

**SOCIO-ECONOMIC IMPACT OF CASH TRANSFER PROGRAMME ON THE
ELDERLY IN MULUNDI SUB-LOCATION, KITUI COUNTY, KENYA**

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DECLARATION

I understand that plagiarism is an offence and I therefore declare that this thesis is my original work and that it has not been presented to any institution for any other award of Degree.

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DEDICATION

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ABBREVIATIONS AND ACRONYMS

AIDS	:	Acquired Immune Deficiency Syndrome
CCT	:	Conditional Cash Transfer program
DFID	:	Department of International Development
ESC	:	Economic, Social and Culture
GDP	:	Gross Domestic Product
GoK	:	Government of Kenya
HIV	:	Human Immuno-Deficiency Virus
ILO	:	International Labor Organization
KIHBS	:	Kenya Integrated Household Budget Survey
KII	:	Key Informant Interviews
KNBS	:	Kenya National Bureau of Statistics
LTC	:	Locational Targeting Committee
MGCSD	:	Ministry of Gender, Children, and Social Development
NACOSTI	:	National Council of Science, Technology and Innovation
NGO	:	Non-Governmental Organization
NSPP	:	National Social Protection Policy
NSPP	:	National Social Protection Policy
OECD	:	Organization for Economic Cooperation and Development
OPCT	:	Older Persons Cash Transfer Programme
SDG	:	Sustainable Development Goals
SEHSS	:	School of Education, Humanities and Social Sciences
SPF	:	Social Policy Framework
SPSS	:	Statistical Package for the Social Sciences
UCT	:	Unconditional Cash Transfer
UN	:	United Nations
UNDESA	:	United Nations Department of Economic and Social Affairs
UNSDG	:	United Nations Sustainable Development Goals
US	:	United States

ABSTRACT

Older Persons Cash Transfer (OPCT) is a programme that was introduced in Kenya in 2006 to provide financial assistance to the elderly people in the country. The budget for the programme has consistently increased since inception but vulnerability and poverty rates among the elderly population still remain high. There is minimal information and data to show the socio-economic impacts of the programme in Kitui. The main objective of this study was to establish social and economic impacts of the programme in Mulundi sub-location of Kitui County. The study area is located in an arid and semi-arid region where income generating activities are rare and food production is limited due to unpredictable weather resulting to low food production and poverty. This study adopted a cross-sectional mixed methods approach to investigate the impacts of OPCT using both quantitative and qualitative data. Statistical Package for Social Sciences (SPSS) version 24.0 was applied to generate descriptive statistics. The qualitative data was analyzed through content analysis. A census survey was adopted to collect data from all the 113 registered OPCT beneficiaries in Mulundi sub-location. The study found that majority of the beneficiaries were female (58%) compared to men (42%). Majority of the beneficiaries (72%) were aged between 65 and 75 years old. Apart from the few elderly (21%) who had alternative sources of income, majority (79%) depended on OPCT as the main source of income for their upkeep. The alternative sources of income included sales from farms produce and small businesses. Most of beneficiaries used the cash grants to buy food (44%), pay school fees (30%) while others spent on health care and medical bills (12%) and buying clothing (10%). Most of the participants in this study (73%) enjoyed good intra-household relationship with their family members. More women (63%) than men (37%) benefited from the cash transfer. We found that (41%) of the beneficiaries of cash transfer had an average of 4-6 dependants per household. Due to age limit 32% of the elderly rarely got involved while 25% were totally never involved in community development activities. This study revealed that the cash transfer should have an increment of the monthly since most of the beneficiaries (86%) expressed that the current amount (KShs. 2000 per month) was not adequate. The programme was rated 70% successful although a majority of the beneficiaries (57%) felt not satisfied with the programme. This study established several challenges hindering realization of socio-economic impacts of cash transfer in the study area. These include inadequate and irregular disbursement of grants, poor management and lack of proper coordination in the programme, lack of proper channel to resolve complaints from the beneficiaries, increased cost of living, corruption and lack of transparency in the programme. This study recommend that all the stakeholders should put controls and enhance management of the programme so that the intended objectives can be achieved.

CHAPTER ONE

1.0: INTRODUCTION

1.1 Background of the Study

Many low income countries have different forms of social protection programs. The main objective of these programs is to address various issues that are thought to contribute to poverty among the vulnerable households (Gentilini *et. al.*, 2014). The choice of each country would depend on the availability of resources, social goals and the institutional capabilities. In high-income countries, identifying the poor and vulnerable population for social protection is done through alternative methods including individuals bringing evidence of unemployment or income to a registering office then the households are given cash transfer through tax system. The United States (US) is such an example (Hanna & Karlan, 2016). Due to underdeveloped tax systems and lack of formal and clear labor markets in low-income countries, it is difficult to verify income or to get a trail of an individual's income and checking the status of employment.

Social protection in African countries has received a broad consensus in alleviating poverty and promoting inclusive economic development (GoK, 2012). The international agreement on social protection is well highlighted in the African Union's Social Policy Framework (SPF) which was endorsed in 2009 by the African heads of states (OECD, 2011). The policy aimed at achieving objectives such as job creation, income security for all citizens, and social security. Several African countries have invested in social protection initiatives as a way of providing social assistance to the poor and vulnerable population.

Cash transfer program is one aspect of social protection program with multifaceted objectives. For example, Aguila *et al.* (2012) posits that cash transfer program is a multifaceted combination of actions and policies that seek to foster the opportunities as well as capacity of older persons to sustain their lives, enhance their social status and livelihoods. In other words, cash transfer program mirror the type of social protection that provides consumption and income transfers to the vulnerable population particularly old people with the aim of enhancing their social status (Willis, 2010).

The implementation of cash transfers for the vulnerable people in most of the developing countries is envisioned to help in attainment of the United Nations Sustainable Development Goals (UNSDG) which include no poverty, zero hunger and good health and wellbeing. In Africa, there is a growing recognition and acceptance of social protection through cash transfer programs for the elderly with minute cash transfer initiatives gaining momentum in East and Central Africa. To ascertain the success of cash transfer programs, the World Bank looks at a number of parameters. First, the success of cash transfer programs can be ascertained by looking at whether the allocated amount to social assistance programs is adequate in alleviating poverty and vulnerability. Also, the suitability of disbursement programs or procedures and objectives of such programs are other parameters used to evaluate the success of social assistance programs. According to Mukesh (2007), the success of such social assistance programs in other parts of the world such as Malawi has motivated the World Bank to embrace cash transfer programs as formidable tools in the fight against vulnerability amongst the poor households. As such, across Africa, the World Bank has encouraged many countries such as Lesotho, Zimbabwe, Kenya, Ethiopia, Tanzania, and Namibia to draft national cash transfer policies/programs to offer support and assistance to their respective vulnerable citizens.

In 1990's a global focus on social policy and development was observed. Korea, Thailand, Indonesia, Malaysia among others were some of the countries which had shown success in social policy development (Thienes & Bjelle, 2015). Other developing countries such as Mexico and Philippines had introduced conditional cash transfer programs to encourage households to meet other basic requirement for example education and health (Hanna & Karlan, 2016). Households were required to take their children to school and also get some health checkups before the facility could receive full cash grants. Zomba Cash Transfer Program is a good example of Conditional Cash Transfer program (CCT) in Malawi (Baird *et. al.* 2011). Baird asserts that when CCT program was adopted, school dropouts reduced significantly, school attendance increased, and performance especially in English and Mathematic subjects also improved. The study showed that there were more than cash

benefits associated with the CCT in Malawi. On the other hand, low number of early marriages and pregnancy was associated with unconditional cash transfer programs. This effect was attributed to limited income to the households under UCT (Baird *et. al.* 2011). However, either UCT or CCT does not offer an opportunity to the households to choose which approach to be adopted for maximum utility from the households. On the same matter, in Brazil some households were given an opportunity to choose between UCT and CCT. Many households preferred CCT instead of UCT since they could not monitor their children school attendance in UCT arm. The study exhibited that the mechanism of CCT was a good tool to be used by parents in monitoring their children school attendance hence an effective approach in improving communication between parents and schools (Bursztyn and Coffman, 2012).

In recent years, the developing and emerging economies have been utilizing the sub-facets of social protection programs to counter the disengagement of the aging population from the economic empowerment and social relationships. By 2011, Saavedra and Sandra (2012) posits that older cash transfer programs had spread to 20 countries in Latin America and covered over 129 million beneficiaries. However, while most of social assistance programs are predominant in Latin America (Salinas-Rodríguez *et. al.*, 2013) a substantial amount of research is being conducted concerning the implementation of such programs in Africa. On the other hand, Non-contributory pension programs seem to work well in some countries like Brazil, South Africa, India and others. Such programs tend to grow in importance due to shifts in demographics and risk of poverty among the elderly people (UNDESA, 2013).

1.1.1 Social Protection Programmes in Kenya

In Kenya, social protection programmes have helped the marginalized and vulnerable people in several ways including food relief, offering bursaries to needy school going children, and other special programmes (Ikiara (2009). Social protection is defined as “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 dependants to maintain a reasonable level

of income through decent work, and that ensure access to affordable health care, social security, and social assistance” (GoK, 2012, pg. vi). According to Olivier (2011), the cash transfer initiative in Kenya was started in 2004 as a subset of social protection, which aimed at addressing particular social and economic problems for the vulnerable and orphaned children as well as extremely poor elderly persons in the society. In 2006 the Kenya legislators passed into law the National Social Protection Policy (NSPP), which aimed to augment the delivery of social services to the poor as well as vulnerable populations.

The implementation of NSPP in Kenya is meant to enhance progressive realization of social security as well as protection of persons who are not capable of supporting themselves as well as their dependants (GoK, 2012). Such people included older persons in the society aged 65 years and above. Today, cash transfer programme, a subset of NSPP, has been recognized as the most imperative strategy for alleviation of poverty among all older persons above 70 years (Igadwah, 2019). According to Kenya National Bureau of Statistics (KNBS, 2019), the population of the elderly persons in Kenya who were 65 years and above in 2017 was 1,332,000. The number of the recipients of the cash transfer increased from 33,000 (2010) to 523,000 elderly persons aged 70 years and above as at January 2019 (GoK, 2012; Igadwah, 2019). Since the inception of OPCT, Kenyan Government has progressively increased elderly persons grant from KShs. 4 Million in 2006 to KShs. 2 billion in 2017/2018 Financial Year (KNBS, 2019). However, vulnerability and poverty rates in the rural areas and among the elderly in Kenya still remain high at 54% and 53% respectively (Igadwah, 2019).

This study contributes to the Kenya Vision 2030’s Social Pillar that aims to achieve just and cohesive society, enjoying equitable social development in a clean and secure environment (GoK, 2006). It is based on transformation of eight social sector areas including education and training; health; water and sanitation; environment, housing, and urbanization gender, youth, sports, and culture; and promoting equity and poverty reduction (Samson *et al.*, 2011). The country’s Vision 2030 gives a special provision for those with disabilities, the elderly and those who live in marginalized areas. The consolidated social

protection fund is one of the flagship projects of Vision 2030 under which the cash transfer programme for the elderly falls.

Delivery of social assistance in form of cash transfers to the elderly is envisioned to provide them with the much needed social support required to access social services in health and other amenities. Moreover, the objective for implementing the cash transfer programs is in tandem with Article 57 of Kenyan Constitution, 2010 which requires that older persons also participate in the objects and affairs of the society, pursue their personal development, live in dignity and receive reasonable care as well as assistance from the state and their family. With the poverty rate of older persons in Kenya standing at 58% (GoK, 2006) there is a myriad of questions related to whether the cash transfer program is doing enough to enhance the social and economic status of the elderly persons. This study seeks to establish the social and economic impacts of the cash transfer program in the lives of elderly persons of Mulundi sub-location, Kitui County.

1.2 Statement of the Problem

Aging population which forms 6 percent of the total population in Kenya is an important segment in Kenya's demographic stratum. In many cultures the elderly are the first nation communities, carriers or custodians of the past as well as role models for the current generation. There are limited activities that the aged person can be engage to make some income. Poverty among the elderly gets worse when their caregivers particularly their children become breadwinners in their own families (Haushofer *et al.*, 2019). If they do not have any source of income, the situation becomes worse especially if they have dependants in their households. This conditions makes the elderly vulnerable because of limited avenues to increase their livelihoods.

There have been several cash transfer social protection programmes in Kenya since 2004 which include Hunger Safety Net Programme (HSNP), the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), the Cash Transfer for Persons with Severe Disabilities (PWSD), and the Older Persons Cash Transfer (OPCT) (Chebii & Oyunge, 2020; Abdi,

2019). Cash transfer programs were introduced in Kenya to tame the susceptibility of vulnerable groups to extreme socio-economic challenges (GoK, 2012). The OPCT is meant to counter the disengagement of older persons from social relationships as well as from physical activities and support them in better health care services. Little information is available on whether the management structure of the programme (Mohamud & Minja, 2020), disparity in the disbursement of grants, and increasing complaints from the beneficiaries has any role in the realization of the main goal of the programme. The question on whether the cash grants are adequate or not, has not been fully examined due to variability in socio-economic environment. There is limited information on whether the recipients are able to meet their financial needs or not. There is minimal data and information to show how beneficiaries utilize the cash for their socio and economic wellbeing. There is minimal monitoring and evaluation of the OPCT at national and county levels since inception of the programme in Kenya (Government of Kenya, 2016).

