size

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Frequency</th>
<th>Sample weight</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mwea</td>
<td>152</td>
<td>0.3</td>
<td>45</td>
</tr>
<tr>
<td>Ndia</td>
<td>147</td>
<td>0.3</td>
<td>44</td>
</tr>
<tr>
<td>Kirinyaga Central</td>
<td>160</td>
<td>0.3</td>
<td>48</td>
</tr>
<tr>
<td>Gichugu</td>
<td>91</td>
<td>0.3</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>550</strong></td>
<td></td>
<td><strong>164</strong></td>
</tr>
</tbody>
</table>

Source (Researcher, 2014)
3.7 Research instruments

The study used interview schedules and focus group discussion guide to collect data from the respondents. Semi structured interview schedules were used to conduct interviews with the respondents because of the flexibility of the instrument to gather in-depth information from topics such as the one under study. Focus group discussion guide was used because of its ability to collect information from a cohort group with similar characteristics like the one under study.

3.8 Validity and reliability

The accuracy of data to be collected largely depends on the data collection instruments in terms of true measure and internal consistency (Mugenda & Mugenda, 2003). Reliability refers to a measure of the degree to which the research instruments yield consistent results (Mugenda & Mugenda 2003). In this study, reliability was ensured by pre-testing the research instruments in a pilot study on utilization of OPCTP allocation by beneficiaries with a selected sample of 10 respondents from the neighbouring Murang’a County. It was found out that 80 per cent of OPCTP benefits was utilized for nutrition, 18 per cent for medical care while 2 per cent for other uses. These results however were not included in the final analysis. After pre-testing the research instrument, some questions were deleted and others added.

Validity, as noted by Robinson (2002), is the degree to which results obtained from the analysis of the data actually represents the phenomenon under study. This was ensured by having objective questions included in the interview schedules and detecting ambiguous, awkward, or offensive questions and use of appropriate technique.
3.9 Data collection

Primary data was collected by conducting semi-structured interviews with the selected beneficiaries of the programme and their caregivers about their views and suggestions in regard to the topic under investigation. Since the researcher was to meet some of the respondents while in their self help groups, he would in this case immediately switch data collection method to focus-group discussion. The researcher filled the interview schedules in the course of the face to face interview. On the other hand, secondary data was collected from records from Social Development Offices, journals, books, published and unpublished research materials through thematic analysis.

3.10 Data analysis

Qualitative data was analyzed using thematic method. Kombo and Tromp (2006) defined thematic analysis as one which involves identification and grouping of related themes together and describing the association between them. It involved identifying from the collected raw data information relevant to the study objectives, coding the information, identifying major themes and placing the coded data under related themes. Quantitative data was analyzed using descriptive statistics such as frequencies, percentages and modes using SPSS programme.

3.11 Data management and ethical considerations

To ensure safety and confidentiality of participants, raw data was stored electronically and protected with passwords to deny unauthorized access. The raw data was then immediately destroyed after use. The researcher obtained the required approvals and permission from the Graduate School, Kenyatta University and from The National Council for Science and
Technology (NACOSTI). Also contacts were made with local leaders in the study site. The study respondents were informed of the objectives of the research and their informed consent was obtained. They were also assured of confidentiality and anonymity as well as their right to voluntarily withdraw from the interview if they were uncomfortable at any point.
CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter covers data presentation, analysis and discussion. The aim of the study was to assess the utilization of social cash transfer allocation by older persons in Kirinyaga County. The presentation of data, analysis and discussions were guided by the study objectives which were to identify the different ways in which the older persons utilize OPCTP benefits, examine the extent to which the programme meets the needs of the older persons and suggest improvements to enhance the programme in order to optimize its ability to meet needs of the older persons. The chapter starts with the presentation of the demographic characteristics of the OPCTP beneficiaries selected as study respondents.

