



UNIVERSITY OF NAIROBI

FACULTY OF ARTS

COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

**EFFECTS OF SOCIAL PROTECTION PROGRAMMES ON SOCIAL NETWORKS
AMONG THE ELDERLY PERSONS IN RURAL AREAS GITHUNGURI SUB-
COUNTY**

BY,

RUIGU SOPHIA NUNGARI

C50/73265/2014

M.A (SOCIOLOGY)

**A Research Project submitted in partial fulfillment of the requirements for the Degree of
Master of Arts in Sociology (Rural and Community Development), University of Nairobi**

November 2016

DECLARATION

I declare that this Research Project Paper is my original work and has not been submitted for any other degree of this or any other University for academic crediting.

.....

RUIGU SOPHIA NUNGARI

C50/73265/2014

.....

DATE

SUPERVISOR DECLARATION

This Research Project Paper has been submitted for examination with my approval as the University Supervisor.

.....

DR. ROBINSON OCHARO

.....

DATE

DEDICATION

I dedicate this research work to my mother Mary Wambui Ruigu.

ACKNOWLEDGEMENTS

I wish to acknowledge and express my sincere appreciation to my supervisor Dr. Robinson Ocharo for his guidance, patience and constructive criticism which provided a benchmark on which this study was developed. I also sincerely thank the members of social protection programmes department in Githunguri for providing information required for completion of this study.

My gratitude also goes to all the beneficiaries and key informants who took part in filling the interview schedule and the key informant guide despite their busy schedule.

To my sponsors who funded my education, my mum Mary Wambui Ruigu and my sister Lucy Ruigu, I appreciate your support and encouragement, may the Lord bless you abundantly.

Lastly is to thank the almighty God for giving me strength and protection during the entire project.

ACRONYMS

AU-	African Union
CCT-	Conditional Cash Transfer
CT-	Cash Transfer
GOK-	Government of Kenya
HIV/AIDs -	Human Immunodeficiency Virus/Acquired immune Deficiency Virus
KIHBS-	Kenya Integrated Household Budget Survey
KNBS-	Kenya National Bureau of Statistics
MGCSO-	Ministry of Gender, Children and Social Development
OVC-CT-	Orphans and Vulnerable Children Cash Transfer
UCT-	Unconditional Cash Transfer
NGOS -	Non-governmental Organizations
UN -	United Nations
NHIF -	National Hospital Insurance Fund
NSSF -	National Social Security Fund
OPCT -	Older Person's Cash Transfer Programme
KNCHR-	Kenya National Commission of Human Right
IDPS-	Internally Displaced Persons
PWSD-	People with Severe Disabilities
MGDS-	Millennium Development Goals

ABSTRACT

The study sought to establish the effects of social protection programmes on social network among the elderly persons in rural areas in Githunguri Sub- County. The study sought to realize three objectives which included: To find out effects of the social protection programmes on individual, families and community social relationships to the elderly persons; To find out changes that has occurred in beneficiaries' social networks and social status; and to establish the social impacts of social protection programmes to elderly persons. Social protection programmes are government initiatives to support the vulnerable groups such as elderly persons, orphan and vulnerable children and people living with severe disabilities. This programme strongly contributes to reducing poverty, isolation, exclusion, and social economic inequality among the vulnerable groups thus improving the beneficiaries livelihood. Proper implementation of social protection programmes can enhance social networks among the elderly persons and other community members. It enables the beneficiaries to attach in the circle of their extended family and communities, decreasing the social distance between the poor and the wealthier households. The study employed both quantitative and qualitative methods and tools of data collection were used in collection of primary data. Secondary data was also obtained from the written literature. Proportionate stratified random sampling was used to identify 124 respondents for household interviews and purposive sampling to select the eight participants of key informant interviews. The data was analyzed descriptively using computer software SPSS and presented using diagrams, tables, graphs and pie charts. The study found out that social protection programmes has positive effects on elderly persons livelihood and well-being thus building stronger social networks in the family and community at large. Their social relationship with the family members and the entire community has improved thus strengthening their social status. The beneficiaries are now able to participate in community activities and even being given positions to lead different groups in the community. On contrary the study found negative effects of the programme which has brought division in the family level. Other beneficiaries stated that the non- beneficiaries are jealous and this weakens their social networks. The study recommends government to scale up the programme to include all the deserving elderly persons in the country, Ensure that the assistance is given regularly and is predictable. Further, ensure that the public understand the programme main objective and the criteria used in selection of beneficiaries to deal with the issues of division and jealous within the family and community levels.

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
ACRONYMS	v
ABSTRACT	vi
CHAPTER ONE: INTRODUCTION	1
1.1 Background	1
1.2 Problem statement	7
1.3 Research questions	8
1.4 Objectives of the study	8
1.5 Scope and limitation of the study	9
1.6 Definition of the key concepts	10
CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK	
2.1 Introduction	11
2.2 Poverty and vulnerability	11
2.3 Challenges faced by elderly	12
2.4 Social protection	16
2.5 International, Regional and Local Instruments for Elderly	18
2.5.1 Universal Declaration of Human Rights 1948	18
2.5.2 Vienna International Plan of Action on Aging (VIPAA)	19
2.5.3 United Nations Principles for Older Persons (1991)	19

2.5.4 Madrid International Plan of Action on Ageing (MIPAA)	20
2.5.5 Living Stone Declaration 2006	21
2.5.6 Vision 2030	21
2.5.7 Kenya’s National Social Protection Policy	22
2.5.8 National Policy on Older Persons and Ageing	24
2.5.9 Civil Service Organization	24
2.5.10 Institutions of elder persons (Homes for the elderly).....	24
2.5.11 Family structure.....	25
2.6 Social Protection Programmes Existing In Kenya.....	25
2.6.1 National Social Security Fund (NSSF)	25
2.6.2 National Health Insurance Fund (NHIF).....	26
2.6.3 Pension Schemes	27
2.6.4 Cash Transfers.....	27
2.6.5 Public Works	28
2.6.6 Grants	29
2.7 Empirical literature on social protection programmes for the elderly and it’s effects on social networks	29
2.8 Theoretical Framework of Social Protection Programmes	31
2.8.1 Social Capital Theory.....	31
2.9 Conceptual framework.....	34
CHAPTER THREE: RESEARCH METHODOLOGY	
3.1 Study site description	37
3.2 Target population	38

3.3 Unit of analysis	39
3.4 Unit of observation	39
3.5 Sample size and sampling procedure	39
3.6 Methods and tools of data collection	40
3.7 Pilot study	42
3.8 Data analysis	42
3.9 Ethical consideration.....	43

CHAPTER FOUR: DATA ANALYSIS PRESENTATION AND INTERPRETATION

4.1 Introduction.....	44
4.2 General information	44
4.2.1 Gender	44
4.2.2 Age bracket	45
4.2.3 Marital Status	47
4.2.4 Religion	48
2.5 Educational levels	49
4.2.6 Income Sources	49
4.2.7 Approximate Monthly Income	50
4.2.8 Property Ownership.....	51
4.2.9 Number of household members	52
4.3 Effects of the social protection programmes on individual, families and community relationships	53
4.3.1 Cash Spending.....	53
4.3.2 The quality of social protection program	54

4.3.3 The extent in which the fund they receive help in solving monetary/ economic problems	55
4.3.5 Involvement or participation in the community activities as a beneficiary	56
4.3.6 Set of description explaining your relationship as a beneficiary with their family members, friends and the entire community	58
4.4 Changes that has occurred in beneficiaries' social networks and social status	60
4.4.1 Access to credit	60
4.4.2 Joined social groups before enrollment in the programme	62
4.4.3 Joining Social Groups after becoming a beneficiary	64
4.4.4 Support before becoming a beneficiary	65
4.4.5 As a beneficiary the support they get	66
4.5 To establish the social impacts of social protection programmes.....	67
4.5.1 How were they treated before becoming a beneficiary?	67
4.5.2 After being a beneficiary	69
4.5.3 Coping	71
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS	
5.1 Summary of the key findings	73
5.1.1 Effects of social protection programmes on individual, families and community social relationships	74
5.1.2 Changes that has occurred on the beneficiaries' social network and social status	75
5.1.3 Social impacts of social protection programmes.....	76
5.2 Conclusions.....	77
5.3 Recommendation of the Study.....	78

5.4 Recommendations for Further Study	78
References	80
ANNEXES	83
Annex 1: Interview Schedule Tool	83
Annex 2: Key Informant Guide	92

LIST OF TABLES

Table 1: Religion.....	48
Table 2: Education levels of the beneficiary.....	49
Table 3: Main Source of Income	50
Table 4: Approximate Monthly Income	51
Table 5: Number of household members.....	52
Table 6: Extent in which funds received help in solving monetary/economic problems
Percentages	56
Table 7: Involvement or participation in the community activities as a beneficiary	57
Table 8: Beneficiary relationship with family members, friends and the entire community	58
Percentages	59
Table 9: Duration the beneficiaries take to repay debts.....	62
Table 10: Joining Social Groups after becoming a beneficiary	64
Table 11: Support before becoming a beneficiary	66
Table 12: As a beneficiary the support they get	67
Table 13: How they were treated before they became beneficiaries	68
Table 14: After being a beneficiary	70

LIST OF FIGURES

Graph 1: Age of the respondents	46
Graph 2: Marital Status.....	48
Graph 3: Cash spending.....	54
Graph 4: Quality of social protection programmes.....	55
Graph 5: Opinion scale	60
Graph 6: Accessing credit.....	61

LIST OF CHARTS

Chart 1: Gender of the respondents	45
Chart 2: Coping mechanism.....	72

CHAPTER ONE: INTRODUCTION

1.1 Background

The population of the older person has continued to increase in all over the world. The studies show that the population of the old people in the world is projected to reach 2 billion by the year 2050. In African continent the population of older persons who have reached the age of 60 and above is estimated to be 42 million and is expected to reach between 205 to 212 million by the year 2050. (MOGCSD, 2009)

According to Kenya population and Housing Census 2009, Kenya had a total population of 38.6Million and about 1.3M people were 65 and above years of age. According to Kenya Integrated Household Budget Survey (KIHBS) of 2005/2007, approximately 46.7 percent of Kenya's population is said to be poor (KNBS, 2007). The poverty rate of older persons of 60 years and above is 56.4 % and people with disabilities is 63% (MOGCSD, 2011) the level of vulnerability towards the elderly persons is higher, this is because as they age they loses physical strength and thus become feeble this make them less able to work and provide for their basic needs. According to Chambers Vulnerability “refers to exposure to contingencies and stress, and the difficulty of coping with them. Vulnerability has two sides: an external side of risks, shocks, and stresses to which an individual or household is subject; and an internal side which is defenselessness, meaning a lack of means to cope with damaging loss.”

Aging being a rural phenomenon as the younger generations are moving to town in search of employment this has led to breakdown of extended family structure which provided support to the older persons in terms of social security, social protection and social welfare (KNCHR, 2009). Older persons who are vulnerable are left poor in rural areas as they are unable to access

basics needs and also suffers from social isolation that is loneliness, neglect, abuse and sometimes violence from some of their family members.¹ In addition, the roles of elderly persons in the society have been overtaken by modernity and urbanization.

Older person also have a difficult tasks of providing care to family members who suffers from HIV/AIDS epidemic and also bringing up the children of those who die from this chronic diseases. This has increased the challenges the old persons are facing in this century. The high level of vulnerability weakens social networks. According to United Nations World Population Ageing 1950-2050, Population Division, explains that there is need “to ensure that people everywhere can grow old with security and dignity and that they can continue to participate in social life as citizens with full rights”. At the same time “the rights of old people should not be incompatible with those of other groups, and reciprocal intergenerational relations should be encouraged.”

Kenya being a member and signatory of UN (united nations), AU (African union) and other international human rights declaration which advocate for social security to all vulnerable groups that is children, older persons and people living with disability it also support social protection as a fundamental human right to every citizen. In 1982, the United Nations through its resolution 37/51 convened the first ever World Assembly on Ageing in Vienna Austria to address issues pertaining to older persons and their implications on national development.²The Kenyan government has also participated in other declarations and treaties which are informative in

¹ GOK 2009 Sessional paper on National Policy on older persons and aging

²Republic of Kenya (2009) Sessional Paper, On National Policy on Older Persons and Aging, Ministry Of Gender, Children and Social Development,

matters of social protection policies that help in strategizing programs towards the old person this include:

UN Principles of Older Persons, 1991.

UN Proclamation on Ageing, 1992.

The Madrid International Plan of Action on Ageing, 2002.

The Livingstone Declaration of 2006 by the African Union meeting at Livingstone, Zambia

The chapter 4 of the Kenyan constitution which discuss the bill of rights and fundamental freedom under the article 21(3), 43(3) and 57(a) (b) (c) (d) provides the rights that old persons should enjoy from both the state and the society. Article 21(3) states that “All State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities, and members of particular ethnic, religious or cultural communities”. While article 43(3) provide an assurance that “The State shall provide appropriate social security to persons who are unable to support themselves and their dependents” Article 57(a)(b)(c)(d) requires “that the State shall take measures to ensure the rights of older persons— (a) to fully participate in the affairs of society; (b) to pursue their personal development; (c) to live in dignity and respect and be free from abuse; and (d) to receive reasonable care and assistance from their family and the State”.(Constitution of Kenya 2010)

Kenyan government has increasingly invested in social protection programme in support of aged and vulnerable individuals in the country. This program is a tool for combating chronic poverty, hunger and HIV/AIDs and enhancing the well- being and welfare of these vulnerable groups in the society. Elderly persons are vulnerable and more exposed to high levels of poverty in rural

areas as a result of increased rate of social isolation and social exclusion in social and development activities.

When elderly persons are socially isolated the social networks among this vulnerable poor group and other community members tend to be fragile or weak, change in accessible resources e.g. cash through social protection programmes could affect the social networks either negatively or positively (Chambers, 1999). Social networks describe the household livelihood and their welfare. Proper implementation of social protection programmes can enhance social networks among the elderly persons and other community members. It will enable the beneficiaries to attach in the circle of their extended family and communities, decreasing the social distance between the poor household and the wealthier households. Through this programmes beneficiaries are able to join contribution based networks and social structures e.g. Faith-based groups, funeral networks and community based saving groups to mention just a few.

According to Blau every interaction we engage in has a judged value whether it's a reward or punishment. Social capital has reciprocity value of rewards and punishments. If the interaction is not rewarding then people tend to shun away from that interaction. "Reciprocity and social cohesion were the two pillars of traditional social protection . . . acts of reciprocity, altruism, social cohesion and personal intimacies were sufficient to guarantee social protection in both good and bad times to all members of any ethnic nationality by ensuring equity and social justice" (Ouma 1995). The commercialization of labor and the growing money orientation of economic activity (buying goods and services) damaged individual acts of altruism or reciprocity (e.g. neighbors sharing of food, assisting each other with farming items and grouping to do farming chores) or collective efforts e.g. building or maintaining community infrastructure (Devereux and Sabates-Wheeler 2004). This weakened the social protection programmes that

existed in traditional African societies in support of elderly poor persons. Thus the study seeks to understand the effects of modern form of social protection on social networks among the elderly persons in rural areas.

