UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

THE EFFECT OF CASH TRANSFER PROGRAMS ON OLDER PEOPLE'S HEALTH SEEKING BEHAVIOR: A CASE STUDY OF KOROGOCHO, NAIROBI COUNTY, KENYA

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DECLARATION

This research project is my original work and has not been presented for an academic award in any other University.

Signature.....Date.....03/12/2021.....

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C50/87019/2016

This project has been submitted for consideration with my approval as the University supervisor.

Signature ..... Date .....6/12/2021..

Professor Charles Nzioka

DEDICATION

This research study is dedicated to my family, who have supported me throughout my academic journey till I realized my long-held academic ambition.

ACKNOWLEDGEMENT

First and foremost, I thank Professor Charles Nzioka and Mr. Korongo for providing me with the necessary advice during the writing and compilation of this paper. Your unwavering support and patience have been incredible throughout this time, and I thank you from the bottom of my heart. Without the help of my friends and classmates through their support I would have failed to complete this project. My sincere gratitude also goes to my family who have been with me although this journey as they have instilled moral principles to finish my academic journey.

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LIST OF ABBREVIATIONS

CT	Cash Transfer
NSNP	National Safety Net Programme
NHIF	National Hospital Insurance Fund
OPTC	Older Persons Cash Transfer Programı
UK	United Kingdom
UNICEF	United Nations Children Fund
WHO	World Health Organization

ABSTRACT

Cash transfers are designed to help participants improve their living conditions and access to economic and social services. CTs help recipients maintain their living standards by providing an economic cushion to those who are impoverished or vulnerable, which includes many elderly people. Cash transfer (CT) programs are now a top priority for many governments. The study had three objectives: to look into the impact of cash transfers on patterns of sick visits to hospitals, to establish how cash transfer program has influenced access to better health, and establish the challenges that older people face in seeking better health care. The research was carried out using a descriptive cross-sectional research design. The research participants were chosen using a combination of purposeful sampling and a basic random sampling technique. The data was evaluated and displayed in tables and charts using descriptive statistics. The findings showed that most respondents rarely seek healthcare services after receiving their cash transfer benefit because of the amounts given. However, it is essential to note that the proportion of funds used for healthcare was so little as compared to other needs such as food and shelter. The funds used for healthcare were also spent on buying medication that was affordable with expensive medication being out of reach for these the respondents. The study concluded that due to the small amount of money given in the cash transfer program it was not possible to seek medication in well-equipped hospital and get adequate treatment. The study recommended that the Government should directly deduct and remit to the NHIF monthly remittances for beneficiaries of the OPTC programs so that they are able to automatically get medical insurance cover when need arises.

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

Older adults in poor countries are economically vulnerable since they are unable to work and earn a living due to their age. Despite their disadvantages, older individuals have been excluded from social safety programs due to their age, as most of these programs exclusively target vulnerable youngsters (Adisa, 2019). Because they do not have the financial means to seek better health care, these elderly persons have been exposed to health inequities (Addo, Renzaho, Mahal, & Smith, 2016).

Cash transfers (CTs) are common techniques for cushioning vulnerable persons in society, particularly elderly people, by providing income that allows them to enhance their livelihood, including obtaining better healthcare services, according to the literature. (Handa, Peterman, Seidenfeld, & Tembo, 2016; Luseno, Singh, Handa, & Suchindran, 2014). Cash transfers are designed to help participants improve their living conditions and access to economic and social services (Orinda, 2014). CTs help recipients maintain their living standards by providing an economic cushion to those who are impoverished or vulnerable, which includes many elderly people (Micahel & Samson, 2009).

Cash transfer (CT) programs are now a top priority for many governments, particularly in low- and middle-income nations, according to Baird, McKenzie, and Ozler (2018). Addo, Renzaho, and Smith (2018) agree, noting that CT initiatives in nations where they are implemented are mostly focused at low-income households or vulnerable demographic groups. The CTs improve

the recipients' livelihoods and help them to satisfy their social and economic needs by providing an income turnaround to their households, as well as improved healthcare services (Addo, Renzaho, and Smith, 2018).

One of the most well-known cash transfer programs in North America is Mexico's Oportunidades. The initiative's purpose is to enhance Mexico's most vulnerable residents' education, health, and nutrition (Tull, 2019). Several African countries have implemented cash transfer schemes to assist the poorest members of society and to address specific developmental challenges. Zambia has a social protection policy in place to fight high levels of poverty through unconditional cash transfers. The programs give cash to a wide range of needy households, allowing them to access public facilities (Davis & Davey, 2008).

1.1.1. Health Seeking Behaviour

Health seeking behavior alludes to the demonstration of choosing whether or not to look for clinical assistance from qualified experts (Lambert and Loiselle, 2007). Distances to and from wellbeing offices, destitution, kinds of wellbeing offices, negative mentalities of wellbeing laborers, advanced age-related obliviousness of infection, living alone, and depending on God for recuperating while unwell have all been connected to wellbeing looking among the older (Adhikari & Rijal, 2010).

According to Baral and Sapkota (2018), the significant costs connected with acquiring health from technically qualified doctors make old age and ill health linked. Some of the key variables linked to delays in seeking medical help among the elderly include the attribution of poor health to low socioeconomic status, aging, and negative attitudes toward healthcare professionals (Adhikari & Rijal, 2010). Educational levels, economic circumstances, income levels, and

cultural views and behaviors all influence how people use healthcare systems (Ogunlesi & Olanrewaju, 2010). The amount of money earned has a substantial association with the chance of seeking medical treatment, especially among the elderly.

1.1.2. Cash Transfer Programs and Health Seeking Behavior

According to Tull (2019), Cash transfers are designed to help participants improve their living conditions and access to economic and social services. CTs help recipients maintain their living standards by providing an economic cushion to those who are impoverished or vulnerable, which includes many elderly people. Cash transfers have a significant impact on the usage of health services. They go on to say that evidence on the effects of cash transfers on health indicators shows that people use more healthcare services.

According to the World Health Organization, a person's ability to seek treatment, as well as their ability to get to the facility where they are supposed to receive treatment, is determined by their ability to have enough money in countries where there is free accessible health services (WHO, 2016). The majority of countries lack the essential infrastructure and readiness to provide therapy to elderly individuals. There is a scarcity of facilities and well-trained healthcare staff to provide good care to the elderly (WHO, 2016).

1.1.3. Older People's Cash Transfer Programs in Kenya

Social protection has risen significantly over the world in recent years, owing to a consistent growth in the number of elderly persons in society (Wan, Daniel, & Paul, 2016). More over one million Kenyans are over the age of 60, with about half a million over the age of 65. (KNBS, 2017). Furthermore, poverty indexes of 46.7 percent indicate that the majority of individuals are

plagued by poverty, making it difficult to achieve their basic necessities. In 2007, the Kenyan government introduced cash transfer programs to help the elderly in the various communities.

1.2. Problem Statement

Older adults are among the most disadvantaged and vulnerable members of society in many underdeveloped countries (Walsh, Scharf, & Keating, 2016). The negative effects of a lack of financial independence on older people, particularly the inability to access better healthcare services due to a lack of cash, must be minimized. Cash transfer programs are a viable option since they provide cash to elderly people, allowing them to live better lives and seek services such as better healthcare (Dhemba & Dhemba, 2015). The effects of various features of cash transfer programs on the elderly have been the subject of previous studies in Kenya.

Oloo (2015) investigated the economic and social implications of cash distribution programs for the elderly. Omollo (2017) investigates the overall impact of cash transfers on Kenyan recipients, but does not look at health seeking behavior as a primary dependent variable. The impact of CTs on health-seeking behavior have received little consideration in these research. Furthermore, the research mainly relies on evidence from other countries, which has limited applicability in Kenya. This leaves a knowledge gap, which the current study sought to fill.

1.3. Purpose of the Study

The purpose of this study was to establish the influence of cash transfer program on older people health seeking in Korogocho, Nairobi County.