In Kitui County where Mulundi sub-location is located, the impact of the national progressive increase of the budget to support OPCT has not been realized. The aged population still remain vulnerable with minimal opportunities to make some income. Regular food production is limited due to the arid and semi-arid conditions in the area. These issues make the elderly population to eventually dependent on cash transfer and family support for their upkeep. This study sought to investigate on the socio-economic impacts of the OPCT in Mulundi Sub-Location in Kitui County. The study sought to establish adequacy of the cash provided to the beneficiaries in meeting their financial needs and their general perceptions and challenges in the programme. The study also sought to establish specific challenges experienced by the beneficiaries in the implementation and management of the programme in Mulundi sub-Location.

1.3 Objectives of the Study

The following objectives guided the study.

1.3.1 General Objective

The general objective of the study was to assess the socio-economic impact of the cash transfer among the elderly beneficiaries in Mulundi sub-location of Kyangwithya East Ward Kitui County. To achieve this objective, the study was guided by the following specific objectives:

1.3.2 Specific Objectives

- i. To determine the socio-economic impacts of old persons' cash transfer (OPCT) in Mulundi sub-location, Kitui County
- ii. To establish the perception of the OPCT beneficiaries and challenges experienced in the programme.

1.4 Research Questions

- i. What are the socio-economic impacts of the OPCT to the beneficiaries in Mulundi Sub-Location?
- ii. What is the perception of the OPCT beneficiaries and challenges experienced in the management and implementation of the programme?

1.5 Significance of the Study

This study is pertinent in adding knowledge and information on issues that need improvement in the management of the National Social Protection in Kenya to enhance the impact of the programme in rural areas.

The new knowledge in the economic impacts of the programmes will guide the government and other stakeholders to identify other programmes that can supplement OPCT to boost socio-economic wellbeing of the beneficiaries.

The findings from this study contribute greatly in achieving a number of the United Nations Sustainable Development Goals (SDGs) which include no poverty, prosperity, economic growth, zero hunger, reduced inequalities and good health and wellbeing. The study has a

significant contribution to the Kenya Vision 2030 strategy for gender, youth and vulnerable groups.

1.6 Scope of the Study

The focus of this study was to establish the socio-economic impacts of the cash transfer programme among the elderly in Mulundi sub-location of Kyangwithya East Ward Kitui County. To achieve this, the study involved men and women aged 65 years and above living within Mulundi Sub-Location. Gathering both qualitative and quantitative data helped greatly in establishing the relevant issues associated in the realization of socio-economic impacts of Older Persons Cash Transfer Program (OPCT).

CHAPTER TWO

2.0: LITERATURE REVIEW

2.1 Introduction

This section presents a review of literature on the social protection initiatives in various parts of the world, Africa and in Kenya. Specifically, the section presents a general appraisal of the role of social protection programmes in poverty alleviation, social protection programmes in Kenya and presents the impact (both social and economic) of the cash transfer programmes to the elderly in Kenya. The section further presents secondary data about sustainability of the social protection programmes. Finally, the theoretical framework within which this study was mapped is presented.

2.2 The role of Social Protection Programmes in Poverty Alleviation

Social protection in form of cash transfers was introduced in Europe in the 16th century. (Harlon *et al.*, 2010). This was introduced by the government of England as a collective responsibility to give special consideration to the poor and the vulnerable persons. In the late 19th century, implementation of more benefits for the vulnerable which included “old age insurance” and “sickness benefits” were introduced. Social protection took shape in the 20th century when the United Nations came in with the provision of standards (Harlon *et al.*, 2010). New models and advancements in the implementation social protection in the developing countries have been observed in the recent past. Significant improvement in the Cash transfer programmes has been noted in Honduras, Mexico, Brazil, Colombia, South Africa among others (World Bank, 2012).

Social protection can play a key role in reducing poverty and inequality (World Bank, 2012). Growing recognition of this potential impact has led social protection to rise up the agenda of policymakers in the international development community. In recent years, increased social protection coverage in developing countries has been achieved by the expansion of a combination of programmes (Bastagli, 2008) with a variety of objectives (Bastagli, 2013). Social protection instruments include cash transfers, in-kind transfers, public works programmes, tax and fiscal tools and active labour market policies (Bastagli,

2008). However, in middle- and low-income countries, social protection has a more limited impact on poverty and inequality (Kabeer & Waddington, 2015). The growing recognition of the potential role of social protection has led to increased interest in the introduction and further expansion of policies in developing countries (World Bank, 2012).

Among multilateral and bilateral actors in the international development community, initiatives to promote and coordinate efforts on social protection development have flourished in recent years. They include the ILO's Social Protection Floor initiative aimed at ensuring national minimum policy packages are adopted by countries world-wide (Devereux and Sabates-Wheeler, 2004). Regional initiatives include the African Union's Social Policy-Framework for Africa, with a chapter on social protection and recommendations on how to strengthen coordination between national and regional policy initiatives (Devereux and Sabates-Wheeler, 2004). These include assistance to vulnerable groups, income or consumption smoothing over the lifetime and redistribution.

Social protection policies vary depending on the social protection design and implementation details and funding source (Bastagli, 2013). The adoption of a specific policy over another and of particular policy design parameters over others will depend on feasibility, including issues such as financial resources and administrative capacity. It will also depend on the specific priority objective pursued by a social protection policy or system (Devereux and Sabates-Wheeler, 2004). These policies are grouped into either social insurance or social assistance policies (OECD, 2011). Although in practice policies may not fall distinctly into these categories, they provide a useful reference in considering variations in policy objectives and funding sources. In principle, social insurance policies aim to smooth consumption over the life-cycle through risk pooling. Eligibility is generally dependent on formal labour market participation and, in principle, policy is funded through employer and employees' contributions (Barrett, 2011). Examples include old-age pensions, disability and unemployment benefits. On the other hand, social assistance policies aim to support vulnerable groups, such as the income poor, and directly aim to alleviate or reduce poverty (Barrett, 2011). Eligibility is typically determined by the

characteristics of the individual or the household, not the “formal worker”. The funding source is commonly general taxation. Examples include conditional cash transfers, school feeding, disability and elderly assistance.

Development of social protection programmes in low- and middle-income give priority to either protection or assistance of particular vulnerable groups; or protection and assisting individuals over the course of the life-cycle (OECD, 2011). In some cases, the first approach reflects extremely limited available resources or a priority objective of maintaining a residual system of assistance. It may also arise from circumstances of emergency, tied to a specific contingency, and may lead, from the outset, to initiatives designed to be short-lived. This approach can lead to a disconnected “system” of programmes, reflecting, in practice a short-term vision. This occurs for instance when programmes initially designed to be of short duration are in practice extended over time, becoming part of a more permanent structure of programmes or policies.

The second approach considers the variety of risks and vulnerabilities experienced over the course of the life-time in developing countries (Bastagli, 2013). In this case, a combination of social insurance and social assistance mechanisms are used to address the multiple risks and vulnerabilities associated with contingencies such as age, ill-health, disability, loss of employment. Additional programmes may be designed to address specific unexpected contingencies. Generally, however, there is a system of different policies in place to provide assistance and protection, relying on different financing schemes, such as general taxation and employer and employee contributions. Beyond these broad approaches, specific programmes and policies reflect varying degrees of concern regarding coverage and equity and alternative design and implementation details have different implications in terms of coverage and equity (Bastagli, 2013).

2.3 Social Impacts of OPCT among the Elderly

Taormina (2013) elucidates that abuse and mistreatment are major social problems affecting the elderly in the contemporary society. The frailty of the elderly makes situations more

complicated especially when the care givers or guardians are unavailable (Atchley, 2009). In this case, abuse and mistreatment occurs when the caretaker intentionally deprives caring about the elderly. Besides mistreatment and abuse, the elderly people are also susceptible to ageism. Ageism is the discrimination and stereotypes associated with growing old, which leads to misunderstanding about their abilities (Tallmer and Kutner, 2009). Therefore, to enhance the continuity of the elderly the implementation of cash transfer program is inevitable. Overall, the provision of cash transfer programs to the elderly is essential since they enhance their nutritional status as well as engagement in social activities (Taormina, 2013).

Social protection programs play a formidable role in enhancing social inclusion, a sub-facet of social capital theory. In this case, the proponents of social capital theory such as Gentilini (2007) postulate that social inclusion elucidates the aspect of improving the ability, dignity, and opportunity of the disadvantaged or vulnerable groups in the society. The social protection programs such as cash transfers perform the role of social inclusion by helping the vulnerable groups such as the elderly to meet their basic needs which include medical care, clothing, shelter, and food (Ikiara, 2009).

A study by Heinrich (2007) revealed that at the micro-level, OPCT promotes status, self-esteem, and empowerment amongst the elderly, thus enabling them to become active members of their communities and households. Other studies show that OPCT plays an integral role in improving food security as well as nutritional status of the elderly (Aguila *et al.*, 2012). For examples a research conducted in Malawi by Devereux (2009) revealed that 75.5% of social assistance programs such as OPCT were spent on groceries. The study showed that in Lesotho, a large number of elderly were age pensioners. It was reported that the number of the elderly that never went hungry had increased from 19% to 48% after the introduction of social cash transfer programs.

Njuguna (2015) examined the utilization of social cash transfer allocation by older persons in Kirinyaga County, Kenya. The author found out that cash grants were mainly utilized in paying school fees for the beneficiaries' dependants including provision of food and buying

clothing. The study established that the disbursement of grants was not timely hence not reliable. The study recommended for increase of the funds. The author also suggested that in order to enhance economic empowerment of the beneficiaries, they can form groups that donors can support through direct funding in their investment projects.

2.4 Economic impacts of Cash Transfer Programmes for the elderly

In developing countries, the continuity of the elderly to participate in social relationships and economic activities is impeded by various factors. Akinyetun (2016) explains that cash transfer beneficiaries can use the financial assistance to fulfill their needs and get out of category of individuals who are depending on cash transfer program. However, due to the insufficiency of financial resources, most of the cash transfer programs in the developing are not able to propel the beneficiaries to the next level of needs.

Previous studies on the impacts of cash transfer program for the elderly is divided into two camps as explained in the following section. That is, one camp contends that OPCT's main effect has been poverty reduction and improvement in nutrition of the elderly. The principal argument of this camp tends to posit that OPCT has been successful in raising the income of vulnerable population above the poverty threshold. Conversely, the other camp posits that the implementation of OPCT has decreased poverty level among the elderly and their household. For example, Levy and Ohls (2010) sought to examine the impact of social assistance programs on the elderly in the United States. The authors recomputed the poverty rate (the number of people below the poverty threshold) by including the benefits of social assistance programs. Thirdly, the authors compared the post-transfer and pre-transfer rates. According to the findings of the study, social assistance programs enhance the poverty rates of the elderly. In their conclusion, the authors posited that the enhancement in poverty rates was due to the inefficiency or failure of social transfer programs to adequately take care of the nutritional and income needs of the elderly.

According to Devereux and Sabates-Wheeler (2004) the challenge of seasonality of hunger makes it difficult for the elderly to escape the poverty trap because they are unable to

maintain and build up assets to enhance their livelihoods. A research conducted in England by Devereux *et. al.* (2009) revealed that receipt of social assistance programs such as OPCT enables chronically impoverished elderly to have an assurance that they will be able to secure or meet their necessities throughout the year, irrespective of seasonality. The household size plays a significant role in the success of such a social protection scheme in reducing poverty and revamping the health and nutrition of the elderly (Saavedra and Sandra, 2012).

Sugandi (2017) examined challenges facing the implementation of older persons' cash transfer program in developing countries including Indonesia. The author found that in most developing economies such as Indonesia, OPCTs are managed like independent operations. The author indicated that there is an urgent need to synchronize OPCTs in the developing countries in order make them more cohesive. Also, the author outlined that the benefits of OPCTs in developing countries lack a universal stand. That is, not all vulnerable older persons are enrolled in cash transfer program due to some discrepancies in the registry and lack of awareness. As such, the author recommended that increased awareness about the program is inevitable if the OPCT are to transform the lives of the elderly in the developing countries.

Literature shows that social assistance programs such as OPCT have improved access of healthcare for the elderly as an indication of economic wellbeing (Kabeer & Waddington, 2015). Whilst improved nutritional status directly promotes improved health status of household members, cash transferred to households allows recipients to afford treatment. For example, Kabeer and Waddington (2015) indicate that in Zambia incidence (rate) of illnesses decreased from 42% to 35% after the introduction of cash transfer programmes were introduced in the country. According to the author, this was attributable to the fact that beneficiary (elderly) could afford to cater for small medical bills whenever it was necessary.