Social protection programs main aim is to alleviate absolute poverty and social isolation this increases the level of social networks since the old people are able to participate in community activities which are based on give and take. “If you have nothing to offer don’t expect to receive”. For instance the cash transfers program to old persons help them to be able to purchase goods such as food and share with the family members who are non- beneficiaries of the program this strengthen the social network bond.

Social protection programmes describes all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups. (Devereux and Sabates-Wheeler 2004) social protection intervention programmes both in formal and informal sector that help in fighting poverty include pensions, health insurance (NHIF), fee waivers/free primary education, food/school feeding programs and cash for work schemes e.g. youth fund, women fund and cash transferred to old and vulnerable children.

Social protection programmes can be grouped into three main categories which includes; social assistance, social insurance and social transfers. Social assistance includes free education/bursaries/fee waivers, school feeding programmes and free health care e.g. free maternal care and NHIF while social insurance includes pension money that people get after retirement from government offices e.g. NSSF and Social transfers, includes Cash transfers

which refer to direct transfer of payment to the eligible individuals or households e.g. conditional cash transfers (CCT) and unconditional cash transfers (UCT) they are normally in cash given by the government and NGOS. They include child support grants, orphan care grants, disability grants, hunger safety nets and elderly person (OPCT) from poor households.³

A decade ago, government approached the issue of social protection from the formal sector perspective this is through social security fund that was only given to those who retire from the government offices and the health insurance which was only for those employed by government. In the recent past there has been a paradigm shift from the formal sector to inclusive of both formal and informal sectors. This is due to high level of unemployment in the country while the informal sector has the larger levels of vulnerable aging population. According to economic survey 2011 about 17 million people make up the labour force with estimate of 10 million employed and about 8.8million informal labour sectors.⁴

Social protection is presented in political economy through parliamentary systems where The Kenya National Policy on Ageing and Older Persons, 2009 and Social Protection Policy, 2011 were passed this has come with a continued increase in budgetary allocation to social protection programmes to elderly persons. It has also been integrated in the vision 2030 blue print that aims at transforming and developing the country through industrialization to be a middle- income nation by 2030.

³ GOK (2012) ministry of state for planning national development and vision 2030, Social Protection Sector Review

⁴Mathiu p. and Mathiu E. (2012) Social Protection as a development strategy paper that was presented during the III IESE CONFERENCE “Mozambique: Accumulation and Transformation in a context of International crisis”

1.2 Problem statement

The government of Kenya has progressively invested in social protection programmes for the aging and other vulnerable groups. Between 2005 and 2010, social protection expenditure in Kenya rose from Kshs 33.4 billion to 57.1 billion, which was equivalent to 2.28 percent of gross domestic product (GDP) in 2010⁵. The increment in budgetary allocation has contributed in reducing poverty rates among these vulnerable groups and also subsequent increase in the number of beneficiaries over the years.

The country has a long history of implementation of social development programmes from since independence with the sessional paper No.1 in 1965 which indicate the government commitment in alleviating poverty ignorance and diseases. In the recent past, it has embarked on several social protection programmes addressing different risks faced by vulnerable elderly persons. These interventions includes hunger safety nets, cash transfers, pension, emergency and special programmes, and other wide range of interventions with the same objective of combating poverty and promote inclusive growth. As a result it is important to determine whether social protection programmes are having the intended effects to the beneficiaries.

A lot has been written on the success of this programme that need to appreciate, but most studies concentrate on implementation and the results of the set objectives that are economic benefits thus underpinning the social implication of the programme to the beneficiaries (elderly persons) and the community at large. It's therefore imperative to determine social impact of the programmes from the beneficiaries' point of view.

⁵ Republic of Kenya Ministry of State for Planning, National Development and Vision 2030.(2012) Kenya Social Protection Sector Review

Social networks are fundamental for family survival and their wellbeing, no one can completely exist alone the most vulnerable families are those with fragile social networks. Devereux and Sabates-Wheeler (2004) says that in addition to economic deprivation, poverty and vulnerability are also about social deprivation. Generally social protection programmes are evaluated in conjunction with the effects of poverty. However social protection programmes intervention has a complex system of social networks among the elderly and the community at large. The social protection affects the existing conditions in the community as they interact with each other. It's therefore important to understand the effects of social protection programmes on social networks among the elderly persons in rural areas.

1.3 Research questions

The research will be guided by the following questions.

1. What are the effect of the social protection programmes on individual, families and community social relationships?
2. Is there any change that has occurred in beneficiaries' social networks and social status?
3. How do beneficiaries perceive their social network within the community as a result of social protection programmes?

1.4 Objectives of the study

Broad objective: The goal of the study is to examine the effects of social protection programmes on social networks among the elderly persons in rural areas.

Specific objectives

More specifically, the study endeavors to:

1. To find out effects of the social protection programmes on individual, families and community social relationships to the elderly persons
2. To find out changes that has occurred in beneficiaries' social networks and social status
3. To establish the social impacts of social protection programmes among the elderly persons

1.5 Scope and limitation of the study

The study will be undertaken in Githunguri Sub County. The target population will be the elderly persons aged 65 years and above who are the beneficiaries of social protection programmes. The research will concentrate with social protection programmes.

The study which explore the effects of social protection programmes on social networks among the elderly persons, it will analyze the perspective of the beneficiaries and therefore will not concentrate on non- beneficiaries; this means that it's only the beneficiaries will be interviewed. It examines the changes that have occurred in the beneficiaries social network and social status as well as the social impacts of the social protection programmes. It will also scrutinize how the beneficiaries participate in community activities such as merry go round, community gatherings, church activities and food sharing with the family and neighbors.

Respondent will be assured of confidentiality as the findings will not be used against any person this will help in ensuring that respondents answers truthfully to all questions without the fear of being stopped from benefiting from the programme.

The challenges expected is that the respondents are scattered and the data collectors will have to walk for very long distances to reach them since the roads are impassable with the vehicles due to terrain environments in some parts of Githunguri

1.6 Definition of the key concepts

Social protection programmes- “Policies and actions, including legislative measures, which enhance the capacity and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods and welfare; enable income-earners and their dependents to maintain a reasonable level of income through decent work; and ensure access to affordable healthcare, social security and social assistance”. (Kenya’s Social Protection Policy, 2012)

Elderly persons- These are elderly poor persons who are aged 65years and above thus benefiting from social protection programmes.

Social Networks- Is a social structure made of nodes which are commonly persons or organizations. It shows the ways in which they are associated through various social familiarities ranging from casual acquaintance to close familial bonds. It explains how these persons interrelate with each other in their relationships.

Social capital- refers to features of social organization such as networks norms and trust that facilitate action and cooperation. (Putnam 1993)

Cash transfers- transfers inform of cash to the eligible household.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents a literature view of social protection programmes targeting the elderly persons its effects on social networks. The researcher drew materials from other researchers and scholars from different sources. The literature will begin on poverty and vulnerability and goes ahead to explain the challenges faced by elderly persons. It will also review the international regional and local instruments used in tackling poverty among vulnerable elderly persons, the social protection programmes used in Kenya and conclude with overview social protection programmes and its effects on social networks

2.2 Poverty and vulnerability

According to UN committee on economic, social and cultural rights poverty is “A human condition characterized by sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights” while (Sen Amartya 1987) “says that poverty is a state in which one cannot achieve adequate involvement in community activities ... and be free from public shame from failure to satisfy conventions”. He also describes it as a lack of human capabilities. Poverty can be manifested in many ways in terms of social economic and political deprivation.

According to Chambers (1989) Vulnerability “refers to exposure to contingencies and stress, and the difficulty of coping with them. Vulnerability has two sides: an external side of risks, shocks, and stresses to which an individual or household is subject; and an internal side which is

defenselessness, meaning a lack of means to cope with damaging loss.” older persons are more vulnerable since they are not able to cope with shocks. In Kenya around 46 % of the populations are living below the poverty line while 19.1 % are extremely poor. According to the Kenya poverty data on elderly persons 53.2% are absolute poor and 25.4% are hardcore poor. Elderly persons are most vulnerable group as compared to the other ages. Others include OVC, street families, people with disabilities, people living with HIV/AIDS, victims of disasters and calamities like floods and internally displaced persons IDPs.

The increased rate of these vulnerable groups has increased the need to introduce various social protection programmes in the country as a means of reducing poverty and vulnerability and also decreasing the inequality rate in the country.

The studies shows that social protection programmes have positive impact in poverty reduction. In Malawi, social protection programmes for cash transfers have recorded a double impact in the local economy with a regional increase effect of 2.02 to 2.45 (Davies and Davey, 2008)

2.3 Challenges faced by elderly

As people age they lose their physical strength, this means they are not able to work or engage in any income generating activity they become dependent to their children or caregivers who provide support and care. The country is experiencing high levels of inflation and thus the cost of living goes up. This poses a challenge to the caregivers who have to provide necessities to elderly.

Health problems increase as people age since they are prone to many age related diseases. Elderly persons require regular medical checkup to prevent them from more serious illness. Medical care in Kenya has become most expensive especially for those chronic diseases like

cancer, heart diseases etc. it makes it difficult for the poor elderly persons to access these services since they don't even have insurance covers like NHIF to support them in hospital bills. In other instances elderly people are left alone in rural areas with no one to provide care for them when they fall ill. (KNCHR 2009)

When people age their digestive system weakens, others lose their teeth in that they cannot consume some type of food e.g. dry maize this means that they need to change their diet to consume what can be digested and are able to chew. They also experience other problems like losing their sight, ability to hear, others become immobile due to sickness. (MGCSO 2009) They require assistance in everything and this makes them being seen as a burden in the society

Breakdown of extended family that provided social protection to elderly persons in the community is another challenge. Young people move to urban areas in search of jobs leaving the elderly in rural areas lonely since they lack family care. The traditional African structures which provided cohesion in the community are replaced by the modern ones. (MGCSO, 2009)

When people retire they end up in their rural homes having saved nothing in the urban homes. They start a new rural life with no source of livelihood and face a lot of rejection from people they left in rural area thus making their life more difficult. Some become homeless or poor housing as a result of neglect from their families. (KNCHR, 2009)

The spread of HIV/ AIDS in Kenya has increased this led to the government declaring it as a national disaster in 1999. According to National AIDS and Kenya STI report in 2007, the survey tested women aged 50-64 years and men aged 55- 64 years and found HIV/AIDS prevalence among Kenyans aged 50 years and above are greater than among the youngest Kenyans. Research has shown that people living with HIV/AIDS may be at greater risk of certain illnesses

associated with old age and may even contract these illnesses sooner due to a weakened immune system.⁶ It's important for the older persons to be educated on HIV AIDS prevention purposes and importance of taking ARVs for those infected. Older persons also act as the care givers of those close to them who suffer from HIV AIDs epidemic and also take care of children (orphans) who are left by their parents. A large number of elderly or the grandparents of these children have no source of income to support them considering the fact that the family support structure has declined thus weakening the social networks. Verich, S (2007). Report that 60% of HIV/AIDS orphans live with their grandparents hence compounding the already grave poverty situation of the elderly.

Older persons suffer from sexual and physical abuse which has continued to increase in the country. Elder abuse refers to the maltreatment of elderly by those in a position of trust, power or responsibility for their care (Swanson 1999). Every day over the media we hear those cases being reports of older women having been raped and molested. Due to trauma and shame as it is a taboo in African societies many cases go unreported and just a few which are severe that are reported. These humiliating actions are done by either the family members or people who are close to them this create fear of reporting these cases in panic that the support and care will be withdrawn and also be isolated from the community.

According to The United States Census Bureau estimate that the number of older women worldwide aged 60years and over is expected to be more than double by 2025 to 645 million.

⁶ Kenya National Commission on Human Rights Report. (2009). Growing old in Kenya: Making it a Positive Experience. Nairobi

Three quarters of these women will be living in the developing world where every one in seven persons will be an older woman.⁷ Women have a higher life expectancy as compared to men. When they become widowed the families take their properties since according to traditional African societies women are not supposed to own properties like land. Though the government has put up laws that allow women to secure and own properties it has not been embraced in our cultures. When men are widowed they are allowed to remarry young women but women are supposed to remain single till they die. This makes women more vulnerable since they are unable to access basic needs and also are not in a position to work.

In rural areas the main source of income is through farming which is a physical work that many old persons are not in a position to engage in. This makes their living more complex since they have no source of income. The only income is donations and gifts from their children who only visit them during ceremonies or sometimes once a year during December.

The older people's role in the community has been overtaken by events. In traditional African society everyone had a role to play for example husband had the authority over the wives and the children. The elders played the role of guiding the young on matters of marriage, resolving disputes, socialization in that the girl child was socialized by the grandmother and the boy child was socialized by the grandfather. Grandmothers were also involved in naming of the children and preservation of the clan name.

⁷ Kenya National Commission on Human Rights Report.(2009). Growing old in Kenya: Making it a Positive Experience. Nairobi

There were also recreational activities like old could compose songs which were sung during ceremonies like dowry payment and marriage ceremonies. In kikuyu communities song like *Muchungwa*, *Ndumo* and others were sung. The older women could also train these songs to women who were approaching their old age. This made them always active in social activities and cultural practices thus increasing cohesion and togetherness hence strengthening social networks in the community. In the modern society all this has changed and Modernization has introduced variety of socializing agents like the media, schools and social sites thus eradicating the role that was played by the grandparents this is due to the distance since most of the children are brought up in urban areas hence lacking close interaction with them.

Elderly persons need to be protected and taken care of, in the society this should be from the family, the community and the state.

2.4 Social protection

When Kenya gained independence, she had a lot of challenges but the president promised to fight against poverty, ignorance and diseases this led to development of first sessional paper in 1965. The main objectives of this paper include; social justice, political equality, human dignity, equal opportunities and freedom from want diseases and exploitation. The government adopted HARAMBEE SPIRIT which means pulling together resources towards development. This promoted social network between the state and the citizens. Through this slogan many community development projects were started in rural areas where communities and their leader could come together contribute funds that led to construction of many hospitals, churches and schools. This was a social protection method that was promoting health and education to the

country thus fighting against poverty. Other social protection programmes like NSSF and NHIF were passed by the act of parliament from 1966.

According to social protection sector review (2012) Social protection is “policies and actions, including legislative measures, that enhance the capacity of and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods, and welfare, that enable income-earners and their dependents to maintain a reasonable level of income through decent work, and that ensure access to affordable health care, social security, and social assistance.”

The government is the main financing body leading with 55% while the development partners have 22% and contributory schemes with 22 %. The government spend 88% of its contribution to civil service pension schemes and the remaining is spent on safety nets such social transfers. The development partners funding are allocated to safety nets programmes, relief and recovery programmes. Many developing countries are restructuring their pension systems to provide protection to the vulnerable aging population. Rwandese government has attributed the decline in poverty from 57 to 45 percent in 2006 to 2011 respectively to their Vision 2020 Umurenge Programme of cash transfers and public works, along with other two main development programmes.⁸ This programme directly reduces chronic poverty and vulnerability thus promoting social inclusion and social cohesion in the society.

