KENYATTA UNIVERSITY

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

DEPARTMENT OF PUBLIC POLICY AND ADMINISTRATION

THE DETERMINANTS OF IMPLEMENTATION OF CASH TRANSFER PROGRAMME FOR ELDERLY IN KIAMBU COUNTY, KENYA

NDUNG'U PENINA MUTHONI

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2019

DECLARATION

I declare that this research project is my original work and has not been presented for a degree in any other university.

Signature..... Date.....

Ndung'u Penina Muthoni C153/CTY/PT/28147/2014

I confirm that the work in this research project was done by the candidate under my supervision.

Signature..... Date.....

Wilson Muna (PhD)

Department of Public Policy and Administration

Kenyatta University

DEDICATION

I dedicate this project to the Almighty God for granting me the ability to go through this course. I also dedicate this project to my daughter and parents for the support they accorded me during this period of the study.

ACKNOWLEDGEMENT

The completion of this project could not have been possible without the assistance of many supporters. I would like to express my appreciation for the great support accorded to me my supervisor Dr. Wilson Muna for the invaluable guidance, encouragement and constructive criticism. Additionally, I want to register my appreciation to the chairman Professor David Minja for your leadership and all the staff and students of Department of Public Policy and Administration for your input to this study.

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May the Almighty God richly bless you.

ABSTRACT

The objective of the study was to establish the determinants of implementation of cash transfer programme for elderly persons in Kiambu County, Kenya. Three specific objectives guided the study: investigating how enrolment process of beneficiaries determine implementation of cash transfer program for the elderly; finding out how staff capacity determines the implementation of cash transfer program for the elderly; and assessing how modes of payment determine implementation of cash transfer program for the elderly. The study was based on Progressive Utilization theory advanced by Prabhat Ranjan. The study employed descriptive research design with study population as the elderly persons registered as beneficiaries of elderly Persons Cash Transfer Programme in Kiambu County. The study population was 72,132 elderly persons. The study used purposive sampling, stratified random sampling and proportionate stratified sampling to get a sample size of 380 respondents from four sub counties in Kiambu County. Data was collected through questionnaires. The study employed descriptive and inferential statistics to analyze data since both quantitative and qualitative data was collected. The analyzed data was done through the use of SPSS and presented in frequency tables, graphs and pie charts. The overall response rate was thus found to be 70.53% which is quite ideal for the study. Findings revealed that enrolment process had the strongest relationship with implementation of elderly cash transfer programme. Modes of payment had the second highest relationship. Staff capacity had the least strong relationship with implementation process. Findings showed that there is a strong relationship between modes of payment, staff capacity, enrolment process and implementation of elderly cash transfer programme. Findings also revealed that enrolment process, staff capacity and modes of payment had a positive linearly significant influence on implementation of elderly cash transfer programme. The study concluded that there is a positive and significant relationship between enrolment process, staff capacity and modes of payment and implementation of elderly cash transfer programme. The study recommended that streamlining and strengthening the enrolment process will lead an effective and efficient implementation of elderly cash transfer programme. The study recommended there is need for enhancing the capacity of the staff through training in order to equip them with skills to implement the programme. The study recommended for smoothening of the challenges of payment of the stipends through investing more on innovative payment schedules and programmes. An area for further study is the need to cascade similar studies in other counties for comparative analysis.

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LIST OF ABBREVIATION AND ACRONYMS

ANOVA	-	Analysis of variance
CFA	-	Confirmatory factor analysis
OPCT	-	Older Persons Cash Transfer
SPSS	-	Statistical Package for Social Sciences
VIF	-	Variance Inflation Factor

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DEFINITION OF OPERATIONAL TERMS

Cash Transfers: refers to the regular non-contributory payments given by the Government of Kenya to given persons or households with the aim of uplifting their living standards and reducing economic vulnerability.

Elderly Person: refers to a person above 65 years old enrolled in OPCT programme.

Enrolment of cash transfer programme beneficiaries: is the process of identifying people who are eligible to receive the programme benefits based on programs specific objectives.

Implementation: refers to the activity of ensuring that the older person's cash transfer programme is effectively rolled out to the beneficiaries as per the set objectives.

Modes of payment refer to the various methodologies put in place to ensure that the recipients of older person's cash transfer programme receive their stipends on timely basis.

Older person in OPCT programme: refers to the beneficiary enrolled in the Cash Transfer Programme for the elderly Persons as stipulated by the Government of Kenya.

Older Person's Cash Transfer Programme: refers to a programme providing predictable cash of KES 2,000 shillings per month paid every two months at the rate of 4,000 Kenya shillings

Staff capacity is the ability of the personnel assigned to implement the older person's cash transfer programme to attend to the stated assignments with diligence.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Cash transfer is a non-contributory payment system targeting poor and vulnerable people in the society done regularly and predictably to help them uplift their lives. Cash transfer programs is wide from social pensions, public works programs to child grants (DFID, 2015). In most developing countries, cash transfer programs are expected to provide a wide range of benefits to beneficiaries to include social protection and decent livelihoods.

The principle backing cash transfer programs is that recipients do not receive the money as a mere hand out but with strong justifications behind it and for clearly defined purposes. Implementation of cash transfer programs has been a point of strong concern from governments for many years. Some countries that have some cash transfer programs of different varieties include South Africa, Brazil, and Mexico (Feberiany, 2015).

Cash transfer programs are not new practice in the world. By early 20th century, cash transfer programs funded by tax payer's money were already in existence in Europe. These programs complimented other forms of social assistance such as free education and subsidized health care and housing programs (World Bank, 2013). Soon the cash transfer programs had been adopted in other parts of the world such as the USA, Canada, Australia and South Africa. By mid-20th century, the emphasis of the programs on implementation and utilization aspects of the resources by beneficiaries had intensified (Feberiany, 2015).

There was emphasis on efficiency and effective implementation of cash transfer programs as they were being rolled out in Latin America and show of how well the beneficiaries used the money for sustainable initiatives. To enhance specified outcomes, Mexico's, cash transfer program emphasized certain performance objectives on the cash transfer programs that enabled sustainability (Seidenfeld, Handa & Tembo, 2013).

For effective utilization of cash transfer programs, many have been conditional focusing on investment in such areas as preventive health programs for the elderly or other areas (DFID, 2015). Bolsa Familia-a, a cash transfer program in Brazil has a very strong political support. The programs serve about five million families a year transferring between six and nineteen US dollars per each served household a month. The total amount of money transferred is estimated at 0.15% of the country's GDP (Kwon & Kim, 2015). Brazil's cash transfer programs aims at breaking generational transfer of poverty root causes. The fund is therefore dependent on beneficiaries ensuring their children are attending schools, gets vaccinated, and are compliant with antenatal visits and other human capital requirements (World Bank, 2013).

Oportunindades in Mexico provides is similarly conditioned on children attending school and attaining appropriate health care. The program has been proven to increase antenatal attendance by pregnant women by up to 8%, contributed to reduction in sickness by new born by 25% and did the same for children under five years by up to 12% as compared to families not participating in the program (Garcia & Moore, 2012). Research from Latin America indicates that there is a direct causal relationship between conditionalities of cash transfer programs and their efficiency and effectiveness in meeting their desired ends

In Africa, cash transfer programs, unlike other parts of the world, have no conditions attached. Where some forms of conditions are attached, they are soft, with no serious implication in case on non-compliance (Garcia & Moore, 2012). Some of conditions are mostly verbally agreed between the government agencies and the beneficiaries that the beneficiaries will abide by the stated conditions (World Bank, 2009). Hanlon, Barrientos and Hulme (2015) are hesitant to conclude that conditions in cash transfer programs are any beneficial citing condition less programs that have been successful. World Bank, (2012) agrees that conditions may not work best in Africa. However, strong communication

strategies could be employed to ensure elderly beneficiaries of cash transfer programs promote maternal and child nutrition initiatives in their families and communities.

In Kenya elderly persons face numerous challenges including low income security, poor health infrastructure systems, low rate of employment and a degrading natural environment. Kenya does not have a strong pension system or state welfare that takes care of the elderly. Elderly people are particularly vulnerable to non-communicable and degenerative diseases such as diabetes, cardiovascular ailments, and kidney complications (NCPD, 2016). The increasing demand for health care services by elderly is finding an ill prepared health infrastructure in Kenya. Kenya, like other African countries does not have a health care system capable of looking into the long term health care needs of the elderly (Cheboi et al, 2015).

The Government has been investing in social protection programmes, including social insurance schemes and safety net programmes to address poverty among the elderly people. The Older Person Cash Transfer (OPCT) programme was introduced in 2006 to improve livelihoods of older persons. The programme targets extremely poor households that include a member aged 65 or older who does not receive a pension. The programme currently covers 203,011 households (Wairimu & Nyaoga, 2018). Kenya Shillings 2,000 per household per month is delivered every two months through the appointed payment agent (National Social Protection Secretariat, 2016). This is however not adequate and needs to be scaled up to include more elderly persons.

Kiambu County has the largest elderly population (97,389 above 65 years in 2017) which constitutes about 5 percent of the County population (Wairimu & Nyaoga, 2018). The population of the elderly persons is increasing and this calls upon enhancement of the social security programmes such as Cash Transfer Programme for the elderly to ensure their welfare

is well taken care of (NCPD, 2016). The growing number of older persons in Kiambu County raises questions about their wellbeing in terms of economic security in old age, social support, healthcare, and living conditions. It is therefore important that the government puts in place policies that will target the needs of the older persons.

Therefore, if Kenya is to realize the sustainable development as envisioned in Vision 2030, care of the elderly is critical. Even though a lot of studies on care for the aged people have been done in Asia and Latin America, there has been limited research on determinants of implementation for the elderly persons in Kenya. This study examines the determinants of implementation of cash transfer program for elderly persons in Kiambu County in Kenya.

1.2 Statement of the Problem

Vision 2030, which is Kenya's blueprint for future development recognizes the elderly persons as a vulnerable segment of the population encountering issues related to poverty, weak family and community support, health insecurity and low care. Vision 2030 further envisions a reduction in infant mortality, maternal mortality, malaria, HIV and AIDS but does not include any explicit plans for the welfare of the elderly persons (Kindiki & Wambu, 2015). The constitution of Kenya in its Article 57 highlights, that the State shall take measures to ensure the rights of the older persons to fully participate in the affairs of the society, pursue their personal development, live in dignity, respect and free from abuse and receive reasonable care and assistance from their family and state (National Social Protection Secretariat, 2016).

In line with this, the Government of Kenya has enacted Old Persons Cash Transfer Programme as a stipend to assist the elderly access basic needs. The GOK has expanded the program over the years in terms of continuous upscale of the beneficiaries into the program and increased budgetary allocation to cater for the additional beneficiaries. However, the

programme is faced with many challenges such as lack of enrolment of all the elderly persons, lack of qualified staff, inadequacy of finances provided, corruption, and extended delays in disbursement of funds among many others (Walaba, 2014). Previous studies focuses on these challenges and research on determinants of implementation of cash transfer program for the elderly has received little attention. This study therefore sought to fill this gap.

1.3 Objectives of the Study

The main aim of the study was to investigate the determinants of implementation of cash transfer programme for the elderly in Kenya, the case of Kiambu County.

1.4 Specific Objectives

1. To investigate how the enrolment process of beneficiaries determine implementation of cash transfer program for the elderly in Kiambu County.
2. To find out how staff capacity determines the implementation of cash transfer program for the elderly in Kiambu County.
3. To assess how modes of payment determine implementation of cash transfer program for the elderly in Kiambu County.

1.5 Research Questions

1. How does enrolment process of beneficiaries determine implementation of cash transfer programme for the elderly in Kiambu County?
2. What is the extent that staff capacity determines implementation of cash transfer programme for the elderly in Kiambu County?
3. What is the level at which modes of payment determine implementation of cash transfer programme for the elderly in Kiambu County?

