

**IMPACT OF OLDER PERSONS CASH TRANSFER ON ITS
BENEFICIARIES IN KENYA: A CASE OF MAKADARA
CONSTITUENCY, NAIROBI CITY COUNTY**

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DECLARATION

This project paper is my own work and has not been submitted for a degree in any other University.

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This project paper has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

To all those who advocate for the interests of the Elderly

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ABSTRACT

The purpose of the study was to examine the impact of Older Persons' Cash Transfer on its beneficiaries in Makadara Constituency, Nairobi City County. The objectives of the study included describing how older persons' cash transfer has improved beneficiaries lives socio-economically, investigating the extent to which cash transfer cushions beneficiaries against shocks and vulnerabilities, and identifying challenges beneficiaries face. The study used a descriptive research design. Sampling was done using stratified random sampling to select 50 beneficiaries as the sample size. Data were collected using semi-structured interviews, key informant interviews, focus group discussions and observation. The findings revealed that the fund had contributed in improving the beneficiaries' economic lives, access to health care and food. In addition, the study revealed that the cash given was little and not able to meet all beneficiaries' basic needs hence need for increase on the amount. The study conclusively noted that the OPCT programme has achieved tremendous gains in securing the wellbeing of older persons and safeguarded beneficiaries from effects of poverty and vulnerabilities. The study, therefore, recommends that the relevant government agencies build the capacity of the beneficiaries on proper utilization of the money received and devise strategies that would strengthen the conditions for receiving cash transfers.

ABBREVIATIONS AND ACRONYMS

AU	African Union
CT	Cash Transfer
CT-OVC	Cash Transfer for Orphaned and Vulnerable Children
DFID	Department for International Development
HSNP	Hunger Safety Net Programme
FY	Financial Year
GOK	Government of Kenya
HAI	HelpAge International
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ILO	International Labour Organization
KCB	Kenya Commercial Bank
MEACLSP	Ministry of East African Community, Labour and Social Protection
MIPAA	Madrid International Plan of Action on Ageing
MLEAA	Ministry of Labour and East African Affairs
MLSS	Ministry of Labour, Social Security and Services
MOGCSD	Ministry of Gender, Children and Social Development
NSNP	National Safety Net Programme
OPCTP	Older Persons' Cash Transfer Programme
OP	Operation Manual
RoK	Republic of Kenya
PWSD-CT	Persons With Severe Disabilities Cash Transfer
SP	Social Protection
SCT	Social Cash Transfer
SPSS	Statistical Package for the Social Sciences
UFS-CT	Urban Food Subsidy Cash Transfer

CHAPTER ONE: BACKGROUND TO THE STUDY

1.1 Introduction

Human society has from ancient times, embraced social support and protection through sharing of basic resources like food, shelter and clothing with the poor. In modern societies, the responsibility has gradually been taken up by immediate families, institutions, governments and public authorities. Social protection (SP) and assistance programmes have gained footing as reliable strategies for addressing high levels of deprivation, vulnerabilities and combating poverty following the adoption of the Millennium Declaration in 2000. However, despite the growth and extent of social protection programmes in both developed and developing countries, there are increasing calls for the scale-up of such programmes but with very few of them seeking to address specific vulnerabilities and needs of the older persons in society (Barrientos et al., 2008:37). The economic crisis and downturns have increasingly led governments and donors to examine whether social protection programmes can address some of these challenges. SP uses a variety of poverty eradication strategies, one of which involves cash transfer programmes (CTPs). CTPs have emerged as essential components of poverty reduction strategies (Copestake, 2008: 546) and embraced by different Sub-Saharan African countries as a form of social protection.

Cash transfers are regular non-contributory payments of money provided either by non-governmental organizations or governmental entities to individuals or households based on their economic needs with the aim of strengthening capacities and improving their livelihoods (Onyango-Ouma and Samuels, 2012:7). According to Orinda (2014:1) CTs protect living standards, promote wealth creation, prevent beneficiaries from suffering shocks and transform their relationships within the society. The transfers can be universal or explicitly targeted at those identified as the poor or vulnerable (Michael and Samson, 2009: 16).

Theoretically, CTs are aimed at promoting immediate relief from extreme poverty to the vulnerable persons like the elderly while enhancing their basic rights which is in line with the International Labour Organization's strategic objectives (ILO, 2011:2). Cash transfers were developed to address ongoing food insecurity with the hope that regular emergency aid would

not be needed if mechanisms were put in place to help households manage risks in good times and cope well especially during a crisis.

According to Bachelet (2011: 45), social protection enhances the capacity and opportunities of the poor and vulnerable to improve and sustain their lives, livelihoods and welfare by cushioning them against sinking deeper into poverty while supporting those in chronic poverty out of it. In Africa, there is a growing focus on acceptance of social protection for the elderly, for instance, in Malawi, the Mchinji Social Cash Transfer Scheme recorded a double impact in the local economy with a regional multiple effects of 2.02 to 2.45 (Davis & Davey, 2008: 91). In Zambia, a study reported that over three-quarters of the Kolomo Social Cash Transfer Scheme was spent locally, spurring economic growth and increasing the beneficiaries' total income in cash and kind. In Lesotho, the Old Age Pension Scheme benefiting persons above 65 years led to reduction in the rates of dependency amongst the elderly (Lund et al., 2008).

Globally, the population of the elderly has increased rapidly over the years. In 2012, older persons above the age of 65 years had increased in population to 562 million, while in the year 2015 it increased by 55 million (Wan et al., 2016: 2). Kenya's current population is estimated at 44.2 million according to the economic survey with approximately 1,320,000 as elderly above the age 60 years while 504,140 as older persons with aged 65 years and above (KNBS, 2016:2). The overall poverty index is 46.7% meaning that most Kenyans suffer from the effects of poverty like poor housing, lack of access to adequate and balanced diet, unaffordable of medical services, illiteracy and inability to afford basic needs. However, the country has made tremendous steps towards ensuring that the elderly do not slide into the vicious cycle of poverty, hunger and premature death as a result of the breakdown in socio-cultural safety nets (KNBS, 2016:3).

Kenya's Cash Transfer Programme for the elderly has been implemented since 2007 as part of social protection programme designed to cushion older persons together with their households from income threatening risks and inter-generational poverty. The government has made commitments to address issues of the elderly through devising national legal and policy frameworks on older persons' issues by signing of international instruments like the Universal Declaration of Human Rights of 1948, the UN Principles of Older Persons of 1992, the Madrid

International Plan of Action on Ageing of 2002 and the Vienna International Plan of Action on Ageing of 1982 which advocate for the rights to social security in childhood, disability and old age. The Kenya Constitution 2010, under the Bill of Rights and Fundamental Freedoms, also provides for social protection of the elderly and vulnerable members of the society. In addition, the Kenya National Policy on Ageing and Older Persons of 2009 and Vision 2030 lay the basis for interventions and the need to take care of the elderly (RoK, 2009:2).

The Older Persons' Cash Transfer Programme (OPCTP) is one initiative by the Government of Kenya (GoK) among the National Safety Net Programme (NSNP) coordinated by the social protection secretariat in the Ministry of East African Community, Labour and Social Protection (MEACLSP), formerly known as the Ministry of Labour and Social Services (MLSS). NSNP is supported by the World Bank, the UK Department of International Development (DFID), the Government of Sweden, the Australian Department of Trade and United Nations Children's Fund (UNICEF) (GoK, 2016:2).

The Social Protection Department started Cash Transfer for the Elderly, currently called "*Inua Jamii*", under the Rapid Result Initiative (RRI). The pilot programme was first implemented in three sub-counties in 2007/2008 targeting 300 households with each household receiving KES 1,000 monthly. This number was scaled-up in 2009/2010 to 33,000 households covering 44 sub-counties, receiving KES 1,500 monthly. In 2011/2012 the programme benefited 36,036 households with an increase in allocation to KES 2,000 per household. Since then, the programme has been scaling up every financial year until 2015/2016 the cumulative enrollment of the benefiting households reached 320,636 beneficiaries in all the 290 constituencies in the 47 counties due to increasing in budgetary allocation from KES 2.4 million to KES 5.04 billion (GoK, 2016:3). The older person's cash transfer fund aims at strengthening capacities and improving older persons' livelihoods through a sustainable social protection mechanism. Cash transfers, as an intervention, are easy to control, highly effective in promoting economic development and can reach the poor efficiently (Republic of Kenya, 2009:6).

1.2 Problem statement

In this rapidly ageing world, the elderly have become one of the most vulnerable and excluded groups in society. Poverty tends to be more rampant amongst older persons than the younger groups, particularly those who have no access to formal social security like pension (Deithier, Pestieau and Ali, 2011).

Older persons are unable to take advantage of income generating opportunities, thus making cash transfer funds become the only option. Also, older persons face diverse challenges including diminishing physical ability, age discrimination, lack of proper care and financial challenges, while some become targets of ridicule and stereotypes. These problems render some of them to become dependent on others for care and stability. Others who have suffered a lifetime of poverty enter old age with little or no resources while those who have assets may not manage them well, thereby increasing their level of vulnerability (Gondi, 2009:2).

The elderly also lack social security for their daily social and economic needs. Family support and community strong social networks have progressively eroded due to changes in society associated with development and urbanization. In some communities the elderly take care of orphans due to death of their young ones who have succumb to the AIDS pandemic (Mwenda, 2010:14).

Cash transfers as a strategy are supposed to meet the needs of the poor and vulnerable. The cash given poses different kinds of risks since it is at the disposal of the beneficiary to choose how to spend the cash. There being “soft” conditionality to the programme, the beneficiary may divert or misuse the fund irrespective of the programme design which is to meet their basic needs. This lays more emphasis on the need for impact assessment of the fund on the beneficiary (Onyango-Ouma and Samuels, 2012: 4).

The Government of Kenya has over the years expanded the coverage of OPCT on the premise that the fund has been successful. There has also been continuous up-scale of beneficiaries into the programme and the increased budgetary allocation by the government to facilitate the additional beneficiaries. However, research on the impact of cash transfer for older persons

directly has not received much attention despite the fact that beneficiaries act as the entry point to the benefiting household. While appreciating researchers, such as Kimosop (2009) and Mathiu and Mathiu (2012), who have conducted studies focusing on disbursement, utilization and adequacy of the fund, the centrality of beneficiaries' feedback in cash transfer programme is inevitable as it aids in understanding whether their felt needs are being met.

Overtime, when beneficiaries utilize cash transfer well the effect of the same would be evident in their lives. According to the MOGCSD (2011:14), recertification - being a process of re-assessing the poverty status of the programmes beneficiaries - of beneficiaries ought to be conducted after every five years of one being in the programme to see if they still fit the eligibility criteria. This is because some beneficiaries' living standards tend to rise above certain thresholds due to economic growth especially in urban populations. The department of Social Development in 2015 conducted beneficiary recertification seeking to assess beneficiaries' status with a view to ensuring that they still qualified to be on the OPCT programme. However, they did not assess whether the fund was having an impact directly on the beneficiaries' livelihoods yet beneficiaries' information can quickly become outdated or their poverty status change (MOGCSD, 2011:18) and they also act as entry points to a household making their feedback vital in impact assessment. After more than 9 years of OPCTP implementation, concerns must be raised since recertification aims at keeping the programme well targeted by reassessing the socioeconomic conditions of the beneficiaries' eligibility, identifying and dismissing families that have risen above the threshold and no longer need the support. It is in this view that the researcher set out to examine the impact of the Older Persons Cash Transfer Fund on its beneficiaries. This study therefore sought to answer the following research questions:

- a) Has the older persons' cash transfer impacted beneficiaries lives socially and economically within Makadara Constituency?
- b) How does the older persons' cash transfer cushioned beneficiaries against shocks and vulnerabilities?
- c) Are there any challenges faced by the beneficiaries?

1.3 Objectives of the study

1.3.1 General objective

To examine the impact of the Older Persons Cash Transfer on the beneficiaries in Makadara constituency.

1.3.2 Specific objectives

- a) To describe how Older Persons' Cash Transfer has improved beneficiaries lives socio-economically within Makadara Constituency.
- b) To investigate the extent to which Older Persons' Cash Transfer helps in cushioning beneficiaries against shocks and vulnerabilities within the constituency.
- c) To identify challenges faced by beneficiaries of the fund.

1.4 Assumptions of the study

- a) The older person's cash transfer has aided in improving beneficiaries' socio-economic lives within Makadara constituency.
- b) The older person's cash transfer has cushioned beneficiaries against shocks and vulnerabilities within the constituency.
- c) The beneficiaries of the Older Persons Cash Transfer Programme face various challenges.

1.5 Justification of the study

In any particular society cash is viewed as a means of monetary exchange but if given as a strategy in social protection it poses different kinds of risks. Beneficiaries in CT programmes choose for themselves ways in which they spend the cash received irrespective of the programme's objectives and design which is to meet their basic needs. Given that the programme design has is no direct control over the use of cash by the beneficiaries, the risks of diverting or misusing the fund become inevitable thus posing a need for investigating into its effects.

The few studies that have been done so far on the cash transfer programmes in Kenya have focused on evaluations of programme design, issues of disbursement and impact assessment based on the objectives of the programme (MOGCSD, 2011:8). The studies that consider the

beneficiaries' points of view are not readily available. Therefore, the findings of this study will be useful in providing additional information to already existing literature on cash transfer funds and their impact on the livelihoods of the elderly in Kenya.