1.4. Specific Objectives

The specific objectives of the study will be:

i. To investigate the pattern of visits to hospital facilities when feeling ill by older people on cash transfer program in Korogocho.

ii. To establish the influence of cash transfer program on older people access to better health care

iii. To find out the challenges older people face when seeking health care service when they receive cash transfers.

1.5. Research Questions

i. What are the pattern of visits to hospital facilities when feeling ill by older people on cash transfer program in Korogocho?

ii. What is the influence of cash transfer program on older people access to better health care in Korogocho, Nairobi County?

iii. What are the challenges older people face when seeking health care service when they receive cash transfers?

1.6. Assumptions of the Study

i. The respondents understand the concept of cash transfer program and how it has impacted on their health seeking behavior.

ii. The beneficiaries have been covered against vulnerabilities by the availability of cash transfer program.

1.7. Justification of the Study

There are few studies in Kenya that focus on the health seeking behavior and health requirements of elderly persons who receive cash transfers. Most research focus on other aspects of cash

transfer programs, such as economic and social wellbeing, rather than health seeking behavior of CT recipients. The present study's main focus will be on this.

1.8 Scope and Limitations of the Study

The research was carried out in Nairobi County's Korogocho informal settlements, with a focus on homes receiving cash transfers for the elderly. The study's purpose is to evaluate how cash transfers effect older individuals in Nairobi County's Korogocho informal community's health-seeking behavior. Beneficiaries of the program residing in Korogocho informal settlements contributed the data for this study. During the investigation, the researcher encountered the following restrictions. To begin with, getting in touch with the responders was difficult. It was impossible to tell how truthful the respondents were with their answers. However, the researcher addressed this by checking the research instruments' reliability and viability to ensure that they met the requisite criteria.

1.9. Definition of Terms

Health Seeking Behavior: The frequency with which older people visit health facilities, the procurement of medications and prescription, and follow-ups and health check-ups are all examples of health seeking behavior.

Social Protection Program: refers to a set of policies and programs designed to help people overcome the long-term effects of poverty and exclusion.

Social Protection: refers to policies and programs aimed to safeguard people from life's shocks and stressors.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter examines the study's literature in order to discover research gaps. To explain the ideas being evaluated, theories that support the study and empirical reviews are offered. The section closes with a conceptual framework for the literature evaluation as well as a research gap.

2.2. Literature Review

Through the Older People's Cash Transfer Programs, the government gives direct cash aid to senior people who are poor. Its primary purpose is to make people's lives better. This will also enable people to improve their daily lives and contribute to society's development initiatives. (Republic of Kenya, 2011). As argued by Booysen (2005), the majority of the society's vulnerable people face numerous challenges, an absence of open positions because of a decrease in business openings, a reduction in pay for the people who are working, an absence of energy to work because of chronic weakness conditions, languor in the speed of work, an absence of monetary steadiness, an absence of schooling and great wellbeing offices, and changes in creation and status.

2.2.1. Influence of Cash Transfer Program on Patterns of Visits to Hospital Facilities

In most nations, people's capacity to acquire appropriate health care is dictated by their financial resources, their ability to detect their health needs. According to the WHO, most African countries do not adequately address the needs of older people. This is due to a lack of adequate infrastructure to ensure that the elderly are effectively cared for, as well as a shortage of well-trained employees to provide the specialized care that the elderly demand. Another issue is that

most elderly individuals do not have health insurance that will cover their hospital trips if they become necessary. Money is the most important factor in gaining access to hospitals and other healthcare facilities in order to pay for certain services.

Transportation is a serious issue for persons who require healthcare services, particularly in remote locations, because they also require people to accompany them to the facilities. In countries like Zimbabwe and Mozambique, for example, it was clear that rural and urban inhabitants had very different access to health care. Older persons in rural areas who needed healthcare were compelled to travel vast distances, especially if they need specialist services. Rural communities face transportation issues, particularly at night, and the existing modes of transportation, such as bicycles and motorcycles, are unsafe and unsuitable not only for the elderly but also for the sick.

Lloyd-Sherlock, & Agrawal, (2014) researched pensions and elderly healthcare in South Africa. They discovered that there was a significant disparity in how healthcare and pensions were allocated to the elderly. The elderly's livelihoods were insufficient, resulting in significant levels of poverty. More care and better methods to social protection for older persons, as well as how it was carried out, were recommended in the study.

2.2.2. Influence of Cash Transfer Program on Health Seeking Behaviour

People can improve their position and participate in decision-making processes when they are financially secure. As Seleoane (2013) points out, providing financial aid to the elderly allows them to make investments and therefore enhance their livelihoods, thereby alleviating existing and future poverty. People who are financially secure benefit society as a whole because they contribute to society's development and requirements. As a result, they will be able to participate

in the labor market and contribute to the advancement of society and the country. As a result, the economy and growth of the country improve, and poverty is alleviated through cash transfer programs.

When older people can get financial security through cash transfers, they are less vulnerable (Cox, 2016). Most wealthy countries have programs that provide decent healthcare and cash transfers as a minimum income to their senior citizens. Most countries set benefits higher than the minimum wage when they reach the poverty threshold. The elderly's relationship with their relatives is also influenced by their level of vulnerability, which is why pensions are necessary. The agency has also improved as a result of the cash transfer programs giving older people more authority.

The attribution of ill health to low socioeconomic status, age, and negative views toward healthcare professionals are among the primary determinants connected to delays in seeking healthcare among the elderly, according to Baral and Sapkota (2018). (Adhikari & Rijal, 2010). Educational levels, economic situations, income levels, and cultural beliefs and behaviors all influence how people use healthcare services (Ogunlesi & Olanrewaju, 2010). The amount of money earned has a substantial association with the chance of seeking medical treatment, especially among the elderly (Seleoane, 2013).

Rivera et al. (2019) conducted a study in Mexico on disadvantaged older individuals' preventative healthcare-seeking behavior. The findings show that the SP cash transfer programs had little effect on people aged 50 to 75 using preventative care. Despite increased access to healthcare as a result of cash transfer schemes, the results show that, inequalities in healthcare

access still remain in Mexico. In their study, Addo, Renzaho, and Smith (2018) found that the social determinants of health are underappreciated when developing and implementing CT policy.

Mwanzia (2015) looks on the impact of older people's cash transfer schemes on Nairobi's elderly. The outcomes of the investigation reveal that cash transfer programs for older persons have minimal impact on their livelihoods. This is due to the fact that the funds received are insignificant and are frequently remitted with significant delays. Furthermore, the program does not benefit all deserving older individuals, excluding older folks makes them vulnerable. The fund has aided in improving economic welfare, health care, and nutrition. The survey also discovered that the cash provided was insufficient to meet all of the beneficiaries' basic needs.

2.2.3. Challenges of Seeking Health Services

According to Uprety (2010), older people face significant challenges in accessing financial assistance from social protection institutions. As a result, the OPCTs are responsible for ensuring that the beneficiaries receive their funds on schedule and that they are well-targeted. The most serious issue is the payment procedure. When it comes to reimbursing money, some bank employees make mistakes. The elderly are compelled to line for extended periods of time and pay expensive fees in order to gain access to payment. Through the Social Pensions for Older People in Asia program, the government of Asia has made it easier for the elderly to get their payments without having to queue in banks.

Discrepancies in reimbursement are caused by ineffective oversight and monitoring between government departments and the paying bank. Shirin (2008) pointed out that the payment's

beneficiaries must be properly identified, targeted, and registered by the social pension. All recipients rely on the processes set up by the social pensions to receive their payments. In Bangladesh and India, other approaches such as community-based targeting are used. The majority of other countries rely on the national government's systems. In Thailand, the poor confront a variety of channeling challenges when it comes to receiving their income. The pension officials claim that there is a lot of bias and that the results are unjust.

According to DIFD (2006) countries where health services are neither freely offered or easily available, a person's ability to be treated is decided by their ability to pay for treatment, as well as their ability to get to the institution where they are intended to be treated. The majority of countries around the world lack the necessary infrastructure and preparedness to provide treatment for the elderly. Infrastructure is lacking, and healthcare staff are not fully prepared to give effective care to the elderly.