A number of developing countries have embraced social protection programmes for example in Brazil social protection programmers are funded by the government through general taxation and it target the elderly poor persons who are 60 years for women and 65 years for men.

⁸ This works is borrowed substantial from social protection sector review in 2012

The aim purpose of social protection programmes for elderly is to enhance their ability to cope with shocks and recover from hazards they face, increase their ability to emerge from poverty, insecurity, inequality and deprivation. Also to ensure that older person have a dignified life, adequate standard of living and better social relationship within their communities.

2.5 International, Regional and Local Instruments for Elderly

This section concentrates on regional and international policies promoting the well -being of elderly persons. They include;

2.5.1 Universal Declaration of Human Rights 1948

The declaration aims at wellbeing of every person in the society. It affirms that every person's rights should be respected as a member of the society. It has two aim articles

Article 22: “Everyone as a member of society, has a right to social security, and is entitled to realization of national effort and international cooperation and in accordance with the organization and resources of each state, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality”

Article 25 “ Everyone has a right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance.”

2.5.2 Vienna International Plan of Action on Aging (VIPAA)

This was the first international plan of action in 1982 adopted to guide policy formulation and programmatic interventions on ageing and was formulated within the context of the rights contained in the International Bill of Rights⁹ its main aim is to promote the capacities of government and civil societies to effectively deal with the growing population of aging and ensure that their rights and need are addressed. This plan come up with recommendation for action and set out seven important areas of action concerning the elderly which include;

- Social welfare
- Health and nutrition
- Protection of elderly consumers
- Income security and employment
- Education
- Family protection
- Housing and environment

2.5.3 United Nations Principles for Older Persons (1991)

After Vienna plan of action on aging was endorsed, United Nations general assembly adopted the united nation principles for elder persons in 1991. UN came up with 5 principles which the government should include in their national plans thus ensuring the rights of elderly persons are respected. This principle includes

⁹ KNCHR(2009) Growing old in Kenya: Making it a positive experience. Nairobi

Independence- ensuring that the elderly persons have access to basic needs i.e. food, water, shelter, clothing, proper health care, right to work and also education

Participation- integrating the elderly in to society and ensuring that they participate actively in both social and development activities that promote their well- being. They should also be engaged in formulation and implementation of policies that affect them.

Care- provides care to the elderly persons that are the health care, social security, care and protection from their family and the community at large.

Self -fulfillment- ensuring that the elder persons are treated equally irrespective of their state and also given opportunity to exploit their potentials.

Dignity- the older persons should live with dignity and security free from all form exploitation discrimination and abuse.

UN encouraged the nationals to promote Proclamation on Ageing. It urged the nationals also to provide support to families offering care to the older persons.

2.5.4 Madrid International Plan of Action on Ageing (MIPAA)

It was adopted in 2002 during the 2nd world assembly on aging to revise the VIPAA. MAPAA is more similar to VIPAA but it's broader in its concern and recommendation.¹⁰ Its aim was to establish a long term protection strategy for elder persons and to respond to the problems faced by the aging population. Its main aim is to ensure that people everywhere in the world can grow old with security, dignity and continue to participate in their societies as full citizens with their full rights. It calls for reduction of poverty of the older persons by half by 2015 in line with

¹⁰ MAPAA had 3 key areas of focus which include: older persons and development, advancing health and well-being of the aged and enabling supportive environment

MDGS. it also encourages the developed countries to donate a percentage of their Gross National Product (GNP) to less developed nations to aid them in achieving the goals set MAPAA emphasis that “persons as they age, should enjoy a life of fulfillment, health, security and active participation in the economic, social, cultural and political life of their societies, including the determination to enhance the recognition of the dignity of older persons and to eliminate all forms of neglect, abuse and violence”

2.5.5 Livingstone Declaration 2006

It was reinforcing the Madrid action plan where 13 AU countries who attended the conference declared to include social assistance programmes for elderly and other vulnerable groups in their plans of actions. Social protection programmes was identified as a right way to protect the poor in Africa.

2.5.6 Vision 2030¹¹

It is a development blue print which aims at providing all citizens quality life, clean and safe environment by the year 2030, also seek at transforming the country through development to be middle income nation. It is guided by 3 key pillars: economic social and political governance. The economic pillar aims at achieving average income growth through generation of resources thus reducing poverty level by 2030. The political pillar aims at having people-centred accountable democratic system of governance. The social pillar aims at creating a just and cohesive society, enjoying equitable social development. Vision 2030 points out the importance of having development for all thus fighting against all forms of social exclusion among the

¹¹ The section on vision 2030 draws substantially from vision 2030 blue print

vulnerable groups in the society. It advocates on establishment of consolidated social protection fund for cash transfers to elderly and OVCs thus reduce poverty for urban and rural 56 and above years old from 48 % and 55% respectively to 25 %. In addition to this, it attempt at restructuring pension scheme to enhance savings at younger age to reduce dependency at older age. This is a transformative mechanism where youths in both formal and informal sectors will be trained to save for their old age.

It also recognizes that old people are active and if trained and knowledge passed to them can contribute to the development. I quote ‘harnessing retired high cadre talent’ recognizing that ‘retirees are capable of making a contribution to our development.’ when people retire they don’t lose their knowledge, if trained through extensional officers can actively participate in development activities hence improving their health status and growing old happily. According to Robert Havighurst (1960) in activity theory explains that elderly persons are happiest when they stay active and able to uphold their social interactions. These activities, mainly when significant, help the aged to substitute lost life roles after retirement thus resist the social pressures that limit an older person's world to maintain a positive self-image .They are able to access their basic needs without depending on to others thus building their social capital.

2.5.7 Kenya’s National Social Protection Policy

Kenya national social protection policy was passed in the parliament in 2012. Its aim is to ensure that social protection programmes are well implemented and contribute in fight against poverty and promote social exclusion among the vulnerable groups in the country. The policy analysis social security, social assistance and social health insurance as the main strategies used in delivering social protection services and sustainability of this programmes.

Social security

These are contributory programmes where people make regular payment on monthly basis like NSSF. They are mostly linked to the labour market where the employee and employer share the contribution. In the recent past this programmes has changed to include both formal and informal sectors

Social assistance

These are regular transfers given to poor households or individuals. They are non-contributory funded by the government through taxes or support from development partners. The targeting of the beneficiaries is on the basis of vulnerability and poverty levels. Kenya has programmes like OPCT for elderly persons, OVC CT for orphans and PWST CT for people with severe disabilities. Others include school feeding programmes, hunger safety nets, bursary programmes and free primary and day school education

Health insurance

It also contributory programmes which cover its members on health matters such as NHIF . It provides in- patient and out- patient covers to the members and their dependents but with new reforms it will also include the out-patient covers.

The policy explains the implementation challenges facing this programmes and how they can be dealt with. Elderly persons are among the vulnerable groups addressed in this policy and also the beneficiaries of social assistance.

2.5.8 National Policy on Older Persons and Ageing

It was published in 2009 with the aim of providing and improving quality life of elderly persons. The policy was prepared to tackle the challenges that elderly persons are facing in this century. Matters addressed in the policy affecting elderly persons include; adequate standard of living, poverty and sustainable livelihoods, older persons with disability, support of cultural practices of the old age, adequate food and nutrition, housing problems and migration, employment and income security, access to education and training, retirement preparation, gender issues, in which older women are more vulnerable, social welfare, conflict and disaster situations and proper implementation of the policy framework in support of elderly persons.

The policy recognizes that elderly persons can freely contribute to the country development since they have skills and knowledge if they are tapped in development activities.

2.5.9 Civil Service Organization

This includes NGOs, philanthropist and faith based organization which provide support in terms of medical care, food and other requirements to elderly persons. They also take care of elderly persons who are refugees' e.g. Help age international.

2.5.10 Institutions of elder persons (Homes for the elderly)

These are institutions that provide support and care to the elderly persons who have no one to look after them. For example: *Chumba cha Wazee* -(Home for the aged). However they are not the best and effective ways of taking care of those who are destitute since they disjoin the elderly from their normal lives. Family remain to be the most effective and respectable institution.

2.5.11 Family structure

Despite the changes caused by industrialization family are the best institutions that provide care and support to the elderly persons. It has been operational in traditional African societies and elderly people were respected and valued since they were regarded to be more knowledgeable. Nowadays elderly persons are said to be backward since they don't understand the changes in technology.

2.6 Social Protection Programmes Existing in Kenya

In Kenya we have contributory and non- contributory social protection programmes.

Contributory interventions include NHIF and NSSF while non- contributory are civil service pensions and social transfers.

2.6.1 National Social Security Fund (NSSF)

The law was enacted in 1965 by the act of parliament Cap258 and remains in force but with few amendments done. It administers provident funds which operate on defined contribution basis. Upon the establishment NSSF covered only the government employees but latter it was amended to cover all Kenyans even in voluntary basis. In 10th January 2014 NSSF act No. 45 which transformed provident fund to pension system which every Kenyan earning income shall contribute a certain amount so as to be assured of basic compensation in case of permanent disability or to dependents assistance in case of death and upon retirement a monthly life pension guaranteed. It includes all persons in both formal and informal sectors and in case of employment employer and employee contribute equal amount.

Members of NSSF are entitled to the following benefits

Age retirement benefits- paid when a member retires from the office at the age of 60 and above withdrawal benefits it's paid when a member voluntarily retires. It is paid when a member attains the age of 50 years

Emigration grants- paid when a member is leaving the country permanently

Validity grant- paid to a member who suffers from severe disability that is permanent

Funeral expenses grant- paid to the family of the deceased member

Survivor's benefits- It's paid to the dependent of deceased member

NSSF is managed by a board of trustee which comprises the employers, employee and the government representatives

2.6.2 National Health Insurance Fund (NHIF)

NHIF is a state Parastatal established in 1966 as a Department under the Ministry of Health. It was enacted by the act of parliament but since then it has been reviewed to contain the changing health care needs that Kenyan population deserves. It was transferred from ministry of health to a government corporation to enhance effectiveness and efficiency. The core mandate of this fund is to provide health insurance to its members and those declared as dependents i.e. the spouse and the children.

NHIF covers members from both formal and informal sector as far as one has reached the age of 18 and has an income of more than Kshs 1000. It is compulsory for all the government employees to register with NHIF. Members are entitled to an inpatient cover of up to Kshs 396,000 for the contributor and the declared dependents (NHIF, 2009) .NHIF published new rates which took effect on April 1, 2015 which requires the self- employed persons to pay Kshs 500 per month up from Kshs 160 before the new rates. The employed person ranges from Kshs

150 to 1700. The new rates to informal sector are demoralizing. Members will be entitled to both inpatient and outpatient insurance cover. Current membership is estimated at 3.3 million principal and 7.8 million dependents (The Star 22 June 2015)

2.6.3 Pension Schemes

Civil service pension schemes were established under pension act (Cap 189) of laws of Kenya. This pension scheme is non- contributory and it is paid out of consolidated fund from general revenues. Eligible members are pensionable after minimum of 10 years in service and after they retire at the age of 60. The recipient receives a quarter of the benefits in lump sum while the rest is payable monthly between Kshs 2000 to 10,500 members benefits from this programmes when they are vulnerable at old age.

Kenya does not have a universal non- contributory pension scheme unlike south Africa which has universal pension scheme which target the more poorer older persons of 65 years old men and 60 years women where each pensioner receive R600 is about kshs5000 per month. The same programme is being practiced in Brazil.

2.6.4 Cash Transfers

Globally unconditional cash transfers programs have been used as means of alleviating chronic poverty. Latin American countries were the pioneers of cash transfers programmes which has really grown as compared to African countries which are facing implementation challenges.

Cash transfers contribute to pro- poor growth by providing human capital development support and ensuring that the poor people lift themselves out of poverty levels; this is done by empowering the households that are living in absolute poverty.

In 2007 the older person cash transfer programme (OPCTP) was launched targeting the extremely poor elderly persons aged 65 and above this was after the annual budgetary allocation. The Pilot was implemented in 3 districts, Nyando in Nyanza, Busia in Western, Thika in Central. At this phase the programme had only 300 beneficiaries. In the financial year 2013/2014 the program was allocated 3.2 billion and the number of beneficiaries has scaled up to 59,000 and in financial year 2015/2016 the government allocated 7.4 billion to elderly persons with a monthly stipend of Kshs 2000. The government has continued to invest heavily on these programmes to improve their living conditions. The programme target the poorest in the society and this is achieved through community based targeting method. The programme enables the elder person to build a strong bond with the community and also within their households since they are capable of reciprocating offers given to them by others when they receive cash.

This programme has been faced by a lot of challenges especially in the implementation and targeting of the beneficiaries. In the year 2015 through the ministry of labour, social security and services the government funded the recertification exercise to ensure that the programme has only the eligible persons who are very poor and in need. It's a cleanup exercise thus removing those who were targeted wrongly or are not supposed to be in programme as beneficiaries.

2.6.5 Public Works

Public works was started in 2008 with the aim of absorbing young people in the job market they offer regular payments for work done. Like *kazi kwa vijana* programme in which youth engage in activities like cleaning, road works and they are paid by the government or NGOS

2.6.6 Grants

They are given in voucher form like the motherhood health voucher they are also referred to as *Njaa Marufuku*. They are one- off payments.

2.7 Empirical literature on social protection programmes for the elderly and it's effects on social networks

Most of developing nations have embraced social protection programmes as a means of eradicating chronic poverty and social exclusion among the vulnerable groups. Poverty is rampant in African continent Kenya being one of them. Proper implementation of these programmes will lead to better outcome thus lowering the poverty levels, although Kenya has not registered any change in poverty reduction. Social protection policies have been classified in recent years as one possible approach for overcoming persistent poverty and rising vulnerability in developing countries. In contemporary Africa, these mutual aid and self-help mechanisms include several forms of cooperatives, market associations, credit clubs, savings and burial services (Devereux and Sabates-Wheeler 2004) which contribute in building strong social networks among this vulnerable groups and the community at large

Social protection programmes can be categorized under protective, promotive, preventive and transformative measures. Protective measure plays an important role of relieving people from poverty and deprivation. They provide support to those who are not able to work and earn their livelihood. They include social assistance programmes which target the vulnerable groups for example the elderly, disabled and OVCs.

Preventive measures seek to prevent deprivation and tackles poverty directly. It prevents people from falling into poverty and also supporting those who have fallen in to it. They include social insurance programmes such as health insurance fund, savings for funeral services maternity benefits.

Promotive measures it include livelihood-enhancing programmes which aim at improving incomes and capabilities. They include microfinance, school feeding programmes

Transformative measures addresses social equity and exclusion safeguarding the rights of every person especially the vulnerable and the marginalized groups. This is achieved by setting up policies that protect these groups. Also make sure that the vulnerable groups participate actively in the development of the nation.