1.6 Justification and Significance of the study

Kiambu County has the highest number of beneficiaries of the elderly cash transfer program (Wairimu & Nyaoga, 2018). Kiambu County has mixed population; both rural and urban,

essential for comparative purposes for this study on determinants of implementation of cash transfer programme for the elderly persons in Kiambu County.

Previous studies conducted in Kiambu County have focused on the impediments of the cash transfer program for the elderly. The researcher noted that these studies do not discuss on the determinants of implementation of the program and this prompted the researcher to carry out the study.

The findings of this study may inform the government on the determinants of implementation of elderly Persons Cash Transfer Programme. The findings may also offer solutions to the government of possible ways of enhancing the implementation of the cash transfer program. The findings may inform the Ministry of Labour and Social protection tasked with running the programme on the gaps identified and possible solutions in order to scale up the program and hence enhance its efficiency and effectiveness.

The information generated in this study may inform the policy makers on the need to design policies geared to the elevation of the Old Persons Cash Transfer Programme to a level where enrolment of beneficiaries, distribution of stipends to the beneficiaries is smooth and guaranteed. The findings may also inform the policy makers to be forward-looking and respond effectively to emerging issues. The findings may finally act as a foundation for future scholars to undertake further research on implementation of this programme and other related ones.

1.7 Scope and Limitations of the study

The study specifically focused on determinants of implementation of Older Persons Cash Transfer Programme in Kiambu County. The research study was carried out in the entire Kiambu County and specifically in the sampled sub counties. The elderly persons who are the beneficiaries of the programme and the staff involved in its execution were the main

participants. Three variables were studied: enrolment process of the beneficiaries, staff capacity and modes of payment. The study covered the period 2018-2019.

The study was limited in coverage in that sample size of the targeted location was relatively small in view of the large and ever increasing number of elderly in the country, but their characteristics are almost similar irrespective of where they were found. Language barrier was a challenge during data collection. The target population was the elderly people and translating the questionnaire into the local language during interview was a challenge. However, this was overcome by employing local research assistant who spoke the local languages.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews related literature on the study topic presented by various researchers and scholars. It also reviewed literature in respect to the objectives of the study on determinants of implementation of cash transfer program for the elderly in Kiambu County. The existing literature majorly focused on impact of cash transfers programmes in terms of enrolment process, modes of payment and staff capacity as compared to the actual implementation.

2.2 Rationale behind Cash Transfer Programme for the Elderly

Cash transfer programmes have emerged as an essential component of poverty reduction strategies (Copestake, 2008). The driving force behind this preference for cash injections to local economies is attributable to the supposed ability of cash transfer programmes to meet the twin objectives of short-term poverty alleviation and human capital building (UNDP-IPC, 2008). The move is also fomented by positive evaluations of pioneering cash transfer programmes in Latin America, thus serving to provoke their adoption as a popular component of development strategy in other countries.

For about half a century that effective cash transfer programs have been witnessed in developed countries, they have contributed notably in reduction of poverty. Until about a decade ago, cash transfer programs in low income developing countries were considered impossible to sustain without collapsing the economies (Kwon & Kim, 2015). However, in some middle income developing countries like Brazil, and others poorer like Honduras, Mexico, Nicaragua, South Africa and Columbia, cash transfer programs were introduced in 1990s and worked well. In these countries, cash transfer programs are no longer considered a privilege but a right for deserving citizens. They have proved capable of helping countries address problems such as hunger, improved living standards, better education and access to health for poor families.

Kwon and Kim (2015) investigated policy evolution of cash transfer programs in Indonesia. The study focused on policy decision making process at national level since Asian economic crisis. The study covers three critical phases of social protection programs targeting the poor that Indonesia attempted in its cash transfer programs. Cash transfer programs, looked at from a political perspective have been driven towards democratization of the Asian country. The cash transfer programs in Indonesia have contributed to growth of social protection systems in the country. Indonesian experience proves that cash transfer programs could evolve from emergency intervention measures to strong long terms sustained social protection programs.

Countries in Africa are beginning to translate their National Social Protection Strategies into social protection policies and programmes in partnership with international partners, usually within the context of Poverty Reduction Strategy Papers (PRSPs) (Niño-Zarazúa *et al.* 2011). Policy interest is now shifting from the mere profiling of poverty and emergency aid towards concern with factors that that propel households and communities to sink into impoverishment; how to avert such trends and pathways out of deprivation. There is thus a new wave of social protection programmes throughout Africa, and in Kenya, the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) and the Older Persons' Cash Transfer Programme programmes are the latest in the country's growing stable of social protection mechanisms (Government of Kenya, 2016).

2.3 Older Persons' Cash Transfer Programme

Bah et al., (2014) stated that the Older Persons' Cash Transfer Programme involves provision of direct financial support to households with the elderly living in poverty. The transfer aims at improving the conditions of the elderly people. The immediate objective of the programme is to relieve them from extreme poverty and enhance their capacity to participate in development activities (Republic of Kenya, 2016). Kwon and Kim (2015), says that

vulnerabilities increase as age increases driven by factors such as decline on job opportunities, reduction in pay for the employed, and natural increase in health risk that rises with age. Other factors include limitation in mobility, prejudice against aged people in offering credit by financial institutions, and poor access to services such as education,, health and changes in household composition.

In most cash transfer programs, the goal is to reduce vulnerability of the elderly. By allocating cash to elderly people, cash transfer programs promote relevance of elderly people to be involved in decision making processes at the household level. Seleoane (2014) have potential to increase investment. This is likely to translate to reduction in future financial risks and eventually result to poverty reduction. Investment in human capital reduces chances of intergenerational transfer of poverty factors over time. Atieno (2012) reported that cash transfer programs have proven beneficial not only to the elderly beneficiaries themselves but also their dependents especially children of school going age.

Seleoane (2014) reported that social grants catalyze entrepreneurship when the money is reinvested in other income generating ventures. Though elderly people tend to be isolated from the economy due to their perceived unproductivity, cash transfer programs take them right back in as they are capable of investing. Cash transfer programs have made it possible for other development processes in economies to accelerate.

Cash transfers to the elderly enable elderly people to be resilient against the challenges posed by age related vulnerabilities (Kwon & Kim, 2015). The issue of concern though is that in many countries, the cash transfer programs are set at the minimum level provided with other countries providing the cash at below the poverty lines or below their minimum wage levels. Vulnerability of poor people influences their position and voice in the household. Pension's

levels can influence this. Cash transfer programs empower older people and improve their living standards (Mwanzia, 2015).

In many developing nations, older people love in multigenerational households. The vulnerability and poverty of the elderly, in such circumstances, is hence capable of impacting on other people living with them. Pension provision to the elderly is hence equally able to have a positive impact beyond the elderly individual to others within the household. With limited safety nets in developing countries, households where elderly people live together with younger generations is likely to have a reduction in poverty levels (Seleoane, 2014).

Most developing countries have a universal means tested scheme which applies to the household. For example, the South Africa's social pension is equivalent to one third of per capita income. The scheme beneficiaries are those aged 65 years and above for men and women aged 60 years and above. A study done to assess the impact of the cash transfer programme in South Africa showed that together with promotion of food security, social transfers promote self- esteem, social status and empowerment (Feberiany, 2015).

2.4 Enrolment Process

Enrolment of cash transfer programme beneficiaries is the process of identifying people who are eligible to receive the programme benefits based on programs specific objectives (Unicef, 2013). Enrolment is a method that ensures the proper selection of beneficiaries of a program is clearly undertaken. It is mostly used in Non- universal cash transfer programs in developing countries whose governments are constrained by limited resources. It mainly centers on who needs the benefit most, what enrolment method and criteria will be used under the available administrative resource (Adato & Basset, 2013).

The purpose of enrolment process is to identify those most in need and ensure they are covered in the intervention (UNICEF, 2013). Effective enrolment improves the efficiency

and cost effectiveness of cash transfer programs and helps provide support to those who need it most rather than spreading too thin to make a difference (Tsuma, 2010). Samuels, Jones and Malachowska (2013) stated that enrolment of the beneficiaries of the cash programme needs to be enhanced especially in developing countries.

This will reduce errors where people who shouldn't be included are included and those who shouldn't be excluded are. This will enhance extension of benefits to the most deserving and vulnerable people. They added that there is necessity of taking significant steps to reduce inclusion errors. Multiple checks and balances at different levels may involve community's members and leaders to identify the vulnerable elderly people and their households.

There are various forms of enrolment processes, that is, Community Based Enrolment, Proxy Means Testing, Geographical enrolment and Self-enrolment. Community Based Enrolment is the most commonly used system in the southern and eastern Africa, where committees derived from local people and where public forums develop criteria to identify and prioritize the vulnerable amongst them (Adato & Basset, 2013). In this form, the communities are often used to identify beneficiaries since they are in a good position to identify who are the most deserving community members without gathering too much information.

Communities are also better in defining target population for a particular program through participatory approach (OVC Secretariat, 2012). However, community based enrolment is subjective as poverty assessment may not correspond to actual poverty as defined by program architects. It is also open to nepotism and elite capture which often erode cohesion and breed hatred within communities (Hanlon, Armado & Hulme, 2015).

In Ethiopia community enrolment yielded mixed results both positive and negative varying from one region to another, while in Malawi the 'Starter Packs Programme' failed as community representatives said "we are all poor". It is also through recognizing the benefits

of community participation those hybrid systems where central government develops monitoring systems while the community implements under regulated environments (Hanlon et al., 2015).

Proxy Means Testing is used where administrative and financial capacity exists to carry out data intensive test surveys and analysis. It was pioneered by Chile in the 1980s with its Fisha CAS programme and later adopted by Colombia and Mexico in their public works and Conditional cash transfer programs (UNICEF, 2013). Data gathered on beneficiary demographic characteristics such as age, gender, state of housing are used to identify the poor households (Ikiara, 2009).

Proxy means test scores are used to prioritize beneficiaries. The ranking is objective and mechanical and focuses on household assets rather than income limits (Hanlon et al., 2015). It is challenging to update the system since it is expensive and difficult to uphold a high degree of transparency. Transparency can frustrate proxy means tests because it makes it much easier for households to manipulate their conditions to meet the set criteria for qualification to the programs (OVC Secretariat, 2012).

Geographical enrolment targets specific regions that are identified based on certain parameters e.g. basis of poverty and HIV preference (Ikiara, 2009). In most cases programmes frequently use poverty maps and surveys. E.g. Brazil's cash transfer program aims at reaching particular poor communities in different regions while Mexico's Oportunidades programme employs the 'Marginality index' to identify the poor. However, risks of generating large errors of both exclusion and inclusion are common.

In Peru and Nicaragua, geographical enrolment was successful in relative terms in identifying deserving communities but was not as successful when going down to the level of identifying the most vulnerable households to be enrolled (OVC Secretariat, 2012). Self-enrolment is

simplest method of enrolment. The benefits are so low and conditions for access of the benefits are made unattractive so that only the neediest will choose to access the benefit.

Self-enrolment relies on social stigma and therefore inevitably reinforces the social marginalization of the receipts. Enrolment is incompatible with the current development objectives that emphasis social inclusion and empowerment, e.g. In Malawi food for work programmes were more stigmatizing than cash for work programmes (Adato &, Basset, 2013). World Bank (2015) in a Brazilian study noted that to be targeted and have a right to the OPCT funds, beneficiaries need to be above seventy years of age, and have contributed for at least 12 months in a social insurance.

