SOCIAL PROTECTION FOR OLDER PERSONS: An assessment of the Lavington United Church Cash Transfer Programme in Kawangware, Nairobi

BY

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DECLARATION

DECLARATION BY CANDIDATE

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

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

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DEDICATION

To all older persons in Kenya who have had to take a fresh on the role of parenting. You are the true heroes of our time.

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ABSTRACT

The aim of the study was to assess the effect of social protection provision on the well being of older persons living in Kawangware by the Lavington united Church Cash Transfer Programme.

Old age in Kenya is characterized by low and unreliable incomes as well as dependence on declining social capital and family relationships. Older persons must work to survive and depend on the support of others (family or the community). Older people, with no other earning capacity sometimes are forced to provide casual labour at low rates. This is limited due to periods of ill health or disability; in such times older people depend on the ability of others to support them. Older people are carers and are directly responsible for the health, nutrition and schooling needs of young children. Older people also support children who live in other households. Familial support of older people is weak exacerbated by the HIV and AIDS pandemic. Older people cannot rely on the support of adult children who have other livelihood priorities (work and caring costs of children).

With the provision of social protection to older persons particularly cash transfers, older persons have found been provided some reprieve from the burden of care that they have had to shoulder in the wake of the impact of HIV/AIDS.

The objectives of the study were to examine the characteristics of older persons receiving the cash transfer: investigate the effect of cash transfer on the health and nutritional status of older person, the educational outcomes of the children under their care and on their livelihoods; to find out if the older persons were aware of the objectives and the features of the cash transfer programme and to assess the perceptions of older persons on the cash transfer programme.

From the literature review it was evident that cash transfers to older persons have positive effects not only on them but also those who are dependent on them particularly children of school-going age. This study employed survey to collect data which was both quantitative and qualitative. Data was collected through key informant interviews, case studies and beneficiary questionnaires (older persons enrolled in the programme). The collected data was summarized, organized, presented and interpreted using table and charts. In the study a total of 54 older persons were interviewed.

The findings showed that the programme has contributed to the improved well being of older persons. There have been key improvements in human development indicators such as improved access to health care, school and better nutrition which have important implications for the experience of old age and the future opportunities of children in their households.

The key policy recommendation from the study is that programmes that provide cash transfers to older persons need to be expanded preferably to universal coverage to reach more older persons. It is commendable that the Government of Kenya has started a cash transfer programme though it is heavily targeted and therefore leaves out many older persons who are in need.

LIST OF ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
AU	African Union
CT	Cash transfer
GDP	Gross Domestic Produce
GOK	Government of Kenya
ILO	International Labour Organization
KSH	Kenya Shillings
MDGs	Millennium Development Goals
NGOs	Non-governmental organization
SP	Social Protection
SSA	Sub-Saharan Africa
UN	United Nations

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the study

Demographic structures around the world are transforming. The world's population is ageing. With reduced infant *mortality* rates, people having fewer children, increased coverage of health care provision and increased life expectancy the population of those living into old age (60 years and above) has increased. The population of the world is estimated to be 1.6 billon people, 606 million of them older persons. Of this population two-thirds live in developing countries. By 2050 this will increase to 80%. The number of people aged over 60 in the developing world is predicted to rise from 375 million in 2000 to 1,500 million in 2050 (World Bank 2008). In sub-Saharan Africa, the numbers of people aged over 60 years will more than double. The 2009 Kenya National Housing and Population Census puts the number of older people in Kenya at 1,926.051 this represents 5% of the total population of Kenya (KNBS 2010).

Population ageing poses important challenges, especially ones related to the financial viability of pension systems, the provision of adequate health and long-term care, and the full integration of older people as active agents of societal development. Ageing will also provide new opportunities, associated with the active participation of older generations in the economy and society at large (HelpAge 2008) In countries with a still growing and younger workforce, primarily those in the developing world, there may be a window of opportunity for accelerated economic development.

With increased life expectancy and the growing number of the old, poverty levels among this group of the population has increased. 'All evidence, regardless of the data used, suggest that a large number of older people in developing countries ...... are either poor or at serious risk of poverty.'(Schwarz 2003) As one ages, their capacity to work diminishes. People entering old age in poverty are likely to remain poor; their chances of improving their situation become more limited as they get older.

Various factors lead to old age poverty. First, as individuals age their capacity to engage in work diminishes although some may continue to engage in informal employment. Health challenges become greater leading to greater costs of medical care. Second, the breakdown of traditional safety nets where older persons lived in multigenerational households has become ineffective and unreliable. This has been due to urbanization where younger generations have moved from villages leaving older persons on their own. Third, insufficient savings during working age because of low lifetime earnings and the shortage of safe and reliable saving avenues fails to provide a smoothing over life cycle (Subbarrao 2005).

In Kenya, as is the case in most sub-Saharan Africa, poverty levels among older persons has been further exacerbated by severe HIV/AIDS pandemic which has led to an increase in mortality rates among the age bearing adults. This has thrust older persons into the role of carers and principal breadwinners for children left behind after the parents' deaths.

Ageing further deepens vulnerability and makes it difficult for older people to cope with poverty. Vulnerability is increased in old age as one's ability to cope independently is usually reduced. Throughout most of Kenya, providing support is still primarily a family responsibility. The main source of support has been the household and family, supplemented in many cases by informal mechanisms like kinship networks or other mutual aid societies.

Trends in socio-economic conditions, changing cultural norms and values, changing levels of formal and informal support, ongoing poor health conditions and the AIDS crisis are combining to increase vulnerability and poverty of older people.

Kenya traditionally has a strong family and clan structure. Caring for the elderly has always been taken for granted to be family responsibility with little or no government support. However, social and economic changes currently occurring have put into doubt the continued viability of such traditional arrangements for the elderly. Such changes, like increased emphasis on smaller family units, migration to urban areas, more working wives, new life styles and changing values have eroded the traditional form of caring for the elderly. According to UNDESA, the community support system is on a decline leaving older people facing high levels of poverty, hunger, malnutrition, illiteracy, lack or failure to access social services (Olum 2007).

The decline of the traditional support for older persons has been underpinned by two major shifts; the declining resource capacity of the young to provide support to them and the shift to support to the smaller families.

The vulnerability of older people in Kenya is further aggravated by the fact that they are adversely more vulnerable and susceptible to the effects of economic changes. Those without savings, assets or capacity to generate income are the least able to withstand economic shocks. In Kenya the main pension schemes are income related and cover formal sector employees (ILO 2010). The coverage of most of the schemes is limited. The current pension system covers only 3% of the elderly population leaving many older persons living in poverty with no protection at old age. The incidence of poverty in Kenya among the elderly is much higher than the average incidence of poverty.

Health care has always been of major concern to the elderly. Older person's vulnerability increases due to poor health as they age. Older people are not just more likely to be ill but also likely to be disabled (Ministry of Gender, Children and Social Development 2009). In Kenya older people become increasingly vulnerable to illness and disability as they age. Increasing poor health and disability among older people has economic consequences. In Kenya where older people are involved in informal work and may not have a pension, it has ramifications for their income - and for their families - as they are less able to work.

No single epidemic has had a ravaging effect on sub-Saharan Africa as much as HIV/AIDS has. Older persons like the rest of the population have been hard hit by the disease and have not been spared. Earlier, focus was on older people as those affected with little attention on them as an infected population. There was little information of infection rates among older people. However there is a current shift from this and focus is on the increasing numbers of older persons living with the infection.

It is evident that many families in Kenya have lost able-bodied young people to the disease leaving the care of children to older people. Older persons have bore the brunt of HIV/AIDS as they have cared for their sick children and nursed them till their death and then have been left with grandchildren to take care of making them parents once more. In what is now being referred to as 'skipped generation' as the able-bodied children have passed away due to illness, the burden of care for orphans has been left to grandparents. A survey of UNICEF data by HelpAge (2007) indicates that 40% if children orphaned by AIDS are cared for by older carers with an average of 3 OVC for each caregiver.

The financial cost to older carers is excebarated by the loss of financial support from their adult child when they become sick, particularly in communities where there is a high co-residence rate between older parent and their children. This has impoverished older persons most of whom have form of livelihood support as they depend on their economically active children. HIV has substantially enhanced the financial burden on older persons at a time when they can least afford it.

As earlier stated, HIV/AIDS infection has not spared older persons too. According to the 2007 Kenya AIDS indicator Survey (KAIS 2008), Kenyans aged between 50 – 64 years have an HIV prevalence rate of 5 percent; compared with the national average 0f 7.1 (NASCOP). Previous studies had not measured HIV among people over 49 years. Older persons were not considered as being at risk of the infection and were largely left out of HIV programmes. The KAIS report highlighted the susceptibility of older persons to the disease and hence the need for their inclusion.

Several countries have developed programmes to address old age poverty; most of these programmes are in the developed world. In sub-Saharan Africa, several social protection interventions are being put in place to help assist older persons cope with the effects of poverty and to provide safety nets. In Kenya, in an effort to mitigate the effects of poverty amongst older persons, the Government has recently introduced a cash transfer targeting older persons living in extreme poverty.

1.2 Statement of the problem

Despite efforts by the government of Kenya to improve the living standards and to address poverty among its population, little has been done to address poverty among older persons. Non-governmental and faith-based organizations with the exception of a handful have not included older persons in their development agendas, though this exclusion has not been deliberate. Faith-based organizations have for a long time reached out to older persons through a welfaristic approach that has failed to lift them persons out of poverty and guarantee them a decent life. The Government of Kenya, through the Ministry of Gender, Children and Social Development has recently introduced a safety net programme in the form of a non- contributory social pension targeting poor older persons particularly those taking care of orphans in a bid to offer a cushion to the poorest among this population in the society. The overall problem is that various options like the introduction of a universal non-contributory social pensions or the expansion of contributory pensions have not been explored in poverty reduction programming for older persons. This has led to persistent, continuous and deepened poverty among older persons.

Lavington United Church through its Social Services Department has been running the Sponsor A Grandparent Programme (formerly Adopt A Grandparent) to help alleviate the poverty levels of older persons in Kawangware slums of Dagoretti

Division in Nairobi province. Through the programme older people in the slum are provided with food. shelter renovation. health care services and monthly cash transfer. This assistance is geared towards offering support to those who are living in poverty. Most of the older people in the slum live in multi-generational households and are breadwinners and carers of their children and grandchildren.

The Lavington United Church Social Services Department has provided cash transfers to the older people of Kawangware cash and cash in kind benefits as interventions aimed at cushioning them from the effects of poverty. The Programme which has been implemented over the past 20 years has supported over 300 older people. At the moment the programme supports 56 older people. The programme provides Kshs 500 as a monthly cash transfer to the older people each month.

To this end, this study analyzed the effect of the cash transfer in the lives of older people and their households in Kawangware slums and explores interventions that can be instituted to address old age poverty.

1.3 Research questions

1. What are the perceptions of older persons on the cash transfer programme?
2. Are the older persons aware of the objectives and features of the programme?
3. Has the provision of cash transfers to older persons had an effect on health and nutritional status, educational effects and on the livelihoods of older persons?

1.4 Objectives of the Study

The objectives of the study included:

Broad Objective

To assess the effects of cash transfers on the well-being of older persons and their households in Kawangware Slums.

Specific Objectives

a. To examine the characteristics of older persons receiving the cash transfer

b. To assess the perception of older persons on the cash transfer programme.

c. To find out the awareness of the objectives and features of the cash transfer programme by older persons.

d. To investigate the effect of cash transfer on the health and nutritional status of older persons and their households, educational outcomes of children in older persons households, and on the livelihoods of older persons.

1.5 The Scope and delimitations of the study

The study limited itself to only one urban slum area in the country. Other older people in the country who may be receiving a cash transfer were not included in the study. For a more conclusive result, all the urban slum area should have been studied. The scope of the study was on cash transfers and did not look at the effect of other benefits on the welfare of older persons. All this was not possible due to financial and other logistic constraints such as time and accessibility.

1.6 Significance of the Study

The findings of the proposed study have both theoretical and practical implications for the future of poverty alleviation especially that among older persons in the country.

Theoretically, the study is expected to contribute to the advancement of knowledge about non-contributory social pensions in Kenya. It highlighted factors that contribute to and lead to old age poverty.

The study has also practical significance because it may lead to the provision of a universal non-contributory social pension by the Government to address poverty among the elderly by identifying its contribution and role as a poverty eradication strategy. The study may be of immediate benefit to the government especially to the Ministry of Gender, Children and Social Development that is currently implementing a social pension in several districts in the country as it may lead to an increase in the number of older persons enrolled in the programme. In a similar vein, results of this study will enlighten policy makers on the impact of social pensions in places where it has been implemented. This should enable policy makers develop appropriate social protection measures for older persons in the country.

The study will finally form a base on which others can develop their studies on social protection especially for older people.

1.7 Definition of terms

Older persons: Those who are 60 years and above (United Nations)

Social protection: Sets of all initiatives, both formal and informal, that provide social assistance to extremely poor individuals and households; social services to groups who need special care of who would otherwise be denied access to basic services; social security and health insurance to protect people against the risks and consequences of livelihood shocks through earning-related contributions and benefits; and social equity to protect people against social risks such as discrimination or abuse.

Cash transfer: Regular money given out to a category of people on the basis of a certain eligibility criteria e.g. poverty, age, geographical location etc.

Pension: Payments made of a regular basis to individuals upon retirement based on contributions made during the working years.

Social pension: Cash payments made to individuals on attainment of a certain age not based on previous contribution mainly aimed at cushioning older persons against economic shocks.

Non-contributory social pension: See social pensions

Universal non-contributory social pension: Cash payments made to the entire population of older people of a certain age irregardless of poverty rates, geographical location. Everyone above a certain age qualifies automatically

Multi-generational households: Households with different age groups of individuals – older persons, youth, able bodied individuals and children

Carers: Those with responsibility of taking care of others e.g. orphans, the sick etc.