2.3. Theoretical Framework

2.3.1. Resilience Theory

Norman Garmezy, Emmy Werner, Suniya Luthar, and Ann Masten are among the proponents of the hypothesis. In 1987, Michael Rutter and Michael Ungar collaborated on a project. When older adults who experience difficulties and are vulnerable conquer their healthcare challenges and enhance their social welfare, they will be considered robust. The cash transfer programs are designed to make older people in society more robust, primarily by increasing their financial income, which allows them to seek better healthcare treatments. The major goal of cash transfer programs for elderly people is to make them more resilient among the society's vulnerable

groups. The idea identifies pressures that older individuals face, as well as the coping mechanisms they employ.

The theory contains four basic requirements that must be met in order for the study to be successful: Older people are more inclined to significant degrees of stresses like illness and misuse, stress responses, which are the manners by which more established individuals adjust and adapt to these stressors, and senior people can get back to their ordinary lifestyle in spite of the condition they wind up in. Accordingly, the theory instructs the specialist on how effectively more established individuals can become powerful through the arrangement of money move programs, which will be vital in supporting them in looking for great medical services since they are touchy to illnesses.

2.3.2 Critical Theory of Ageing

The critical theory of aging is focused on social criticism of the repercussions that arise and the changes that must be made to ameliorate societal changes (Lincoln & Guba, 2000). Our culture's models are controlled by the society we live in, allowing us to deal with possibilities that come our way. Society determines when a person is considered old, and the transition is impacted by social processes that society tends to control and eventually accept, with certain consequences. As a result, the general public bears duty for ensuring that the recipients receive their funds on time and that they are specifically targeted for it.

As a result, this theory is important since it assists with seeing how existing arrangements and strategies impact more seasoned individuals. The theory likewise considers cultural difficulties like maturing, older consideration, basic liberties, and worldwide free enterprise's requests. The theory is particularly appropriate to the current review since it endeavors to check out what

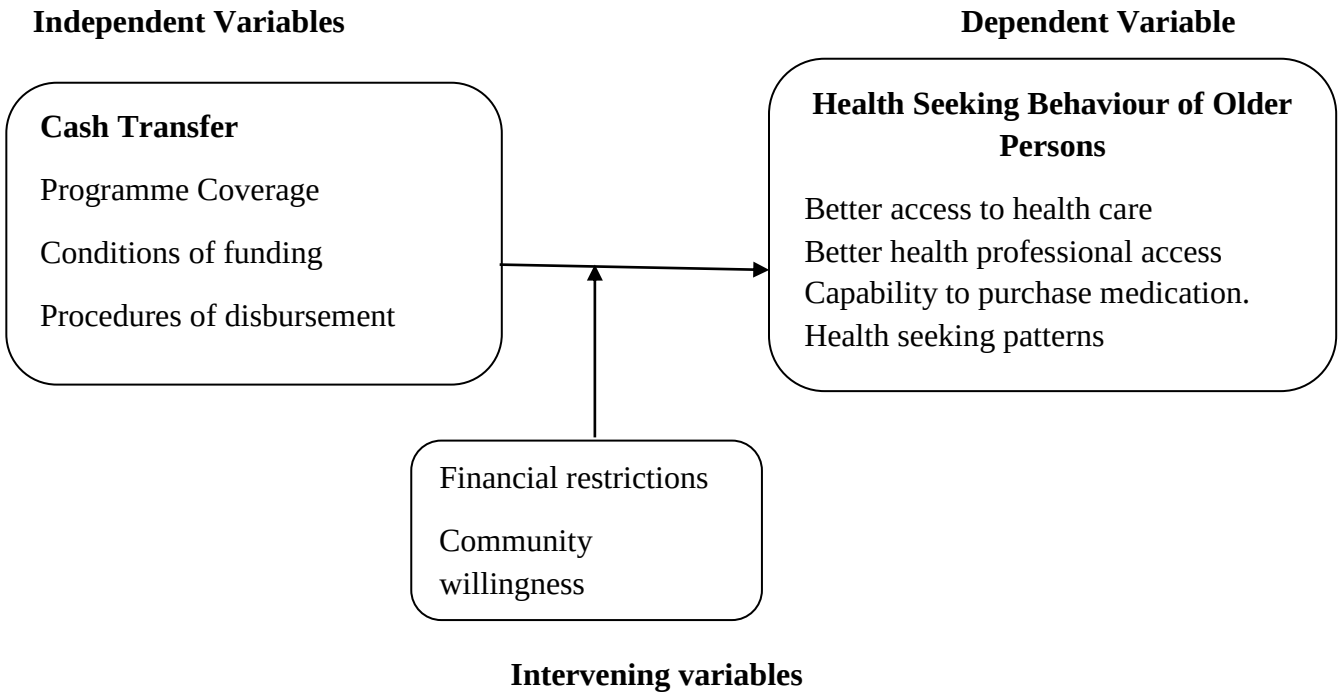
social insurance arrangements mean for more seasoned individuals' wellbeing in Korogocho, Nairobi County, Kenya.

2.4. Research Gap

The literature considers on the connection between monetary exchanges and factors like sustenance, schooling, expert sickness therapy, guiltiness, and food variety. More exploration on different subjects, for example, the wellbeing of more seasoned individuals who get financial exchanges, is vital. The relationship between cash transfer programs for older individuals and their wellbeing has gotten negligible exploration. A review focusing on the wellbeing of more seasoned individuals who get monetary help will fill an information vacuum.

2.5. Conceptual Framework

Figure 2.1. Conceptual Framework



CHAPTER THREE

RESEARCH METHODOLOGY

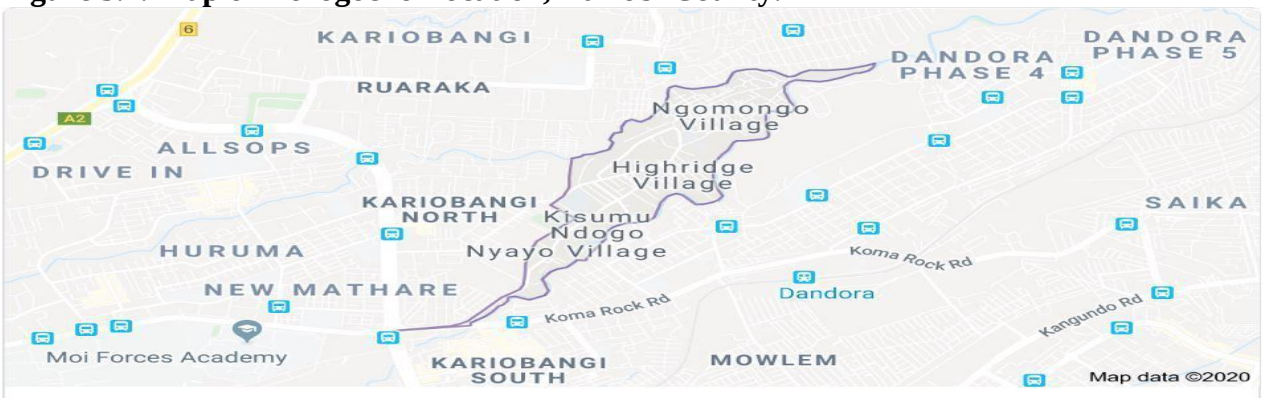
3.1. Introduction

This chapter explains the methods that was used to perform the research. The research design, target demographic, sample methodology, data collection, data analysis, and presentation of the study are all well discussed.

3.2 Research Site

Korogocho is a slum with over 200,000 residents living in a 1.8-square-kilometer area, making it one of the world's largest slums (Cheseto, 2013). Because poverty, violence, and drug abuse are common, as are diseases like HIV/AIDS, the informal community is teeming with activities that make it a challenging place to grow up. Korogocho is situated on government-owned land on the outskirts of Nairobi's city center, dating back to the 1960s. A map of the site's location can be found below.

Figure 3.2. Map of Korogocho Location, Nairobi County.