Most of developing nations to mention just a few Lesotho, Botswana, Ethiopia, Mauritius, Namibia and Zambia have universal pension programmes in support of vulnerable population. Lesotho has a set a number of policies and programmes to address poverty, they have three social protection programmes which include; social welfare programmes, food security policy and disaster management interventions. The social welfare department introduced a non-contributory universal pension for the elderly in 2004 which delivers monthly grants to the citizens over 70 years (Babatunde, Sheshangai 2014) the aim of this programme is to decrease the levels of poverty among the elderly persons. When the elderly receive these grants they build their social network in their community since they are in a position to participate in activities and also have a purchasing power in the market. In Zambia report shows increased asset accumulation and investments in activities that are productive from the beneficiaries of social transfers and also increased access to education by OVCS (MCDSS, 2005)

Social protection programmes promote self-esteem among the elderly persons who are beneficiaries, it also boosts their social status as they are able to speak and air their voices during their meetings and also in the community. A strong social network improves the well-being of a person. Social protection strengthens the position of the elderly in the systems of social reciprocity thus preventing them from being disempowered. The State Old Age Grant in South Africa allows the elderly persons to acquire social capital and transact in informal networks (Barrientos and Sherlock 2002) the elderly persons who are the beneficiaries are not entirely dependent on others to cope with shocks since they are able to draw back a reliable income . They also become trustworthy to borrow from other community members since they are in position to repay back. The non- beneficiaries can also seek help from the beneficiaries.

2.8 Theoretical Framework of Social Protection Programmes

A theory is a set of interconnected propositions that allow for systematization of knowledge description and prediction of social life and generation of new research hypotheses (Fala 1986)

The study will be guided by the following theory to explain the effects of social protection programmes on social networks among the elderly poor persons

2.8.1 Social Capital Theory

This theory was postulated by James S Coleman, Pierre Bourdieu and Robert Putnam among others. It is concentrates with the nature, structure and resources implanted in a person's network or relations (Seibert et al 2001).

Social capital since small communities were formed and individuals interacted with each other expecting reciprocation and trust. Social capital in its present form and associated meanings was popularized by among others, Bourdieu (1986), Coleman (1988) and Putnam (1993). Both Bourdieu and Coleman emphasize on the intangible nature of social capital which is in the structure of relationships. A person must relate to others to poses social capital and its others who are the source of this advantage not an individual.

Bourdieu shares a different view of social capital from Coleman and Putnam, he uses social capital to explain social class division and power inequalities while Coleman and Putnam focuses on benefits individual access through association with others.

Bourdieu define social capital as “the sum of the resources, actual or virtual that accrues to an individual or a group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition”. (Bourdieu, in Bourdieu &Wacquant, 1992: 119) social capital is seen as heartwarming but Bourdieu reveals the worst side of social capital that lead to social inequalities he says that “it is not what you know is who you know”. This means that the elite and the middle and upper class people will always ensure that the poor don’t enter into their circles as they always try to maintain their status by connecting those close to them in better positions leading to social exclusion and isolation of the poor, that being the dark side of social capital.

Coleman shares a different approach from that Bourdieu where social capital is not only a stock held by powerful class of elite but it has value for all kind of people in the community including the powerless and marginalized.

Coleman defines social capital as a collective resource utilized only by actors and who are goal oriented. He says that social capital resides in social structure of relationships among people which act as bonding mechanism hence adds the integration of social structure. What constitutes capital resources is the obligation to reciprocate a favour done to you by the actor.

According to Coleman Social capital include two factors; one, the networks of relationship to which people belong – family, groups, friendship ties and community; and second, the informal behavior of individuals and groups is governed by the norm of reciprocity and trust where networks are established and maintained. Those communities endowed with a various stock of social networks and civic associations will be in a better position to fight against poverty and vulnerability (Moser 1996; Narayan 1996), resolving disputes (Schafft 1998; Varshney 1999), and/or take advantage of new chances (Isham 1999). “A defining features of being poor, moreover, is that one is not a member of—or is even actively excluded from certain social networks and institutions” (Wilson 1987, 1996).

Research shows that poverty weakens social networks since the elderly persons are not in a position to reciprocate the offer. Social protection helps the elderly poor to build their trust and confidence in the community. Studies in sub Saharan Africa found that cash transfers as one of social protection programmes boost their social status which contribute to social capital, also it provide resources in terms of cash which help in building trust and cohesion in the community

(Devereux, Roelen 2013) In Kenya the study on the impact on social impact of cash transfers revealed that cash payment strengthen social networks of participating households. It enables the beneficiaries to participate in community activities such as sharing of food and borrow when in need since they are position to pay back (Ressler, 2008) social protection strengthens the position

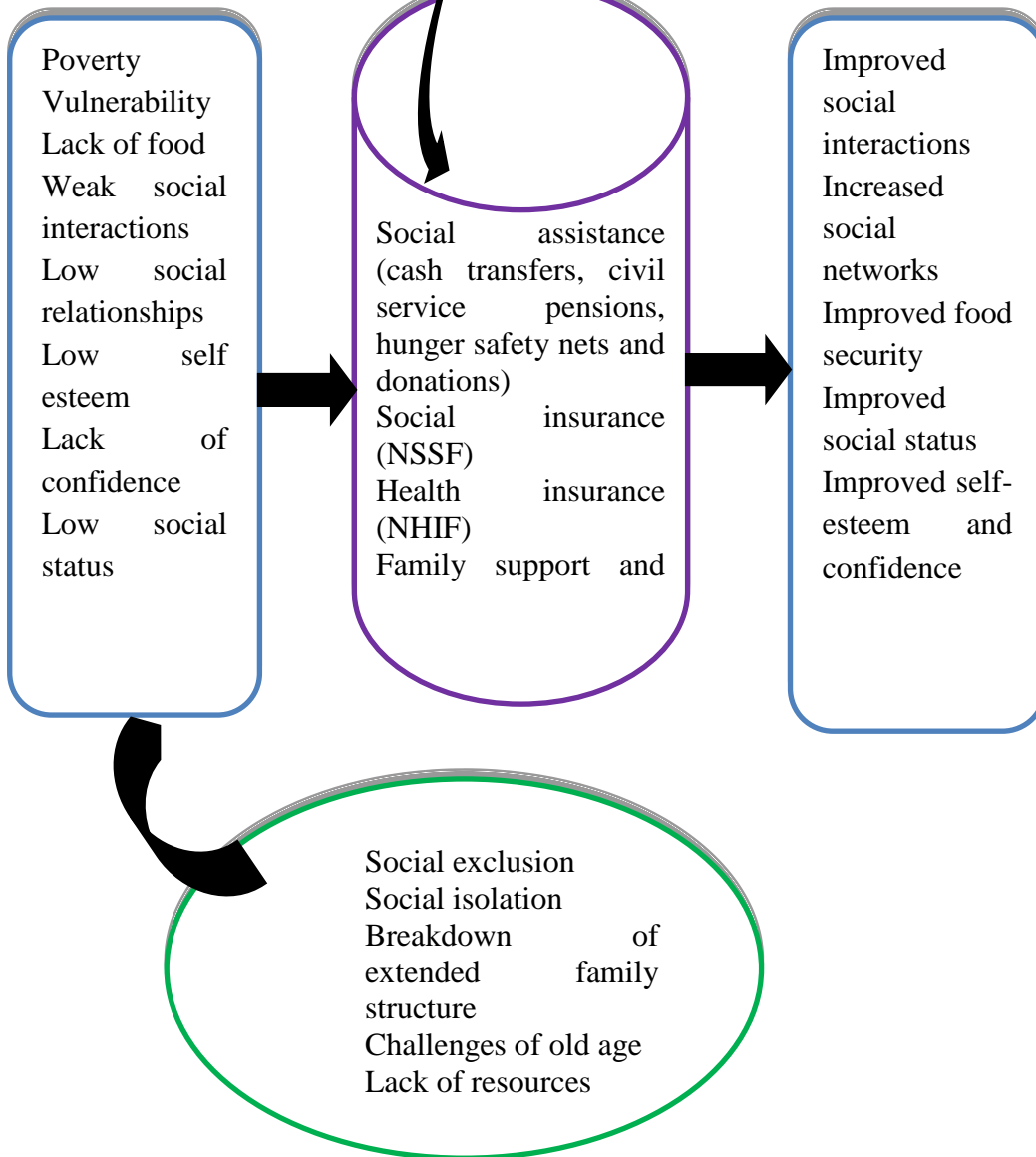
poor elderly held within the networks of social reciprocity. For non- beneficiaries the feeling of jealousy develops and this lead to stigmatization of the beneficiaries. In other cases it leads to conflict within the household leading to social exclusion.

2.9 Conceptual framework

Conceptual framework is a level of theory in which descriptive categories are systematically positioned within a broad structure of explicit and assumed propositions, statements of relationships between two or more empirical properties to be rejected or accepted (Nachmias, 1996)

The following framework demonstrate the various factors likely to influence the effects of social protection programmes on social networks among elderly poor persons in rural area

Social protection programmes



Social protection programmes has been shown to eradicate social insecurity through reduction of chronic poverty. Success of such programmes been recorded in Namibia and Zambia where universal pension programmes have been used in support of vulnerable population similar to those found in Githunguri sub- county.

Social exclusion and inadequate resources are the key factors that are likely to enhance the vulnerability of elderly persons within Githunguri. Strong and sustainable social support programmes such as cash transfers are likely to advance self- esteem confidence and boost their social relationships. National Social Security Fund (NSSF), National Hospital Insurance Fund and hunger safety nets are programmes that if well implemented will mitigate the vulnerability of elderly persons of Githunguri against social insecurities.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Study site description

The area of study was Githunguri Sub County in Kiambu County. According to KNBS, 2009 population of Kiambu County is 1,623,282 with surface area of 2543Km² and a density of 638 people per km². The county has both urban and rural settlements. Most people practice agriculture in small scale e.g. Horticulture and large scale growing cash crops like tea and coffee e.g. Karirana tea estate, daily farming is also widely practiced. Administratively the county comprises of 12 sub- counties namely, Kiambu, Githunguri, Gatundu North, Kiambaa, Limuru, Lari, Gatundu South, Ruiru, Kikuyu, Juja, Kabete and Thika. The county headquarter is Kiambu town.

For decades Kiambu County was rated as the richest region before it was displaced by Kajiado County but upon visit it paint a different picture as the county have the poorest people living below the poverty line. Thousands of the dwellers are squatters employed in tea and coffee estates earning one dollar a day. Kiambu has a high level of inequality and the gap between the poor and rich continue widening. In this case the vulnerable groups especially the elderly faces social isolation as they are excluded from the haves.

It's only few tycoons that makes the county wealthy while in real sense thousands of people are languishing in poverty. The region is also suffering from other social problems such as high crime rates and consumption of illicit brews that has rendered most youths helplessness this affect the aging population as the young people should provide care and support to the elderly persons. The system has changed as it is the old persons providing care to the grand children

whose parents turn to drinking thus becoming inactive and incapable of providing to this vulnerable group this lowers the social network within the household.

Githunguri sub county has a population of 147, 763 with the surface area 173.50km². Most of the population in Githunguri lives in rural areas with only 8,831 living in peri-urban centres. Land is the most vital means of livelihood since most of the people practice agriculture. The sub county has mainly small scale farmers with small size land holding as land sub division continue to increase in each generation. Most of the crops grown include; coffee, tea, maize, beans, vegetables, bananas and they also practice dairy farming.

Githunguri sub county is said to be leading in milk production and classified as among the rich areas in Kiambu county but upon visit older person are still suffering from poverty and isolation since they are not able to participate in those activities as they have lost physical strength also it requires a lot of capital to start and so only those who are economically fit are able to practice it.

Githunguri has 5 locations namely Githunguri, Githiga, Ngewa, Ikinu and Komothai most of administrative activities are in Githunguri town. The study will be conducted in the 5 locations featuring only the beneficiaries of non -contributory social protection programmes

3.2 Unit of analysis

The unit of analysis in this study is the effects of social protection programmes on social networks among the elderly persons in the rural areas

3.3 Unit of observation

The households with the elderly persons aged 65years and above who are the beneficiaries of non-contributory social protection programmes in Githunguri Sub County

3.4 Target population

The study targeted the older persons aged 65 and above who are the beneficiary of non - contributory social protection programmes

3.5 Sampling design and sample population.

To have a correct representation it is important to determine the sample size to be used. Sample size refers to the number of objects chosen from the universe to construct/create a sample while a sampling procedure is the technique to be used in selecting the cases or items for the sample (Kothari 2004). The study was carried out in Githunguri sub-county with approximately 622 beneficiaries from social development department in Githunguri. For sampling purposes 20 percent of this sampling frame will make the required sample size of 124 beneficiaries this is due to limited resources available i.e. money and time required to finish this study. To ensure representation from all 5 locations proportionate stratified sampling was used to obtain a sample from each location

The table below shows the distribution of the elderly (beneficiaries) in five locations

Distribution of the beneficiaries of social protection programmes and the proportionate samples in Githunguri sub-county.

Location	TARGET POPULATION			SAMPLE		
	Total population	Male population	Female population	Female sample	Male sample	Total sample
Ikinu	206	68	138	28	14	42
Githunguri	192	76	116	23	15	38
Komothai	97	31	66	13	6	19
Ngewa	60	17	43	9	3	12
Githiga	67	16	51	10	3	13
Total	622	243	429	83	41	124

The researcher trained four research assistants who were familiar with the area to aid in data collection with the assistance of local leaders to help in identifying the households of the beneficiaries.

Purposive sampling was used to help in selecting eight key informants' participants who were knowledgeable of the community and the programmes to provide crucial information according to the objectives guiding the study.

3.6 Methods and tools of data collection

This study employed both qualitative and quantitative methods of data collection. Primary data was collected through field work by the use of household interviews, key informant and observation while the secondary data was collected through reviewing the documented materials.

The following tools of data collection were used in this study; interview schedules, key informants observation and review of the literature.

Questionnaires

A questionnaire is a data collection tool that is designed to gather information from primary respondents in a survey. This respondents comprised both male and females residence of Githunguri Sub- County aged 65 years and above. This cadre of population forms the greater percentages of social protection programmes within Githunguri. Therefore, in this study, questionnaires containing both open and closed ended questions were used. This was important in order to capture both qualitative and quantitative data from the study respondents. The study was based on a sample size of 124 respondents. Adequate enumerators were identified and trained to administer the tool items. This helped to lower errors presented by the illiteracy levels presented by the target population.

Key informants

Key informant provides a deeper insight of what is happening in the society. The study targeted eight (8) individuals who have knowledge and better understanding of the community. This method allows the enumerator to probe and clarify information. The key informant guide had a set of open ended questions which sought to establish the effects of social protection programmes on social networks based on their level of knowledge and understanding of the programmes and the elderly persons who are the beneficiaries. The researcher interviewed the Sub- county social development officer, location chiefs, and church and opinion leaders adding up to eight key informants

Observation

It entails collection of qualitative data through direct observation of the researcher without asking questions / interviewing the respondent. This method gives the researcher an opportunity to decipher first hand experiences from the population being observed. In this study, the main focus of the researcher was behaviors such as eating patterns and habits. Also, observed were events burial and wedding activities

Review of documented data

It entails review of both published and unpublished information in the area of study. This include the government documents, journals etc

3.7 Pilot study

The researcher pre-tested the instruments to be used in the study. the pre testing was done in Kiambu Ndumberi area using 4 beneficiaries to establish whether the research instrument meet the effective standard of data collection tools such as clarity, length and consistency in the flow of questions

3.8 Data analysis

The interview schedule had closed and open questions which whose responses were edited to ensure completeness and consistency. The responses coded and stored in a database using the computer software well-known as statistical package for social sciences (SPSS) version 22. The rational of using SPSS was to enable the researcher to systematically organize, analyze and interpret data on the basis of objectives of the study presented using descriptive statistics such as

tabulation, frequency and percentages to summarize the data and present it in form of tables, Figures and pie charts

3.9 Ethical consideration

The study was guided by various ethical considerations; first the researcher ensured there is informed consent of the selected respondent before getting involved in any discussion. The consent was obtained on voluntary basis without pressure or force. The trained research assistant introduced themselves and explained in detail the purpose of the study to respondent before collecting any information

Second the study ensured the confidentiality of the information provided. The respondents were assured that the information they gave will be treated with privacy and confidentiality and going to be used for the purpose of this research.