Inter-generational transmission of poverty: Poverty passed down to younger generations from older ones largely due to the inability to escape from poverty and the inability (due to poverty) for the older population to provide for the younger ones.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Background

This chapter sought to link previous area of research on social pensions to this piece of work. The literature review provided an analysis of past research on old age poverty, mechanisms for coping with poverty in old age and the rationale for universal social pensions. The section reviewed literature on the affordability of a universal social pension and finally highlight some of impacts and effects of social pensions in Africa on various poverty indicators.

The chapter also provided a conceptual and theoretical framework upon which the proposal is based upon.

2.2 Situating old age

According to *Ageing Population 2009* (UN 2009), population ageing is unprecedented, a process without parallel in the history of humanity. A population ages when increases in the proportion of older persons (that is, those aged 60 years or over) are accompanied by reductions in the proportion of children (persons under age 15) and then by declines in the proportions of persons in the working ages (15 to 59). At the world level, the number of older persons is expected to exceed the number of children for the first time in 2045. In the more developed regions, where population ageing is far advanced, the number of children dropped below that of older persons in 1998.

Population ageing is enduring (UN 2009). Since 1950, the proportion of older persons has been rising steadily, passing from 8 per cent in 1950 to 11 per cent in 2009, and is expected to reach 22 per cent in 2050. As long as old-age mortality continues to decline and fertility remains low, the proportion of older persons will continue to increase.

As the twentieth century drew to a close, population ageing and its social and economic consequences were drawing increased attention from policy-makers worldwide. Many countries, especially in the more developed regions, had already achieved population structures older than any ever seen in human history. In most cases, the ageing societies also experienced rapid economic growth during the second half of the twentieth century. While major shortcomings and unmet needs remained, most developed countries expanded and diversified their systems of social security and health care and, on the whole, the standard of living of the old as well as the young improved as populations aged. However, strains were building in those support systems, as the older population continued to grow more rapidly than that of younger adults and as earlier withdrawal from the labour force added to the demands on public pension systems. In the first decade of the twenty-first century, the financial and economic crisis that began in 2007 and unfolded in 2008 and 2009 has put additional pressure on pension systems and on the prospective pension benefits of many workers nearing retirement age (UN 2009).

The twenty-first century will witness even more rapid population ageing than did the twentieth century. Worldwide, the percentage of the population aged 60 years or over increased by 3 points—from 8 to 11 per cent—between 1950 and 2009. Until the middle of the twenty-first century, that percentage is projected to increase by 11 percentage points, to 22 per cent. By that time, the population of the less developed regions will have about the same percentage of persons aged 60 years or over as the current percentage in the more developed regions. The developing countries will reach that stage over a shorter period than that required by the more developed regions. In many cases, rapid population ageing will be taking place in countries where the level of economic development is still low. The challenge for the future is "to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights" (United Nations, 2002).

Currently in Kenya, the elderly are about 5.4% of the population, while 41% of Kenya's population is in the 0 – 14 age group. The share of the non-working age population is higher in rural than in urban areas. In rural areas, less than 15 year old children account for 43% of the population compared to 35% in urban areas, and adults aged 60 or more represent 6% and 2.5% of rural and urban population respectively.

Table 2.1: Household structure by area of residence and by region

	Area of residence			Provinces							
	Rur	Urb	Kenya	Nairobi	Central	Coast	Eastern	North Eastern	Nyanza	Rift Valley	Western
Average household size	5.5	4.0	5.1	3.8	4.4	5.5	5.5	6.1	5.0	5.3	5.7
Average number of children	2.3	1.4	2.1	1.3	1.6	2.3	2.2	3.2	2.1	2.3	2.6
Average number of elderly (60+)	0.3	0.1	0.3	0.1	0.3	0.2	0.4	0.3	0.3	0.2	0.3
Dependency ratio	1.1	0.6	1.0	0.6	0.8	0.9	1.0	1.6	1.0	1.0	1.2

Source: Adapted from Kenya Household and Budgets Survey (2006)

2.3 Impact of population Ageing

An ageing population means there is a greater % of the population over the age of 65. This means there is an increase in the dependency ratio with a smaller % of the workers supporting a greater number of people not in the labour force (Kalasa 2001).

The shift in age structure associated with population ageing has a profound impact on a broad range of economic and social processes. For example, concerns are growing about the long-term viability of intergenerational support systems, which are crucial for the well-being of both the older and younger generations (Kakwani and Subarrao 2005). Such concerns are especially acute in societies where provision of care within the family becomes increasingly difficult as family size decreases and women, who are traditionally the main caregivers, engage in employment outside the home.

Even as the population continues to age and the number of older persons increase, the prospects for their independent support in old age do not seem to be improving greatly or are not doing so uniformly and reliably (World Bank).

In Kenya, population ageing has not been of major concern to policy makers largely due to the following reasons (ILO 2010). Firstly, Kenya is a pre-industrial society and predominantly a rural society where the economic and political position of older persons relative to younger ones is generally strong, where families by both structure and necessity are supportive of needs in old age, where older persons are able to remain economically productive for a greater part of their lifetime; and where much of the population is outside wage dependent market.

Secondly, the aged are a small proportion of the total population, given the relatively low life expectancy and high fertility rates.

Thirdly, the government priorities favour expenditures that invest in the long term productive potential of the young, and lastly, because the elderly are often viewed (probably incorrectly) as impeding development because they are more considered resistant to change and less adaptive "human capital".

2.4 Old age poverty

Living standards often decline for people at older ages. Reduced economic opportunities and deteriorating health status frequently increase vulnerability to poverty as people age. Such conditions vary greatly, however, across contexts and groups of older persons. Livelihood strategies tend to differ accordingly. In developed economies, pensions are the main source of livelihood and protection in old age, while in developing countries few older persons have access to pensions and must therefore rely on other sources of income. In fact, 80 per cent of the world's population is not sufficiently protected in old age against health, disability and income risks. This would mean that in developing countries alone about 342 million older persons currently lack adequate income security. That number would rise to 1.2 billion by 2050, if the coverage of current mechanisms designed to provide old-age income security is not expanded. The demographic transition poses an enormous challenge with respect to ensuring the availability and sustainability of pensions and other systems providing economic security for an ever-increasing number of older persons in both developed and developing countries (UN 2009).

Generally it has been found out that the incidence of poverty among the elderly is exacerbated when they become caregivers for children. In Malawi, Zambia, Kenya and Uganda where HIV/AIDS rates are high, households in which the elderly live with children is 20% higher than the average poverty rates (Kakwani and Subbarao 2005). Elderly people are less likely to bring income sources to household budgets than other adult members and are therefore likely to fall in a situation of acute destitution than the rest of the population.

The risk of, and vulnerability to, poverty vary at the individual and country levels, reflecting differences not only in the availability and adequacy of old-age pensions but also in the patterns and the dynamics of traditional social insurance mechanisms and household coping strategies. Nonetheless, poverty was found to be higher than the national average in sub-Saharan households headed by older persons, whether they lived alone, with their adult children or in the company of their grandchildren (Barrientos 2005).

A study of 15 sub-Saharan African countries showed that the incidence of poverty was significantly higher in 8 countries among households where older persons were living with children, usually their grandchildren (Kakwani and Subbarao, 2005). In fact, it has been established that "(a)mong the older persons who do not live alone, those living with grandchildren but not with children are in general the ones with lower indices of material well-being" (United Nations, 2005b, chap. V, p. 109).

In such living arrangements, often called "skipped generation households", adult children are absent largely owing to mortality from HIV/AIDS and older persons are the sole breadwinners and caregivers for young children. Over 60 per cent of orphaned children in South Africa and Zimbabwe, and 50 per cent in Botswana, Malawi and the United Republic of Tanzania, live with their grandparents (HelpAge 2010). In Namibia, the proportion of orphans living with their grandparents increased from 44 per cent in 1992 to 61 per cent in 2000. This phenomenon is not restricted to Africa: in Thailand, half of the orphans live with their grandparents (Zimmer and Dayton, 2003). Owing to limited coverage of formal social security mechanisms and the disastrous impact on entire communities, these older persons continue to work as they shoulder the responsibility for caring for their orphaned grandchildren.

In Kenya, when the household head is older, the poverty rate is 23% (56.4%) higher than the national average of 45.9%. The poverty status of older people follows the general poverty profile of the whole population with higher poverty rates in rural areas. The urban elderly however represent a vulnerable category with headcount poverty rate (45%) within this group is 12% higher than total urban poverty rate (33%). With a hardcore poverty rate of 11- 12%, the urban elderly are also more likely to fall in a situation of acute destitution than the rest of the urban population. Moreover their poverty conditions tend to be deeper; poverty gaps of the urban elderly are higher than urban averages. In contrast, in rural areas poverty rates of the elderly are in line with rural averages (HelpAge International 2010).

Table 2.2: Poverty rates and Poverty gaps by area of residence

	Headcount poverty rate %			Poverty Gap %			Hardcore Poverty Rate %			Hardcore Poverty Gap %		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Nairobi		21.3	21.3		6.9	6.9		4.2	4.2		1.3	1.3
Central	30.4	30.7	30.4	9.5	12.2	9.8	11.4	10.9	11.4	3.4	3.2	3.4
Coast	69.7	40.3	58.3	26.6	11.0	20.6	35.4	5.2	23.7	10.5	1.4	7.0
Eastern	50.9	33.0	49.9	17.8	11.3	17.4	22.5	9.7	21.8	6.8	1.9	6.6
North Eastern	73.9	76.8	74.4	32.9	37.6	33.7	46.3	39.2	45.2	15.2	15.2	15.2
Nyanza	47.6	40.4	46.5	16.8	13.0	16.2	21.1	9.9	19.4	6.0	2.0	5.4
Rift Valley	49.0	43.3	48.3	17.5	15.7	17.3	20.6	12.4	19.5	7.8	4.2	7.4
Western	52.3	52.4	52.3	18.3	19.1	18.4	23.2	16.6	22.6	6.4	4.6	6.2
Kenya	**49.1**	**33.7**	**45.9**	**17.5**	**11.4**	**16.3**	**21.9**	**8.3**	**19.1**	**6.9**	**2.5**	**6.0**

Source: Adapted from Kenya Households and Budget Survey (2006)

2.5 Measures used to addressing old age poverty

2.5.1 Sources of economic support and livelihood for older persons

In developing countries, few have access to pension benefits and most have to rely on other, often insecure sources of income. Those who were poor during their prime working years have a high probability of remaining poor during old age. Those who were above the poverty line but who have been unable to accumulate enough funds to finance consumption also face the risk of poverty in old age. Informal support mechanisms, such as the family and the community, usually do not provide a stable and reliable source of income and can provide only limited insurance. Operating on a small scale, they cannot pool risks in order to provide greater protection against income shocks and guarantee a certain level of benefits, as do insurance systems provided by the state (HelpAge 2010).

2.5.2 Coping strategies in old age

During old age, people tend to rely on four main income sources: (a) private transfers from the family and social networks; (b) public transfers from pensions and other cash transfer programmes; (c) labour earnings; and (d) financial and other assets, including private pensions. Available data suggest that the composition of the various income sources is context-specific. The importance of private transfers tends to fall as the average income level rises. This trend could indicate that the higher the level of the mean income of the population, the smaller the importance of private transfers as a source of income during old age.

Labour earnings during old age are more important in developing countries than in developed ones. In contexts of widespread poverty, however, continued labour-market participation will most likely intensify poverty conditions during old age as labour productivity may decline as age advances. This is not to say that older persons should not seek to remain engaged in labour markets if they so desire. It is highly unlikely, however, that those whose labour earnings were not sufficient to place them above the poverty line during their working age years will command higher labour income when they age.

Under these circumstances, continued engagement in labour markets per se will not be sufficient to guarantee an old age free of poverty.

2.5.2.1 Asset accumulation

Such conditions are more restricted in developing countries. Asset accumulation is a part of the livelihood strategies utilized by people in developing countries, including the poor. However, assets are often used to smooth consumption, as a buffer, during times of adverse shocks, such as a bad harvest, rather than to provide for income security during old age.

Even when assets are accumulated to provide resources during old age, they may prove to be an insecure source of such resources in many developing-country contexts. The returns from and the value of assets may be highly volatile. For instance, in rural societies, while cattle can be an important asset, they, like other animals, may die during an episode of drought, or sale proceeds may be lower than anticipated as other individuals (hit by the same shock) also try to sell their cattle (Dercon, 1998). Financial crises in many emerging market economies have sometimes caused a dramatic erosion of the value of the financial assets held by households, including savings of older persons.

2.5.2.2 Private transfers

Private transfers are a main source of income during old age in much of the developing world. Such resource flows may take the form of monetary support, transfer of assets or in-kind support in the form of food, clothing, shelter and time for care. Generally, children are the largest providers of private transfers to older persons. Other relatives or friends, but typically those who are members of the extended family, may sometimes also contribute (Hermalin 2002). The probability of receiving family support is higher when older persons reside with their children or other relatives than when they live alone. Co-residence is a more important determinant of the likelihood of older persons' receiving private transfers than the fact that they have children who are still living (United Nations, 2005b).

Private transfers may turn out as well to be unreliable sources of income. First, reliance on family networks might not fully protect older persons against poverty, particularly in situations where these networks are themselves vulnerable to adverse shocks. Second, in most contexts, such transfers are voluntary and based on informal arrangements which may be subject to change. Only in a few countries has the obligation of the family to provide support to older parents been formally set out in the constitution or other legislation.

