EFFECTS OF OLDER PERSONS CASH TRANSFER FUNDS ON THE WELL-BEING OF THE ELDERLY IN KIBERA, NAIROBI COUNTY, KENYA

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DEDICATION

This thesis is dedicated to Mr. Yariv Adan, my chosen family, my excellent mentor, role model, and my rock. A great man whom I look up to and respect dearly. His sage advice and insights, aided the writing of this thesis in innumerable ways. For believing in me and my dreams, encouraging me, facilitating every single need and reading every draft, to say the least, I will be eternally grateful. His contributions to my life will be forever felt. His lovely family; Wife Hilla, Yoav, Yotam, Roni and Noa may God richly bless you.

It is also dedicated to all those who labor in meeting the needs and welfare rights of the elderly.
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OPERATIONAL DEFINITION OF TERMS

Assessment: Evaluation process of the program to gauge its strength and weaknesses in solving problems for its members.

Older Persons Cash Transfer: Non-contributory cash income given to older persons by the government of Kenya.

Conditional cash transfers: Money set aside for the elderly who meet some standard conditions for their livelihoods needs.

Effects: Change that is a result or consequence of an action or other cause.

Elderly: Adults above 65 years of age.

Well-being: A good or satisfactory condition of existence where the elderly have sufficient income, good health and the ability to participate in society.

Social Protection: Contributory or non-contributory schemes that are supported and funded by the members and managed, controlled and regulated by the government.

Social Protection Program: A plan of activities with designed outcomes, beneficiaries and responsibilities within a defined time frame in response to an agreed social need, in this case cash transfer for the elderly.
ACRONYMS

AFRAN: African Research on Ageing Network
FGD: Focus Group Discussion
HREA: Human Rights Education Associates
IADL: Instrumental Activities of Daily Living
ILO: International Labor Organization
KDC: Kibera Day Care Centre
KNHRC: Kenya National Human Rights Commission
NCOA: National Council On Aging
NGOs: Non-Governmental Organizations
CT: Cash Transfer
FAO: Food and Agriculture Organization
NHIF: National Hospital Insurance Fund
OPCT: Older Persons Cash Transfer
RBA: Retirement Benefits Authority
SDO: Social Development Officer
SPMSQ: Short Portable Mental Status Questionnaire
WHO: World Health Organization
WFP: World Food Program
This study was an assessment of the effects of older persons cash transfer funds on the well-being of the elderly in Kibera informal settlements, Nairobi County, Kenya. The study was guided by the following objectives: to establish the recipients of OPCT program in Kibera informal settlements; examine the different implications of OPCT funds on the well-being of the elderly; establish challenges that OPCT program face in addressing the needs of the elderly; and identify the best strategies of improving the OPCT program for the benefit of the elderly in Kibera informal settlements. The study was guided by resilience theory. The exploratory design was considered appropriate for this study where probability and non-probability sampling procedures were used to identify 75 respondents to participate in the study. The targeted population was the OPCT beneficiaries in Kibera informal settlements; however, the data was validated by key informants selected from among the sampled population. The study found out that there were more women compared to men in the OPCT program. The study noted that the OPCT beneficiaries were 65 years and above, which showed adherence to the objective selection criteria. It was observed further that majority of the elderly OPCT beneficiaries also suffered from chronic diseases such as tuberculosis, high blood pressure, and diabetes. The study established that the OPCT beneficiaries tend to use cash for the most pressing needs such as food, rent, school fees for their grandchildren, and debt repayment. The effects of OPCT funds were felt at individual, family, and community levels. The study revealed the following as critical challenges affecting OPCT program namely; inadequate funding amidst competing needs of the beneficiaries; the disbursement is irregular hence one cannot make meaningful plans with the money, extensive bureaucracy in the registration process coupled with ethnicity issues and corruption. In addition, there are cases of fingerprints failing, omission on the payroll and amount inconsistencies. The study also established that interventions that could address the challenges facing OPCT program were at two levels, namely; community and NGOs; and the government. The study further recommends an increase in the amount of funds being disbursed to the elderly in line with their economic needs; make regular payments so that the beneficiaries are enabled to make meaningful plans; and ensure the right criteria in the recruitment of the OPCT beneficiaries.
CHAPTER ONE

1.1. Background Information

The population of older persons is increasing at a rapid rate throughout the world. According to United Nations Department of Economic and Social Affairs Population Division (UNDESA) (2013), globally, the number of older persons aged 60 years and above is expected to more than double, from 841 million people in 2013 to more than 2 billion in 2050. The older population is predominantly female. Older women outnumber older men almost everywhere because they tend to live longer.

Longer lives are a triumph for human development, yet older people are often seen as a burden and ignored. Help-Age International (2006) posits that all over the developing world; older people make an insignificant contribution to their families and society at large, which includes; performing domestic tasks and caring for children and sick or disabled adults so that other members of the household may engage in “visible” economic activity. Women and men experience ageing in different ways and face different vulnerabilities. Older women are likely to be economically dependent on their families more than men. Structurally they have less access to income-generating opportunities and assets. Consequently; they comprise a category of the poorest compared to their male counterparts. Inline with this, older men, on the other hand, are often rejected by family and community once they are unable to earn an income.

According to Help-Age International (2004), the vulnerability of older people is exacerbated as the overall capacity of the community to care for its vulnerable members is disrupted. As a result, many older people find themselves looking after young dependents, with very limited opportunities to supplement incomes to meet their needs and the needs of their dependants. The older people face increasing risks of illness and disability; hence, for those who are poor, a
lifetime’s exposure to health risks means that they enter old age already in chronic ill health. Women are particularly vulnerable after a lifetime of physical labour, poor nutrition and multiple pregnancies, with limited access to healthcare (Help-Age International, 2002).

The Madrid International Plan of Action (MIPA) (2006), adopted at the Second World Assembly on Ageing, emphasized that older persons should be able to participate in and benefit equitably from the fruits of development to advance their health and well-being, and that societies should provide enabling environments for them to do so. This plan is however, not legally binding to governments. According to Global Action on Ageing, (2006), developing nations increasingly face difficulties supporting their older population. In most developing countries, the elderly live at the bottom of the socio-economic strata. Older women, in particular, confront harsh conditions. Women usually take care of their children and family, an activity that puts them in a disadvantaged position during their old age. Many people in the developing world especially in the rural areas hold informal economic activities without remuneration. These older persons do not enjoy proper pension system and have scarce retirement savings, if any. By providing cash transfers to older persons, governments can meet their obligation to protect the most vulnerable population in their society.

Samson, Nierkerk and MacQuene, (2006) describe cash transfers as social protection interventions falling under social transfers. The system involves the transfer of real cash to an intended beneficiary. They classified cash transfers into three categories; conditional cash transfers, unconditional cash transfers and public works.

According to HelpAge International, (2007), each government that has a cash transfer program uses a slightly different system to distribute benefits. Most nations give a monthly or bimonthly cash transfer, ranging from 2 USD in Nepal to about 130 USD in South Africa. Nepal and India
provide the lowest cash transfers whereas South Africa and Argentina provide the highest. Bolivia offers the “Bonosol” a benefit of 225 USD a year. Some countries like Chile and Mexico combine their social pension schemes with food and health care programs. In some countries like South Africa and Brazil the access to pensions is gender specific. South Africa 65 for men and 60 years and above for women, in Brazil 60 for men and 55 years and above for women. Although in absolute cash value cash transfers are not worth a lot of money, they represent a significant source of income for poor older persons. In the case of Kenya, the government provides a stipend of KES 2000 a month to eligible persons, USD approximate, $20. (Dollar rate taken at 1 USD=104 KES)

The Constitution of Kenya (2010) defines old persons as people of age 60 years and above. The OPCT program, however, targeted persons of 65 years and above; and have attained additional criteria including income status, geographical, and should not be beneficiaries of another CT program. According to the 2009 Kenya Population and Housing Census, there were 1.3 million people who were above 65 years of age, 20.6 million are of age 15-64, meaning a handful will be crossing the 65 age limit annually.

DFID report (2011) argues that, governments in developing countries are increasingly recognizing the need to provide their poorest citizens with social protection. This enables them to offset the risks and shocks that they invariably face on the margins of the economy. Among the most successful forms of social protection are cash transfer programs which, since the first inception in Brazil and Mexico in the mid-1990s, have spread across the world. Millions of poor households are now beneficiaries of these programs which have been credited with helping to bring down poverty rates in Latin America and in other parts of the world. According to National Gender and Equality Commission (2014), in Kenya, a commitment to social protection was
enshrined in Kenya’s Constitution, and asserts the right for every person to social security and binds the State to provide appropriate social security. In 2011, the social protection policy was developed and among other issues emphasizes on social protection in old age through contributory benefits that are aimed at maintaining the income of individuals or non-contributory benefits focused on reducing poverty and vulnerability.

Schubert (2005) and Wietler (2007) found out that, in two pilot programs in Zambia namely; the social safety net pilot in Kalomo District, which targeted households headed by older people caring for OVC’s beneficiaries. The pilot survey showed that they used their transfers to enhance both their own and their household members ‘well-being, with particular benefits for children’s health, nutrition and education. The flexibility of cash transfers, their regularity and reliability, are regarded by the beneficiaries and other stakeholders as the most important features of the scheme. Also highly praised is the transparent, participatory targeting and approval process in Lesotho. According to Pelham, (2007), the government has established an old age pension, helping to foster a contract between citizen and state. Pensioners have noted that they could now pay on credit for purchases and services, such as local doctors that they could previously not have otherwise afforded. According to this study in Kenya’s Kibera informal settlements, the cash transfer program has seen improvement in quality of life through access to food and health services. The beneficiaries are able to repay for food got on credit when the funds are received.

In South Africa, Pelham, (2007) posits that cash transfers are the most regular source of income to households. The challenges of establishing Social Cash Transfers (SCTs) in Sub-Saharan African countries are numerous. The first challenge as argued by Poverty in focus (2008) was that, there was a deeply entrenched belief that cash transfers are handouts that would reduce labour participation. Secondly, there was a widespread perception that transfers would divert
resources from investment in infrastructure and much-needed spending on social services such as public (free) provision of primary and secondary education and primary health care. The immediate challenge is to convince finance ministers and governments generally that SCTs are not simply hand-outs but necessary social investments. They also should be conceived as complementary to the expansion of social services, with a view to reaching poor families.

The OPCT program in Kenya was launched in 2006 at an annual government allocation of KES. 4 Million. During the first arm of the pilot phase, the program provided monthly cash transfer of KES 1065 to 300 households with destitute elderly people in Nyando, Busia and Thika districts. The program was expanded in 2009/2010 and 2011/2012 financial years after receiving KES 550 million and 1 billion successively from the government. The program was allocated KES. 1.5 billion in 2012/13 financial year and Kshs. 3.2 billion in the 2013/14. It is envisaged that the program will be scaled up to benefit more elderly and achieve a regional balance in the spirit of devolution (National Gender and Equality Commission, 2014).

According to the National Gender and Equality Commission, (2014), the government through the Ministry of Labour, Social Security Services implemented cash transfer programs since mid-2000. The OPCT program was initially rolled out on a pilot basis before a scale up commenced three years ago. In Kenya, the number of the elderly people has been on the increase in the recent past. The population of those aged 60 years and above in the country currently stands at 1.5 million and is projected to rise to 2.2 million by 2020.

Kibera is one of the informal settlements located in southwest of Nairobi. It falls among one of the 16 locations where OPCT program was initiated in 2009. In Nairobi the pilots were in Mathare and Kibera location. Kibera informal settlements are characterized by conditions of
extreme poverty, lack of access to basic services, such as electricity and running water. So far there are 699 beneficiaries of Older Persons Cash Transfer (OPCT) in Kibera informal settlement.

1.2. Statement of the problem

The Kenyan Government has been investing in social protection programs, which has demonstrated a range of results. However, the coverage of its safety net programs tends to be low with limited effects especially the cash transfer program in informal settlements such as Kibera. In addition, the cash transfer program has been faced with various challenges ranging from how beneficiaries themselves view the program, adequacy of the funds, how regular the funds are disbursed and the changes the program may (or may not) bring to the intended recipients. Bearing in mind that these challenges are being debated and noted in the program at a national level in Kenya; the cash transfer program has to be evaluated strictly at local constituencies in order to establish whether similar challenges are also being experienced and establish if they do have a significant effect on the welfare of elderly men and women in informal settlements such as Kibera. There is a need to assess the effects of older person’s cash transfer funds to its intended beneficiaries and especially in areas where the piloting of the program was launched.

1.3. Purpose of the study

The purpose of this study was to assess the effects of older person’s cash transfer funds on the well being of the elderly in Kibera informal settlement.
1.4. **Objectives of the study**

The objectives that guided the study were:

i. To establish the recipients of OPCT program in Kibera informal settlements.

ii. To examine the different implications of OPCT funds on the well-being of the elderly men and women in Kibera informal settlements.

iii. To establish challenges that OPCT program face in addressing the needs and plight of the elderly men and women in Kibera informal settlements.

iv. To identify the best strategies of improving the OPCT program for the benefit of the elderly men and women in Kibera informal settlements.

1.5. **Research questions**

i. Who are the recipients of OPCT program in Kibera informal settlements in Nairobi County, Kenya?

ii. What are the implications of OPCT funds on the well-being of the elderly men and women in Kibera informal settlements in Nairobi County, Kenya?

iii. What are the challenges that OPCT program face in addressing the needs and plight of the elderly men and women in Kibera informal settlements in Nairobi, Kenya?

iv. Are there better strategies of improving the OPCT program for the benefit of the elderly men and women in Kibera informal settlements?

1.6. **Justification**

The Government of Kenya expanded OPCT funds in 2009 after receiving Ksh 550 million in 2009/2010 financial year and 1 Billion Kenya Shillings in 2011/2012 financial year. It further allocated 1.5 billion Kenya Shillings in 2012/13 financial year and 3.2 billion Kenya Shillings in
the 2013/14 to the program (National Gender and Equality Commission, 2014). Owing to this huge financial allocation and continuous expansion of the program, there is a need to assess the utilization of these funds as a means of accountability to the taxpayers and to gauge the effects these funds have to the elderly and especially in Kibera informal settlements.

1.7. Significance of the study

To the elderly, this study gave them an opportunity to air their views about the OPCT program through answering the questions. To the social workers, the findings of this study will help them in collaborating with the elderly in creating and advocating for ageing-friendly policies and programs, and to provide culturally competent services to them. To the County governments, government agencies, and NGO’s; the findings of this study will help them develop planning interventions and deliver services that target the elderly effectively. To policy makers, the findings of this study will go a long way in formulating policies for the welfare of senior citizens; the recommendations realized will also act as a basis for making informed policy decisions about the future direction of the social protection sector and develop intervention programs that may facilitate friendships and social activities in old age. The study will help to add knowledge which will be useful to scholars and researchers on matters touching on the elderly.

1.8. Scope of the study

The study assessed the effects of OPCT funds on the well-being of the elderly in Kibera informal settlement, which falls among one of the 16 locations where OPCT program was piloted in 2009. It focused on the elderly men and women who are 65 years of age and above which is the age
that one is eligible to qualify for the OPCT funds. The study targeted the beneficiaries of OPCT funds who are members of Kibera Day Care Centre for the Elderly and other beneficiaries who are non-members but within Kibera informal settlements.

1.9. Limitations

Language barrier slowed down the study, however, this was countered by the use of caregivers and research assistants.

1.10. Assumptions of the study

The study was guided by the assumptions that:

There are recipients of OPCT program. There are different implications of OPCT funds on for the well-being of the elderly in Kibera informal settlements. There are challenges that OPCT program face in addressing the needs and plight of the elderly in Kibera informal settlements. There are better strategies for improving the OPCT program for the benefit of the elderly in Kibera informal settlements.
CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter presents a review of literature as it relates to the effects of older person’s cash transfer funds on the well-being of elderly men and women obtained from published findings from theses, journals, reports and books. The sub-themes include; the recipients of OPCT funds; the implications of OPCT program on the well-being of the elderly men and women; challenges that OPCT program face in addressing the needs and plight of the elderly; and ways of improving OPCT programs for the benefit of elderly men and women.

2.2. The recipients of Older Persons Cash Transfer funds

2.2.1. Older Persons Cash Transfer program

In a study conducted in Brazil by Carvalho (2000), it was noted that limited provision of non-contributory pensions for workers in the rural sector dates back to 1963, but entitlements were restricted to the very old. The scheme was gradually upgraded during the 1970s, in response to the mobilization of rural workers and pressures for land reform. The 1988 Constitution recognized the right to social protection for workers in the rural sector, and especially for those in informal employment. The study noted that the age of pension eligibility was reduced from 65 years of age to 60 for men and 55 for women. However, in urban areas, provision of old age assistance, pensions is much less developed. A social assistance pension Renda Mensal Vitalícia (RMV) was introduced in 1974 paying a flat rate benefit of one-half the minimum wage
to older or disabled people who could not provide for themselves. This study sought to identify the recipients of Old Persons Cash Transfer in Kibera informal settlement.