The 2005/2006 Kenya Integrated Household and Budget Survey data highlighted the relatively high vulnerability of the elderly population to poverty compared to other groups (Ikiara, 2009:2). Therefore, this progressive growing number of beneficiaries from 300 households to 320,636 households and increased budgetary allocations from KES 2.4 million to KES 5.04 billion is also an indicator that GoK has seen CT as an effective tool for improving the livelihoods of older persons. Therefore, there is need for GoK to examine the impact of CT these beneficiaries for purpose of feedback on the effectiveness of the fund and strengthening implication of the programme.

This study is also timely coming after the Social Development Department conducted recertification of already existing beneficiaries in FY 2014/2015, 2015/2016 upscale and the move from the manual system of payment by the Postal Cooperation of Kenya (PCK) to the biometric system of payment by the Kenya Commercial Bank. This will generate more academic debates and interest in the place of cash transfer funds as social safety nets in Kenya and also serve as a springboard for further research in other areas not considered in this study.

The CT programme in Latin America benefited from strong evaluations resulting in evidence-based results due to credibility of findings thereby allowing the programmes to stand and expand on their own merits. It is therefore essential to conduct beneficiary impact assessments and have procedures in place to ensure that the information recorded is kept up-to-date and that there are systems in place to regularly review households' continued eligibility and their poverty status. Examination of household movements in and out of poverty between 1997 and 2007 found that in the rural parts of Kenya around 10 percent of the populations were newly poor while more than 25 percent had risen out of poverty and become non-poor. The variation was much higher in informal settlements; of the small minority who had been non-poor in 2003, half were poor in 2006 (World Bank, 2009:7).

In exclusion of impact assessments, programmes are unable to determine if changes in trends over time are due to the programme itself, time trends, beneficiary selection criteria, poverty

levels, or a combination of various factors. Results of such findings can therefore be interpreted with limitations. After a period of time, this would pose an uphill task for the management of the programme and the GoK to justify the value addition aspect of the programme. Furthermore, it would be difficult to demonstrate the financial and economic worth in investing into the programme especially without evidence that CT programmes contribute to poverty reduction. GoK also risks accumulating an economic financial burden which may increase over time that is not based on evidence of impact the programme is having on the lives of the beneficiaries and the Kenyan society at large. Without putting in place proper mechanisms to measure the impact of the GoK-CT, there is a likelihood of creating a social support programme that will not be sustainable, hence the need for a study of this nature.

1.6 Scope and limitations of the study

This study was conducted in Makadara constituency in Nairobi City County, and sought to examine the impact of the Older Persons' Cash Transfer Fund on its beneficiaries. The study focused on beneficiaries who were enrolled in the programme before FY 2015/2016 in the 5 administrative locations. This is because, in the programme design, the beneficiaries are expected to be recertified as eligible after benefiting for five years. According to the Operations Manual for Older Persons' Cash Transfer Programme, it was envisaged that after five years influence of the programme on the livelihood of the beneficiary and their households it would be evaluated (MOGCSD, 2011:18).

The study wanted to identify different ways in which the fund improves a beneficiary's economic status, impacts their social lives, as well as the challenges they face. The study was guided by the resilience theory and the researcher applied stratified random sampling as a method to determine the number of respondents who participated in the study.

This study relied on the information provided by respondents in the OPCT programme in Makadara constituency. This had limitations since it depended on their honesty and willingness to participate in the study hence affecting the validity and reliability of the study findings. Therefore, to guard against dishonesty the participants were assured of confidentiality and that the findings would not be used against any of them.

1.8 Definition of terms

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

Older person: The Constitution of Kenya Chapter 17 Article 260 defines an older person as any person above 60 years. However, for the purposes this study, an older person refers to a person above 65 years and a beneficiary of OPCT programme. This is because the lower limit for potential beneficiaries for this programme is 65 years (GoK, 2010).

Beneficiaries in OPCT programme: Older persons enrolled in the Older Persons' Cash Transfer Programme funded by GoK.

Impact: Is a lasting or significant effect of an intervention on intended targets. Targets in this case are older persons receiving cash transfer from the government.

Older Persons' Cash Transfer Programme: A programme providing predictable cash of KES 2,000 shillings per month paid bi-monthly at the rate of KES 4,000.

Social Protection: Kenya's Social Protection Policy defines it as policies and actions, including legislative measures, which enhance the capacity and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods and welfare; enable income-earners and their dependents to maintain a reasonable level of income through decent work; and ensure access to affordable healthcare, essential services and social transfer (Republic of Kenya, 2009).

Recertification: According to the operation manual, it is the periodic re-registration of beneficiaries in order to confirm their eligibility including their poverty status (MOGCSD, 2011).

Household: Refers to persons living together and eating from the same pot.

Household allocation: Money received through the OPCTP programme.

Vulnerability: State of defenselessness, being exposed to risks, shocks, insecurity, inability to meet the very basic of needs and having difficulty in coping with them.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature relevant to the research problem. The key themes upon which the review is based are evolution of cash transfers as instruments of social protection, cash transfer programmes in Kenya, the socio-economic impact of the Older Persons' Cash Transfer Programme, shocks and vulnerabilities experienced by the elderly, and the challenges faced by the beneficiaries.

2.2 Evolution of cash transfers as instruments of social protection

Social protection (SP) has become an influential approach to fight poverty and encourage inclusive growth amongst the vulnerable populations all over the world. In Africa, there is growing interest in giving predictable social assistance to the poor and vulnerable populations. This has been articulated in the African Union Social Policy Framework, making SP a key strategy in poverty reduction across Africa (RoK, 2009: 14)

Cash transfers (CTs), as a form of social assistance intervention, are non-contributory payments of money, that is, regular and given by the state or non-governmental organizations (NGOs) to households through individuals/beneficiaries, with the aim of reducing chronic poverty in the long-term or acute (shocks) poverty, by dealing with social risk and reducing any economic vulnerability (Samson, 2009:1). CTs are predictable transfers given as part of a social contract; they can be unconditional or conditional meaning that there are certain behaviours expected from beneficiaries after a certain period of benefiting. According to Onyango-Ouma and Samuels (2012:3), tougher conditionalities ought to be put in place with strict penalties so that beneficiaries are held accountable for how they use the transfers.

According to Samson (2009:2), social transfer refers to the giving of income or services, from one group in a society to another, for example, from the young to the old, the healthy to the frail or the affluent to the poor this could either be in cash or in kind. In any given country, several schemes of different types generally co-exist and may provide benefits for similar emergencies to different population groups, which could either be contributory or non-contributory schemes.

In the past ways of addressing issues of food insecurity were based on humanitarian food aid assistance, which was reactive and aimed at keeping people alive, or just bringing them to their original starting point. By cash transfers arriving regularly, whether monthly, bimonthly or quarterly, beneficiaries get empowered to take a longer term perspective and plan their lives thereby reducing vulnerability levels and poverty at large.

According to Hanlon et al. (2010:12) cash transfers started in the 16th century in Europe after England's government accepted collective responsibility in ensuring that the poor and vulnerable persons are given special consideration. This was followed by implementation of old age insurance and sickness benefits in the late 19th century. In the 20th century, the United Nations helped shape development of social protection by making provision of adequate standards of living as a human right (Hanlon et al., 2010:27).

Basset (2008:13) states that transfers to the poor and the vulnerable were beneficial since they gave people more security and promoted labour mobility. However, these measures had backlashes in the mid-19th century and late 20th century as the rich accused the poor of being responsible for their poverty and thus undeserving of assistance. Pearson and Alviar (n.d.) have noted that it was from Europe that cash transfers spread from the Atlantic to the USA and then Canada and other parts, such as Australia and South Africa in the mid-20th century. However, the expansion of cash transfers to the poor as a key tool of the state slowed greatly until the 1990s when a wave of new programmes started in several countries in Latin America like the *Progreso* programme in Mexico, *Familias en Accion* in Colombia and *Bolsa Familia* in Brazil. This new model of cash transfer programmes in Latin America demonstrated to have excellent impact on beneficiaries' health, nutrition and education for the targeted population at relatively low costs, which contributed to increased adoption of cash transfers as instruments of social protection in different parts of the world (Ferreira et al., 2007:11).

Significant advancement has been noted in a number of developing countries implementing large CT schemes; these including Colombia, Brazil, Mexico, Honduras, South Africa and Nicaragua. Basset (2008:12) observes that CTs had their origin in Mexico and Brazil in the late 1990s as 'home-grown' initiatives that paired an income transfer with required behaviours for recipients. These initiatives in Mexico and Brazil later grew into large national-scale programmes

functioning as central elements of their countries' social protection and poverty reduction strategies. From the success and popularity of CTs across Latin America, CTs emerged in Africa, Asia, and the Middle East and began to take on new forms of conditions in response to the specific needs of poor people in each country.

The African Union (AU) framework on ageing significantly encouraged and supported African countries to devise national policies on older persons according to the Madrid International Plan of Action on Ageing (MIPAA) recommendations. This is because older persons face various socio-economic challenges that require responsive national actions. The elderly constitute a high percentage among the poorest in any part of the world; with older women suffering even more due to factors of exclusion, inequality and cases of HIV and AIDS. The AU supports the development of social protection programmes to provide social security and enforcement of the international legal framework that addresses the concerns and needs of older persons. The Declaration on Employment and Poverty Alleviation in Africa summit, held in Ouagadougou in 2004, adopted by the African Union and the AU Policy Framework on Ageing and Older Persons of 2009, also contributed to an increase in awareness in Africa on the issue of social protection. Uganda is one of the countries that have prioritized social protection as an appropriate mechanism to address the needs of older persons (RoK, 2009:1).

In social protection programmes in Africa cash transfer programmes are considered as either universal or means tested. Universal cash transfers provide cash to all eligible and registered beneficiaries whereas means tested cash transfers provide benefits only to beneficiaries who have fulfilled prescribed conditions, known also as co-responsibilities. In the OPCT programme in Kenya common conditions include requirements like the beneficiary must be aged above 65; he/she should not be a pensioner; living in poor and vulnerable conditions; non-beneficiary in other government cash transfer programmes; and, geographically, a resident of a specific constituency (World Bank, 2009:11).

According to Marito and Moore (2009:24), cash transfers, in general, are recognized as being more efficient than food or other in-kind transfers, both from a logistic and effectiveness point of view; thus, local factors affecting their success need to be carefully considered. Kenya experienced a decade of relatively strong economic growth between 2000 and 2009, which

averaged at 3.7 percent. This translated into a modest rise in incomes for Kenyans – the first since the 1970s. Economic growth sprang back strongly in 2010 and 2011, reaching 5.8 per cent and 4.4 percent, respectively. This was partly due to the fact that the Kenyan economy, unlike many other African economies, is not principally driven by agriculture. Despite these advances, high rates of poverty persist in Kenya. This poverty does not just affect income and consumption but is intertwined with the continued vulnerability of the population to shocks. This, therefore, suggests that social protection has an important role to play in an effort to reduce poverty, vulnerability and promote human capital development (Marito & Moore, 2009:27).

The Kenyan government launched the OPCTP in 2006 on a pilot basis in selected sub-counties. This was in view of the tough social and economic hardships faced by the elderly. The older persons' cash transfer programme strives to strengthen the capacities of older persons and improve their livelihood while alleviating poverty through sustainable social protection mechanisms. A number of studies have been conducted in relation to the programme (Ressler, 2008; Ikiara, 2009; Kimosop, 2009; Mathiu & Mathiu, 2012) but found that OPCTP funds were inadequate and the disbursements were untimely. There are also some challenges facing the implementation of social assistance programmes in Africa, including continued high levels of poverty and inequality, as well as political, social and economic stability. This has resulted in continued political motivation to increase coverage of social grants (Sagner, 2007:14).

2.3 Types of cash transfer programmes in Kenya

The Government of Kenya has a National Social Protection Policy. This policy builds on the Constitution of Kenya, 2010 which includes in its Bill of Rights the “right for every person...” to social security and binds the State to provide appropriate social security to persons who are unable to support themselves and their dependents (MOGCSD, 2011). As a result, the coverage of cash transfer programmes has grown significantly although it remains low in comparison with the population in need.

The Government of Kenya in partnership with key development partners, the United Nations Children's Fund (UNICEF), the Department for International Development (DFID) and the World Bank, is currently implementing social assistance interventions targeting specific categories of beneficiaries. The main cash transfer programmes include the Older Persons' Cash

Transfer (OPCT), the Cash Transfers to Orphans and Vulnerable Children (CT-OVC), the Hunger Safety Net Programme (HSNP), the Persons with Severe Disability Cash Transfer (PWSD-CT) and the Urban Food Subsidy Cash Transfer (UFS-CT) which was phased out in 2014 during the launch of the National Safety Net Programme (World Bank, 2013). Table 2.3 summarizes the cash transfer programmes in Kenya.

Table 2.3: Cash transfer programmes that constitute the National Safety Net Programme*

Programme	Year Launched	Implementing Agency	Transfer value (per household per month)	Coverage as at year 2015/2016	
				Household	Counties covered
Cash Transfer for Orphans and Vulnerable Children	2004	Department of Children's Services (MLEAA)	KES 2,000	365,232	47
Older Persons Cash Transfer	2006	Department of Gender and Social Development (MLEAA)	KES 2,000	320,232	47
Persons With Severe Disabilities	2011	Department of Gender and Social Development (MLEAA)	KES 2,000	41,374	47
Hunger Safety Net Programme	2007	HSNP Secretariat (NDMA)	KES 2,550	101,630	4
Total households Covered				828,468	47

* There have been changes to the names and structure of Ministries since inception of cash transfer programmes. The Ministry of Labour, Social Security and Services was changed to Ministry of East African Community, Labour and Social Protection (MEACLSP, 2016).