3.3 Unit of Analysis

The entity being researched as a whole is the unit of analysis. The unit of analysis for the current study were the hospital facilities, the cash transfer programs for the older people as well as the obstacles the older persons face when seeking better health.

3.4 Unit of Observation

The study's unit of observation included older people over 65 years' old who lived in Korogocho, Nairobi County, and supplied information about the cash transfer program.

3.5 Research Design

The research was conducted using a descriptive research approach. The study was descriptive in that it gave information on everything that concerns the distinctiveness of older individuals in all of their traits. The design was appropriate for the current study in that it reported the way things were at that particular time. According to Orodho (2003), a descriptive survey is defined as the distribution or providing of a questionnaire to persons for them to fill in information.

3.6 Target Population

The study's target demographic was elderly persons over the age of 65 who received Old Persons Cash Transfers and lived in the Korogocho informal community in Nairobi County.

3.7 Sampling

The procedure of selecting a fraction of a group from the entire population to decide the sample that will be utilized in data collection is known as sampling design (Cooper & Schindler, 2014). This comprises the frame, procedure, and sample size, all of which are covered further down. After the study location was properly selected, a simple random selection strategy was utilized to discover older persons aged 65 and higher within the research zone. This entailed picking one

senior person (a subject with desired attributes) and supporting that person in locating other elderly people in the region. About 510 older people were visited and identified. Because the researcher did not know the exact location of the recipients and had to be gradually introduced to them, this sampling strategy was ideal. As a result, there were 510 people in the population. Yamane Formula was utilized to calculate the sample size.

$$n = \frac{N}{1 + Ne^2}$$

$$n = \frac{510}{1 + 510X0.09^2}$$

$$n = 100$$

Thus the sample size was 100 respondents.

3.8 Data Collection Methods

A questionnaire and an interview guide were used to obtain primary data. The two data collection methods are detailed in the following subsections:

3.8.1 Questionnaires

Patton (1990) states that a questionnaire is easy to use in terms of cost and convenience. The questionnaires reduce bias which may compel the respondents to answer the questions in a particular manner. The questionnaire contained both open ended and close ended questions. The close ended questions ensured that there was uniformity in answering of the questionnaire items while open ended questions ensured that the researcher obtained adequate data as much as possible. The questionnaire was personally administered by the researcher.

3.8.2 Interview Guide

An interview guide is a type of interview where there is face to face meeting between the interviewer and the interviewee. The parties provide comprehensive information, which is then employed in the research. As the parties supply more information in the research interview, more information is acquired from them (Creswell, 2003). The interview guide examined hospital attendance trends as well as how cash assistance programs for the elderly. The interview also sought information regarding the challenges experienced by the elderly in seeking health assistance. The researcher performed the interviews, which took an average of 15-20 minutes.

3.9 Data Analysis

SPSS was used to do the data analysis. The most important information gathered in the field was input and analyzed. Quantitative data was converted to percentages using SPSS's descriptive statistics tool and represented with tables, frequencies, and percentages. The qualitative data obtained through interview guide was analyzed through content analysis.

3.10 Research Ethics

Prior to collecting data, the researcher got authorization from the University of Nairobi's department of sociology and social work. The researcher made certain that the respondents were properly informed about the research that would be undertaken, as well as the goal of the study. The researcher kept his or her word and only gathered true, fair, and accurate facts. The researcher obtained the subjects' agreement before beginning the study. The permission form was created and included ethical issues such as the study's objective, the risks and benefits involved, and the technique to be used for conducting the study, among other things.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1. Introduction

This chapter presents the study findings. In this chapter the questionnaire return rate and demographic characteristics of the respondents are outlined. The first sections begin with demographic information while the latter parts present findings systematically based on the study objectives. The researcher also supplemented the data from the questionnaires with information from the interview guide.

4.2. Questionnaire Return Rate

This section examines the data from the questionnaires returned from the field. The results of completed and uncompleted questionnaires are provided in the table below:

Table 4.1. Response Rate

Response	**Frequency (n)**	**Percentage (%)**
Filled in questionnaires	80	80
Unreturned questionnaires	20	20
Total Response Rate	**100**	**100**

The researcher interviewed the respondents and filled in the questionnaires and obtained a response rate of 80%. The response rate was adequate for answering the research objectives and was representative. A response rate of more than 50% is sufficient for analysis and reporting; a rate of 60% is good; and a rate of 70% or more is exceptional (Kothari, 2009).

4.3. Demographic Characteristics of the Respondents

The demographic characteristics of the respondents which included gender, age, education, number of the people beneficiaries lives with, and occupation are presented in the subsections below.

4.3.1. Gender of the Respondents

Table 4.2. Gender of the Respondents

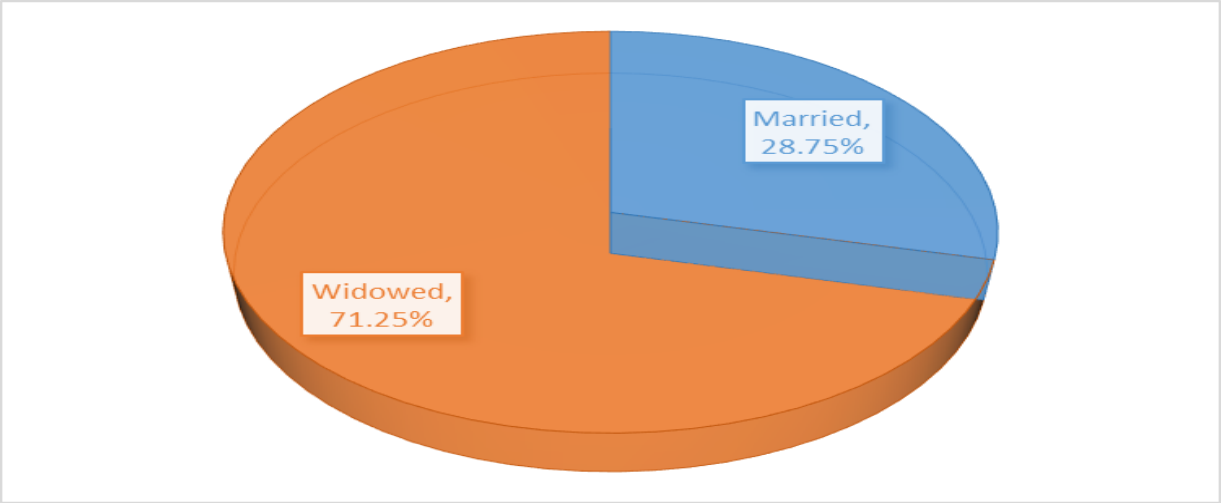
Gender	Frequency	Percentage
Female	52	65%
Male	28	35%
Total	**80**	**100**

From the findings, a majority of the respondents were female at 65%, while 35% of the respondents were male. This implied that more females were benefiting from the cash transfer program as compared to men. A study done by the National Gender and Equality Commission (2014) reported similar findings indicating that most persons who benefited from cash transfer programs were women. Studies have also indicated that most of the older persons tend to be women in a majority of societies (National Gender and Equality Commission, 2014).

4.3.2 Marital Status of Respondents

The findings on analysis of marital status of the respondents have been presented on figure below:

4.2. Marital Status of Respondents

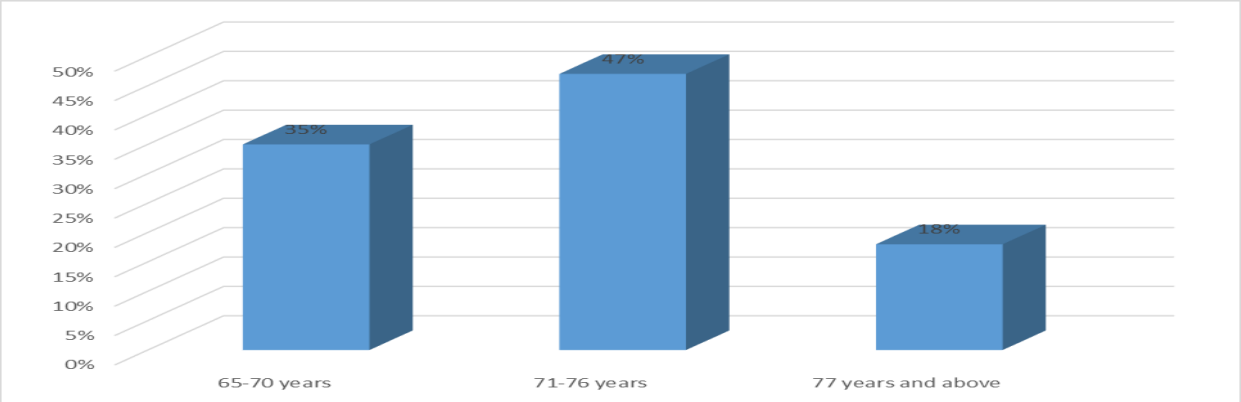


Most of the respondents who participated in the study, a majority of them were widowed at (71.25%) implying that most respondents benefiting from the older people's cash transfer programs as the main source of their livelihoods were widowed.