Proper administration of the program has reasonably enabled it to reach the poorer rural areas. At the level of the household, household characteristics are considered. 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) did a study in Tanzania. They concluded that conditional money transfer programs based in communities actually targeted the poor. According to the study the criteria adopted targeted poor households; different households received different levels of cash transfer benefits depending on need.

Stakeholders defined the ‘very poor’ to meet at least one of these characteristics. Not having a shelter or a farm, unable to have at least two meals in a day, and not having an adult member of the family working in the last month. Other considerations were worn out dressing by children, household not owning any livestock and lack of land ownership. 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 (OVC Secretariat, 2012).

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 that13% of the beneficiaries did not have direct dependents in the household. All these respondents were elderly living alone. Kenya's cash transfer program uses a combination of geographical enrolment, community enrolment and proxy means testing. The use of community based enrolment and proxy means testing are more likely to reach the poor households as it makes it easier for communities to understand the process and it's less costly in terms of data requirements (Kenya Social Protection sector review, 2012).

This has also been used in Mexico's Oportunidades programme. An additional criterion to focus on Orphans and children out of school is also incorporated. This combination has worked well and has provided given a common ground rather than being a source of conflict. It has performed well in offering services to the actually targeted community members including households that are adversely affected by HIV/AIDS. Indicators need to be tested. In rural setting, local level participation needs to be maintained to avoid an unsustainable externally driven initiative. Such will lack in transparency and would generally be problematic (Adato & Basset, 2008).

Evans, Hausladen, Kosec and Reese (2014) argued that some countries like Kenya have taken measures to widen enrolment criteria and went above categorized enrolment to facilitate programs benefiting only the most deserving cases. This has been through establishing and strengthening community level monitoring systems. This is combined with other checks and balances to ensure transparency in the system. They also take steps to ensure that ensure collection of information for ongoing enrolment purposes does not detract programme implementers for the already identified beneficiaries.

2.5 Staff Capacity

One of the major constraints facing cash transfer programme in sub Saharan countries is administrative capability (Garcia, Marito & Moore, 2014). At the moment, most cash transfer programs are implemented by civil society with exception of South Africa, Kenya, Lesotho and Swaziland where government takes charge. NGOs have dedicated staff and provided intensive training for effective reach. However, when the programs are scaled up by the government, they often present with glaring errors and often fail to achieve the same level of success seen in the NGO's pilot tests (Garcia, Marito, & Moore, 2013).

For effectiveness of cash transfer programs, training and communication are essential. When beneficiaries are being registered, they are sensitized on their rights within the program, the amount of cash transfer they are entitled to, how frequently the payments will be made, and any responsibilities expected of them. Service providers and other institutions and staff offering the services should be well trained on the system, monitoring aspects, handling complaints, any shared responsibilities amongst other relevant issues (Hanlon et al., 2015).

Human development aspects of cash transfer programs have been successful in Latin America. It is important to study their key features. Program design of most cash transfer programs in most developing countries raise raises concerns. It is important to analyze the wisdom behind the reasoning that conventional programs are more effective than universal ones. The assessment should be made based on level of income rather than the non-monetary measures of basic needs that are not satisfied. The reasoning that conditional money transfer programs are better than condition less once needs to be assessed and qualified through empirical research (Garcia et al., 2013).

Training programs are enhanced by effective communication. Both training and effective communication encourage buy in of the program. Data management system that reconciles information about different beneficiaries in terms of their eligibility, their meeting different

conditions, and information to and from payment providers are critical (Hunter & Sugiyama, 2009). When the government scales up cash transfer programs, they need to prepare by having enough ad well trained personnel.

2.6 Modes of Payment

Cash transfer programs need to be regular and predictable and to ensure this a reliable payment system need to be established. In many countries, cash transfer programs distribute their money monthly. In Latin America for instance in Columbia, Nicaragua and Jamaica pay on bi monthly basis. In Nepal pensioners collect their money every four months. In Zambia's Kalomo district payments are made on monthly basis (Devereux, 2012).

Payment arrangements involve ensuring that consistent cash delivery is given to a caregiver within a household who is highly likely to expend it in line with the program's objectives. Feberiany (2015) reasons that regular and consistent payment enables the care givers to be flexible plan well and have a notable development impact. It maximizes the benefits a beneficiary attains.

Proper planning is enabling regularity of cash transfer system. Irregular or late payments create a loophole where beneficiaries start relying on debts which erodes the benefits of the members when they get trapped in there. Reduced frequency lowers administrative and private costs. It may also facilitate some types of investment opportunities. However, reduced frequencies may create hardships for households which may not be able to conserve the benefits over an extended payment cycle (Feberiany, 2015).

Various modes of payment strategies are used in ensuring that beneficiaries access their money. This involves some withdrawing of cash at designated pay points placed at post offices, schools or other public buildings on a particular day or week of the month, and

disbursed monthly, bi-monthly or quarterly. In Zambia beneficiaries receive their payments either through their bank accounts or local payment points (Garcia, Marito, & Moore, 2013).

An increasing number of governments are switching to innovative mechanisms of electronic delivery of cash transfer. This reduces the administrative costs and "leakage" corruption and fraud. In Brazil electronic transfer helped cut administrative costs by nearly sevenfold from 14.7% to 2.6% of grant value while in South Africa delivery cost reduced by over 62% (Arnold et al 2011). In Kenya various models of payments have been used. These include the use of Government district treasuries, State corporations, commercial banks and M-pesa.

Between 2010 and 2015, Ksh.19.8billion was channeled through different delivery models, 11% through district treasuries and 10% through postal corporation of Kenya (Kenya Social Protection Sector Review 2016). Payments systems would be more efficient and effective if the government sub contracts private players for disbursements who are better equipped and experienced on payments. Public private partnership relying on post office payment systems have reported close to a hundred percent success rate in disbursement of cash to beneficiaries in Kenya (Government of Kenya, 2015).

2.7 Theoretical Framework

2.7.1 Disengagement Theory

The theory was developed by Cumming and Henry in 1950, postulates that aging is an inevitable mutual withdrawal or disengagement resulting in decreased interaction between aging person and others in the social system he/she belongs (Cumming et al.,1961). This theory advances that, as people age they tend to grow more fragile and their social circles shrink and they start to pull away and become less actively involved. Being less active and with decreased ability of the aging person to engage in social relationships or engage in

physical activities makes the elderly person susceptible to vulnerability and old age poverty thus the need to subject them to cash transfer programs.

The theory postulates that provision of cash transfers reactivates older persons by making them able to engage in income generating activities, establish or enhance social relationships perhaps through merry go rounds and the likes. This makes it possible for them to contribute in meeting household needs of food, shelter and clothing among others.

This theory was useful to this study as it provided the basis of cash transfer programs and

presumes that provision of cash transfers to the elderly promotes their participation in meeting their family's basic needs as well as making them active in social affairs of their communities.

2.7.2 Progressive Utilization Theory (Prout)

The theoretical foundation of this study was Progressive Utilization Theory (PROUT). The proponent of PROUT was developed as a social economic theory by Prabhat Ranjan Sarkar in 1959. This theory described world's inequality systems. Sarkar sees material wealth as an expression of human consciousness and that human beings are not owners but rather custodians of physical wealth. The theory reasoned that there are some minimum human needs that should be guaranteed to all by the state.

The attempt to bring economic equality for all the people should ensure that a level playing ground exists for all groups targeted whether young or old. Decentralization of the economy is one of the best ways of ensuring economic development and prosperity of all people. PROUT as a social economic theory concerns itself with promotion of people's welfare wholesomely across the world regardless of their circumstances (Sarkar, 1959).

The theory identified material goods as common property which should be distributed rationally to maximize the wholesome development of all people. PROUT theory by Sarkar (1959) tried to make practical communists and capitalists theories. The point of departure is that PROUT theory recognizes the rights of all and having them protected. This theory provided balance in ensuring individual and collective needs in the society. In a nutshell it argues that all in the society should be carried along as the society progresses.

Social protection interventions such as Old Persons Cash Transfer Programme could be perceived from the PROUT perspective since they are aimed at reducing inequality by redistributing income and enabling the poor access some level of economic growth. The application of PROUT theory in this study is that the Old Persons Cash Transfer Programme is equally focused on the attempt to eradicate the level of poverty among the elderly persons in the society. It attempts to satisfy the need to have equality in the distribution of the financial resources to include the elderly persons who are generally marginalized as a result of old age.

This theory was relevant to this study considering that it offers the moral and ethical grounds of resource redistribution to the poor and the marginalized as happens with cash transfer programs as well as ensuring those trusted with the resources utilize them well. The theory therefore provided a perspective of welfare intervention in which GOK devised cash transfer to ensure that the challenges are reduced so that that older persons meet their minimum basic needs and subsequently psychosocial calmness through receiving a predictable cash stipend of Ksh. 2,000 per month.

2.8 Conceptual Framework

The conceptual framework on the relationship between determinants of implementation of cash transfer programme is shown in Figure 2.1.

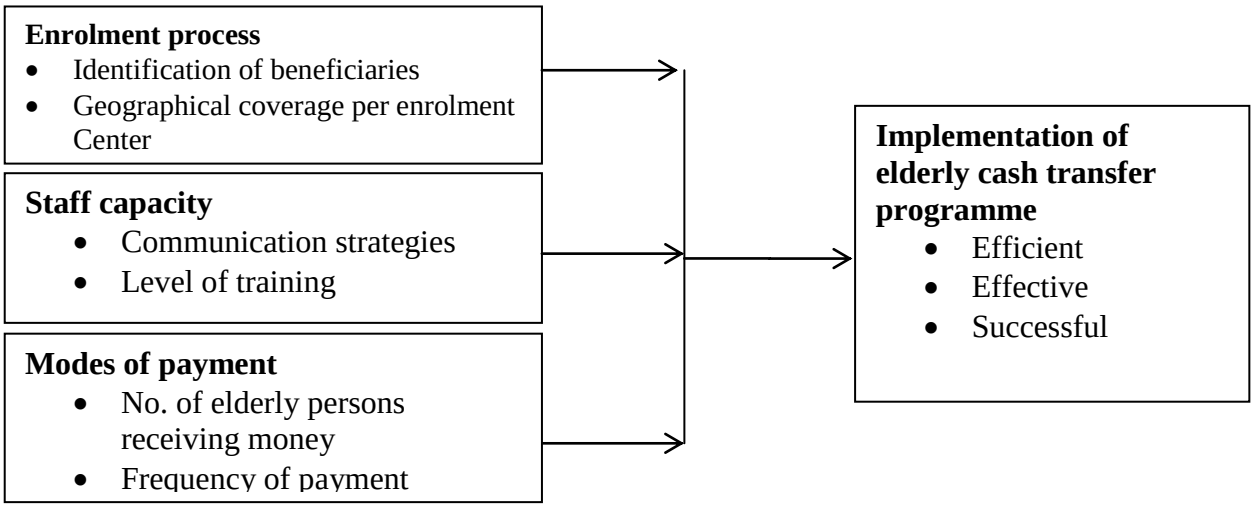

Figure 2.1 Conceptual Framework (Source; Author)

The conceptual framework indicated the relationship between the independent variables (enrolment process, staff capacity and modes of payment) and the dependent variable (implementation of old persons cash transfer programme). The relationship indicated that when there is effective enrolment process as measured through the enrolment period and geographical coverage per enrolment center, implementation of the programme was satisfactory and the old persons received their stipends on timely basis. Availability of experienced staff to run the programme with requisite communication strategies and levels of training led to enhanced implementation of the programme. Finally, the modes of payments put in place as measured by the number of beneficiaries receiving the stipends and the frequency of payments guaranteed successful implementation of the programme.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter comprises of research design, site of the study, study population, sample size and sampling technique, research instruments, pilot study, reliability and validity of instruments, data analysis and processing and statistical considerations.