2.5.2.3 Pensions- retirement schemes

The main risk when one reaches old age is poverty or income insecurity owing to the loss of one's ability to earn income, whether partially or completely. This was the main justification for the first pension schemes, which emerged at first only in the highly developed countries but which have since spread across the whole world.

A pension scheme is an arrangement by which individuals are provided with an income (a regular periodical payment) when they have reached a certain age and are no longer earning a steady income from employment. Countries where social security is more developed usually have a number of different pension schemes either covering certain groups of the population or with various specific objectives. Some of the latter include the prevention of poverty through the provision of basic income, the replacement of preretirement employment income in order to "smooth" consumption (that is, to prevent a fall in living standards after retirement), and the supplementation of this partial replacement income with additional income at retirement. These different pension schemes may be contributory or non-contributory, defined-benefit or defined-contribution, mandatory or voluntary, publicly or privately managed, social insurance or occupational or personal, basic or supplementary. What is important is that all these different schemes are designed to play complementary roles in order to provide comprehensive coverage, reaching different groups of the population and meeting different objectives; as such they constitute a national pension system. The specific mix of components in the national pension system generally reflects national circumstances such as the country's policy stance and history of economic development.

Old-age pension systems and retirement programmes have much lower coverage in developing countries than in developed countries. Consequently, people in developing countries lacking other forms of support are compelled to continue working into old age, thus producing higher labour force participation rates at older ages in developing countries than in developed countries. Other factors may also play a role in maintaining such differences. Mandatory retirement ages, where they exist, are more likely to affect workers in formal-sector jobs, which predominate in developed countries but constitute a small share of employment in developing countries. Even in developed countries, older persons who remain in the labour force are more likely than are younger workers to be self-employed or to be engaged in agriculture, which often involves working on a family farm (European Commission, 2007).

Qualifying for pension benefits is conditional on both completing a specified period of contributions, most commonly ranging from 30 to 40 years of employment, and attaining a specified age. In recent years, the minimum age required before workers can claim a pension entitlement has increased in some countries, mainly in response to the budgetary constraints arising from population ageing.

In Kenya the official retirement age set by the government is 60 years which was increased in 2009 from the previous 55 years. In most countries, the pensionable age is the same for women as for men, but if there is a difference, the pensionable age is lower for women. In about 40 per cent of countries, women become eligible for full pension benefits at lower ages than men do, typically five years earlier, although women generally survive longer than men do. Based on information for 157 countries or areas the statutory pensionable age as of 2009 was 65 years or higher for men in 29 per cent of those countries and for women in 17 per cent of them (ILO 2010). The pensionable age for men was lower than 60 years in 17 per cent of the countries considered and for women in 38 per cent of them. Notwithstanding the substantial impact of the crisis on pension systems and on workers covered by them, it should be recalled that, especially in developing countries, those affected most severely by the crisis are likely to be the much larger number of workers and older persons lacking any form of social security coverage.

There is a multitude of old age pension schemes in Kenya. This has created a variety of institutional approaches that are scattered and fragmented. The retirement benefit schemes all are funded (with the exception of the civil service pension scheme, which is paid out of the current budget) and control a total asset of about KSH 250 billion which amounts to approximately half the size of the public budget. There are over 1.300 occupational schemes, 16 individual retirement schemes and the National Social Security Fund (NSSF). Moreover, there is a special pension system for public-sector employees, some occupational schemes and individual schemes. In terms of benefit payments, the largest scheme is the public pension scheme. Its annual budget is nearly five times the size of the NSSF.

2.6 Pension schemes in Kenya

The current retirement benefits system in Kenya can be classified into the following scheme:

Table 2.3: Pension schemes in Kenya

Scheme type	National Social Security Fund	Public Service pensions scheme	Occupational schemes	Individual schemes
Legal Structure	Act of parliament	Act of Parliament	Established under trust	Established under Trust
Membership	Employees in formal sector establishments with 5+ employees excluding public service employees	All public service employees including civil servants, teacher and disciplined forces. Separate scheme for armed forces	Formal sector workers in companies that operate retirement schemes	Open to all on voluntary basis
Funding	Funded	Non-funded	Funded	Funded
Regulation	RBA	Act of Parliament	RBA	BBA

Source: Sundeep, 2008, and RBA Website.

Together, these schemes together provide coverage to 15 per cent of Kenya's labour force, of which most are in formal employment. In terms of membership, NSSF has the highest coverage with around 67 per cent of the total, followed by the Civil Service Pension scheme with 22 per cent and occupational schemes with 11 per cent. In terms of assets, however, the occupational schemes contribute 61 per cent of the total, followed by the NSSF with 38 per cent. The individual schemes are negligible in terms of membership (some 9,000 members compared to over 300,000 in the occupational schemes and over two millions in the NSSF). Of these employees, 91 per cent are employees of large companies.

In 2007, the Minister for Finance excluded pensioners aged 65 and above from taxation on their pensions. In 2008, the Minister for Finance further excluded individuals aged 65 and above from taxation of their lump sum retirement benefits. In addition to these exclusions (ILO 2010), pensioners earning up to Kshs15, 000 per month in pensions are excluded from taxation if they have other sources of income. If they have no other sources of income, pensioners enjoy tax-free pensions of up to Kshs 26,000. Individuals who have worked for at least 10 years enjoy a tax-free lump sum of Kshs 480,000 (ILO 2010).

The three pension scheme types only covers 20% of the entire population of older people. This leaves 80% of all older people with no protection

2.7 Non- contributory social pension

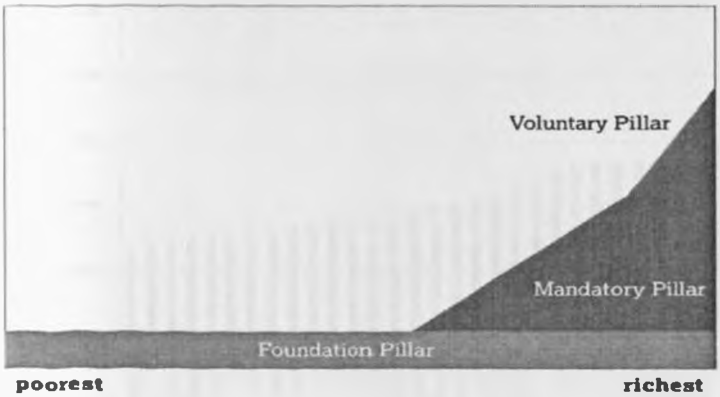
The simplest minimum pension scheme designed to ensure old-age income security would be a universal transfer equal to the poverty line granted to all those above a certain age.

Such a scheme could be entirely non-contributory, that is to say, beneficiaries would not directly participate in the financing of benefits. Benefits might be financed through general taxation (as, for example, in Mauritius), by some "solidarity tax" imposed on those participating in contributory earning-related schemes (as in Colombia) or by some specific earmarked tax (as in Brazil, for instance). Alternatively, benefits could be delivered on a contributory basis, but in that case access by those unable to contribute would need to be facilitated by subsidization.

As a matter of overarching principle, all pension systems should aim at providing, minimally, some form of basic income security to all persons in old age. This objective could be achieved by creating, or expanding where it already exists, a basic pillar providing a minimum pension benefit. Such a universal social insurance mechanism could be contribution-based or non-contribution-based, depending on the context. In countries where formal employment is dominant, a single basic pillar may be sufficient to provide income security in old age, and its financing could be based on earnings-related contributions, as is the case in most developed countries.

In countries with a dominant informal sector or with both informal and formal labour-market segments, the basic social pension scheme could have two components: an essentially non-contributory scheme offering minimum benefits financed from taxation and, where feasible, with some solidarity contributions made by those who can afford to contribute; and an entirely contributory scheme.

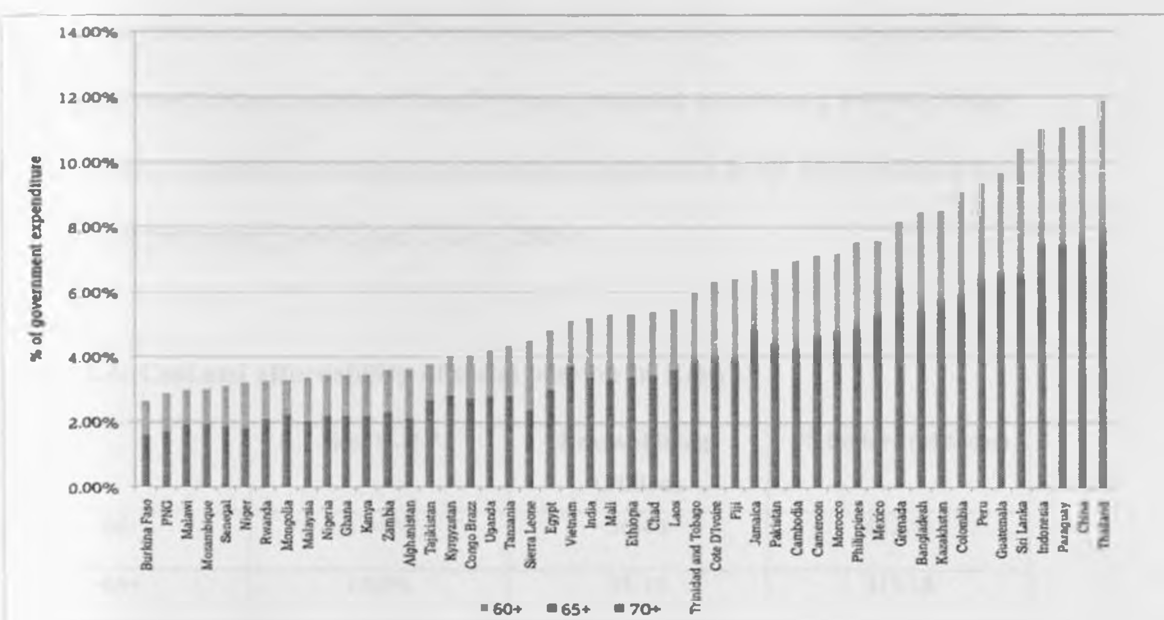
Figure 2.1: Situating Social pensions



In most contexts, basic non-contributory pension schemes seem affordable, even in low-income countries. A simple numerical exercise under reasonable assumptions suggests that abolishing extreme poverty in old age by providing a basic universal pension equivalent to $1 per day to all over age 60 would cost less than 1 per cent of gross domestic product (GDP) per annum in 66 out of 100 developing countries. The costs of a basic pension scheme for such countries, despite rapidly ageing populations, are projected to be relatively modest by 2050.

However, the affordability of such pension schemes depends as much on the political priority given to ensuring a minimum income security in old age, as on the pace of economic growth. Moreover, particularly in low-income countries, there may be competing demands on scarce government resources. How to finance a basic pension scheme may therefore need to be determined in close coordination with the resource allocation process (including the use of development assistance) for other social programmes.

Figure 2.2: Cost of a universal pension relative to government expenditure.



Source: African Economic Outlook (www.africaeconomicoutlook.org/) (www.adb.org/documents/books/key_indicators/)

The creation of a universal pension scheme is in fact a viable option for the Government of Kenya. Such a shift would require government allocations of the size of 1 per cent of GDP. This is relatively low share of GDP to be spent for a change that would substantially improve social protection coverage in Kenya. A universal pension would make this a viable option, and would also encompass the informal economy.

Generally, a social pension scheme would help to overcome the coverage issue and the poverty reduction issue. It would not, however, address the problem of old age income of the non-poor and would have a substantial budgetary implication. For example, a social pension of Kshs 2,000 for 1 million pensioners would cost Kshs 24 billion per year, which represents less than 5 per cent of public budget (see Table below). This measure would however reduce the need for other poverty reduction measures like social assistance as well as basic contribution financed pensions. Thus, it would require fewer contributions for the pension scheme and less budgetary allocations for social assistance. Universal pensions are an option worth considering and "deserve a lot more attention than they have received to date as a way to provide at least some support to the rural older people. The pension holds great promise that no one will face poverty in old age".(Keizi 2006)

Table 2.4: Cost and affordability of social pension in Kenya

	% of G.D.P	**Kenya shillings (Billion)**	**US Dollars (Millions)**
60+	1.45%	36.40	452.77
65+	1.00%	25.18	313.18
70+	0.71	17.79	222.33

Source: HelpAge International

2.8 Constitutional Dispensation- Kenya 2010 and universal social pensions

Regarding the effectiveness of different types of schemes, it can be said that "a Constitutional provision" of a means-tested social assistance scheme to cover those outside the formal old age pension system and are poor, would certainly extend coverage of the system. The scheme will be provided under the laws as a universal and non-contributory scheme as it aims at the poorest groups. However, the provision of universal pensions in Kenya's pension laws and in particular in the Constitution to guarantee basic income floor to the elderly would have the potential to achieve full coverage of the target groups. The advantage of the universal pension scheme which is funded by general tax revenues is that it does not carry social stigma and it avoids administrative costs associated with means-testing." (Nyakundi 2009)

If the decision to change to a fully-fledged pension scheme is taken, it will be important to:

- invest in awareness-raising through social protection education;
- make a decision regarding how to deal with the issue of very small pensions and lump sums;
- improve administrative costs and interests on members accounts; and
- look into issues regarding the large amount of withdrawals, investigate the reasons,
- improve the image and conditions of the NSSF and reduce possibilities of withdrawal. A high withdrawal rate will reduce risk-sharing among pensioners.

2.9 Affordability of social pensions

In all, universal old-age pensions schemes offering benefits equal to the extreme poverty line seem to demand only a relatively small share of the GDP currently. Even if the cost of these programmes as a share of GDP is relatively small, it is still not clear whether they are affordable for low-income countries. Besides constraints such as the limited fiscal resources mentioned above, there is the fact that spending on social pensions might have to compete with public spending on what, like education and health, are typically qualified as priorities, or spending in areas, such as defense and debt service, in which countries often allocate a significant amount of resources.