Devereux (2001) posited that in South Africa a pension benefit of 640 Rand was paid to men aged 65 and over and women aged 60 and over. Benefit entitlements were considered as a means-tested on the income of the individual beneficiary, and their partners if married, but not on the income of other household members. Pensions were first paid in 1928 as a means of providing a basic income in retirement for whites and coloureds in South Africa that lacked an occupational pension. Thereafter, the program was extended to include Africans in 1944, but with different conditions for entitlement and benefit levels. In the 1980s and 1990s, there was a gradual move towards parity in benefit level, which was completed in 1996 with the introduction of non-discriminatory regulations. The OPCT program in Kenya targets persons of 65 years and above who must attain additional criteria, including income status, geographical and should not be beneficiaries of another CT program. The identification of older persons, both men and women entailed evaluating these aspects to see whether they qualify to belong to the program.

According to Marco and Leopoldo (2012), Bolivia provides universal social pensions (fixed cash transfer) to all citizens over 65. Its objective is to return the equity in the privatized state enterprises to the people, to cover the large majority of elderly not covered by the pension program, and to help reduce poverty. The cost of the program was about 1% of GDP and covered 0.7% of the population. This is different from the Kenyan context where the beneficiaries were expected to have attained 65 years and above while meeting other requirements based on other indicators such as income status.

Cornia and Martorano (2010) in a Latin America study concluded that social protection has largely taken the form of large scale implementation of conditional cash transfers (CCTs). The
success of the cash transfer has been seen in combating poverty and inequality across the continent. Other areas where success was noted inline with CCTs were facilitation of empowerment by increasing access to services and supporting investment in various spheres such as education, health and nutrition, especially among the elderly population. Compared to the older, rudimentary programs introduced in the region in the past, CCTs are better funded by the state and assure a greater coverage of the vulnerable population. This study, therefore, sought to assess the implications of OPCT funds on the well being of older persons with a focus in Kibera informal settlements.

The OPCT program in Kenya was launched in 2006 (National Gender and Equality Commission, 2014), at an annual government allocation of KES 4 Million. In the pilot phase, the program provided monthly cash transfer of KES 1065 to 300 households with destitute elderly people in Nyando, Busia and Thika districts. The program was expanded in 2009 after receipt of KES 550 million from the government in 2009/2010 financial year and further to KES 1 Billion in 2011/2012 financial year. The program was allocated Kshs. 1.5 billion in 2012/13 financial year and Kshs. 3.2 billion in the 2013/14. It is envisaged that the program is to be scaled up to benefit more elderly and achieve a regional balance in the spirit of devolution.

The OPCT program is managed through established structures and institutions at each administrative level, from national to the regional level. The overall management and coordination function rests at the national level (OPCT unit) and cascades to the location (Location OPCT Committee) through the district levels. To strengthen accountability and complement existing programs and services, the management structures, particularly at the implementation level, advocates inclusion of wide representation from line ministries, the community and CBOs through the OPCT Committee. Though various studies have been
conducted in Brazil, South Africa, Bolivia and Latin America, most of the studies have focused mainly on the rural population but the current research focused on the urban population particularly in Kibera, informal settlement.

2.2.2. The population characteristics of the beneficiaries

World Bank (2011) in a Brazilian study noted that to be entitled to the OPCT funds individuals need to be 70 years of age or over and have at least 12 months of contributions to social insurance. The most recent estimate is that there are 1.9 million beneficiaries. Proper administration of the program has reasonably enabled it to reach the poorer rural areas. At the household level, eligibility criteria for beneficiary households are based on household characteristics of different families. This particular case is different from what is happening in Kenya, where beneficiaries should have attained 65 years and above and meets other requirements for enrollment.

Evans et al. (2014) in a Tanzanian study concluded that Community-Based Conditional Cash Transfer is targeted to the poor. According to the study the criteria adopted targeted poor households, not receiving similar benefits in kind or cash from another program, and home to an elderly person or an orphan or vulnerable child (OVC). The concept "Very poor" was defined by stakeholders as a household meeting at least three of the following characteristics: lack of a basic dwelling or farm, difficulty having two meals in a day, no adult member has worked in the last month, children with clothes/shoes in poor condition, family does not own livestock and finally family does not own land. The concept of poverty as adopted by Evans and others in the
Tanzanian study is more or less the same as what is used by the Kenyan Government in enrolling the elderly into OPCT program.

National Gender and Equality Commission (2014) study, noted that most beneficiaries of various cash transfer programs are women, perhaps due to their historical vulnerability to poverty and limited access to alternative empowerment opportunities. The findings of the study pointed out that 13% of the beneficiaries did not have direct dependents in the household. All these respondents were elderly living alone. The majority of the beneficiaries (87%) had dependents mainly family members. Among beneficiaries with dependents, 52% lived in households with dependents of ages 18 and under. About 14% of the beneficiaries had dependents aged below 5, nearly two-fifths (38%) had dependents ages 6-17, about one-third (26%) had dependents ages 18-35, and about one-tenth (9%) had persons of age 65 or more. Slightly over one-half (52%) of the beneficiaries have family members/dependents below under 18 years of age. Further, the study established that 70% of the households of the beneficiaries were generally from the lowest wealth category. The materials making the wall, floor and the roofing of the dwelling units are generally constructed using temporary materials with some of the dwelling units in deplorable conditions such as sinking roof, and collapsing walls. Interviews conducted with beneficiaries and care givers yielded that some of the beneficiaries of the social protection program were not in a needy situation as prescribed in the guidelines.

It is apparent from the above literature reviewed that various countries employ diverse ways of selecting the beneficiaries of OPCT. This is because countries have different budgetary allocation as well as different program implementation procedures. This study, therefore, sought to assess the challenges facing OPCT program in addressing the needs of the targeted population.
2.2.3 Access of cash transfer funds

National Gender and Equality Commission (2014) study, noted that during the audit of OPCT program, the beneficiaries and caregivers were asked to state how and where they obtained the bi-monthly allowances; majority of the beneficiaries irrespective of the type of cash transfer they were enrolled for, received the fund through the Postal Corporation of Kenya. About one-tenth (14%) received the fund through the Equity Bank. This study, therefore, sought to evaluate whether the money given to the beneficiaries has any effect on the well-being of the families where the beneficiaries come from.

ISSA (2013) found out that, despite South Africa’s impressive record of covering eligible urban households, “… indigent persons without means of travel who reside in remote areas, and particularly the so-called ‘deep rural areas’ are often excluded from accessing the social assistance grant system and the benefits it offers. The problem is aggravated by ignorance and the high illiteracy rate generally evident in rural settings. Many of the poor are unaware of the availability of social assistance benefits”. These coverage gaps are especially significant from a gender perspective since, in remote locations, the difficulties facing women are often intensified by low literacy and membership in minority ethnic, linguistic, or racial groups. This study, therefore, sought to find out whether there are challenges facing the program among the beneficiaries in Kibera informal settlement.

Studies on recipients of cash transfer funds have shown that eligibility into programs require substantial amounts of personal information to be gathered from potential beneficiaries for purposes of identifying and reaching the poorest and the most vulnerable. However, little is known about how this personal information obtained determines the eligibility criteria for one to
qualify for these funds. This study addressed this void by focusing on the criteria for qualification for recipients of OPCT program in Kibera informal settlements as envisaged in the first objective of the study and how it shapes their participation, attitudes and access to the funds in the program.

2.3. The implications of Older Persons Cash Transfer program on the well-being of the elderly men and women.

2.3.1. Implications at an individual level

DIFD (2006) study in sub-Saharan Africa, people reported that cash transfer programs had both positive and negative effects on the individual, intra-household and community level. At the individual level: in all countries, beneficiaries said the cash transfer had increased their sense of self-worth, self-esteem, self-confidence, dignity, and assertiveness. The transfer enabled them to meet their own needs and contribute to the household income/expenses, as well as offering greater security, more control over their lives, more freedom of expenditure and a degree of financial independence. The DIFD (2006) study further indicated that some individuals had been able to build their own capital and improve their livelihoods, often using the transfer to invest in productive activities or access credit. Many women reported a stronger role in household decision-making because of the cash transfer, and greater economic independence. In conclusion, the cash transfer programs impacts positively on the life of beneficiaries and their families. This study therefore sought to evaluate whether the same applies in Kibera informal settlement in Nairobi.

According to Save the Children UK/Help-Age International/IDS, (2005) at the micro-level, cash transfers promotes self-esteem, status and empowerment amongst older people, enabling them to be active members of their households and communities, rather than burdens.
Kumar and Anand (2006) argued that, India’s National Old-Age Pension enables an overwhelming majority (96%) of beneficiaries to perceptibly improve their quality of life and meeting their daily consumption requirements.

Adato and Bassett (2008), DFID (2011) argued that OPCT funds improves food security and promotes nutritional outcomes among older people. Bangladesh Rural Advancement Committee (2007) concluded expenditure patterns revealed that nearly all recipients of the OPCT funds used the money for meeting their daily consumption needs. There was a higher proportion of improved body-weight indicators for older beneficiaries than non-beneficiaries. Mannan (2010) in a Bangladesh study posited that about 90% of OPCT beneficiaries use the social pension to finance health care services. Nepal Central Bureau of Statistics (2004) concluded that the OPCT funds enable older people to afford the costs of travel to district government hospitals, which provide higher-quality facilities than those in local clinics, as well as needed medicine not provided through the public health system. This study, therefore, sought to assess and establish both the economic and social implications of the funds on the life of the beneficiary.

Sakunphanit and Suwanrada (2011) established that, medicine represented one of the main items for which beneficiaries of cash transfers increase expenditure. The funds create access to emergency private treatment among the elderly persons when public facilities are not available, as well as transport costs to access public health services.

DFID (2005) noted that social transfers enhance those living in extreme poverty to access health services and pay for medicines and associated costs. According to Devereux (2011) in Namibia pensioners spent 13.8 percent of the cash they receive on health care for themselves and also to cover the other members of the household. Kimosop (2013) on a Makueni study about OPCT funds also noted that a good number of respondents indicated using cash transfer in meeting
medical expenses of self and household members. The fact that the study beneficiaries are mainly old people, this study sought to assess how the money is used by the beneficiaries in Kibera informal settlement and probably establish how it has affected their lives.

Studies done in India, Bangladesh, Nepal, and Sub-Saharan Africa have noted a number of individual benefits of OPCT program. Promoting self-worth, self-esteem, self-confidence, access to health care, freedom of expenditure, a stronger role in decision making among others, were noted as some of the benefits of the program. The researcher therefore wanted to establish whether OPCT beneficiaries of the Kibera informal settlement accrue the same benefits bearing in mind that the CT amount differs from country to country and their needs too. Furthermore a similar research was conducted in Makueni County Kenya, and focused on the rural setting, but the current study sought to look at the effects of the OPCT funds in an urban setting, specifically Kibera informal settlements.

2.3.2. Implications at intra-household/family level

According to Irudaya and Palacios (2008) the most direct impact of OPCT funds is that they reduced the money-metric poverty for households with older people in Nepal. Nepal’s poverty gap was reduced by an estimated 1% with the lives of older men and women changing rapidly. OPCT funds, according to United Nations Population Fund (UNFPA) and Ministry of Social Welfare and Labor (MOSWL) (2007) and Mujahidet, et al., (2008) has led to the reduction of poverty and improvement of household well-being in Vietnam through supporting older people’s consumption, particularly those living alone. Giang and Pfau (2009) findings noted that a universal pension provided to all rural people 60 years or older reduced the poverty gap for beneficiary households by 59.7% at the cost of 1% of gross domestic product (GDP).
In Brazil, an International Labor Organization (2009) study noted that, Bolsa Família (a cash transfer program) enabled a participating family achieve basic food security by more than half (52 percent). In India, ILO noted that, women working in MGNREGS reported less hunger, as well as enhanced ability to buy food in bulk at lower prices. In Mexico, women participating in Oportunidades bought more proteins, vegetables, and fruits. In addition, it improved their nutrition, which finally contributed to lower rates of anemia among pregnant and lactating women. Cash transfer programs have also been shown to increase women’s use of health care services in Chile and Mexico. Camarano (2002) found that a pension income had a positive impact on school enrollment in households, including grandchildren, and similar findings were produced in relation to the Brazilian context. Ferreira et al. (2002) in a South African study noted that women are more likely than men to invest their income in the well-being of their family or broader household. Uprety (2010) and Devereux et al., (2001) found out that, the overwhelming majority of households spends their grants on food grains which have led to improvement of health among older people.

Similar findings have further been realized in the evaluation of Malawi’s Food and Cash Transfers (FACT) which showed that 75.5% of the transfer was typically spent on groceries. In a study in Lesotho, Croome and Nyanguru, (2007) noted that the elderly who received OPCT funds never went hungry and their number increased from 19% before the pension to 48% after it was introduced. This study sought to find out how OPCT beneficiaries in Kibera spend their income and how the expenditure translated into their day to day life activities.

In a study, Paul-Majumder and Begum (2008) noted that, nearly all the beneficiaries spend their allowance money to meet their daily consumption needs; encouragingly, 85%–95% reportedly managed an improvement in their household food situation with 15%–37% making sufficient
improvement in this regard. According to (Samson et al. 2004; 2007) global evidence on social pensions highlights the key role the programs play in supporting human capital development, particularly for children. Evidence from Brazil, Namibia, and South Africa as (Samson, Van and Quene, 2006) documented in a study how old-age pensions without education conditions significantly increase children’s schooling, with a particularly strong benefit for girls. Kenya being one of the Sub-Saharan Countries may present the same needs among the old people, thus, by carrying out the study in Kibera informal settlements, the study sought to confirm or differ with what other scholars have found out.

In Bangladesh (Paul-Majumder and Begum, 2008) noted in a study that, beneficiaries report spending part of their social pensions to support the education of their grandchildren, which helps to lift educational outcomes in about half the beneficiary households (OECD, 2009), Samson et al., (2004) and DFID (2011) concluded that important global evidence base solidly demonstrates that, OPCT funds around the world enable households to manage livelihoods risks and thus promote investments in small-scale entrepreneurial activity, labor market participation, and employment outcomes. Nguyen (2008) in a household survey conducted in Vietnam between 2004 and 2006 found out that, social pensions enable older people to reduce their hours of work and support more- sustaining livelihoods.

Paul-Majumder and Begum (2008) noted that, the funds improves the status of older people within the larger households since it increases the likelihood that older people will live with their children; hence, improves the status of beneficiaries within these households, and helps to counter the erosion of traditional family norms and values. Beneficiaries also reported feeling “happy and satisfied” because the benefit provides some economic security, freedom of expenditure, and some opportunities to meet their own needs as well as contribute to household
resources. The allowance has made poor, older people into more desirable members of the household and their children are now more eager to take care of them and co-reside with them. This program also contributes to restoring the role of older people as venerable counselors and guardians of ancestral values, as a larger number of recipients can spend their time with grandchildren than non-beneficiaries.

In a study carried out in Zambia, the following effects of the cash transfer program were realized: heads of households have understood the purpose of the transfers and make rational use of them, e.g. buying basic necessities like food, soap and blankets. Some beneficiaries invest part of the transfers in seed, in getting a field ploughed by neighbors, or in buying a chicken or a goat for breeding and resale. A number of beneficiaries with savings accounts have also set aside part of their transfers so that they have something to fall back on later on in the year when food becomes scarce. The beneficiary households report that the transfers have improved their well-being and have given them new hope. Headmen also report that the scheme has significantly reduced the incidence of begging.

According to Booysen (2004) in a study noted that, within the Free State, Province, the cash transfer grant reduced the incidence of poverty among HIV-affected households by 8 percent, the poverty gap by 15 percent and the severity of poverty by 20 percent. Evidence on women’s use of cash transfers for food as noted by Fultz and Francis (2013) were available. The study shows that women spend large fractions of these funds to improve household nutrition. This study, hence sought to find out if similar effects or more were experienced in households or by the beneficiaries of OPCT at Kibera informal settlements.

According to Soares et al. (2008); Cash transfer programs are seen to provide steady and reliable source of income that can have significant effects upon the capacity of households to invest in
human and physical capital, and overcome the threat of a long term, persistent poverty. Receipt of cash transfers provides small amounts of capital for investment in productive activities, giving the recipient’s opportunity to not only protect but also improve their economic well-being (Gorman, Mark et al, 2010)

According to Arnold and Margaret (2010) cash transfers have reduced household vulnerability through asset accumulation and more stable income flows that allow them to better plan their expenses, pay their debts and get credit more easily, resulting in increasing consumption of goods and service. Kimosop (2013) noted that accumulated household assets can relief the family from strains should pressing need occur for instance respondents were able to indicate selling goats bought using their transfers to offset school fees arrears. At the same time household assets are to increase. Ressler (2008) study in Kenya explored the issue of social networks and cash transfers. There were six recipient families of the cash transfer were interviewed – 3 families in an urban setting and 3 in a rural setting. The study established that participant households appeared to have very weak social networks, an indication of their vulnerability. Cash payments appeared to strengthen the social networks and social capital of participant households. Additional resources enabled recipients participate in community events, share food and borrow, when in need because they had a capacity to repay. It is obvious that as the old grow older, health becomes a major concern and as such the need for treatment may be a major consumer income in such families.