4.2 Demographic characteristics of the respondents

The demographic characteristics of respondents were examined based on their age, gender, marital status, education level, occupation and roles of other members of respondents’ households.

a) Age distribution of respondents

Ages of respondents were grouped from 65 years being the age of entry for older persons into the Cash Transfer Programme for the elderly. The ages have been grouped with intervals of five (5) due to the small size of the cohort group. Table 4.4 illustrates frequency distribution of the respondents by age.
Table 4.4: Age distribution of respondents

<table>
<thead>
<tr>
<th>Age group</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>29</td>
<td>17</td>
</tr>
<tr>
<td>70-74</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>75-79</td>
<td>60</td>
<td>37</td>
</tr>
<tr>
<td>80-84</td>
<td>31</td>
<td>18</td>
</tr>
<tr>
<td>85-89</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>90-94</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>95 and above</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>164</td>
<td>100</td>
</tr>
</tbody>
</table>

Majority (37%) of the respondents were aged between 75-79 years. This confirmed the 2009 Census report which indicated the highest population of older population between these ages in Kirinyaga County.

b) Gender distribution of the respondents

The Respondents for the study comprised of a sample of 164 beneficiaries of the OPCTP (120 females, 44 males). The following is a tabular distribution of respondents by gender.

Table 4.5: Gender distribution

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>44</td>
<td>27%</td>
</tr>
<tr>
<td>Female</td>
<td>120</td>
<td>73%</td>
</tr>
</tbody>
</table>
The percentages of male and female respondents were 27 percent and 73 percent respectively.

From this it can be noted that women were the majority. The reason for this could be because women are said to have a higher life expectancy. Robinson (2007) in his paper asserted that men have lower life expectancy rates. Another general reason he gives for women’s longevity is the fact that women marry older men. Because of this, Robinson (2007) argued that women aged 65 years are more likely to be widowed.

Existing researches and media reports show that the world population is higher for women compared to older men. AU Policy Framework and plan of Action on Ageing indicates that the majority of older persons in almost every country are women (55% globally) with difference in gender ratios increasing with age (HAI, 2007). According to Heslop (2009), women’s greater longevity means that the world of older people is predominantly one of poor women often widowed who all too often face physical suffering, economic disadvantage and social exclusion.

c) Education level of respondents

Poverty and education are inversely related. According to Cattell (2003), education contributes to enrolment in OPCTP in that the more literate the potential beneficiaries are, the easier it is for them to understand the requirements of in the programme. A study done in Nyanza region by Ondigi & Ondigi (2012) on the influence of poverty and wellbeing of the elderly attributed limited sources of income including pension to minimum education level
(primary and below). The high illiteracy level among the beneficiaries (81%) can be part of the reasons why all the households (100%) resorted to peasant agriculture which was the main occupation established in the study.

Table 4.6: Frequency distribution on the education level of respondents

<table>
<thead>
<tr>
<th>Education level</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>133</td>
<td>81</td>
</tr>
<tr>
<td>Semi literate</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Primary Level</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>164</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

From the field data collected, 81% of the respondents were illiterate, 13% had obtained primary level education and 6% were semi literate. None of the respondents had obtained secondary school education or above.

d) Marital status of the respondents

As shown in Table 4.7, majority of the respondents surveyed were widowed accounting for 52.6%. Others included 42.2% married, 2.6% single, 1.3% separated and 1.3% divorced.
Table 4.7: Frequency distribution of the respondents by marital status

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widowed</td>
<td>82</td>
<td>52.6</td>
</tr>
<tr>
<td>Married</td>
<td>69</td>
<td>42.2</td>
</tr>
<tr>
<td>Single</td>
<td>5</td>
<td>2.6</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
<td>1.3</td>
</tr>
<tr>
<td>Separated</td>
<td>4</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>164</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Despite the diversity in marital status, the study established that marital status in old age is skewed towards widowhood/widowerhood. According to Cattell (2005), widowhood/widowerhood and poverty are also highly related in old age.

e) Main occupation of respondents

The findings on the main occupation of respondents show that majority of them (85%) are in peasant agriculture as presented in the following pie chart.

**Figure 4.2: Main occupation of respondents**
This outcome was consistent with GOK (2009) report which indicates that the main sub-sector for Kirinyaga County is agriculture and livestock production which constitute the major economic activity in the county and is estimated to contribute about 78 percent of household income and offering employment to over 528,054 households. Agriculture is an occupation that requires physical engagement. Older persons in their advanced ages may not be able to till land. Taking into account that Kirinyaga has got a stiff competition for arable land amongst the young, farming can be a great challenge to the older persons. Land is mainly owned by the older persons. However, generations of older persons may own land but have no resources to utilize it.

f) Roles of other members of respondents’ households

The researcher ascertained the roles of other household members for purposes of gauging the overall beneficiary’s household economic status. Responses have been summarized in Figure 4.3.