According to the World Bank (2013:5), the government of Kenya provides cash transfer funds in over 500,000 households through the following cash transfer programmes:

The *Cash Transfers to Orphans and Vulnerable Children* was launched in 2004 in response to the growing levels of poverty and vulnerability caused by the increasing numbers of orphaned and vulnerable children (OVC). The programme aims to improve the welfare of children living in poor OVC households while supporting the household with monthly cash payments for education, nutrition and health care.

The *Older Persons Cash Transfer*, launched in 2006, was devised in recognition of the fact that older persons constitute a considerable poor population and are often more vulnerable than other age groups. Furthermore, those entering old age in poverty are likely to remain poor, since there are fewer prospects for them to engage in activities that alleviate poverty. The programme aims at strengthening the capacities of older persons and improving their livelihood. It targets extremely poor households that include a member aged 65 or older who is not a pensioner.

The *People with Severe Disability Cash Transfer* was launched in 2011, and aims at providing support to persons with severe disabilities who are unable to take care of themselves and require constant attention of caregivers for aid. Beneficiaries include those who need permanent care, which includes, but is not limited to, feeding, and hygienic care, and require protection from themselves, others, and the environment. The objective of the programme is to provide immediate relief to persons with severe disabilities from extreme poverty while enhancing their basic rights.

The *Hunger Safety Net Programme* is an unconditional cash transfer programme that aims to reduce poverty in drought-prone areas and semi-arid areas of Northern Kenya, by delivering regular cash transfers to extremely poor households in four constituencies. The programme was designed in 2007 in response to the growing levels of chronic food insecurity found in Kenya, and in particular the arid and, to a lesser extent, semi-arid, lands. This cash transfer programme also makes payments every two months.

The *Urban Food Subsidy Cash Transfer* was conceived in 2008 as a response to extremely high levels of food price inflation. Its objective was to improve the livelihood security of the most vulnerable residents of urban informal settlements in response to cumulative shocks and stress. The programme focused on providing food to vulnerable household as a short-term food security initiative. Although conceived in 2008, it was launched in 2011 and faced out in 2014.

The above mentioned cash transfer programmes form the *National Safety Net Programme* with the objective of improving beneficiaries' welfare and increasing resilience among specific vulnerable groups in order to reduce poverty and vulnerability in Kenya. This vulnerability may be a result of where they live or their circumstances (World Bank, 2013: 3).

2.4 Socio-economic impact of older persons' cash transfer fund

In as much as cash transfer programmes reach the very poor and have a significant effect on economic activities and the development process, various negative perceptions exist about the role they should play in society. Hilou and Soares (2008:17) observe that Sub-Saharan African countries still exhibit a deeply entrenched belief that social cash transfers and conditional cash transfers are handouts that divert resources from investment in health, infrastructure and education. Similarly, Samson (2009:2) observes that policy-makers frequently raise the concern that cash transfers create "dependency". Todd et al. (2010:14) also note that CT programmes tend to focus on avoiding the intergenerational transmission of poverty by investing in the children of the poor rather than improving the productivity of poor adults. This is because the cash provided may help alleviate poverty in the short-run but not provide an exit out of poverty.

Various studies have also been carried out on how the CT affects various aspects of the economy that could impact on poverty. Farrington et al. (2007:10) note that studies analyzing the economic impact of CTs in various parts of the world have come up with different results. The studies found that in some countries cash transfers have had positive socio-economic impact, contributing to poverty reduction, while in other countries cash transfers were found not have an impact on poverty reduction. On their part, Zezza et al. (2010:12) observe that social cash transfer programmes may foster broader economic development impacts through changes in household behaviour and impact on the local economy of the communities. Such economic empowerment may in turn increase beneficiary household's revenue generation capacity and prevent detrimental risk-coping strategies.

Receipt of cash transfers gives chronically deprived households an assurance that they will be able to secure their basic needs throughout the year, regardless of seasonality. Cash transfers also provide small amounts of capital for investment in productive activities, such as agricultural equipment and products, providing recipients with an opportunity to not only protect but also

improve their economic wellbeing. According to FAO (n.d.), economic impacts of cash transfers occur as a result of changes in key aspects of the behaviour of older persons benefiting from the fund. Cash transfers have positive impacts on recipients of emergency relief since they inject cash into beneficiaries' households, and local markets, hence multiple effect in the local economy.

A study conducted in the Malawian social cash transfer found evidence that the cash transfer helped influence economic development by enabling the poor to protect themselves against shocks, increasing their productive capacity and encouraging them to investment, thus reducing the risk of sinking deeper into poverty through the predictability of transfers (Miller, 2009:21). The study further reported that the cash transfer influenced economic development in the country by stimulating demand for local goods and services and supporting enterprises in rural areas. The same study compared non-recipients and beneficiaries at the same economic level after one year and reported that CT households experienced dramatic improvements in food security, with fewer days without food and more food stores (Miller, 2009:22).

The Older Persons' Cash Transfer Programme involves provision of direct financial support to households with the elderly living in poverty so as to improve their living conditions. It aims at relieving them from extreme poverty and enhancing their capacity to participate in development activities (MOGCSD, 2011). Seleane (2008:16) adds that social grants actually stimulate entrepreneurial activity, in that the grants are reinvested into other income-generating activities. This suggests that in many cases the elderly could in fact be connected with the labour market through grant income despite their initial isolation.

Social networks are fundamental for survival and wellbeing especially in times of distress. The livelihoods of the poor are often complex and vary incorporating different activities in several areas which allow impoverished households to utilize opportunities and ease shocks. There is evidence that CTs, because they are paid regularly and in cash, provide bargaining power to the poor within their social systems of reciprocity. Beneficiaries are able to take up loans and pay their debts after they receive cash transfers. Cash transfers strengthen the position of the marginalized in social networks without which they would be disempowered (Barrientos et al., 2008:4).

According to Ressler (2008:14) older persons are the most impoverished group with the majority of them being trapped in misery through effects of both low income and poor health. The traditional family support is increasingly unable to cope with this problem. In today's world, extended families are tending to break down and children are unable to take care of their parents, and so a majority of older persons face misery. The emerging demographic profile and socio-economic scenario indicate that matters will worsen significantly in the years to come if measures are not taken. However, since the inception of OPCTP, value has been added to the socio-economic and political lives of the older persons by meeting some of their needs and those of the dependents, community and the nation at large (Bachelet, 2011:20).

Cash transfers have a proven track record internationally and in Kenya, in reducing poverty and inequality. Such programmes have enabled targeted households to spend more on household necessities such as food, fuel, and housing and to invest more in their children's health, nutrition, and education. These effects are stronger in areas and amongst groups which experience poverty more severely (World Bank, 2008). Providing beneficiaries with regular and predictable transfers of cash gives them the flexibility to organize their expenditure, meet their immediate basic consumption needs and provide them with an opportunity to investment in productive activities (Davies and Davey, 2008: 101).

Cash transfers promote beneficiaries' self-esteem, status and economically empower them to be active members of their households and communities, rather than burdens. These beneficiaries are typically vulnerable populations who are dependent, in various ways, on other members of their households for their wellbeing. The elderly mostly rely on their children to meet their needs (HelpAge International, 2007:9).

The cash transfer programme for the elderly also aims at preventing poverty and vulnerability. It promotes the elderly's status and decision-making powers within the household in terms of the allocation of income. Seleokane (2008) acknowledges that CTs to older persons make it possible for them to invest and this reduces the risk of falling into poverty.

In developing countries older people live in multigenerational households, and so their poverty and vulnerability is as much a household issue as an individual one. The impact of cash transfers begins with the beneficiary, and then the household, expands to the wider community and,

eventually, the country. This means that many people can actually be said to be beneficiaries of cash transfers than just those people who receive them. In particular, much evidence exists on the effects of social pensions and goes beyond the elderly beneficiaries (Lund, 2011:7).

Barrientos et al. (2008) note that cash transfers given directly to elderly women have an impact on relations within the household. They help reduce tension and gender conflicts especially in households with orphans and vulnerable children. Women get involved in self-help groups, monthly meetings and community activities thereby increasing their involvement in social networks.

2.5 Shocks and vulnerabilities faced by the elderly

The level of vulnerability is determined mainly by geographic factors, household composition and economic environment. These include lack of proper job entrepreneurship, household size – larger households have larger dependency ration and so tend to be poorer. According to Booysen (2004:55), in most societies vulnerability rises with age for numerous reasons, including decline in job opportunities (especially in formal employment), reduced pay for those in employment, increased vulnerability to health conditions, limited mobility, discrimination in access to credit and financial markets, restrictions in getting basic services like education, and health, and changes in household dependants and status.

In Sub-Saharan Africa a lot of challenges were faced despite the fact that the continent was experiencing strong economic growth during the 21st century for issues of poverty were still evident in many countries (World Bank, 2009:6). Challenges like environmental degradation, low agricultural production, food insecurity, climate change, natural and human made disasters, high unemployment and population growth, HIV/AIDS and other diseases, and other problems need to be resolved. The vulnerability of Africans to the myriad of challenges increased as traditional support systems struggled to protect individuals faced with both social and economic problems like increased migration, urbanization and HIV/AIDS. The declining traditional family support structures minimized the impact of informal safety nets. These issues, along with recent economic crises and downturns, increasingly led governments and donors in Africa to examine whether social protection in general—and cash transfer programmes in particular—can address

some of these challenges (World Bank, 2009:9). Examples of developing countries in Africa with successful social assistance programmes include Lesotho, Ghana, Uganda and Zimbabwe.

2.6 Challenges faced by beneficiaries

Globally the population of those aged above 60 years has increased steadily from 8.5% in 1980 to 12.3% in 2015 and is projected to rapidly rise to 21.5% by 2050. This increase is greatly influenced by a decline in fertility and an increase in socio-economic development. Worldwide, the older persons' numbers will double to 2 billion with the elderly being predominantly female. The increase in the elderly population poses many challenges especially increase in poverty levels, diminishing ability to engage in work, reduced ability to cope independently, changing cultural values and norms, weakening support systems, diminishing health conditions and the HIV/AIDS crisis (UN, 2015:2).

The poor and near-poor households in low and middle income countries undergo a wide range of risks like unemployment, illness and natural disasters which make it difficult for them to improve and sustain their living standards. They rarely are able to insure themselves against shocks and as a result cope by selling their productive assets, begging, taking children out of school and even reducing household nutritional intake (Miller, 2009:34).

Elderly persons face challenges due to their physical deterioration and increased standards of living. The majority rely on caregivers, especially older persons with disabilities and those living on their own, and cash transfer programmes to meet their daily needs. The older persons are prone to age-related diseases which require consistent medical check-ups. These health challenges hamper their level of productivity even if presented with opportunities. The collapse of intergenerational support systems have also slowly left older persons dependent on caregivers while others opt to relocate to rural areas. They require care and love from family members, relatives, friends and the community at large as support system. These weak social networks restrain them from the system of exchange (UN, 2015:4).

2.7 Theoretical framework

2.7.1 Resilience theory

Resilience is the tendency to respond to stress in a flexible manner rather than being rigid; it focuses on supports and opportunities which encourage success rather than failure. Resilience is the act of rebounding or springing back after being stretched out or pressed or recovering strength. This theory is a model that focuses on support which encourages life successes rather than elimination of factors (Deithier et al., 2011:15). The theory looks at how people and systems can rise above and beyond their challenges. The theory calls for a move away from vulnerability and emphasizes on success amidst adversity, and so shows how the OP can cope with shocks and vulnerabilities that can easily affect them.

Resilience theory has moved from being limited in nature to being broader and focusing an individual to seeing the wider household and community considering a range of risk-protective factors including safety nets (Cicchetti, 2010: 147). Thus, resilience is a heterogeneous and multilevel process that involves individual (including emotional self-regulation, self-efficacy and self-determination), household (a close relationships and sibling attachment), community-level risk (community's social assets such as schools, associations and sporting clubs, as well as feeling a sense of community connectedness) and protective factors.

This theory focuses on life's stresses and how to respond to the stressors. The elderly are considered physiologically resilient when they do not succumb to adversity but manage to exhibit the capacity to successfully adapt to stressful events. In the face of adversity, the elderly are able to change meaning, reduce their exposure, reduce negative reactions, maintain positive self-esteem and self-efficacy and create opportunity to reverse the effects of stress. These actions oppose vulnerability thus enabling the elderly to overcome risks they are exposed to (Kaplan et al., 1996: 159)

The objective of the older persons' cash transfer fund is to improve the welfare of beneficiaries and increase their resilience amongst the vulnerable groups in order to reduce higher levels of vulnerability and poverty. This study used resilience theory to point out the stressors older persons are predisposed to and the coping mechanisms. The theory has four prerequisites that are relevant to the study;

- i. Risks: the elderly are predisposed to high risks due to environmental factors, house hold factors and bio-psychosocial conditions.
- ii. Older persons are also exposed to high levels of stressors like deteriorating health conditions and exposure to elderly abuse.
- iii. Stress responses: this portrays how the elderly can respond and cope with these stressors.
- iv. Rebounding or springing back: This indicates the ability of the elderly to return to normal functioning irrespective of their situation.