Studies done in Brazil, Namibia, Malawi, India, South Africa, Zambia, and Vietnam show that OPCT funds contributes in different ways amongst the beneficiary households, including benefits such as: poverty reduction, improved nutrition, income security, school enrollment for grandchildren, promoting investment. The above studies did not take into consideration the
differential effects that OPCT funds have elderly men and women bearing in mind that elderly men and women have different roles and responsibilities whose needs and utilization patterns differ. Thus, the researcher intended to assess if there are any differential effects of OPCT programs on the well-being of the elderly specifically in Kibera informal settlements.

2.3.3. Implications at community level

According to Suwanrada and Wesumperuma (2008) OPCT’s generate social impacts, particularly in terms of building social capital for older people and strengthening their status in households and communities. Older people utilize the funds to maintain connections and social networks within their communities by making donations and contributions as socially required for marriages, funerals, and religious and other activities. DIFD (2006) study in sub-Saharan Africa reported a widely mentioned positive impact was the effect on community relations, including stimulating the formation of social capital in the wider community. The cash enabled many households to take part in and contribute to religious and social events, while older beneficiaries in particular felt that distribution points offered an important opportunity to talk to others and exchange information about community matters. Some beneficiaries from marginalized groups (e.g. people with disabilities and older people) reported greater respect, integration, and social acceptance at community level due to being recipients of the transfers. Beneficiaries in some cases, according to the DIFD study also reported that the transfers had boosted the local economy, particularly on the day the cash was distributed.

Fultz and Francis (2013) in a study on cash transfer programs in Brazil, Chile, India, Mexico and South Africa noted that, cash transfer programs alleviate poverty for large numbers of households. During the years of Chile Solidario (2002-2011), 300,000 people exited extreme
poverty. Transfers are considered to have played a large role, since they comprise one third of the income of the poorest 10 percent of the population. In India (NREGA) and Mexico (Pregresa) are credited with bringing million residents of rural areas above the national poverty line. Kimosop (2013) study in Makueni noted that a majority of OPCT beneficiaries joined social groups. Most of these social 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.

Although studies conducted in Chile, South Africa, Mexico, and Kenya showed that OPCT’s have alleviated poverty and improved social networking among communities, few studies have been done on the effects of OPCT funds at the community level. The researcher therefore intended to find out if there are similar effects or more experienced by the elderly in Kibera informal settlements.

On the implications of cash transfer funds on the well-being of the elderly men and women; most of the studies reviewed failed to take cognizance of the differential effects based on demographic characteristics but generalized these effects yet the cash funds received affect elderly men and women differently, bearing in mind that both gender play different roles and responsibilities at family level. This study attempted to look at the implications of OPCT funds on the well being of elderly men and women; their immediate family members and the community at large in Kibera informal settlements as stated in the second objective of the study.
2.4. Challenges that OPCT program face in addressing the needs and plight of the elderly men and women

2.4.1. Challenges at individual level

Uprety (2010) noted that, all social protection systems around the world face challenges in reaching eligible beneficiaries, particularly the poorest and most vulnerable. OPCTs face a unique set of hurdles, in terms of generating awareness, verifying eligibility, and ensuring systems and resources can deliver benefits regularly and reliably to beneficiaries. Shirin (2008) noted that problems arise with the payment mechanism. Shortages of bank personnel sometimes contribute to erroneous payments. Beneficiaries incur high private costs to access the payments, and must queue for hours. The design and implementation of Social Pensions for Older Persons in Asia offer no guarantee of receiving their payments, due to congestion problems at the bank. Ineffective supervision and monitoring between the government departments and the paying bank all contribute to delivery problems. This study, therefore, sought to find out some of the challenges facing the OPCT program among beneficiaries in Kibera informal settlement.

Begum and Wesumperuma (citing World Bank 106 Social Protection for Older Persons 2006; Mannan 2010; Chowdhury and Zulfiqar 2006) highlights malpractices, abuses, corruption, and leakages of resources in Bangladesh’s social pension, all of which undermine program benefits. Corruption poses risks for program success in some countries, with greater negative impacts in countries with a means-tested targeting mechanism. BRAC’s evaluation of Bangladesh’s old-age pension demonstrated some evidence of corruption. Of the study’s respondents, 3% reported they were unable to “pay” for registration into the program, suggesting that in some cases bribes were required for eligibility. Dutta, Howes, and Murgai (2010) in evaluation of the social pension in
two of India’s states, Karnataka and Rajasthan, identified widespread but petty corruption. A number of pensioners in Karnataka, and in Rajasthan reported paying small bribes to the postman and government officials. A small number of pensioners in both states report receiving much less than they were entitled to or no pension at all.

DIFD (2006) study noted that in all countries, beneficiaries reported that there were few, if any, links between the cash transfer program and other sustainable livelihood options and income-generating activities, even though there was a clear demand for these. In Yemen and the OPCT funds, where employment and livelihood opportunities are severely constrained and there are few options for an exit strategy for the program, people commented that the transfer could increase dependency. This concern was not raised in the sub-Saharan African countries, possibly because the amount of the transfer was very low and people had to find other ways to earn income. In contrast to the commonly expressed view that the cash transfer increased beneficiaries’ self-esteem and dignity, a minority of individuals felt stigmatized by it experiencing a loss of dignity.

From the discussion above, some of the challenges noted at the individual level in India, Yemen and Sub-Saharan Africa includes incurring high private costs to access payment, queuing for hours, malpractices such as abuse and corruption. The researcher therefore intended to find out if the same or more challenges are faced by the elderly at the individual level.

**2.4.2. Challenges at Intra-household / family level**

Evans and Harkness (2008); Hermalin (2001) noted that women’s greater likelihood to provide informal care has not changed, even as more women have entered the labor market, while women’s longer life expectancy makes them more likely to provide care and more likely to
require care and support themselves in the older age categories. In addition, women were more likely, according to Hermalin (2001) to spend their OPCT income on maintaining the household and other family members, and to contribute to care provision more.

According to DFID (2006), in all countries, beneficiaries reported some intra-household tensions on how the money was spent. In a few cases the money was not spent on its intended purpose. In some contexts for instance Kenya and Uganda the cash transfer had possibly contributed to the erosion of traditional and informal forms of social protection. The studies reviewed noted that OPCT programs have some challenges at the intra-household level for instance; increased responsibilities within the household, intra-house tensions on how the money should be spent and erosion of traditional and informal forms of social protection.

2.4.3. Challenges at the Community Level

Shirin (2008) noted that the implementation of a social pension requires building critical administrative systems that identify, target, and register older people. Nearly all social pensions in Asia rely on community-based mechanisms to administer the necessary responsibilities. In some cases – like Bangladesh and India – the programs employ conventional community-based targeting mechanisms. In other cases, the local institutions deliver based on nationally established targeting procedures. In India the funds fail to reach the vulnerable older people that it is intended to help due to poor communication channels (Government of India, 2009).

Old Age Pension Scheme requires that the implementing agency publicize the scheme widely, using both electronic and print media. Thailand’s means-tested system also documents the challenges with poverty targeting. Some officials reported unfair results of targeting and favoritism by local officials.
DIFD (2006) noted that, some tensions at the community level were reported in all countries, mostly due to resentment from non-beneficiaries or those currently on waiting lists. In the OPCT, these tensions were linked to a general lack of information and transparency about program targeting criteria. Other challenges include: Institutional capacity—while social protection programs are often housed in social development ministries and also those responsible for women and children’s affairs, these tend to lack political influence at the heart of government and with other key ministries (notably finance and planning). There is also a common disconnect between staff capacities and knowledge at central level and the capacities and knowledge of staff responsible for implementation at the district and community levels. The key members of staff involved in implementation at the local level are rarely involved in decisions about program design are invited to give feedback, which is de-motivating and reduces local ownership. Human resource capacity has constrained all stages of the program cycle and has been a critical shortcoming in program rollout. Fiscal sustainability (and heavy reliance on donor funding in the case of Mozambique and the OPCT) is a major concern. Coordination within and across government, development partners and NGOs is particularly weak, often leading to fragmentation and duplication of effort, and undermining potential synergies that could be achieved. Amongst the challenges noted from the reviewed literature at the community level include: OPCT program failing to reach the intended beneficiaries due to poor communication channels, unfair targeting of beneficiaries and favoritism and poor coordination within and across government, development partners and NGO’s.

Studies on challenges facing OPCT program have placed much emphasis on the implementation of the program at national level at the expense of local constituencies such as informal settlements. These studies have also targeted beneficiaries in general without bringing into focus
different demographic characteristics that exist among beneficiaries of the programs. This study focused on these gaps by first introducing a local constituency of Kibera informal settlement and looked at the implications of the program based on the gender differences of the beneficiaries as stated in the second and third objective of the study respectively.

2.5. Ways of improving the OPCT program for the benefit of the elderly

DIFD (2006) makes the following suggestions: clear linkages to an overarching national social protection policy framework; efforts to streamline social assistance into a single registry or information management system that can be shared at all levels and across agencies; use of a poverty-focused targeting mechanism resulting in a good level of inclusion of extremely poor people; and combining cash transfers with a package of assistance such as food aid, fee waivers for basic services and/or social health insurance coverage. But a number of key areas – especially with regard to program implementation, monitoring and evaluation – need to be strengthened to tackle the multidimensional nature of poverty and vulnerability more effectively, alongside improvements in human resource capacity and greater community involvement in decision-making. According to DIFD study, the transfer amount should be reconsidered, with payments indexed to inflation, while exploring options to increase the level of support based on household size. Payment modalities also need to be revised in order to reduce the time expended in accessing them, especially in the sub-Saharan African cases.

Although the reviewed literature has suggested different ways of improving the OPCT programs the researcher intends to find out more ways other than the ones mentioned since every country has its own administrative structure and faces different challenges.
The researcher intended to find out ways that are specifically designed on improving the OPCT programs for the benefit of elderly men and women at Kibera informal settlement rather than at national or global scale as clearly stated in the fourth objective of the study.

2.6. Conclusion

Elderly support has become a very important issue in the recent times. There are various social support programs offered by the government as well as the NGO’s to the elderly. Studies on the recipients of cash transfer funds have shown that eligibility into programs require substantial amounts of personal information to be gathered from potential beneficiaries for purposes of identifying and reaching the poorest and the most vulnerable. However, little is known about how the information retrieved from the potential beneficiaries of the cash transfers aid in determining those who are eligible into the program or qualify for these funds. On the implications of cash transfer funds on the well-being of the elderly men and women; most of the studies fail to take cognizance of the differential effects but generalized these effects yet the cash funds received affect elderly men and women differently bearing in mind that both gender have different roles and responsibilities. On the challenges facing the OPCT program more emphasis has been placed on the implementation of the program at national level and mainly targeting a specific gender. The researcher intended to also find out ways of improving the OPCT program for the benefit of elderly men and women.

2.7. Theoretical framework

2.7.1. Resilience Theory

This study was guided by resilience theory as postulated by Van Breda (2001). The theory addresses the strengths that people and systems demonstrate to enable them to rise above
adversity. The resiliency paradigm orients researchers and practitioners to positive factors in people’s lives that become the focus of change strategies designed to enhance strengths. As O’Leary (1998) noted that, psychologists and social workers have recently called for a paradigm shift from illness to health, from vulnerability to thrive, from deficit to protection and beyond. McCubbin and McCubbin (1992) have identified five major developments in the field of family social work which tend to be in line with the resilience theory: ongoing evaluation of the efficacy of interventions targeted at the family system; highlighting important dimensions of family functioning for intervention; development of family typologies to guide family assessment and intervention; research that promote family strengths and capabilities, which have enhanced interventions; and development of family assessment and measurement tools for use in family research, clinical assessment and program evaluation. The Resiliency theory was most appropriate for this study for it helped in creating an understanding on the importance of various interventions such as OPCT as a social support service among the elderly, the effects of these programs as a measure of strengths and capabilities on intervention measures adopted to the well-being of the elderly, the challenges (as an avenue of assessment and designing of appropriate measurement and intervention tools) these cash transfer programs face as they try to provide services and measures that can address these challenges so that these programs are not rendered absolute, by consumers of their services.

2.8. Conceptual framework

Conceptual framework in this study is informed by Van Breda (2001) resilience theory and literature reviewed. According to this theory, individuals adapt to life tasks in the face of social disadvantage or highly adverse conditions such as those caused by financial worries that elderly
people experience. This is adopted to life tasks in the face of adverse conditions enable elderly persons seek interventions such as OPCT as a social support service in order to address their fears, worries and improve their well-being. The relationship between different variables is as summarized in the figure on page 32.

**Figure 2.1: Conceptual framework**
CHAPTER THREE
RESEARCH METHODOLOGY

3.1. Introduction

This chapter describes in details the study methods used to assess the effects of OPCT funds on the well-being of elderly men and women in Kibera informal settlements in Nairobi County. The main focus was on the research design, target population, sampling techniques and the mode of data collection, including data collection tools, analysis and presentation of the findings.

3.2. Research Design

This study was guided by the exploratory design, which is mostly used when a researcher intends to explore, describe and report the way things are in the setting of the study without manipulation (Jwan, 2010). It is characterized by an organized data collection from a sample of a given population through questionnaires and interviews. This design was appropriate for this study since it sought to assess the effects of OPCT funds on the well-being of the elderly.

3.3. Site of the Study

This research was carried out in Kibera, which is one of the informal settlements located in southwest of Nairobi, roughly 5 kilometers from the city center. Kibera was the most ideal place for this study because it falls among one of the 16 locations where OPCT program was initiated in 2009. In Nairobi the pilots were in Mathare and Kibera location. These two locations were the only informal settlements where the cash transfer program was piloted. Kibera being in Nairobi is centrally located and represent a cosmopolitan informal settlement that comprises of the elderly men and women with different demographic characteristics of different communities.
spread all over its 13 villages. In addition, conditions in Kibera are extremely poor, and most of its residents lack access to basic services, including electricity and running water (Karanja, 2010).

3.4. Target Population

The target population of the study was OPCT beneficiaries in Kibera informal settlement, including beneficiaries who are members of Kibera Day Care Centre. Kibera Day Care Centre for the Elderly was founded in 1989. Initially, it had 17 members; 5 men and 12 women. Currently it has a membership of 250 aged 60 years and above; 98 are men and 152 are women; 200 out of 250 are beneficiaries of OPCT; 50 out of 250 are bedridden. According to the report from social development officers from the Ministry of Labour Social Security and Services in the location, in 2014, a total of 699 elderly persons was registered under OPCT program in the location. The target population was supplemented by key informants who included officials of KDC (Chairperson, Treasurer and organizing secretary), the Sub County administration (Including the Sub-county commissioner, area District officer, area Chief and Sub-chief) and officers from the Ministry of Labour Social Security and Services overseeing the OPCT program.