Hofmann (2008) examined the benefits of implementing cash transfer programs on the elderly living in the Kagera region in Tanzania. The author depicted that cash transfer programs positively transformed the lives of elderly with indicators showing increased spending on basic household items and healthcare. Mitra (2005) examined the impact of older persons' cash transfer program on the livelihood of the elderly living in developing countries. According to the findings of the study, older persons' cash transfer program has not had tremendous impact on the livelihood of the elderly living in developing countries with indicators showing poor nutritional habits and poor living conditions by the beneficiaries. The author attributed such negative findings to the poor training mechanisms of the persons responsible for the disbursement of cash transfer programs to the beneficiaries. Also, the author attributed poor outcomes to the failure by the beneficiaries to know their rights and responsibilities (lack of awareness).

Ikiara (2009) conducted a study in Kenya that sought to examine the political economy of cash transfers. In this study, the author found that the cash transfer programs are playing an instrumental role in poverty alleviation as well as in the achievement of sustainable development goals. The author recommended that social protection development strategies should be designed to cushion the elderly (beneficiaries) by inculcating/teaching some of the elements of transformative cash transfers to address challenges/difficulties in design as well as implementation. Lastly, the author advised that there should be constant research programs that seek to identify the impacts of existing cash transfer programs.

Omolo (2017) sought establish impacts of old persons' cash transfer programme in Makadara Constituency in Nairobi, Kenya. The study established that the OPCT programme had achieved a lot in securing the wellbeing of the elderly including access to healthcare, food. The programme was also characterized by some economic benefits and alleviating the beneficiaries from poverty and vulnerabilities. It was noted that beneficiaries considered the cash grants very little and needed to be increased. The study established that there is need for training and capacity building in the utilization of cash received in the programme.

2.5 Social Protection Programme for the elderly population in Kenya

The origin of social assistance programs began in Mexico in 1994 when the then deputy minister in the ministry of finance formulated an intricate welfare system to benefit the poor members of the society. According to Mitra (2005), social assistance programs such as the Old Persons' Cash Transfer Programs (OPCT) are undertakings by the federal governments, state or the non-governmental organizations. Social assistance programs mirror the undertakings by the government, which are meant to provide direct money transfers to the eligible persons such as neglected persons or the elderly. Mukesh (2007) asserts that some facets of social assistance programs are not in tandem with most of the needs of the elderly. This is because majority of the elderly have minimal ability to carry out daily operations/activities.

The elderly population is among the most vulnerable groups in Kenya (GoK, 2012). Majority of the aged people are caught in a web of low income as well as poor health (Aguila *et al.*, 2012). With the advent of political and economic turmoil in Kenya, Borraz and González (2009) observed that traditional support of the relatives/family is increasingly becoming unable to sustain the livelihoods of the elderly. Developing countries are bound by law to support the vulnerable citizens through social support programmes. To reduce the vulnerability of the elder persons, Kenyan government found a slot in the national budget for OPCT since 2006. In Kenya, the key drivers of vulnerability and poverty among the elderly include loss of employment, limited information and awareness, labor constraints, as well as lack of support. Also, in families affected by HIV/AIDS, the elderly does not have time to participate in income generating activities because they spend a lot of time caring for their grandchildren (Ranchhod, 2006). As such, Ranchhod asserts that the implementation of OPCT in Kenya has enabled the elderly persons to enhance their ability to handle or cope with as well as recover from unprecedented hazards they face. Moreover, McLaren (2003) points that implementation of OPCT has enhanced the ability of the elderly to emerge from deprivation, poverty, as well as insecurities. Besides the transfer of cash,

OPCT is administered in various forms such as food relief, health insurance, subsidized agricultural inputs, as well as waivers.

Article 20 (5) of the Constitution of Kenya 2010 declares that it is the duty of the State to allocate sufficient resources to ensure the achievement of constitutional rights. In the case of any right listed under Article 43 (ESC Rights) and in allocating resources, the State must give priority to ensuring the widest possible enjoyment of the right given the prevailing circumstances, including the vulnerability of particular groups or individuals. In Kenya, the social protection programs such as the OPCT began in 2006. The start of social protection programs in Kenya was inspired by a scenario in which a family of 20 orphaned grandchildren were living with their grandparents.

Unlike other parts of the world, social assistance programs in Kenya are unconditional (UCT). This means that the beneficiaries of such programs are not tasked to meet any target when given the grants as recipients. However, the beneficiaries of that programme must fall within the needed or the required poverty level among other qualifications such as age, the beneficiary should not be receiving pension or enrolled for any other cash transfer program and should be residing in a particular area for more than a year (McLaren, 2003). The OPCT is implemented with the main objective being to provide financial support to the elderly.

Citizens above the age of 65 are eligible for the OPCT where they benefit from the Sh 2,000 stipends which are disbursed to them per month. Payments are distributed in every two months in a Sh4,000 lump sum under a cash transfer scheme. Management of the programme starts from the national government to the county and local levels where community members and religious representatives are included in monitoring the programme. The beneficiaries of OPCT have increased from 300 households in 2007/2008 to 310,000 households in 2015/2016 (GoK, 2017) and recently to 523,000 elderly persons aged 70 years and above as at January 2019 (Igadwah, 2019). The impact of OPCT starts with the recipient (elderly), and then expands to the household (family), community, and eventually the country. This means that many more people can actually be said to be

beneficiaries of cash transfers than just those who receive them. Therefore, the evidence on the effectiveness of OPCT exists on its redistributive effects beyond just the elderly recipients.

2.6 Challenges and Sustainability of cash transfer programmes

Financing is a key constraint to social protection development in developing countries. Limited coverage and impact have been attributed to scarce financial resources in many countries. The comparison of spending on social protection policies across countries highlights the higher share of spending on social protection in high-income countries compared with low-income countries. Weigand and Grosh (2008) show that spending on social protection ranges from 16% of GDP in member countries of the Organization for Economic Cooperation and Development (OECD) (excluding Latin American, Caribbean and Eastern European countries) to 2% of GDP in South Asia and 5% in the Middle East and North Africa.

Many social transfer programs in the developed world are implemented by the civil society groups (OECD, 2011). For instance, some government employees are assigned the task to oversee the implementation of social assistance programs. In Italy, cash transfer programs for the elderly are implemented by the government (Gentilini, 2007). In particular, targeting of cash transfer programs for the elderly is conducted by elected committee members, and the elders, who are not paid for their work, and who have other activities and duties to accomplish. However, according to the study this operation approach fuels the embezzlement of funds allocated to cash transfer program for the old people (Gentilini, 2007).

Kabeer and Waddington (2015) examined the challenges associated with the implementation of cash transfer programs in the developing countries. They found that in the disbursement and implementation of cash transfer programs reduced child labour for boys and girls while households' consumption and investment increased. The authors also found that successful implementation of cash transfer programs require training of the

beneficiaries on their responsibilities and rights, which include frequency of payment, benefit amounts, as well as co-responsibilities. Also, the local governments, service and program staff should be trained in facets such as management of payments, handling of complaints, as well as monitoring of co-responsibilities.

The sources of funding in a social protection scheme has important implications for the design and sustainability of the programme. Sources of financing for social protection include revenues of national governments, aid from international donors, private, community and NGO financing, and household saving and out of pocket expenditures. The comparison of the financing of health care provides insight into the differences in the financing mix across regions and the dynamics associated with development. Using ILO data, Barrientos (2012) shows that the share of health expenditures financed by government revenues is dominant in the OECD region, but less so in developing countries. In the sub-Saharan Africa and Asia, state financing is substantial and external sources of finance such as the international donors and development partners are important.

In Kenya, OPCT is managed under the framework of the National Safety Net Program which is controlled by the Social Assistance Unit (SAU) (GoK, 2012). This helps in registry of beneficiaries, disbursement of payments, grievances and case management. The national treasury is a key stakeholder while the State Department of Social Protection deals with the technical issues in the implementation and monitoring of the cash transfer (World Bank, 2022). Funding of the programme is done through the national treasury and partnership with other organizations including the UK's Department of International Development (DFID), World Food Programme, and UNICEF (World Bank, 2022). The partnership between the government of Kenya and other entities has helped to minimize funding and operational challenges in the OPCT. This collaboration has also enabled the government to increase the budget and beneficiaries of the programme. UNICEF has also supported the government of Kenya in the formulation of policies and development of registry systems.

Challenges in the management and implementation of the OPCT programme have been reported in Kenya (Mbabu, 2017; Kisurulia *et al.*, 2015). Mbabu sought to establish the effects of old person cash transfer programme on the well-being of the beneficiaries living in the informal settlement in Kibera. Her findings showed several challenges in the programme including; inadequate funds to cater for the financial needs of the beneficiaries, irregular disbursement of funds which makes it impossible to plan for the money, complex registration procedure with a lot of bureaucracy, lack of transparency in the enrollment characterized with ethnicity issues and corruption. Sometimes the beneficiaries are frustrated when systems fail to recognize them using the fingerprints, this caused some beneficiaries getting omitted during payment and other inconveniences. The study recommends for alternative intervention from NGOs and community based initiatives and also from the government. The study also suggests that the amount given to the beneficiaries to be increased and make them more regular plus making sure that the right criteria is followed in the recruitment of new OPCT beneficiaries.

2.7 Research Gaps

The reviewed literature shows that previous researchers has looked into several issues concerning social protection programs across the globe. Previous studies show that different forms of social protection programmes suit different categories of beneficiaries with varied objectives and sources of funding. Social protection programmes across the globe are guided by standard policies meant for social assistance or social protection with an overall goal to reduce poverty and inequality faced by the vulnerable people. Combination of programmes have been observed with more effective impacts in some countries. However, the outcome of the different forms of social protection programmes are varied depending on multiple factors. For the case of cash transfer programmes for example, the impact of the programme depends on availability of funds, ways in which the funds are utilized, policies controls, environmental issues, household characteristics, financial management skills of the beneficiaries, management and administration of the programme among others. Some of these issues have influenced implementation and impacts of OPCT. In Kenya for examples, previous studies show that there is overreliance on the programme by the elderly

particularly because they have limited alternative to make income. Several studies have been undertaken in the urban areas particularly in the informal settlements around Nairobi and found that the OPCT beneficiaries generally feel that the grants are too little to cater for their competing needs in the urban settings. Few studies have been undertaken in the rural areas in Kenya to examine if the dynamics of the rural settings, household characteristics and financial needs have any role in how the beneficiaries utilize the funds, or the kind of challenges they face in the OPCT programme. This background motivated the need for this study to examine socio-economic impacts in the implementation of old persons' cash transfer programme in Mulundi sub-location in Kitui County, Kenya.

2.8 Theoretical Framework

This study was guided by social capital and economic theories. The social capital theory concurs that within a particular society or country disparities in ethic, cultural, or wealth differences exist. Social capital theory describes the benefits attained when the society attempts to enhance social cohesion of its occupants (Ikiara, 2009). Social cohesion is the capacity of the community/society/country to ensure the welfare of all its citizens by minimizing disparities in economic empowerment and avoiding/preventing polarization.

Social capital theory indicates that existence of social protection programs such as cash transfer programs helps to reduce societal inequalities and ensuring equity to minimize the aforementioned disparities. Hofmann (2008) argues that social protection programs such as cash transfers are effective tools of enhancing the ability of society to share their revenue and contribute to enhanced wellbeing of community members and households. Social protection programs help the vulnerable groups of the society to fulfill or pursue their priority needs. The theory postulates that cash transfer programs are meant to counter the disengagement of older persons from social relationships as well as from physical activities (Grootaert *et. al.* 2004). In other words, the social capital theory suggests that the purpose of cash transfer programs is to reactivate the elderly by making them enhance their social relationship and participation in societal matters. According to social capital theory, the elderly will try to maintain engaging in these social relationships, behaviors, and activities

by adopting strategies, which are correlated to their experiences (Hayami, 2009). The theory is embedded on the premise that the livelihood of the elderly must continue even in the old age.

Social capital can be utilized by individuals or families to reduce their vulnerability to poverty. These can be done through income diversification; borrowing when possible; adding family members to the labour force to raise more income; migration and remittances; and, in extreme cases, families and communities can sometimes rely on wider social networks (Perry *et al.*, 2007).

Another theory that concurs with the implementation of social protection programmes is the economic theory (Bastagli, 2013). This theory suggests that interventions from the public sector is key when social protection provisions have failed; for example, in health care provision, private health facilities tend to respond easily to the population that can afford and willing to pay for the service. This may lead to inequity in healthcare service provision. To overcome this inequity challenge, public services can be rendered with regulations designed to guarantee quality and general service provision (OECD, 2011). In practice, the failure of both public (government services) and the private (private making entities) to provide adequate social protection services and quality in some developing countries, particularly to people living in the informal settlements and in rural areas, has resulted to public-private partnerships and emerging of NGOs and community-based programmes (World Bank, 2012). Community-based health insurance schemes for example, have seen large number of people enrolling into the schemes for financial protection against high costs of illnesses. Members of a certain CBHI scheme tend to visit health facility more frequent than non-members (Jutting's, 2003). This is contributed by the fact financial barriers when one needs health care services are reduced by pre-payment and risk-sharing within the members of the scheme. In the same way cash transfer support the vulnerable in meeting their financial needs including healthcare. The OPCT makes it easier for the elderly buy food for their households and afford to pay for health care services. These two theories support that poverty alleviation, equality in the society and engaging the

elderly in economic development are some of the social protection initiatives that can be executed through cash transfer programmes.