CHAPTER FOUR: DATA ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter presents the data analysis, interpretation and discussion of the research findings. The presentation is according to the objectives outlined in this research of the data collected in Githunguri sub-county in Kiambu County. This study aimed at collecting data from 124 beneficiaries of social protection programmes. Out of these only 108 beneficiaries who had a face to face interview while 16 did not. The chapters are arranged logically following the objectives outlined in this study. In addition, the general information which shows characteristics of the respondents is presented prior. The presentation structured as follows;

- General information
- Effects of the social protection programmes on individual, families and community social relationships
- Changes that has occurred in beneficiaries' social networks and social status
- Social impacts of social protection programmes

4.2 General information

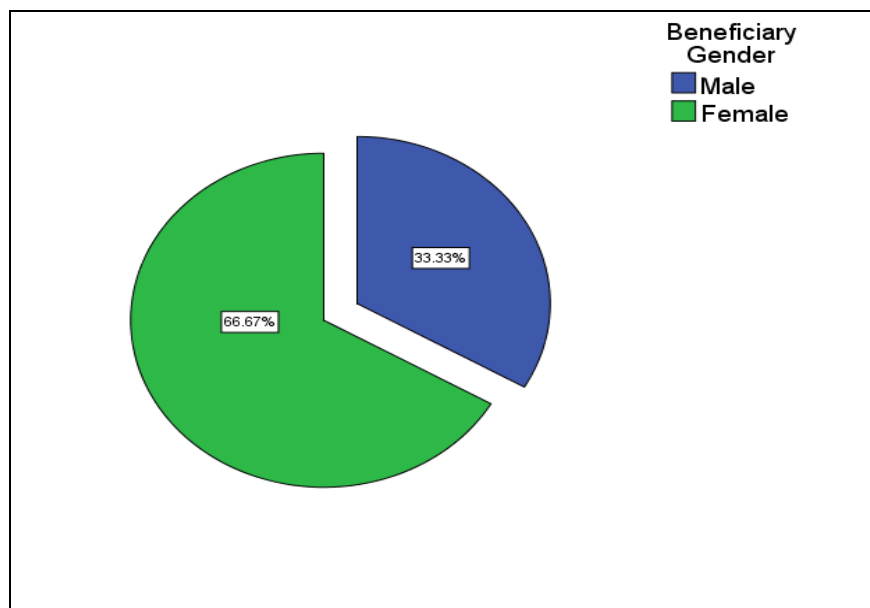
This section sought to find out the general information of the study this include the gender, age, martial statuses, religion, income and the other characteristics of the respondent in this study.

4.2.1 Sex

The study aimed at establishing the gender of the respondents. The study found that 33.3% of the respondents in the study were male whereas only 66.7% of the beneficiaries in Githunguri

Sub-County were female. Women make the highest number since they are more vulnerable and face a lot of challenges from social, cultural and economic basis. According to Heslop (1999), women's greater long life means that the world of elderly is mainly one of poor women often widowed who commonly face physical suffering, economic drawbacks and social exclusion. A higher proportion of older women are therefore likely to stand in need of financial upkeep to maintain a buffer against poverty (Mujahid, 2006) the age-sex structure of the older population has a connection on its overall vulnerability to poverty, the risk of poverty being greater as a result of ageing and older population feminization (McFarren, 2010).

Chart 1: Sex of the respondents



4.2.2 Age

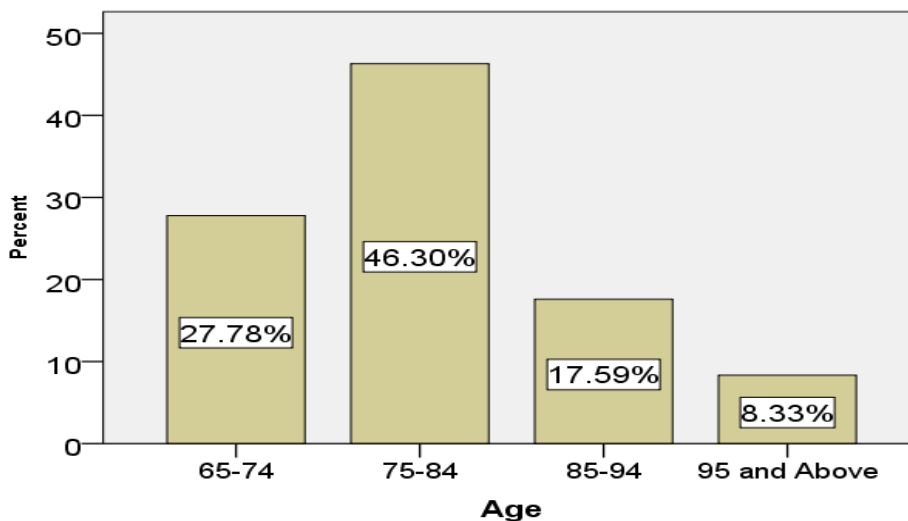
The study sought to establish the age bracket of the respondents. The study established that majority of the respondents as shown , 46.3% were aged between 75 and 84 followed by 27.9% who were aged between 65 and 74 years, followed 17.6% aged 85-94 years whereas only 8.3%

were 95 and above years. Oldest old requires a lot of support like nursing services as most of them have lost physical strength.

Since the rate of fragility and disability increase with age, a higher percentage of the oldest old need financial as well as other forms of care. (Government of Sri Lanka, 2002) showed the relationship between poverty and age as being “U” shaped: that is, the occurrence of poverty decreasing with age until the 55-64 age groups, and then increasing, The prevalence of poverty among households with any member or more, over 80 years old was found to be 10 per cent above the national average (Barrientos 2003). This means that the oldest population has high possibility of being prone to poverty. Social protection programmes which main aim is to eradicate absolute poverty among this elderly persons has enable them to ‘truly live rather than Surviving’

The results are as shown in the figure 4.2 below

Fig 1: Age of the respondents

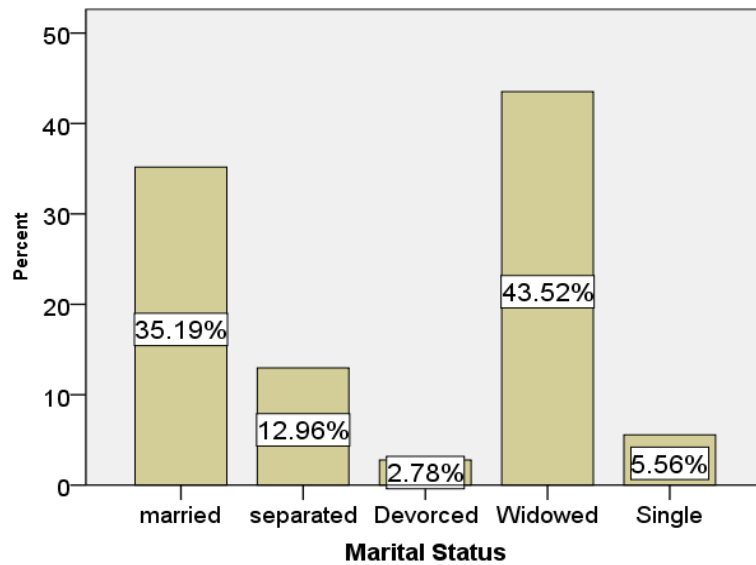


4.2.3 Marital Status

From the study findings most of respondents were widowed comprising 43.5%, while those married were 35.2%, those separated were 13%, single were representing 5.6% while the divorced according to kikuyu customs represented 2.8%. From the study no one was interviewed to be cohabiting. Elderly men have likelihood of being married than most of the older female. These differences exist because women usually live longer than their husbands. Life expectancy of women is higher than that of men and also they (women) marry men who are older than them. In addition, most cases men remarry after being divorced or widowed which is not the case with women. In some cultures (African culture) women have no legal and enforceable rights to inherit properties when the husband dies and have little or no option if the relatives of the husband move in to take over the landholding, dwelling or other property¹². Alternatively, small percentage of men who are widowed are more vulnerable since in most African culture its women who engage in day to day household chores like cooking, fetching water cleaning and etc.

¹² United Nations Centre for Human Settlements (Habitat), “Progress report on removing discrimination against women in respect of property and inheritance rights”, Tools on Improving Women’s Secure Tenure, Series 1, No. 2

Graph 2: Marital Status



4.2.4 Religion

The other population characteristic was the denomination of respondents. The dominant

Denomination of the respondents was protestant at 63.9% while Catholics were 36.1%.

No one interviewed who was a Muslim

Table 1: Religion

Religion	Frequency (n)	Percent (%)
Catholic	39	36.1
Protestant	69	63.9
Total	108	100

2.5 Educational levels

The elderly who never attended school cases were the highest (72.2 %) followed by primary level (20.4 %), secondary education (5.6%), and tertiary were only (1.9%) while no one attended university. In developing countries, huge numbers of persons are attaining old age with minimal literacy and numerical skills. This limits their capacity to participate and earn a decent livelihood, particularly within the changing technical environment. Thus without adequate educational and technical background, older persons increasingly experience alienation associated with loneliness and marginalization (Sessional paper, 2009)

Table 2: Education levels of the beneficiary

LEVEL OF EDUCATION	FREQUENCY(n)	PERCENTAGES (%)
Never attended school	78	72.2
Primary	22	20.4
Secondary	6	5.6
Tertiary	2	1.9
Total	108	100.0

4.2.6 Income Sources

Most respondents' main source of income besides the social protection programmes is farming which stood at 50.9 %, whereas social protection programmes 18.5%, this programmes reduce poverty and lead to better health and nutrition for everyone in beneficiaries household. Other forms were donations 16.7%, business at 9.3%, casual laborer 4.6 %, and no one was in full time employment since elderly persons frequently face discrimination in employment and access to

job-related training. In the rural areas where farming is the main social and economic pre-occupation, older persons' capacities to farm is hampered by difficulties in accessing credit and other support facilities and sometimes due to their physical impediments.

This is particularly with regard to sedentary small-scale farming in crops and livestock using traditional methods that result to poor crop and livestock production. Rural farmers who are generally illiterate lack knowledge and information that will enable them achieve optimal agricultural yields (Munyua 2000).

Table 3: Main Source of Income

Main Source Income	Frequency (n)	Percent (%)
Business	10	9.3
Casual Laborer	5	4.6
Donations	18	16.7
Farming	55	50.9
Social protection programmes	20	18.5
Total	108	100.0

4.2.7 Approximate Monthly Income

Majority of the respondents (75%) had a monthly income of between Kshs 1001 and 2000

Those earning between 2001 and 3000 were (13 %) while 3001 and 4000 were (3.7%) and 4001 and 5000 were only (0.9 %) which forms a small percent meaning most of the beneficiaries are poor. None of the beneficiaries had monthly income of above Kenya shillings 5000. This shows that they are a vulnerable group hence are rightfully in need of support from social protection

programmes. According to the statistics carried out in 2009, the total old persons in Kenya (1.3M), 78.6% are poor with 53.2% absolute poor and 25.4% hardcore poor. Older persons are living below the poverty line since their income is below dollar a day.

Table 4: Approximate Monthly Income

Estimated monthly income	Frequency (n)	Percent (%)
Below 1000	8	7.4
1001-2000	81	75.0
2001-3001	14	13.0
3001-4000	4	3.7
4001-5000	1	.9
Total	108	100.0

4.2.8 Property Ownership

According to the data collected 77.8 % said they own the house they live in and 22.2 percent don't when asked on how much they pay for rent for those who don't own houses or they would pay for those who own houses 44.4% said they pay 500 and below, 34.3% pay 501 and 1000, while 19.4 % pay 1001-1500. Majority of respondents mentioned that they properties with a percentage of 56.5 while 43.5% don't, those property mentioned include plot or piece of land, cows, goats and chicken

4.2.9 Number of household members

The number of household members is important in this study to show the number of individuals living with the beneficiary it also gives us a clear knowledge of how beneficiary relate with the family members. As shown in the table below`

Table 5: Number of household members

No. of household members	Frequency (n)	Percentages (%)
1	9	8.3
2	14	13.0
3	16	14.8
4	18	16.7
5	24	22.2
6	12	11.1
7	8	7.4
8	7	6.5
Totals	108	100

The study concluded that the average size of the respondent households was 5 constituting 22.2% of the household members. Households consisting of 4 members were 16.7%, household while 3 members were 14.8 %, 2 members were 13.0%, 6 members were 11.1%, 1 member 8.3% Households with 7 members were also 7.4%. The data also shows that households with 8 members were 6.5% which had the least. This shows that the respondents have people who are

close to them who he or she can relate with as a family, and eat from the same pot. ¹³On average, about three quarters of persons aged 60 years and above in developing countries live with children and/or grandchildren. Multigenerational households in traditional society have provided the main social context for the sharing of family assets and the provision of shared support in the event of needs over the life course.

4.3 Effects of the social protection programmes on individual, families and community relationships

This is the first objective guiding the study which measures the effects of these programmes on the beneficiaries' family and community relationships. The study seek to understand how social protection programmes help in strengthening social relationship within the community thus creating a stronger social network. If elderly persons' way of life is improved he or she is able to build relations as they become acceptable in the community.