3.5. Sampling techniques and sample size

According to Mugenda and Mugenda (1999), 10% of the population is ideal for the sample size. For this study, the researcher opted to use 10% of the target population. The remaining categories of key informants were all purposefully targeted in the study due to their instrumental role they play in the implementation of the OPCT program. Probability and non-probability sampling were used to identify participants in this study. Random sampling was used to select 50
(15men, 35women) OPCT beneficiaries who were not members of KDC and 20 members of KDC. Random sampling was ideal because each respondent of the target population had an equal chance of being selected. Purposive sampling was used to identify 5 key informants. OPCT beneficiaries in Kibera informal settlement usually met at Kibra Sub County Headquarters, in Kibera especially during 10 days’ pay period. Random sampling was used to select 50 of the OPCT beneficiaries who were not members of Kibera Day Care Centre during several days of their meetings. The 50 participants were interviewed by the researcher within Kibra Sub County Headquarters. OPCT beneficiaries who were members of Kibera Day Care Centre met every Tuesday of the week. Two Focus group discussion of ten members each (10 women, 10 men) was organized. These twenty members of the group were randomly selected. Sub-county administration officers, Ministry of Labour Social Security and Services’ officers, and officials of Kibera Day Care Centre were selected purposefully then an interview sought with their consent for their role and knowledge of the support accorded to the elderly in Kibera informal settlement. This was summarized as follows:

3.5.1. Respondents

The sample consisted of the following categories of respondents;

i. Beneficiaries of OPCT who were members of Kibera Day Care Centre – 200. (10% of these were interviewed 10 men, 10 women)

ii. Total number of OPCT beneficiaries in Kibera informal settlement as per the register of the department of Gender and Social Services – 699. Out of a total of 699 beneficiaries, 200 are in Kibera Day Care Centre while 499 beneficiaries are not in the group)

iii. Officials of Kibera Day Care Centre (Chairperson, Secretary and Treasurer) – 3 (Purposively selected)
iv. Officers from the Ministry of Labour, Social Security (Gender and Social Service Department) – 3 (Purposively selected)

v. Officers from Sub-County administration (D.O, chief and Sub-chief) – 4 (Purposively selected)

vi. A total of 80 participants was targeted, (40 men and 40 women for gender balance). 70 of the targeted participants were beneficiaries of OPCT while 10 of the targeted participants were key informants. However, the actual total number of respondents that participated was 75. Out of these 70 were beneficiaries of OPCT and 5 were key informants. The targeted population and sample size of respondents was as represented in table 1 below:

<table>
<thead>
<tr>
<th>Category of Respondents</th>
<th>Targeted population</th>
<th>Sample size (Targeted sample size)</th>
<th>Sample size (The actual number that participated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiaries of OPCT excluding those who are members of Kibera Day Care Centre</td>
<td>499</td>
<td>50</td>
<td>50 (10% of the total)</td>
</tr>
<tr>
<td>Beneficiaries of OPCT who are members of Kibera Day Care Centre</td>
<td>200</td>
<td>20</td>
<td>20 (10% of the total)</td>
</tr>
<tr>
<td>Officials of Kibera Day Care Centre</td>
<td>3</td>
<td>3</td>
<td>2 (Purposefully selected)</td>
</tr>
<tr>
<td>Officers in the Ministry of labour, Social</td>
<td>3</td>
<td>3</td>
<td>2 (Purposefully selected)</td>
</tr>
<tr>
<td>Security(Gender and Social services department)</td>
<td>selected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-County administrators (Chiefs and D.O)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Purposefully selected)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>709</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>80</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>75</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Total number targeted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Total targeted population)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Total number that participated)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3.1: Targeted population and the sample size of the respondents

3.6. Research instruments

The study used interview schedules and focus group discussion guide to collect data from the respondents. Interview schedules were conducted to 50 (15 Men, 35 Women) OPCT beneficiaries who were not members of Kibera Day Care Centre, and all (5) Key informants; 2 officials of Kibera Day Care Centre, 2 officers from the Gender and Social Services department and 1 officer in the Sub-county administration.

Two focus group discussions were held with 20 (10 men, 10 women) OPCT beneficiaries who are members of Kibera Day Care Centre for the elderly. The focus group discussions were conducted by the researcher with the assistance of Kibera Day Care Centre officials.

3.6.1. Validity of the instruments

To increase the validity of instruments used, a pilot study was done and expert advice sought from the supervisors and other lecturers in the department of Gender and development studies, who critically examined the items of the instruments to make sure that all the questions reflect
the four objectives of the study and gave professional advice, that formed a basis for the modification and improvement of the tools.

3.6.2. Reliability of the Instruments
According to Mugenda and Mugenda, (1999), reliability is a measure of the degree to which a research instrument yields constant results or data after repeated trials. To test the reliability of the instruments, the researcher employed the test-retest during the pilot study done in Mathare informal settlements weeks before the actual study was conducted to check the inconsistencies in the instruments.

3.7. Pilot Study
A pilot study was conducted in Mathare slums in order to determine the ambiguities that may arise with the questions formulated. Content validity was established through expert opinions provided by the supervisors overseeing the research.

3.8. Data Collection and Recording procedures
The researcher sought for a research permit from the National Council of Science and Technology. Kenyatta University-Graduate School, wrote a letter of introduction to the council on behalf of the researcher. The researcher then sought clearance from the sub-county administrators. The researcher visited Kibera Day Care Centre for the elderly, met the founder and its officials for an introduction and sought permission before the focus group discussion and interviews were conducted. On an agreed date; the researcher administered the research instruments of the study to the selected respondents. The 50 OPCT beneficiaries who were not members of Kibera Day Care Centre were interviewed at Kibraheadquaters. Kibera Day Care Centre officials, Ministry of Labour Social Security and Services officers and a chief were
interviewed in their respective offices and the discussions took 30 minutes. The researcher maintained a note-book where she noted some of the responses, a camera and a voice recorder for taping the interviews during the data collection exercise. Field notes, photographs taken in the field and data stored in tapes was labeled and kept in a secure location.

3.9. Data Analysis Procedures

Quantitative data was analyzed using descriptive statistics, e.g., percentages, while qualitative data was analyzed using themes, patterns and narrations. Quantitative data collected was coded, entered into an Excel software, data cleaning carried out to ascertain if coding had been done appropriately before being analyzed by use of descriptive statistics and presented in frequency tables. The qualitative data was presented thematically in line with the study objectives and research questions. Thematic representation involved: documentation of the data and the process of data collection; organization or categorization of the data into concepts; connection of the data to show how one concept may influence another; collaboration or legitimization, by evaluating alternative explanations, disconfirming evidence, and searching for negative cases; and finally representing the account or reporting the findings according to the subject matter using the given objectives.

3.9.1. Data management and Ethical Considerations

The researcher sought for a research permit from the National Council of Science and Technology. A letter of introduction to the council on behalf of the researcher was also sought from Kenyatta University, Graduate School. A clearance from the sub-county administrators, consent from Kibera Day Care Centre officials and members, other OPCT beneficiaries and key informants was also sought. The researcher ensured the data collected was kept in a safe place in
order to avoid misplacement and ensure confidentiality of the collected instruments before the analysis period. The researcher also ensured that all ethical considerations are upheld before, during and after conducting the research. The researcher assured the respondents that the data collected was treated with the confidentiality it deserves and was for academic purposes. They were also assured that their names were not to be mentioned and the researcher adhered and respected the time schedule agreed upon with the respondents.
CHAPTER FOUR

FINDINGS AND DISCUSSIONS

4.1. Introduction

This chapter provides data presentation, interpretation, analysis and discussion of findings on assessment of the effects of OPCT funds on the well-being of the elderly men and women in Kibera informal settlement. For systematic presentation and analysis of data the findings of the study were presented under the following sub-themes: the recipients of OPCT funds; the different implications of OPCT funds on the well-being of the elderly men and women; challenges that OPCT program face in addressing the needs and plight of the elderly men and women and best strategies of improving the OPCT program for the benefit of elderly men and women in Kibera informal settlements.

4.2. Questionnaire Return Rate

The study targeted 80 participants, 50 elderly beneficiaries of OPCT; 20 beneficiaries of OPCT who were also members of Kibera Day Care Centre; 3 officials of Kibera Day Care Centre; 3 officers in the department of Gender and Social Services; and four (4) sub-county administrators. Thus; a total of 75 respondents participated in the study. This included 50 (15 men, 35 women) elderly beneficiaries of OPCT; 20 (10 men, 10 women) beneficiaries of OPCT who were members of Kibera Day Care Centre; two (2) officials of Kibera Day Care Centre, two (2) officers from the department of Gender and Social Services and one (1) Sub County administrator. This implied that, the study had a participant rate of 93.75%. This return rate is acceptable according to Mugenda and Mugenda (2003) where a 50% response rate is adequate, 60% good and above 70% rated very well.
4.3. The recipients/demographic Characteristics of Older Persons Cash Transfer funds

The demographic characteristics of the study respondents were: gender of the participants, age, education level, marital status, the person the elderly live with, diseases that the elderly suffer from and former or current occupation.

4.3.1. Gender of the Participants

Participants were asked to indicate their gender. The results gathered are as shown in figure 4.1 below:

![Gender of the OPCT beneficiaries in Kibera](image)

*Figure 4.1 Gender of the OPCT beneficiaries in Kibera*

As seen in figure 4.1 majority of the elderly beneficiaries in Kibera informal settlements were female (70%) compared to male (30%). These results further indicated female dominance among the beneficiaries of the OPCT program.
In one of the interviews with the key informants from the Ministry of Labour, one participant mentioned:

“If we were to select a man or a woman to enroll in this OPCT program, we would obviously go for the woman because a woman is more responsible and they have more roles to play in the family”

This finding tends to resonate with National Gender and Equality Commission (2014) findings, which noted that most beneficiaries of various cash transfer programs are women, perhaps due to their historical vulnerability to poverty and limited access to alternative empowerment opportunities. Moreover, studies show that the older population is predominantly female because they tend to live longer.

In 2013, globally, there were 85 men per 100 women in the age group 60 years or over and 61 men per 100 women in the age group 80 years or over. Studies show that elderly women are so vulnerable to poverty, they are more likely to run out of resources, yet they are likely to live longer than their male partners. In Kibera informal settlements, while most beneficiaries are women, most of them are also widows.

4.3.2. Age of the Beneficiaries

Participants in the study were requested to indicate their age. A question to this effect was directed to the elderly and the following results were yielded:
As seen in Figure 4.2, the majority of the elderly men and women (40%) age range between 70-74 years; followed by 34% 75 years and above and 26% between 65 – 69 years. These results clearly outline the adherence to the criteria for admissibility into the OPCT program, which only allow elderly men and women who have attained 65 years of age and above. The researcher also observed that during registration of the beneficiaries, they are required to produce their National Id as prove to confirm they are of the required age.

Ten million people in the UK are over 65 years old. According to Cracknell (2010), latest projections are for 5.5 million older people by 2030 and the number will have nearly doubled to around 19 million by 2050. According to National Council on Aging, approximately 45 million Americans are 65 and older and in 2030, when the last baby boomer turns 65, more than 20% of the U.S. population will be an older adult. On average, a 65-year old expects to live another 19 years.
As the numbers of older people increase in future years globally, demand for long-term care is also likely to increase significantly.

### 4.3.3. Number of Years, Key informants have worked in Kibera Informal Settlements

Key informants were required to indicate the number of years they have worked in Kibera informal settlements and the question elicited the following feedback.

<table>
<thead>
<tr>
<th>Key Participant</th>
<th>Number</th>
<th>Number of years working in Kibera</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of labour official</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Ministry of labour official</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>K.D.C official</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>K.D.C official</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Sub county administrator</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

*Table 4.1 Number of Years, Key informants have worked in Kibera Informal Settlements*

As seen in table 4.1; all key informants have worked in Kibera informal settlements for more than three years and this makes them well versed with the happenings of Kibera and in the provision of information pertaining to elderly persons in the settlement.
4.3.4. Level of Education

The OPCT beneficiaries were required to indicate their level of education. The following results were obtained:

![Level of Education](image)

**Figure 4.3 Level of Education for the Elderly**

As captured in Figure 4.3, the majority of the elderly men and women, 68% had not attended school; (20%) had attended primary schools; while 12% had attained secondary education. From these results it is apparent that the majority of the elderly men and women who are beneficiaries of OPCT had hardly received basic education which is likely to be a big hindrance investing the funds made available under the program. Low education levels also make the beneficiaries more vulnerable as they have little or no retirement savings and investments. These low levels of education amongst the elderly can be attributed to the Kenyan traditional patriarchal society.
whereby issues of gender inequality were the order of the day. At the onset of girls’ menstrual periods, she was considered mature; arrangements for her marriage were started, leading to early marriages. The boy child would be considered when it comes to who was to be sent to school. Division of labor often disadvantaged girls as they would work at home and take care of their siblings while the boys go to school. The negative impacts of these practices have unfortunately tricked down to old age whereby we now have elderly people, especially women, who have very low levels of education, if any.

4.3.5. Marital Status of the Elderly

The elderly participants were further required to state their marital status. From the question the following data was realized:

![Bar chart showing marital status distribution](image)

*Figure 4.4 Marital Status of the beneficiaries*
Figure 4.4 shows that the majority of the elderly were widowed at 52%; 24% were separated, 20% were married and 4% were single. This information shows that the majority of the beneficiaries of OPCT; 80% did not have a companion. The fact that this program targets the old, most of the old people have lost their partners and this makes them even more vulnerable as they did not have supporting hands, they have lower incomes and fewer resources. This resonates Smeeding (2008) that, the income and asset poverty rate varies by marital status among elderly women. In the United States, the share of elderly women living in poverty is highest among divorced or separated women (37 percent), followed by widowed women (28 percent), never-married women (22 percent), and married women (10 percent).

4.3.6. The Person OPCT beneficiaries live with

The OPCT beneficiaries were further required to state the person whom they live with and the question elicited the following results as summarized below
Total Elderly beneficiaries living with dependants

![Total Elderly beneficiaries living with dependants](image)

*Figure 4.5 The person elderly persons live with*

As seen in Figure 4.5, the majority of the elderly persons lives with their grandchildren (50%), with children (30%), and with relatives (20%). These results imply that the majority of the OPCT beneficiaries have dependents who rely on them for support. These findings are in line with the findings of National Gender and Equality Commission (2014) study, which posited that the majority of the beneficiaries of cash transfer programs have many dependents. The high dependency rate among the elderly makes them vulnerable and as such OPCT is considered as a bit of a relief to the demands placed on them. Elderly men and women are important contributors in support of their adult children and their grandchildren, including provision of financial assistance, housing, baby-sitting services, emotional support and advice. In the UK, according to Hoban et al., (2011), research on well-being in older people, reveals that having fun with and being cared for, loved and valued by close family members are the most important aspects
contributing to well-being for many older people. In the Kibera Informal Settlement’s case, however, the family and relatives living with the elderly beneficiaries mostly depend on them more than they offer the care and love for the elderly. In some cases, the same family members, who are supposed to be caregivers to the elderly, steal from them, especially during the C.T pay periods. In one of the interviews with the Ministry of Labour officials, the following response was realized:

“Some family members, especially grandchildren steal the money from the beneficiaries”. Recently a caregiver stole the identification cards of the elderly, got paid and fled”

4.3.7. Diseases among the Elderly

The researcher was also interested to establish the diseases the elderly persons in the OPCT program suffer from. A question was directed to the elderly requesting them to indicate the diseases they suffer from and the following data was captured:

![Diseases suffered by the beneficiaries](image)

**Figure 4.6 Diseases Suffered by Elderly Beneficiaries**
Data depicted in Figure 4.6 shows that the majority of the elderly persons suffer from chronic diseases such as tuberculosis, high blood pressure, and diabetes (68%). These results point out to medical need for the elderly.

According to National Council on Aging, for older adults, good health ensures independence, security, and productivity as they age. These chronic diseases, falls, and mental health issues, which severely impact on the quality of life. Chronic illnesses are a great burden to the elderly and considering their meagre income; it could be difficult for the elderly beneficiaries to solve their health issues. However, in Kenya; NHIF is now targeting all beneficiaries of the OPCT program in a move aimed at increasing the uptake of its packages. This has come as a relief to the elderly in Kibera informal settlements as they are able to access inpatient and outpatient services in government hospitals for free. In the case of OPCT beneficiaries at Kibera, they are only allowed to access Mbagathi hospital for outpatient.

In an interview with one of the K.D.C officials, she noted that:

“The NHIF card is meant to cover everything from admission to X-ray services however the card holders are forced to buy anything that is not available, including medicine or bandages” “The card is still helpful though because even inpatient services which are normally very expensive are being taken care of. Last week I visited one of our members who was admitted at Kenyatta National Hospital, and did not pay a single cent for the treatment.”

4.3.8. Former and Current Occupation

The study also sought to establish the former and current occupation of the elderly persons in Kibera slums. The question directed to the participants yielded the following feedback.
<table>
<thead>
<tr>
<th>Occupation</th>
<th>Former Frequency</th>
<th>Percentage</th>
<th>Current Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic worker</td>
<td>20</td>
<td>40%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Casual worker</td>
<td>16</td>
<td>32%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Self employed</td>
<td>14</td>
<td>28%</td>
<td>9</td>
<td>18%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>0</td>
<td>0%</td>
<td>41</td>
<td>82%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td></td>
<td><strong>50</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.2 Former and Current Occupation of the Elderly

As captured in Table 4.2, 40% of the elderly were domestic workers, 32% were casual workers, 28% were self-employed and none were unemployed. Currently, 82% of the elderly persons are unemployed compared to 18% who are self-employed. These results paint a gloomy picture about the current occupation trends among the elderly in the Kibera informal settlement implying that the majority are dependent on the OPCT program as a source of income. This is likely to create over dependence on the fund since they have limited sources of a regular income to cater for their needs.