3.2 Research Design

This research employed a descriptive research design. Sekaran and Bougie (2009) argues that, descriptive design of research is especially useful in exploratory or preliminary researches since it enables the researcher to gather data, make a summary of it, present and interpret it in a clear way. Cooper and Schindler (2014) noted that descriptive research is statistics based giving information such as the number of effects of implementation of cash transfer programme for the elderly in Kiambu County. The study fitted within the provisions of descriptive research design because the researcher collected data and reported comparatively on the effects of implementation of cash transfer programme for the elderly in Kiambu County.

3.3 Site of the Study

Kiambu County is a county in the former Central Province of Kenya. Its headquarters is Kiambu town. The county has a population of 1,623, 282. Kiambu County borders Nairobi County to the South, Murang'a and Nyandarua Counties to the North, Narok County to the West and Machakos County to the East. The county is 40% rural and 60% urban owing to the expansion of Nairobi Northward. The county has ten sub counties (Kamunge, Njeru & Tirimba, 2018).

3.4 Study Population

Population is the entire set of items or subjects a researcher intends to investigate and who all have at least one thing in common of interest to the researcher (Cooper & Schindler, 2014). It is from a population that a study's sample is attained (Creswell, 2014). The study population comprised of the all the elderly persons registered as beneficiaries of Old Persons Cash Transfer Programme in Kiambu County. The study population was 72,132 elderly persons (30,421 male and 41,711 female) registered as beneficiaries of Old Persons Cash Transfer Programme in Kiambu County by March 2018 (Wairimu & Nyaoga, 2018). The sample size was therefore 380 respondents as shown in Table 3.1.

Table 3. 1 Study population

Sub County	**Study population**
Gatundu North	8,196
Gatundu South	6,190
Ruiru	5,202
Thika East	6,176
Thika West	9,190
Githunguri	7,318
Kiambu	9,009
Limuru	6,305
Kikuyu	6,289
Lari	8,167
Total	**72, 132**

Source: Wairimu & Nyaoga, (2018)

3.5 Sample Size and Sampling Technique

Multistage sampling procedure was used to get the representative sample in this study. The first step in sampling in this study involved the use of Nassiuma (2000) sample size calculator to select 40% of the 10 sub counties in Kiambu County to draw four sub counties as a representative sample in this study. Nassiuma (2000) had stated that 10-40% of any homogenous group is appropriate to constitute an appropriate scientific representation of the study population.

To sample the four sub counties, purposive sampling was applied to select two urban and two rural sub counties depending on the superiority in population of the elderly persons beneficiaries of Old Persons Cash Transfer Programme. According to Orodho (2008), purposive sampling involves selecting samples using set criteria. The four constituencies sampled were urban sub counties (Kiambu and Thika West) and rural sub counties (Gatundu North and Lari).

Secondly, stratified random sampling was used to select two strata of beneficiaries of Old Persons Cash Transfer Programme; rural and urban ones comprising of the four sub counties. Stratified random sampling is a probability in nature where the targeted population is subdivided into different groups or strata (Cooper & Schindler, 2014). Thirdly, from each stratum, proportionate stratified sampling was used to select representative samples from the 34,562 respondents from each of the four strata. When the proportion of the units in the strata is the same as that in the population, proportionate stratified sampling is used (Cooper & Schindler, 2014). Finally, to select the individual respondents, the researcher used purposive sampling technique.

To determine the final sample size, the normal approximation to the hyper-geometric distribution was used because of its capability to provide accurate estimate of sizes of

samples coming from small populations. The sample size formula for small (hyper-geometric) populations is shown as follows:

$$n = \frac{NZ^2pq}{\{E^2(N-1)+Z^2pq\}}$$ ……Equation (1)

Where; n= is the required sample size

N= is the population size (Kiambu and Thika West, Gatundu North and Lari=34,562)

Z= is the level of confidence of the sample size (set at 95%) thus Z=1.96

P and q are the population proportions (Each set to 0.5).

E sets the accuracy of the sample proportions (set to 0.05).

Therefore;

Sample size = $\frac{34562\times1.96^2\times0.5\times0.5}{\{0.05^2(34562-1)+1.96^2\times0.5\times0.5\}}$ = 380

Gatundu North = $\frac{8196}{34562}\times 380$ = 90

Thika West = $\frac{9190}{34562}\times 380$ = 101

Kiambu = $\frac{9009}{34562}\times 380$ = 99

Lari = $\frac{8167}{34562}\times 380$ = 90

The final sample size thus comprised of 380 respondents.

Table 3. 2 Sample size

Sub County	Target population	Sample Size
Gatundu North	8,196	90
Thika West	9,190	101
Kiambu	9,009	99
Lari	8,167	90
Total	**34, 562**	**380**

3.6 Research Instruments

Data for the study was obtained from both primary and secondary sources. The primary sources of data were old persons who are beneficiaries of Old Persons Cash Transfer Programme in Kiambu County, while secondary were accessed from published and unpublished works. Data was collected through the use of questionnaires. The questionnaires were based on a five-point Likert scale to collect primary data. Most of the data collected was primary data from the beneficiaries. According to Creswell (2014), questionnaires are flexible having both open and closed ended questions.

To generate in depth understanding of the issue under study, this research used both open and closed ended questions. The questions were based on the objectives of the study to ensure that each question was relevant. Questions on the questionnaires were read out to the respondents by the researcher and responses recorded. Open ended questions were used to seek the respondents' opinion on some specific issues while close ended questions allowed respondents to provide particular answers from the multiple choice questions.

3.7 Pilot Study

Pilot test was conducted on randomly chosen respondents to assist in determining if there are flaws, limitations, or other difficulties in filling the questionnaires. This allowed necessary revisions of the tools prior to the implementation of the study. Pilot test size was ten percent of the sample size but they do not need to be statistically selected (Cooper & Schindler, 2014). The size of the pilot for this study was 38 respondents and was carried out in Kiambu County among old persons who did not participate in the main study.

3.8 Reliability and Validity of Data Collection Instrument

3.8.1. Reliability of Instruments

Bryman (2012) noted that instruments reliability is the extent to which the results it measures are consistent. In this research, pilot testing and calculation of Cronbach's Alpha test was used to ensure reliability. Bryman (2012) states that Cronbach's value should be higher than 0.7 if the tools are reliable.

3.8.2. Validity of Instruments

Validity refers to level to which an instrument is measuring what it is meant to measure and no other things (Sekaran & Bougie, 2009). This study adopted content and construct validity. To validate the questionnaires, the study used faces and construct validity. Face validity involved the supervisors using reviews and comments on the content of the questionnaire to enhance the quality of the instruments. The instruments was then be revised from emerging results to minimize errors, and remove ambiguity.

Construct validity is concerned with evaluating how an instrument has a relationship with constructs of a relevant theory being used for the study (Bless, Higson & Kagee, 2007). This ensures the study only measures the relevant constructs. Explatory Factor Analysis (EFA) was utilized in this study by bringing those constructs that appeared to agree together.

3.9 Pilot Test Results

3.9.1 Enrolment Process

The enrolment scale achieved a Cronbach alpha 0.889 and item to total correlations of 0.612 to 0.793. The enrolment process subscale attained a Cronbach alpha value of 0.768 while the implementation of cash transfer program subscale achieved a Cronbach alpha value of 0.770. The measure of Cronbach's alpha if item deleted for all the items was above 0.7 which means that no item should be deleted as they all meet the test of reliability. The results implies that

all items of enrolment process construct were maintained for further analysis as they achieved the required thresholds for reliability as indicated in Table 3.3.

Table 3. 3 Enrolment process

Enrolment process	Scale Mean if Item Deleted	Scale Variance If Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Local administrators like chiefs created awareness of the programme to the elderly	16.13	8.442	.708	.870
The enrolment process was fairly conducted through local administrators	15.74	8.415	.793	.855
During the targeting process, identification of community members was well done	15.39	9.056	.612	.885
The chief and assistant chief assisted in my identification	15.87	9.523	.737	.869
Local administrators are competent in identification of deserving members	15.45	8.416	.744	.863
Only the deserving members were included in the programme	15.50	9.068	.678	.874
There are some deserving members who were excluded from the programme	15.22	8.341	.712	.833
Enrolment centres are fairly distributed in my location	15.81	9.522	.642	.802
I have no challenges in accessing the enrolment centres	15.40	8.413	.713	.845
There are no major challenges in the targeting process of deserving elderly people in the programme.	15.14	9.553	.741	.843

3.9.2 Staff Capacity

The support staff capacity scale achieved a Cronbach's alpha 0.933 and item to total correlations of 0.771 to 0.838. The staff capacity subscale attained a Cronbach alpha value of 0.873 while the implementation of cash transfer program subscale achieved a Cronbach alpha value of 0.865. The measure of Cronbach's alpha if item deleted for all the items was above

0.7 which means that no item should be deleted as they all meet the test of reliability. The results implies that all items of staff capacity construct were maintained for further analysis as they achieved the required thresholds for reliability as indicated in Table 3.4.

Table 3. 4 Staff capacity

Staffs capacity	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
The staffs involved in disbursement of funds always assist me to access my share.	15.97	17.540	.787	.922
There is adequate number of personnel to cater for the welfare of the elderly.	15.87	17.144	.819	.918
The staffs are well experienced to handle the programme	15.54	17.322	.752	.921
The staffs train us on how to receive and utilize the stipends.	15.63	17.644	.812	.919
The staffs communicate amicably to the elderly people.	15.55	18.470	.771	.924
The staffs are sometimes uncooperative in serving the elderly	15.44	17.441	.753	.913
The staffs are compassionate on the needs of the elderly people.	15.92	18.345	.792	.922
The staff discriminate some elderly persons	15.34	17.534	.745	.933
The staff make follow up on the welfare of the elderly.	15.79	16.982	.838	.916
The staffs have challenges serving the elderly persons	15.13	15.62	.783	.932

3.9.3 Modes of Payment

The modes of payment scale achieved a Cronbach's alpha 0.836 and item to total correlations of 0.572 to 0.679. Modes of payment subscale attained a Cronbach alpha value of 0.732 while the implementation of cash transfer program subscale achieved a Cronbach alpha value of 0.706. The measure of Cronbach's alpha if item deleted for all the items was above 0.7 which means that no item should be deleted as they all meet the test of reliability. The results implies that all items of modes of payment construct were maintained for further analysis as they achieved the required thresholds for reliability as indicated in Table 3.5.

Table 3. 5 Modes of payment

Modes of payment	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I receive KSH 2000 every month	17.03	7.216	.556	.822
The payment is always regular and reliable	17.11	7.178	.632	.804
I get the money in my bank account every month	16.95	7.186	.671	.796
The payments through the bank is very convenient for me	16.66	8.069	.578	.817
The staffs of the bank are always helpful	17.16	7.272	.679	.795
The bank informs me through a text when the money is in my account	16.82	7.344	.572	.817
The bank charges for the withdrawal are expensive	16.11	7.431	.612	.795
Sometimes there are delays in payment of the money	17.13	7.533	.631	.813
When delays occur, the bank always inform me	16.91	7.221	.573	.811
The bank promptly responds to any challenges on the payments	16.73	7.322	.612	.814

3.9.4 Implementation of Cash Transfer Programme

Implementation of cash transfer programme scale achieved a Cronbach's alpha 0.872 and item to total correlations of 0.573 to 0.672. Implementation of cash transfer programme subscale attained a Cronbach alpha value of 0.872. The measure of Cronbach's alpha if item deleted for all the items was above 0.7 which means that no item should be deleted as they all meet the test of reliability. The results implies that all items of implementation of cash transfer programme construct were maintained for further analysis as they achieved the required thresholds for reliability as indicated in Table 3.6.