2.10 Impact of social pensions

Even when the level of benefits is less than the monetary value of the poverty line, old-age pensions may help reduce the intensity of poverty and they can reduce household economic vulnerability by strengthening livelihood strategies and crowding in other support mechanisms that provide for income security. For instance, a significant proportion of beneficiaries of the rural pension in Brazil reported using part of their pension to purchase seeds and tools to support agricultural production (Delgado and Cardoso, 2000).

Furthermore, pension incomes are often shared with other household members. In Namibia, for instance, over 70 per cent of the pension income was shared among household members, and was spent on food as well as on education for grandchildren (Palacios and Sluchynsky, 2006). In this regard, pension-sharing can be a factor in reducing the overall degree of poverty. Naturally, the impact on poverty will depend on the size of the pension benefits and on the absence of off setting reductions from other sources of income. If pension benefits are too small, sharing will imply minimal income gains on a per capita basis for household members. Yet, even in this case, pensions may contribute to poverty reduction if benefits are used for improving the educational or nutritional status of household members.

This does not mean that older persons living with a partner or in a multigenerational household will necessarily be less vulnerable to poverty. Other factors may come into play. If anything, co-residence tells very little about how income is generated and consumption allocated within the household. In some instances, large households may be a symptom of poverty in themselves, rather than a source of support and intergenerational solidarity (Lloyd-Sherlock, 2006).

2.10.1 Local economy effects of Cash transfers

Studies on transfer programmes in developing countries have noted that these are likely to have spillover effects on the local economy. Early studies of the social pension in South Africa, for example, remarked upon the fact that transfers stimulated local production and trade (Ardington and Lund 1995). In rural locations in South Africa, transfers are delivered by armored transport on a particular day and time, usually pre-announced on the local radio. On that day, traders bring their wares to that location while loan sharks come to lend or collect money. Observers would find it hard not to conclude that social pensions have effects beyond the direct beneficiaries (Barrientos and Wheeler 2006).

2.10.2 Impact on Poverty

In families where individuals receive benefits, the incidence of poverty is reduced by 31%, whereas the incidence of extreme poverty or destitution is reduced by 67% - Bertranou (2002) the programme have doubled the income of the poorest 5% of the population in Brazil (HelpAge and IDPM, 2003) -DFID (2005). Contributory pensioners have a lower incidence of deprivation than the other pensioners groups. Non-contributory pensioners have a lower incidence of deprivation than non-pensioners, except among the better off 5 percent of pensioners - Barrientos (2004)

In Kenya, from simulations carried out, the poverty headcount would be 5.5 percent higher for older people (55+) and 4.5 percent higher for those 60+ if pension income is removed from total income and there are no offsetting changes. The average poverty gap measures would be 17.1 percent larger for older people over 55 and 14.6 percent larger for those over 60 if pension income is removed. Belonging to a household with a pension recipient reduces the probability of being poor by 17.1 percent for the sample of households headed by 55+ and by 20.9 percent for the sample of households headed by 60+. (Kakwani et al. 2006)

Through a survey conducted by the National University of Lesotho (2007), it is observed that household size has a negative impact on the probability of household being above the poverty line in the presence of pension income households with pension recipients/aged people spend more on household consumption and hence they are likely to be above the poverty line the headcount ratio before and after the implementation of the pension programme revealed that about 90% of the sampled respondents' households were living below the poverty line compared to about 70%

after the inception of the programme. The marginal effect of non-contributory pension income inclusive of other household income increases the household's probability of coming out of poverty by 27 percent the probability of households being above the poverty line increases by 0.3 percent with an increase of the age of the pension recipient the average poverty gap has decreased from M135 to M90 per month per household (National University of Lesotho 2007).

According to Barrientos (2004), withdrawing the pension income would increase the poverty headcount from 41 to 43 percent among households with older people, and would increase average poverty gap from 119.4 Rand to 131.9 Rand (approx. USD 17 to USD 19), an increase of 10.4 percent.

The social pension in South Africa has reduced the number of people living below the poverty line by 5% (2.24 million) and reduced the poverty-gap ration by more than 13%. (HelpAge 2007). The presence of the social pension has increased the income of this group of the population by 50% in South Africa as the pensions reach 1.9 million poor older people at 1.4% of GDP. A pensioner in the family reduces a household's probability of becoming poor by 11%. The social pensions have reduced poverty rates among very poor households from 38% to 2.5% (Samson et al. 2004)

Barrientos (2005), states that the withdrawal of the South African social pension income, in the absence of second order effects, would increase the incidence, intensity and inequality of poverty. The International Labour Organization (ILO) estimates that the poverty reducing impact of social pensions and a disability grant would be 40% (Beales 2007)

2.10.3 Education

Pensioners in Lesotho recorded that a substantial number of their households included dependent children and that they were paying for some of the educational and health costs of these children (National University of Lesotho 2007). 30 recipients in White Hill (20% of the pensioners surveyed) were providing direct educational support for a total of about 20 children.

In Namibia, the universal pension income provides the resources to support children and keep them in school (IMF 2006)

2.10.4 Food security and nutrition

From the study in Lesotho, pensioners were able to claim that the pension has made a major impact on their access to food. The cash made available from the pension was necessary for buying meat, bread, rice and pasta, most of which have to be bought from nearby shops. Access to the pension halved the numbers of people that never had enough food and doubled the number that always had enough food to satisfy their hunger.76% of respondents said they were using the pension to buy more food for the household. Of the M 150 monthly pension at the time of the survey, M 108 was being spent by the average household on buying more food (about 66% of the transfer). In 10% of all cases it was claimed that the entire pension went on food for the pensioner. (Pelham 2007)

According to Barrientos (2004) householders with non-contributory pensioners have lower incidence of deprivation than non-pensioners while having a recipient of the social pension South Africa in a household has been correlated with a three-to-fourcentimetre increase in height among children (Barrientos and Lloyd-Sherlock, 2002:12)

2.10.5 Health

In Namibia, support of the health costs of other household members took place alongside significant amounts of spending by the pensioners on their own needs. The pension was used primarily to allow visits to the local hospital or clinic. It is estimated that the pensioners spend 13.8% of the cash they receive on health care for themselves but, in many cases, their pensions also cover spending on health for the entire household (Devereux, 2001:44)

2.10.6 Welfare

The marginal effect of non-contributory pension income inclusive of other household income increases the household's probability of coming out of poverty by 27 percent. The probability of households being above the poverty line increases by 0.3 percent with an increase of the age of the pension recipient. The average poverty gap has decreased from M135 to M90 per month per household

2.10.7 Income

From the Namibian Household Income and Expenditure Survey of 1993/94 indicated that 11 percent of households relied on pensions as their main source of income with 35 percent of the population living on an income of less than US$1 a day IMF 2006. The administrative costs constitute only around 4 percent of total costs for the pension scheme and are relatively small compared to the costs of other countries' welfare programmes. The old-age pension system does not generate unsustainable fiscal pressures. The costs of the pension scheme have declined marginally; from 1½ percent of GDP in 1990/91 to 1¼ percent of GDP in 2004/05 relative to total government spending, pension costs fell from 5 percent to 3¼ percent in 1990/9. The authorities' estimates suggest that introducing a means-test would reduce the number of recipients by 30 percent the existence of a universal cash transfer to the older people does not seem to lead to a loss of inter-generational support (Pelham 2007).

The social pensions programme has increased the income of the poorest 5% of the population by 50% in South Africa. (HelpAge and IDPM, 2003)

2.10.8 Empowerment

The pension recipients in South Africa are less dependent on their children; the pension empowers old people in households and keeps them in the community (University of Stellenbosch 2007)

2.11 Theoretical framework of the study

This section examined various theoretical perspectives that the study is hinged upon. The theories served as a basis for conducting the research and to clearly define the variables and their relationships for the study.

2.11.1 Modernisation Theory

As a conceptual framework, *modernization* embraces the notion that large-scale social processes, like technological advances and changes in modes of production, create new roles and statuses for people (including older people) and their families. As a theoretical model, *modernization theory* involves a series of formal statements that can be tested with evidence and that specify how specific social or technological changes create particular socioeconomic effects for older people (and others) as societies modernize over time.

The term *modernization* is used to describe the set of interrelated processes that occurred as Western societies were transformed from the agrarian, rural societies of the seventeenth century to the modern industrialized nations of the twentieth. Although the social changes wrought by the Industrial Revolution caused temporary social displacement as social institutions and individuals adapted to massive change, most modernization theorists believed such displacements were temporary and tolerable, given the progressive nature of modernization. Once a society had modernized its institutions, it was believed, it could fully embrace new scientific knowledge that would resolve remaining social and technological problems, creating a progressively wealthier and more stable society.

Modernization theory was formalized in social gerontology mainly through the work of sociologists. In 1972, Donald Cowgill and Lowell Holmes developed a theory of modernization as it related to aging and old age. Their position was that as societies *modernized*—undertaking the shift from farm and craft production within families to a dominantly industrial mode of production—repercussions of modernization would diminish the status of older people. Cowgill's later theoretical refinements (1974) identified four key aspects of modernization that undermined the status of older people: health technology, economic and industrial technology, urbanization, and education.

According to Cowgill's theory, improved health technology, including advances in both medical practice and public health, has positive effects of improving health and increasing longevity, but it also has negative effects for older people.

This general model of the relationship between modernization and aging predicts a linear relationship between the status of older people and the degree of modernization experienced in a given society. According to this theory, the more modernized a society becomes, the more the status of older people declines. Modernization thus inevitably affects the entire social structure of newly modernized societies, including the position customarily held by its elderly community, regardless of when or where it occurred.

Critics of modernization theory have observed that the theory was based on faulty assumptions about the historical status of older people—that it represented an oversimplification of the effects of modernization and ignored important variations arising from cultural variations, family forms, and social statuses other than age.

Researchers have refuted modernization theory on a number of fronts. They have challenged the inevitability and uniformity of the effects of modernization by providing an historical view of the roles of aged family members and their political and economic power, of elder health and longevity, and of cultural attitudes toward older people. Historians and sociologists have used historical evidence from Western countries to challenge assumptions built into the modernization model, while anthropologists have provided evidence from cross-cultural studies to demonstrate that there is no uniform, linear outcome determining aged people's status in modernizing societies.

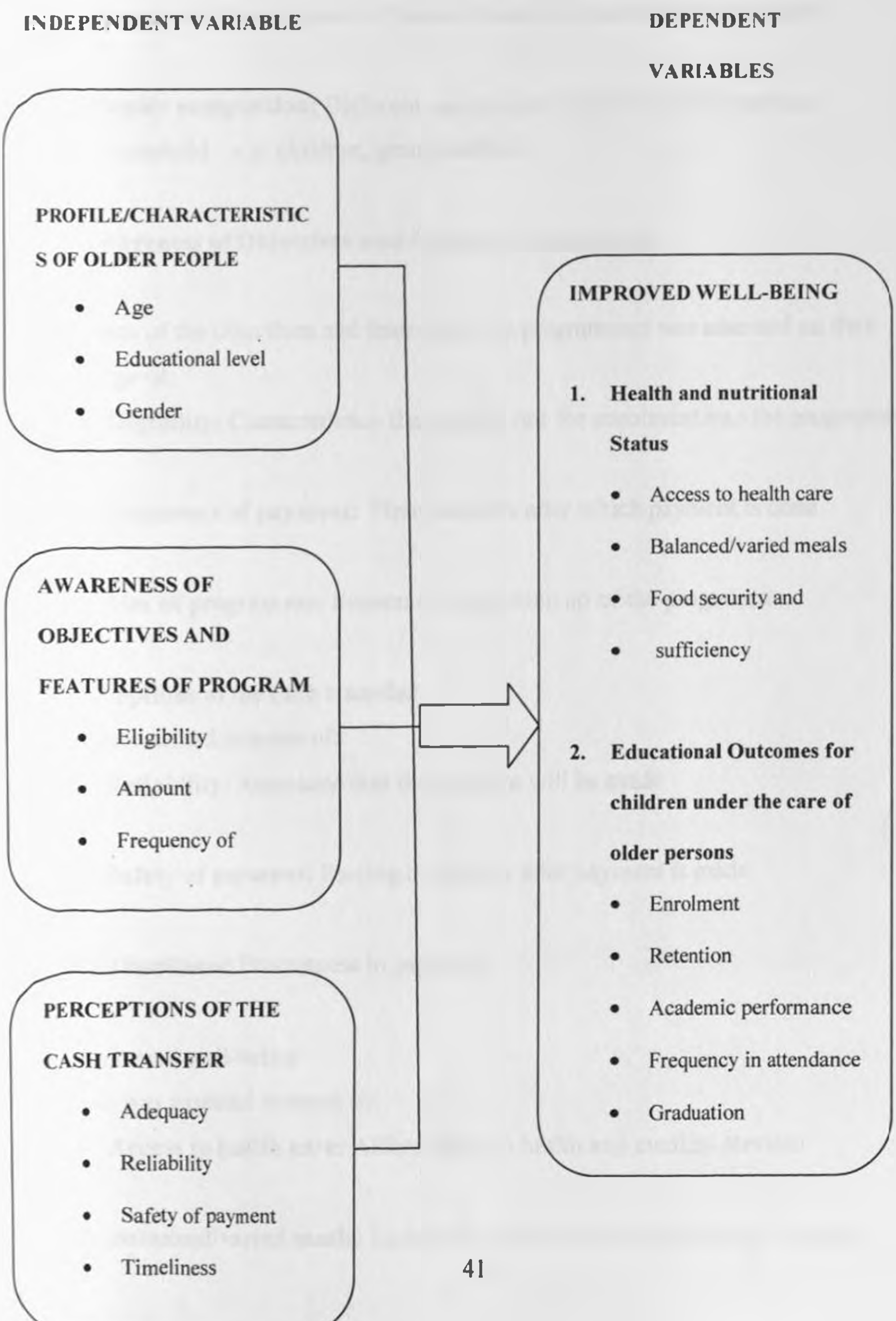
Despite its shortcomings, modernization, as a conceptual framework, provides a useful way to understand some of the processes and effects of the social transformations of the nineteenth and twentieth centuries. By considering the interrelationships between various types and paces of change, important insights about the potential effects of broad social transformations on societies and the people living in them have been gained.