From the interviews with gender and social services officers, one mentioned:

“Most of the beneficiaries of this program previously had casual jobs, so they do not have retirement benefits. Many have no source of income, others depend on well-wishers like a Brother who lives around here and gives them flour on Thursdays. Few are re-employed as watchmen while those who were self-employed are engaged in small businesses such as selling eggs or vegetables with the assistance of their caregivers”
4.4. Roles Played by Key informants in Addressing the Needs and Plight of the Elderly in Kibera Informal Settlements

From the interviews, key informants including Sub County officials, Ministry of Labour officers and officials of Kibera Day Care Centre were required to indicate the role they play in addressing the needs and plight of the elderly in Kibera informal settlements. The study found that the following roles were played by key informants: creation of awareness about the program and potential beneficiaries target group, validation of the intended group of beneficiaries, mobilization for payments after enrolment, facilitating various corrections on the payroll, advising the banks on changes of the beneficiaries, acting as a link between the beneficiaries and the bank, facilitating community involvement in the program, coming up with a list of potential beneficiaries, coordination of identification of potential beneficiaries through identification of enumerators, informing the beneficiaries how much they are expecting to be paid and informing the beneficiaries about payments, dates, modes of payments through radios, chiefs, and location committees members.

From the interviews with Ministry of labour officials, one had this to say:

“We create awareness about the OPCT program and identify potential beneficiaries who are the target group, carry out validation of the intended group of beneficiaries, mobilization for payments after enrolment, facilitating various corrections on the payroll, and advise the banks on changes of the beneficiaries”

One sub county administrator when asked to indicate the role they play in addressing the needs and plight of the elderly in Kibera, he mentioned:

“We facilitate community involvement in the program, coming up with a list of potential beneficiaries, coordination of identification of potential beneficiaries through identification of enumerators, informing the beneficiaries about payments, dates and modes of payments through location committee members”
From the findings of the study, it can be said that there are strategies in place to ensure that cash transfers reach the targeted beneficiaries however they are marred by numerous challenges.

The focus group discussions with the elderly who were members of Kibera Day Care Centre and questionnaires administered to other beneficiaries established numerous challenges that the elderly face in accessing OPCT funds that basically put to question the effectiveness of key informants in discharging their duties. Some comments made by the elderly from the FGD’s and Interview Schedules that dented the roles of key informants were as follows:

“There is corruption during registration. There are no house visits to verify if the elderly are really needy. Some people have houses to let and cars, yet they were registered. Some of the people registering included their relatives in the register who do not qualify or even live outside Kibera claiming ‘Ni pesa ya serikali’ it is government money” Musyoka (Not his real name)

“Unprofessionalism normally dominates the registration process. Some members registered twice because there was no response in the first. During registration they took our details with the promise to call back and but they failed. They kept on postponing, telling us to go home and come back the following week. There is favoritism in selection”. Mary (Not her real name)

“A sheikh who was in charge of registering the Nubians registered many elderly men and women who were not eligible beneficiaries of the program”.

Njeri (Not her real name)

From the findings of the study, it can be deduced that key informants have not disassociated themselves from integrity concerns which has totally derailed the smooth implementation of the program. There are mischievous officers who have totally dented the image of other officers.

The researcher sought to know why there were many complaints about people who are in the program and not eligible, one of the key informants from the department of Gender and Social Services had this to say:

“We get many reports that there are beneficiaries who are wealthy and in the program, but whenever we call them to question them, they deny.”

“There has only been one case where a beneficiary who is a widow requested to be removed from the list of beneficiaries as she was now receiving her late husband’s pension, and we removed her”
Some of the delays in disbursement were attributed to the national office and some due to changes of details of beneficiaries of the program, especially when the elderly were incapacitated due to illness or could no longer access the office personally to collect the funds. Despite of this negative publicity of the officers, the majority of the key informants were well acquainted with the recipients of OPCT funds, but their roles needed to be extended to track all the necessary changes that occur if the elderly are incapacitated due to illness or could no longer access the cash funds or attended meetings at the sub county headquarters. In addition, the entire registration process needs to be properly audited to root out beneficiaries who do not reside within Kibera informal settlement or do not meet the minimum requirements into the program. Finally, based on the main roles played by key informants there was need for them to up their operations by carrying out regular visits to the elderly men and women in order to trace the various implications of the funds, challenges of the funds and propose appropriate avenues to mitigate these challenges and improve the program.

4.5. The benefits gained by beneficiaries in Kibera Day Care Centre

The officials from Kibera Day Care Centre were interviewed on the benefits attained by participating in the group activities in relation to the cash accrued from the OPCT and the following results were realized: members are sensitized about the funds for example amount to be disbursed, time of disbursement; facilitation of the follow-ups on registration details such as counter cases of wrongful de-registration; access to free medical camps and home visits from group members; access to financial training by social development officers among others, access to a feeding program every Tuesday and social gatherings for activities such as weaving, making soap, praying, storytelling and chatting.
In FGDs with members of Kibera Day Care Centre, members mentioned:

“Our members are informed about the CT fund, the amount we are to be paid, the payment days, matters relating to registration, banking details and the importance of having a caregiver.” Baraza (Not his real name)

“Our members are also sensitized on the need to budget for the funds and cater for critical needs using the cash. Our group is also involved in identification of elderly who qualify as beneficiaries” Abdul (Not his real name)

“Whenever we have a problem concerning payments, we tell Agnes (the founder of the group and secretary) to push for as with the SDO’s” so that the matter can be resolved speedily. Agnes helped to register me” Njeri (Not her real name)

From these results beneficiaries of OPCT who were members of Kibera Day Care Centre for the Elderly enjoy unrivaled support from the group and were more sensitized about the program compared to the OPCT beneficiaries who were not members and especially on communication since the group mediates on their behalf where possible. They are also able to interact with each other on a weekly basis, make friends, share stories, engage in activities be it singing or making soaps and other items for sale. The information about payment reaches them promptly compared to the others as their office is in the same physical location with the one for the Gender and Social Services department. Their leaders are able to convene the group members faster and pass all necessary information. The group members can also benefit from other incentives given by donors, NGO’s, guests or well-wishers who visit or relate to the group, this acts as an addition to the governments stipend.

The first objective sought to find out the recipients of OPCT and the findings from the study revealed that a majority of the beneficiaries are 65 years of age and above, indicating an adherence to the admissibility age. Majority are women and widows which makes them more vulnerable as they have no supporting hands yet they have people depending on them. Most of the recipients have never gone to school which becomes a challenge in regards to expenditure. In addition, many are unemployed therefore have no sources of income hence
mainly depend on the CT or well-wishers. Quite a number of the beneficiaries suffer from chronic diseases indicating a medical need whose costs can barely be covered by their meagre earnings. However, NHIF is now offering an outpatient and inpatient medical cover to all OPCT beneficiaries, and this comes as bit of a relief to the OPCT beneficiaries in Kibera informal settlements.

The process of registration of the OPCT recipients is marred with a lot of improprieties. Some of the enumerators involved in the process of recruiting eligible beneficiaries are unscrupulous with cases of nepotism, tribalism, bribery, favoritism, and importation of people who do not reside in Kibera informal settlements largely mentioned. The registration exercise has also been characterized with inconsistencies with a number of elderly being registered by recruiting officers but excluded as beneficiaries of the program.

4.6. Implications of OPCT on the Well-being of the Elderly Men and Women

The implications of the OPCT on the well-being of the beneficiaries was determined by looking into the usage of the cash among the beneficiaries, who determines how the funds are spent and the effects of the OPCT funds at individual, household and community levels.

4.6.1. Areas where Cash Received from OPCT is used

To establish the areas of usage of the funds, the elderly were asked to mention the areas where they spend the funds. The findings were as presented in Table 4.3
<table>
<thead>
<tr>
<th>Expenditure Area</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Food</td>
<td>12</td>
<td>80</td>
<td>35</td>
</tr>
<tr>
<td>Personal effects such as soap, tooth paste</td>
<td>6</td>
<td>40</td>
<td>28</td>
</tr>
<tr>
<td>Clothing</td>
<td>3</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Savings</td>
<td>2</td>
<td>13.33</td>
<td>5</td>
</tr>
<tr>
<td>Debt repayment</td>
<td>9</td>
<td>60</td>
<td>25</td>
</tr>
<tr>
<td>Capital for business</td>
<td>2</td>
<td>13.33</td>
<td>7</td>
</tr>
<tr>
<td>School fees for the children</td>
<td>5</td>
<td>33.33</td>
<td>23</td>
</tr>
<tr>
<td>Transport</td>
<td>8</td>
<td>53.33</td>
<td>17</td>
</tr>
<tr>
<td>Health care for the family</td>
<td>3</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Rent</td>
<td>11</td>
<td>73.33</td>
<td>31</td>
</tr>
</tbody>
</table>

Table 4.3 An average of areas where cash received from OPCT is used by beneficiaries

The findings on Table 4.3 shows that majority of the elderly women (94%) and men (80%) tend to use cash from OPCT to buy food; 84% of women and (73%) of men use the funds to pay rent, (68%) of women and (40%) of men use the funds on personal effects such as soap tooth paste; and 68% of women and 60% of men use the funds on debt repayment; (56%) of women spend the funds on school fees for their grandchildren that depend on them compared to 33% of men; (50%) of women and (53%) of men spend the funds on transport, (46%) of women spend the funds on clothing compared to 40% of men; 18% of women spend the money on business capital compared to (13%) of men, 16% of women spend the funds on family healthcare compared to 20% of men and 14% of women spend their funds on savings compared to (13%) of
men. A finding observed in Kimosop (2013); Mannan (2010), Sakunphanit and Suwanrada (2011) and Nepal Central Bureau of Statistics (2004) study about OPCT was that a good number of respondents indicated using cash transfer in meeting medical expenses of self and household members, for the case of Kibera informal settlements, however, the beneficiaries currently are able to access free medical cover for inpatient and outpatient through NHIF.

The FGDs with members of Kibera Day Care Centre destined to establish the extend of utilization of funds received, noted that a majority of the OPCT beneficiaries spend their money on food though the money is not sufficient to last them long. In the discussions, one of the members mentioned:

“You know we elderly are poor and therefore our major concern is to put food on the table. A greater part of the money we receive is used to buy the necessities such as food, water, and rent’’ But one thing that is clear is that the amount given is insufficient to fully meet some of these needs” Wambui (not her real name)  
“We appreciate the money given but we wish that the government could now increase the amount that the cost of living is very high and everything is expensive.” Mwangi (Not his real name)

In one interview with other OPCT beneficiaries a male respondent mentioned:

Once I get the CT money, I pay ksh 2000 to a hotel I frequent, which is where I eat until the money is over then I can eat on credit. I use the balance to pay rent and debts”

4.6.2. Spending of the Cash Income

The researcher further sought to establish the person who decides how the elderly men and women spend the cash from OPCT and the results were as presented in table 4.4 below.
Table 4.4 The Person who decides the Spending of OPCT cash

Table 4.4, shows that, the majority of the elderly women (74.29 %) stated that they are the ones who decide how they spend the cash income from OPCT. It was also found that 8.57% of the elderly women stated that their husbands decide on how the money is spent. The study further found that 4.44% of the women OPCT fund expenditure was decided by caregivers and relatives and that 2.0% stated that their OPCT funds expenditure was decided by their children.

Among male beneficiaries, the findings revealed that 80% of the elderly men noted they are the ones who decide how the cash is spent compared to 6.66% of them who take their spending directives from their children, caregivers, and wives respectively.

From the findings of the study, it can be said that the beneficiaries are the major decision makers on how the funds are to be spent. This is based on the fact that they are the heads and sole providers of these families as pertaining to the traditional roles that the men should play in their families.
In total a majority of elderly 76% participants decide for themselves on the OPCT fund expenditure. The study found out that 6% rely on the husband, 6% on their children and caregivers, 4% on relatives and 2% on their wives.

In one interview with a female OPCT beneficiary, she had this to say:

“I am the one who makes decisions on how to spend the money, I cannot let my children decide because they can misappropriate or prioritize their own needs. I know what is urgent and good for us all so I decide”

4.7. Effects of OPCT Funds on the Well-being of the Elderly Men and Women

The study sought to establish the effects of OPCT funds at individual, household or family and community levels among elderly men and women. In order to ascertain these effects a scale ranging from agree to disagree was provided. Elderly beneficiaries were requested to rate a number of statements with reference to this scale and the following results were obtained. The findings on the effects of OPCT Funds on the Individual Well-being of Men and Women were as presented in Table 4.5 below.


<table>
<thead>
<tr>
<th>Effects of OPCT funds: Individual level</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f (%)</td>
<td>f (%)</td>
<td>f (%)</td>
</tr>
<tr>
<td>The cash from the program increases elderly sense of self-worth.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>10</td>
<td>66.66</td>
<td>2</td>
</tr>
<tr>
<td>Women</td>
<td>25</td>
<td>71.43</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>70</td>
<td>6</td>
</tr>
<tr>
<td>It makes the elderly more confident and assertive in life issues.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>9</td>
<td>60</td>
<td>3</td>
</tr>
<tr>
<td>Women</td>
<td>26</td>
<td>74.29</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>70</td>
<td>5</td>
</tr>
<tr>
<td>It enables the elderly to meet their basic needs and contribute to household incomes and expenses.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>12</td>
<td>80</td>
<td>1</td>
</tr>
<tr>
<td>Women</td>
<td>30</td>
<td>85.71</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>84</td>
<td>3</td>
</tr>
<tr>
<td>It makes the elderly secure and have more control over their lives.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>7</td>
<td>46.66</td>
<td>3</td>
</tr>
<tr>
<td>Women</td>
<td>24</td>
<td>68.57</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>62</td>
<td>12</td>
</tr>
<tr>
<td>It gives them more freedom of expenditure on financial matters.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>9</td>
<td>60</td>
<td>4</td>
</tr>
</tbody>
</table>
Women | 28 | 80 | 3 | 8.57 | 4 | 11.43 | Total | 37 | 74 | 7 | 14 | 6 | 12

It provides capital that they can use to start small businesses.

Men | 2 | 13.33 | 1 | 6.66 | 2 | 13.33 | Women | 7 | 2 | 5 | 14.29 | 23 | 65.71 | Total | 13 | 18.57 | 7 | 10.00 | 50 | 71.43

It enables them access goods on credit from the shops near their place since they have a source of income.

Men | 9 | 60 | 2 | 13.33 | 5 | 52% | Women | 23 | 65.71 | 6 | 17.14 | 6 | 17.14 | Total | 32 | 64 | 8 | 16 | 11 | 22

Table 4.5 shows that at the individual level, majority of the participants agreed that OPCT funds; meet their basic needs (84%), gives freedom of expenditure on financial matters (74%), increases sense of self-worth and that it increases confidence and assertiveness (70%). These findings tend to resonate with the findings of DIFD (2006) and Sakunphanit and Suwanrada (2011) studies that at the individual level: beneficiaries of cash transfer had increased their sense of self-worth, self-esteem, self-confidence, dignity, assertiveness and more freedom of expenditure.

In interviews with officials from Kibera Day Care Centre, one of the respondents mentioned that:

“The cash from the fund has helped the elderly beneficiaries in buying food, paying rent, educating a number of orphans under their care, and even for a few setting up or restocking of small businesses such as selling eggs” “Now that they have a source
of income they are happier and hopeful because they are able to meet some of their needs”

Key informants including sub county administrators and officials from the Ministry of Labour officials were interviewed on the effects of OPCT funds on the well-being of the elderly men and women in Kibera and they noted that though not sufficient, the OPCT helps the beneficiaries access basic needs such as food and rent, payments of school fees for their grandchildren and it has also improved their physical appearance especially during the pay periods.

One Ministry of labour official mentioned:

“The cash received from the program has greatly improved the physical appearance of the elderly women. They are more jovial and in a happy mood, especially on receiving the money.”

A sub county administrator also noted that:

“Although the CT does not satisfy all needs fully, it has mainly helped the beneficiaries access basic needs like food, paying rent, debts, water and even in paying school fees for their grandchildren” “Moreover, after being paid some of the beneficiaries are now able to pay the transport to travel upcountry to visit their families”

From the interviews with OPCT beneficiaries, one female respondent mentioned:

“The CT helps me buy materials for making my kiondos (bags) for sale”

In the focused group discussions, they largely agreed that at individual level the CT increases their sense of self-worth, makes them more confident, enables them to meet their basic needs for some time, and enables them access goods on credit.

Some of the members of the FGDs had this to say:
“We are no longer sad and hopeless like we were before with no source of income and utterly nothing to depend on apart from well-wishers” Wangui (Not her real name)

“We are now able to access some goods on credit from the shops that we frequent. We buy from them when we have the money and request for credits when we do not have so we have built some trust with the shopkeepers, this is especially to the women” Mercy (Not her real name)

Majority of the beneficiaries noted that the funds could not meet all their basic needs adequately, at times they lack. This could be attributed to the insufficient funds that were being disbursed at irregular intervals to them. The irregular intervals of payment and amount makes it difficult for them to make meaningful plans. From the observations made by the researcher the funds were a source of joy and hope to the elderly. They are quite dependent on the money as many have no source of income and would do anything to be retained in the register. In one of the interviews with the beneficiaries, a male respondent mentioned a case where he was threatened to be struck off the register by a clerk for asking “questions he should not ask”. The respondent now lives afraid to speak out lest his only source of income goes. This is what the respondent had to say:

"I was threatened by a clerk at the bank after asking about amount inconsistencies. She told me"Nitakuona tu, siunakaa Kibera? We ninani? Ata ukicheza tutakata jinay ako" “I will see you, don’t you live in Kibera? Who are you? If you joke we shall remove your name’’ I am now so afraid. I stopped asking questions.” Kimathi (not his real name)

The researcher also observed that funds gave them a sense of belonging and reason to live, especially on the day the funds were being disbursed. However, this joy and hope is short lived once they get the funds and reality starts dawning on them that the amount received is insufficient compared to their unending list of needs, and the uncertainties of next payments.