2.7.3 Relevance of the theory to the study

According to Deithier et al. (2011:15), resiliency theory focuses on support systems that help people deal with their daily challenges and constantly work on improving their livelihoods. Cash transfer programs are designed on the premise that they will form a critical support to vulnerable populations or groups like older persons' and help them improve the quality of their lives. The theory is relevant to this study since the study seeks to understand the impact of the older persons' CT on beneficiaries' lives in Makadara Constituency.

Cash transfer for the elderly is the independent variable. Through issuing of regular and predictable cash, beneficiaries are able to meet their needs directly thereby decreasing vulnerability and poverty levels. The relationship between the independent variable and dependent variables indicates that cash transfer can directly impact beneficiaries lives socially (social networks formed) and economically (savings, access to financial services and investing). The effect of CT can lead to older persons being economically empowered, avoid negative coping mechanisms, have social worthiness, hence productivity and breaking away from the cycle of poverty. The intervening variables indicate how shocks and vulnerabilities can further affect the extent to which CT impacts on older persons' livelihoods. This can be conceptualized as illustrated in Figure 2.1 below

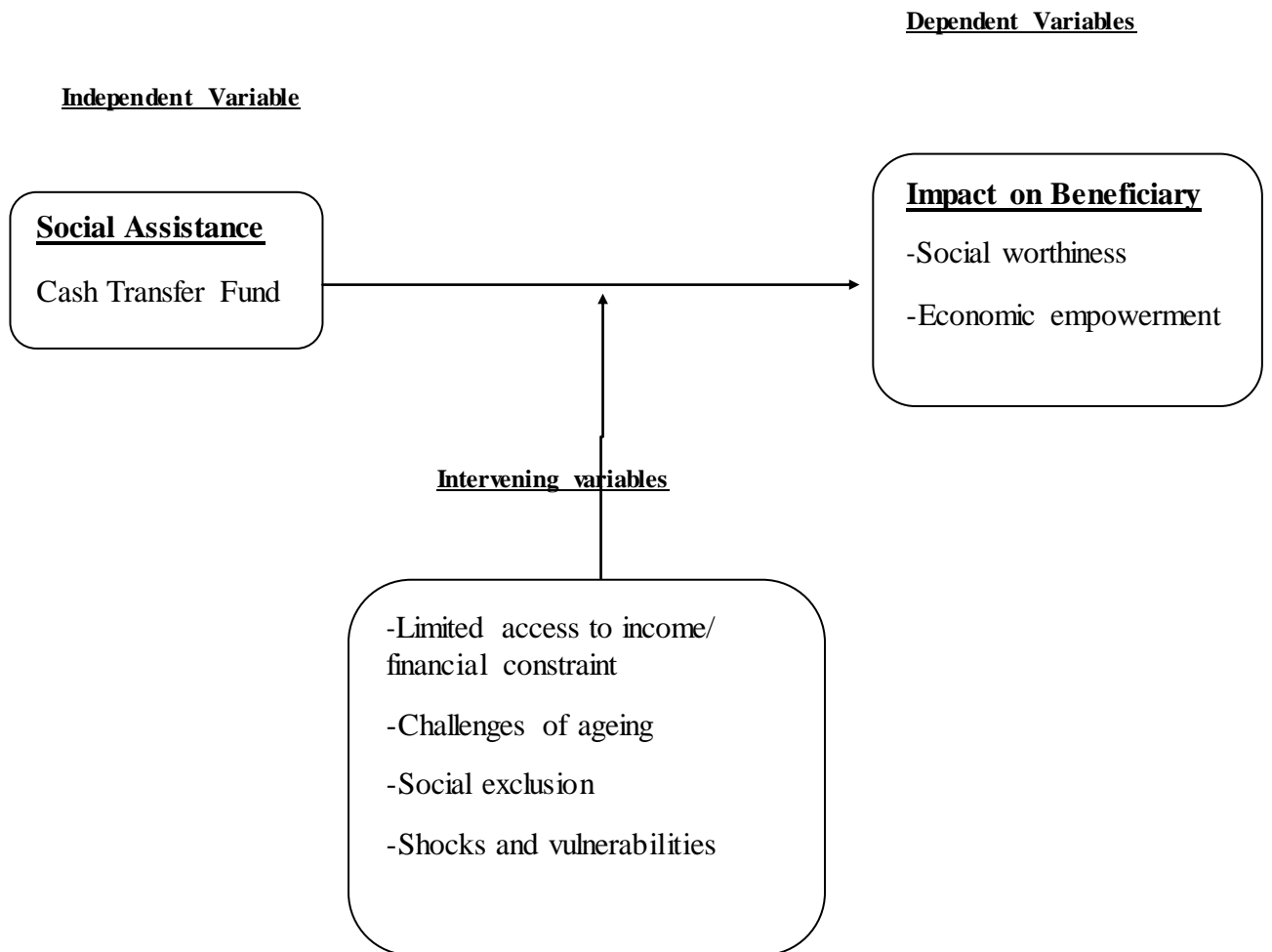


Figure 2.1: Conceptual framework

CHAPTER THREE: METHODOLOGY

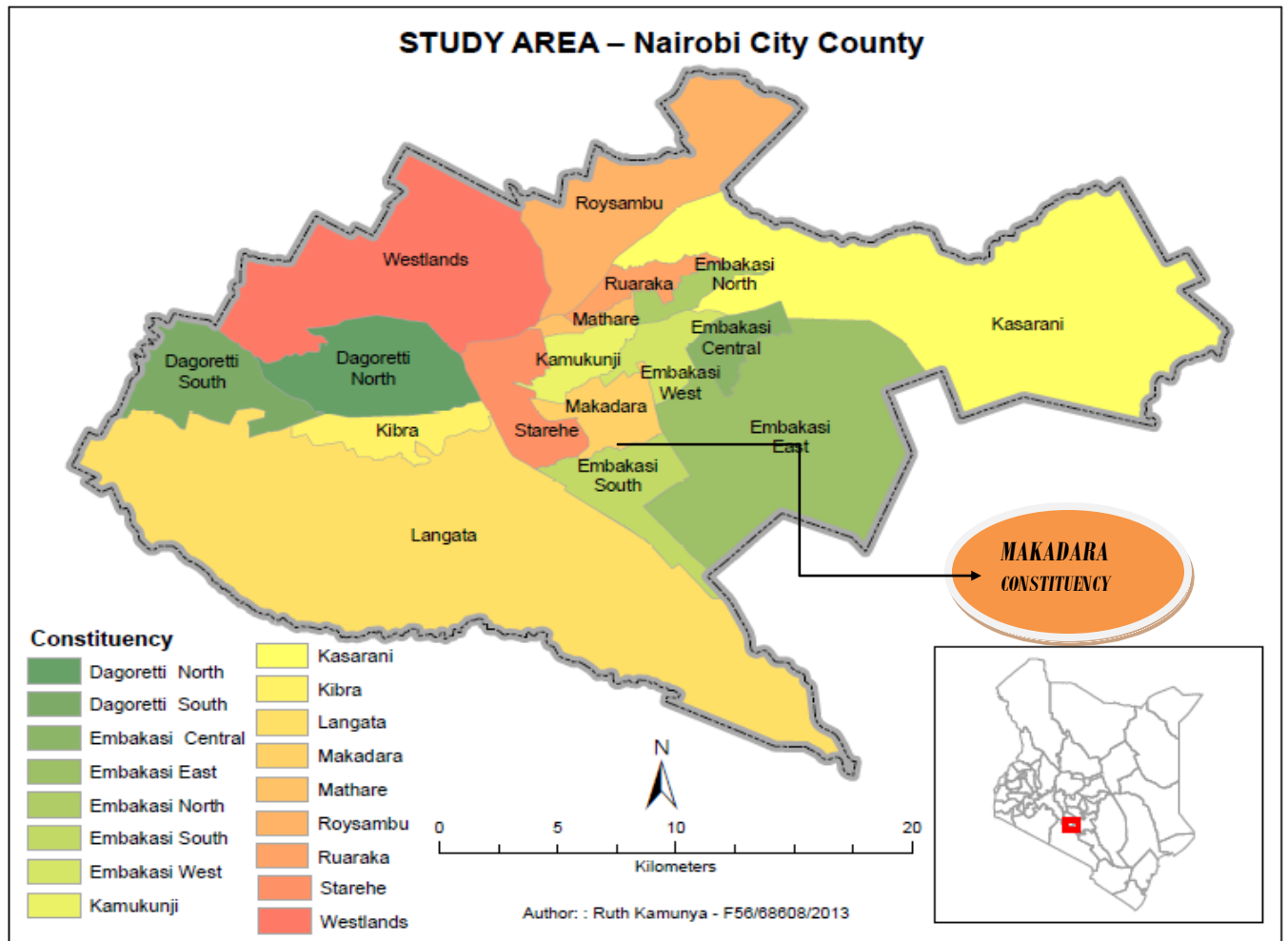
3.1 Introduction

This chapter provides a description of the methodology that was used in the study. It describes the research site, research design, study population and unit of analysis, sample population and sampling procedure, data collection methods, data processing and analysis, and ethical considerations.

3.2 Research site

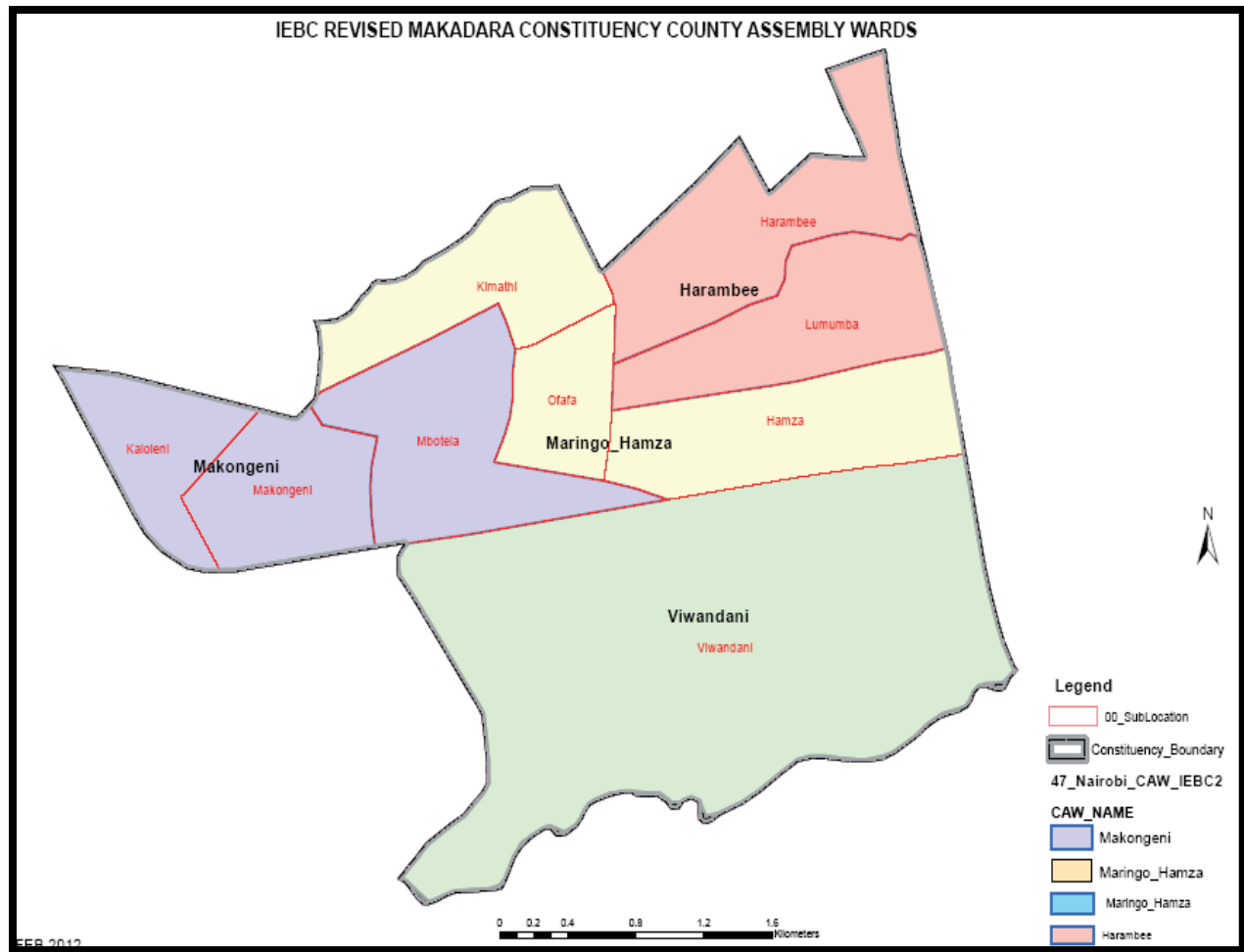
Nairobi City County is one amongst the 47 counties in Kenya. It is the capital city, highly populated with an estimated 3,375,000 persons and area coverage of 694.9 square kilometres. The County is politically divided into 17 constituencies and administratively 9 sub-counties. It is also estimated that 60% of the Nairobi City County population lives in the slums under high levels of inequality with almost half (49%) of the poor being concentrated in 3 constituencies; Makadara constituency being the highest with 108,000 poor individuals living under the poverty line (KNBS, 2016).