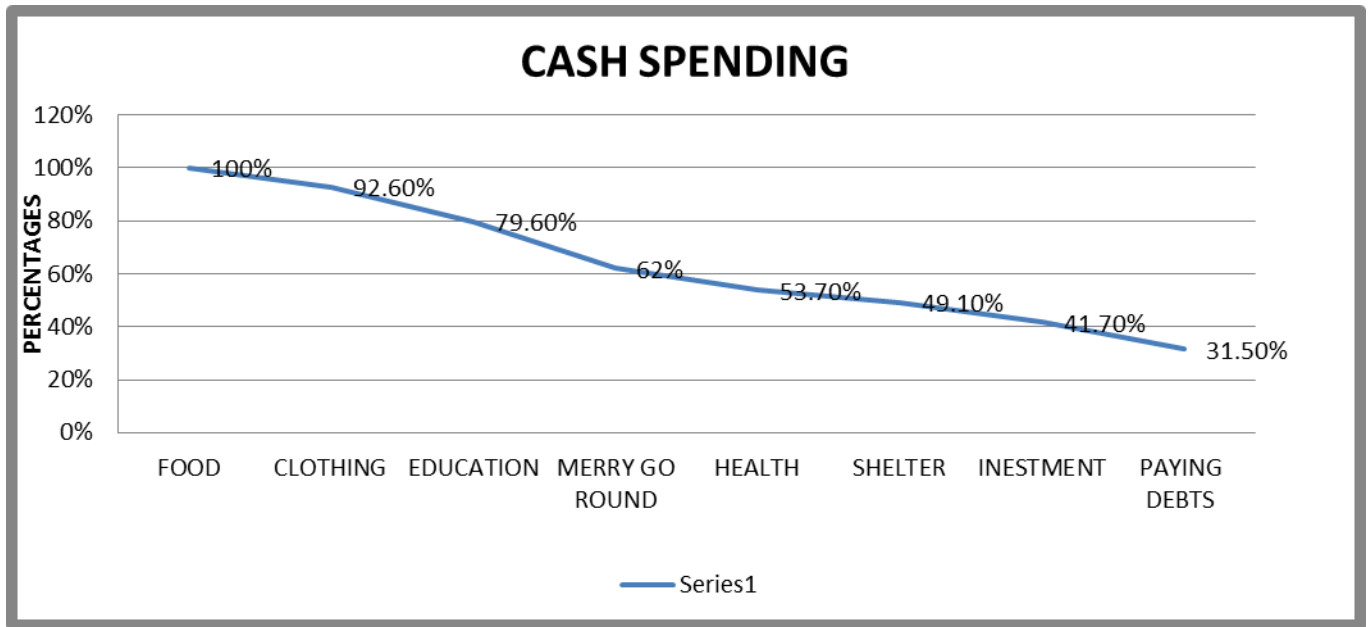
4.3.1 Cash Spending

The study sought to find out how the beneficiaries spend their cash. 100% of the beneficiaries spend their cash on food, clothing 92.6% , education 79.6 % while 53.7 % on health care since most of the elderly persons suffer from chronic diseases whereas 62% on merry go round with 41.7% on investment that include small business, purchases of farm items and 6.5% paying debts. It's obvious that in some instances the elderly persons have dependants who are their grandchildren still young, vulnerable and need support from a susceptible group of the elderly

¹³ United Nations, (2009). World Population Ageing. New York

this increases the level of poverty and also is one of the major challenges that the aging group is facing. See the figure below

Graph 3: Cash spending

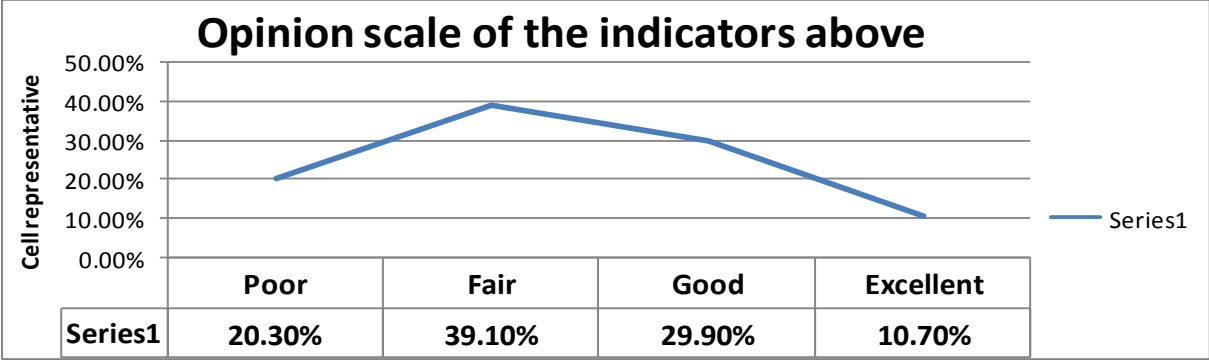


4.3.2 The quality of social protection program

The study sought to understand the quality of services they get from social protection programmes following the indicators provided. The elderly felt that the amount of fund they receive from social protection programmes is not sufficient with a percentage of 45.3 while 43.5% felt that is fair and a small population of 9.3% and 1.9% said it’s good and excellent respectively. This gives an apparent indication that what they receive is not sufficient but fairly it helps them to handle some issues in life. When asked about the mode of delivery 12% felt its poor, 29.6% fair, and 47.2% good while 11.1% felt that it’s excellent. The frequency of delivery 6.7% indicated that its poor, 40.7% said it’s fair, 38.0% alleged its good while 14.8% pointed out

that it's excellent. The study also inquired the efficiency of service delivery where 12% marked poor, 42.6% fair, 25.2% good and 10.2% excellent. Generally the quality of services in this programme is explained to be fair with 39.1 % as indicated in the table below.

Graph 4: Quality of social protection programmes



4.3.3 The extent in which the fund they receive help in solving monetary/ economic problems

The sought to understand if the amount they receive is satisfactory in solving financial problems following the indicators provided. The majority responded that they were dissatisfied considering the high levels of inflation in the country. As indicated in the table below a percentage of 31.3 stated that there very dissatisfied with amount of money they receive while 39.7 % are dissatisfied, 25.8% are satisfied whereas 3.1 % are very satisfied. This is due to increased economic crises in the country thus making life very difficult.

Table 6: Extent to which respondents are satisfied with funds received in solving monetary/economic problems

Indicators	Very dissatisfied	Dissatisfied	satisfied	Very satisfied
Food	34(31.5%)	52(48.1%)	20(18.5%)	2(1.9%)
Shelter	26(24.1%)	38(35.1%)	42(38.9%)	2(1.9%)
Health care	47(43.5%)	40(37.0%)	19(17.6%)	2(1.9%)
Clothing	24(22.2%)	33(30.6%)	49(43.5%)	4(3.7%)
Leisure activities	20(18.5%)	49(45.4%)	31(28.7%)	8(7.4%)
Education of the grandchildren	41(37.9%)	39(36.1%)	26(24.1%)	2(1.9%)
Investments e.g. in purchases of farm items, merry go round etc.	45(41.7%)	50(46.2%)	10(9.3%)	3(2.8%)
Cell representative	31.3%	39.8%	25.8%	3.1%

4.3.5 Involvement or participation in the community activities as a beneficiary

For one to get in any relationship there must be a form of interaction that aid in strengthening those relationships. It's from these relations that the strong social network is build. The study sought to understand whether beneficiaries get involved or participate in different community activities following the indicators provided. Majority of the respondents reported that they are

fairly able to participate in community activities as beneficiaries with 54% which was not possible before while 12 % stated that the funds they get is satisfactory and only 32% felt that they are not satisfied and so not able to full participate in community events.

The key informant explained that nowadays the beneficiaries participate in community activities like burials and also contribute to the families.

From the data collected it's evident that the assistance given by the government is no fully satisfactory but fairly it enables them to participate in one way or the other in community affairs. Household involvement in community activities is an indicator of the web of relationships around the household and its consequent social capital. Community activities/ events in the life of an east African household usually include funerals/burials, school participation, fund raising, weddings, church functions and merry go round among others. Such events rotate around social networks and typically give-and-take nature which needs in-puts from the household and, in-turn; provide support (Ressler, 2007).

The table below shows all the percentage

Table 7: Involvement or participation in the community activities as a beneficiary

Indicators	Satisfactorily	Fairly so	Not satisfactory
Funds enable me to contribute to funeral	19(17.6%)	66(61.1%)	23(21.3%)
Funds enable me to contribute to church activities	16(14.8%)	63(58.3%)	29(26.9%)
Funds enable me to contribute to merry go round	13(12%)	55(51%)	40(37.0%)
Funds enable me to contribute to weddings/dowry or other happy time gatherings	13(12%)	49(45.4%)	46(42.6%)
Cell representative	14.0%	54%	32%

4.3.6 Set of description explaining your relationship as a beneficiary with their family members, friends and the entire community

“ It’s *definitely true*, if you sure and true about yourself *probably true* if it’s true but you are not certain *definitely false* if you sure it’s not true and it’s a false and *probably false* if you think it’s false but you are not certain”

The beneficiaries were asked to describe their relationships with their family, friends and community at large using the statement provided

Generally as shown in the table below the highest number gives a clear indication that it’s definitely true their relationship have improved with a percentage of 51.4 while 30.4% stated that its probably true, 10.1% pointed out that it’s definitely false and 8.1% probably false . When there are good social relationships strong social networks is built. Bourdieu (1986) explains that social capital is a long-lasting network of more of less established relationships of mutual acquaintance or recognition. It relies on people looking beyond themselves and engaging in helpful acts which might ‘pay off’ one day when we need a hand. Support networks are perceived to contain close, strong and stable social ties including longstanding kin and friend relationships.

According to activity theory which was developed by Robert Havighurst in 1960. Successful aging is equivalent active aging. Activity can be intellectual or physical in nature, but mainly refers to maintaining active social roles in the communities.

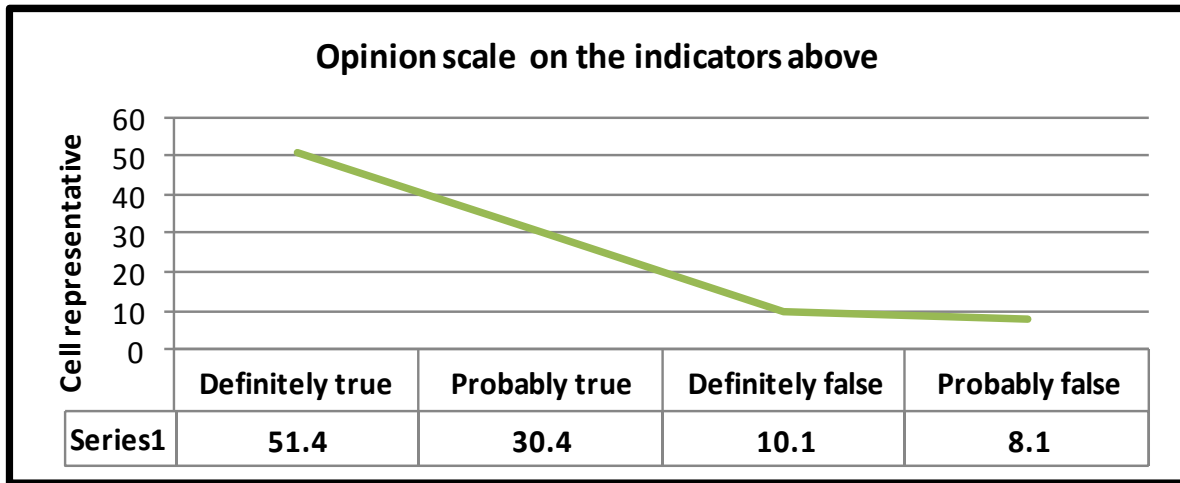
The table below gives the figures in percentages

Table 8: Beneficiary relationship with family members, friends and the entire community

Percentages

Statement	Definitely true	Probably true	Definitely false	Probably false
I interact with family and friends on regular basis	49(45.4%)	45(41.7%)	8(8.3%)	5(4.6%)
I am fully and all the times included in circles of friends whenever they are gathering	51(47.2%)	30(27.8%)	16(14.8%)	11(10.2%)
My family and friends enjoy spending time with me	65(60.2%)	21(19.4%)	14(13%)	8(7.4%)
Whenever I am in need I always get someone to help	54(50.2%)	30(27.8%)	13(12%)	11(10%)
Whenever I have problem I can find trust worthy people to help me solve	56(51.7%)	36(33.3%)	6(6.0%)	10(9.0%)
I usually participate in community decision making as a full member of this society	55(50.8%)	33(30.3%)	7(6.9%)	13(12.0%)
When I have no food my friends and family share with me	59(54.6%)	35(32.4%)	10(9.3%)	4(3.7%)
Cell representation	51.4%	30.4%	10.1%	8.1%

Graph 5: Opinion scale



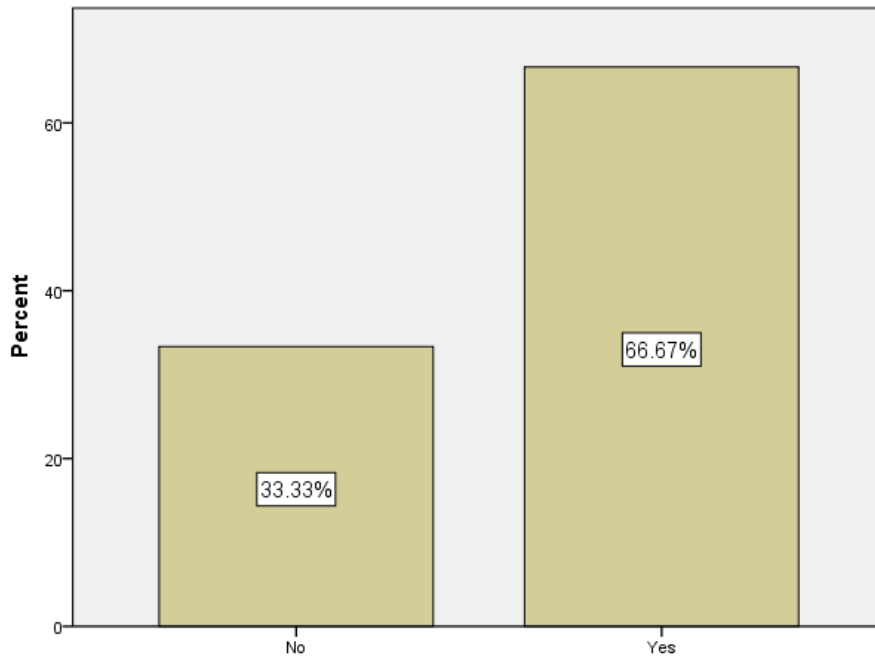
4.4 Changes that has occurred in beneficiaries’ social networks and social status

The study seeks to understand the changes that have occurred on beneficiaries’ social networks and social status.

4.4.1 Access to credit

Majority of the respondents reported to be taking goods on credit from shopkeepers with a percentage of 66.7; they further explained that it’s easier than before to be given goods on credit because shopkeepers trust has increased while 33.3% of the respondents reported not ask for credit

Graph 6: Accessing credit



When respondents were further questioned on how long they take to pay the debt 46.3 % said they take one month, 19.4% two months and 0.9 % three months. They said that now the shop owners know that they get assistance from the government thus heightening their trust. This has built a stronger network between elderly persons and the shop owners thus improving on their social status in the community.