From the observations made most of these funds were being directed to their most pressing needs (food, rent, water, school fees for the grandchildren) and once the funds are exhausted signs of despair slowly start trickling in.
The study also sought to establish the implications of OPCT funds on the household/family level and the findings were as presented in Table: 4.6

Table 4.6 Implications of OPCT Funds on the Household/family Well-being

<table>
<thead>
<tr>
<th>Effects of OPCT funds</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household/Family</strong></td>
<td>f (%)</td>
<td>f (%)</td>
<td>f (%)</td>
</tr>
<tr>
<td>It increases the number of friends and family members they associate with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>9</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Women</td>
<td>25</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>34</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>It makes the family financially independent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>2</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Women</td>
<td>3</td>
<td>7</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>It improves the quality of life of the family.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>6</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Women</td>
<td>21</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>It reduces tension and stress in the family, especially when the cash is received</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>8</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Women</td>
<td>26</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>34</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>
Regular income helps the family meet their expenses.

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>13.33</td>
<td>1</td>
</tr>
<tr>
<td>Men</td>
<td>3</td>
<td>8.57</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>10.00</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

It improves the nutrition and food availability to the family.

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
<td>53.33</td>
<td>2</td>
</tr>
<tr>
<td>Men</td>
<td>20</td>
<td>57.14</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28</strong></td>
<td><strong>56.00</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

It improves the health status of the family.

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>26.66</td>
<td>2</td>
</tr>
<tr>
<td>Men</td>
<td>6</td>
<td>17.14</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>16.67</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

It reduces the level of poverty in the family.

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>13.33</td>
<td>3</td>
</tr>
<tr>
<td>Men</td>
<td>8</td>
<td>22.86</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>20.00</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

Table 4.6 shows that at household/family level, majority of the participants agreed that OPCT funds increases; the number of friends and family members they associate with and that it reduces tension and stress, especially when the cash is received (68%). A majority of the beneficiaries, however disagreed that; the CT regular income helps the family meet their expenses (84%), they also disagreed that it improves the health status of the family (70%). 68% of the OPCT beneficiaries also disagreed that the CT funds makes the family financially independent, and 62% also disagreed that it reduces poverty levels in the family.
OPCT funds fail to register any major significant effects at household/family level and this could be attributed to the limited number of funds that are irregularly disbursed to the elderly men and women. This basically supports the social convoy model theory being advanced by Kahn and Antonucci (1980) that people build their social network sizes as they age. These relationships are maintained by individuals, including the elderly based on specific strengths and weaknesses attained from such associations. Lack of awareness and knowledge on the implementation of OPCT especially among the beneficiaries who were not members of Kibera Day Care Centre failed to allow them to select and seek different groupings that could benefit them. A supportive environment needed by the elderly has not been nurtured as expected since the benefits accrued especially at family/household and community levels is insignificant to warrant any meaningful attachment to warrant the changes desired.

The researcher observed that many disagreed that the CT funds make the family financially independent and that rarely does the CT fund help to improve the health status of the family at large apart from their personal health care. The NHIF card only benefits the OPCT beneficiaries and not their families. The researcher also observed that to some households there is reduced tension and stress when they receive the money while to others the stress is increased when they find out that there is no money in the in accounts, when they receive less amount than others, when they are mugged after payments, or even when untrustworthy caregivers steal money from them.

In the FGD with women, one elderly woman mentioned:

“I am depressed because for 3 rounds now I have not been paid. I am told there is no money in my account” The SDO’s promise to push my name but do not”
In another interview with a male respondent, he mentioned:

“There are amount inconsistencies so we cannot tell if it is the card that is the problem or what else could be the reason. The amount paid is not always the same for all of us”

The study further sought to establish the implications of OPCT funds on the community level and the findings were as presented in Table 4.7 below

Table 4.7 Implications of OPCT Funds at community level of the beneficiaries

<table>
<thead>
<tr>
<th>Effects of OPCT funds</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community level</td>
<td>f (%)</td>
<td>f (%)</td>
<td>f (%)</td>
</tr>
<tr>
<td>It stimulates the formation of groups to champion elderly rights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>8</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Women</td>
<td>19</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27</strong></td>
<td><strong>13</strong></td>
<td><strong>10</strong></td>
</tr>
<tr>
<td>The cash enables many households take part and contribute to religious and social events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>5</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Women</td>
<td>9</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td><strong>13</strong></td>
<td><strong>10</strong></td>
</tr>
<tr>
<td>Helps elderly exchange ideas in groups formed e.g issues touching on disability or HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>8</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Women</td>
<td>22</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>15</strong></td>
<td><strong>5</strong></td>
</tr>
<tr>
<td>It boosts the economy in the area, particularly the purchasing power of the elderly on the day cash is distributed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>9</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Women</td>
<td>18</td>
<td>51.43</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>54.00</td>
<td>13</td>
</tr>
<tr>
<td>Women</td>
<td>22</td>
<td>62.86</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>64</td>
<td></td>
</tr>
</tbody>
</table>

It alleviates extreme cases of poverty among the family and the community in general.

<table>
<thead>
<tr>
<th>Men</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>26.66</td>
<td>1</td>
<td>6.66</td>
<td>10</td>
<td>66.66</td>
</tr>
<tr>
<td>Women</td>
<td>5</td>
<td>14.29</td>
<td>8</td>
<td>22.86</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>18.00</td>
<td>9</td>
<td>18.00</td>
<td>32</td>
</tr>
</tbody>
</table>

From Table 4.7, the majority of the participants agreed that; at the community level, the CT stimulates the formation of groups to champion elderly rights (54%), and enables the elderly exchange ideas in groups formed such as issues touching on disability or HIV/AIDS (60%). However a majority disagreed that at the community level the CT alleviates extreme cases of poverty among the family and the community in general (64%). The OPCT beneficiaries also disagreed that the CT enables many households to take part and contribute to religious and social events (54%). These findings tend to contradict the findings of Fultz and Francis (2013) study on cash transfer programs in Brazil, Chile, India, Mexico and South Africa that noted that cash transfer programs to alleviate poverty for large numbers of households. This could be as a result of differences in the amount of cash being disbursed, high levels of corruption, the environment and the prevailing economic situation in the countries mentioned. From the findings with implications of OPCT at the community level the study reveals that there are isolated effects that are negligible to warrant any meaningful observable changes to the community on days other than the ones when the funds are disbursed further supporting the need to review the amount being disbursed under the program.
The second objective sought to find out the implications of OPCT funds on the well-being of the elderly men and women at individual, household and community levels. The findings from the study revealed OPCT funds were being used as a top up to most of the basic needs sought by the elderly. The amount allocated was insufficient to cater fully for basic needs such as food, health, (especially at the family level), or rent. The funds at individual level give the elderly freedom of expenditure on financial matters, increases sense of self-worth and confidence and assertiveness especially on the day the funds are debited into their accounts and a few days that follows. At household/family level, the OPCT funds failed to register any improvements to the health status of the family and level of poverty in the family though it reduces tension and stress in the family especially when the cash is received and increases the number of friends and family members they associate with. OPCT funds had a significant effect at the individual level of the elderly men and women’s’ life with women especially stating that they feel more empowered now that they expect some source of income however small, and a majority saying that they can make their own decisions on how to spend their own money. At household level however, OPCT funds fail to register much significant effects and this could be attributed to the little amounts of cash coupled with irregularity in the disbursement of funds. At community level many beneficiaries agreed that the CT stimulates the formation of groups to champion elderly rights and also helps the elderly exchange ideas in groups formed on issues touching on disability or HIV/AIDS and other chronic diseases. In these groups, they enlighten each other on where to get medicine or treatment and share ideas on where to get donations. However, at the community level the CT does not alleviate extreme cases of poverty among the family and community in general. The researcher also observed that the CT does not enable many households take part and contribute
to religious and social events unless any contribution made are to profit them, or for their own welfare for instance when one is sick or dead.


The study sought to establish the challenges OPCT program faces in addressing the plight of the elderly men and women in Kibera informal settlements. In order to identify these challenges a scale ranging from agree to disagree was provided. The elderly beneficiaries were asked to rate a number of statements with reference to the scale and the following results were obtained. The findings were as presented in Table 4.8.

*Table 4.8 Challenges affecting the OPCT program*

<table>
<thead>
<tr>
<th>Challenges that the OPCT program faces while addressing the needs and plight of the elderly.</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>f</td>
<td>(%)</td>
<td>f</td>
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<tr>
<td>The funds are inadequate to address most of the needs of the elderly persons.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Male</td>
<td>13</td>
<td>86.66</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>80.00</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>82.00</td>
<td>3</td>
</tr>
<tr>
<td>The cash transfers tend to increase over dependency towards the fund.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Male</td>
<td>10</td>
<td>66.66</td>
<td>2</td>
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<tr>
<td>Female</td>
<td>24</td>
<td>68.57</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>68.00</td>
<td>5</td>
</tr>
</tbody>
</table>
The disbursement is irregular hence one cannot make meaningful plans with the money.

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<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>12</td>
<td>30</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>80.00</td>
<td>85.71</td>
<td>84.00</td>
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<td>0</td>
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<td>5.71</td>
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<td>6</td>
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<tr>
<td></td>
<td>20.00</td>
<td>8.57</td>
<td>12.00</td>
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</tbody>
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It heightens more conflicts in the utilization of the funds in the family.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>4</td>
<td>9</td>
<td>13</td>
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<td>26.66</td>
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<td>13.33</td>
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<td>9</td>
<td>23</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>60.00</td>
<td>65.71</td>
<td>64.00</td>
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</tbody>
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It encourages deviant behavior such as alcoholism among the husbands who are beneficiaries.

<table>
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<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>7</td>
<td>19</td>
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</tr>
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<td>46.66</td>
<td>54.28</td>
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<td></td>
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<td>6</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>40.00</td>
<td>25.71</td>
<td>36.00</td>
</tr>
</tbody>
</table>

It tends to erode the traditional role of a husband as the provider in the family.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>12</td>
<td>13</td>
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<tr>
<td></td>
<td>6.66</td>
<td>34.28</td>
<td>26.00</td>
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<td>0</td>
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<td>5</td>
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<tr>
<td></td>
<td>0.00</td>
<td>14.28</td>
<td>10.00</td>
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<tr>
<td></td>
<td>14</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>93.33</td>
<td>51.42</td>
<td>64.00</td>
</tr>
</tbody>
</table>

It may trigger resentment or tension from the non-beneficiaries or those in the waiting lists.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>53.33</td>
<td>48.57</td>
<td>50.00</td>
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<tr>
<td></td>
<td>3</td>
<td>4</td>
<td>7</td>
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<tr>
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<td>20.00</td>
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<td>14.00</td>
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<tr>
<td></td>
<td>4</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>26.66</td>
<td>26.41</td>
<td>36.00</td>
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</tbody>
</table>

Inadequate government support may pose serious challenges to the program.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>60.00</td>
<td>34.28</td>
<td>26.00</td>
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<tr>
<td></td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>13.33</td>
<td>14.28</td>
<td>10.00</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>14</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>26.66</td>
<td>51.42</td>
<td>64.00</td>
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</tbody>
</table>
The findings in Table 4.8, show that a majority of participants agreed that the funds are inadequate to address most of the needs of the elderly persons (82%) and that the disbursement is irregular hence one cannot make meaningful plans with the money (84%). The study also found
that; lack of involvement in the formulation of policies about the program may lead to a negative perception to the program (86%) and that lack of a political good will by the government may pose serious challenges within the program (76%). Further analysis revealed that 68% of the participants also agreed; that the CT increases over dependency towards the funds, that there are untrustworthy caregivers who receive money without the beneficiary’s consent (60%) and that the CT encourages deviant behavior such as alcoholism among the husbands who are beneficiaries (52%).

On the other hand findings further revealed that the majority of participants disagreed that the funds heightens more conflicts in the utilization of the funds in the family and tends to erode the traditional role of a husband as the provider in the family (64%)

Key informants were interviewed on the challenges facing the OPCT program and, the following challenges were largely mentioned: Delay in payments, worn out finger prints, inconveniences brought about by loss of InuaJamii Pay Card, increased incidences of mugging during pay days, dishonesty among the families of beneficiaries who mainly do not report the death of the beneficiaries and issues of people coming from rural areas to register as beneficiaries in Kibera where they presume to have a higher chance.

Ministry of labour officials had this to say:

“Incidents of disorders and fatigue have been reported due to the long queues during registration. Delays in payments may arise especially when the caregivers are not introduced during the biometric registration of the beneficiaries”

“Worn out finger prints due to age of the beneficiaries has been a major challenge especially during signing of the documents” “There are also delays in effecting changes on names of caregivers and paying points and wrangles arise among family members when beneficiaries die on who is eligible to claim the cash” Jane (Not her real name)
“Payment is through a visa card (InuaJamii pay card) and if the beneficiary loses it he/she has to wait for the card to be processed afresh thus creating inconveniences.”

“Some beneficiaries are too old they forget they have been paid, so they go back to us(SDO’s asking for their money) “On the pay days many beneficiaries are mugged. This indicates the moral decay in our society. Kibera being a slum with a high crime rate the elderly are at a very high risk of being mugged on pay days. It is unfortunate.” Atieno (Not her real name)

“Currently there are no payments done after the beneficiary has "died unlike the Posta times where they were paid 3 times after death. This discourages many caregivers and families to report the death of the beneficiary so they can keep on receiving the money” The payment information does not get to everyone. Even if announcements are made about the pay days, it does not reach all, so those who do not get the information end up waiting for the next pay.

“Kibera was a pilot where the OPCT programme began so people have a misconception that Kibera is favoured. Many people, therefore opt to come and register in Kibera even from upcountry’” Jane (Not her real name)

Kibera Day Centre key informants mentioned:
“Some elderly men have girl friends who take advantage of them during the pay periods. In one case an elderly man with a younger girlfriend went to get the money together and she stole Ksh3000 out of Ksh8000. The elderly man learnt from the others that they were all receiving Ksh8000 and was so frustrated. When we called the lady she said “wachana na huyo mzee ni mjinga” “Forget about that old man, he is a fool” Peris (Not her real name)

“Some caregivers lie about the amount we received had a case where a grandchild who is a care giver lied to an elderly woman beneficiary that he got Ksh4000 instead of Ksh8000” Sabina (Not her real name)

From the FGD’s a number of challenges were noted including: Payment uncertainties, insufficient amount to cater for basic needs adequately, omissions on the payroll, delays in payments, favoritisms during registration, bribery, and long queues in the bank on pay days.

During the discussions, some members had this to say:

“There are delays in payments and we are never certain on when the next payment will be done. We can therefore not plan for the money appropriately. The amount given is so little to cater for even basic needs adequately. We are often forced to look for other
sources like well-wishers. That is why we join groups like this one for extra benefits” Mwenda (Not his real name)

“There are many cases of omission on the payroll. This is so common, whereby some of the beneficiaries are registered, put on the payroll yet they are told the card has no money. I have gone for the money four times and I have been told “mama pole account yako haina pesa” “Sorry madam, your account has no money” Joy (Not her real name)

On other challenges from the interviews with the OPCT beneficiaries not in KDC, they mentioned:

“There is a lot of favouritism in the selection of beneficiaries in this program. For example

“Sheikh was in charge of getting Nubians in the register and he registered many that were not qualified because they are rich” Wambui (Not her real name)

“Sometimes we are forced to bribe for favours. You cannot receive the CT money without an id so I lost mine and had to bribe the chief with 500 so he can help me. John (Not his real name)

“There are long queues at the bank because people go for the money at the same time. All the same KCB is more orderly than our previous pay point Posta” Maina (Not his real name)

“One gets paid only at their location or area that is Kibera. You cannot be paid from another KCB branch. “It is inconveniencing. My friend comes all the way from Kisii to get paid at Kibera where she was registered. She went to take care for her husband who has a problem with his leg. Fare to and from is expensive.” Moraa (Not her real name)

“There are threats and demands of “kitu kidogo” (something small) to the elderly by those who registered them, bank guards also demand that the elderly give tokens for the assistance they provide to the elderly and bank officials are taking advantage of arrears by not disclosing to the elderly the actual amount” Juliet (Not her real name)

The third objective sought to find out the challenges facing the OPCT program in addressing the needs and plight of the elderly men and women in Kibera. The researcher observed quite a number of challenges facing the program largely brought out by all participants. They include: Nepotism/tribalism/favoritism during registration. Some unscrupulous enumerators go to the extent of importing their relatives for registration in the program. Other main challenges were
inadequacy of the funds, and uncertainties of payment periods. The OPCT beneficiaries largely commented that they appreciate government’s efforts to help but the money is barely enough to cater for their basic needs considering even have dependents. There was a major challenge with fingerprints. A majority of the beneficiaries complained that their fingerprints are not clearly visible, so they are forced to have caregivers who most often expect something in return as it is their payday. Cases of beneficiaries failing to get payments at all, and being told to wait for the next pay period was a challenge too. Other challenges were on the amount inconsistencies, to registration within Kibera, threats, lack of sensitization and awareness for instance, sometimes some beneficiaries are not even aware of the pay days, when they learn about it late, they are forced to wait for the next pay days. Challenges facing the implementation of OPCT program pinpoint deterrents that are likely to hamper the smooth implementation of the program, hence restricting the program from achieving its desired goal as emphasized in Kahn and Antonucci (1980) social convoy model.