4.3.3 Age of the Respondents

The findings on analysis of respondent's age have been presented on figure below:

Figure 4.3. Age of the Respondents



From the findings, (47%) of the respondents were aged between 71 and 76 years, while (35%) of these respondents were aged between 65-70 years. A good number consisting of (18%) were aged between 77 years and above. This implies that a majority of the respondents were aged

between 71-76 years. The OPTC program benefits the elderly people in the society and this particular finding supports this. Proof of age is established based on national identification documents that include National Identification cards before older persons are admitted into the OPTC program.

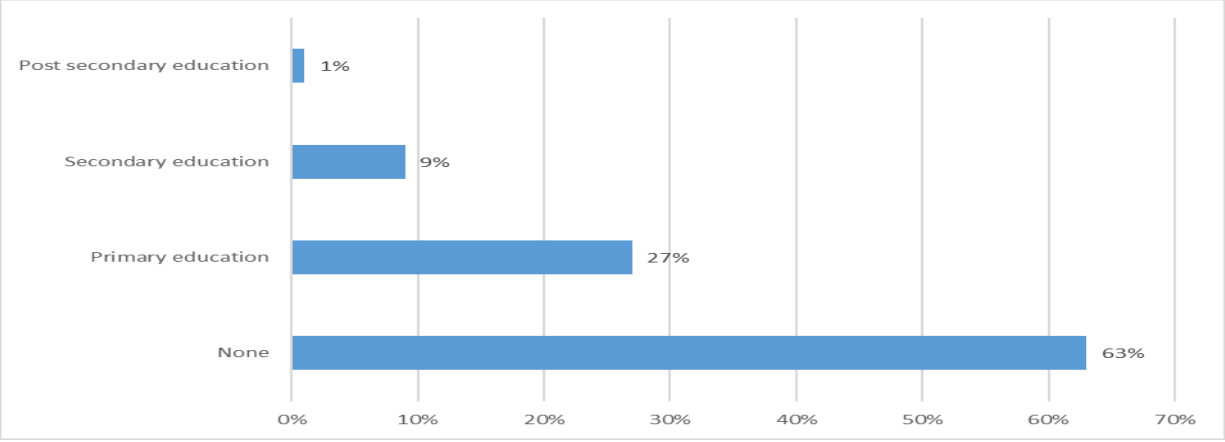
According to the Ministry of Health KII….

> *"one qualifies for older people cash transfer programs from the Government by virtue of age and vulnerability. The ministry also states that…." increasing pressure to address the social determinants of health through implementation of interventions particularly in regions or communities where the health outcomes are generally poor make the older person more liable to benefit from the cash transfer program."*

4.3.4 Level of Education

The researcher asked the respondents to indicate their highest level of education and the results are as indicated in figure below:

Figure 4.4. Level of Education



From the findings above, a majority of the respondents at 63% received no formal education as revealed by the findings. In addition, 27% of these respondents have primary level education,

while 9 % received secondary education. Only about 1% of the respondents had any form of post-secondary education. This depicts that a majority of the respondents had no formal education. Educated societies have been found to be less vulnerable to social issues such as extreme poverty levels. When people go to school, they become more empowered, are able to fend for themselves and are less likely to solely rely on social protection measures for their survival. This finding reveals a need to ensure that universal access to education to eliminate or keep to at minimum the number of people in a society who are uneducated. Consequently, less education will increase vulnerability if the governments and society has not put in place any measures to cushion and protect those elderly people from extreme poverty.

4.3.5 Person Respondent Stays With

The respondents were requested to indicate whom they lived with in their respective households. The findings are summarized in below:

Table 4.3. Person Respondent Stays with

Person	Frequency	Percentage
Children	19	24
Grand Children	28	35
Caretaker	12	15
Relative	13	16
Alone	8	10
Total	**80**	**100**

From the findings, a majority of the of the respondents at (35%) lived with stayed with their grandchildren, (24%) of these elderly people lived with their children, (16%) with a close

relative, (15%) had caretakers while (10%) lived on their own. This depicts that most of the respondents stayed with their grandchildren. This further portrays that the respondent's living situation justified the older people's need for a cash transfer program.

4.3.6 Respondent Current and Former Occupation

This study also sought to know the current occupation activities of the respondents. The findings are as illustrated in table below:

Table 4.4. Respondent Current and Former Occupation

Occupation of Beneficiary	Current (C)	Percentage (%)	Former (f)	Percentage (%)
Self-employed	3	4	32	40
Formal employment	0	0	20	26
Casual work	9	11	19	23
Unemployed	68	85	9	11
Total	**80**	**100**	**80**	**100**

From the findings, a majority of the respondents at 85% have no formal job, while 11% have casual jobs, only 4% of the respondents are self-employed. In addition, 40% of the respondents were formerly self-employed which 26% had formal employment. Up to 23% of the respondents were casual workers while 11% were unemployed. This finding shows that most of the respondents do not have a reliable source of income to sustain their livelihoods therefore, not likely to seek healthcare services for lack of adequate financial freedom. Availability of some

form of income through the cash transfer would improve their likelihood to seek services such as healthcare.

4.4. The Patterns of Visits to Hospital Facilities

4.4.1. Frequency of Seeking Healthcare Services

The respondents were requested to indicate the frequency of seeking health care services after they received their cash transfer.

Table 4.5. Frequency of Seeking Healthcare Services

	Men		**Women**	
Health care seeking	f	%	f	%
Rarely	5	18	8	15
Occasionally	7	25	11	21
I do not	2	7	8	15
Regularly	14	50	25	48
Total	**28**	**100**	**52**	**100**

From the findings, a half of the male respondents at (50%) and a majority of the female respondents at (48%) regularly sought healthcare services after they received their cash transfer benefit. In addition, (15%) of the female respondents rarely sought for healthcare services after receiving their cash transfer benefit while (7%) of the males did not at altogether. This is an indicator that a majority of the respondents prioritized healthcare services once they receive a cash transfer. However, it is essential to note that the proportion of funds used for healthcare was so little as compared to other needs such as food and shelter. The respondents used a portion for

the funds to procure healthcare services especially on buying generic affordable medication since the original drugs was out of reach for these beneficiaries.

The competing needs among the older people such as food, shelter, clothing, and dependents provided a possible explanation for the competing priorities in spending the money among the older people. Sensitizing the older people on the need to seek proper healthcare services especially among those who do not completely seek healthcare services will more likely result in an increase in the number of older persons seeking healthcare services after they receive their cash transfer benefit.

The researcher engaged an officer from the Ministry of Labour in Korogocho managing to capture the findings that indicated:

> *" the role played by the officials in health seeking behavior of the older people receiving the cash transfer program. The study found out that the key informants could not make the older people to seek health care services because the discretion of how the money was spent was solely dependent on the beneficiaries. However, they could persuade the beneficiaries to try and use a portion of the funds they receive to seek healthcare services which will see an increase in the health seeking behavior of older people."*

According to a Sub County official:

> *" the money disbursed was always not enough to meet the full demands of the beneficiaries who are already over-burdened by a number of responsibilities. A majority of the beneficiaries prefer to spend their money on areas that they deem to be more prioritized such as food and shelter and tend to seek health care services when they are feeling unwell or when their illness worsens. Encouraging the older people to seek more healthcare services implies an increase in the amount of allocation for the OPTC program. Such an increase will avail more funds, and coupled with persuasion especially for the program administrators can see an increase in health seeking behavior among beneficiaries."*

4.4.2 Health Seeking Behavior for Beneficiaries of OPTC

The influence of the older people cash transfer program on beneficiaries' health seeking behavior was investigated. According to the respondents the health seeking behavior was greatly influenced by inadequate finances among the elderly.