Table 3. 6 Implementation

Implementation of cash transfer programme	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I understand the money given to me is for improving my welfare	16.11	8.123	.663	.783
I have invested the money in income generating programme	16.10	7.322	.632	.834
I can account for all the money transferred to me	16.35	8.621	.651	.732
The cash transfer programme has alleviated my economic welfare	17.63	8.002	.578	.833
The fund has removed me from abject poverty	16.22	7.300	.639	.853
I use the money to fund my daily financial needs	16.32	7.344	.672	.783
Through the money, I comfortably participate in development activities in my locality	16.43	7.231	.612	.794
The money has assisted in paying for medication	17.13	7.513	.631	.781
The money provided is sometimes delay in getting to me	16.33	7.331	.573	.872
The payment periods are usually irregular and unpredictable	17.42	7.442	.612	.822

3.9.5 Reliability Test Analysis

Reliability is the extent to which results are free from error or degree to which a research instrument yields consistent results (Cooper & Schindler, 2014). Reliability examines whether the measuring instrument will produce the same result every time it is used. In this study, the internal consistency method will be adopted because it is more stable compared to all the other methods (Bryman, 2012).

Internal consistency reliability evaluates individual questions in comparison with one another for their ability to give consistently appropriate results. Average inter-item correlation compares correlations between all pairs of questions that test the same construct by

calculating the mean of all paired correlations. Average item total correlation takes the average inter-item correlations and calculates a total score for each item, then averages these (C.Welman, Kruger & Mitchell, 2005). In this study, reliability was measured by internal consistency tests through the use of Cronbach's alpha statistics.

Cronbach alpha measures consistency within the instrument. Cronbach's alpha (α) is a coefficient (a number between 0 and 1) that is used to rate the internal consistency or homogeneity or the correlation of items in a test. It also assesses how well a set of item measures a given behavior or characteristics within the test. According to Creswell (2014), for a test to be consistent internally, the estimates of reliability should be purely based on the average inter-correlations among all the single items in a test. Where Cronbach's alpha coefficient is used for reliability test, the value should be above 0.7 (Cronbach, 2004). The Cronbach's alpha for study variables ranged from 0.824 and 0.877 therefore indicating acceptable reliability score.

Table 3. 7 Reliability

Variables	No of items	Cronbach's Alpha
Implementation of elderly cash transfer programme	10	0.877
Enrolment process	10	0.844
Staff capacity	10	0.853
Modes of payment	10	0.824

3.9.6 Validity Test Analysis

The validity of an instrument relates to the ability of the instrument to measure the construct as purported (Vogt (2015). Vogt further states that there are three main categories of validity tests; content, construct and face validity. This study will use the measure of the three categories of validity to measure the truthfulness of the instruments. Construct validity is to

measure whether the operational definition of variables actually reflects the true theoretical meaning of a concept. Construct validity refers to the extent to which operationalization of a construct measure a construct as defined by a theory. Construct validity evidence involves the empirical and theoretical support for the interpretation of the construct (Creswell, 2014).

Such lines of evidence include statistical analyses of the internal structure of the test including the relationships between responses to different test items. They also include relationships between the test and measures of other constructs. For the purposes of this study, the questionnaire has been developed based on similar prior studies with modifications aimed at addressing the study objectives. Content validity was confirmed through the guidance of the expert opinion from the supervisor. This included the supervisors whose scrutiny and competent opinions will ensure that the questionnaire covers all the study variables. They may also double check the document to ensure that the theoretical dimensions emerge as conceptualized.

Content validity involves the systematic examination of the test content to determine whether it covers a representative sample of the variables to be measured (Cozby, 2014). Content validity evidence involves the degree to which the content of the test matches a content domain associated with the construct. The supervisors and other experts in the department will be able to review the items covered in the instrument and comment on whether the items cover a representative sample of the behavior domain.

Face validity is an estimate of whether a test appears to measure a certain criterion; it does not guarantee that the test actually measures phenomena in that domain. Measures may have high validity, but when the test does not appear to be measuring what it is, it has low face validity. Indeed, when a test is subject to faking (malingering), low face validity might make the test more valid (Vogt, 2015). Considering one may get more honest answers with lower face validity, it is sometimes important to make it appear as though there is low face validity

whilst administering the measures. Face validity is measured by the opinion of the supervisors, researcher and the course experts at the department perusing the instruments to attest whether the projected test appears to be a good measure or not.

The sample sufficiency index (KMO) by Kaiser-Meyer-Olkin and the Barlett's test of sphericity were the tests used to test for hypothesis validity. Table 3.8 shows the KMO measure of sampling adequacy results. The KMO measure lies between zero and one. When a value is close to one indicates that each of the measured variables is closely predicting the other variables. Any measure below 0.5 is unsatisfactory. The results present a KMO statistic equal to 0.670, which is greater than 0.5 and it, indicates that 67 percent of the variance is likely to be explained by the variables.

The test for sphericity tests for significant correlations amongst the variables. If the significance value calculated is more than the significance value at 95 percent confidence level, 0.05, the data is not appropriate for factor analysis. For this study, the calculated significance value is 0.000<0.05, hence decision to proceed with regression given results above.

Table 3. 8 Validity

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.670
Bartlett's Test of Sphericity	Approx. Chi-Square	619.636
	Df	210
	Sig.	.000

3.10 Data Analysis and Processing

Data analysis was conducted through descriptive and inferential statistics since quantitative and qualitative data was collected. Data analyses reduced the gathered data into sizes that are manageable, establishing patterns in them, and making it possible to make statistical applications. Part of data preparation included editing, coding and entering it to ensure

accuracy. Data coding involved assigning numbers or whatever other symbol so that data was grouped in smaller number of categories. Data entry enabled manipulation of the entered information for various interpretations. Statistical Package for Social Science (SPSS) version 22 was used as a tool to analyze the data.

In this study, descriptive statistics in form of percentages, standard deviations, and means was employed for analysis. The analyzed data was presented in figures, table, graphs, bar graphs and pie charts. For qualitative data, relevant information was gathered through open ended question, they were coded and interpreted with their frequency being determined through cross tabulation on differences between respondent's and central tendencies of each responses factor.

Diagnostic tests used to test quality of data collected included, normality tests that was applied to check for normal distribution on all dependent and independent variables. Shapiro-Wick test was used to examine normality. This test was important in establishing the shape of the distribution. It facilitated predictability of variable score (Wahab & Norizan, 2012). The correlation coefficient was calculated to determine the strength of the relationship between the independent and dependent variables. This was done by one way Anova test which was used to test the four research questions.

Statistical Measurement Model

$Y=\beta o+\beta_1 X_{1+}\beta_2 X_2 +\beta_3 X_{3+} \varepsilon$

Where:

Y= Represents the dependent variable (public participation)

β_0= Constant

β_1.....β_4=Represents the regression coefficients

X_1= Resource Adequacy

X_2= Staff Capacity

X_3= Modes of Payment

ε = Represents the error term

To support the linear and multiple regression models, the analysis of variance (ANOVA) was used to test the significance of the overall model at 95% level of significance. Coefficient of correlation (R) was used to determine the strength of the relationship between the dependent and independent variables. Coefficient of determination (R^2) was also be used to show the percentage for which each independent variable and all independent variables combined explained the change in the dependent variable.

3.11 Ethical Considerations

The researcher sought for authorization to conduct the study from the University and Office of the County Commissioner, Kiambu County. This also included reporting to the Sub County Commissioners of the selected sub counties down to the local administrators; Chiefs and Assistant Chiefs prior to commencement of the study. Informed consent was sought from the respondents and encouraged them on voluntary participation. Further the researcher guaranteed confidentiality and privacy of information and explained clearly to every participant the purpose of the study before engaging them.

CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

The purpose of this study was to investigate the determinants of implementation of cash transfer programme for the elderly in Kenya, the case of Kiambu County. This chapter presents and discusses the results of the findings.

4.2 Response Rate

Table 4.1 indicates that the 268 questionnaires out of 380 administered were returned. The overall response rate was thus found to be 70.53% which is quite average compared to the usually expected response rate of 50-75% for hand delivered questionnaires and was sufficient to proceed with the data analysis. This satisfied the statistical rule by Cooper and Schindler (2014) that a response rate is ideal for social science studies.

Table 4. 1 Response rate

Category	**Frequency**	**Percentage**
Responded	268	70.53
Did not Respond	112	29.47
Total	**380**	**100**

4.3 Demographic Characteristics

This section discusses the results of the general information about the respondents. It includes the gender, age bracket, education level and marital status.

4.3.1 Gender

The respondents were asked to indicate their gender. The findings were as indicted in Figure 4.1

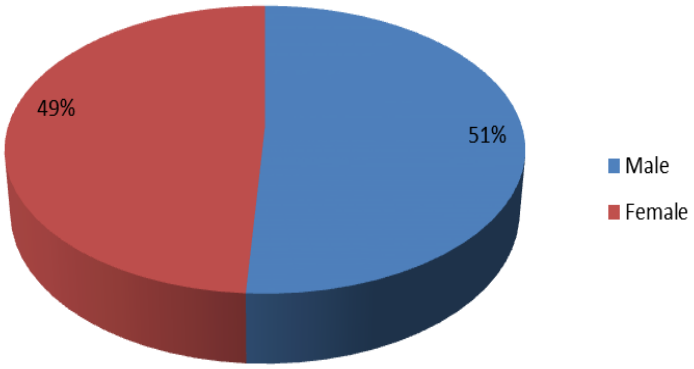

Figure 4. 1 Gender of respondents

Results indicate that 51% of the respondents were male while 49 % were females. This shows that more males have been included in the cash for the elderly programme than the females.

4.3.2 Age of the Respondent.

The respondents were asked to indicate their age bracket, the finding were indicated in Figure 4.2. The findings indicate that majority of the respondents, 47% were between the ages of 65-69 years. In addition, 26% of the respondents were between the ages of 70-74 years, 21% of the respondents were above 75 years old and 6% of the respondents were between the ages of 60-64 years. This agrees with the stipulations of Feberiany (2015) the cash for the elderly programmes that the scheme beneficiaries are those aged 65 years and above for men and women aged 60 years and above.

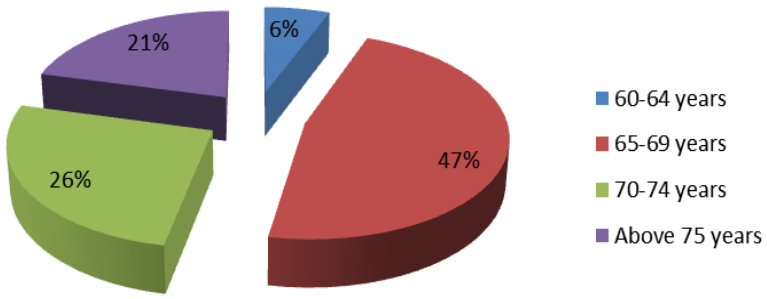

Figure 4. 2 Age of respondents

4.3.3 Level of Education

The respondents were asked to indicate the highest level of education, the finding were indicated in Figure 4.3. The findings indicate that majority of the respondents 65% had tertiary qualifications, 16% had primary level certifications, 17% had secondary certificates and 2% of the respondents were graduates. The finding highlights that respondents were knowledgeable and they had vast information on cash transfer programs for the elderly.