Critics of the theory also contend that the situation of elderly people cannot be blamed on modernisation because in some countries changes started well before it.

2.12 Conceptual Framework

The conceptual framework provided a description of the major variables operating with the study problem and how the variables interact.

Figure 2.3: Conceptual framework



2.13 Operational definition of terms

a) Profile/characteristics of older people

The characteristics were:

i) **Educational level:** Level of formal schooling attained by the recipient

ii) **Family composition:** Different age groups living in the older persons household e.g. children, grandchildren

b) Awareness of Objectives and features of programme

Awareness of the objectives and features of the programmes was assessed on their knowledge of:

i) **Eligibility:** Characteristics that qualify one for enrolment into the programme

ii) **Frequency of payment:** Time intervals after which payment is done

iii) **Aim of programme:** Reason for the setting up of the programme

c) Perceptions of the cash transfer

This was assessed in terms of:

i) **Reliability:** Assurance that the payment will be made

ii) **Safety of payment:** Feeling of security after payment is made

iii) **Timeliness:** Promptness in payment

d) Improved well-being

This was assessed in terms of:

i) **Access to health care:** Affordability to health and medical services

ii) **Balanced/varied meals:** Inclusion of more than one food group in meals

iii) **Food security and sufficiency:** Adequacy and predictability of frequency of meals in the household

e) **Education outcomes for the children under the care of older persons**

The educational outcomes of the children under the care of the older persons were assessed based on:

i) **Enrolment:** Admission and participation in schooling

ii) **Retention:** Staying in school until end of schooling programme, no dropping out of school

iii) **Academic performance:** Achievement in tests and examinations sat at school

iv) **Frequency of school attendance:** Number of days in a term one attends school; non-absenteeism from school

v) **Graduation:** Movement from one level of schooling to the next e.g. from primary to secondary school

f) **Livelihoods**

This was assessed based on the following:-

i) **Acquisition of assets:** Ability to purchase and get items deemed to be valuable and those able to generate wealth

ii) **Savings:** Money kept aside for future use after household expenditure

iii) **Small scale income generating activities:** Activities that the older persons engage in to earn an income

Others

This was assessed based on:-

i) **Household stability:** Feelings of peace and togetherness in the older persons household

ii) **Migration and job seeking:** Movement from the household by members in search of jobs

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This Chapter gave focus on the research design to be used in the study. According to Nachmias and Nachmias (1996), research design is a plan, structure and strategy of investigating conceived so as to obtain answers to research questions and to control variance. This Chapter has guided the research in analysis of data and observed facts. The chapter described the study site and provided information on the scheme, outline or plan that was used to generate answers to the research problems. The Chapter has described the sampling procedure that was used in the selection of respondents to be able to gather data. The Chapter highlights how data will be collected and analyzed. The end of the chapter describes the ethical issues that were considered in the study.

3.2 Site selection and description

The research took place in Kawangware, Nairobi. This was because the older persons in the programme are all residents of this urban informal settlement. Most of the households in the area are tenants who live together with their landlords in a plot.

Sanitation services are available though very stretched. There is piped water at the water points which is bought at Kshs 10 for a 20 litre jerrican. Most households share toilets with others and in some cases they have to pay for the use of these facilities. Drainage is poor and the area is very muddy in the rainy seasons. Garbage is disposed haphazardly in and around the place. There is electricity supply in the area though not all houses have it in their houses.

There are no social gathering places or playgrounds for children. Most children in the area attend government funded schools though there are also privately owned centres of learning that in some cases are cheaper than the government schools. There are 2 Nairobi City Council health facilities that serve the population among other small clinics that are scattered all across the settlement.

Most of the residents are self-employed as small scale business persons or work as casual labourers.

3.3 Research Design

Research design refers to the scheme, outline or plan that was used to generate answers to the research problems. The study was an exploration of the issues under investigation.

The study adopted both the quantitative and qualitative research approaches. The survey design was used. The survey was preferred for this study because it enabled the research to extensively collect information on numerous themes of research (Nachmias & Nachmias 1996) and generalizations based on the data collected.
The researcher used both primary and secondary data. Primary data was obtained using questionnaires, key informant interviews and in-depth case studies. Secondary data was obtained from books, journals and internet sources.

3.4 Sampling procedure

The Programme at Lavington United Church was purposively sampled. This is because the programme is relevant to the subject matter under study; the Church has been providing cash transfers to older persons. Due to constraints of time and costs the researcher was not be able to study other cash transfer programmes to older person being implemented in the country. Most important the programme was purposively selected due the length of exposure of the cash transfer. The programme has been providing cash to those enrolled in the programme for more than 10 years.

a) Primary respondents – older persons

The researcher used the census method. A census is an attempt to collect data from every member of the population being studied rather than choosing a sample. The method was chosen because the members of the population were easy to identify i.e. those enrolled in the Lavington United Church Cash Transfer Programme. The researcher used this method because the entire population – 56 older persons was sufficiently small and therefore the researcher included the entire population.

Respondents for the case studies were selected taking into account gender and the duration of exposure to the intervention. The study targeted four case studies; 2 males and 2 females.

b) Key Informant Interviews

The sample for the key informant interviews was drawn *purposively*, given that these would be people selected on the basis of their role in the programme and the fact that they have first hand information about the programme. These included the social worker at Lavington United Church, the Pastor, the local administrator, a programme officer from HelpAge Kenya, Head of Programme – HelpAge International and a government official from the Ministry of Gender, Children and Social Development. A total of 6 key informants were interviewed.

3.5 Data Collection Methods

The approach used in data collection was primarily quantitative and qualitative in nature. The quantitative approach was employed in the primary beneficiary interview (PBI) component that would specifically target individual beneficiaries to assess effect level changes as well as changes in results that require quantitative measures. In order to obtain the quantitative data a standardized questionnaire were administered with both closed and open-ended questions. This was through face to face interviews with the older persons.

Quantitative research involved gathering information through in-depth understanding of human behavior and resources that govern behavior. Information from the qualitative tools was essentially to help to illuminate, triangulate and add value to the findings emanating from other data collection methods. It enriched data as it explained how and why certain outcomes were achieved and not just what would be achieved. It also supported in answering important questions about relevance, unintended effects and also impacts. This was achieved through key informant interviews.

Below is an overview of the key data collection methods that were envisaged for this exercise:

3.5.1 Older persons

These were the primary means for collecting information from the sampled individual beneficiaries. It assessed a broad range of issues revolving around the objectives of the study.

Given that the assessment was based on the entire programme participants. they provided a concrete basis of the findings. The other qualitative methods were used to triangulate and provide in-depth insights on the same issues.

3.5.2 Key Informant Interviews

Key Informant interviews were conducted with persons considered strategic in terms of their participation in the programme as well as experience in programmatic interventions that target older persons. As such, the KIIs targeted both internal and external stakeholders. For internal stakeholders the criteria encompassed among other things, specific roles that they have played in various aspects of the programme, from assessment to design, implementation and monitoring as well as provision of management support. For external stakeholders, it encompassed. among others, direct/indirect participation in the project, involvement and experience in implementation of similar or related projects and participation in formulation of relevant policy and legislative frameworks locally. The underlying idea in having such a mix of stakeholders was to afford the assessment a clear perspective of the linkages between the project interventions undertaken and developments in policy and legislations that provide opportunities or potential challenges for future interventions.

3.6 Data Analysis

Data obtained from the above process was primarily be quantitative in approach and was analyzed using SPPSS while qualitative data was analyzed using a thematic approach. In general. themes were developed in accordance with the objectives of the study, research questions and expected outcomes. Data was then grouped according to these themes, as a first step for subsequent interpretations.

During the collection of data, the survey teams transcribed the information and did preliminary analysis of key issues emerging from the interviews.

Quantitative data was entered into SPSS template and cleaned for analysis. Open ended questions were recorded and analyzed using basic thematic sorting and frequencies. Presentations are in form of charts and tables. These findings were triangulated by findings from documents review and other data collection methods as discussed above.

3.7 Ethical considerations

An introductory letter was obtained from the University of Nairobi and submitted to Lavington United Church. From each and every individual respondent consent was sought and no respondent was forced to write his name and/or expose his identity so as to protect the privacy and grant confidentiality.

CHAPTER FOUR

4.0 DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter analyses and presents the empirical data collected from the beneficiaries of the cash transfer programme at Lavington United Church in Kawangware. The data was collected based on the conceptual framework of the research presented in Chapter Three. The study was guided by the following objectives:

a. To examine the characteristics of older persons receiving the cash transfer
b. To investigate the effects of cash transfer on the health and nutritional status of older persons and their households, educational outcomes of children in older persons households, and on the livelihoods of older persons.
c. To find out the awareness of the objectives and features of the cash transfer programme by older persons.
d. To assess the perception of older persons on the cash transfer programme.

The empirical data is presented in a manner such that it addresses the proposed research question in the study.

4.2 Profile/ Characteristics of older persons

The first objective was to examine the profile and characteristics of older persons receiving the cash transfer. The following were the findings from the study:

4.2.1. Gender, Age and Marital Status

The profile of the beneficiaries to the programme is represented in the table below. Females constitute a large number of those enrolled in the programme; making up 88% of the beneficiaries while the male make up 12% only. This is in line with the population trend that depicts that the number of males drops significantly in old age. Women also constitute a larger proportion of the most vulnerable populations many countries in Africa. Their vulnerability status is to a large extent determined long before old age due to the gender segmentation of empowerment processes that exist in many parts of Africa such as education, professional training, incomes and investments and also employment. As such they are mostly unable to save (or if they can, then inadequately) or contribute to pensions.

The programme targets older persons who according to the United Nations are described as those over the age of 60. From the beneficiary questionnaires, it was found that there were some respondents who had not attained this age (60+). These constituted 4% of the beneficiaries. Though they are not older persons they had been admitted into the programme due to their vulnerability and their HIV status. The majority of the beneficiaries are however 60 years and above with those between 60 – 69 as 26%, between 70 – 79 as 40% and those over 80 years making up 30% of the total beneficiaries. In terms of age, the programme is consistent with expectations since studies show that as one ages, they become poorer and more vulnerable.

Eleven percent (11%) the respondents were married, 67% widowed (er), 19% separated, and 3% divorced. Many of the respondents have spouses who have died. These results reflect the eligibility criteria for the beneficiaries into the programme particularly on widowhood and are consistent with findings from the recent Kenya Demographic and Health Survey (2008/09) which showed that women are twice likely to be widowed than their male counterparts. In most regions of the world, life expectancy is high among women than men (54.0:53.2) and in Kenya it is (60.4:52.8). Women therefore face longer periods of widowhood and are at risk of declining into greater poverty and insecurity.

Table 4.1: Gender, age and marital status profile of beneficiaries

Profile /Characteristic of older persons		Frequency	%
Sex	Male	8	12%
	Female	46	88%
	Total	**54**	**100%**
Age	Below 60 years	2	3%
	60 - 69 years	12	22%
	70 – 79 years	18	33%
	80 +	17	31%
	Total	**49**	**91%**
Marital Status	Married	6	11%
	Widowed (er)	18	67%
	Separated	8	15%
	Divorced	2	7%
	Never married	0	0%
	Total	**54**	**100%**

4.2.2 Head of Household, Care giving Status and Level of Education

Not only are most of the beneficiaries females, majority of the respondents are heads of households; 88% of them are heads of households. The number of those who are primary caregivers is 82% of the beneficiaries. This has implications on child care.

Studies suggest that women heads of households are more likely than men to spend income for the benefit of all household members. It is apparent that grandparents are taking more care giving roles for their children and grandchildren in the target areas. The majority of the respondents have not been to school (57%). However, some of the beneficiaries in the programme had been taught how to write their names as part of the project at the church. Though the Church runs adult literacy none of the beneficiaries in the programme participated or are registered in any of the classes.

Table 4.2: Head of household, caregiving and level of education profile

Characteristics /profile of older persons		Frequency	%
Head of household	Yes	42	88%
	No	12	12%
	Total	**54**	**100%**
Primary Caregiver	Yes	43	82%
	No	11	18%
	Total	**54**	**100%**
Level of Education	Primary	14	26%
	Some secondary	1	1%
	Completed secondary	1	1%
	No School	38	45%
	Total	**54**	**100%**

4.2.3 Household Composition

The older persons' households were composed more by grandchildren (60%) and children (34%). Overall, the proportion of sons (22%) almost doubled that of daughters (12%) among all children living with the old persons. The number of households with children living with older persons is 63% of all the households under study. This could be a result of the high impacts of HIV and AIDS resulting in skipped generation households. The households are characterised by multigenerational (grand parents, children and grandchildren) and skipped generation households (grandparents and grandchildren).