Figure 4.3: Roles of other members of respondents’ households

<table>
<thead>
<tr>
<th>Household members (%)</th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earner</td>
<td>16.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helper</td>
<td>8.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependant</td>
<td>74.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A majority (74.7%) of the beneficiary’s household member’s role is dependants. Dependants are the older person’s children and relatives. Majority of the dependants are school going children (70%). Earners (16.9%) were mainly house helps and casual workers. Helpers (8.4%) were mainly peasant farmers augmenting the household needs.

The beneficiary households’ earners and helpers are few (25.3%) compared to those who are dependants.

### 4.3 Ways in which older persons utilize OPCTP benefits

This section responds to the first objective of the study which was set to identify the different ways in which the older persons utilize OPCTP benefits. The respondents were first asked about the utilization and prioritization of the use of the benefits by their household as demonstrated in Table 4.8.

**Table 4.8: Frequency distribution on utilization of OPCTP benefits by beneficiaries**

<table>
<thead>
<tr>
<th>TYPE OF USE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>164</td>
<td>100</td>
</tr>
<tr>
<td>Education</td>
<td>111</td>
<td>68</td>
</tr>
<tr>
<td>Health</td>
<td>88</td>
<td>54</td>
</tr>
<tr>
<td>Shelter</td>
<td>102</td>
<td>62</td>
</tr>
<tr>
<td>Clothing</td>
<td>134</td>
<td>82</td>
</tr>
<tr>
<td>Small investments</td>
<td>95</td>
<td>58</td>
</tr>
</tbody>
</table>
All the respondents (100%) spend their benefits on food, followed by clothing (82%), then water and sanitation (74%), education (68%), shelter (62%), small investments (58%), health (54%) and lastly leisure (15%). This outcome is in support of DFID (2005) report that indicated that the ability to meet the basic necessities of food, education, health, shelter, clothing and water boosts the confidence of the respondents by bringing them at par with the rest of the community members. On the other hand, small investments boost their economic power.

Having known how the beneficiaries’ households spend their money, the research further sought to establish what the household considers a priority when it comes to the utilization of OPCTP benefits.

**Table 4.9: Prioritization of the utilization of OPCTP benefits by beneficiary’s household**

<table>
<thead>
<tr>
<th>Ranking according to priority of spending</th>
<th>Clothing N=110</th>
<th>Shelter N=92</th>
<th>Small investments N=79</th>
<th>Food N=163</th>
<th>Education N=104</th>
<th>Leisure N=19</th>
<th>Health N=77</th>
<th>Remittance N=19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>18</td>
<td>0</td>
<td>112</td>
<td>29</td>
<td>0</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>45</td>
<td>14</td>
<td>17</td>
<td>32</td>
<td>15</td>
<td>0</td>
<td>35</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>40</td>
<td>18</td>
<td>11</td>
<td>10</td>
<td>12</td>
<td>0</td>
<td>10</td>
<td>3</td>
</tr>
</tbody>
</table>
The data collected revealed that the OPCTP benefits are primarily utilized on basic needs. According to DFID (2005) report, initial evaluation of Kenya’s OVC-CT programme suggested that the money had been spent on: food, clothing, shoes, medical expenses and minor household purchases. In so far as ranking of use of the stipend is concerned, a majority (99%) indicated food as their number one need to consider in spending their cash transfer. This is followed by education (63%), and then shelter (56%) followed by health (47%). One case indicated clothing as their number one priority. In rank number two and three clothing came the highest with (45) and (40) respondents respectively. Leisure was pointed least with a total of 13% of the respondents ranking it but placing it at the rear or near rear.

These findings confirmed the framework of Maslow’s hierarchy of needs theory in the sense that majority of the respondents rated food as their first thing to spend on when cash transfer is received. Other areas that were identified as a priority are education of household members, shelter, clothing and health. All of these needs fall under physiological and safety needs according to Maslow. Leisure which probably falls under esteem needs was least ranked with majority not rating it at all.
From the findings above it is apparent that food, education and shelter respectively were placed high by majority household. Poor households tend to meet survival needs like food and this could be the reason why majority (99%) ranked food a priority to spend on. As far as education is concerned, one might wonder why education is not a need for survival yet a comparable good number identified it as a priority. It is hereby arguable that education being one of the imperative gates to better livelihood could therefore be part of the reasons for directing household resources including cash transfer towards its spending. The allocation is used in educating kin by the beneficiaries. One old woman said that she would not like to see her grandchildren stay at home as others went to school and hence she ensures that their fees are paid before thinking of other needs. Humans need warmth and a cover to survive and hence the rationale of spending first on shelter.