2.9 Conceptual Framework

The conceptual framework of this study is guided by the economic and social capital theories and the reviewed literature of the study. Cash transfers is an initiative that alleviates poverty (social assistance) and saves the elderly from extreme economic challenges (social insurance). Social worthiness enables the elderly to engage in social- development activities and promotes borrowing and sharing capability among them. Provision of cash on regular basis helps the elderly to afford buying food stuff for their households.

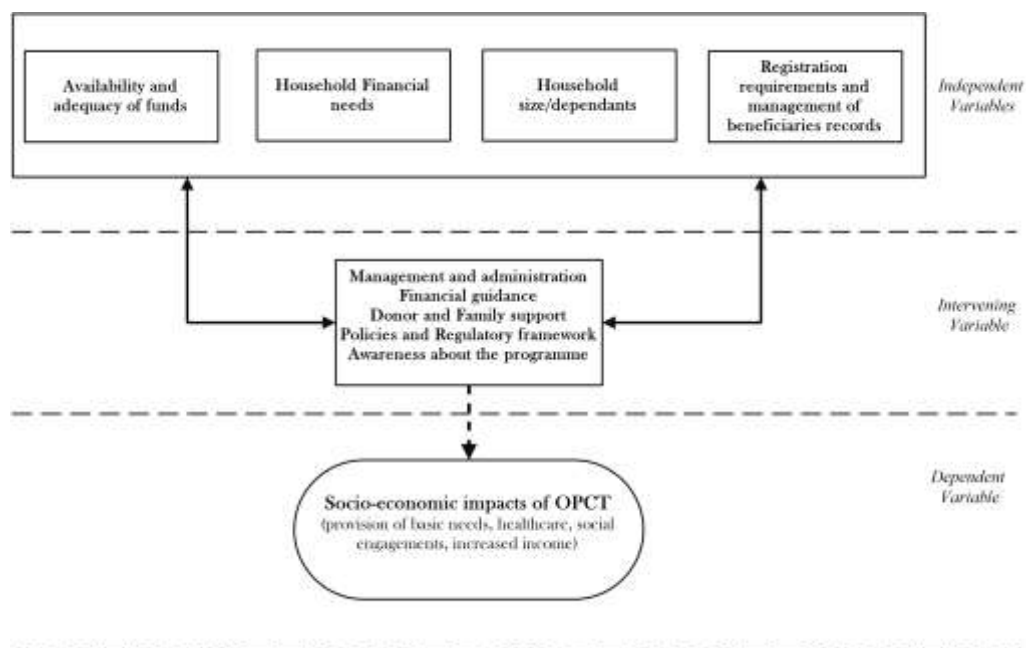


Figure 2. 1: Conceptual Framework

In terms of health care, many elderly people can benefit from the locally available health facilities whenever they have medical needs. The cash grants are important source of money which makes the elderly afford to pay medical bills and treatment and hence promoting

their well-being and reduced mortality. Through cash grants, the elderly can also be able to afford to buy clothing and provide shelter for their households.

The intervening variables may affect the effectiveness or acceptability of the cash transfer programme among the elderly as a tool for poverty alleviation. For example, both international and national social protection policies, state and donor funding in the OPCT, social protection awareness, management and administration of the programme. This influences the realization of the benefits of cash transfer.

CHAPTER THREE

3.0: RESEARCH METHODOLOGY

3.1 Introduction

This section presents the methodology that was applied in this study. The section starts by giving an overview of the study site, research design, and unit of analysis, sampling procedure and the sample size. The methods of data collection and ethics considerations are also presented toward the end of the section.

3.2 Description of the Study Area

This study was carried out in Mulundi Sub-Location. Mulundi Sub-Location is among the six sub-locations in Kyangwithya East Ward of Kitui County (Figure 3.1). The total population in Mulundi Sub-Location is 7444 with 1796 households (KNBS, 2019). The households are primarily dominated by the Akamba people. Small and medium enterprises are common in the area as well as skilled and unskilled labor such as masonry and fetching water. The main economic activity in Mulundi Sub-Location is subsistence farming where crops such as maize, beans, cow peas, green grams, fruits and irrigated horticultural crops are grown. Staple foods in this area are bananas, eggs, maize, rice, sukuma wiki and beans. There is less herding of goats, cattle, and sheep since most of the land is used for cultivation

and settlements. There is a growing population in the areas and settlements are permanent and individuals' land boundaries have been established.

The population of the elderly people (65 years and above) in Kitui Central Sub-County is 5727 (KNBS, 2019). From the social development office in Kitui, there is a total of 113 men and women aged 65 years and above who are registered for the OPCT in Mulundi Sub-Location. Unknown number of qualified beneficiaries are still not registered in the OPCT. This has been attributed to lack of awareness and guidelines on the approach they should take to realize the benefits of the OPCT.

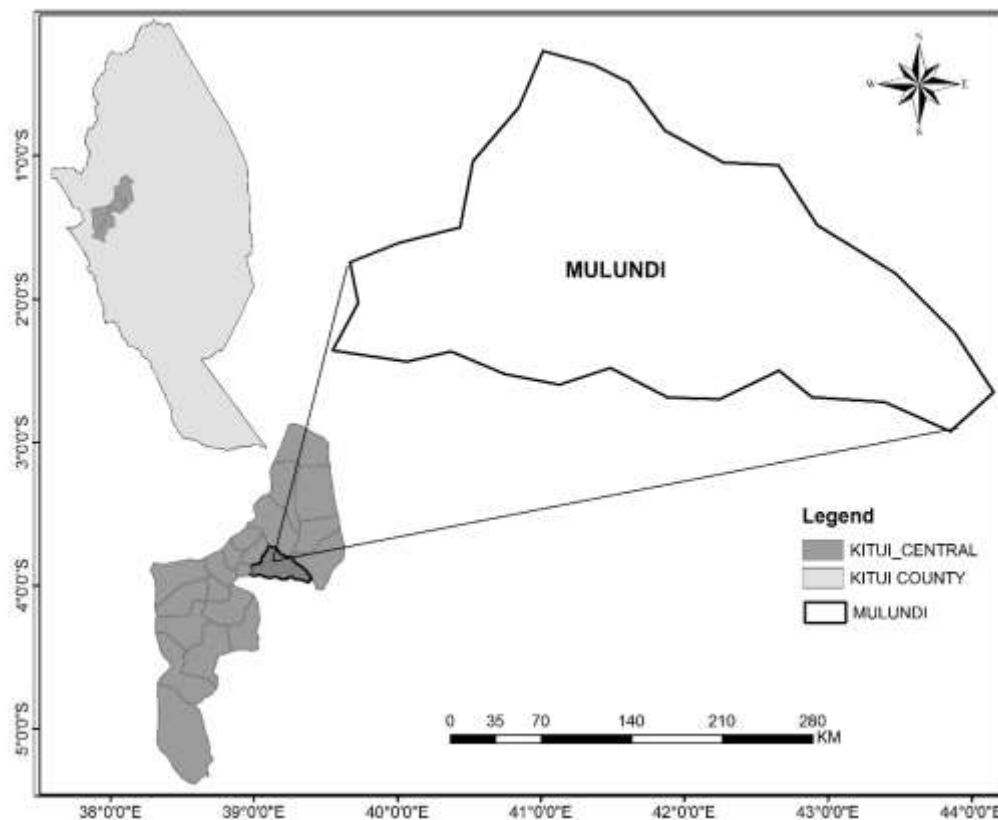


Figure 3. 1: Location of Mulundi sub-location, Kyangwithya East Ward in Kitui County (Source: Muindi, 2020)

3.3 Research Design

The study adopted a cross-sectional mixed method design that involves collecting information by conducting interviews and administering household level structured

questionnaire to gather both qualitative and quantitative data respectively (Kothari, 2003; Orodho, 2003). Households census survey was adopted during data collection from the households in the study area. This approach was selected because it enhanced inclusivity of every member of OPCT and maintained high accuracy and reliability of the collected data (Kumar, 2011).

3.4 Study Population

The target population of this study involved men and women aged 65 years and above living within Mulundi Sub-Location and are registered beneficiaries of the cash transfer programme. There were 113 registered beneficiaries of the OPCT in Mulundi sub-Location as at 2019 when this study was conducted. The list of OPCT beneficiaries was provided at the social development office in Kitui. All the 113 beneficiaries were involved in this study during data collection. All the beneficiaries were 65 years old and above. This is the age limit for eligibility in the OPCT according to the Ministry of East African Community, Labour and Social Protection (GoK, 2017, p. 2).

3.5 Methods of Data Collection

The data collection instruments utilized during this study included the questionnaire, direct observations, Key Informants Interviews, Focus Group Discussions, and secondary materials as described in the section below.

3.5.1 Questionnaire Survey

A questionnaire was applied to gather quantitative data and views, notions and perspectives of the respondents on various aspects of socio-economic impacts of the OPCT program. A semi-structured, pre-coded questionnaire was used to collect data from the respondents. The instrument was administered by the researcher through face to face interaction with the OPCT beneficiaries and the administrators. This was done using the questionnaires attached in the Appendices 2 and 3. Data collection captured demographic information which included; gender, age, marital status, highest attained level of education and number of members per household. The questionnaire also captured household information that

included the size of household, and uses of OPCT cash grants, household benefits and challenges that beneficiaries experience in OPCT. Information on social aspects of the programme was also captured. These included social benefits, status and intra-household relationships.

The administered questionnaires involved door to door visits to the households of the individual OPCT beneficiaries with guidance from the chief and village elders. Some of the challenges experienced during this exercise included transport problems due to poor roads when we needed to reach households located in remote areas. This forced the researcher to spend more by hiring motorbikes because they were easier to traverse the area. Some respondents could not be found in their respective homes during data collection despite having given a notification about the study. The researcher had to book the respondents for another day while others were met in particular days when they received payments at their respective pay-points. Some respondents needed ample time particularly where the respondent required assistance in the translation of questions to mother tongue. This language barrier plus other physical challenges required the researcher to confirm the respondent was comfortable with language used and that time was convenient for data collection.

3.5.2 Direct Observation

Direct observation method of data collection was applied to capture information based on what the researcher could see at the respondents' residences. By using this approach, several activities, respondent behavior and activities, physical characteristics of the respondents' households could be recorded. This was important to affirm the indicators of benefits associated with OCPT at the beneficiaries' households. An observation check list was used to gather information about the quality of dressing, availability of caregiver or household members, description of the respondents' households and assets ownership (Appendix 4). This approach involved visiting selected households to assess the impacts of the cash transfer at the household level. An observation check list was important in this case for consistency of the collected data (Kumar, 2011). The only challenge experienced using this

method was inaccessibility of some homes of the respondents to make the observations. All the questionnaires administered at the respondents' residence were accompanied with observational studies.

3.5.3 Key Informant Interviews (KIIs)

The study also included a total of seven (7) KIs that included the local administrator (chief), two (2) officials from the County Government (social development officers) and three (3) village elders as the key informants. These people were considered in this study because they have direct contact with the OPCT beneficiaries and are involved directly in the coordination of new registrations and payments of grants. These involvements put the KIs in a position to witness and respond to management issues and at the same time address grievances from the beneficiaries. The KIs helped to gather information on how beneficiaries presented their grievances and complaints, success of the OPCT and their respective roles in general management of the programme.

The village elders were identified through the Social Development Office and the Locational Targeting Committee (LTC) who facilitate enrollment of new applicants in the ward. Meeting the ward administrator, the assistant chief and the village elders was guided by the area chief. The social development officers were accessed at the County office of the Ministry of Gender, Children and Social Development from where disbursement of the cash transfer is coordinated. The interview guide attached in Appendix 5 was used during data collection involving the aforementioned key informants. The ward administrators (assistant chief, ward administrator and the village elders) were given a notice prior to the date scheduled for interviews to make sure they were available. Each interview session was conducted at their places of work and took between 30 and 45 minutes. Any interview was conducted after booking an appointment with the KI.

3.5.4 Focus Group Discussions (FGDs)

The researcher conducted two FGDs, one with male and the other with the female participants. We selected the participants based on how long they have been in the OPCT.