A high number of people were directly (73%) and indirectly (23%) dependent on older people for sustenance. This is indicative of the burden of care to which the old people are subjected and characteristic of skipped generation households as shown by this confession from an older person:

> *"Currently I am living with my grand children, my daughter's children. These daughters have gone out there but I do not know what they do. They left behind these children and what can I do other than just bring them up?"*

Table 4.3 Composition of older persons' households

Characteristic		Frequency	Percent
Category	Spouse	1	2%
	Son	12	22%
	Daughter	7	12%
	Grandchildren	34	60%
	Other relatives	1	1%
	Friends/non relatives	0	0%
	Child unspecified	1	3%
	Total	**56**	**100%**
Dependency Status[1]	Directly dependent	41	73%
	Indirectly dependent	25	27%
	Total	**56**	**100**

The data presented indicates that there are more women than men enrolled as recipients of the cash transfer programme at Lavington United Church. The programme has all except 2 (3%) who are not considered as older people but the rest of the recipients are older person. The burden of care on older persons is conspicuous in households of older people as 82% of the older persons are primary care givers with some living with not only their children but grandchildren too.

4.3. Improved well-being

The second objective was to investigate the effects of cash transfers on the health and nutritional status of older persons and their households, educational outcomes of children in older persons' households and on the livelihoods of older persons. This is presented below:

[1] Direct dependents were those who had no other source of livelihoods apart from the opportunities by the old person. The indirectly dependent people were those who had other sources of income but which were limited.

4.3.1. Main source of income for older persons

Older persons who were interviewed in the study were given a list to choose from to describe their main source of income. The responses are detailed in the table below. The main sources of income were petty trading, casual labour and the cash they receive from the programme. This exemplifies the fact that older people remain economically active, either working on their own or for other people by washing clothes or babysitting for working parents who go to work. Also that financial support from family members is an important source of income for older persons.

Table 4.4: Main Source of income for older persons

Main Source of Income	Frequency	%
Petty Trading	19	35%
Cash transfer	14	25%
Casual labour	11	20%
Remittances from family	4	8%
Borrowing	3	6%
Sale of personal assets	1	1%
Other	3	5%

The key informant interviews confirmed these findings and communicated that older people continue to work and generate their own income from work. The importance of familial economic support was also discussed, often in relation to the variable capacity of their adult children to support them depending on other economic pressures. The money received from family is unpredictable and older persons are unable to depend on it.

From the beneficiary questionnaires and the key informant interviews particularly with the programme staff, the following were some of the significant findings:

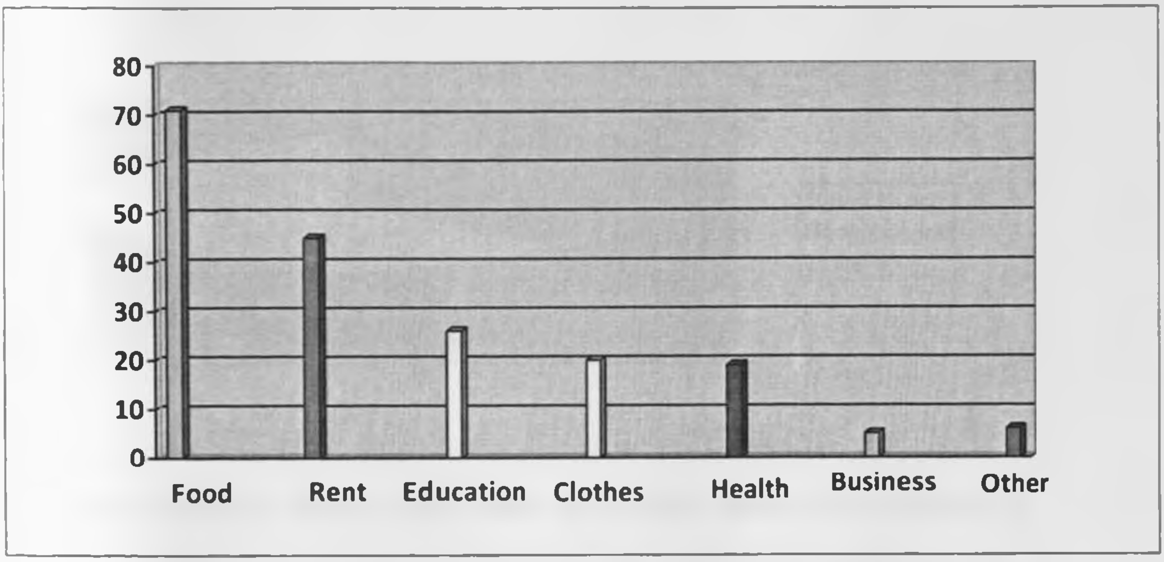
a. Recipients are three times more likely to engage in petty trading
b. Recipients are less likely to be forced to provide casual labour to meet basic needs

There is a strong entrepreneurial behavior among the beneficiaries. A number of them confirmed that they had gone into petty trading using the cash transfer, a finding that was corroborated by the case study reports and key informants. This included the purchase and resale of vegetables and fruits.

The study interrogated expenditure patterns of the cash by the older persons. The figure below shows that most of the cash transfer is spent on buying food (71%), followed by payment of rent (45%), accessing education – fees, uniforms and books (26%), buying clothes (20%), access health care services (19%) and starting a business (5%). The 'other' represents 6% and includes those who spent their cash on paying for labour, contributing to help others and participation in "merry go rounds".

The spending patterns show the type of concerns that preoccupy the recipients; food security and nutrition, improved access to social services, investments and improved income. The fact that much of the cash transfer is spent on buying food points to the dire food needs in the households especially among urban slum households who do not engage in farm production activities.

Figure 4.1: Expenditure of the cash transfer by older people



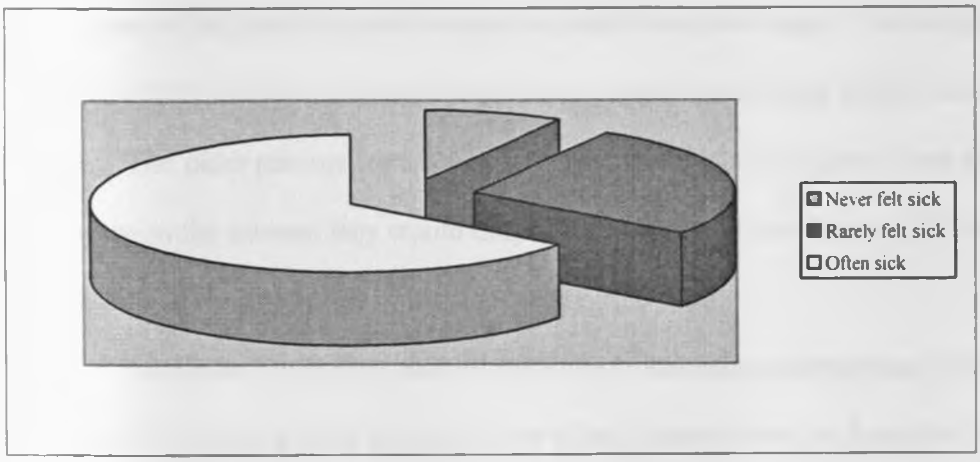
(Percentages add up to more than 100 because they are based on frequencies and NOT responses)

The older persons spend 45% of the amount of the transfer in payment of rent. This is largely due to the fact that they do not own the houses they stay in. There are some who are alleged to be landlords though they did not confess for fear of being removed from the programme. Spending on education at about 27% typical of the value placed on educational needs of the direct dependants on the older persons.

4.3.2 Health

Respondent's perceived health status was explored by asking them to describe their general health before and after joining the programme. The question sought to find out whether the respondents never, often, rarely, or always felt sick. The outcomes are shown in the figure below. Generally, the older persons fared better since they joined the programme. About 7% of them said they never felt sick and 22% who said they rarely felt sick with about 53% who said that they are often sick.

Figure 4.2 Perceived health status since joining the programme



There has been some change in the health of the older persons since joining the programme. This can be attributed mainly to the fact that part of the programme activities is the provision of basic health services for older person at the clinic that the church runs. These services are free to those who are enrolled in the programme.

Having cash through the programme enabled most of the recipients to spend on medications for improved health for their households. The older persons were also more likely to be given credit to buy medication because the lenders knew they would repay once they get the payment at the end of the month.

The health of the dependents of recipient was also better as a result of the cash transfer. 78% of them reported ability to "*buy medicines and take the children to hospital when they fall sick*". They could transport their children, purchase inpatient cards/booklets, pay for laboratory tests and consultation fees (sometimes in a private health facility).

4.3.3 Nutrition

This is one of the areas that saw tremendous and immediate impact. The recipients could buy food and also eat more varied and regular meals than before the cash transfer. The older persons were able to afford three meals on a normal day where previously on the extreme they would only be able to get one meal per day. This was significant and was confirmed by an older person who said:

> *"Food is very expensive and all the money I was making before was going to food. I'm now able to take good care of my grandchildren, as I can feed them well, everyday they look forward to coming home in the evening for a good meal."*

Another respondent put it:

> *"My health has greatly improved as you can see from my body; it is very good. I eat regularly nowadays and am able to get most of the foods I would like to eat since I can buy them."*

Table 4.5: Number of meals on a normal day

Number of meals	Frequency	Percentage	Cumulative Frequency
1 meal	3	6%	6%
2 meals	28	52%	58%
3 meals	21	39%	97%
Other specify	2	3%	100%
Total	54	100%	

The food situation for the older people's household has been difficult but it has been made easier by the provision of the weekly maize flour. These two combined i.e. the cash transfer and the flour have become a very important cushion against hunger and provided some food security to the older persons and their households. Given this the cash transfer has become significant to the older persons as reported by one older person in the programme.

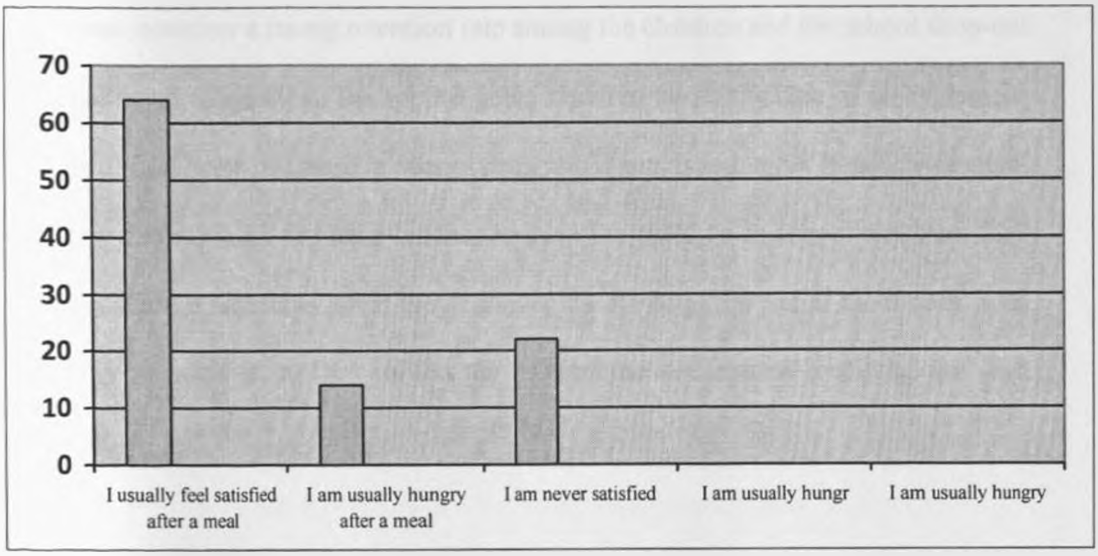
> *"We only eat well for a few days after we are paid. We can afford to buy food to take us for up to a week. After that we go back to our normal lives, buying for 1 time consumption when there is money available. Our eating depends with whether money is available. After the payment we eat well then afterwards we live on what is available".*

Given the above, more of the older persons have been able to have a variety of foods leading to better and improved health in the households.

The consumption of proteins increased among the older persons households since they joined the programme. The study found that there was greater differences since they joined the programme as they have been able to procure a varied range of foods. Computed on averages, the outcomes show that there was greater variation "before and after" joining the programme enjoyed meals with eggs (24%:20%), beans (68%:55%), meat (33%:29%), milk (50%:40%) and fish (46%:21%).

These outcomes illustrate how the cash transfer has enabled recipients to secure better improved nutrition for themsleves and their households. As a confirmation of the above outcomes on nutrition respondents were asked how satisfied they and their households. The figure below shows their responses. Generally more older persons felt more satisfied meaning they had more food to eat. This improved to 64% from 42%. This was noted to be a very significant outcome.

Figure 4.3 General level of satisfaction after a meal



4.3.4. Effect on education

According to the composition of the old person households (table 2 above) children of school going age (0-15 years) constituted 58% of the members of the household. If children between age 16 and 20 years (high school/college – 18%) are added to this it makes a total of 76% of those who ideally are expected to be in school.

4.3.5 School enrolment and retention

The study found that 90% of children of school going age among the beneficiaries' households were enrolled in school. As most of the children in the households are in primary school where there is the Free Primary Education Programme (FPE), there was not a significant change in enrolment before and after joining the programme. This had also been made possible by another programme implemented by the Church which supports orphans and vulnerable children. Some of the children under the care of older persons are enrolled in this programme.

There was however a strong retention rate among the children and the school drop-out rates had been minimized. The school going children under the care of older persons have had significant decrease in school dropout. When asked, older beneficiaries said that they can now ask the head teacher to keep the children in school and then they would make the payments when they received the funds at the end of the month. This was only possible since they joined the programme and started receiving the cash transfer.

4.3.6 Effect on school attendance

There was however notable difference in absenteeism since the enrolment of the older persons into the programme. Absenteeism reduced from 10% to 5%. This change indicates that the cash transfer has positively impacted on the households by helping the older persons to meet the extra schooling costs by increasing the frequency to school attendance. For those who missed school it was mostly due to the inability of their care givers to purchase scholastic material or when they remained at home because the care was sick and they have to take care of them.

83% of the children under the care of older persons attended school daily. Apart from the cash transfer programme, this could be attributed to the Free Primary Education (FPE) being run by the government.