According to Soares et al, (2008), social assistance programmes are safety nets against the effects of absolute poverty. Receipt of cash transfers provides small amounts of capital for investment in productive activities, giving the recipients opportunity to not only protect but also improve their economic wellbeing (Vincent and Freeland, 2003).

Being open ended, the question also brought out data regarding the utilization of OPCTP fund and its influence on the wellbeing of the older persons. In their explanation of the use of the fund and their priorities for spending, a number of qualitative welfare indicators in relation to clothing, education of household members, and health of the older person among others came out strongly from the responses on the use and prioritization of the OPCTP stipend.
4.4 Extent to which OPCTP meets the needs of the older persons

The second objective of the study was to examine the extent to which the programme meets the needs of the older persons. As shown in Table 4.10, qualitative comments/data offered by some respondents depicted an improvement in overall health of the beneficiaries. A general rating of respondents’ health showed that majority (59%) of the beneficiaries were in good condition.

**Table 4.10: Frequency distribution on health conditions of the respondents**

<table>
<thead>
<tr>
<th>Health condition</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>Good</td>
<td>96</td>
<td>59</td>
</tr>
<tr>
<td>Poor</td>
<td>35</td>
<td>21</td>
</tr>
<tr>
<td>Very poor</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>164</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

On the other hand, a good number of respondents indicated using OPCTP in meeting medical expenses of self and household members. According to DFID (2005) report, social transfers enhance those living in extreme poverty to access health services and pay for medicines and associated costs. In Namibia for instance, beneficiaries spent 13.8 percent on the cash they
receive on healthcare for themselves and also to cover the other members of the household (Devereux, 2001). If health conditions of beneficiaries improve, they are able to actively participate in socio-economic activities such as farming and small businesses and hence get a meaningful source of livelihood.

While commenting on the effect of OPCTP in meeting the health needs of the beneficiaries, one 77 years old man from Ndia constituency said:

“I was bedridden before the government enrolled me to this programme. I had a disease that blocked my urinal system. When I got my first money, I went to Kagio Nursing Home and I was given medicine and a tube that has helped open the urinary system. I can now walk and even go in person to collect the money from Kagumo post office. When I get my stipend, I go to see the doctor for checkups. I live with two orphaned children one of whom has two children born out of wedlock, my wife looks after my granddaughter’s children while she is away in Nairobi doing housekeeping work to support our food needs. Basically OPCTP is for my health and stopping it will mean the end of my life”.

It can be seen from the statement that the OPCTP has done substantially well in so far as meeting the health needs of the beneficiaries is concerned hence addressing their vulnerability. In other words, OPCTP enables the beneficiaries’ households to manage health risks. Therefore, such households invest in human capital and productive assets.

The respondents’ views on the other extents to which OPCTP meets the needs of the older persons were as follows:-
i) **Access to goods and services on credit**

The research sought to know some of the ways in which the OPCTP meets the needs of the beneficiaries. Respondents said that it enabled them to access goods and services on credit. In relation to this, the researcher sought to approximate the percentage amount obtained from specified sources including OPCTP. The research probed on such items as obtaining household items like: sugar, soap, water, maize flour and such services as: medical attention, education of a school going child among others as some of the goods and services that a household can access through credit. The following were the replies.

**Figure 4.4: Access to goods and services on credit by beneficiaries’ households**

Majority of the respondents (60.4%) said that they could access services on credit, 37.7 percent said they could not because they either did not like borrowing or did not have the money to settle the debt. If credit is obtained, the beneficiaries are able to meet the basic necessities and also participate in community affairs such as merry go rounds and welfare contribution (burials). Respondents who indicated accessing credit were further queried to establish the sources of money they rely on for settling the debt. As to the sources of settling the debt, the following were pointed out.
Figure 4.5: Approximation in percentage of source of money used to settle debt from goods and services bought on credit

![Bar chart showing the percentage of money used to settle debt from various sources.]