Each participant was required to have been a member of the OPCT for at least five years. A total of 12 FGD participants were involved in two separate sessions, one for men and the other session for women. Every FGD session involved 6 participants which is an ideal number (Prasad and Garcia, 2017). FGDs were conducted on the particular day when the beneficiaries of the OPCT gathered to receive their monthly allowances at their respective pay-points. The exercise took an average of 30 minutes per session. The duration of each FGD session was defined by factoring the availability of the participants and their endurance span. FGDs were purposed to gather opinions and experiences with regards to the management of cash transfer, challenges and social and economic benefits of the OPCT in the lives of the beneficiaries (Appendix 6).

3.5.5 Secondary Data

Secondary data was collected from government entities such as the Ministry of East Africa Community, Labor and Social Protection, and Social Protection Sector Review report (2017). Other materials and data were obtained from research organizations, such as universities, the World Bank, International Labor Organization (ILO) and some Non-Governmental Organization (NGOs) among others.

3.6 Validity and Reliability of the research Instruments

In order to ensure that the research instruments used in this study were valid, a pilot study was undertaken. This is where expert advice and comments from the supervisors and other lecturers played a key role in examining various items of the research instruments. This was important because they gave professional advice that helped to improved and aligned the instruments with the research objectives. The researcher conducted a pilot study in Mutune sub location some weeks before undertaking the actual study where 10 participants were involved. This was done to test reliability of the research instruments whereby any inconsistencies were identified and rectified. This study found that 75% of the participants depended on OPCT monthly allowances to buy food for their families, 20% prioritized the cash to access healthcare services while 5% used the cash in different ways. These results

were not included in the actual study but immediately after the pilot study, the necessary corrections on the research instruments were made.

3.7 Data Analysis

The quantitative data collected using questionnaires was analyzed using the SPSS (Statistical Package for the Social Sciences) version 22. The outputs of the analyses were presented in tables, graphs, and other descriptive statistics. The qualitative data was gathered through focus group discussion, Key informant interviews (KII), and Field observations. Kang (2013) supports that qualitative research focusses on behaviors, experiences, opinions, as well as feelings of people about issues they experience in everyday life. The qualitative data collected through direct observations, focus group discussions and key informant interviews was analyzed thematically through content analysis and presented through in-text summaries and verbatim quotes respectively.

3.8 Ethical Considerations

The researcher obtained permission from the supervisory team, and the University Board of Postgraduate Studies (BPS). Research permit was also given by the National Commission for Science, Technology and Innovation (NACOSTI). Kitui County Government assisted in the overall coordination of the study population and involvement of the social development officers in the process of data collection. Protection of the participants' rights and need for confidentiality and anonymity took center stage in the research process. Consent of the respondents was sought before commencing the interviews as guided by the consent letter attached in Appendix 1. Each participant was informed of the risks and benefits of the study and granted the right to withdraw from the study, if they felt so. The study ensured high degree of privacy in data collection and storage whereby the participants' names were not captured during data collection and therefore they remained anonymous. The collected data was used strictly for academic purpose and particularly fulfilling the objectives of this study. Confidentiality of the data was ensured by limiting access to the data to the researcher only.

CHAPTER FOUR

4.0: RESULTS

4.1 Introduction

This chapter presents the results of this study. The chapter starts by a presentation of demographic characteristic of respondents followed by the study findings on social and economic impacts of the cash transfer programme in Mulundi sub-Location. The chapter further presents the findings on perception of the elderly about the cash transfer programme. This study also presents key challenges experienced by the elderly in the implementation process of the programme in Mulundi Sub-Location.

4.2 Socio-demographic Characteristics of Respondents

The socio-demographic characteristics captured the gender of the respondents, age, marital status, education level, and household size (Table 4.1). The study findings show that majority of the elderly beneficiaries of OPCT programme living in Mulundi sub-Location were females 65 (58%) compared to males 48 (42%). This shows that female beneficiaries of the OPCT are dominant in the study area.

The respondents of this study were asked to give information about their age. Table 4.1 shows their age groups. Since the minimum age for a person to be enrolled in the OPCT is 65 years, no respondent was below 65 years. A majority of the respondents (40%) were between 65 and 70 years old. There was a lower percentage of the respondents aged between 75 and 80 years old (21%) compared to 32% who were between 70 and 75 years old. Only a few of the respondents (7%) were above 85 years old (Table 4.1). This results show that the beneficiaries meet the minimum requirement of the programme that for any person to

be enrolled into the OPCT, one must be 65 years and above. This is usually confirmed by checking their national identification cards.

The study also collected information about marital status of the respondents. Table 4.1 shows that slightly more than half of the participants in this study (53%) were widowed. That is, either the husband or wife was deceased when this study was being undertaken. A significant percentage (32%) of the respondents were married meaning that they lived with their spouses. A low percentage of the study population (15%) indicated their marital status as single because either the spouse had separated or divorced. This data shows that majority of the respondents (68%) lived without a companion in their lives because either divorce, separation or death.

The study sought to determine the OPCT beneficiaries' levels of education. Table 4.1 shows that a low number of the elderly population (33%) had attained basic/primary education compared to majority (43%) had never attended school. Only 20% of the respondents had attained secondary education and very low percentage of those that had attained tertiary level education (4%). This information shows that the majority of the OPCT beneficiaries in Mulundi sub-Location have little knowledge to enable them in making any investment from the cash they get from the programme. During FGDs we noted a number of the participants shied writing their names due to lack of know how. This required one extra person to assist them during group discussions.

Table 4. 1: Demographic characteristics of the study population

Investigated Variables	<i>N=113</i>	
Gender	<i>n</i>	Percentage (%)
Males	48	42
Females	65	58
Age Group		
65-70	45	40
70-75	23	32
75-80	24	21
85 years and above	8	7
Marital Status		
Married	36	32
Separated /divorced	17	15
Widowed	60	53
Education Level		
None	49	43
Primary	37	33
Secondary	23	20
College/University	5	4
Household Size		
1_3	40	36
4_6	46	41
7_9	21	19
≥10	6	5

Source: Field survey data (Muindi, 2020)

This study also sought to determine the number of dependants of the OPCT beneficiaries. From the results presented in Table 4.1 majority of the households 46 (41%) had between 4 and 6 dependants followed by the households with 1 to 3 dependants 40 (36%). Very few respondents (5%) had more than 10 dependants but a significant number 21 (19%) had between 7 and 9 dependants in their respective households. The dependants were either children, grandchildren or relatives. This data shows that majority of the OPCT beneficiaries households, there are dependants who directly rely on the elderly.

4.3 Economic impacts of the cash transfer programme

The researcher sought to establish the different sources of income that the elderly depended on apart from the cash grants from the OPCT. The study results presented in Table 4.2 shows the distribution of the main sources of income among the respondents. A majority of the respondents 89 (79%) solely depended on the cash grants from OPCT as their main source of income. This data already implies that a majority of the elderly largely depend on the cash grants they receive from the OPCT. Since the beneficiaries have limited alternative sources of income, they are likely to over-rely on the funds for their financial needs. A low percentage of 5% and 7% were engaged in casual labor and business activities respectively as their alternative sources of income. One of the participant in the FGD explained that there some opportunities to earn some income through casual jobs in the village.

“Due to high cost of living and increasing financial needs, I have earned some money in several occasion where I used my donkey to transport water from the river to construction sites. I usually sell 20 litres of water at between Ksh. 20-50 depending on the distance. I am 65 years old, so this is not a very hard task for me to do whenever I need to earn some money and there is an opportunity” – Mutua (not his real name).

Few respondents (9%) had other alternative sources of income. The respondents of this study explained that there were few opportunities to make income but occasionally they

were hired during planting and weeding of crops season. Others got involved in small businesses such as selling of farm produce, sales from livestock products in the local markets. We also observed and confirmed that one of the beneficiaries had used some money gotten from the programme to buy some maize seeds which she planted in her farm and doing well (see Appendix 7, Plate 1). Few respondents explained that they occasionally received some cash from the family members.

From the FGDs with the OPCT beneficiaries, one of the participants stated as follows;
“We rarely have money in our pockets. We depend mostly on well-wishers or our children who share the little they get maybe once in a month or after one or two months. Myself have tried to save the little we get from the programme and I have managed to do poultry farming and have some goats in my farm. I usually sell eggs and chicken in the local market or to anyone interested and that makes an additional income. This little income helps a lot especially when the cash grants fail to be disbursed”.

Table 4. 2: Respondents’ main sources of income

Source of income	F	Percent (%)
Casual laborer	6	5
Business	8	7
Cash transfer	89	79
other sources	10	9
Total	113	100.0

Source: Field survey data (2020)

4.3.1 Categories of financial needs of the OPCT beneficiaries

The researcher was also interested to find out the specific ways that the OPCT beneficiaries utilized the cash they received from the programme. Table 4.3 show the findings on this aspect of the study. The results show that a majority of the respondents (75%) used the cash to buy food items for their families where 31% and 44% of the respondents consider the cash important and very important, respectively for that purpose.

During the FGDs one of the female participant aged between 65 and 70 years old, explained as follows;

“I have always utilized a portion of the cash in the programme to buy food items atleast once in two months. My family can afford atleast three meals in a day. For example, if I buy a half sack of maize, it can take us through a period from one to one and half months”.

All the respondents indicated that the cash grants were not important for paying rent since all of them lived in their own farms in Mulundi sub-location. For those that still had dependants in schools, they indicated that the cash grants were important (44%) while other indicated that the cash was very important (30%) in paying school fees.

Majority of the OPCT beneficiaries considered the cash they got through the programme as least important in buying clothes. A significant percentage of the respondents indicated that the cash grants were atleast important (44%) and not important (21%) for buying clothes. More than half (52%) of the considered the cash grants as an important source of money whenever they need some medication or minor healthcare services.

During one of the FGDs, we got this response from one of the participants aged 84 years.
“Recently I had suffered from mild stroke, I hospitalized in Kitui General Hospital, fortunately my NHIF card was up-to-date and helped a lot in paying the hospital bill. I had just received the cash from the OPCT programme which I used to pay for some medicines and transport to the hospital. I feel that is how lucky I was at that time”.

Nearly all the respondents indicated that they did not use the cash they got from the programme for business investments since 49% indicated that it was least important while 42% indicated that it was not important. This finding can be related to the fact that majority had not attend school before and therefore they likely did not have much knowledge to make investments. In addition, majority prioritized their spending on food and other competing household needs which consumed a large portion of the cash and little left to make investments. Livestock keeping was appealing to majority of the respondents since

most of them indicated that the cash was important (46%) and very important in supporting their livestock keeping (Table 4.3).

Table 4. 3: Categories of financial needs of the OPCT beneficiaries

Financial Needs	Not important	Least important	Important	Very Important	Total
Food	6%	19%	31%	44%	100%
Shelter/rent	100%	0%	0%	0%	100%
Education	7%	19%	44%	30%	100%
Clothing	21%	44%	25%	10%	100%
Health	25%	23%	40%	12%	100%
Business	42%	49%	9%	0%	100%
Livestock	17%	28%	46%	9%	100%

4.3.2 General economic benefits associated with OPCT in Mulundi sub-Location

This study sought to find out from the beneficiaries of OPCT some of the benefits that they could associate with the implementation of OPCT in Mulundi sub-Location. The results presented in Table 4.4 show that some respondents (36%) were able to clear school fees for their dependants using a portion of the cash received from the OPCT. A majority of the respondents (62%) indicated that they regularly used the cash they received from OPCT to buy food for their families. This information shows that the programme was very helpful in promoting education and nutritional well-being of the beneficiaries and their dependants in Mulundu sub-Location.

Table 4. 4: Economic Benefits associated with the OPCT

Benefit from the OPCT	YES		NO	
	Frequency	%	Frequency	%
Cleared school fees for my children	41	36%	72	64%
Regular food provision for my family	70	62%	43	38%
Built a new house for my family	24	21%	89	79%
Source of capital for my business	41	36%	72	64%
Cleared some loans	28	25%	85	75%
Increased savings	50	44%	63	56%

This study revealed that some respondents were able to utilize a portion of the money they received from the OPCT to improve their dwelling. A low percentage of the respondents (21%) indicated that they were able to build a new house for their families. On this particular point, we went further to establish how the OPCT beneficiaries utilized the fund to build a house. This was done by requesting for explanation on the responses we received from the respondents on this particular issue. The same was discussed during the FGDs and the general feedback we got is that the only way the participants were able to build a house is by combining the cash they received from the programme with accumulated income and savings. The explanation we received from those that indicated that they were not able to build a new house was that they did not have enough money to do that. One of the participant in the FGDs explained as follows.

“As a man of the house, I am proud that I managed to face-lift my house. It is not easy to make savings from the money we receive in the programme considering that we have so many needs in our families yet the opportunities to make some income are very few. I have always invested in my farm by growing crops which I sell after harvesting. However, it is not easy sometimes when the weather is not favorable. At one point, I was lucky to make a

good fortune which I combined with some sales from livestock and poultry farming that helped me in face-lifting my house. Since some construction materials for example, sand is readily available in my area, the only expense I incurred was on cement, wire mesh and labor” see Appendix 7, Plate No. 2 - Kilonzo (not his real name).