Table 4.6: Frequency of school attendance by children under the care of older persons

Question: In the last month, how frequently did children under your care go to school?

	Respondents	Percent %
They went daily	33	83.60%
They missed one day	4	9.80%
They missed several days	3	6.60%
They did not go at all	0	0.00%
Total	40	100%

4.3.7. Effect on graduation to the next educational level and academic performance

From the study, children from older persons were reportedly graduating to the next level of education much more easily. Seeing that enrolment into primary school was already at 90% which is very significant. There is however little impact on this and this could be attributed to the fact that enrolment in schools particularly primary schools was already high as a result of free primary education and that the amount of transfers that the older persons receive is little.

4.3.8 Effect on small scale income generation activities

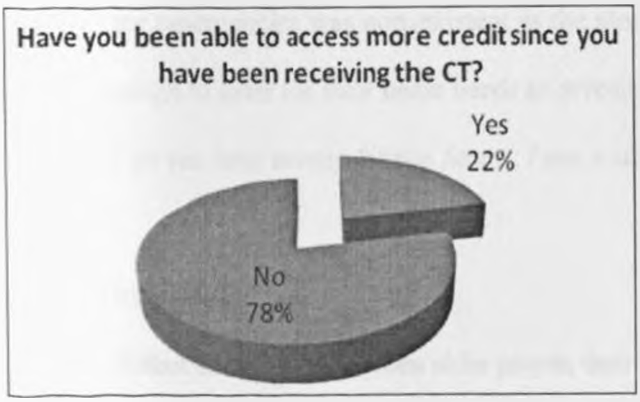
It is interesting to note that recipients were more likely to get most of their income from petty trading whilst less likely to depend on income from casual labour. The Cash transfer has enabled about 5% of the older people to invest in businesses. Income from trading provides the funds to fill the labour gap left by the older person which both provides income for other community members and increases the commercial activity at the local level.

4.3.9 Effect on access to credit and acquisition to credit

Though the amount of money that the older persons in the programme are receiving is not much, there has been increased credit-worthiness of the older persons in their communities. They are able to borrow money from local shops and pay at the end of the month when they receive their payments.

22% of the recipients have been able to use borrowing as an effective strategy to cope with challenging situations. They do this knowing they will repay once their cash is disbursed. The lenders also were willing to give cash since they know that they will be repaid. This is illustrated by the figure below in which 22% of the recipients reported that they have been able to access credit since joining the programme. One of the beneficiaries said "*I am able to borrow some food from the shop and pay for it later*".

Figure 4.4 Access to credit by older persons since receiving CT



4.3.10 Effect on saving

Another area of interest of the study was the effect of the transfer on saving behaviour. The assessment established that the recipients had an increasing tendency to think about the unknown future and to provide for it. This took the form of joining local welfare or savings groups where they pooled specific amounts of money periodically and gave it to each other in turns. This was mostly common among the recipients who were engaged in trading especially in the local market. In total 35% of the older persons are involved in petty trading (see Figure 4.5), this is about 18 older persons. In these groups they are able to save upto Kshs 50 per week and then they can borrow. The group norms are self regulating as the members feel strongly about the moral obligation to be faithful to contribute for each other. Merry go rounds act as a saving mechanism that helps people to achieve two objectives: postponing consumption and consolidating little amounts in order to afford a relatively expensive item.

Savings for emergencies was non-existent as the money that they were receiving was hardly enough to cater for their basic needs as revealed by one respondent

> *"I do not keep money for the future; I use it all for my present needs"*

4. 3.11 Other effects

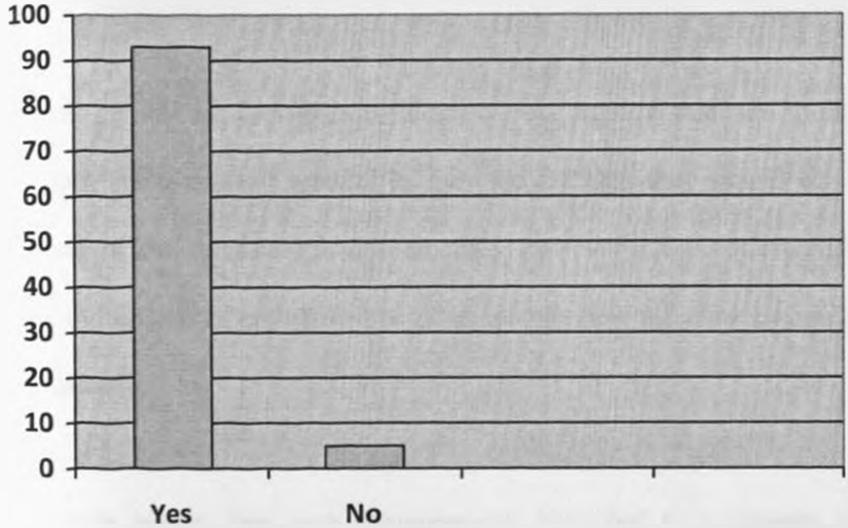
4. 3.11.1. Effect on relations between older people, their families and community

With the enrolment into the programme, relations have changed significantly between the old people and their children, relatives and the community. Relations with grandchildren have been strengthened. Recipients reported how their grandchildren were happier that food was relatively more available and regular than before. They looked forward to coming home rather than stay out late seeking for employment to support grandparents. The burden of care borne by children of school age for their older relatives is reversed so the older people can play the caring role as opposed to require children to support the household's livelihood.

Older people recipients explained, because children were able to go to school and feel part of those who are privileged to be able to read and write, the relationship between grandparents and children had improved. A number of recipients reported that their grandchildren were trusted and could even go and get the money on their behalf from the church when they were not feeling well.

Figure 4.5 Percent of positive impact on relationships of older persons

Has the enrolment in the programme had a positive impact on your relationships and those in your household?



Among those who answered the question 93% said that the transfer has:

- The transfer enabled them to participate in family decision making
- Greater independence improved their decision making
- The transfer made increased respect paid towards them as financial contributors
- Transfer improved their feeling of empowerment to give advice and make decisions
- The increased money meant they were able to contribute towards others needs

There were some negative experiences of familial relationships that the research exposed. Only about 5% of the respondents said that relations were not always favourable between the old person and their children or family members, although this could not concretely be attributed to the transfer and could be interpreted as a reflection of the fragmented intergenerational relationship that is aggravated by poverty.

Some of the children (not grandchildren) were a considerable pain to the old people when they received their transfer as they too felt that they should be consulted on decisions on how to spend the cash received. However it was not established whether adult children felt an entitlement to other income that the older person brought into the household.

There were reports that such disagreements have led to arguments and in some extreme cases physical injuries through scuffles to get the cash from the old person. In the context of joblessness and difficult adolescence, the cash became easy money that could be obtained by these young adults once in the hands of the old person. Such cases were however very few.

4.4 Awareness of the objectives and features of the Programme

The third objective was to find out the awareness of the objectives and the features of the cash transfer programme by older persons. Several questions were asked to establish if the older persons were aware of the characteristics and objectives of the programme. This was to establish the programme beneficiaries' knowledge of who delivers the programme, their perceptions on eligibility, registration process and the logistics of accessing the cash transfer.

The responses from the older persons are presented in the table below:

Table 4.7 Awareness of the features of the programme

	Awareness of programme objectives %	Awareness on targeting %	Awareness on eligibility %	Awareness of amount to be paid %	Awareness of day of payment %
Yes	99	88	100	100	100
No	1	12	0	0	0
Total	100	100	100	100	100

4.4.1 Awareness of the programme objectives

All the older persons (100%) in the programme were aware of the objective of t-he programme which broadly is to alleviate poverty among the poor elderly people and improve their quality of life. They were also aware that the programme aimed to help them be food secure through the monthly provision of maize flour and to help them support those who are living with them like their children and grandchildren.

4.4.2. Awareness on Targeting and Eligibility

The study sought to find out if the respondents if they were aware of the targeting process and the eligibility criteria to the programme. About 88% of the older persons in the programme knew the eligibility criteria and they stated that one of these was "old age". It was however not clear to the older persons what the actual age for entry into the programme was.

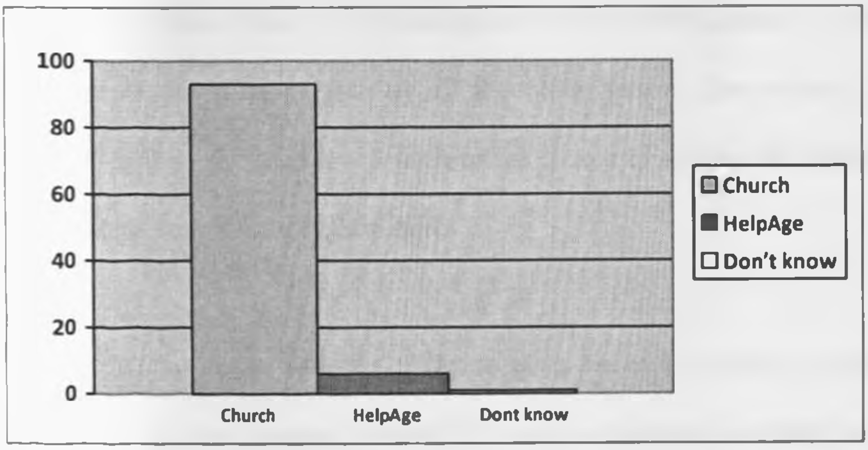
All (100%) the respondents believe that they are eligible for admission into the programme and cited several factors: old age (though they differed on the age limit; 60 years for some 65 years for others), poverty/need with many dependants.

Initially selection to the programme had been through invitation from the church clergy. The Church identified members of its congregation who were needy and enrolled them into the programme. The members who have been admitted into the programme have been recommended by their neighbours who are already enrolled in the programme. The programme staff then pays a visit to the older person's household to ascertain that they meet the criteria for enrolment before they are admitted. The older persons believe that the targeting process is fair and though some thought that there are others in the programme who do not meet the criteria for enrolment as they were younger and did not meet the criteria based on age while others are landlords; some even to the older persons themselves.

4.4.3. Respondents awareness on the funding for the programme

The main observations regarding awareness of the funding for the programme was that the programme is funded by the church. When asked who was responsible for funding the programme 93% said the money was from the church while 6% said the money came from a donor by the name "HelpAge" while 1% of the respondents were not sure where the funding from the project was coming from.

Figure 4.6 Knowledge of who funds the programme



The responses were generally correct in regards to the funding as HelpAge Kenya funds the programme through the Lavington United Church. The Church also puts in some money to the programme once in a while when the funds to the programme are not sufficient.

4.4.4. Accessibility to paypoint

In terms of feedback on the design and implementation of the programme by the older persons, 100% of the respondents were aware of the amount of the money they were eligible to and on the manner of delivery of the cash. All the respondents said that the money is paid at the end of the month – on the last Wednesday of the month and they all receive the money at the Social Services Department. They knew the officers who are responsible for the payment and even mentioned the names of the two officers who run the programme.

There are however four older persons who are not able to collect the cash themselves as they are unwell and cannot reach the church. For these older persons, their neighbours who are enrolled in the programme collect the money on their behalf and bring it to them. None of the recipients reported difficulties in accessing cash. Distance is not a main issue as all the older persons live within a radius of 3 kilometres from the church and walk to the church to receive the money. One of the respondents from the case study said;

> *"All of us live near the church and we are able to walk to get the money on the day the payment is made. We have no problems reaching the place where the money is paid"*

It is impressive that the awareness of the programme's objectives and features is very high. The Church has ensured a high level of transparency by passing the correct information to those enrolled in the programme. The respondents are aware of the objectives of the programme, know who is funding the programme, when to collect the funds and how much they are eligible to receive each month.

4.5 Perception of the older persons on the Cash Transfer Programme

The fourth objective of the study was to assess the perception of older persons on the cash transfer programme.

The study sought to find out the perceptions that the respondents have of the cash transfer programme. Questions were asked on the adequacy of the amount of payment made, the reliability and timeliness of the payment and the safety of the method of payment. The table below shows the older persons responses:

Table 4.8: Perceptions on adequacy, targeting, timeliness, reliability and safety of payments

	Yes		No		Total	
	Freq.	%	Freq.	%	Freq.	%
Adequacy	1	2	53	98	54	100
Targeting	52	97	2	3	54	100
Timeliness and reliability	50	92	4	8	54	100
Safety of payment	48	88	6	12	54	100

4.5.1 Perception on adequacy of the amount of the cash transfer

The study sought to find out the perceptions of the older persons on the adequacy of the amount to meet their basic needs. The amount of cash given to older persons in the programme Kshs. 500 is perceived to be inadequate based on the needs of the older persons.

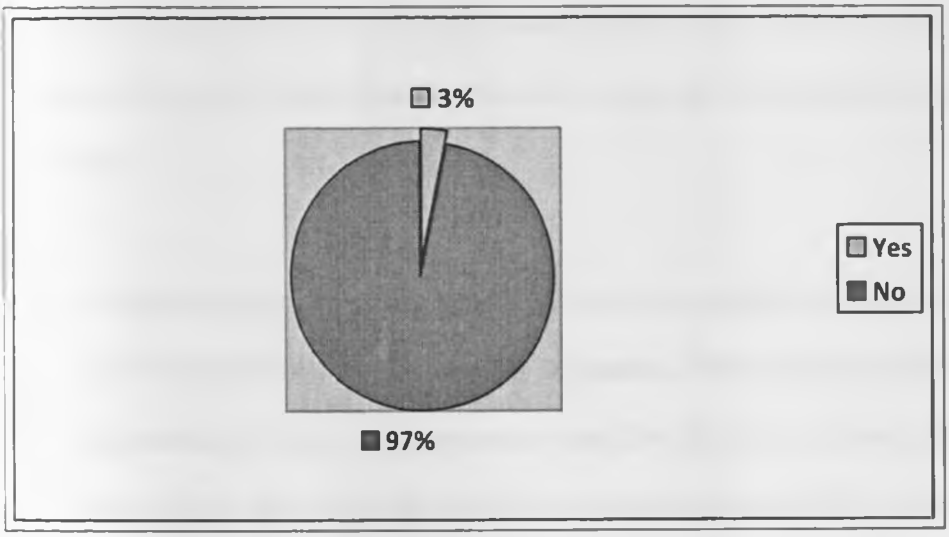
The older persons interviewed felt the amount paid to them each month was inadequate. 98% of them perceived the amount to be insufficient in meeting their needs. They were of the opinion that the amount is highly insufficient and only lasts for one day; the day of the payment. They were however grateful that the programme provides for other services like the weekly provision of maize flour and the basic health services at the local clinic owned by the church.