Figure 4.5 shows that OPCTP was awarded 60.9% by a majority of beneficiaries (81-100) as the main source of settling debt. A few beneficiaries’ households (0-20) relied the least on income from remittances, farm and or own business to settle debts. This is corroborated by DFID (2002) study which pointed out that the provision of a guaranteed and predictable minimum income provides them with a level security and increase their ability to plan for the future including accessing credits for both personal and community development.

ii) Self help group membership/enrolment

The research sought to establish whether older persons are members of any self help group as a result of being beneficiaries of OPCTP. The findings were as follows;
Beneficiaries use the allocation to join groups that mobilize savings (Kinyanjui, 2012). When the beneficiaries were asked whether they had joined a self help group ever since becoming beneficiaries of OPCTP, a majority (61.7%) said they did, 32.5% said they did not while 0.6% did not respond to the question. Most of the self help groups formed were merry go rounds and welfare groups. During pay days, members of merry go rounds contribute to each other with the aim of engaging in such activities as purchasing goats, improving shelter and water storage.

One 75 year old beneficiary from Kagumo village of Kirinyaga Central sub-county said that she was in a self help group (called Wendani Witu) consisting of 56 members, 18 of which are beneficiaries of the Older Persons Cash Transfer Programmes. The group was said to be engaged in table banking, basketry using sisal ropes, improving shelter and buying each other goats and beddings. In their 2013/2014 activity, they were buying each other plastic tanks and they had reached the 34th person. The 75 year old lady said “my joining of the group was
motivated by the fact that I was receiving regular money from the government”. Welfare groups like any other organized group enhances individual bargaining power in that they can be able to access other group benefits like community grants. Other benefits would entail help by group members in case a member has a social or monetary problem.

Kinyanjui (2012) opines that social capital is productive; making possible the achievement of certain ends that in its absence would not be possible. The fact that older persons are engaged in group activities (merry go round and welfare groups) gives them the advantage to access other benefits which they would otherwise have not. Notable is ability of the older person to add assets to the household in the form of goats, cows and the like. The acquisition of assets, though small, is a social capital to the older person in the sense that they can be respected by community members as persons who own property.

iii) **Education support for community members**

A majority (101) used their cash transfer in meeting the education needs of their household members. A 68 years old woman beneficiary of Mwea constituency while explaining her use of the stipend on education said;

“*I help my grandchildren in both primary and secondary. Two of my granddaughters are in Mwea secondary day school while three are in primary. I help a lot with the payment of fees for those in high school. The children belong to my son but he is a drunkard and does not have adequate money. I love my grandchildren because they help me a lot. The head teacher does not send my grandchildren home because he is aware...*
that I pay when I get my stipend. At some point the stipend was delayed
and we were given a cumulative amount of KES 8,000. The amount
helped me a lot in settling the fees arrears.’’

This and many other responses from the beneficiaries revealed that in so far as OPCTP use on
education is concerned, the stipend is spent on paying school fees partly for the dependants.
Older persons get a chance of being enlightened while in community gatherings (barazas) in
terms of other welfare programmes and how to use the funds (Van Der Geest, 2007).

From the statement, it can be argued that cash transfers boost the credit worthiness of recipient
beneficiary, who act the roles of household heads/or caregivers, to the extent that a school going
child is retained in school even at a time when funds are not available. This therefore could
enhance retention among school going children and hence uninterrupted learning. According to
Barrientos & Lloyd (2008), there is evidence in Brazil to show that old age pensions have
helped to increase school attendance. A research done in Namibia by Devereux (2001) shows
that old age pension is spent on children’s education.

d) Dependants in the beneficiaries’ households affected by OPCTP benefits

The study sought to know the category and number of dependents in the beneficiaries’
household and community who also feel the effect of OPCTP benefits in meeting their needs.
The findings are as tabulated.
Table 4.11: The categories of dependants in the beneficiaries’ households

<table>
<thead>
<tr>
<th>Categories of dependents</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with disability</td>
<td>51</td>
<td>31</td>
</tr>
<tr>
<td>Children below 18 years</td>
<td>43</td>
<td>26</td>
</tr>
<tr>
<td>Lactating mothers</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Chronically ill</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>OVC</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Single parents</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>164</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

As shown in Table 4.11, there were various categories of dependants in the beneficiaries’ household. These categories are interdependent in that one household had a dependent or dependents with children below 18 years and lactating or any other combination of categories. Therefore, the effects of OPCTP benefits were felt not only by the beneficiaries but also by the dependants (Moller & Sotshongaye, 2002).