“The shop owners has gained trust in me they can gave me goods on credit and even if I take two months, they know that I will clear the debt”

Some has also joined groups where they get loans which help them to pay for education and once the money is released they pay back. One of the respondents said,

Ever since I become a beneficiary in 2012 I joined a women group that gives loans and one repay the debt after two months. I have been able to educate my

daughters' son who had stopped schooling since I didn't have money, using those loans he is now in form three in Mukuyu secondary

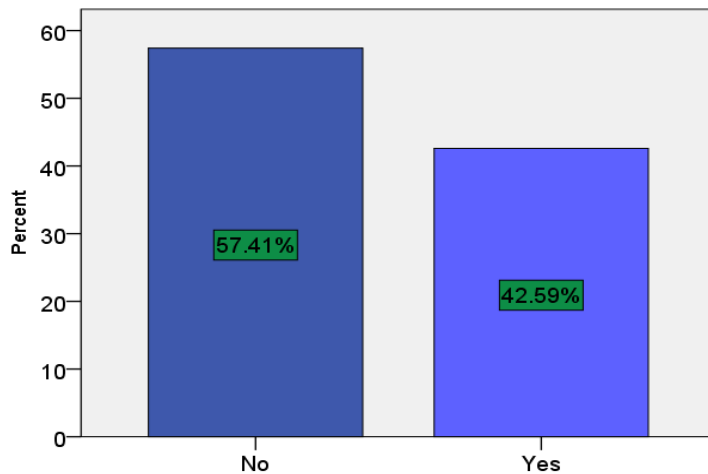
Table 9: Duration the beneficiaries take to repay debts

Months	Frequencies (n)	Percentages
one month	50	46.3
two months	21	19.4
three months	1	0.9
Total	108	100.0

4.4.2 Joined social groups before enrollment in the programme

The respondents were asked whether they were members of social groups before they become the beneficiaries. Most of the respondent had not joined social groups with 57.41% while those who had joined where only (46) 42.59%

Graph 5: Joining social groups before enrolment to the programmes



Most of beneficiaries explained that they were not accepted in those groups since they were poor.

Indeed, one interviewee stated thus;

“Who would want to form a merry go round with someone who is poor and has nothing at all to contribute during meetings? People want those who have, and those they can benefit from them, if you have no value addition then you left aside”.

Those who had joined the groups were further asked whether they occupied any leadership positions in those groups 95.7% had no leadership position while 4.3% had leadership position.

There were no one occupied the chairperson and treasurer position while 1.9% occupied secretary position while others occupied other positions like members of the committee. This explains that their social status in the community was low.

The respondents were asked whether they are still members of those groups 87% discontinued while only 13.04% retained their membership. The respondents were told to explain their answers majority said they left since they could experience difficulties when it comes to

contributions and that made them be humiliated by other group members. In fact one female respondent who had defaulted in two consecutively contributions had this to say

“I was removed from the women group I had joined since I had not contributed for two months consecutively”.

4.4.3 Joining Social Groups after becoming a beneficiary

The research sought to establish whether the elderly persons have joined the social groups after they become the beneficiary of social protection programmes. From the findings it’s evident that most of the elderly people have joined the social groups with 65.7% having joined the groups and only 34.3% who have not joined.

Table 10: Joining Social Groups after becoming a beneficiary

RESPONSE	FREQUENCY (n)	PERCENT
NO	37	34.3
YES	71	65.7
	108	100.0

The research shade more light on their social status of those who joined different groups by inquiring whether they occupy any leadership positions. From the finding 40.85% have different leadership’s positions and roles in the groups while 59.15% are just members. They were probed further to specify the positions they occupy 24.1% has the chairperson position , 27.6% has the secretary position while 17.2% have the treasurer seat and 31% have other small roles or positions in the groups i.e. time keeper, disciplinary team and committee member. They

explained that they have also formed groups among themselves (beneficiaries) which they lead. This has given them confidence and has increased their self-esteem.

“Our lives have changed drastically since we joined the programme. As beneficiaries we have formed our own elderly group (kiama gia akoru) headed by us. We are happy that we can stand in front of other people air our voices and be listened which never used to happen. We are now respected as full members of this community” Respondent

This shows a significant improvement or growth in their lives and improved social status as there given positions in the community to lead others. It also shows a great acceptance of these elderly persons in the community thus increased social networks among them.

Social protection programmes help the elderly to build their trust and confidence in the community and also develop a strong bond within their families and the community at large.

For Coleman (1994), social capital is productive, i.e. it is used so that actors can accomplish certain ends that would have been difficult without it. He also explains that social capital as a linking mechanism incorporated in social structure. The elderly persons engaging in groups help them to access some benefits that could be difficult without them and also give them an opportunity to be integrated well in the community

4.4.4 Support before becoming a beneficiary

In African culture it's believed that young people should always support the elderly persons in any society. The young and energetic people had that responsibility to support and take good care of elderly. Due to Social change which has occurred in every society this has changed completely and in some instances it's the elderly person who has the responsibility to care of the young people. Many older persons have grandchildren who entirely or partly depend on the older generation for their livelihood. In other occasions those who have nothing to share with their

family members or community are left out with no one to look after them. In this study the respondents were asked whether they used to receive any kind of support from their family or community members before enrolment in the programme. From the findings 56.5% said that they didn't get any kind of support while 43.5% indicated that they received support either in form of clothing, medication or food. Majority stated that they got more support on food staffs

Table 11: Support before becoming a beneficiary

RESPONSE	FREQUENCY	PERCENTAGES
NO	61	56.6
YES	47	43.5
TOTAL	108	100.0

4.4.5 As a beneficiary the support they get

The study sought to know whether the beneficiaries are receiving any kind of support after they became beneficiaries 86.5% confirmed that they are now being supported while only 31.5% who are not getting any support. Majority responded they get more support in food staffs since they also share with others, According to Ressler (2008) “the quantity and quality of the food shared all contribute to status and reciprocal exchange of resources. Participation in food events at the community level creates status and it identifies membership in the group and establishes identity for the household. Household participation in food sharing contributes to social capital and access to resources. The lack of food and the resulting isolation from community participation destroys social networks and contributes to vulnerability.” Other form of support is in terms of

clothing and medication while others said that they get people doing chores for them or helping in their farm.

“Before I never used to get anyone to help me weed my small piece of land but now there is a young woman who usually comes to weed and help me in planting even sometimes she help me to clean my cloths and utensils. I only gave her 100 shillings after doing all that as a way of saying thank you. Please look and see my land is well planted and maize is growing before it was like a forest” respondent 101 years old

Table 12: As a beneficiary the support they get

RESPONSE	FREQUENCY	PERCENTAGES
NO	34	31.5
YES	74	68.5
TOTAL	108	100.0

4.5 To establish the social impacts of social protection programmes

Social protection programmes have both positive and negative impacts to the society in general.

4.5.1 How were they treated before becoming a beneficiary?

The older persons are neglected and face a lot of abuse and in some instances physical violence from their family members. They also face the risk of social isolation and lack of support from the society

The study sought to understand how the respondent was being treated by their family and community members before they were enrolled in this programmes. The responses were 32.4% said that they were treated in unfriendly manner that making the highest percentage while 23.1%

said they were treated in unkind way same as those who felt they were treated in a friendly way and 16.7% said they were treated kindly while 4.6% didn't know how they were treated. When asked to explain their answers majority disclosed that they were excluded and isolated since they had nothing and thus they were termed as poor. Bourdieu (1988) , explains that reward or profit is the main reason that actors engage in and maintain relations in a network , this create a form of inequality which reveals the dark side of social capital. Lack of resources denies one entry into processes of reciprocal exchange. One of the respondent 85 years old said this;

You can't have friends when you always begging for help, people will shun away since you became a burden to them and poor have nothing to reciprocate the offer given to them.

Older persons suffer emotional, psychological, physical, financial or other forms of abuse or neglect from their family members who feels that they are burden to them.

“Before my older son used to call me names saying am a burden to them and I should be dead so that they can sell my piece of land”. 76 years old lady

Table 13: How they were treated before they became beneficiaries

RESPONSE	FREQUENCY	PERCENGTAGES
Kindly	18	16.7
Unkind	25	23.1
Friendly	25	23.1
Unfriendly	35	32.4
Don't know	5	4.6
Total	108	100.0

4.5.2 After being a beneficiary

From the findings it's obvious that status of the beneficiaries have changed. The programme has both positive and negative impacts to the beneficiaries. Some beneficiaries expressed their concern on how their neighbors are being negative towards them while others are jealous.

Social capital is connected to the danger and conflict. 'Jealousy' and the distress of 'gossip' are key ways in which poor people experience the destructive support of the processes of reciprocal exchange on which they depend on (Toit and Neves 2006). Some individual feels that the elderly poor should not be included in their circles. This brings about poor relationship within the community thus weakening the social networks.

Other findings shows that 20% feel that they are being treated by their neighbors families and community in kind way, 9.3% expresses that they are treated in unkind way while 46.3% says that people are friendly to them and 21.3% says there treated in a unfriendly manner, only 2.8% who can't say how they're treated

Table 14: After being a beneficiary

	Frequency	Percent
Kindly	22	20.4
Unkind	10	9.3
Friendly	50	46.3
Unfriendly	23	21.3
Don't know	3	2.8
Total	108	100.0

A 77 year old woman said

“People have turned to be my enemies even my own children are fighting for this small amount I get from the government some cannot even talk to me and am their mother. Instead of being happy that am getting assisted they are fighting for it”.

This shows some of the negative impacts caused by this programmes at the family level that brings division in the family thus weakening the social networks. Another respondent explained

“Ever since I started receiving this assistance my neighbors don't talk to me well they go gossiping that am not eligible. I realized they are jealous of me since they were good friend of me when I used to go beg for food in their homes”.

From other beneficiaries they feel that the programme has made people to befriend them. One respondent said,

“After becoming a beneficiary I joined a women group people in that group treat me very well they even come to my home to visit me this was not happening before”.

This shows a strong bond and relationship developing from these programmes thus building a strong social network

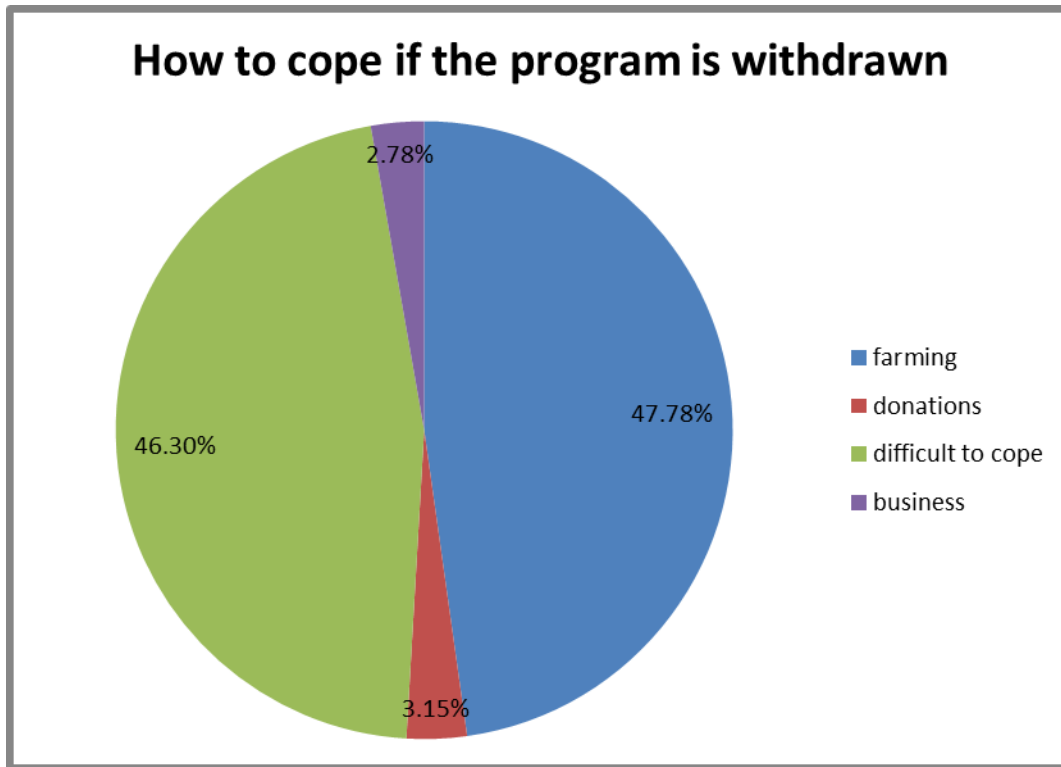
4.5.3 Coping

The respondent was asked how they would cope if the assistance was withdrawn by the government. The findings were as follows 46.3% difficult to cope, most of them said they have health problems, weak and don't even have money to sustain themselves and their household while 47.78% stated farming; this is subsistence farming using traditional methods. Production is not enough for their consumption and have surplus.

It's worth noting that only 3.15% get enough donations from friends and relatives, majority of elderly explained that people who they term as family who can help sometimes take very long before visiting them, in fact some said they only come during the holidays like December or when there are ceremonies. Due to breakdown of the family structure young people are moving to the urban areas thus leaving the aged in rural areas. Also people have become to individualistic togetherness and the act of helping others that existed in traditional community disappeared.

This shows that they are not reliable and 2.78% other businesses. Beneficiaries' finds that it would be extremely difficult to cope if the assistance is withdrawn most of them plead with the government not to withdraw but instead to add for assistance to them.

Chart 2: Coping mechanism



It's my humble request that the government does not withdraw the assistance since I use that assistance to support my grandchildren who were left by my late daughter. Before we used to sleep hungry since I can't be able to work now I have opened a small business of selling bananas on the roadside where you found me. I get some few coins to feed this children and cloth them

As people age they lose strength which means they become less productive. In rural areas where farming is the main source of income the elderly are not able to engage in those difficult tasks.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter essentially presents the review or summary of the study. It also presents the conclusion and recommendations based on the findings in chapter 4 for further research in the same field to eliminate the gaps existing in this area.

5.1 Summary of the key findings

The study examined the effects of social protection programmes on social networks among the elderly persons in Githunguri sub- County in Kiambu County. Social protection programmes powerfully contributes to reducing poverty, exclusion and inequality. It also enhances economic growth by supporting household income and also promotes social cohesion among the vulnerable groups in the society. Elderly persons aged 65 and above are among the beneficiaries of this programmes. However social protection programmes have not been able to cover the entire population of the elderly persons who are in need of this support only a small population that has benefited from it. Though the coverage is small the programme has yielded positive impacts in both social and economic wellbeing of the beneficiaries.

The study looked at the following objectives; effects of social protection programmes on individual, families and community social relationships, the changes that have occurred on the beneficiaries' social network and social status; it also identified the social impact of social protection programmes. The summary will be scheduled logically according to the objectives.

5.1.1 Effects of social protection programmes on individual, families and community social relationships

The study revealed that the social relationships of the beneficiaries had improved to some extent. Those interviewed stated that they felt more accepted in the community and were no longer seen as burden since they are in a position to meet some of their basic needs like food, without begging. All beneficiaries stated that they spend their cash on food while 92.6% clothing, 79.6 % education of their grandchildren this has improved their social relationships with their family members who share the same pot.

The quality of social protection programmes is seem to be fair with a percentage of 39.1. This shows that the programme is facing a lot of implementation challenges. The study inquired whether the funds received are sufficient in solving their monetary problems; the findings show that most of the beneficiaries are dissatisfied with a percentage 39.8 due to high rates of inflation in the country. The study found that most of the beneficiaries are fairly able to participate in community activities with 54%. These activities include burials, weddings, church activities and etc which were difficult before they were enrolled in the programme.

Generally, from the description provided explaining the social relationships between the beneficiaries family, friends and the entire community the study found that social relationships has improved tremendously with a percentage of 51.3. This findings show that the social protection programmes has helped to strengthen social networks and relations for older people.