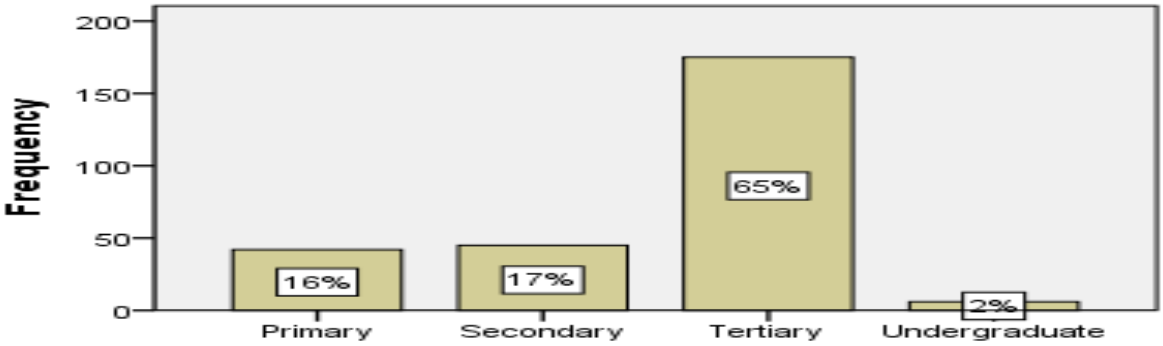

Figure 4. 3 Education level

4.3.4 Marital status

The study sought to establish the marital status of the respondents. The findings were as shown in Figure 4.4. The study found out that 55 % of the respondents were married, 24 % of the respondents were single and 21% of the respondents were divorced.

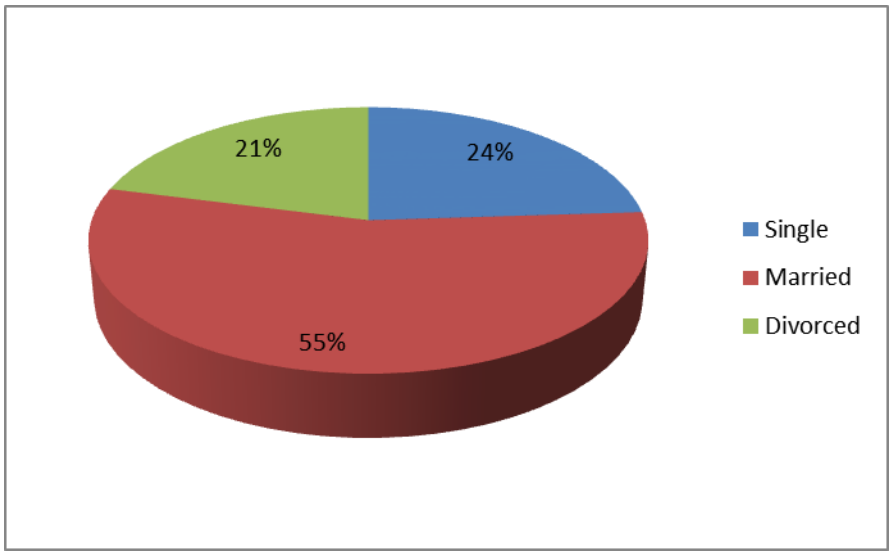

Figure 4. 4 Marital status

4.3.5 Ailments Suffered

Most of the respondents (58.6%) suffered from chronic diseases such as TB, cancer, diabetes and hypertension. In addition, 41.4% of the respondents were bedridden. 14.9% were disabled and 5.2% had HIV/AIDS as indicated in Table 4.2. The findings agree with NCPD (2016) that elderly people are particularly vulnerable to non-communicable and degenerative diseases such as diabetes, cardiovascular ailments, and kidney complications.

Table 4. 2 Ailments suffered

Ailments Suffered	Yes	No	Total
Disabled or physical impairment	14.9	85.1	100.0
HIV/AIDS	5.2	94.8	100.0
Chronic diseases such as TB, cancer,	58.6	41.4	100.0
diabetes, High blood pressure etc.			
Bedridden	41.4	58.6	100.0

4.3.6 Respondents Occupation

Findings show that majority of the respondents, 59% had been employed by the government while 39.9 % of the respondents were self-employed at the time of the survey. This shows that elderly persons have worked both in formal and informal sectors.

Table 4. 3 Respondents occupation

Occupation	Former occupation F (%)	Current occupation F (%)
Civil servant (Employed by the government	158 (59%)	28 (10.4%)
An employee in a private company	30 (11.2%)	7 (2.6%)
Self employed	58 (21.6%)	107 (39.9%)
Domestic worker	14 (5.2%)	21 (7.8%)
Casual laborer	0 (0.0%)	7 (2.6%)
Unemployed	8 (3.0%)	91 (34.0%)

4.4 Descriptive Analysis of Study Variables

Descriptive analysis of variables was undertaken in this section. It comprised the discussion of implementation of cash transfer programme, enrolment process, staff capacity and mode of payment.

4.4.1 Implementation of Cash Transfer Programme

The results in Table 4.4 show the rating of statements of measuring implementation of cash transfer programme. First, 63% of the respondents agreed that they understood the money given to them was for improving their welfare while 31% agreed that they had invested the money in income generating programme. In addition, 32% agreed that they could account for all the money transferred to them while 73% agreed that the cash transfer programme had alleviated their economic welfare. Further, 87% agreed that the fund had removed them from abject poverty with 82% agreeing that they used the money to fund their daily financial needs. Similarly, 71% agreed that through the money, they comfortably participated in development activities in their locality while 79% agreed that the money had assisted in paying for medication. Finally, 59% agreed that the money provided is sometimes delayed in getting to them with 60% agreeing that the payment periods are usually irregular and unpredictable. This shows that the respondents were positive on the contribution of the programme in their livelihood. The findings agree with Seleoane (2014) that cash transfer programs, reduce vulnerability of the elderly through promoting relevance of elderly people to be involved in decision making processes at the household level.

Table 4. 4 Implementation of cash transfer programme

Cash Transfer Programme	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Std. Dev
I understand the money given to me is for improving my welfare	25	38	17	6	14	3.06	1.263
I have invested the money in income generating programme	13	17	29	24	16	3.13	1.263
I can account for all the money transferred to me	14	18	25	25	17	3.13	1.296
The cash transfer programme has alleviated my economic welfare	44	29	0	18	9	2.59	1.279
The fund has removed me from abject poverty	69	18	6	3	3	2.53	.969
I use the money to fund my daily financial needs	61	21	12	4	2	2.65	.988
Through the money, I comfortably participate in development activities in my locality	41	31	16	8	5	2.06	1.153
The money has assisted in paying for medication	54	25	13	4	4	2.79	1.068
The money provided is sometimes delay in getting to me	32	27	19	14	8	3.38	1.289
The payment periods are usually irregular and unpredictable	31	29	19	13	8	2.39	1.263

4.4.2 Enrolment Process

The study sought to find out the extent to which enrolment process has an impact on the implementation of Cash Transfer Programme. The results are as indicated in Table 4.5. The results show 66% of the respondents agreed that local administrators like chiefs created awareness of the programme to the elderly while 79% agreed that the enrolment process was fairly conducted through local administrators. In addition, 67% agreed that identification of community members was well done during the targeting process with 40% agreed that the chief and assistant chief assisted in their identification. Further, 67% agreed that local administrators were competent in identification of deserving members while 60% agreed that only the deserving members were included in the programme. Again, 65% agreed that there were some deserving members who were excluded from the programme while 69% agreed that enrolment centres are fairly distributed in my location. Finally, 66% agreed that they

have no challenges in accessing the enrolment centres while 62% agreed that there were no major challenges in the targeting process of deserving elderly people in the programme. Hanlon et al (2015) supports the findings on the hiccups noted in the community based enrolment. He argued that the process is sometimes subjective and open to nepotism leading to challenges occurring.

Table 4. 5 Enrolment process

Enrolment process	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Std. Dev
Local administrators like chiefs created awareness of the programme to the elderly	50	16	8	16	9	3.57	1.309
The enrolment process was fairly conducted through local administrators	37	42	12	6	3	3.05	1.034
During the targeting process, identification of community members was well done	26	41	6	11	16	2.99	1.307
The chief and assistant chief assisted in my identification	18	22	29	18	13	2.86	1.281
Local administrators are competent in identification of deserving members	37	30	22	9	3	3.11	1.089
Only the deserving members were included in the programme	33	28	19	13	33	2.35	1.264
There are some deserving members who were excluded from the programme	37	28	21	9	6	3.19	1.199
Enrolment centres are fairly distributed in my location	43	25	14	9	8	2.13	1.288
I have no challenges in accessing the enrolment centres	35	31	19	8	7	3.20	1.201
There are no major challenges in the targeting process of deserving elderly people in the programme.	49	33	3	10	5	3.30	1.142

4.4.3. Staff Capacity

The study sought to establish to what extent the respondents agree about the Staff Capacity affecting implementation of Cash Transfer Programme. The results are as indicated in Table 4.6. First, 71% of the respondents agreed that the staffs involved in disbursement of funds always assisted them to access their share while 61% agreed that there was adequate number

of personnel to cater for the welfare of the elderly. Secondly, 72% agreed that the staffs were well experienced to handle the programme while 65% agreed that the staffs trained them on how to receive and utilize the stipends. Thirdly, 61% agreed that the staffs communicated amicably to the elderly people with 57% agreeing that the staffs were sometimes uncooperative in serving the elderly. Fourthly, 60% agreed that the staffs were compassionate on the needs of the elderly people while 59% agreed that the staff discriminated some elderly persons. Finally, 63% agreed that the staff made follow up on the welfare of the elderly with 59% agreeing that the staffs had challenges serving the elderly persons. The findings on the challenges noted agree with observation by Garcia et al. (2013) that one of the major constraints facing cash transfer programme is administrative capability. When the programs are scaled up by the government, they often present with glaring errors and often fail to achieve the objectives.

Table 4. 6 Staff capacity

Staff Capacity	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Std. Dev
The staffs involved in disbursement of funds always assist me to access my share.	36	35	22	5	2	3.01	.975
There is adequate number of personnel to cater for the welfare of the elderly.	28	33	25	10	4	2.29	1.094
The staffs are well experienced to handle the programme	37	35	18	7	3	3.04	1.043
The staffs train us on how to receive and utilize the stipends.	34	31	22	8	5	2.19	1.146
The staffs communicate amicably to the elderly people.	32	29	23	10	6	2.28	1.191
The staffs are sometimes uncooperative in serving the elderly	34	24	23	11	9	3.38	1.291
The staffs are compassionate on the needs of the elderly people.	34	26	19	10	11	2.38	1.337
The staff discriminate some elderly persons	40	19	22	10	9	2.30	1.333
The staff make follow up on the welfare of the elderly.	35	28	18	10	9	3.30	1.278
The staffs have challenges serving the elderly persons	37	22	12	14	15	3.48	1.465

4.4.4 Mode of Payment

The study sought to find out how mode of payment affects implementation of cash transfer programme. The results are as shown in Table 4.7. Majority of the respondents (70%) disagreed that they received KSH 2000 every month with 76% agreeing that the payment was always irregular and reliable. Secondly, 80% disagreed that they got the money in their bank account every month while 61% agreed that the payments through the bank were very convenient for them. Thirdly, 62% agreed that the staffs of the bank were always helpful while 87% agreed that the bank informed me through a text when the money was in their account. Fourthly, 84% agreed that the bank charged for the withdrawal were expensive while 81% agreed that delays in payment of the money were experienced. Finally, 90% agreed that the bank always inform them when delays occurred with 55% agreeing that the bank promptly responded to any challenges on the payments. The findings are in line with Devereux (2012) who suggested on the importance of removing any challenges on the payment mode of cash transfer fund for easing suffering of delays that leads to suffering of elderly persons.