The study was conducted in Makadara constituency which is located on the eastern side of Nairobi City County. The constituency has a total population of 218,641 and approximately covers an area of 23.1 square kilometres (Map 3.1). Administratively, the constituency has five locations, namely, Makongeni, Makadara, Bahati, Maringo and Viwandani (Map 3.2). Viwandani and Makongeni locations host informal settlements for the very poor. The area also has many industrial companies that offer employment to residents of the slums, while other residents engage in income-generating activities and small-scale businesses. Minimal livestock keeping and farming activities are undertaken due to lack of land and most housing belongs to the county government (info@makadaraconstituency.co.ke).



Map 3.1: Nairobi City County showing Makadara Constituency

(Source: <https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwiP1a3EtmOAhVDuBoKHaaAB30QjRwIBw&url=http%3A%2F%2Fdocplayer.net%2F14134541-University-of-nairobi-department-of-geospatialspacetechnology>. Retrieved on 15th July, 2016)



Map 3.2: Locations in Makadara constituency

(Source: <https://www.google.com/search?q=makadara+constituency+map&s>. Retrieved on 8th August, 2016)

3.3 Research Design

This study used a descriptive research design. Mugenda and Mugenda (2003:160) state that descriptive research seeks to answer questions concerning the status of the subjects in the study. This type of research attempts to describe things like a person's behaviour, values, attitude, and characteristics. It is also commonly used when looking at social issues that are prevalent in society and to explain reasons for their correlation. Primary data were collected through semi-structured interviews, key informant interviews and focus group discussions. Quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 22.0 and presented using tables and charts while qualitative data were organized into appropriate themes, analyzed and presented in summary to support findings of the quantitative data.

3.4 Study population and unit of analysis

The study focused on beneficiaries, both men and women, who were enrolled in the OPCT programme before financial year 2014/2015 with each individual beneficiary as the unit of analysis.

3.5 Sample population and sampling procedure

According to Kothari (2004:154) sampling is the process of obtaining information regarding a whole population by investigating a part of that entire population. The study used stratified random sampling to select the 50 beneficiaries as the sample population.

The researcher obtained the list of all beneficiaries from the Sub-County Social Development Officer as at FY 2016/2017 as the sampling frame, a total of 814 beneficiaries were on this list. 410 beneficiaries who were enrolled before FY 2014/2015 were selected and grouped in sub-groups according to their location and sex. Systematic random sampling was also used where the first beneficiary was chosen randomly and subsequent 8th household selected until the desired 50 beneficiaries. The sampling interval was arrived at by dividing the total number of households (410) by the desired sample size of 50 beneficiaries forming the representative sample. Therefore, a total of 50 beneficiaries were selected as the sample size.

3.6 Data collection methods

3.6.1 Semi-structured interviews

Semi-structured interviews were conducted using a semi-structured questionnaire (Appendix I). The questionnaires sought to get information from the respondents on the use of CT, how the money has impacted their socio-economic lives and cushioned them against shocks and vulnerabilities.

3.6.2 Key informant interviews

A key informant interview guide (Appendix II) was used to collect data on the operation of the cash transfer programme, impact of the fund and how the cash is utilized by the beneficiaries from persons who are believed to be knowledgeable on implementation of CT. Key informants were purposively selected and included the Constituency Social Assistance Committee (CSAC)

representative, Beneficiary Welfare Committee (BWC) representative, and Sub-County Social Development Officer, Area Chief and Village elder.

3.6.3 Focus group discussions

Focus group discussions are meant to obtain consensus on issues. The researcher purposively selected and formed two focus groups based on gender and area of residence, that is, 2 beneficiaries per location (total 10). A focus group discussion guide was used to conduct the discussions with themes (Appendix IV) derived from the semi-structured interviews.

3.6.4 Observation

Observation method involves the collection of information by way of the researcher's own observation, without interviewing the beneficiaries. According to Westbrook (1994), observation involves noting and recording of events, behaviours and objects in the social setting for the study. An observation check list (Appendix III) was used to document interactions, respondents' household characteristics, their dressing and living conditions while carrying out the semi-structured interviews.

3.5.5 Secondary sources

Secondary data were collected continuously through documentary materials including books, the internet and journals throughout the study.

3.7 Data processing and analysis

All qualitative data from the semi-structured interviews, key informant interviews, focus group discussions and observation were summarized, grouped, coded and analyzed thematically for interpretation. On the other hand, basic demographic information/data was analyzed using the Statistical Package for the Social Sciences (SPSS v22.0) to show the demographic characteristics of the respondents in terms of frequencies and percentages.

3.8 Ethical considerations

The researcher sought for a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) (Appendix VI). Given the sensitive nature of this study in dealing with the vulnerable group of the elderly, the researcher ensured that the respondents

were informed that the study was purely for academic purpose and that anonymity and their confidentiality would be highly maintained. The respondents were requested to sign a consent form (Appendix V) and questions to be covered explained during the interviews. In documenting the responses and opinions, anonymity was done through the use of pseudonyms names. Sensitive information, personal opinions and threatening information was not revealed.

3.7 Problems encountered during data collection and how they were solved

The community was informed of the study but they assumed that new beneficiaries were being registered. However, the researcher, key informants and the Sub- County Social Development officer assisted in clarifying the objectives of the study to the community.

One respondent and a key informant were replaced after they insisted on being paid for the assistance accorded when locating the beneficiaries' households.

During sampling two of the respondents who had been sampled were deceased; therefore, the researcher had to replace them with two new respondents.

CHAPTER FOUR:

IMPACT OF CASH TRANSFER ON BENEFICIARIES' LIVES

4.1 Introduction

This chapter is a presentation of the study findings on the basis of the study objectives. The chapter details results on the impact of CT on the various aspects of beneficiaries lives including socio-economic, cushioning beneficiaries against shocks and vulnerabilities and challenges that they face in connection with CT.

4.2 Demographic profile of the respondents

4.2.1 Respondents' gender and age

Figure 4.1 shows the demographic profile of the beneficiaries who participated in the study with a total of 18 (37.3%) males and 32 (62.8%) females, respectively. The majority 18 (35.3%) of the respondents, were aged 71-75 years, 11 were aged 65-70 years while one beneficiary was over 91 years of age.

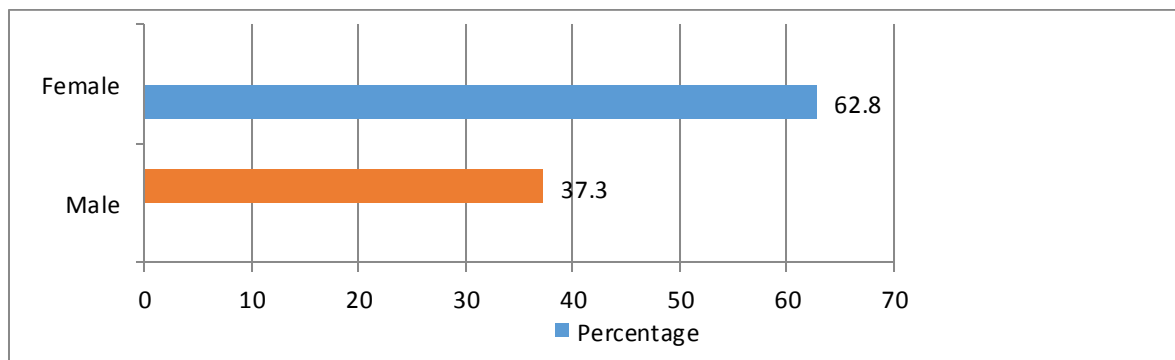


Figure 4.1: Gender of respondents

4.2.2 Respondents' household size

A majority of the beneficiaries live with an extra person within the household irrespective of their marital status, with the highest household hosting more than 7 members. In terms of family size, 38% of the respondents were living alone, 38% had families with two to four members while 18% and 6% had families with five to seven and more than seven members, respectively, as shown in Figure 4.2 below. This translates to 62% of the respondents living with family members.

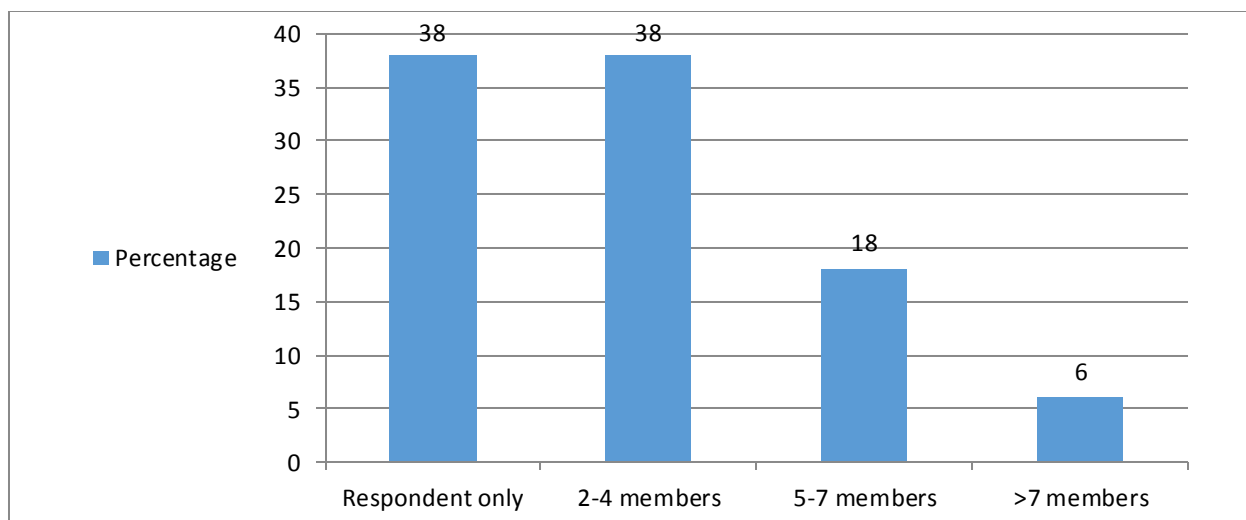


Figure 4.2: Respondents' family size

4.2.3 Respondents' living with children

Figure 4.3 below presents the number of respondents living with family members (boys and/or girls) aged below 18 years. The findings show that 66% of the respondents were not living with any boy child aged below 18years while 68% were not living with any girl child aged below 18years.

On the other hand, 20% of the respondents were living with either one or two children who were boys aged below 18 years while 2% were living with more than three boy children aged below 18 years. Ten per cent and four per cent of the female respondents were living with one and two girl children aged below 18years, respectively, while 8% were living with more than three girl children aged below 18 years. The percentage of respondents living with more than three girl children aged below 18 years is significantly higher than that of respondents living with more than three boy children aged below 18 years (8% and 2%, respectively).

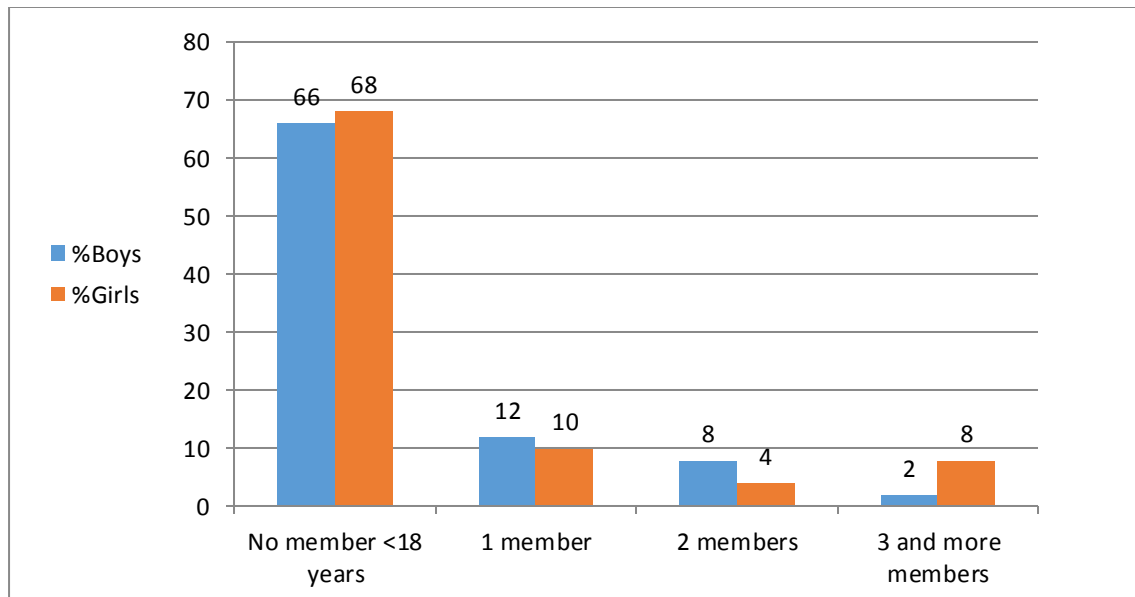


Figure 4.3: Respondents and family members (boys and girls aged below 18 years)

4.2.4 Respondents' marital status

Figure 4.4 shows respondents' marital status with a total of 74% beneficiaries living with no spouses (that is, 56% widowed, 6% separated and 12% single) while 26% were living with their spouses.