4.4.3 Patterns of visits to hospitals after receiving OPTC

To investigate the patterns of visits to healthcare facilities, the respondents were asked to indicate how they visit healthcare facilities after receiving the older people's cash transfer program. This was in relation to the previous hospital visits before they were enrolled in the cash transfer program.

Table 4.6. Patterns of Visits to Hospitals after Receiving OPTC

	Agree	Not Sure	Disagree
I can go to health facilities because I receive OPTC	17.5%	28.75%	53.75%
My health care costs are covered by OPTC	15%	40%	45%
I have been able to access health care services as a result of OPTC	70%	17.5%	12.5%

From the table above it is evident that most respondents have reported changes in their patterns of hospital visits after enrolling in the cash transfer program. This is because most respondents claimed that there were delays in the distribution of the funds and the amount was too little to adequately help them go to the health centers, a statistic reported at 53.75%.

Also, according to the findings 45% of the respondents were not in agreement with the statement that OPTC covers their healthcare costs when they make visits to health facilities. This finding supports empirical evidence that the OPTC program do not avail enough resources to encourage

beneficiaries to seek health services. Increasing more allocation to the program will result in an increase in visits to health facilities by the beneficiaries which will promote their health seeking behavior.

On the other hand, 70% of the respondents agreed that the OPTC program has enabled them to access some form of healthcare service provision. According to an Official from the Ministry of Labour in Korogocho:

> *"Upon receipt of the OPTC they were able to raise enough money for their transport to health facilities and pay their consultation fees. However, they informed the researcher that the money was not enough to cover all the medical expenses. They could afford to pay for the consultation, but the cash was not enough to buy them medicine especially for those suffering from cancer, cardiovascular diseases and other old age ailments."*

4.5. Influence of older people's cash transfer programs on Access to quality Healthcare

4.5.1. Influence of OPTC on Access to Quality Healthcare

To examine the influence of the program on access to quality healthcare from the government hospitals or the private medical practitioners operating small dispensaries in the slum, the study examined how frequently the older people used the OPTC to seek services from either health professional from government hospitals or dispensaries.

Table 4.7. Influence of OPTC on Access to Quality Healthcare

Influence of OPTC on access to qualified healthcare professionals	Agree		Not Sure		Disagree	
	F	%	f	%	f	%
I am able to see qualified healthcare professionals when ill	**60**	**75%**	**12**	**15**	**8**	**10%**

The cost of access qualified healthcare professionals is met by the OPTC program	**0**	**0**	**70**	**87.5%**	**10**	**12.5%**
OPTC encourages me to see qualified professionals whenever I am not feeling well	**48**	**60%**	**25**	**31.25**	**7**	**8.75%**

From the results, 87.5% of the respondents were not sure whether the cost of access to qualified healthcare professionals was met by the OPTC program, 75% of the respondents agreed that they were able to see qualified healthcare professionals when ill. In addition, 60% of the respondents agreed that OPTC encourages them to see qualified professionals whenever they are not feeling well. This depicts that the respondents were able to see qualified healthcare professionals when ill.

A sub county official indicated that:

> *" Transportation is a serious issue for persons who require healthcare services, particularly in remote locations, because they also require people to accompany them to the facilities. Older persons in rural areas who needed healthcare were compelled to travel vast distances, especially if they need specialist services. Rural communities face transportation issues, particularly at night, and the existing modes of transportation, such as bicycles and motorcycles, are neither safe nor adequate for sick individuals."*

An official from Ministry of Labour indicated that

> *" When the elderly are able to receive financial security through cash transfers, their vulnerability is minimized. Most affluent countries have a system in place to ensure that their older citizens receive adequate healthcare and monetary transfers at a minimum. The poverty line is the lowest point on the scale, and most countries place their benefits above it. The elderly's relationship with their families is also influenced by their level of vulnerability, which is why pension provision is important. The agency has also improved as a result of the Cash Transfer Programs giving older people more authority."*

4.5.2 Use of Funds from OPTC to Buy Drugs and Medication

The study sought to find out whether the respondents used the money they received to buy medication. Respondents were asked to indicate how much of the money they received was spent on buying medication or drugs. The findings are shown in table below:

Table 4.8. Use of OPTC Funds to Buy Drugs and Medication

Use of OPTC funds to buy drugs	Agree		Not Sure		Disagree	
	F	%	f	%	F	%
The money is enough to buy basic medication when feeling unwell	30	37.5%	34	43%	18	23%
The OPTC funds are enough to seek specialized medication	8	10%	30	38%	42	53%
I will be unable to buy medication if I did not receive OPTC	53	66%	18	23%	9	11%

From the findings, 66% of the respondents agreed that they would be unable to buy medication if they did not receive OPTC, while 53% disagreed that the OPTC funds are enough to seek specialized medication. 43% of the respondents were not sure whether the money was enough to buy basic medication when feeling unwell. This depicts that the respondents agreed that they would be unable to buy medication if they did not receive OPTC.

A Sub County official indicated that:

> *" Adults aged 50 to 75 years have no substantial effect on the usage of preventative services as a result of cash transfer programs. Despite greater access to healthcare as a result of cash transfer programs, inequalities in healthcare access nevertheless exist." She went on to say that. "There is scant understanding of the social determinants of health when it comes to developing and executing CT policy."*

4.5.3. Influence Cash Transfer Programs on Older People's Access to Quality Health Care

Table 4.9. If Funds from OPTC Programs Has Improved the Health Seeking Behavior

If Funds from OPTC Programs has Improved the Health seeking Behavior

	SD	D	N	A	SA	Total
Frequency	12	34	8	18	8	80
Percentage	15	42.5	10	22.5	10	100

From the findings, 42.5% of the respondents disagreed that the OPTC programs had improved access to quality healthcare. 10% of the respondents strongly agreed that the program had improved their health seeking behavior. The respondents explained that due to the small amount of money given in the cash transfer program it was not possible to seek medication in a better hospitals and get adequate treatment.

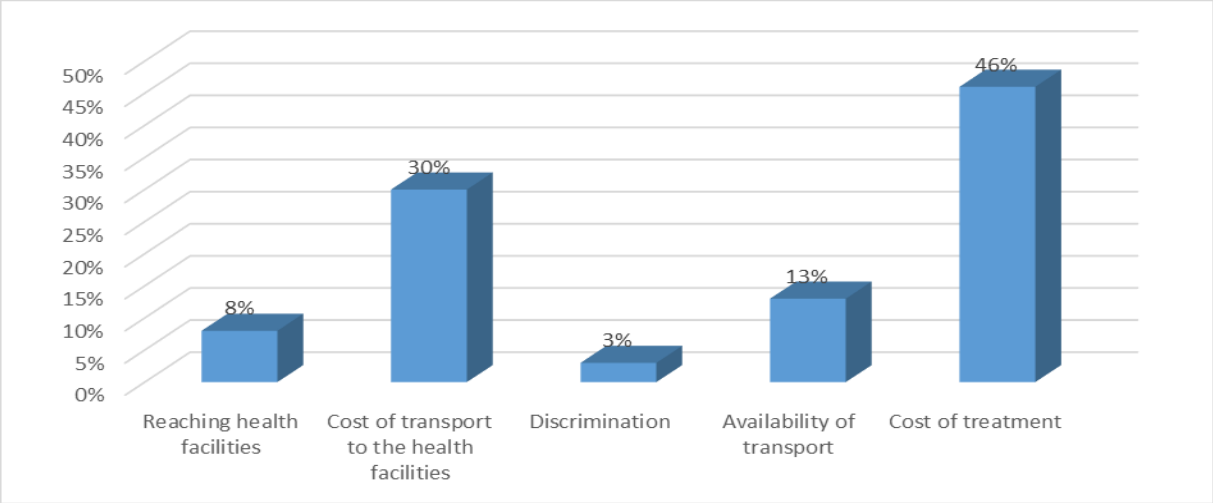
According to a doctor from the Ministry of Health