Table 4. 7 Mode of payment

Mode of payment	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Std. Dev
I receive KSH 2000 every month	10	0	17	70	12	3.22	1.317
The payment is always regular and reliable	0	13	8	46	33	2.60	1.245
I get the money in my bank account every month	8	12	0	32	48	3.44	1.221
The payments through the bank is very convenient for me	27	34	19	13	7	2.38	1.198
The staffs of the bank are always helpful	34	28	19	10	9	2.31	1.274
The bank informs me through a text when the money is in my account	56	30	8	4	1	2.64	.895
The bank charges for the withdrawal are expensive	63	21	8	5	3	3.64	1.023
Sometimes there are delays in	57	24	14	4	1	3.68	.936

payment of the money							
When delays occur, the bank always inform me	71	18	6	4	1	13.45	.835
The bank promptly responds to any challenges on the payments	27	28	23	14	7	2.47	1.237

4.5 Inferential Statistics

Inferential statistics was tested in this section. It included reliability analysis, normality test, correlation analysis and regression analysis.

4.5.1 Reliability Analysis

Scale reliability for study variables was determined by computing the overall Cronbach's alpha reliability coefficient for the items of implementation of elderly cash transfer programme, Enrolment process, Staff capacity and Modes of payment. The reliability was demonstrated since the overall Cronbach's alpha statistic for implementation of elderly cash transfer programme, enrolment process, staff capacity and modes of payment were 0.877, 0.844, 0.853 and 0.824 respectively which were greater than the threshold value of 0.7 as indicated by Cooper and Schindler (2014). The results are presented in Table 4.8.

Table 4. 8 Reliability of study variables

Variables	No of items	Cronbach's Alpha
Implementation of elderly cash transfer programme	10	0.877
Enrolment process	10	0.844
Staff capacity	10	0.853
Modes of payment	10	0.824

4.5.2 Normality Test

The normality of data distribution was assessed by examining its skewness and kurtosis. A variable with an absolute skew-index value greater than 3.0 is extremely skewed while a kurtosis index greater than 8.0 is an extreme kurtosis (Kline, 2005). Cunningham (2008) stated that an index smaller than an absolute value of 2.0 for skewness and an absolute value

of 7.0 is the least violation of the assumption of normality. The results of the normality test of the study variables indicated skewness and kurtosis in the range of -1 and +1 as shown in Table 4.9. This implies that the assumption of normality was satisfied.

Table 4. 9 Normality test

	N	Skewness		Kurtosis	
	Statistic	**Statistic**	**Std. Error**	**Statistic**	**Std. Error**
Implementation of elderly cash transfer programme	268	.392	.149	-.572	.297
Enrolment process	268	-.110	.149	-.520	.297
Staff capacity	268	-.848	.149	.642	.297
Modes of payment	268	-.696	.149	.032	.297

4.5.3 Correlation Analysis

Enrolment process was found to be positive and significantly related to implementation of elderly cash transfer programme (r = 0.605, p-value=0.000<0.05). It also had the strongest relationship with implementation of elderly cash transfer programme. Modes of payment was found to be positive and significantly related to implementation of elderly cash transfer programme (r = 0.583, p-value=0.000<0.05). It had the second highest relationship. Staff capacity was found to be positive and significantly related to implementation of elderly cash transfer programme (r = 0.376, p-value=0.000<0.05). It also had the least strong relationship with implementation process as indicted in Table 4.10.

Table 4. 10 Correlation analysis

Constructs		**Implementation**	**Enrolment**	**Staff**	**Payment**
Implementation of elderly cash transfer Programme	Pearson Correlation	1	.605**	.376**	.583**
	Sig. (2-tailed)		.000	.000	.000
	N	268	268	268	268
Enrolment process	Pearson Correlation	.605**	1	.343**	.427**
	Sig. (2-tailed)	.000		.000	.000
	N	268	268	268	268
Staff capacity	Pearson Correlation	.376**	.343**	1	.262**
	Sig. (2-tailed)	.000	.000		.000
	N	268	268	268	268
Modes of payment	Pearson Correlation	.583**	.427**	.262**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	268	268	268	268

4.5.4 Regression Analysis

The R square value in this case is 0.512 which clearly suggests that there is a strong relationship between modes of payment, staff capacity, enrolment process and implementation of elderly cash transfer programme as indicated in Table 4.11. This indicates that modes of payment, staff capacity, enrolment process share a variation of 51.2 % of implementation of elderly cash transfer programme.

Table 4. 11 Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.716[a]	.512	.507	.33947
a. Predictors: (Constant), Modes of payment, Staff capacity , Enrolment process				

4.5.5 Analysis of Variance (ANOVA)

The Anova table in table 4.12 indicates that the overall model was a good fit since (F-value=92.392 and p-value=0.000<0.05).

Table 4. 12 ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	31.942	3	10.647	92.392	.000[b]
	Residual	30.424	264	.115		
	Total	62.366	267			

4.5.6 Coefficients Analysis

The model shows that the model as:

$$\text{Implementation} = 0.741 + 0.197_{Ep} + 0.108_{SC} + 0.201_{MP} + \varepsilon$$

Enrolment process was found to have a positive linearly significant influence on Implementation of elderly cash transfer programme (β=0.197, p=0.000<0.05). Here one unit change in enrolment process results in 0.197 unit increase in implementation of elderly cash transfer programme. Staff capacity was found to have a positive linearly significant influence on implementation of elderly cash transfer programme (β=0.108, p=0.002<0.05). Here one unit change in staff capacity results in 0.108 unit increase in implementation of elderly cash transfer programme.

Modes of payment was found to have a positive linearly significant influence on Implementation of elderly cash transfer programme (β=0.201, p=0.000<0.05). Here one unit change in modes of payment results in 0.201 unit increase in implementation of elderly cash transfer programme. The beta coefficients indicate the relative importance of each independent variable (modes of payment, staff capacity, enrolment process) in influencing the dependent variable (Implementation of elderly cash transfer programme). Enrolment process is the most important in influencing implementation of elderly cash transfer programme (βeta=0.395) followed by Modes of payment (βeta=0.378) then the least is Staff capacity (βeta=0.241).

Table 4. 13 Coefficients[a]

Model		**Unstandardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**
		B	**Std. Error**	**Beta**		
1	(Constant)	.741	.157		4.726	.000
	Enrolment process	.197	.025	.395	8.007	.000
	Staff capacity	.108	.035	.241	3.058	.002
	Modes of payment	.201	.026	.378	7.872	.000
a. Dependent Variable: Implementation of elderly cash transfer programme						

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of findings, conclusion, recommendations and area for further research is also highlighted.

5.2 Summary

The objective of the study was to establish the determinants of implementation of cash transfer programme for elderly persons in Kiambu County, Kenya. Three specific objectives guided the study: investigating how enrolment process of beneficiaries determine implementation of cash transfer program for the elderly; finding out how staff capacity determines the implementation of cash transfer program for the elderly; and assessing how modes of payment determine implementation of cash transfer program for the elderly. The study was based on Progressive Utilization theory advanced by Prabhat Ranjan.

The study employed descriptive research design with study population as the elderly persons registered as beneficiaries of elderly Persons Cash Transfer Programme in Kiambu County. The study population was 72,132 elderly persons. The study used purposive sampling, stratified random sampling and proportionate stratified sampling to get a sample size of 380 respondents from four sub counties in Kiambu County. Data was collected through questionnaires. The study employed descriptive and inferential statistics to analyze data since both quantitative and qualitative data was collected. The analyzed data was done through the use of SPSS and presented in frequency tables, graphs and pie charts.

The response rate results indicated that 268 questionnaires out of 380 administered were returned. The overall response rate was thus found to be 70.53% which is quite ideal for the study. Demographic results showed that 51% of the respondents were male while 49 % were

females. This indicated that more males have been included in the cash for the elderly programme than the females.

In terms of average age of the respondents, 47% were between the ages of 65-69 years. In addition, 26% of the respondents were between the ages of 70-74 years, 21% of the respondents were above 75 years old and 6% of the respondents were between the ages of 60-64 years. This is the legal age for beneficiaries of the scheme in Kenya. The finding on education level revealed that respondents were knowledgeable and they had vast information on cash transfer programs for the elderly.

Descriptive analysis results on implementation of cash transfer programme showed that majority, 63% of the respondents agreed that they understood the money given to them was for improving their welfare while 73% agreed that the cash transfer programme had alleviated my economic welfare. Additionally, 87% agreed that the fund had removed them from abject poverty with 82% agreeing that they used the money to fund their daily financial needs. Similarly, 71% agreed that through the money, they comfortably participated in development activities in their locality while 79% agreed that the money had assisted in paying for medication. The findings agree with Seleoane (2014) that cash transfer programs, reduce vulnerability of the elderly through promoting relevance of elderly people to be involved in decision making processes at the household level.

5.2.1 Enrolment process

Descriptive findings on the enrolment process revealed that 66% of the respondents agreed that local administrators like chiefs created awareness of the programme to the elderly while 79% agreed that the enrolment process was fairly conducted through local administrators. In addition, 67% agreed that identification of community members was well done during the targeting process. Further, 67% agreed that local administrators were competent in

identification of deserving members while 60% agreed that only the deserving members were included in the programme.

Again, 65% agreed that there were some deserving members who were excluded from the programme while 69% agreed that enrolment centres are fairly distributed in my location. Finally, 66% agreed that they have no challenges in accessing the enrolment centres while 62% agreed that there were no major challenges in the targeting process of deserving elderly people in the programme. Hanlon et al (2015) supports the findings on the hiccups noted in the community based enrolment. He argued that the process is sometimes subjective and open to nepotism leading to challenges occurring.

5.2.2 Staff capacity

Results on staff capacity showed that 71% of the respondents agreed that the staffs involved in disbursement of funds always assisted them to access their share while 61% agreed that there was adequate number of personnel to cater for the welfare of the elderly. Secondly, 61% agreed that the staffs communicated amicably to the elderly people with 57% agreeing that the staffs were sometimes uncooperative in serving the elderly. Thirdly, 60% agreed that the staffs were compassionate on the needs of the elderly people while 59% agreed that the staff discriminated some elderly persons.

Finally, 63% agreed that the staff made follow up on the welfare of the elderly with 59% agreeing that the staffs had challenges serving the elderly persons. The findings on the challenges noted agree with observation by Garcia et al. (2013) that one of the major constraints facing cash transfer programme is administrative capability. When the programs are scaled up by the government, they often present with glaring errors and often fail to achieve the objectives. Findings on modes of payment established that majority of the

respondents (70%) disagreed that they received KSH 2000 every month with 76% agreeing that the payment was always irregular and reliable.

Secondly, 80% disagreed that they got the money in their bank account every month while 61% agreed that the payments through the bank were very convenient for them. Finally, 84% agreed that the bank charged for the withdrawal were expensive while 81% agreed that delays in payment of the money were experienced. The findings are in line with Devereux (2012) who suggested on the importance of removing any challenges on the payment mode of cash transfer fund for easing suffering of delays that leads to suffering of elderly persons.

Correlation analysis revealed that enrolment process enrolment process was found to be positive and significantly related to implementation of elderly cash transfer programme ($r = 0.605$, p-value=0.000<0.05). It also had the strongest relationship with implementation of elderly cash transfer programme. Modes of payment was found to be positive and significantly related to implementation of elderly cash transfer programme ($r = 0.583$, p-value=0.000<0.05). It had the second highest relationship. Staff capacity was found to be positive and significantly related to implementation of elderly cash transfer programme ($r = 0.376$, p-value=0.000<0.05). It also had the least strong relationship with implementation process

Regression analysis revealed that R square value was 0.512 which clearly suggested that there is a strong relationship between modes of payment, staff capacity, enrolment process and implementation of elderly cash transfer programme. This indicated that modes of payment, staff capacity, enrolment process share a variation of 51.2 % of implementation of elderly cash transfer programme. The ANOVA results showed that overall model was a good fit since (F-value= 92.392 and p-value=0.000<0.05).