4.5 Suggestions on improvements for OPCTP in order to optimize its ability to meet the needs of the older persons

The third objective of the study was to suggest improvements to enhance the programme in order to optimize its ability to meet needs of the older persons. To achieve this objective, the study sought to know the respondents’ views on what the government should do to the allocation granted through OPCTP. The following is a presentation of findings for their responses.
Table 4.12: Frequency distribution on desired government intervention

<table>
<thead>
<tr>
<th>Desired Government Intervention</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase amount</td>
<td>154</td>
<td>94</td>
</tr>
<tr>
<td>Should not increase amount</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Reduce amount</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>164</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

As shown in Table 4.12, majority of the respondents (94%) wanted the current OPCTP allocation to the beneficiaries increased while only 6% wanted the current amount to remain. This means that the current allocation is not adequate in terms of meeting the needs of the beneficiaries and those of their households. However, with the available amount, the beneficiaries have been able to manage risks. Therefore, these benefits have, at least, enabled the beneficiaries to meet their basic needs and hence address their vulnerability.

During the survey, the study further sought to know what the respondents thought should be the minimum age for the beneficiaries of the programme. The following is a presentation of findings for their responses.
As shown in Figure 4.7, 159 respondents which represent the majority at 97% suggested a reduction of the minimum age to 60 years. 3% of the respondents that represents 5 respondents suggested the minimum age to be below 60 years while none of the respondents suggested the current minimum age to remain. This means that the majority of the respondents were of the opinion that the minimum age limit for the beneficiaries should be reduced.

In relation to the above findings, most government policies give certain ages to mark the beginning of old age. Kenya’s National Policy on Older Persons and Ageing puts it at 60 years (MOGCSD, 2009). This age is equally set by UN and AU as the starting age for the elderly. This is also the age at which formal employment in Kenya is officially terminated.

The respondents also suggested the use of OPCTP benefits as collateral for development loans. As shown in Table 4.13, majority of the respondents’ suggestion (99%) was that the benefits should act as collateral for development loans from micro-finance and other financial institutions for the beneficiaries. However, only 2 respondents which represented 1% were
against this suggestion. This small percent feared the assumption that the allocation may fail to be disbursed on time hence forcing the financial institutions to auction the little assets they might be having leaving them in a worse economic situation than before.

**Table 4.13: Alternative use of benefits**

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>162</td>
<td>99%</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>164</td>
<td>100%</td>
</tr>
</tbody>
</table>

For those who supported the idea, they thought that this would be a good boost for the socio-economic situation for both the beneficiaries and their dependents. Part of the loan, according to them, may be used to pay school fees for their dependents and another part act as capital for small-scale businesses for instance selling vegetables.

Finally, the respondents gave other improvement suggestions for the Kenya’s OPCTP. As shown in Table 4.14, majority of the respondents (68%) suggested that the allocation should be disbursed on time, 15% and 12% of the respondents suggested that the allocation should be accessed through mobile money transfers and bank agents respectively while 5% of the respondents suggested that there should be free services-in-kind to the older persons in supplementation of the OPCTP.
Table 4.14: Frequency distribution on other improvement suggestions

<table>
<thead>
<tr>
<th>Other improvement suggestions</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation be disbursed on time</td>
<td>112</td>
<td>68</td>
</tr>
<tr>
<td>Allocation be accessed via mobile money transfers</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>Funds be accessed via bank agents</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>Free services-in-kind be offered to the elderly</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>No response</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>164</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Respondents believed that the increase in the number of banking agents at the grassroots would save them time and expenses in travelling to access their benefits from Post Banks. Those who suggested the use of mobile money transfers had caretakers who were conversant of their use. Introduction of free services-in-kind to the older persons (such as health care) means that the beneficiaries of OPCTP would in-turn channel the benefits towards meeting their immediate needs thus utilizing the benefits effectively.
CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the research findings, conclusions, recommendations and areas of further research. The study summary gives account of key issues according to the study objectives while the conclusion is drawn based on the study findings. Recommendations are drawn based on the findings and conclusion. This provides the gaps that can be explored more.