> *" the health care facilities that focus on older people, are lacking or have poor infrastructure. Healthcare professionals who are adequately trained to provide healthcare to older people are also lacking."*

4.6. The Challenges that Older People Face When Seeking Health Services

The OPTC program faces several challenges that most of the existing studies have made attempts to investigate. This study, however, sought to specifically examine the challenges the respondents face in accessing healthcare services after receiving the OPTC funds. The findings are shown in figure below:

Figure 4.5. Challenges Faced by Older People under the OPTC Program



From the findings, 46% of the respondents indicated that costs of treatment were still high and this remained the biggest challenge to the older people. 30% of the respondents mentioned that they incurred high costs in an attempt to access health centers and incurred even more costs incurred in receiving treatment. This was worse for the older and vulnerable respondents who were faced with limited mobility and lacked sufficient family support. Individuals staying in informal settlements like Korogocho experience high costs of expenses as a result of not investing in medical health insurance. This information is demonstrated in the figure above on how respondents rated challenges they face in accessing healthcare services.

According to an official from the Health Ministry:

> *" the outreach healthcare programs were very limited especially to the older people. Majority of people in need of healthcare had to visit public health facilities like The Kenyatta National Hospital, which was as far as (20 KM) from their residences. Most of the older respondents had mobility difficulties therefore the movement to the health facilities from their residences paused a big challenge in accessing healthcare. In addition, the price related to the transport costs is a huge challenge that prohibits the older people from accessing healthcare." One of the male participants in a focus group discussion said that: ''in some situations, the health center was very far away therefore they were compelled to travel for long distances to receive medical attention. This made the cost of transport increase which is a matter that demoralized some of the respondents from visiting these medical centers''*

A sub county official reported that:

> *" paying for treatment in the health facilities incorporated three components; consultation, medication and diagnostic tests & additional services. He reported that they were not able to pay the cost of hospitalization with the cash obtained from the cash transfer program. They claimed that the amount was too little and most times used to buy food stuff for the family." He also reported that…." the cost of medicine prescribed to them was also not affordable and was not available for free or not available at all. Finally, a section of respondents in the focus group reported that they could not also meet the cost of laboratory tests due to their high costs. In most cases they could schedule the tests or x-rays to a later date when they have the money. It also emerged that due to their old age, most of them suffered from cardiovascular diseases which are expensive, especially buying the routine drugs for diabetes and high blood pressure." In one of the focus group discussions Joan, a female participant said: The money is not enough even to go for a comprehensive diagnosis let alone buy drugs and go back to hospital for check-ups. It seems like we do not have any finances at all for healthcare because the treatment costs at hospitals are very high and it is very expensive to book an appointment with a consultant when I am not feeling well.*

An official from the labour ministry agreed that:

> *" the money was not sufficient in offering adequate health care. A majority of the population, about two thirds, comprehensively disagreed with the notion of sufficiency of funds to seek healthcare services from the OPTC program."*

This finding calls for both an increase in the amount allocated to beneficiaries and sensitization of the beneficiaries to use a portion of the money to seek healthcare services. However, it is essential to note that the NHIF program caters for older people too but they have to make the monthly or annual payments before they are able to benefit from the program. This adds a financial strain to the older people and most of them are not able to keep up with the monthly payments to the NHIF program.

A sub county official reported that:

> *" Frequency of cases discrimination as a result of old age was a challenge in accessing healthcare services in some health centers. Some older people lack knowledge about the service charter and are not aware of their timings to attend their clinics, the heath staff end up ignoring these older people therefore, attended to very late and in some circumstances, not attended to at all. In other scenarios, the respondent reported that the*

medical staff had limited knowledge on their health and lacked necessary equipment, therefore staff members being ill equipped in addressing the older people's health concerns."

4.7 Discussion of Findings

4.7.1. The Patterns of Visits to Hospital Facilities

The findings indicated that a majority of the respondents did not prioritize healthcare services although a significant number of them did. However, it is essential to note that the proportion of funds used for healthcare was so little as compared to other needs such as food and shelter. The funds used for healthcare were also spent on buying medication that was affordable, with expensive medication being out of reach for the beneficiaries. The findings concur with a study by Omolo (2017) who found out that an older People's cash transfer program has improved the welfare of the elderly.

According to the findings, 45% of the respondents were not in agreement with the statement that cash transfer covers the health of the elderly. According to Mwanzia (2015), elderly people's cash transfer schemes have little impact on their livelihoods. This is due to the fact that the funds received are insignificant and frequently arrive late. Furthermore, the program does not benefit all deserving older individuals, leaving the excluded older people vulnerable. This finding supports empirical evidence that the OPTC programs do not avail enough resources to encourage beneficiaries to seek health services. 70% of the respondents agreed that the OPTC programs has enabled them to access some form of healthcare service provision. From the focus group discussions, the respondents reported that upon receipt of the OPTC they were able to raise the transport to health facilities and pay for the consultation fees.

4.7.2. Influence of older person's cash transfer programs on Access to Healthcare

In relation to the second objective, the findings show that 87.5% of the respondents were not sure whether the cost of access to qualified healthcare professionals was met by the OPTC program, 75% of the respondents agreed that they were able to see qualified healthcare professionals when ill. In addition, 60% agreed that OPTC encourages them to see qualified professionals whenever they are not feeling well.

The findings also established that 66% of the respondents agreed that they would be unable to buy medication if they did not receive OPTC, 53% disagreed that the OPTC funds was enough to seek specialized medication, while 43% were not sure whether the money is enough to buy basic medication when feeling unwell. From the findings 42.5% of the respondents disagreed that the OPTC programs had improved access to quality healthcare. 10% of the respondents strongly agreed that the programs had improved their health seeking behavior. The respondents explained that due to the small amount of money given in the cash transfer programs it was not possible to seek medication in a better hospital and meet adequate treatment. Addo, Renzaho, and Smith (2018) also found that the social determinants of health are rarely considered when developing and implementing CT policy.

4.7.3. Challenges that Older People Face When Seeking Health Services

With regards to the third objective (46%) of the respondents indicated that costs of treatment were still high and this remained the biggest challenge to them. 30% of the study participants mentioned that they incurred high costs when traveling to health centers and incurred even more costs in receiving treatment. This was worse for the older and vulnerable respondents who were faced with limited mobility and lacked sufficient family support. A significant proportion of the participants noted that the money was not enough to buy medication whenever they feel unwell.

These findings support Booysen's (2005) who states that the elderly in the society lack support system as they are not employed and they do not have somewhere they can get salary from. Though the cash transfer has enhanced the basic rights of the older people they still have concerns on the amount given because it was not enough to meet their basic needs completely; they further indicated that the government needed to allocate enough resources for the support system of the older people. They also said the government should come up with a better plan to distribute the subsistence resources with stipulated plan on who should get the what.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

Chapter five presents the summary, conclusion and recommendations of the study.

5.2 Summary of findings

5.2.1. The Patterns of Visits to Hospital Facilities

In relation to the first objective research findings indicated that a majority of the respondents did not prioritize healthcare services although a significant number of them did. However, it is essential to note that the proportion of funds used for healthcare was so little as compared to other needs such as food and shelter. The funds used for healthcare were also spent on buying medication that was affordable with expensive medication being out of reach for these the respondents.

According to the findings 45% of the respondents were not in agreement with the statement that OPTC covers their healthcare costs when they make visits to health facilities. This finding supports empirical evidence that the OPTC programs do not avail enough resources to encourage beneficiaries to seek health services. 70% of the respondents agreed that the OPTC programs has enabled them to access some form of healthcare service provision. From the focus group discussions, the respondents reported that upon receipt of the OPTC they were able to raise the transport to health facilities and pay the consultation fees.