On coefficient analysis, enrolment process was found to have a positive linearly significant influence on Implementation of elderly cash transfer programme (β=0.197, p=0.000<0.05). Here one unit change in Enrolment process results in 0.197 unit increase in implementation of elderly cash transfer programme. Staff capacity was found to have a positive linearly significant influence on Implementation of elderly cash transfer programme (β=0.108, p=0.002<0.05). Here one unit change in Staff capacity results in 0.108 unit increase in implementation of elderly cash transfer programme.

5.2.3 Modes of payment

Modes of payment was found to have a positive linearly significant influence on Implementation of elderly cash transfer programme (β=0.201, p=0.000<0.05). Here one unit change in Modes of payment results in 0.201 unit increase in implementation of elderly cash transfer programme. The beta coefficients indicate the relative importance of each independent variable (Modes of payment, Staff capacity, Enrolment process) in influencing the dependent variable (Implementation of elderly cash transfer programme). Enrolment process is the most important in influencing Implementation of elderly cash transfer programme (βeta=0.395) followed by Modes of payment (βeta=0.378) then the least is staff capacity (βeta=0.241).

5.3 Conclusion

From the study inference can be drawn that enrolment process, modes of payment and staff capacity are key determinants of the implementation of cash transfer program for the elderly. Enrolment process was the best predictor of implementation of cash transfer program (βeta=0.395). Enrolment process was found to have a positive linearly significant influence on implementation of elderly cash transfer programme (β=0.197, p=0.000<0.05). This

implied that one unit change in enrolment process explained 19.7% unit increase in implementation of elderly cash transfer programme.

Modes of payment was the second best predictor of implementation of cash transfer program (βeta=0.378). Modes of payment was found to have a positive linearly significant influence on Implementation of elderly cash transfer programme (β=0.201, p=0.000<0.05). Here one unit change in modes of payment results in 0.201 unit increase in implementation of elderly cash transfer programme. This implied that one unit change in enrolment process explained 20.1% unit increase in implementation of elderly cash transfer programme.

Staff capacity had the least prediction of implementation of cash transfer program (βeta=0.241). Staff capacity was found to have a positive linearly significant influence on implementation of elderly cash transfer programme (β=0.108, p=0.002<0.05). Here one unit change in staff capacity results in 0.108 unit increase in implementation of elderly cash transfer programme. This implied that one unit change in staff capacity explained 10.8% unit increase in implementation of elderly cash transfer programme.

5.4 Recommendations

Streamline and strengthen the enrolment process

This will lead to effective and efficient implementation of elderly cash transfer programme.

Enhance the capacity of the staff

This can be done through training in order to equip them with skills to implement the programme.

Smoothen the challenges of payment of the stipends

This can be done through investing more on innovative payment schedules and programmes.

5.5 Area for Further Studies

This study focused on determinants of implementation of cash transfer programme in Kiambu County. There is need to cascade similar studies in other counties for comparative analysis.

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APPENDICES

APPENDIX I: INTRODUCTORY LETTER

Dear Respondent,

I am the undersigned, currently undertaking a master's degree in public policy and administration of Kenyatta University. I am conducting a study involving collecting data for writing and compiling the final thesis proposal as a partial requirement for the award of the degree. The research entails **determinants of implementation of cash transfer programme for the elderly in Kiambu County, Kenya.** The information collected will be used solely for academic purposes and will be handled with utmost confidentiality.

Kindly fill in all the items on the questionnaire.

Please direct any enquiries to: Ndung'u Penina Muthoni

Cell phone: +254 721585862

APPENDIX II: QUESTIONNARE

This questionnaire aims at collecting information on an assessment of **determinants of implementation of cash transfer programme for the elderly in Kiambu County, Kenya.** You have been selected to form part of this study. Please answer the following questions. Information collected will be treated with due confidentiality and will be used for academic purposes only.

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

1. Gender: Male ( ) Female ( )
2. Age (please tick which bracket you fall)
    a) Below 60 years ( )
    b) 60 – 64 years ( )
    c) 65 –69 years ( )
    d) 70 – 74 years ( )
    e) Above 75 ( )
3. Please tick your highest education level
    a) Primary ( )
    b) Secondary ( )
    c) Tertiary ( )
    d) Undergraduate ( )
    e) Master Degree ( )
    f) Doctorate ( )
4. Indicate your marital status
    a) Single ( )
    b) Married ( )
    c) Divorced ( )
    d) Married ( )
    e) Any other ……..
5. Indicate who you live with
    a) Alone ( )
    b) Wife ( )
    c) Children ( )
    d) Grandchildren ( )
    e) Adult care home ( )

f) Caregiver ( )

g) Others ……..

6. Indicate if you suffer from the following ailments.

	Ailments	**Tick (√)**
a.	Disabled or physical impairment	
b.	HIV/AIDS	
c.	Chronic diseases such as TB, cancer, diabetes, High blood pressure etc	
d.	Bedridden	
.	Other (Please specify) ……	

7. Indicate your former or current occupation

	Former occupation	**Tick(√)**	**Current occupation**	**Tick (√)**
a.	Civil servant (Employed by the government			
b.	An employee in a private company			
c.	Self employed			
d.	Domestic worker			
e.	Casual laborer			
f.	Unemployed			

SECTION B: ENROLMENT PROCESS OF BENEFICIARIES & STAFF CAPACITY

8. State your agreement with the following aspects of enrolment process: **(Where SA= Strongly Agree, A=Agree, UD=Undecided, D= Disagree, SD=Strongly Disagree)**

Enrolment process	**SA**	**A**	**UD**	**D**	**SD**
Local administrators like chiefs created awareness of the programme to the elderly					
The enrolment process was fairly conducted through local administrators					
During the targeting process, identification of community members was well done					
The chief and assistant chief assisted in my identification					
Local administrators are competent in identification of deserving members					
Only the deserving members were included in the programme					
There are some deserving members who were excluded from the programme					
Enrolment centres are fairly distributed in my location					
I have no challenges in accessing the enrolment centres					
There are no major challenges in the targeting process of deserving elderly people in the programme.					

9. In your opinion what do you see as the challenge in using community for targeting?

   ……

   ……

STAFF CAPACITY

10. State your agreement with the following aspects of staff capacity: **(Where SA= Strongly Agree, A=Agree, UD=Undecided, D= Disagree, SD=Strongly Disagree)**

Techniques	**SA**	**A**	**UD**	**D**	**SD**
The staffs involved in disbursement of funds always assist me to access my share.					
There is adequate number of personnel to cater for the welfare of the elderly.					
The staffs are well experienced to handle the programme					
The staffs train us on how to receive and utilize the stipends.					
The staffs communicate amicably to the elderly people.					
The staffs are sometimes uncooperative in serving the elderly					

The staffs are compassionate on the needs of the elderly people.					
The staff discriminate some elderly persons					
The staff make follow up on the welfare of the elderly.					
The staffs have challenges serving the elderly persons					

11. How would you rate the effectiveness of the staff involved in disbursement of the cash programme in your locality?
    a) Very bad ( )
    b) Bad ( )
    c) Average ( )
    d) Good ( )
    e) Very good ( )

SECTION C: MODE OF PAYMENT

12. State your agreement with the following aspects of staff capacity: **(Where SA= Strongly Agree, A=Agree, UD=Undecided, D= Disagree, SD=Strongly Disagree)**

Techniques	**SA**	**A**	**UD**	**D**	**SD**
I receive KSH 2000 every month					
The payment is always regular and reliable					
I get the money in my bank account every month					
The payments through the bank is very convenient for me					
The staffs of the bank are always helpful					
The bank informs me through a text when the money is in my account					
The bank charges for the withdrawal are expensive					
Sometimes there are delays in payment of the money					
When delays occur, the bank always inform me					
The bank promptly responds to any challenges on the payments					

13. What do you use the money for?
    a. Heath care
    b. Food
    c. Business
    d. School fees
    e. Any other

SECTION D: IMPLEMENTATION OF CASH TRANSFER PROGRAMME

14. State your agreement with the following aspects of implementation of cash transfer programme: **(Where SA= Strongly Agree, A=Agree, UD=Undecided, D= Disagree, SD=Strongly Disagree)**

Items	**SA**	**A**	**UD**	**D**	**SD**
I understand the money given to me is for improving my welfare					
I have invested the money in income generating programme					
I can account for all the money transferred to me					
The cash transfer programme has alleviated my economic welfare					
The fund has removed me from abject poverty					
I use the money to fund my daily financial needs					
Through the money, I comfortably participate in development activities in my locality					
The money has assisted in paying for medication					
The money provided is sometimes delay in getting to me					
The payment periods are usually irregular and unpredictable					

APPENDIX III: KENYATTA UNIVERSITY AUTHORIZATION LETTER

KENYATTA UNIVERSITY
GRADUATE SCHOOL

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

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 8710901 Ext. 57530

Our Ref: C153/CTY/PT/28147/14 **DATE: 2nd April, 2019**

Director General,
National Commission for Science, Technology
and Innovation
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR NDUNG'U PENINA MUTHONI – REG. NO. C153/CTY/PT/28147/14

I write to introduce Ms. Ndung'u Penina Muthoni who is a Postgraduate Student of this University. She is registered for M.A degree programme in the **Department of Public Policy & Administration.**

Ms. Ndung'u intends to conduct research for a M.A Project Proposal entitled, **"The Determinants of Implementation of Cash Transfer Programme for Elderly in Kiambu County, Kenya".**

Any assistance given will be highly appreciated.

Yours faithfully,

PROF. ELISHIBA KIMANI
DEAN, GRADUATE SCHOOL

EK/nn

APPENDIX IV:NACOSTI RESEARCH PERMIT

THIS IS TO CERTIFY THAT:
MISS. PENINA MUTHONI NDUNGU
of KENYATTA UNIVERSITY, 46372-100
NAIROBI,has been permitted to conduct
research in *Kiambu County*

on the topic: *THE DETERMINANTS OF IMPLEMENTATION OF CASH TRANSFER PROGRAMME FOR THE ELDERLY IN KIAMBU COUNTY*

for the period ending:
23rd May,2020

.....
Applicant's
Signature

Permit No : NACOSTI/P/19/53609/30110
Date Of Issue : 23rd May,2019
Fee Recieved :Ksh 1000

.....
Director General
National Commission for Science,
Technology & Innovation

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014.

CONDITIONS

1. The License is valid for the proposed research, location and specified period.
2. The License and any rights thereunder are non-transferable.
3. The Licensee shall inform the County Governor before commencement of the research.
4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
5. The License does not give authority to transfer research materials.
6. NACOSTI may monitor and evaluate the licensed research project.
7. The Licensee shall submit one hard copy and upload a soft copy of their final report within one year of completion of the research.
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice.

National Commission for Science, Technology and innovation
P.O. Box 30623 - 00100, Nairobi, Kenya
TEL: 020 400 7000, 0713 788787, 0735 404245
Email: dg@nacosti.go.ke, registry@nacosti.go.ke
Website: www.nacosti.go.ke

REPUBLIC OF KENYA

National Commission for Science, Technology and Innovation

RESEARCH LICENSE

Serial No.A 24730

CONDITIONS: see back page

APPENDIX V: NACOSTI AUTHORIZATION LETTER

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax:+254-20-318245,318249
Email: dg@nacosti.go.ke
Website : www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/19/53609/30110**

Date: **23rd May, 2019**

Penina Muthoni Ndungu
Kenyatta University
P.O. Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"The determinants of implementation of cash transfer programme for the elderly in Kiambu County"*** I am pleased to inform you that you have been authorized to undertake research in **Kiambu County** for the period ending **23rd May, 2020.**

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

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Kiambu County.

The County Director of Education
Kiambu County.

APPENDIX VI: MAP OF KIAMBU COUNTY

Source: Kiambu County FGD Report 2016