In the same investigation on the benefits associated with the OPCT programme, this study revealed that very low percentage of the respondents (25%) indicated that they were able to clear some loans using the cash they received from OPCT. The kind of loans that the respondents referred in this case included borrowed money from friends, relatives and self-help community-based groups. This finding is an indication that some beneficiaries of the OPCT found the cash they received from the programme as inadequate. This forced them to find some other ways to get more money to cater for their needs.

More than half of the respondents (56%) indicated that being a beneficiary of OPCT did not have any impact in their savings. Majority did not see their savings increased after they got enrolled into the programme (Table 4.4). This finding is attributed to the fact that majority of the beneficiaries had already indicated that they depended fully on the OPCT. In addition, they had expressed that they prioritized their money in buying food among other basic needs and so, there little money left to save after all. However, all the respondents indicated that they had active bank accounts from which they processed all the payments.

From the observations made at some respondents’ households, we were informed and confirmed that a number of the respondents saved some money they got from the programmes to buy solar panel used as a source of power and lighting (Appendix 7: Plate 3). We also observed that from the same households, the respondents owned other electrical appliances such as television sets and mobile phones. In other words, the costs they incurred in charging their phones before they installed the solar panels were reduced significantly. Having a mobile phone imply that it became easier for the beneficiaries to communicate with their relatives and socialize.

4.4 Social impacts of the Cash Transfer Programme

This study sought to find out if there were the social benefits that the OPCT beneficiaries enjoyed being in the programme. This was examined by asking the respondents to state the level of relationship between them and their caregivers and/or dependants in their respective households. The respondents were also asked to rate their social well-being in the community. The study findings on these issues are presented in the following section.

4.4.1 Status of the OPCT beneficiaries social relations at the household level

The relationship between the OPCT beneficiaries and their household caregivers or dependants was investigated by asking the respondent a number of questions on how they related with their immediate family members. The responses on these questions were given intuitively in a scale of 1-5 whereby 1 meant “very bad” and 5 meant “very good” relationship. A composite score was then computed to rate the relationships. The study findings are presented in Table 4.5.

Table 4. 5: Status of the OPCT beneficiaries social relations at the household level

	Very bad	Bad	Somehow good	Good	Very good	Total
Frequency	7	10	14	60	23	113
Percentage	6	9	12	53	20	100

More than half of the respondents (53%) enjoyed good relationship while (20%) enjoyed very good relationship with their dependants and caregivers. These findings were based how well the caregivers/dependant cared about the elderly health and nutritional care, how satisfied they were, how easy they solved household disagreements, how easy they could make decisions, the love between them and the number of unsolved issues. The results show majority of the beneficiaries were able to easily socialize with those that lived with them in their households. This is also attributed to the idea that the elderly who benefit from the OPCT contribute in the normal household expenses and income that helps in meeting their needs. However, a small percentage (15%) experienced bad to very bad relationship within their families. This was attributed to cases where the elderly felt neglected because the

caregivers were not often available to give nutritional or health care. Some beneficiaries especially those with difficulties in walking felt neglected especially when there was no one to assist them. From the FGDs, one of the participant aged 78years old mentioned the following;

“It is hard to explain the relationship that one has with his or her family members but at some point I have felt neglected because personally I have difficult in walking. It becomes difficult for me to do most of the house chores by myself. My children are rarely found at home because they have to find a living through casual jobs. Sometimes I feel helpless because I don’t have anybody to help me when in need. I wish I could afford to pay for a caregiver but I have no money to do that” – Mwikali (not her real name)

4.4.2 Evaluation of OPCT beneficiaries self-worthiness and social relations at the community level

This study was interested to establish the level of social relations that the beneficiaries of OPCT experienced at the community level. This was determined by asking them to gauge their level of wealth and how they got involved in the community development and social events. The findings are presented in Figure 4.1.

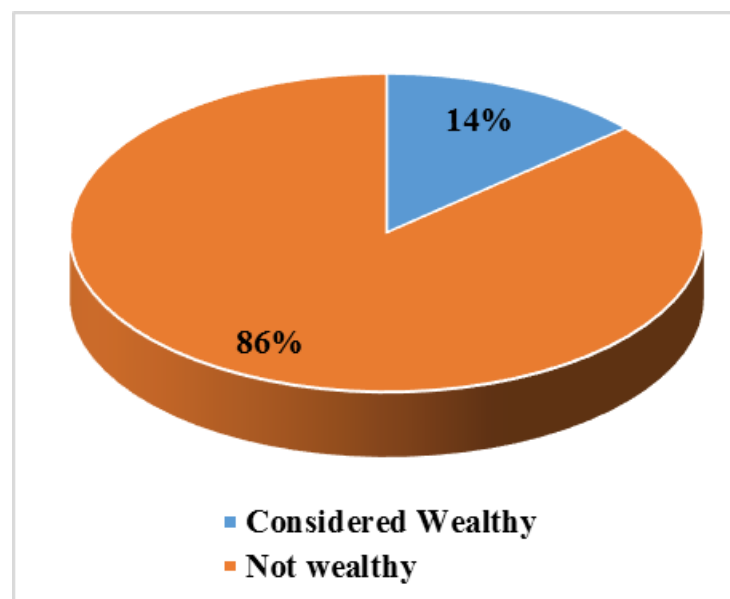


Figure 4. 1: Sense of self-worthiness among the OPCT beneficiaries

The results show that 86% of the respondents considered themselves not wealthy while 14% considered themselves wealthy. This was based on the value of properties owned by the respondents and the much they could contribute in the community projects or social events. For those that considered themselves wealthy, majority did not associate their wealth with the OPCT. This information implies that the OPCT beneficiaries in Mulundi sub-Location are still vulnerable having low potential to own high value properties and little to make from the OPCT grants.

In terms of social relations at the community level, the respondents were asked to describe how frequent they got involved in the community development and social activities in Mulundi Sub-Location. We received varied feedback on this matter as presented in Figure 4.2.

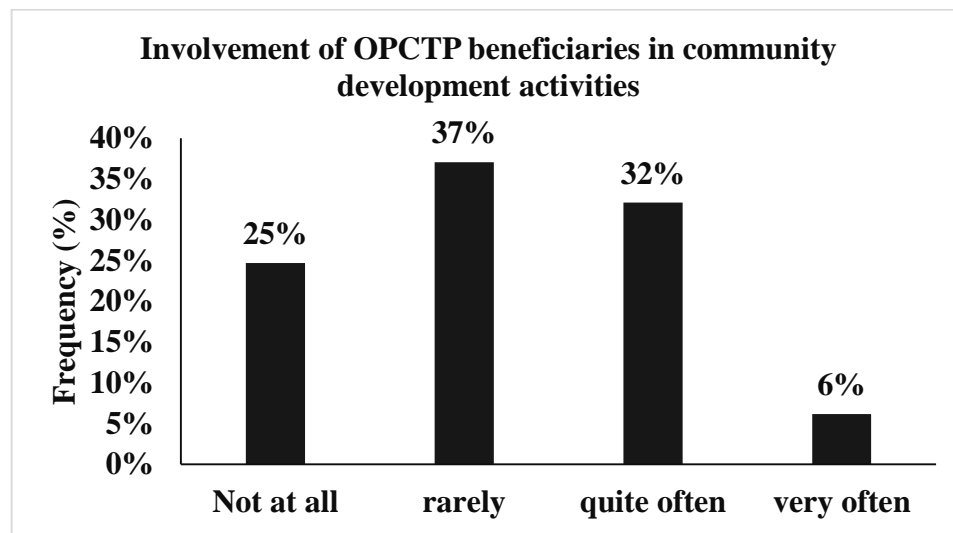


Figure 4. 2: Involvement of the elderly in community development and social activities

This study established that a majority of the respondents (37%) rarely got involved (very few times) in the community development activities but 32% were often involved (several times) in social activities while 25% never got involved in any social activities. This information shows that majority of the OPCT beneficiaries (62%) did not have much physical involvement in the community activities compared to 38% who mostly were involved in various community activities. This is probable due to their age limit considering

that about 28% of the elderly population in Mulundi sub-Location are above 75 years old. In addition, the difficulties in moving from one place to the other due to lack of transport and money to facilitate that probably contributed to their low engagement.

During the FGDs, the respondents were asked to explain the kind of activities they usually got involved in. A majority (40%) expressed that they were invited in bridal-wealth ceremonies (“ngasya”). Several beneficiaries of OPCT (27%) got invited in several resources mobilization groups towards community development projects. Others were occasionally involved in funeral arrangement meetings (20%) but a minority (13%) did not get involved in any community development activities.

4.5 Perceptions and challenges in the OPCT

This study sought to gather general opinions, experiences and perception of the OPCT beneficiaries with regards to the implementation, adequacy of funds and challenges they experience in the programme. For the question on adequacy of monthly stipends, the respondents were guided with a scale of 1-4 where the lowest scale (1) meant “not adequate” while a scale of 4 meant “very adequate”. If a respondent gave a scale of 1, it implied that the funds did not meet most of the household needs but if the respondent gave a scale of 4, then it meant that the funds were enough to cater for most of the household needs. A summary of the respondents’ feedback is given in Table 4.6.

Table 4. 6: Adequacy of monthly stipends that the OPCT beneficiaries get

Level of adequacy of funds	Frequency	Percent
Not adequate	57	50%
Slightly adequate	40	36%
Adequate	14	12%
Very adequate	2	2%
Total	113	100%

The study found that majority of the beneficiaries 57(50%) felt that the monthly stipends they got from the programme was not adequate to cater for most of their household needs. This data shows that the majority of the beneficiaries of OPCT in Mulundi sub-Location did not find the cash adequate to meet most of their financial needs. A total of 40 respondents (36%) felt that the cash was slightly adequate. This meant that the cash was used to cater for only few household needs. A low percentage of the respondent (12%, 2%) felt that the cash was adequate and very adequate, respectively (Table 4.6). This information shows that very few beneficiaries are satisfied with the amount they get from the programme.

Seven key informants that included the chief, ward administrator, two (2) social development officers and three (3) village elders were asked to give their opinions on the impacts of cash transfer in the well-being of the elderly population in Mulundi sub-Location. In order to establish the extent of the impacts, the Key Informants were guided with a scale of 1-5 whereby the lowest value implied that the KI was not sure about the impacts. A scale of 2 implied a low extent of impact, 3 for moderate extent, 4 for great extent and 5 for very great extent. The KI informants were asked to rate their views based on this scale.

The study findings presented in Figure 4.3 show that a majority of the KI 3(43%) felt that to a moderate extent, cash transfer programme was able to meet the financial needs of the elderly in Mulundi location. Two of the KI (29%) felt that to a great extent, the OPCT had supported the beneficiaries in Mulundi sub-Location. Only one KI (14%) was not sure while another KI felt that to a very great extent the programme had helped the beneficiaries in meeting their needs.

One of the KI during the interviews expressed the following;

“We have observed some changes when the elderly gets enrolled in the OPCT programme. Most of them are comfortable participating in community forums because they can afford atleast to move from their homes to a place where there is a meeting. We have also noticed

that even though the cash provided in the OPCT programme is not very sufficient to cater for most of the beneficiaries needs, the elderly population is happier than before the programme was introduced and they are hopeful knowing that after every two months, they have something in their pocket to support their financial needs”

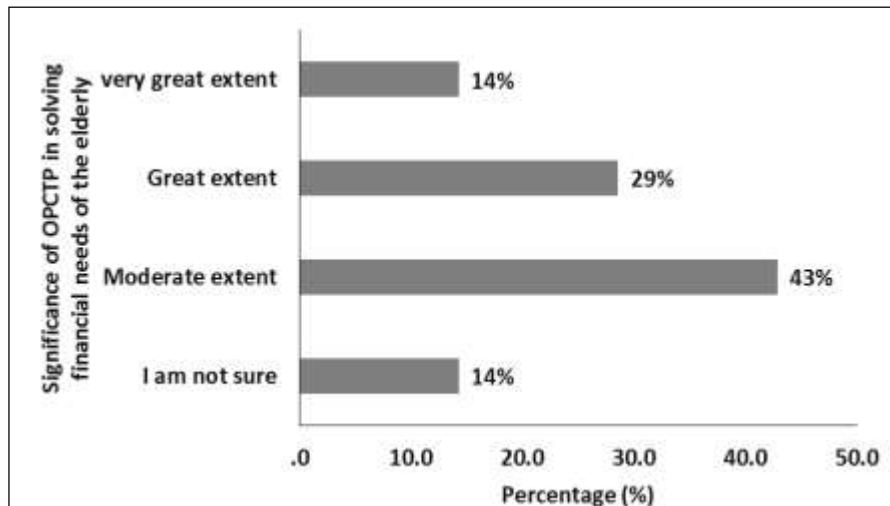


Figure 4.3: Impact of the cash transfer programme in meeting financial needs of the elderly

The beneficiaries were asked to indicate the players in the OPCT with regards to addressing the needs of the elderly and contributing to the success of the programme. A majority 64 (57%) acknowledged the work of Kitui County coordination office in the implementation and success of the programme in Mulundi sub-Location. Others 33 (29%) felt that the village elders contributed a lot in the success of OPCT while 16 (14%) indicated that the national government was a key player.