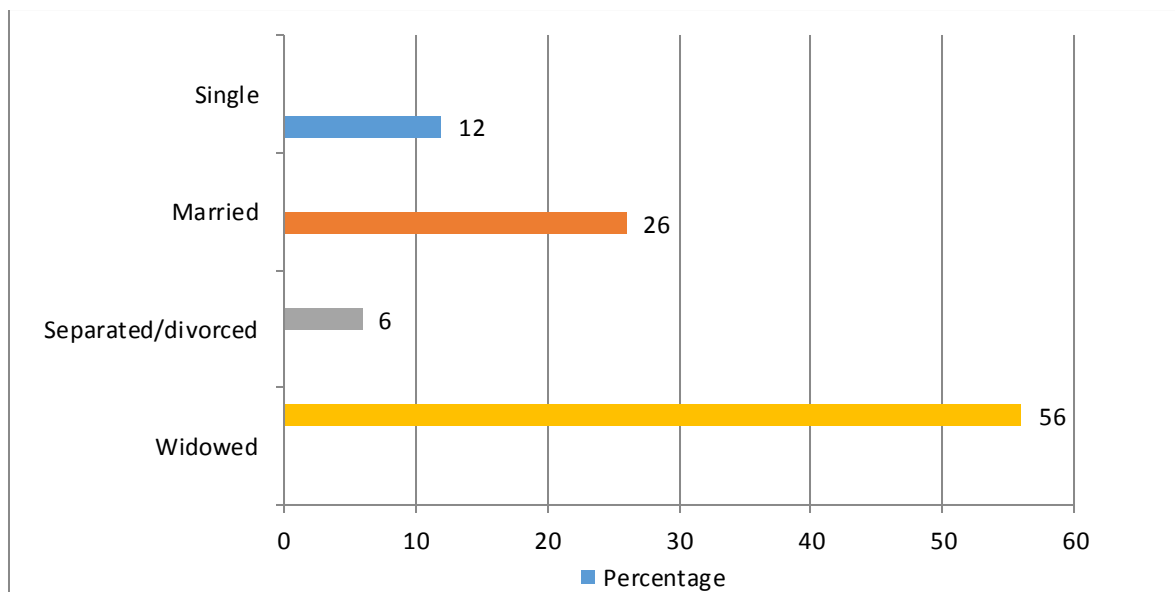


Figure 4.4: Respondents' marital status

4.2.5 Respondents' education qualifications

Table 4.1 indicates that 68% of the respondents had attained education up to primary level only, while 24% had never gone to school. Only 6% of the respondents had attained secondary education level, with 2% having attained tertiary college education.

Table 4.1: Respondents' education level

Level of education	Frequency	Percentages
Never been to school	12	24
Primary	34	68
Secondary	3	6
Tertiary college	1	2
Total	50	100

4.2.6 Respondents' shelter

The researcher also had an observation list which focused on the respondents' dwelling places, like house construction material. Most (55.81%) of the respondents as shown in Figure 4.5 below, live in stone houses, 37.21% live in iron sheet and wood (4.65%) houses while only 2.33% live in mud houses. The higher percentage of beneficiaries living in stone houses is attributed to the majority of them residing in city county houses which are more affordable compared to the other stone rental houses.

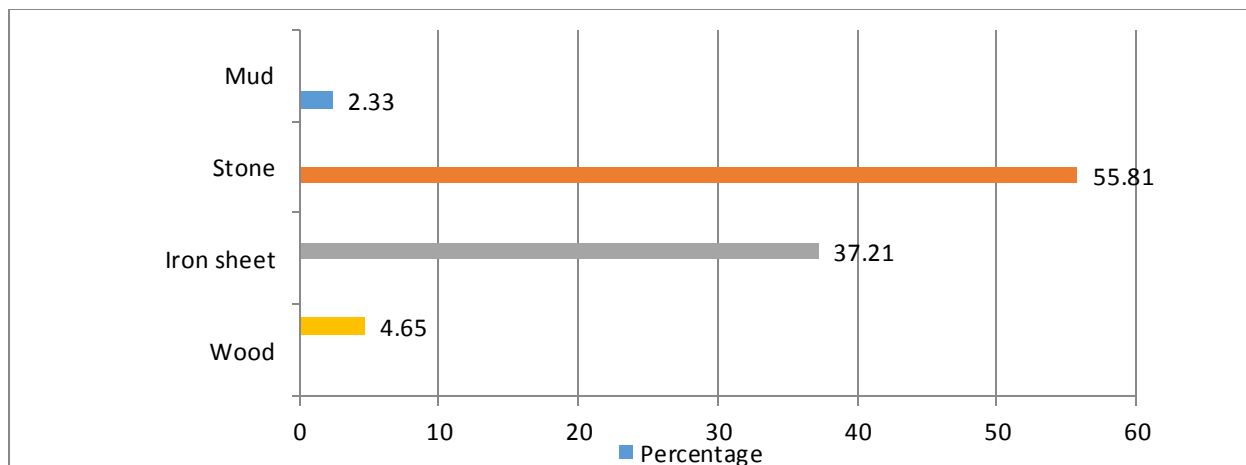


Figure 4.5: Construction material

4.2.7 Respondents' source of cooking fuel

Figure 4.6 shows that the most used source of cooking fuel is charcoal and kerosene at 41.46% each while about 15% of the respondents use gas. The least (2.4%) used source of cooking fuel is electricity.

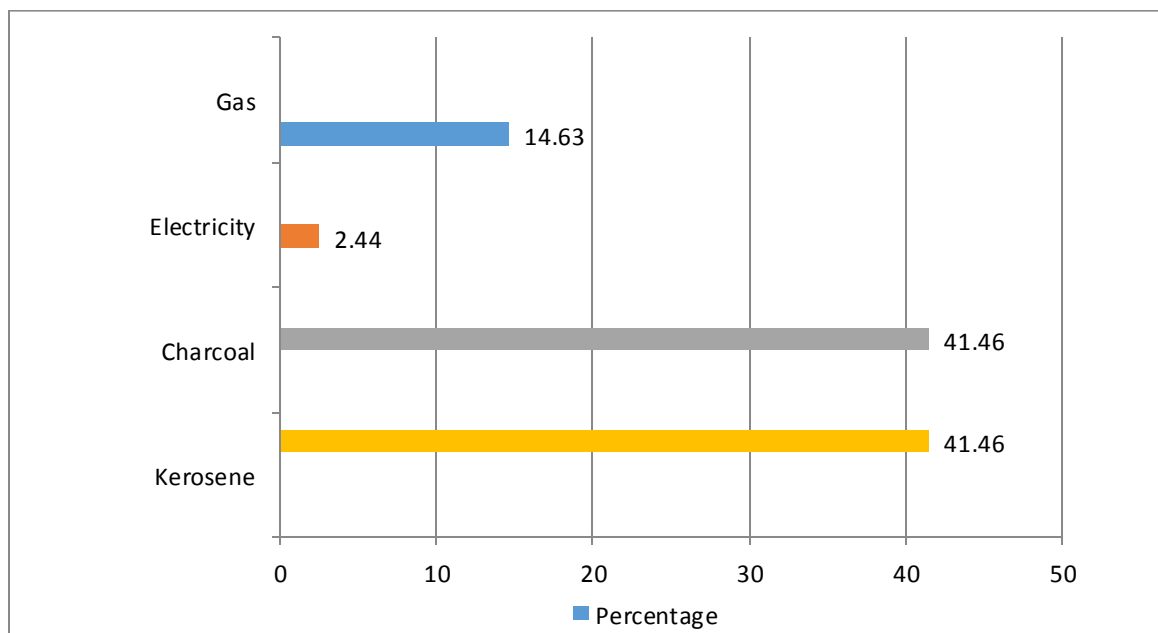


Figure 4.6: Source of cooking fuel

4.2.8 Respondents' source of lighting

Most (63.6%) of the respondents use electricity as their main source of lighting while the remaining use kerosene (31.8%) and candles (4.5%) as shown in Figure 4.7below.

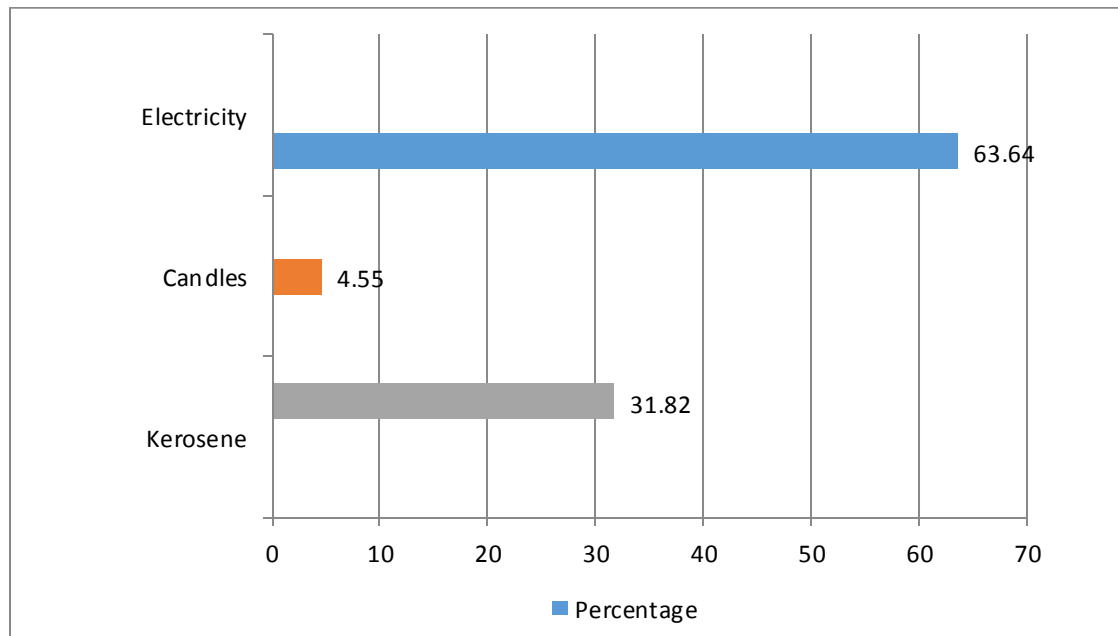


Figure 4.7: Respondents' main source of lighting

4.3 Socio-economic impact of CT on beneficiaries' lives

The study sought to know the economic status of the respondents before, during and after being enrolled in the CT. As demonstrated in Figure 4.8 below, 30% of the respondents had a form of income before being enrolled in CT. The various forms of generating income included casual labour (4%), small scale businesses (22%) and remittances (4%). Among the ones that earned monthly incomes through casual labour, 50% earned between KES 300 and KES 1000 while the other 50% earned between KES 4001 and KES 5000. Among the respondents that earned monthly incomes through small scale business 64%, 27% and 9% earned KES 300 to KES 1000, KES 1001 to KES 2000 and KES 4001 to KES 5000, respectively. In the category that earned monthly incomes through remittances, 50% earned KES 300 to KES 1000 while the other 50% earned between KES 1001 to KES 2000. This suggests that at least 70% of the respondents did not have any monthly income before enrolling in the CT.

The number of respondents receiving income through small scale businesses after enrolling in CT increased from 11 to 16 which translate to a 45.5% increase. Similar sentiments were shared by participants who took part in the focus group discussion (FDG) that cash transfer enabled beneficiaries start income generating activities thereby a clear indication of economic growth within the household.

The findings indicate that 56% of beneficiaries earned between KES 300 and KES 1000 while 25% earned KES 1001 to KES 2000 monthly. Finally, 6.3% and 12.5% beneficiaries earned KES 2001 to KES 3000 and KES 3001 to KES 4000, respectively, as shown in Table 4.3 below.

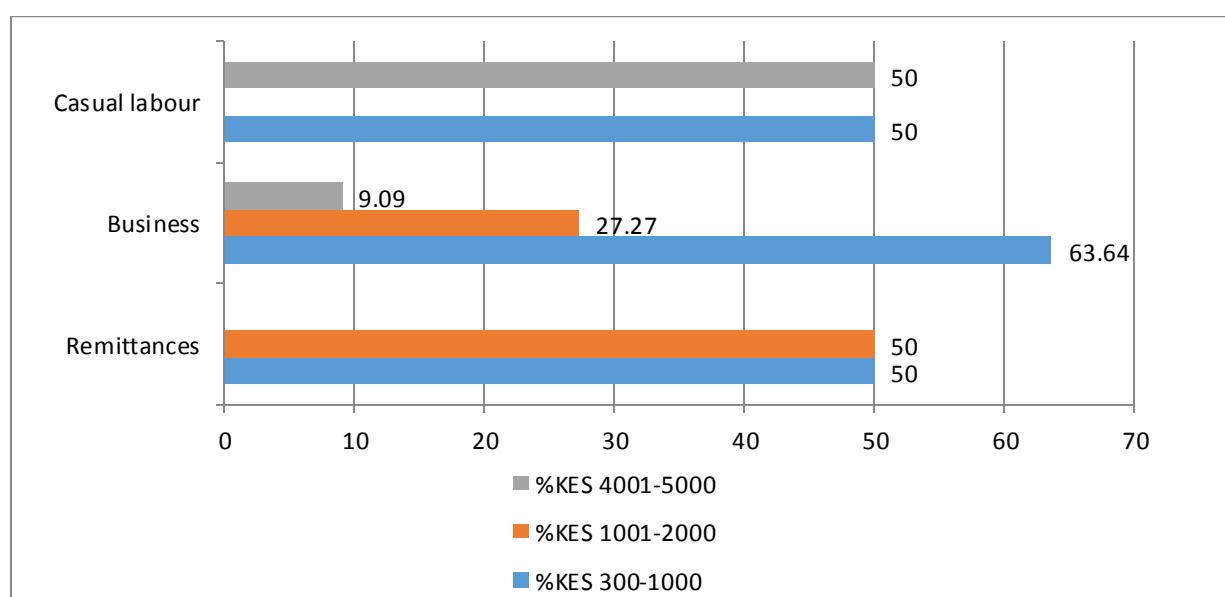


Figure 4.8: Amount and type of monthly income before enrolling in CT

Table 4.3: Monthly income of beneficiaries through small scale businesses

Amount (in KES)	300-1000	1001-2000	2001-3000	3001-4000	Total
Business	56.25%	25%	6.25%	12.50%	100%

The findings indicate that only 40% of the respondents that had other sources of income from business than CT earned between KES1001 and KES 2000 monthly, while all the others (60%)

earned less than KES 1000 in a month. From the findings, it is clear that only 14% of the respondents earned more than KES 1000 monthly through small scale businesses while 18% earned between KES 300 and KES 1000 monthly. This means that at least 68% of the respondents did not earn any income through small scale businesses.