5.2 Summary of findings

The highest number of respondents receiving the cash was aged between 75-79 years (37%). Findings further showed that the percentages of male and female respondents were 27% and 73% respectively. The reason for this could be because of the gendered perspective of poverty which reflects the aspect of gendered poverty in old age (Udvardy et al, 2008).

The findings revealed that respondents who had low or no education were the highest followed by primary level and then semi literate. No one had gone beyond primary school. The high illiteracy level among the elderly beneficiaries can be part of the reasons why all the households (100%) resorted to peasant agriculture. Education is also a factor because educated ones may be on pension.

Majority of the respondents were widowed. Widowhood is a risk factor for poverty in old age hence enrolment in social assistance programmes (Cattell, 2005). This was followed by married cases, then single cases, and then both separated and divorced. Findings on the
occupation for the respondents indicated that majority of the beneficiaries interviewed said that they relied on peasant agriculture for their livelihood. The rest relied on small businesses.

The main sub-sector for Kirinyaga County is agriculture and livestock production which constitute the major economic activity in the county. Findings on the roles of other members of respondents’ households revealed that a majority of the household members are dependants. Majority of the dependants are school going children. Earners were mainly house helps and casual workers. Helpers were mainly peasant farmers augmenting the household needs. The implication is that, the livelihoods of the older person may not be catered for fully as the programme envisages because OPCTP is poverty alleviation and not a poverty relief programme.

On the ways in which older persons utilize OPCTP benefits, findings revealed that the OPCTP benefits are basically utilized on basic needs. A majority indicated food as their number one need to consider in spending their benefits. This is followed by education, and then shelter followed by health. One case indicated clothing as their number one priority. In rank number two and three clothing was the highest while leisure was pointed the least.

On the extent to which the programme meets the needs of the older persons, a general rating of respondents’ health showed that majority of the beneficiaries were in good condition. On education support to the beneficiaries’ household members, a majority (101) used their cash transfer in meeting the education needs of their household members. Findings on the other dependents affected by the OPCTP benefits revealed that people with various disabilities were the highest at 31%, children below 18 years were rated at 26%, lactating mothers at 10%, chronically ill were rated at 5%, OVC at 11%, and single parents at 17%.
The findings further revealed that OPCTP has enabled majority of the respondents (60.4%) to access services on credit, 37.7% said they could not because they either did not like borrowing or did not have the money to settle the debt. On joining social groups, the findings revealed that a majority (61.7%) said they did, 32.5% said they did not while 0.6% did not respond to the question. Most of the social groups formed were merry go rounds and welfare groups.

In regard to the improvement suggestions for the Kenya’s OPCTP programme, majority of the respondents (94%) wanted the current OPCTP allocation to the beneficiaries increased while only 6% wanted the current amount to remain. The findings further revealed that majority of the respondents (68%) suggested that the allocation should be disbursed on time. 15% and 12% of the respondents suggested that the allocation should be accessed through mobile money transfers and bank agents respectively while 5% of the respondents suggested that there should be free services-in-kind to the older persons in supplementation of the OPCTP.

Majority (99%) of the respondents’ suggestion was that the benefits should act as collateral for development loans from micro-finance and other financial institutions for the beneficiaries. However, only 2 respondents which represented 1% were against this suggestion. Majority of the respondents suggested a reduction of the minimum age to 60 years.

5.3 Conclusions

The following four conclusions were made from the study. First of all, the study established that the beneficiaries were able to spend the fund in catering for some of their needs. For example, the benefits supplemented food, clothing, health care needs (buying medical drugs and clearing medical bills), transport and communal contributions for instance, merry go
rounds. However, it also came out that some of the beneficiaries misused the benefits instead of meeting the intended purposes. As the funds are properly utilized by the beneficiaries, they are able to meet their basic necessities and other needs of their households. In the process, they become at par with other members of the society and hence the issue of inequality is addressed by proper utilization of OPCTP benefits.