When the OPCT beneficiaries were asked to indicate their level of satisfaction in the OPCT programme, a majority 64 (57%) indicated that they were not satisfied (Figure 4.4). Dissatisfaction in the programme was attributed to inadequacy of funds and several challenges in the programme. However, more than a quarter of the beneficiaries 33 (29%) felt satisfied with the programme while 16 (14%) were undecided.

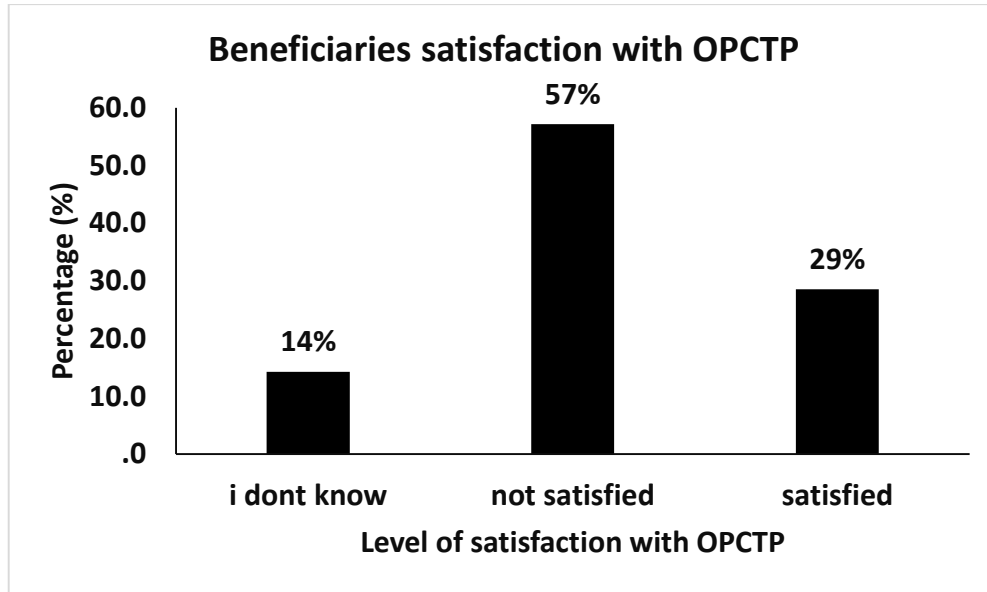


Figure 4. 4: Satisfaction of the elderly in the cash transfer programme

4.5.1 Challenges faced by the beneficiaries of OPCT

This study identified a number of challenges experienced by the elderly in the cash transfer programme in Mulundi sub-Location, as tabulated in Table 4.7.

Table 4. 7: Challenges experienced by the beneficiaries of OPCT

Challenges associated with OPCT	N	YES		NO	
		F	%	F	%
Irregular cash grants	113	99	88%	14	12%
Incorrect personal information	113	12	11%	101	89%
Loss of identification card	113	21	19%	92	81%
Lack of clear procedures in handling complaints	113	78	69%	35	31%
Delayed in registration of new applicants	113	54	48%	59	52%
Insufficiency of funds	113	78	69%	35	31%
Too many dependants in a household	113	64	57%	49	43%
Lack of transparency and corruption officials	113	60	53%	53	47%
Limited advice/knowledge in financial management	113	68	60%	45	40%

Majority of the respondents (88%) indicated that one of the main challenges in the OPCT was irregular payment of grants. One of the key informants observed that at most times, disbursement of funds delayed for two to three months. At the moment of payment, the cash could not meet most of the beneficiaries' financial needs.

Majority of the beneficiaries 101 (89%) indicated that they presented all the required documents registration into the programme or whenever confirmation of records was required, so the challenges of incorrect information was not common to them. A considerable percentage of respondents (19%) indicated that they had lost their identification card atleast once and this costed them some delays during payment.

A female participant in the FDGs expressed that;

"I once missed the payment because my blemished hands failed to be recognized" – Madam Kyalo (not her real name)

A majority of the respondents 78 (69%) expressed that lack of clear procedures from the county coordination office was a major hindrance when handling complaints from the programme beneficiaries. One of the key informants said that at most times many beneficiaries of the programme do not know exactly where or whom to direct their complaints to.

The duration taken to register new applicants triggered different reactions from the respondents. Slightly more than half of the respondents 59 (52%) were satisfied with the time taken in the registration of new applicants. However, an equally high percentage of the beneficiaries (48%) felt that the delays experienced in the registration process was unnecessary. One of the Key Informants suggested the following;

"I sometime receive comments from new applicants of the programme saying that they got frustrated on their first day of registration. The protocol, required documents and the amount of time spent in the registration need to improved so that the elderly men and women can have easy time in the process". KI-2

The respondents were asked to give their views on adequacy of the cash given to the beneficiaries of the programme, which was KSh. 2000 per month when this study was undertaken. Majority of the beneficiaries 78 (69%) indicated that the monthly stipend was inadequate while only 31% felt it was sufficient. Majority of those that expressed insufficiency of cash grants also indicated they had a wide range of financial needs because they had many dependants in their respective households.

More than half of the KIs (53%) expressed that there was lack of transparency in the implementation of the cash transfer programme and several cases of corruption had been reported. One male participant during the FGDs explained the following;

“At most times we here our colleagues complaining about how unfair the officials are when selecting new beneficiaries in the programme. The local targeting committee members and village elders are not transparent enough in the selection process”- David (not his real name)

Another challenge that was presented by a majority of the respondents (60%) was lack of financial mentors or forums where they could get some advice to assist them in the management of grants given to them through the OPCT. This suggests that financial literacy through educational forums could significantly contribute to the effectiveness of the programme.

4.5.2 Challenges in the management and implementation of OPCT

The study sought to gather information from the key informants (the chief, assistant chief, ward administrator, and the village elders) concerning the complaints and dissatisfactions expressed by the OPCT beneficiaries. Most of the reported complaints and challenges experienced by the beneficiaries are as tabulated in Table 4.8 .

The results presented in Table 4.8 show the information that was gathered from the 7 KIs on the kind of complains and grievances they found common from the OPCT beneficiaries. This study revealed that beneficiaries regularly complained about inadequacy of funds

(57%) but some KIs (43%) felt that such cases were very regular. The issues about poor management of the programme received varied opinions from the KI because (43%) felt that such complaints were regularly, 29% very regular while others 28% felt that beneficiaries rarely complained about management of the cash transfer.

Table 4. 8: Frequency of reported complaints from OPCT beneficiaries

	Not at all	Rarely	Regularly	Very regularly
1 Inadequate funds			57%	43%
2 Poor management in the program		28%	43%	29%
3 Irregularities and corruption		28%	43%	29%
4 Poor information flow and sharing		29%	57%	14%
5 Lack of financial management mentors		29%		71%
6 Inefficient banking systems	29%	14%	43%	14%
7 Poor record keeping among the beneficiaries		14%	43%	43%
8 Poor record keeping in the custodian	29%	28%	43%	

During the KIIs this study established that poor management of the programme was associated with disparities in the enrollment process, lack of transparency and poor case and grievances handling strategies in the programme. One of the KIs explained about this issue by saying that there were reported cases of beneficiaries missing payments even after completed enrollment into the system. Poor dissemination of information especially between the programme administrators and the beneficiaries and lack of financial mentors were pertinent issues contributing to the discontentment among many beneficiaries as indicated by 57% and 71% of the key informants, respectively. The KIs indicated that inefficiency in the banking systems (57%) plus poor record keeping among the individual beneficiaries (86%) contributed a lot in the irregular intervals and delays experienced in

payments of grants. The KIs added that some complaints from the beneficiaries about poor record keeping by the management of OPCT were reported regularly (43%) (See Table 4.8).

The other common challenge observed during data collection was that, payment outlets were sometimes overcrowded. In that situation, the beneficiaries were forced to follow long queues and wait for long hours before getting attended. The designated agent outlets did not have permanent or readily accessible facilities for example a waiting bay to assist the elderly as they waited for their payments to be processed (See Appendix 7; Plate 5). One of the female participant in the FGDs complained that they remained standing or seated for long hours on the floor with no toilets or age friendly facilities until their payments are processed.

CHAPTER FIVE

5.0 DISCUSSION OF THE FINDINGS

5.1 Introduction

This chapter presents a discussion of the findings of the study. The chapter is organized into three sections discussing the economic impacts, social impacts and perceptions of the programme by the beneficiaries in Mulundi sub- Location.

5.2 Demographic characteristic of the respondents

The study found that the majority of the beneficiaries of the OPCT in Mulundi sub-Location were female. This finding concurs with a study conducted in Makadara in Nairobi Kenya that showed a high number of female beneficiaries than men (Omolo, 2017). Other studies have also noted that most of the OPCT are dominated with female beneficiaries (Mbabu, 2017; National Gender and Equality Commission, 2014). Several Demographic and Health Surveys (DHS) reports have shown that women tend to have a longer life expectancy than men. For the case of Mulundi sub-Location, there were more women whom spouses were diseased and therefore lacked companion in their lives.

Majority of the OPCT beneficiaries in Mulundi sub-Location were aged between 65 and 75 years old. According to the operational manual (GoK, 2017) all persons (men and women) above 65 years old living in Kenya are eligible for Old Persons Cash Transfer. This means that in Mulundi sub-Location there is a high number of newly enrolled beneficiaries. The results showed that more than half (53%) of the beneficiaries of OPCT living in Mulundi sub-Location were above 70 years old. This shows how they might be vulnerable to poverty especially if a beneficiary has some physical challenges which makes it difficult to be engaged in any kind of income generating activity. This age group also requires more nutritional and health care from the caregivers or the children.

A significant number of men and women beneficiaries of OPCT had attained atleast primary/basic level of education. This level of education meant it was possible for individual beneficiaries to work on simple calculations especially when budgeting or

planning for their basic financial expenses for their households (Pearson and Alviar, n.d). However, a majority of the beneficiaries never attended school in their lives. This meant that there is high illiteracy level amongst the elderly population in Mulundi sub-County. This comes with other challenges such as failure of an individual beneficiary to understand or appreciate the requirement and benefits of getting enrolled in the programme. A study conducted in Kenya focusing on the aging population and social changes found that it is easier for literate beneficiaries of OPCT to understand the requirement of OPCT than when the beneficiaries are illiterate (Cattell, 2003). This finding also implies that if the majority of the beneficiaries are illiterate it is more likely that they do not have other sources of income such as pension since they did not have any formal employment before (Ondigi and Ondigi, 2012). This makes such beneficiaries more vulnerable forcing them to fully depend on OPCT for their upkeep.

This study established a majority of the OPCT beneficiaries (68%) lived without a companion since most of their spouses had separated/divorced or deceased. This information shows that a majority of both men and women beneficiaries in Mulundu sub-Location were vulnerable since they did not a helping hand and therefore their recourses were limited. A study by Smeeding (2008) as cited in Mbabu (2017) shows that the income and poverty levels among the divorced elderly women are higher than for the married women.

5.3 Economic impacts of the OPCT

Most of the elderly men and women in Kenya who are 65 years and above mainly depended on their family members, well-wishers and the government through the OPCT (GoK, 2012). Old persons' Cash transfer has been a suitable programme in poverty alleviation among the elderly population in Kenya (World Bank, 2015;). From this study, we found that a majority of men and women in Mulundi sub-Location (79%) depended on the programme as their main source of income. This concurs with other studies undertaken in other parts of Kenya that concluded that a majority of the elderly population largely depended on the OPCT as their main source of income (Mbabu, 2017; Omollo, 2017; Kimosop, 2013). Only few men

and women (21%) were capable of engaging themselves in minor casual jobs, and small businesses particularly selling farm products. Other beneficiaries had alternative sources of income such self-help community based groups and support from family members.

An analysis on how the elderly population spend their money was important in this study in order to establish their priority in the expenditure and budgeting on household items. This study established that a majority of the respondents' priority was to buy food for their families when utilizing the Cash Transfer grants. This study finding concurs with the study by Kabeer and Waddington (2015) that established that OPCT is very vital in supporting the less fortunate and the vulnerable elderly men and women from hunger and malnutrition. A study conducted in Bangladesh by the UK Department for International Development (DFID) affirmed that OPCT is an initiative that promotes provision of food and nutritional care for the elderly people (DFID, 2011).