4.9. Interventions that can Address Challenges OPCT Face in Addressing the Plight of the Elderly Persons

The researcher further sought to establish interventions that could help in improving the implementation of OPCT in order to address the plight of the elderly persons and the following results were obtained. The findings are as presented in table 4.9
Table 4.9 Interventions that can Address Challenges of OPCT Program

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prompt disbursement of funds</td>
<td>43</td>
<td>86</td>
</tr>
<tr>
<td>Improve communication channels with the elderly persons</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>Recruitment of youths as mobilization officers to work with the ministry officials</td>
<td>26</td>
<td>52</td>
</tr>
<tr>
<td>More cash to be allocated to the program in order to cushion the elderly against sky rocketing prices of commodities</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.9, shows that all the respondents cited a need for more allocation of money to the program in order to cushion them against sky-rocketing prices of commodities (100%). The study also found that 86% pointed out prompt disbursement of funds, 80% mentioned improved communication channels with the elderly persons and 52% mentioned recruitment of youths as mobilization officers to work with the ministry officials. These interventions seem to be in line with the suggestions fronted by DIFD (2006) and Shirin (2008) in the implementation of a social pension involving building critical administrative systems that identify, target, and register older people. In addition, social pensions in Asia rely on community-based mechanisms by employing conventional community-based targeting mechanisms.

Interviews with key informants yielded the a number of suggestions, including: the community should come up with welfare groups in which they can visit, share and enlighten each other, the government in conjunction with NGOs should set up living centers for the elderly where they
can access care giving services, and that the elderly should be open about their relatives that steal from them and let them get punished.

Ministry of labour officials had this to say:

“Then together with Non-Governmental Organizations, the government should set up living centres or institutions for the elderly, such as ‘NyumbayaWazee’ where the elderly could access care giving services, and medical attention”

“The community should also come up with groups where they could visit the elderly in their homes, give donations and words of encouragement in order to uplift each other”

Jane (Not her real name)

“The beneficiaries should change their attitude when it comes to protecting their family members who steal from them. Usually they are so protective of their family and do not let them be punished if they steal from them”

Atieno (Not her real name)

The fourth objective sought to establish ways of improving the OPCT program and the study established that each one of the challenges can be resolved to improve the OPCT program. The researcher came up with a number of strategies that could improve the OPCT program which is so noble but marred with numerous challenges. They include:

The number of beneficiaries in the rural areas should be increased to curb shifting. People come over to Kibera where they think they have a higher chance of being enrolled in the program because it was one of the pilot areas and enumerators import their relatives from up country for registration in Kibera. There should also be the creation of awareness so that potential beneficiaries and their relatives know that the OPCT program is everywhere even in the rural areas.

There should be an option for transfer if one moves from Kibera to another place, so they do not have to travel to Kibera every time during pay periods. There should also be the creation of awareness and sensitization to the beneficiaries to ensure they follow the required protocol so that they can avoid being struck off the register for instance due to double registration. In one of the interviews with key informants from the ministry one mentioned:
An elderly woman died of shock after being removed from two programs. She had registered herself in the OPCT program and the one for the orphans yet the money comes from one kitty.

Bank computer errors should be acted upon fast and ensure that whoever lacked their money previously can get during the following payment period. This will help avoid the stress and frustration the elderly go through when they are told to wait, a pay round and another.

The officials involved in issuing and replacing lost cards should do so promptly to avoid cases where the elderly miss their payments while waiting for a new card to be processed.

In the case of fingerprints other methods can be used to verify the right beneficiary other than the biometric way, if it does not work, such as ink for fingerprints other than forcing the elderly to get caregivers who in most cases are untrustworthy and take advantage of them.

There should be more pay points within a location such as KCB mtaani, the KCB agents to avoid congestion in the banks. Some elderly complained that they strain a lot having to wait.

The CT payments should be made more regular and the amount increased so it can help improve the dire conditions of the elderly, especially those living in the slums. If the CT is disbursed regularly then they will be able to make proper plans for spending money.

The recruitment process should be strict to ensure only genuine cases are considered and the right criteria are followed. Some of the beneficiaries in the interviews mentioned that they did not have house visits to verify if they are indeed needy or from the location.

The elderly should be encouraged to form welfare groups where they can socialise, share, enlighten each other, make friends and even champion their rights.

These interventions call upon all the players, including the government through the Ministry of Labour, parastatals such as NHIF, NGOs, the elderly and their families and the community to pull up their efforts and resources in order to improve the OPCT program.
CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter presents a summary, conclusions and recommendations based on the findings. The summary presents each part of the study in brief, conclusions are made for each research question and recommendations are based on the general findings of the study. The purpose of the study was to assess the effects of OPCT funds on the well-being of the elderly men and women in Kibera informal settlement. The researcher used Microsoft Excel software to analyze the data. Descriptive statistics such as frequencies and percentages were used to summarize the data. From the analysis, the study found out the following:

5.2. Summary of research findings

The first objective sought to identify the recipients of OPCT program in Kibera informal settlements. The findings from the study revealed that a majority of the beneficiaries are 65 years and above, indicating an adherence to the admissibility age. The majority of the beneficiaries are women and widows which makes them more vulnerable as they have no supporting hands yet they have people depending on them. Most of the recipients have never gone to school which becomes a challenge in regards to expenditure. In addition, many are unemployed, therefore, have no sources of income, hence mainly depend on the CT or well-wishers. Quite a number of the beneficiaries suffer from chronic diseases indicating a medical need whose costs can barely be covered by their meagre earnings. However, NHIF is
now offering an outpatient and inpatient medical cover to all OPCT beneficiaries, and this comes as a bit of a relief to the OPCT beneficiaries in Kibera informal settlements.

The second objective sought to establish the different implications of OPCT funds on the well-being of the elderly men and women in Kibera informal settlements. The findings from the study revealed that, the amount allocated was insufficient to cater fully for basic needs such as food, health, (especially at the family level), or rent. The funds at individual level give the elderly freedom of expenditure on financial matters, increases sense of self-worth and confidence and assertiveness especially on the day the funds are credited into their accounts and a few days that follows. At household/family level, the OPCT funds failed to register any improvements in the health status of the family and level of poverty. However, the OPCT fund it reduces tension and stress in the family especially when the cash is received. The fund also was noted to increase the number of friends and family members who often wish to associate with the host. The study noted that OPCT funds had a significant effect at the individual level of the elderly men and women. At household level, however, OPCT funds fail to register much significant effects and this could be attributed to the little amounts of cash coupled with irregularity in the disbursement of funds. At community level many beneficiaries agreed that the OPCT stimulates the formation of social groups to champion elderly rights and also for the elderly to exchange ideas issues touching on disability, HIV/AIDS and other chronic diseases. In these social groups they enlighten each other on where to get medicine or treatment and share ideas on where to get donations. However, at the community level the OPCT does not alleviate extreme cases of poverty among the family and the community in general. The researcher also observed that the OPCT does not enable many households take part and contribute to religious and social events.
unless any contribution made are to profit them, or for their own welfare for instance when one is sick or dead.

The third objective, sought to identify challenges that OPCT program face in addressing the needs and plight of the elderly men and women in Kibera Informal Settlements. The researcher observed quite a number of challenges facing the program largely brought out by all participants. The process of registration of the OPCT recipients is marred with a lot of improprieties. Some of the enumerators involved in the process of recruiting eligible beneficiaries are unscrupulous with cases of nepotism, tribalism, bribery, favoritism, and importation of people who do not reside in Kibera informal settlements largely mentioned. The registration exercise has also been characterized with inconsistencies with a number of elderly being registered by recruiting officers but excluded as beneficiaries of the program. Other main challenges were inadequacy of the funds, and uncertainties of payment periods. The OPCT beneficiaries largely commented that they appreciates government’s efforts to help, but the money is barely enough to cater for their basic needs considering even have dependents. There was a major challenge with finger prints. A majority of the beneficiaries complained that their fingerprints are not clearly visible, so they are forced to have caregivers who most often expect something in return as it is their payday. Cases of beneficiaries failing to get payments at all, and being told to wait for the next pay period were being a challenge too. Other challenges were on the amount inconsistencies, to registration within Kibera, threats, lack of sensitization and awareness for instance, sometimes some beneficiaries are not even aware of the pay days, when they learn about it late, they are forced to wait for the next pay days.
The fourth objective sought to suggest ways of improving the OPCT program for the benefit of elderly men and women in Kibera informal settlements. The study found out that: more cash should be allocated to the program in order to cushion the elderly against skyrocketing prices of commodities, improved communication channels with the elderly persons and prompt disbursement of funds. The number of beneficiaries in the rural areas should be increased to curb shifting. There should also be the creation of awareness so that potential beneficiaries and their relatives know that the OPCT program is everywhere even in the rural areas. There should be an option for transfer if one moves from Kibera to another place, so they do not have to travel to Kibera every time during pay periods; and also creation of awareness and sensitization to the beneficiaries to ensure they follow the required protocol so that they can avoid being struck off the register for instance due to double registration. Bank computer errors should be acted upon fast and ensure that whoever lacked their money previously can get in the following payment period. This will help avoid the stress and frustration the elderly go through when they are told to wait, a pay round and another.

The officials involved in issuing and replacing lost cards should do so promptly to avoid cases where the elderly miss their payments while waiting for a new card to be processed.

In the case of fingerprints other methods can be used to verify the right beneficiary other than the biometric way, if it does not work, such as ink for fingerprints other than forcing the elderly to get caregivers who in most cases are untrustworthy and take advantage of them. There should be more pay-points within a location such as the KCB agents to avoid congestion in the banks.

The recruitment process should be strict to ensure only genuine cases are considered and the right criteria are followed.
These interventions call upon all the players, including the government through the Ministry of Labour, parastatals such as NHIF, NGOs, the elderly and their families and the community to pull up their efforts and resources in order to improve the OPCT program.

5.3. Conclusions

From the findings of the study, under the recipients of OPCT, it can be concluded that:

- The majority of the OPCT beneficiaries’ are of the required age, which is 65 years and above.
- Many of the beneficiaries are women and widows which, makes them more vulnerable because they have no supporting hands yet they have dependants.
- The majority of the elderly are the decision makers on how to spend the money, and they spend the OPCT on the most pressing needs like food and medicine.
- Quite a number of the beneficiaries suffer from chronic diseases. Indicating a medical need whose costs can barely be covered by their meagre earnings. However, NHIF is now offering an outpatient and inpatient medical cover to all OPCT beneficiaries, and this comes as a bit of a relief to them.
- Most of the recipients have never gone to school which becomes a challenge in regards to expenditure.
- Most of the OPCT beneficiaries are unemployed, therefore have no sources of income; hence, mainly depend on the CT or well-wishers.

On the implications of the OPCT funds on the well being of the elderly, the effects were felt at individual, family and community levels. The study concludes that:

- OPCT funds are being used as a top up to most of the basic needs sought by the elderly.
- The amount allocated is insufficient to cater fully for basic needs such as food, health, (especially at the family level), or rent.
- The funds at the individual level; give the elderly freedom of expenditure on financial matters, increases sense of self-worth, confidence and assertiveness especially on the day the funds are debited into their accounts and a few days that follows.
• At the individual level women, especially feel more empowered now that they expect some source of income, however, small; they can make their own decisions on how to spend their own money.

• At household/family level, the OPCT funds failed to register any improvements in the health and economic status of the family. It reduces tension and stress in the family, especially when the cash is received and increases the number of friends and family members they associate with.

• The NHIF card comes as a relief to many beneficiaries by offering free medical cover for outpatient and inpatient however, at family level the beneficiaries still grapple with issues of family health care for their dependants who are not covered.

• At the community level the CT stimulates the formation of groups to champion elderly rights and also helps the elderly exchange ideas in groups formed on issues touching on disability or HIV/AIDS and other chronic diseases. In these groups they enlighten each other on where to get medicine or treatment and share ideas on where to get donations.

• At the community level the CT does not alleviate extreme cases of poverty among the family and the community in general.

On the challenges facing the OPCT program, the study further concludes that there are challenges facing OPCT programs such as:

• Inadequacy of funds to address most of the needs of the elderly persons

• Irregular disbursement of funds, hence one cannot make meaningful plans with the money.

• The registration process is marred with a lot of improprieties such as nepotism/tribalism/importation of people who do not reside in Kibera and favoritism whereby even people who do not meet the required criteria are registered.

• Finger-prints are a major challenge affecting many beneficiaries. Most of the beneficiaries have worn out finger prints that are not clearly visible. They are forced to have caregivers who most often expect something in return as it is their pay day.

• Omissions from the payroll.

• Some beneficiaries fail to get payments at all, and are told to wait for the next pay period.
Other challenges are amount inconsistencies, threats, lack of sensitization and awareness for instance, sometimes some beneficiaries are not even aware of the pay days, when they learn about it late, they are forced to wait for the next pay days.

Finally, on the interventions the study concludes that interventions such

- The allocation of more funds to the program so it can help improve the dire conditions of the elderly especially those living in the slums.
- Prompt disbursement of funds.
- The OPCT payments should be made more regular. If the OPCT is disbursed regularly then they will be able to make proper plans for spending money.
- Improvement of communication channels between the government and the elderly persons would improve the effectiveness of the programs.
- Creation of awareness so that potential beneficiaries and their relatives know that the OPCT program is everywhere, even in the rural areas to avoid people fleeing from rural areas to urban centers for the same program
- The number of beneficiaries in the rural areas should be increased to curb shifting. People come over to Kibera where they think they have a higher chance of being enrolled in the program because it was one of the pilot areas.
- Sensitization to the beneficiaries to ensure they follow the required protocol, so that they can avoid being struck off the register.
- There should be an option for transfer if one moves from Kibera to another place, so they do not have to travel to Kibera every time during pay periods.
- Bank computer errors should be acted upon fast and ensure that whoever lacked their money previously can get in the following payment period. This will help avoid the stress and frustration the elderly go through when they are told to wait, a pay round and another.
- The officials involved in issuing and replacing lost cards should do so promptly to avoid cases where the elderly miss their payments while waiting for a new card to be processed.
- In the case of fingerprints other methods can be used to verify the right beneficiary other than the biometric way, if it does not work, such as ink for fingerprints other than forcing the elderly to get caregivers who in most cases are untrustworthy and take advantage of them.
There should be more pay points within a location such as KCB “mtaani” the KCB agents to avoid congestion in the banks.

The recruitment process should be strict to ensure only genuine cases are considered and the right criteria is followed.

The elderly should be encouraged to form welfare groups where they can socialize, share, enlighten each other, make friends and even champion their rights.

All the players, including the government through the Ministry of Labour and parastatals such as NHIF, NGOs, the elderly and their families and the community should pull up their efforts and resources in order to improve the OPCT program.

5.4. Recommendations of the Study

In order to improve the well-being of elderly men and women who are beneficiaries of OPCT and the effectiveness of the program, there is need to implement the following:

To the recipients of OPCT, they should be sensitized and ensure they follow the required protocol so that they can avoid being struck off the register, and form welfare groups where they can socialize, share, enlighten each other, make friends and even champion their rights.

The government should allocate more funds to the program in line with economic realities prevailing in the country at the moment so as to encourage the elderly persons to create savings and to meet their basic needs adequately.

The study further recommends that the government should ensure there is prompt and regular disbursement of the funds in order to minimize hitches in the entire financial year and to enable the beneficiaries make meaningful plans with the money.