5.2.2. Influence of older person's cash transfer programme on Access to Healthcare

According to the second objective 87.5% of the respondents were not sure whether the cost of access to qualified healthcare professionals was met by the OPTC program, 75% of the respondents agreed that they were able to see qualified healthcare professionals when ill. In addition, 60% agreed that OPTC encourages them to see qualified professionals whenever they are not feeling well.

The findings also established that 66% of the respondents agreed that they would be unable to buy medication if they did not receive OPTC, 53% disagreed that the OPTC funds are enough to seek specialized medication, while 43% were not sure whether the money was enough to buy basic medication when feeling unwell. From the findings 42.5% of the respondents disagreed that the OPTC programs had improved access to quality healthcare. 10% of the respondents strongly agreed that the programs had improved their health seeking behavior. The respondents explained that due to the small amount of money given in the cash transfer program it was not possible to seek medication in well-equipped hospital and get adequate treatment.

5.2.3. Challenges that Older People Face When Seeking Health Services

From the findings, 46% of the respondents indicated that the costs of treatment were still high and this remained the biggest challenge to the old persons. 30% of the study participants mentioned that they incurred high costs to reach health centers and more costs incurred in receiving treatment. This was worse for the older and vulnerable respondents who were faced with limited mobility and lacked sufficient family support.

5.3 Conclusions

It was concluded that the beneficiaries of the OPTC had no formal education. Most of the beneficiaries do not have a reliable source of income to sustain their livelihoods and are therefore

not likely to seek healthcare services because of a lack of financial resources. A majority of the beneficiaries did not prioritize healthcare services although a significant number of them did. The competing needs among the older persons, such as food, shelter, clothing and dependents provides a possible explanation of other areas that receive priority in spending the money among the older persons. They do not see healthcare services as a priority, especially when they are not feeling ill.

Older people cannot be forced to seek health care services after receiving their OPTC funds because the discretion of how the money is spent is solely dependent on the beneficiaries. The OPTC programs promoted health seeking behavior but was insufficient to meet healthcare costs for the beneficiaries. The study concluded that paying for treatment in the health facilities incorporated three components: consultation, medication, and Diagnostic tests & additional services. The respondents were not able to pay the cost of hospitalization with the cash obtained from the cash transfer program. They claimed that the amount was too little, and most times used to buy food stuff for the family.

It was also concluded that evidence of discrimination cases because of their old age posed a challenge in accessing healthcare services in some health centers. With the old persons lack of knowledge about the service charter they are not aware of their timings to attend their clinics, therefore, the healthcare staff end up ignoring these older people. As results these older people are attended to very late and some circumstances, not attended to at all. In other scenarios, the respondent reported that the medical staff had limited knowledge on their health and lacked necessary equipment, therefore staff members were generally ill equipped in addressing the old people's health concerns.

5.4 Recommendations

From the study findings the following recommendations were made:

1. The Kenya Government should provide universal health to older people to cushion them against the expensive healthcare costs that they will have to incur when they fall ill.
2. The Government should directly deduct and remit to the NHIF monthly remittances for beneficiaries of the OPTC programs so that they are able to automatically get medical insurance cover when need arises.
3. There is a need to have health facilities specifically dedicated to providing healthcare for elderly persons at affordable cost.

5.5. Recommendation for Further Studies

Further research into the subject is possible in the following way: it would be interesting to compare the findings within lesser levels of analysis, such as the sub-county. The study's population would be substantially larger; a second study is necessary to develop a standard that is suitable for such research projects. This will serve as a benchmark against which similar studies can be reproduced.

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Appendices

Appendix I: Questionnaire

SECTION 1: Demographic Information

1. Kindly Indicate your Sex
   Male
   Female
2. Please tick your age bracket
   65-70
   71-76
   77 and above
3. Please tick your level of education
   (a) None
   (b) Primary
   (c) Secondary
   (d) Others……specify…….
4. Which person do you stay with at home?
   Grandchildren
   Caretaker
   Relative
   Own Children
   Nobody
5. What is your current occupation?
   Self- employed
   Unemployed
   Casual work
   Formal employment

SECTION 2: The effect of cash transfers on the patterns of visits to hospital facilities when feeling ill for older persons living in Korogocho in Nairobi County.

6. How often do you seek healthcare services after receiving cash transfer benefits?
   Often
   Rarely
   I don't

Regularly

Explain

……

……

……

……

……

……

7. Patterns of Health Seeking Behaviour

I am able to go to health facilities because I receive OPTC	Agree	Not sure	Disagree
OPTC covers my healthcare costs when I make visits to health facilities			
OPTC programme has enabled me to access healthcare service provision			

Explain

……

……

SECTION 3: The influence of an older person's cash transfer programme to access to quality health care for recipients living in Korogocho in Nairobi County.

8. Influence of OPTC on access to qualified healthcare professionals

Challenges faced by elderly persons under the OPTC program	Agree	Not sure	Disagree
The funds from the OPTC programme have improved the health seeking behavior			

The OPTC program provides sufficient funds for use among elderly persons			

Explain

……

……

……

SECTION 4: The challenges that older persons face when seeking health services upon receiving cash transfers.

9. The following are the challenges the old me face when seeking health services upon receiving cash transfers? Indicate the level of agreement.

	Challenges faced by old people in accessing healthcare	**Strongly Disagree**	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**
1	Reaching health facilities					
2	Availability of transport					
3	Cost of transport to the health facilities					
4	Cost of treatment					
5	Discrimination					

Explain

……

……

……

Thank you

Appendix II: Interview Guide

1. Who is eligible for the government's cash transfer programs for the elderly?
2. How are the program's elder participants targeted?
3. How much money do the elderly get?
4. Do they get it on a regular basis?
5. Is using the cash transfer program to pay for treatment sufficient?
6. How efficient is the Korogocho Older Persons' Cash Transfer Program in influencing senior people's health-seeking behavior?
7. Do you think the benefits of an older person's cash transfer programme boosts their health seeking behavior?
8. Is reaching/accessing the health facilities easy?
9. Have you ever encountered /experienced any form of discrimination while seeking treatment?

DEPARTMENT OF SOCIOLOGY, SOCIAL WORK & AFRICAN WOMEN STUDIES

Date: December 2, 2021

From: Prof. Charles Nzioka
First Supervisor

To: Dean Faculty of Social Sciences

SUBJECT: CERTIFICATE OF CORRECTION FOR SORA GOLLO DIDA

Sora Gollo Dida successfully defended his Masters project on **April 28th, 2021**. I was mandated by the Board to oversee and certify that all the corrections were done. I am glad to certify that the candidate has done all the corrections as recommended by the Board.

Prof. Charles Nzioka
First Supervisor

UNIVERSITY OF NAIROBI

Declaration of Originality Form

This form must be completed and signed for all works submitted to the University for examination.

Name of Student SORA GOLLO DIDA

Registration Number C50/87019/2016

College COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

Faculty/School/Institute FACULTY OF ARTS

Department SOCIOLOGY

Course Name MASTER OF ARTS IN MEDICAL SOCIOLOGY

Title of the work

THE EFFECT OF CASH TRANSFER PROGRAMS ON OLDER PEOPLE'S HEALTH SEEKING BEHAVIOUR. A CASE STUDY OF KOROGOCHO, NAIROBI COUNTY.

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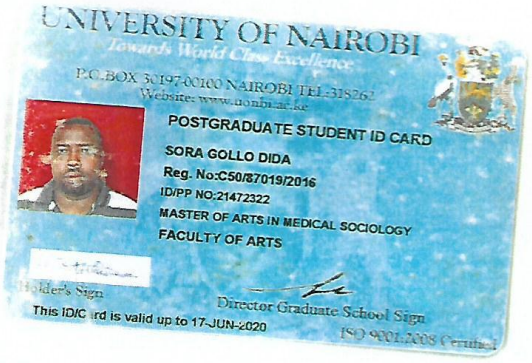
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