Secondly, the study confirmed that older persons still have dependants who rely on the meager resources available in the household. These dependants include orphaned children, (as a result of HIV/AIDS), their unemployed and desperate children and also divorced/ separated daughters and their children. As a result of the above dependency, the OPCTP benefits end up meeting not only the needs of the beneficiaries but also those of the dependants. For example, instead of buying food exclusively for themselves, the benefits end up buying food for the dependants and even paying school fees. In addition to this, it came out clearly that most of the beneficiaries of the programme depend on their caregivers in accessing the OPCTP benefits due to their illiteracy and dwindling health (poor sight). Consequently, the benefits may end up in the wrong hands and end up being misused.

Thirdly, majority of the beneficiaries are in dire need of external support as they are not fully engaged in productive activities due to their diminishing strength and health. Thus, OPCTP benefits supplement for their needs. However, the amount requires to be increased and the programme made universal. As far as enhancing the roles of the beneficiaries of OPCTP is concerned, the beneficiaries will be able to open up and disclose other needy members of their households and hence enabling the government, NGOs and other organizations to help them. The beneficiaries are also able to air out other social grievances such as socio-economic discrimination enabling other bodies to address them. If the issue of socio-economic
discrimination for the older persons is addressed, then it results in both social equality and equity.

Lastly, the findings for the study were consistent with the literature. For instance the findings on the first objective relate to the framework of Maslow’s hierarchy of needs theory. Findings on the second objective were at par with DFID (2005) study that maintained that social transfers enhance those living in extreme poverty to access health services and pay for medicines and associated costs. Findings on the last objective were also at par with Emilly (2009) and Mathiu and Mathiu (2012) who found out that the OPCTP funds were inadequate and something had to be done in order for the programme to meet its objectives.

5.4 Recommendations

Based on the study findings and the conceptual framework that guided the study, the following recommendations are made:

1) Economic empowerment for the older persons through group formation and funding of these groups directly. The government through the Ministry of Labour, Social Security and Services should introduce older persons’ fund, just like the Women and Uwezo funds which should be accessed by older persons in groups. The older persons should also be facilitated in group formation through offering of free trainings on the same. Other NGOs and religious bodies should also be incorporated in such initiatives.

2) Provision of free services-in-kind to the older persons by the government. The government should offer universal medical and accident insurance covers for the older persons to cater for frequent emergencies that this group encounters. Other organizations
should also be encouraged to increase medical camps and other grants to the older persons to supplement for their needs.

3) An increase in the amount of fund allocated to each beneficiary as well as making OPCTP universal. In 2013/2014, the allocation stands at 2000 shillings per beneficiary while the minimum age is 65 years. The minimum age should be decreased to about 60 years so as to accommodate the needy cases in this age bracket. In addition to this, although there has been a concerted effort by the government in increasing the funding, still more need to be done as a number of studies (Ressler (2008), Emilly (2009), HAI (2007) have suggested the inadequacy of the same. It should be increased to about 3000 shillings per beneficiary per month.

4) Timely disbursement of OPCTP funds by the government to the collection points. In other words, the allocation should be released on time to avoid the unnecessary delays occasioned regularly. In some instances, the monthly allocation skips even three months only to be released in lump sum in the consequent month. However, a timely disbursement of the allocation will enable the beneficiaries to both budget for it and meet their needs as they arise.

5) Diversification of disbursement points to include bank agents, mobile money transfers and local administration offices. Relying exclusively on Post Bank is faced by a challenge of inaccessibility. In other words, some beneficiaries walk long distances to access the same mainly because the banks are located in urban centres while most OPCTP beneficiaries live in the rural areas. Therefore, introduction of other disbursement means will ensure that the majority of the beneficiaries in the periphery are reached efficiently.
Additionally, the study recommends the following as further research in this area:

i) A study to suggest other ways of reducing vulnerability and culture of dependency for the older persons.

ii) A study to assess how older persons would be empowered through training and credit facilities to participate more in community affairs.

iii) A study to assess the use of OPCTP benefits as collateral for development loans from micro and other financial institutions for the beneficiaries.
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## APPENDICES

### Budget

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<thead>
<tr>
<th>ITEMS</th>
<th>COST</th>
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<tr>
<td>Stationery</td>
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<tr>
<td>Photocopying</td>
<td>3000</td>
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<td>Typing</td>
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<td>Transport</td>
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<td>Printing</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30,700</strong></td>
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