In order to minimize resentment or tension from the non-beneficiaries or those on the waiting lists there is need to expedite on the registration of the elderly in the program by the Ministry of Labour officials. Moreover, ensure that the recruiters are diligent and selects genuine cases.
There is the need for government support in ensuring there are timely budgetary allocations for the program in the national budget. There should be staff capacity building and training for ministry officials involved in the implementation of the program. There is also need to involve the elderly in the formulation of policies about the program in order to address the negative perceptions about the program. There is also need for the government to expand the program expanded to include more vulnerable elderly men and women. NGOs should be encouraged to set up day care centres for the elderly so that they can exchange ideas and share their experiences.

5.5. **Suggestions for further research**

1. A study on the effects of cash transfer programs among other vulnerable groups in the society in Kenya. eg PWSDs
REFERENCES


Fultz, E. and Francis, J. (2013). Cast transfer programs, poverty reduction and empowerment of women: A comparative analysis. Experiences from Brazil, Chile, India, Mexico and The Case of the Employment Guarantee Scheme in Maharashtra”, University of Lund Field Study Series 57, Department of Economics, University of Lund.


HelpAge International (2002). *The ageing and development report. Part 3*


Irudaya, P. and Palacios, R. (2008). Understanding poverty among the elderly in India:


Tabor, S. (2002). *Assisting the Poor with Cash: Design and implementation of social transfer programs*. World Bank, Washington, D.C.


[Rev: 09/03/2009].


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APPENDIX 1: LETTER TO THE RESPONDENTS

Dear Respondent,

Consider this letter a request to participate in a study that seeks to assess the effects of older persons cash transfer funds on the well-being of the elderly men and women in Kibera informal settlements. Your participation will be extremely important in enabling the researcher in coming up with findings that will help in understanding challenges that the elderly face and ways of addressing these challenges.

Kindly spare part of your time to respond to the questions paused. Each response will be treated with confidentiality and used for academic purpose only. Thank you for your co-operation.

Sincerely,

Amanda Kinya Mbabu
APPENDIX 2: INTERVIEW GUIDE FOR THE ELDERLY MEN AND WOMEN

This research is purely for academic purpose and any information collected will be treated with high confidentiality.

Section A - Socio-Demographic Background

1. Indicate your Gender

   Male (    )     Female (    )

2. Indicate your age?

<table>
<thead>
<tr>
<th>Age group</th>
<th>Tick ( √ )</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) 60 - 64 years</td>
<td></td>
</tr>
<tr>
<td>b) 64 – 69 years</td>
<td></td>
</tr>
<tr>
<td>c) 70 – 74 years</td>
<td></td>
</tr>
<tr>
<td>d) 75 years and above</td>
<td></td>
</tr>
</tbody>
</table>

3. Indicate your level of education

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Tick ( √ )</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Primary</td>
<td></td>
</tr>
<tr>
<td>b) Secondary</td>
<td></td>
</tr>
<tr>
<td>c) College</td>
<td></td>
</tr>
<tr>
<td>d) University</td>
<td></td>
</tr>
<tr>
<td>e) None</td>
<td></td>
</tr>
</tbody>
</table>
4. Indicate your marital status

Single (       )  Married (       )  Divorced (       )  Widowed (       )  Any other -------

5. a) Indicate whom you live with

<table>
<thead>
<tr>
<th>Person</th>
<th>Tick (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Wife</td>
<td></td>
</tr>
<tr>
<td>b. Children</td>
<td></td>
</tr>
<tr>
<td>c. Grand children</td>
<td></td>
</tr>
<tr>
<td>d. Adult care home</td>
<td></td>
</tr>
<tr>
<td>e. None</td>
<td></td>
</tr>
<tr>
<td>f. Other (Please specify)</td>
<td></td>
</tr>
</tbody>
</table>

b). Indicate if you suffer from the following ailments.

<table>
<thead>
<tr>
<th>Ailments</th>
<th>Tick (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Disabled or physical impairment</td>
<td></td>
</tr>
<tr>
<td>b. HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>c. Chronic diseases such as TB, cancer, diabetes, High blood pressure</td>
<td></td>
</tr>
<tr>
<td>e. Bedridden</td>
<td></td>
</tr>
<tr>
<td>f. Other (Please specify)</td>
<td></td>
</tr>
</tbody>
</table>
6. Indicate your former or current occupation

<table>
<thead>
<tr>
<th>Former occupation</th>
<th>Tick (√)</th>
<th>Current occupation</th>
<th>Tick (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Civil servant (Employed by the Government)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. An employee in a private company</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Self employed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Domestic worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Casual labourer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Unemployed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART B**

**Implications of OPCT funds on the well-being of the elderly men and women**

10. Indicate by ticking areas that you use the cash received from OPCT.

<table>
<thead>
<tr>
<th>Areas you use the cash from OPCT</th>
<th>Tick (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Food (water included)</td>
<td></td>
</tr>
<tr>
<td>b) Personal effects such as soap, tooth paste etc.</td>
<td></td>
</tr>
<tr>
<td>c) Blankets</td>
<td></td>
</tr>
<tr>
<td>d) Savings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Capital for business</td>
</tr>
<tr>
<td>---</td>
<td>---------------------</td>
</tr>
<tr>
<td>f)</td>
<td>School fees for the children</td>
</tr>
<tr>
<td></td>
<td>Transport</td>
</tr>
<tr>
<td>h)</td>
<td>Health care for the family</td>
</tr>
<tr>
<td>k)</td>
<td>Others …………………………….</td>
</tr>
</tbody>
</table>

Who decides how you spend the cash income

A relative (   )

Husband (   )

Wife (   )

Care giver (   )

11. State the extent to which you agree or disagree with each of the following by ticking the appropriate column. Use the scale provided where

<table>
<thead>
<tr>
<th>1=</th>
<th>Agree</th>
<th>2=</th>
<th>Not sure</th>
<th>3=</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspects</td>
<td>1 agree</td>
<td>2 Not sure</td>
<td>3 Disagree</td>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>Individual level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a.</td>
<td>The cash from the program increases elderly sense of self-worth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b.</td>
<td>It makes the elderly more confident and assertive in life issues.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c.</td>
<td>It enables the elderly to meet their basic needs and contribute to household incomes and expenses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d.</td>
<td>It makes the elderly secure and have more control over their lives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e.</td>
<td>It gives them more freedom of expenditure and financial matters.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11f.</td>
<td>It provides capital that they can use to start small businesses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11g.</td>
<td>It enables them access goods on credit from shops near their place since they have a source of income.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Household/family level**
| 11h. | It increases the number of friends and family members they associate with. |
| 11i. | It makes the family to be financially independent. |
| 11j. | It improves the quality of life of the family. |
| 11k. | It reduces tension and stress in the family especially when the cash is received. |
| 11l. | Regular income help the family meet their expenses. |
| 11m. | It improves the nutrition and food availability to the family. |
| 11n. | It improves the health status of the family. |
| 11o. | It reduces the level of poverty in the family. |
| Community | It stimulates the formation of groups to champion elderly rights. |
11q. The cash enables many households take part and contribute to religious and social events.

11r. Helps elderly exchange ideas in groups formed such as issues touching on disability or HIV/AIDS.

11s. It boosts the economy in the area particularly the purchasing power of the elderly on the day cash is distributed.

11t. It alleviates extreme cases of poverty among the family and the community in general.

12. Indicate other effects that may be realized from the OPCT program other than the ones identified

Part C: Challenges that the OPCT program faces in addressing the needs and plight of the elderly men and women in Kibera informal settlement
13. State the extent to which you agree or disagree with each of the following by ticking in the appropriate column. Use the scale provided where

\[ 1 = \text{Agree} \quad 2 = \text{Not sure} \quad 3 = \text{Disagree} \]

<table>
<thead>
<tr>
<th>Aspects</th>
<th>1 Agree</th>
<th>2 Not sure</th>
<th>3 Disagree</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The funds are inadequate to address most of the needs of the elderly persons.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. The cash transfers tend to increase over dependency towards the fund.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. The disbursement is irregular hence one cannot make meaningful plans with the money.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. It heightens more conflicts in the utilization of the funds in the family.</td>
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</tr>
<tr>
<td>e. It encourages deviant behaviour such as alcoholism among the husbands who are beneficiaries.</td>
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<td></td>
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<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>It tends to erode the traditional role of a husband as the provider in the family.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>It may trigger resentment or tension from the non-beneficiaries or those in the waiting lists.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>Lack of a political will by the government may pose serious challenges with the program.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Staff capacity and knowledge among ministry officials hinders the implementation of the program.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>Lack of involvement in formulation of policies about the program may lead to negative perception to the program.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>Untrustworthy caregivers receiving money without the beneficiaries consent.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. What are the other challenges that the OPCT face in addressing the plight of the elderly persons in the area?

12. Suggest possible measures that can be undertaken to address these challenges noted in the question above.

13. What strategies can be put in place in regard to OPCT to improve its effectiveness and to enhance equity between elderly men and women

Thank you for your cooperation.
APPENDIX 3: INTERVIEW GUIDE FOR KEY INFORMANTS (MINISTRY OF LABOUR OFFICIALS AND SUBCOUNTY ADMINISTRATORS)

1. Indicate your gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Tick (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

2. Indicate the number of years that you have worked in Kibera slums.

<table>
<thead>
<tr>
<th>Number of years</th>
<th>Tick (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Below 1 year</td>
<td></td>
</tr>
<tr>
<td>b) 2 – 4 years</td>
<td></td>
</tr>
<tr>
<td>c) 5 – 7 years</td>
<td></td>
</tr>
<tr>
<td>d) Above 8 years</td>
<td></td>
</tr>
</tbody>
</table>

3. Indicate the role you play in addressing the needs and plight of the elderly in Kibera slums.

4. What are the effects of OPCT program to the plight of the elderly persons? (The effects at individual level, their family/households and the community level. Other effects on health, education, purchasing power and community participation).

..................................................................................................................................................
5. What are the challenges that OPCT program face or organizations involved in provision of support to the elderly and their households in the area?

.................................................................................................................................

8. How can these challenges be addressed in future to enhance improvement of the elderly status in life? (At family, community and the national level).

.................................................................................................................................
.................................................................................................................................

9. What strategies can be put in place in regard to OPCT to improve its effectiveness and to enhance equity between elderly men?

.................................................................................................................................

Thank you for your cooperation.
APPENDIX 4: INTERVIEW GUIDE FOR KIBERA DAY CARE CENTRE OFFICIALS

1. Indicate your gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Tick (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

2. Indicate the number of years that you have worked with the elderly men and women of Kibera day care center.

<table>
<thead>
<tr>
<th>Number of years</th>
<th>Tick (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Below 1 year</td>
<td></td>
</tr>
<tr>
<td>b) 2 – 4 years</td>
<td></td>
</tr>
<tr>
<td>c) 5 – 7 years</td>
<td></td>
</tr>
<tr>
<td>d) Above 8 years</td>
<td></td>
</tr>
</tbody>
</table>

3. Indicate the activities the group is involved in.

..........................................................................................................................

4. What benefits have your members accrued from the groups’ activities in relation to the cash accrued from OPCT program?

..........................................................................................................................

5. Indicate the role you play in addressing the needs and plight of the elderly in Kibera slums.

..........................................................................................................................
6. What are the effects of OPCT program to the plight of the elderly persons? (Probe the effects at individual level, their family/households and the community level. Probe on the effects on health, education, purchasing power and community participation).

7. What are the challenges that OPCT program face or organizations involved in provision of support to the elderly in the area?

8. How can these challenges be addressed in future to the benefit of the elderly men and women? (Probe at family, community level and at the national level).

9. What strategies can be put in place in regard to OPCT to improve its effectiveness and to enhance equity between elderly men and women?

Thank you for your cooperation.
APPENDIX 5: FOCUS GROUP DISCUSSION GUIDE FOR OPCT BENEFICIARIES IN KIBERA DAY CARE CENTER.

1. When was the center formed?

2. What is the current membership? (Probe the membership in terms of gender, marital status, number of dependants, previous occupation and their ailments etc)

3. How did the members come to learn about the group? (What reasons propelled them to join)

4. Indicate the role of the group in addressing the needs and plight of the elderly in Kibera slums.

5. What are the requirements for one to qualify as a beneficiary of the OPCT program? (Probe on awareness and the documentation of the same)

6. What are the effects of OPCT program to the plight of the elderly persons? (Probe the effects at elderly persons’ level, their family/households and the community level. Probe on the effects on health, children schooling, purchasing power and community participation)

7. What are the challenges that OPCT program face or organizations involved in provision of support to the elderly and their households in the area? (Probe on challenges that are administrative, beneficiary selection, payment systems, corruption based etc).

8. How can these challenges be addressed in future to enhance improvement of the elderly status in life? (Probe at family, community level and at the national level)

9. What strategies can be put in place in regard to OPCT to improve its effectiveness and to enhance equity between elderly men and women?
APPENDIX 6: NACOSTI RESEARCH AUTHORIZATION

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Ref: No. NACOSTI/P/15/1779/6984

Date: 24th July, 2015

Amanda Kinya Mbabu
Kenyatta University
P.O. Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Effects of older persons cash transfer funds on the well being of the elderly in Kibera Informal Settlements, Nairobi County,” I am pleased to inform you that you have been authorized to undertake research in Nairobi County for a period ending 30th September, 2015.

You are advised to report to the County Commissioner and the County Director of Education, Nairobi County before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

DR. S. K. LANGAT, OGW
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nairobi County.

The County Director of Education
Nairobi County.

APPENDIX 7: KENYATTA UNIVERSITY APPROVAL OF RESEARCH PROPOSAL

KENYATTA UNIVERSITY
GRADUATE SCHOOL

FROM:        Dean, Graduate School
TO:          Ms. Amanda Kinya Mbabu
             C/o Gender & Development Studies Dept.
             Kenyatta University

DATE:        3rd June, 2015
REF:         C90/25770/11

SUBJECT:     APPROVAL OF RESEARCH PROPOSAL

We acknowledge the receipt of your revised Research Proposal as per recommendations raised by the Graduate School Board of 15th April, 2015 entitled “Effects of Older Persons Cash Transfer Funds on the Wellbeing of the Elderly in Kibera Informal Settlements, Nairobi County”.

You may now proceed with your Data collection, subject to clearance with the Principal Secretary, Higher Education, Science and Technology.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed supervision Tracking Forms per semester. The form has been developed to replace the progress Report Forms. The Supervision Tracking Forms are available at the University’s Website under Graduate School webpage downloads.

Thank you.

SILVERIA THION’O
FOR: DEAN, GRADUATE SCHOOL

cc. Chairman, Gender & Development Studies Dept.
Supervisors:

1. Dr. Casper Masiga
   C/o Gender & Development Studies Dept.
   KENYATTA UNIVERSITY

2. Dr. Grace Okong’o
   C/o Gender & Development Studies Dept.
   KENYATTA UNIVERSITY

ST/cao

Committed to Creativity, Excellence & Self-Reliance
APPENDIX 8: RESEARCH CLEARANCE PERMIT

THIS IS TO CERTIFY THAT:
MISS. AMANDA KINYA MBABU
of KENYATTA UNIVERSITY, 2-60402
igoli, has been permitted to conduct
research in Nairobi County

on the topic: EFFECTS OF OLDER
PERSONS' CASH TRANSFER FUNDS ON
THE WELL BEING OF THE ELDERLY IN
KIBERA INFORMAL SETTLEMENTS,
NAIROBI COUNTY

for the period ending:
30th September, 2015

Permit No: NACOSTI/P/15/1779/6984
Date Issued: 24th July, 2015
Fees Received: Ksh. 1000

(Applicant's Signature)

Director General
National Commission for Science,
Technology & Innovation

CONDITIONS
1. You must report to the County Commissioner and
the County Education Officer of the area before
embarking on your research. Failure to do so
may lead to the cancellation of your permit
2. Government Officers will not be interviewed
without prior appointment.
3. No questionnaire will be used unless it has been
approved.
4. Excavation, filming and collection of biological
collections are subject to further permission from
the relevant Government Ministries.
5. You are required to submit at least two (2) hard
copies and one (1) soft copy of your final report.
6. The Government of Kenya reserves the right to
modify the conditions of this permit including
its cancellation without notice.

RESEARCH CLEARANCE
PERMIT
Serial No.: A 5934

CONDITIONS: see back page
KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

Our Ref: C50/25770/11

The Principal Secretary,
Higher Education, Science & Technology,
P.O. Box 30040,
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR MS. AMANDA K. MBABU REG. NO. C50/25770/11

I write to introduce Ms. Amanda who is a Postgraduate Student of this University. She is registered for M.A. Degree programme in the Department of Gender & Development Studies in the School of Humanities & Social Sciences.

Ms. Amanda intends to conduct research for a proposal entitled, “Effects of Older Persons Cash Transfer Funds on the Wellbeing of the Elderly in Kibera Informal Settlements, Nairobi County”.

Any assistance given will be highly appreciated.

Yours faithfully,

MRS. LUCY N. MBABU
FOR: DEAN, GRADUATE SCHOOL

ST/cao
APPENDIX 10: MAP OF KIBERA INFORMAL SETTLEMENT