5.1.2 Changes that has occurred on the beneficiaries' social network and social status

The study established that the 66.7% are accessing credit from the shop owners and even from the social groups they have joined like merry go round easily since they are now in a position to pay. Regardless of how long they take to repay their debts the lenders have developed trust that they will be paid once the beneficiaries receive their assistance from government.

The beneficiaries perceived their social status have improved since they are able to join social groups within the community which was not quite common before. Before they were enrolled in the programme 57.41% had not joined the social groups. Further the study found majority had no leadership positions in those groups with 95.7%. It's quite the opposite after the enrollment since 65.7% joined social groups. Also they were able to form their own groups and lead them. Respondents said that they are now being given roles or position to lead in those groups with 40.85% which gives them a chance to air their voices without fear. This has empowered the older persons, improved their self- esteem and personal status within the community.

Further, it was established that the beneficiaries are receiving support from their families and the entire community with a percentage of 86.5%. This support is in terms of food, clothing and also getting their chores done.

The respondents seemed to have very weak social networks; a sign of their vulnerability, social protection programmes have strengthen their social networks and social capital of beneficiaries. Added assets enabled recipients to contribute in community events, share food and borrow when in need because they are capable of paying back. A major requirement to enter into social reciprocity is proving that one is worthy and also capable of reciprocating in future hence the change as beneficiaries are now considered able to reciprocate.

5.1.3 Social impacts of social protection programmes

The programmes have brought mixed reactions between the beneficiaries and the non-beneficiaries. The findings confirmed that social protection programmes has both positive and negative social impact in family and community level

Some beneficiaries felt that since they were enrolled in the programme their family members and community are treating them in kind and friendly manner with percentage of 20 and 21.3 respectively which was not happening before. They explained that nowadays there being invited in community gatherings and other functions in the community. Also they have made more friends during the beneficiaries meetings and exchange ideas on how to spend their assistance this help them improve their lives. This portrays the positive impacts of the programme in the beneficiaries well-being.

On contrary the programme has elicited negative views from other community members as well as family and relatives. Some beneficiaries explained that the assistance has brought division in the family level as people are fighting for that small assistance the elderly get from the government. This has brought hatred and conflict in the family thus being treated in unfriendly and unkind way with 46.3% and 9.3% respectively.

Others explained that their neighbors are jealous of them since they think they are not eligible to receive the assistance. While others stated that there many people in the area that needs assistance and they are not in the programme. The key informant district social development officer explained that they do receive a lot of complains from the community claiming that some of the beneficiaries are not eligible and in other cases from the family level fighting over the

assistance given to the elderly. This explains the hostility that has been brought by these programmes.

Different reaction reveals the negative side of the programme and its effect on the social network. This has weakened the social network among the beneficiaries, families and the entire community.

5.2 Conclusions

The study demonstrates that social protection programmes has positive effects on elderly persons social networks. Social protection programmes has enabled the elderly to rejoin in the circles of their extended family and the entire community, lowering the gap between the poor and the wealthier households.

This programme enables beneficiaries to participate in different activities as full members of the community. It has also strengthened their social status whereby they can contribute in decision making and leading others in the community. This has boosted their social wellbeing

Social protection programme has allowed the beneficiaries to become less of burden to their families since it has reduced the need to financial support and sometimes they extend financial contribution to their families as pointed out in the findings whereby the elderly cater for education of their grandchildren.

Despite the positive effects found there some important unintended outcome that was also found by the study. A considerable percentage of respondents stated that the programme is breeding

tension and divisions within the family and community as well. Jealousy is stated to be the main cause of this divisions and tension.

5.3 Recommendation of the Study

1. The study confirmed that the beneficiaries receive some grants from the government that enable them uplift their livelihood as a way of eradicating poverty among the elderly persons. From the finding its clear that the assistance is not enough to tackle all aspects of their livelihood and to enable them be seen full members of their communities. The study recommends the government of Kenya to increase the grants so that elderly can be able to improve their livelihood considering the high levels of inflation in the country.
2. To ensure that there is consistency when it comes to payment of the funds to the beneficiaries. The payment should be regular and predictable.
3. This programme covers only a small population of the elderly poor. This has brought a lot of conflict in the communities since people fail to understand the criteria used in selection and why they have been left out. This has weakened the social network of those in the programme (beneficiaries). I recommend the government to increase its funding kitty in order to expand the programme to cover most in not all needy elderly persons who fit in the programme.

5.4 Recommendations for Further Study

1. The findings demonstrated that in some instances these programmes has contributed to weakening social networks among the beneficiaries and the non-beneficiaries who been are not in the programmes. A study can be done to find out some of the strategies that

can contribute to building up frail social networks of vulnerable beneficiaries who have been enrolled in the programme.

2. This study on effects of social protection programmes on social network among the elderly persons was done purely in rural setting, I recommend the same study to be done in urban setting more so in slum areas which also have high population of elderly persons and a comparative study to be done.

References

- Andries du Toit and David Neves (2006). Vulnerability and Social Protection at the Margins of the Formal Economy: Case studies from Khayelitsha and Eastern Cape. USAID, United states
- Barrientos, A. and Lloyd-Sherlock, P. (2002). Non-contributory pensions and social protection. Issues in Social Protection Series. Geneva: International Labour organization
- Blau M. Peter (1964). Exchange and Power in Social Life. New York: John Wiley
- Chambers, R. (1989). “Editorial Introduction: Vulnerability, Coping, and Policy,” IDS Bulletin Special Issue on Vulnerability Vol. 20 No. 2
- Coleman, J. S. (1988). Social Capital in the creation of human capital. American Journal of Sociology, Vol.94 Supplement, 95-120. Cambridge: Cambridge University Press
- Davies and Davey. (2008). A Regional Multiplier Approach to Estimate the Impact of Cash Transfers on the Market: the case of Cash Transfers in Rural Malawi. Development Policy Review, 26 (1): 91-111.
- Devereux, Stephen (2001) Social Pensions in Namibia and South Africa, IDS Discussion paper, 379, February 2001, Brighton, IDS.
- Devereux, S. and Sabates-Wheeler, R. (2004). Transformative Social Protection. Brighton, England: Institute of Development Studies & Sons.
- Fala Michael (1986) A dynamic of functionalism: strategy and tactic. Cambridge. Cambridge university press
- Homans, G. (1961). Social Behavior. New York: Harcourt, Brace & World.
- Ikiara G. K. (2009). Political Economy of Cash Transfers in Kenya: University of Nairobi. A Paper prepared for Overseas Development Institute London

Government of Kenya. (2010). The Constitution of Kenya. Government Printers, Nairobi, Kenya

Kenya Social Protection Sector Review. (2012). Ministry of State for Planning, National Development and Vision 2030

Kenya National Bureau of Statistics (KNBS, 2007) Basic report on wellbeing in Kenya based on Kenya Integrated Household Budget Survey-2005/2006

KNCHR, (2009). Growing old in Kenya: Making it a Positive Experience. Nairobi

Kothari, C.R (2004) Research Methodology. New Age International Publishers. New Delhi

Mathiu p. and Mathiu E. (2012) Social Protection as a development strategy paper that was presented during the III IESE CONFERENCE “Mozambique: Accumulation and Transformation in a context of International crisis”

Mujahid, Ghazy, B. Dodge and J. Pannirselvam (2008). The Impact of Social Pensions: Perceptions of Asian Older Persons, (Bangkok, UNFPA-CST).

Mujahid, Ghazy (2006). Population Ageing in East and South-East Asia: Current Situation and Emerging Challenges, (Bangkok, UNFPA-CST Papers in Population Ageing No.1).

Munyua, H.(2000) Application of information communication technologies in the agricultural sector in Africa. A gender perspective.

Ouma, S. (1995) ‘The role of social protection in the socioeconomic development of Uganda’, Journal of Social Development in Africa, Vol 10 No 2: 5-12

Ressler, P. (2008). The Social Impact of Cash Transfers. RENEWAL/ International Food Policy Research Institute

Sen, A. (1999), Development as Freedom, Oxford: Oxford University Press.

Sri Lanka (2002). Household Income and Expenditure Survey, (Colombo, Government of Sri Lanka, Department of Census and Statistics).

United Nations (2011). Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide. Department of Economic and Social Affairs, New York.

ANNEXES

Annex 1: Interview Schedule Tool

My name is Sophia Ruigu a graduate student from university of Nairobi. Am carrying out a research on the effect of social protection programmes on social network among the elderly persons in rural areas for my masters in Art sociology. The research is purely academic. The reason why I chose you as a participant is because you are a beneficiary of social protection programmes .I kindly request you to give me 25 minutes of your time I ask you few questions on the subject. All the information that you are going to provide will be treated with complete confidentiality and used only in this research. Thank you

PART A

COUNTY: SUB- COUNTY:

WARD: VILLAGE:

PART A. GENERAL INFORMATION

1. Name (**Optional**) _____

2. Gender 1.MALE 2.FEMALE (*Don't read out*)

3. Age _____ (*indicate the years in numbers*)

4. Marital Status Married Separated Divorced
Widowed Cohabiting Single

5. Religion 1.Catholic 2.Protestant 3.Muslim 4. Others specify.....

6. What is your highest level of education?

1. Never attended school

2. Primary level

3. Secondary level

- 4. Tertiary/ college level
- 5. University level

7. What is your main Source of income?

- 1. Business
- 2. Casual laborer
- 3. Donations
- 4. Farming
- 5. Full time job
- 6. Social protection programmes
- 7. Others specify.....

8. What is your estimated monthly income?

- 1. Below 1000
- 2. 1001-2000
- 3. 2001-3000
- 4. 3001-4000
- 5. 4001-5000
- 6. 5001-10000
- 7. Others specify...

9. Do you own house that you are living in?

1. Yes 0. No *(if yes skip to no. 10)*

b. If rented how much do you pay per month?

10. Apart from house, do you own other property?

If yes specify.....

11. Total number of household members who normally reside in the homestead including
Including yourself (respondent)

**PART B. EFFECTS OF THE SOCIAL PROTECTION PROGRAMMES ON
INDIVIDUAL, FAMILIES AND COMMUNITY SOCIAL RELATIONSHIPS**

12. How do you spend the cash? (*Tick all that apply*)

1. Clothing	
2. Education	
3. Food	
4. Health	
5. Investments	
6. Merry-go round contribution	
7. Paying debts	
8. Others specify.....	

13) The following section contains a set of statement with several indicators in each. The respondent is expected to rate each statement following the indicators provided

- a) The quality of social protection programmes use the scale provided to rate the following indicators using a *tick*

Indicators	Poor	fair	good	excellent
Sufficiency of the funds you receive				
Mode of delivery				
The frequency of delivery				
Efficiency of service delivery				

b) The extent in which the fund you receive help in solving monetary/ economic problems

Indicators	Very dissatisfied	dissatisfied	satisfied	Very satisfied
Food				
Shelter				
Health care				
Clothing				
Leisure activities				
Education of the grandchildren				
Investments e.g. in purchases of farm items etc.				

c) How do you rate your involvement or participation in the following community activities as a beneficiary?

Indicators	Satisfactorily	Fairly so	Not satisfactory
Funds enable me to contribute to funeral			
Funds enable me to contribute to church activities			
Funds enable me to contribute to merry go round			
Funds enable me to contribute to weddings/dowry or other happy time gatherings			

14. The following is a series of set of description explaining your relationship as a beneficiary with your family members, friends and the entire community.

For each statement using a **tick** indicate whether it's *definitely true*, if you sure and true about yourself *probably true* if it's true but you are not certain *definitely false* if you sure it's not true and it's a false and *probably false* if you think it's false but you are not certain

	Definitely true	Probably true	Definitely false	Probably false
I interact with family and friends on regular basis				
I am fully and all the times included in circles of friends whenever they are gathering				
My family and friends enjoy spending time with me				
Whenever I am in need I always get someone to help				

Whenever I have problem I can find trust worthy people to help me solve				
I usually participate in community decision making as a full member of this society				
When I have no food my friends and family share with me				

PART C. CHANGES THAT HAS OCCURRED IN BENEFICIARIES’ SOCIAL NETWORKS AND SOCIAL STATUS

15. Do you buy goods on credit in your local area? E.g. (*kiosk*)

1. Yes 0. No *if no skip to 16*

b). After how long are you supposed to settle your debt?

One month Three months Six months One year others specify

.....

.....

.....

16. I will ask you few questions regarding your social status within the community before and after becoming a beneficiary

b.) Were you a member of any social groups? (If *no skip to question 17*)

Yes No

c.) If yes, what was the name of the group?

d.) Did you occupy leadership position in that group?

Yes No

If yes, what was your position?

Chairperson

Secretary

Treasurer

Others

e.) Are you still a member?

Yes No

Explain your answer?

.....

.....

.....

17. Have you joined any social group after you become a beneficiary?

Yes No

If yes, what is the name of the group?

18. Do you occupy leadership position in that group?

Yes No

If yes, what is your position?

Chairperson

Secretary

Treasurer

Others

19. Before you become the beneficiary were you receiving any support and care from the community members including your family /relatives?

Yes No

If yes, what kind of support?

Clothing

Medication

Food

Other specify.....

20. After you became the beneficiary are you receiving any support and care from the community members including your family /relatives?

Yes No

If yes, what kind of support?

Clothing

Medication

Food

Other specify.....

PART D: SOCIAL IMPACTS OF SOCIAL PROTECTION PROGRAMMES

21. Before becoming a beneficiary how were family members and the community treating you?

Kindly

Unkind

Friendly

Unfriendly

Don't know

(b). Explain your choice

.....

.....

.....

22. After becoming a beneficiary how are family members and the community treating you?

Kindly

Unkind

Friendly

Unfriendly

Don't know

(b). Explain your choice.

.....

.....

.....

23. How would you cope with new situation if the government withdraws the social protection programmes?

.....

.....

.....

Thanks for your cooperation

Annex 2: Key Informant Guide

My name is Sophia Ruigu a graduate student from university of Nairobi. Am carrying out a research on the effect of social protection programmes on social network among the elderly persons in rural areas for my masters in Art sociology. The research is purely academic. The reason why I chose you as a participant is because you have more knowledge of social protection programmes. I kindly request you to give me 20 minutes of your time I ask you few questions on the subject. All the information that you are going to provide will be treated with complete confidentiality and used only in this research. Thank you

NAME OF THE KEY INFORMANT.....

GENDER.....

TITLE.....

1. Before the elderly persons become the beneficiary of social protection programmes were they members of any social groups e.g. women group, merry go round welfare groups villages meetings
2. After the elderly persons become the beneficiary of social protection programmes were they members of any social groups e.g. women group, merry go round welfare groups villages meetings
3. Do beneficiaries actively participate in community events such as burial, church activities, fund raising etc.?
4. Have you heard any form of aggression or hostility received by the beneficiary from their family or the community?

5. What are the positive and the negative effects of the social protection programmes at the community level?
6. Do the beneficiaries of social protection programmes receive any kind of support from the family, or community members? Support in terms of food, clothing ,medication or any other

THANKS FOR YOUR COOPERATION