Participants from the two FGDs highlighted the aspect of decision making on utilization of cash received where beneficiaries were more empowered and able to decide on how they would spend money without causing conflict in the household. About 94% of the beneficiaries were the ones who made decisions on how the money received from CT was spent while only 4% had their spouses making decisions on how the cash should be spent. The remaining 2% reported that the decision was made by other people within the household as shown in Figure 4.9 below.

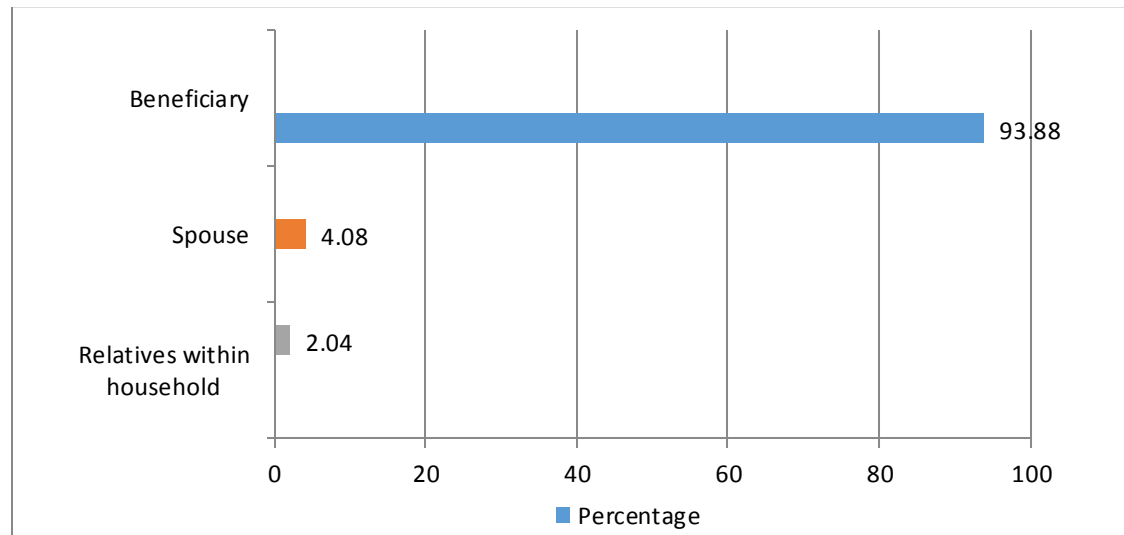


Figure 4.9: Household decision making on how CT is spent

In the context of how household needs were prioritized, respondents categorized them in a scale of 1 to 5, where 1 meant most important, 2- quite important, 3- slightly important, 4- less important and 5- least important. It is evident from the findings that the key informants concurred with a theme from the focus group discussions that a majority of the respondents prioritized spending cash received on food more than all the other basic needs.

Of the 43 respondents who spent the cash on food 23 (60%) ranked this as most important while 10 (23%), 5 (12%) and 2 (5%) ranked it as quite important, slightly important and less important, respectively. Health needs were second in priority after food where 23 respondents reported

spending the cash received. Slightly over a half (52.2%) of the respondents who spent CT on health prioritized it as quite important while 26.1%, 17.4% and 4.4% prioritized it as slightly important, most important and less important, respectively, as shown in Table 4.4 below. Two respondents spent the cash on education needs for their households where 1 ranked spending on education as quite important while the other one ranked it as less important. Five respondents reported to have invested the cash in their small-scale businesses with 40% ranking this as slightly important.

Table 4.4: Type of household need and level of priority in spending CT

	1-Most important	2-Quite important	3-Slightly important	4-Less important	Total
Education	0.0% 0	50% 1	0.0% 0	50% 1	2
Food	60.47% 26	23.26% 10	11.63% 5	4.65% 2	43
health	17.39% 4	52.17% 12	26.09% 6	4.35% 1	23
Payment of debts	33.33% 3	11.11% 1	44.44% 4	11.11% 1	9
Clothing	0.0% 0	88.89% 8	0.0% 0	11.11% 1	9
Livestock purchase	0.00% 0	0.00% 0	100% 1	0.00% 0	1
Business	20.0% 1	20.0% 1	40.0% 2	20.0% 1	5

Findings also showed 87.5% of the respondent reported that the fund had benefitted them economically while only 12.5% reported that they had not benefited economically. This corresponds with feedback from all the five key informants who listed some of the socio-economic benefits received by the beneficiaries: Improved health status, improved hygiene and cleanliness status, increased basic monthly income, improved self-esteem and improved ability to meet their daily basic needs including payment of rent. The key informants confirmed that the beneficiaries were more hopeful since they had a guarantee that the cash would regularly come which gave them the security and confidence to access basic goods and needs even on credit. Similar sentiments were shared by some of the participants who took part in the FDGs.

A theme emerged from the focus group discussion indicating that cash transfers were not only effective in meeting beneficiaries' basic needs but also built on their social networks. There was a slight increase from 40% to 42% in the rate of beneficiaries being invited to social functions after being enrolled in CT. 19 respondents reported to have been invited to social functions in the community before enrolling in CT while 20 beneficiaries reported that they were invited after being enrolled.

On the community's perception concerning their beneficiary status, 58.3% of the respondents said they were not aware while 16.7% and 18.8% said the community perceived them as privileged and deserving, respectively. In regard to the relationship between beneficiaries and non-beneficiaries, 17% of the respondents reported that their relationships with non-beneficiaries had worsened after enrolling in CT while 10% said it had improved. This argument agrees with one of the themes that emerged from the focus group discussion that CT minimized beneficiaries' exposure to the society and stigmatization. On the other hand, 72.34% did not observe any change in their relationships with non-beneficiaries as shown in Table 4.5.

Findings from Key informant interviews concurred with a theme from the two FDGs that revealed that some of the beneficiaries were able to use the cash in setting up income generating activities together with their caregivers. They reported that CT had improved how the beneficiaries' felt about themselves and that they were now more confident.

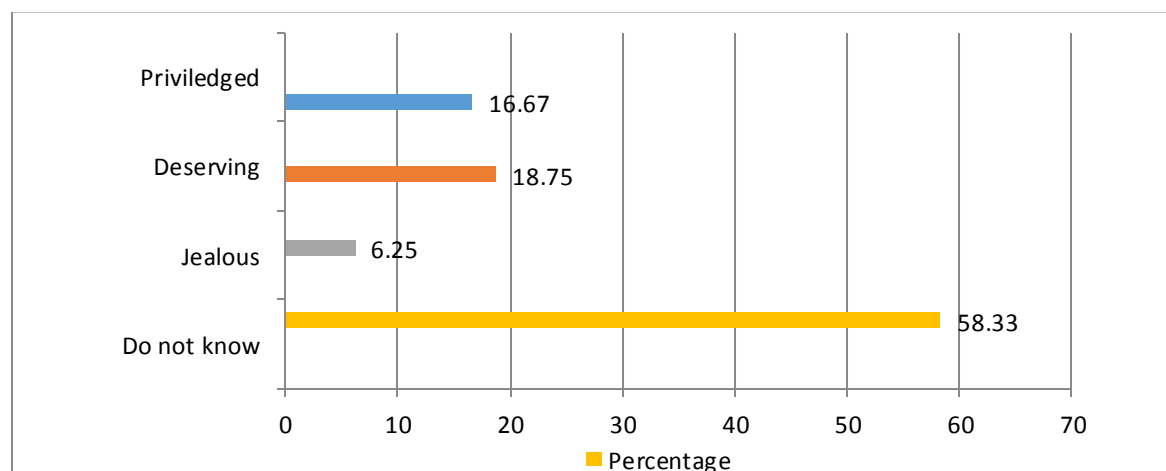


Figure 4.10: Community perceptions on beneficiaries

Table 4.5: Relationships between beneficiaries and non-beneficiaries

Relationship	Responses
Improved	10.64%
No change	72.34%
Worsened	17.02%
Total	

The respondents were asked about any kind of assistance they received from community members including relatives. Findings indicate that about 40% of the respondents reported to have received assistance from community members and relatives while about 60% had not. On the other hand, about 53.2% reported to be able to take goods on credit from various community outlets while 46.8% did not.

4.4 Impact of CT on cushioning beneficiaries against shocks and vulnerabilities

The findings indicate that almost 40% of the beneficiaries reported to have been receiving assistance of any kind from the community members before enrolling into CT. This means that the remaining more than 60% who were not receiving any form of assistance from community members had higher vulnerable levels in terms of responding to unforeseen situations like sudden sickness, lack of cash to meet daily expenses and bills including food and rent. Both the respondents and key informants confirmed that the allocated monthly cash received was not adequate to meet beneficiaries' basic needs. It was however, evident that receiving the monthly CT cushioned beneficiaries against unforeseen circumstances and vulnerabilities.

While responding to this question, three out of the five key informants actually shared beneficiary experiences on occasions where some of the beneficiaries used the CT funds to buy necessary medication that they needed urgently and had no other source of income at that time. These are among the 60% who would not have any community member to provide financial assistance for the purpose of accessing medication. Twenty-four per cent of the 50 respondents, when asked how CT helped them cope with economically difficult times, reported that it helped them buy medication. Purchase of food (8%) and payment of rent (12%) were the other two main ways CT was used during the respondents' hard economic times.

4.5 Challenges of CT faced by beneficiaries

Approximately 88% of the respondents reported that the fund was not adequate to satisfy their basic needs and therefore exposed them to budget shortfalls for their basic needs throughout the month as shown in Figure 4.11 below.

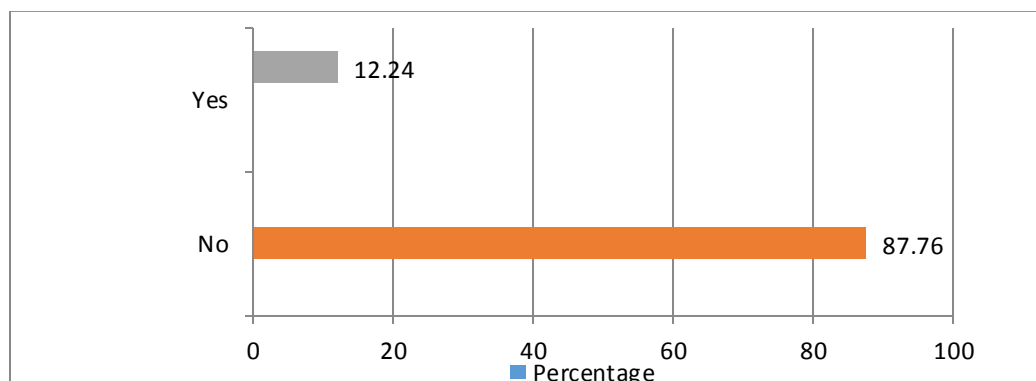


Figure 4.11: Respondents' responses on adequacy of the fund to meet their basic needs

It's important to note that some of the FDGs participants argued that though they were grateful for the cash received, they complained that it was not adequate to meet most of their basic needs due to some of their household sizes. They suggested increase in the amount issued to CT beneficiaries be increased to tally with their household sizes. Key informants also noted that the cash given was not enough for a meaningful contribution to livelihood and consumption.

Over 17% of beneficiaries in the study reported that their relations with non-beneficiaries within the community worsened after enrolling in CT while approximately 10% reported improved relations with non-beneficiaries. This could be due to perceptions by other community members that the beneficiaries were privileged as reported by the key informants.

Other challenges faced as reported by the respondents included delays in processing the funds, difficulty in accessing the fund from the bank due to poor fingerprint for verification or slow services, and caregivers demanding to be paid part of the cash received or withholding part of the cash. Out of the 23 respondents who reported the challenges mentioned above, 65% experienced fingerprints challenges while receiving the cash at the bank. In addition, 9% reported lateness challenges while another 9% and 13% reported caregivers either demanding to be paid or withholding part of the money and slow services at the bank respectively. Only one respondent

reported having challenges using the NHIF card when in need of medical services at the health facilities.

Key informants reported that beneficiaries lacked training on how to budget and utilize the funds properly as a major challenge they were facing. FGDs concluded that for proper utilization of cash transfer there was a great need for capacity building and empowerment of beneficiaries.

The interviews with the key informants listed the following suggestions to counter the CT challenges beneficiaries were facing: Government to provide market for the products they make as IGAs; increase the cash allocation to better cater for beneficiaries' basic needs; train beneficiaries on how to budget and utilize the funds; monitor fund usage to reduce incidences of exploitation by caregivers and other relatives while learning what aspects of the fund are working well and which aspects need improvement or new strategies; and facilitate beneficiaries to form small groups so as to empower themselves in those groups and act as social support group.

When respondents were asked for suggestions to improve the fund and address existing challenges, they listed the following: increase amount allocated, the government should work with village elders and local leaders who had no vested interest in beneficiary selection; and a faster cash payment mode.

CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the study findings as presented in chapter four. The chapter also provides a conclusions and recommendations on policy and further research.

5.2 Discussion

5.2.1 Socio-economic impact of CT

The study sought to examine the impact of the older persons' cash transfer on the beneficiaries in Makadara constituency, Nairobi City County. The study findings concur with those of Zezza et al. (2010) who found that cash transfer programme impact positively on beneficiaries' socio-economic lives through changes on household behaviour and trends. The research findings indicate most of the respondents did not have any monthly income before enrolling in the older person's CT programme but after enrolment, their ability to meet household and basic needs improved in general. Beneficiaries were also able to prioritize spending on basic needs like food, shelter and medication for the cash received.

In relation to the resilience theory, it has been argued that cash transfer programs support vulnerable populations in improving their quality of lives and reduce their exposure to life stressors (Deithier et al., 2011:15). This demonstrates the critical role CT program is playing in the socio-economic aspects of beneficiaries lives without which the older persons' access to basic needs such as food and health services would be unreliable.

Contrary to concerns observed by Samson (2009:1) that CT creates 'dependency' the findings show that some beneficiaries invested part of the funds in small scale businesses and earned an income. Todd et al. (2010) assert that CT temporarily alleviates poverty instead of ending it, but the researcher learnt that there was a significant increase of 45.5% in the number of beneficiaries earning an income through small scale business after enrolling in CT. In as much as the income was small at the start, the findings revealed that beneficiaries had the ability to come up with sustainable incomes if provided with essential entrepreneurship skills and support. At the same time, the findings indicate that most of the respondents did not have any form of income from

small scale business which further escalated their level of vulnerability. This also concurs with the resilience theory that emphasizes on ability of individuals recognizing and creating coping mechanisms to stressors. According to Cicchetti, (2005) cash transfers give beneficiaries and household at large ability to decide on usage hence build their resilience.

5.2.2 CT cushions beneficiaries against shocks and vulnerabilities

The second study assumption held that the older person's CT programme cushions beneficiaries against shocks and vulnerabilities in Makadara constituency. The study findings agree with Marito and Moore, (2009:27) who state that CT plays an important role in reducing vulnerabilities. Since most beneficiaries have no other form of income and do not receive any form of assistance from the community members, this implies that respondents almost entirely rely on CT. The situation is made worse during unforeseen economic and social situations including sudden sickness and calamities. Information gathered from the key informant interviews suggests that the fund cushioned beneficiaries against shocks and vulnerabilities such as sudden sickness of family members and increased cost of living. This also concurs with the resilience theory that aims at building beneficiaries resilience to crisis by helping household navigate the effects of shocks.

Lack of a form of income combined with the ageing factor and no access to pension leaves older persons exposed to extreme vulnerable situations (Gondi, 2009:2; Deithier et al., 2011). The respondents confirmed that the CT programme has reduced their risk of exposure to elderly abuse, dependency and financial challenges. Samson, (2009:2) concurs with the resilience theory by stating that cash transfer enables the poor to protect themselves and their assets against shocks thereby defend their long-term income generating potential, build their resilience and reduce future vulnerability.

The study also found that 40% of the respondents live with children due to various reasons including death of their parents thus concurring with Mwenda (2010:14). Older persons are burdened by taking care of children due to various reasons including death of parents which further increases the socio-economic burden they have to bear. The study findings show that a significant proportion of beneficiaries were living with between one to more than three children who were directly their dependants. The OPCT programme was able to cushion them from risk of not providing for these children who are their direct dependants. This therefore assures

beneficiaries of having basic needs like food in their household guaranteeing them secure basic needs throughout the year regardless of the season thus cushioning them from food insecurity.

5.2.3 Challenges faced by beneficiaries

The results confirmed the assumption that beneficiaries of the Older Person's Cash Transfer Programme face various challenges. Both the respondents and key informants reported that the funds disbursed were not adequate to meet all the basic needs of the older persons. There was also a general feeling that the amount needs to be increased so that all basic needs of beneficiaries including food, health, dependants' school fees and shelter are covered. The respondents concurred with the key informants and some of the participants in the focus group discussions that although the fund helped them, it was not adequate. This means that the older persons have to find other means like taking credit in order to meet all their basic needs thus further increasing their level of vulnerability. Miller (2009:4) adds that cash transfers ought to eradicate poverty and contribute in establishment and maintenance of livelihoods however the exact contribution remains a myth since some beneficiaries also receive other forms of assistance either formal or informal.

The suggestion by Onyango-Ouma and Samuels (2012:3) that tougher conditionalities and strict penalties need to be introduced to ensure accountability needs to be carefully examined, since from the study findings, a more supportive approach of both 'soft' conditionalities and capacity building would yield better results. Responses from both the beneficiaries and key informants indicated that some of the caregivers either diverted the cash or exploited the beneficiaries through demanding to be paid part of the money. In the cases where the cash was diverted, the researcher learnt that 62% beneficiaries were living with other family members including children. The implication of this is that the beneficiaries often try to accommodate the overwhelming family needs and fail to meet their own needs. Thus, tougher conditionalities and strict penalties may be punitive and disadvantage the beneficiaries hence further increasing their vulnerabilities.

5.3 Conclusion

Understanding the impact of the OPCT programme is a key step towards protecting the rights and wellbeing of older persons in the society. With the ever increasing need to scale up social protection programmes like OPCT for the poor and needy in developing countries including Kenya, it is paramount to monitor the outcomes of such programmes to ensure evidence based decision making in future. Without proper measures in place, governments and stakeholders including other institutions may end up burning resources and running ineffective and inefficient programs that not only fail to satisfy the needs of the older persons but are prone to misuse.

From the study findings, it is clear that the OPCT programme has achieved tremendous gains into securing the wellbeing of older persons and safeguarded them from effects of poverty and vulnerabilities. The findings clearly point out that more efforts are required to address the sustainability aspects of the programme and policy measures taken to address the challenges experienced by the OPCT beneficiaries. This is specifically critical in Kenya at present, since the country has expanded the programme to benefit not only the needy and vulnerable older persons but every older person aged above seventy years. Without clear evidence on the impact of the fund and how to address gaps and challenges it may become difficult to sustain it in future.

5.4 Recommendation of the study

The findings of this study leads to the following policy recommendation:

A policy framework to enable the OPCT programme not only to provide regular cash remissions but also provide beneficiaries with support on how to utilize the funds is required. The policy framework will provide a platform for capacity building in terms of training towards sustainable livelihoods including involvement in micro-finance and income generating activities.

5.5 Recommendations for further research

1. Further research to examine the overall impact and extent of the older person's CT programme on beneficiaries' lives, households and in the society at large.
2. Further research needs to be conducted on evidence-based effects of soft conditionalities on cash transfers beneficiaries.

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APPENDICES

Appendix I: Semi-Structured Questionnaire

My name is JULIE A. OMOLO, a student at the University of Nairobi the Degree of Master of Arts in Gender and Development Studies. I am conducting research on the impact of Government Older Persons Cash Transfer Fund on beneficiaries. This research aims at establishing the impact of the fund. The purpose of this research is purely academic, and the information provided will be treated with complete confidentiality. Your participation in the study will not affect any benefits/services you are getting from this programme.

Thank you!

Sub-County: _____

Constituency: _____

Location: _____

Sub- Location: _____

Date of Interview: _____

1. Demographic Characteristics

a. Name (optional): _____

b. Gender

☐ Male

☐ Female

c. Age category

☐ 65 -70 years

☐ 71- 75 years

☐ 76 - 80years

☐ 81- 85 years

☐ 86 – 90years

☐ 91years and above

d. Marital status

☐ Single

☐ Married

☐ Separated/Divorced

☐ Widowed

e. What is your highest level of education?

☐ Never been to school

☐ Primary

☐ Secondary

☐ Tertiary college

☐ University

☐ Others (specify): _____

2. Household Characteristics

a. Total number of household members who normally reside in the homestead including the respondent _____

b. How many members are below 18 years _____ Boys: _____ Girls: _____

3. Economic activities involved in

a. What is your **Main** source of income?

Source of Income	(Tick here)	Amount before receiving Cash transfer (KES)	Amount after receiving Cash transfer (KES)
Casual laborer			
Business			
Remittances			
Cash Transfer			
Other (Specify)			

b. Approximately, what is your monthly income other than the Cash Transfer?

- ☐ Below Kshs 1000
 ☐ Between Kshs 1001 and 2000
☐ Between Kshs 2001 and 3000
 ☐ Between Kshs 3001 and above

c. How is the cash transfer payments made to you?

- ☐ Cash
☐ Through Post Office
☐ Bank account
☐ Other Specify: _____

d. Is the amount received in cash transfer adequate for all your basic needs?

- ☐ Yes
 ☐ No

If no, what amount do you suggest should be given per month?

e. Who in the household makes decisions on how the money is spent?

- ☐ Beneficiary
 ☐ Spouse
☐ Everyone in the household
☐ Other (please specify) _____

f. How do you spend the money given from the programme? Please rank with the most important use as number 1.

Use	Ranking
Education	
Food	
Health	
Payment of debts	
Clothing	
Livestock purchase	
Business	
Other (specify)	

g. In your view, has the fund benefited you economically?

☐ Yes

☐ No

i) If yes above, what are the main benefits?

ii) If No, what are the reasons you think so?

5. Social Status and Social Relations

a. In your opinion how has your relationship changed in your household since you were enrolled in the OP-CT programme? Explain.

b. How is your level of involvement in community activities after enrollment in the programme? Explain

☐ High

☐ Medium

☐ Low

☐ Do not know

c. Before you became a beneficiary were there any social functions you were invited to participate in?

☐ Yes

☐ No

d. Are there social functions you are now invited to since you became a beneficiary?

☐ Yes

☐ No

If yes, which ones? _____

e. What is the perception of the community concerning your beneficiary status?

- ☐ Privileged ☐ Deserving ☐ Undeserving ☐ Jealous
☐ Do not know

Please explain your answer.

g. How have relations between beneficiaries and non-beneficiaries within the community been affected?

- ☐ Improved ☐ No change ☐ Worsened

Please explain your answer.

h. Before you became a beneficiary of the Older Persons Cash Transfer, were you receiving any kind of assistance from community members (including relatives)?

- ☐ Yes ☐ No

i. Has the assistance changed your income in any way?

j. Now that you are a beneficiary, do you take goods on credit from others?

- ☐ Yes ☐ No

k. Have you been able to invest from the payments you receive in any way?

6. Coping with shocks and vulnerabilities

a. what vulnerabilities/shocks do you experience in this area?

b. How has the payment helped you cope with hard times?

7. Challenges:

What challenges do you face with regard to the fund that you receive?

8. Recommendation:

What suggestions can you give to improve the Older Persons Cash Transfer programme?

Thank you for your time and cooperation.

Appendix II: Key Informant Interview Guide

Date of interview: _____

Name of key informant (optional): _____

Title: _____

Gender: _____

1. Programme operation:

- a. How does the OPCT programme operate?
- b. What is your role in the programme?
- c. How much is given per beneficiary? How often and how is it distributed?
- d. What are your views on adequacy of the fund?
- e. What challenges do beneficiaries encounter with regard to the fund?

2. Use of cash transfer

- a. Are beneficiaries trained on the use of the cash transfer?
- b. How do beneficiaries use the cash given? What are they expected to spend it on?
- c. Do you monitor the use of the cash? Are there measures taken against beneficiaries who misuse the funds?
- d. Does the programme cushion beneficiaries against shocks and vulnerabilities? In which ways?

3. Benefits of the cash transfer

- a. How has the programme fund helped in changing the older persons' lives?
- b. In your opinion, do you think beneficiaries have become empowered/involved/vocal (socially, economically)? In what ways?
- c. How has the cash given helped beneficiaries?
- d. Any suggestions on how the OP-CT can be improved?

Thank you for your time.

Appendix III: Observation Check List

1. Interaction and relationship with other household members.
2. Dwelling characteristics
 - a) House construction material (Mud/stone/iron sheet/wood)
 - b) Household main source of lighting
(Electricity/gas/candles/Kerosene)
 - c) Household source of cooking fuel (Gas/
Electricity/firewood/charcoal)
 - d) Assets in the house
3. Dressing code of the beneficiary and household members.
4. Beneficiary coping strategies (small business/IGA).
5. Indication of tension between the beneficiary and the community members.

Appendix IV: Focus Group Discussions Guide

1. Social benefits to beneficiaries.
2. Economic benefits to beneficiaries.
3. Changes in the lives of beneficiaries.
4. Solutions to shocks and vulnerabilities.
5. Challenges you face by beneficiaries.

Appendix V: Consent Form

Introduction:

(Self-introduction by researcher)

My name is JULIE A. OMOLO, a student at the University of Nairobi the Degree of Master of Arts in Gender and Development Studies. I am conducting a research on the impact of Government Older Persons Cash Transfer Fund on beneficiaries. This research aims at establishing the impact of the fund. The purpose of this research is purely academic. I am requesting you to participate in the research by responding to questions on the questionnaire/ key informant guide. In case you accept to participate in the study, I will keep confidential all information which you will provide and will not have the information used for any other purpose. You are free not to participate in the study if you do wish. Further, if after starting to participate in the study, along the way you feel you do not want to continue, you will be free to terminate your participation at any stage.

However, by signing this indicates your decision to participate in the study.

Signature.....

Date

Appendix VI: Research Permit