4.5.2 Perceptions on targeting

The respondents believe that they are eligible for the programme. When asked 97% of them said that based on the criteria that is used to select people into the programme then the targeting criteria is able to identify the "right" people to the programme. The number was high probably because the older people particularly felt that if they were of a different opinion then they might be identified as those wrongly targeted.

Only 3% felt that the targeting was not right. This was because some felt that there were older persons in the programme who were rich and owned rental houses and therefore did not deserve to be in the programme.

Figure 4.7: Perceptions on the targeting method



4.5.3 Perceptions on safety of payment

All the recipients go on the same day to collect their cash and this made pay day was obvious as everyone knew the day the older persons receive their payment. Nevertheless only 12% of the older persons felt that it was unsafe to collect the money from the church. The feeling of insecurity the said comes about because of the ink mark on their fingers after they collect the money. The 12% feared being robbed from their way from the Lavington United Church. The other 88% did not report feeling unsafe on the day of collection.

4.5.4 Perceptions on timeliness and reliability

The older persons reported that the payment of the money to them was quite reliable. 92% of the respondents said that they could rely on the payment as it is always done on the day set out for payment. Except for very few occasions, the Church has always made the payments promptly on the last Wednesday of each month.

Only 8% of the older persons felt otherwise. They suggested that the payment could be made weekly so that they do not have to wait until the end of the month. They said that at times they are forced to borrow from other sources in order to purchase some basic items.

From the responses from the older persons, it is clear that the older persons in general have positive perception on the cash transfer programme. This could be largely be due to the transparency by which the programme is run. The Church has ensured that there are no delays in the payments of the funds hence enhancing the reliability of the cash by older persons.

4.6 Conclusion

This chapter presented the findings of the beneficiary questionnaires and key informant interviews. According to the findings of the study, show that the idea of a cash transfer programme for the older persons was important and very appropriate in terms of poverty reduction among older persons and their households. Though the amount received by the older persons is very little it makes a change to them and to their households. Key informant interviews described the programme to be of great help to the older persons and those from government asked for the amount to be reviewed upward so it could be in line with that which is being provided by the Government of Kenya (Kshs 1,500) through the Older Persons Cash Transfer (OPCT).

The cash given to older persons is definitely being used beyond them but also contributes to meeting the basic needs of others.

CHAPTER FIVE

5.0. SUMMARY,CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the conclusions and recommendations of the study ba sed on the analysis and interpretation in Chapter Four. The chapter is guided by the study objectives. These were to: to examine the characteristics of older persons receiving the cash transfer, to investigate the effect of the cash transfer on health and nutritional status of older persons and their households, educational outcomes of children in older persons households and on the livelihoods of older persons. The study also sought to find out the awareness of older persons to the objectives and features of the programme and to seek their perceptions to the programme.

5.2 Summary

From the research findings, it is evident that the programme has had significant positive effects on the welfare of older persons and those under their care. The funds that are provided to older people through the Lavington United Church, though minimal have covered a huge financial gap in terms of providing for older people's households basic needs.

The findings are consistent with literature review from other countries on the impact of social pensions the lives of older people.

i. Older people are increasingly taking over the care of not only orphans but also that of their children who may be ill. This has been the case in many Sub-Saharan countries where the HIV/AIDS menace has devastated households and shaken the safety nets that older people depended on.

ii. The case of skipped generations in many households, a phenomenon that is fast growing is evident in the older person's households household. The composition of the households is made up of manly older persons and children.

iii. Educational levels among older person is quite low with very few of them having had any formal education. Still this has not hindered them investing in the education of those under their care. It is therefore evident that older people are capable of making wise choices and are keen on developing the human capital; skills and knowledge of those under the care. This is consistent with the Sustainable Livelihoods Framework propagated by the DFID (2002). The orphans under the care of older persons have been able to benefit by attending school and completing their education. Hopefully this has enabled them to acquire skills and knowledge that will help to break the intergenerational cycle of poverty that bedevils skipped generational households.

iv. Nutritional and the health status of older people and those under their care have improved significantly since they joined the programme. From literature, this is usually one of the most evident outcomes from cash transfer programmes. This is because food and health can sometimes be difficult for older persons to access and when they are able to it makes a significant impact in their lives.

v. The livelihood of older persons has improved outcomes of older person in the programme has been enhanced further by the provision of the cash transfer programme. The provision of the cash has enabled older people to expand their choices and for them to lead lives that they value. Older people under the programme have started income generating activities and are participating in other social activities in their neighborhood that makes them feel productive. As the Human Development Theory puts it, human well being is the purpose, the end of development and the programme is helping to reach this goal

5.3 Conclusion

Results of the study indicate that older people who are enrolled in the programme and are receiving the cash transfer generally spend their cash on basic needs for those who are dependent on them. Food, schooling and healthcare were placed at high priority in spending for older persons.

Older persons were able to eat more meals as compared to before they joined the programme. They also were more likely to have had a varied diet and were more likely to feel satisfied after a meal. The cash transfer has enabled older persons and their households to access health services for those in their care. They are more able to procure medication and pay for the services much more now that they are enrolled in the programme.

The cash transfer is used to meet schooling related costs including fees, uniforms and books of young children. The cash transfer has ensured that children stay in school, attend school more frequently and are able to progress to successive levels of education.

The cash transfer has improved the livelihood capacity of the older persons. Some of the older persons had been able to invest the money into small scale businesses mostly selling vegetables at the nearby market. They had also become credit worthy on the strength that their cash disbursement assures that they would repay their debts once they are paid.

The cash transfer improved intra-household relations. The perception of old person as a bother and burden changed significantly among families. Instead they were regarded as sources of support. This has improved the self esteem of the older people and they feel more self assured and important thus they are more able to engage in household decision making as a result. This is particularly true in relation to the relationship between grandchildren and older people. There is a greater sense of reciprocal support whereas before, grandchildren were burdened with the care of older people.

5.4. Recommendations

Given the analysis of the beneficiary questionnaires, the key informant interviews and the case studies, the following are recommendations to key players.

a. The government should facilitate cash transfers to older persons. Through literature review and the study, it is evident that cash in the hands of older people has a significant role in enhancing their well being and that of their households. Older persons put the money into good use mostly for the benefit of those under their care. Misconceptions of creating dependency among older persons are not true as they (the elderly) are using the funds to create income by engaging in income generating activities to support those under their care.

b. The Lavington United Church should:

i. Expand the cash transfer project so that it reaches more older people. There are still many older persons who are living in abject poverty with an extra burden of taking care of children. The project therefore should be expanded to reach more older persons, within and outside the programme area.

ii. The amount of money provided to the older persons ought to be increased. Ideally it should be set at Kshs. 1,500 in line with the government funded project the Older Persons Cash Transfer (OPCT). The amount given out by the OPCT Programme is set based on the average food basket and would therefore have more impact on the livelihoods of older persons

iii. Linkages with other services in terms of collaboration and coordination with other service providers and across ministries such as Education, Agriculture and Health will increase impact.

iv. Members of the community ought to offer support as much as they can to older persons. The burden of care placed upon older persons in caring for orphans is enormous and most of them are overwhelmed. Community support systems like fundraisings to support the education of orphaned children are necessary.

In order to provide insight into other mechanisms to alleviate poverty among older persons, it is suggested that further studies be conducted to strengthen other cash transfer programmes in the country particularly the Older Persons Cash Transfer Programme that is implemented by the Government.

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ANNEX 1: BENEFICIARY QUESTIONAIRE

My name is Marion Ouma. I am a postgraduate student at the University of Nairobi. I am conducting a research on the effect of cash transfers on the well being of older persons. This research is for academic purposes. I will appreciate if you could answer the questions below. Thank you in advance for your time.

A. PROFILE OF OLDER PERSONS

1. Gender of the respondent:

   1. Male 2. Female

2. Are you the head of the household?

   1. Yes 2. No

3. Are you the primary caregiver in your household?

   1. Yes 2. No

4. How old are you ?(*Write the age in years, If age is not known ask for estimated age)*________________

5. What is your marital status?

   1. Married
   2. Divorced
   3. Widowed (er)
   4. Separated
   5. Never Married

6. What is the highest level of education you have attained?

   1. Some primary
   2. Completed Primary
   3. Some Secondary
   4. Completed Secondary
   5. College Other (Specify)____________________________

7. Are you able to read and write?

   1. Yes 2. No

B. AWARENESS OF THE OBJECTIVES FO THE PROGRAMME

8. When were you admitted to the programme?

___*MM*___*YY*

	Aware	Somewhat aware	Not aware
Objectives of the programme			
How much are you entitled to			
Manner of delivery/receipt of the cash			
When was programme started			
What is the name of the officer who pays out the cash			
Which age group qualifies to be enrolled in the programme			
How often are you supposed to receive the cash			

C.RESPONDENTS PERCEPTIONS OF THE CASH TRANSFER

9. Tell me how you typically spend the money given by the programme? (*Probe for how much or proportions spent on specific issues*)

____

____

____

____

____

10. How do you feel about the following:

	Adequate/reliable	Somewhat adequate/ reliable	Not adequate/reliable
Adequacy of the amount			
Reliability			

11. What could be done to improve the programme?

____
____
____
____
____
____

12. Do you feel those selected to the programme deserve to be in it?

1. Yes B. No

D. EFFECTS ON HEALTH AND NUTRITIONAL STATUS.

13. If you think of a normal day, how many meals would you have?

1 = 1 meal 2 = 2 Meals 3 = 3 Meals 4 = Other (Specify)________

14. Generally how satisfied are you and your household about the meals?

1. I usually feel satiated after a meal
2. I am usually hungry after a meal
3. I am never full/satiated
4. I am always hungry after a meal

15. If not satisfied, why is this so?

____
____
____
____

16. Which foods did you eat in the last week? In the last one month?

Food	Eaten In the last week	Eaten In the last month
Eggs		
Beans		
Fish		
Ugali/Maize		
Meat		
Milk		
Sweet potatoes		
Cassava		
Rice		

17. What was the situation in terms of

	Before joining the programme	After joining the programme
No of meals		
Types of foods eaten		
Number of meals		
General satisfaction of the household		

18. Describe the following health related questions

	Before joining the programme	After joining the programme
Your general state of health		
Level of health of the household		
Level of access to health services		
Affordability of health services and medication		

E. EDUCATIONAL IMPACTS

19. Are all the children of schooling age in your household enrolled in school?

    1. Yes   2. No

20. *If no)* what are the reasons for non enrolment?

____
____
____
____
____

21. In relation to the schooling for the members of your household attending school tell me about:

	Before joining programme	After joining programme
Frequency of attending school		
Performance in school		
Ability to purchase scholastic material		
Progression to the next level of education		

F. IMPACTS ON LIVELIHOOD

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

____
____
____
____
____
____

Have you been able to use some of the money to start a business or a small sclera income generating activity?

A. Yes

B. No

Does the business support yours and your household's needs?

23. Do you have any money left with any savings group or a chama?

1. Yes 2. No

24. Since receiving the cash transfer has there been any improvement to you or your household's income?

1. Yes 2. No

25. Have you been able to invest in assets (livestock, agricultural inputs, things to sell)

26. Tell me about any welfare group in your community where you are a member and how helpful it is to you (*Probe for criteria for and types of membership(welfare groups), contributions; how much, regularity, conflict resolution etc*)

ANNEX 2: KEY INFORMANT INTERVIEW GUIDE

My name is Marion Ouma. I am a postgraduate student at the University of Nairobi. I am conducting a research on the effect of cash transfers on the well being of older persons. This research is for academic purposes. I will appreciate if you could answer the questions below. Thank you in advance for your time.

Respondent details:

1. Name of Respondent: ____________________________
2. Organisation ____________________________________
3. Gender: ____
4. Designation in the organisation/Community:_______________________
5. Contact Telephone /email if appropriate:______________________

Guiding Questions:

1. Please describe your role in the programme?

2. What are the main benefits of the Cash Transfer programme?
   a. For older people
   b. For other people in the community
   c. How does it impact on support offered to older people within the home?

3. How is the programme related to other welfare/social protection mechanisms at local level?
   a. What are the existing welfare/social protection mechanisms in your district/location/village (formal and informal)?
   b. Has the programme had any impact/exchange/cooperation with any of the welfare/social protection mechanisms you have mentioned?

4. What relations does the programme have with social services providers?
   a. Is the programme in contact with education, health care and enterprise development providers?
   b. Does the receipt of the cash transfer enhance the effectiveness of other services?

5. What would be the best way to improve the Programme?

    a. What changes would you make to the programme and why?
  b. How should it integrate / compliment other cash transfers and services?
6. Who are the stakeholders involved in social protection area in Kenya?
    a. List the key Stakeholders (Government, older people associations, civil society organisations, research institutions, bilateral and multilateral development partners, specialised agencies.)?
    b. What are their role and specificity?

Thank you very much for taking time to discuss these very important issues about the programme.