Other financial needs such as payment of school fees, medical bills, buying clothes, livestock keeping, business investment and shelter, were also presented as important in that order. A very high percentage of OPCT beneficiaries (74%) indicated that the monthly stipends they received from the programme was an important source of money for school fees for their dependants. This means that the cash grants for the elderly is still playing an important role in supporting education in Kenya. Other beneficiaries utilized the cash to cater for minor healthcare needs. This finding concurs with the results presented in the Kenya Social Protection Sector review report (GoK, June 2012) showing that cash transfer plays a significant role in the provision of finances to buy food and spending on healthcare among the beneficiaries. According to Jerving (2020), most of the elderly people who are 75 years and above are generally prone to several health problems, the immunity of their bodies tends to be weak and they are less capable of engaging themselves in many productive activities. This explains why probably a majority of the elderly men and women within this age bracket in this study found it necessary to utilize some money for healthcare. Most of the respondents in this study were visited at their households while others were met at the payment outlets and during the FGDs. Majority of those visited at their households

were in their own homestead in privately own land. This means that majority of the beneficiaries did not have bills to pay for house rent there they did not use their cash on such expenses. This slightly favored the elderly men and women beneficiaries in Mulundi sub-Location because they could utilize the cash they got in other pressing needs in their households. This is unlike the elderly people living in rental houses in the urban areas where they have to budget for rent at every month, thus making them more vulnerable (Omollo, 2017; Mbabu, 2017).

Although the OPCT programme is meant to empower the elderly populations (Warring and de la OCampos, 2016; Aguila *et al.*, 2012; Chebii & Oyunge, 2020), this study found that a low percentage of the beneficiaries of the programme (7%) had invested in small businesses where they could get some additional income. This was attributed to age limitation, lack of education and lack of enough funds to make investment. Few beneficiaries managed to earn some additional income after selling their livestock products. Since OPCT is not a conditional cash transfer scheme, the beneficiaries are free to use the cash on whatever item they feel is more pressing. Most of the beneficiaries are left with too little money to invest thus making them vulnerable. Unlike for the elderly people living in the urban or areas where rainfall is sufficient to support crop cultivation (Omolo, 2017; Njuguna, 2015), the elderly population in Mulundi sub-Location have minimal avenues to make extra income. The situation becomes worse during harsh weather conditions when crops fail. Food production becomes difficult in those conditions leaving the more vulnerable.

This study found an elderly woman in a poorly furnished semi-permanent house. The elderly could not afford to buy some seats for her house or build a permanent house. She also used firewood as the main source of fuel for cooking which implied low economic impact of OPCT in Mulundi Sub-Location (see Appendix 7: Plate 4). Perhaps the prevailing conditions in her house was an indication of inadequate funds to cater for most of her needs. These findings affirm the opinion from majority of the OPCT beneficiaries in Mulundi sub-Location that the grants were inadequate to meet all their financial needs.

Nevertheless, a number of the respondents (44%) were able to increase their savings which helped them to buy some household items such as a television and solar panel that improved their life. Researchers have shown that provision of the appropriate financial programmes with appealing products can enhance rural development (Fletschner & Kenney, 2014). This means that to some extent OPCT is well utilized by some members in making some development. Fletschner & Kenney suggests that involvement of rural households in mentorship programmes on financial matters plays a great role in strengthening their financial planning and it encourages the beneficiaries to embrace the readily available economic opportunities.

One of the respondents expressed that it was possible for her to install electricity for her household using some small loans combined with her savings. Another beneficiary explained that he acquired a mobile phone using some sales that he had accumulated from his small scale farm. Having a mobile can promote sales from business as asserted in Klein and Mayer (2011) and (Lee and Shim, 2013). A study undertaken to examine the role of mobile technologies in self-employment in Kenya found that people who own atleast one mobile phone are easier to transit to self-employment due to the ease of communication that comes with it and ease to transmit money (Moyi, 2019). This means that the elderly can also boost sales from their farm produce and supplement what they got from cash transfer.

5.4 Social impacts of the OPCT

This study established that out of the 113 beneficiaries of Cash transfer in Mulundi sub-Location 58% were females while 42% were males. A majority of the beneficiaries were women at the same time widowed. Women had a huge responsibility of meeting all the financial needs for their families despite the limited cash. These findings concur with Wallace & Chapman (2010) study that affirmed that women are capable of handling money and settling their household financial needs even at times of limited cash. Similar findings were also found in Bonilla *et al.* (2017); Davis *et al.* (2016); Fletschner & Mesbah (2011); and Fletschner & Kenney (2014). Social transformation may not be an automatic outcome of a cash transfer programme as stated by Molyneux and Thomson (2012). This suggest

that one has to find alternative sources of income to supplement cash transfer to realize some elevation of social status.

Social status of an individual in a society can be linked with things such as accumulated wealth, control over assets, property ownership, legal regulations and customary rules (Fletschner & Mesbah, 2011). The social impacts of cash transfer programme were evaluated in terms of gender representation in the programme, the status of intra-household relations; accumulated wealth and involvement of the beneficiaries in community development activities. OPCT programme in Kenya, does not limit involvement of any gender in the programme. This is unlike the conditions set for other forms of cash transfer scheme in Kenya and other countries in the sub-Saharan Africa (Bonilla *et al.*, 2017; Davis *et al.*, 2016). In that regard, any Kenyan, both male and female aged 65 years and above are eligible for the OPCT in Mulundi Sub-Location. Gender disparity observed from the findings of this study was as a result of natural cause and no case of gender inequality was observed. Majority of the female respondents were widowed when this study was undertaken.

Psychological well-being and affordability to do make investments are some of the benefits associated with financial security in different households. From this study, we found that the intra-household relations in most of the beneficiaries' households (more than 70%) were generally good. Although majority of the OPCT beneficiaries felt that the cash grants were inadequate to cater for most of their needs, there was some level of satisfaction that prompted harmony amongst the family members. This corresponds to the study findings from Klein and Mayer (May, 2011) that affirmed that financial support in poor rural households plays a great role in enhancing psychological well-being between the members of the families.

This study established that much of the assets owned by the respondents were not counted as part of the benefits of Cash transfer programme in Mulundi sub-Location. Majority of the respondents considered themselves wealthy (86%) but they indicated that most of what they owned was not acquired using the cash they received from the OPCT programme.

Some of the items mentioned included the livestock, land, houses, and their savings. This indicates that probably OPCT programme has not yet been considered as an initiative that can bring changes in social standard among the respondents in Mulundi sub- location.

Involvement of the elderly in community development activities is considered important especially where incorporation of ideas from senior members of a community and gender equality matters are key topics (World Bank, 2015). A number of the respondents indicated that they were oftenly involved in community activities. Involvement of the senior members of a community especially in dowry ceremonies implied that there was assurance of cultural continuity as asserted by the Organization for Economic Co-operation and Development (OECD, 2012). A significant number cultural events are still relevant where the elderly are key pillars in their continuity. However, this study found out that a good number of the elderly were rarely involved in community activities and this is probably because of their age, long walking distances, inefficient and unreliable means of transport in the study area and individual preferences.

5.5 Perception and challenges in the OPCT

5.5.1 Challenges faced by the beneficiaries of OPCT

Studies from other parts of the country reveal that most of the beneficiaries of cash transfer programme are not satisfied with the programme especially on the amount and the interval at which the grants get disbursed to them (Jerving, 2020; Mbabu, 2017; Pearson & Alviar, n.d). The results from this study concur with Ulwodi & Muriu (2017) who reveals that insufficiency and lack of regular payments of grants are some of the key reasons why most of the beneficiaries of cash transfer programme are not satisfied. However, both socio-economic and demographic factors can greatly influence the kind of investment or spending an individual can make (Ulwodi & Muriu, 2017). Majority of the respondents in this study indicated that they had between 4 to 6 dependants which translate to more spending on basic needs and this somehow contributed to limited funds available for other needs.

Majority of the OPCT beneficiaries (50%) felt that the money, they got from OPCT programme was inadequate. The beneficiaries were only capable of catering for the basic needs that required relative less amount of money. These included buying food, some school fees and access to minor healthcare services. It was clear that those that managed to make some extra incomes were able to engage themselves in community development activities. This concurs with the intended outcome of the OPCT as pointed out in (GoK, 2017; Igadwah 2019). A small percentage (36%) felt that the funds were slightly adequate. In general, this finding suggests that probably if the stipend is increased, it might be more effective in poverty alleviation among the elderly people. In addition, provisions of alternative sources of income for example from small scale business investment might also contribute to boosting financial well-being of the elderly people. Other researchers have found that some conditional cash transfer programme are more effective in improving the well-being of the beneficiaries (Afzal, Mirza, & Arshad, 2019). The findings of this study suggest that extra initiatives to supplement OPCT might also enhance poverty alleviation among the elderly people in Kenya. Klein and Mayer show that there are more benefits when a variety of funding initiatives are available for the vulnerable population (Klein and Mayer, 2011).

Despite the consistent increase of the budget for the old persons (from Kshs. 400, 000 to more than KShs. 2 billion since the inception of the programme (KNBS, 2019) in 2007 the amount of money that each beneficiary received was relatively not enough. This study established that this inadequacy was attributed to the corresponding increase in the number of beneficiaries of the grants (Igadwah 2019) and the household size. Although 57% of the beneficiaries were not satisfied with the OPCT, the results showed that majority could cater for their basic financial needs to a moderate level.

The results showed that majority of the respondents pointed out that OPCT had played a moderate role in solving financial needs of the elderly. Although a few respondents (29%) showed satisfaction in the cash transfer programme, a number of the respondents pointed out that their social status was elevated as a result of the cash transfer programme. In addition, some respondents pointed some positive outcome of the cash transfers programme

reflected in several households where more than 50% of the respondents indicated that their intra-household relationships were good to very good. However, some respondents asserted that they had accumulated most of their wealth for many years before they started enjoying the benefits of OPCT. Such wealth was attributed to ownership of land, livestock, savings or property ownership.

5.5.2 Challenges in the implementation of OPCT

There are general national problems affecting implementation of the cash transfer programmes in Kenya as pointed out in GoK (2012). There are several challenges experienced in the implementation of the cash programme in Mulundi sub-Location as established from this study. The challenges in the programme contribute to lack of realization of the main goal of the programme which is poverty alleviation among the elderly people. The national problems are mainly related to poor coordination in the programme, irregularity of cash flow, lack of clear monitoring and evaluation procedures, registry problems among others (Mbabu, 2017). The Government of Kenya has facilitated reforms in the national health insurance which has enabled the elderly population to benefit from health care services offered in different hospitals in Kenya (GoK, 2017). However, there is more to be done to address the issue of monthly premiums especially for the old and vulnerable groups. The elderly population is limited when it comes to the sources of income to support themselves in health insurance.

Complaints on various issues affecting efficiency in the implementation of the OPCT in Mulundi sub-Location were identified. This study established that there is need to address the problem of inadequacy of funds that individual beneficiaries get from the cash transfers. More reforms are required to enable the country realize its goal toward social protection and health care especially for the old persons and vulnerable groups.

Beneficiaries of the OPCT in Mulundi Sub-Location highlighted almost similar challenges experienced at national level (Chebii and Oyunge, 2020; Klein and Mayer, 2011). These challenges included irregular payment intervals which led to unreliability of the grants in

addressing the financial problems of the beneficiaries. The payment of monthly stipends could delay from 2 to 5 months leading to dissatisfaction among the beneficiaries. A group of beneficiaries expressed that it was challenging to walk for long distances due to inefficient and unreliable means of transport when they needed to collect their monthly payment. There were reported cases where some beneficiaries missed the payment because they arrived late and had to follow long queues. According to the beneficiaries, this problem could be avoided by introducing more agents and payment outlets as long as proper record keeping and adherence to the set regulation is maintained. This was the initial plan according to the consolidated operational manual (GoK, 2017) that the payment agents were supposed to be distributed at the sub-county level in the country where the locational Targeting Committee (LTC) plays the role of identifying the eligible beneficiaries and the challenges they experience in the process.

Cash transfer programmes are considered effective in poverty alleviation among the vulnerable rural households (Hanna & Karlan, 2016) but some irregularities, lack of transparency and corruption cases are commonly reported in most of the cash transfer programmes (Langat, 2019; Omollo, 2017). This study established that cases of disparity, misrepresentation during registration, poor handling of documents and missing payments were common. Delayed registration was also a common challenge as indicated by 48% of the respondents. Similarly issues such as lack of transparency and corruption at the coordination office led to poor management of the programme which also resulted to lack of trust from the beneficiaries registered in the programme. It was established that there is need to streamline some of the procedures followed in the registration of new beneficiaries in the cash transfer programme.

More than half the respondents said that the money given to them was insufficient and irregularly paid. Most of the beneficiaries felt that the cash they received did not meet most of their expenses especially where the beneficiary had a high number of dependants (more than 5). The struggles and difficulties in Kenyan economy in the recent past had also greatly contributed to inadequacy of the available cash to cushion the elderly which is also reported in Jerving (2020). Increased cost of food stuff, high transport costs, increased taxes,

increased cost of productions, negative impacts of the COVID-19 pandemic and the economic constraints experienced in the country were also identified as economic challenges deemed to have contributed to increased household expenses hence the limited surplus from the cash transfers.

This study found out that the success of the cash transfer programme in Mulundi sub-Location was to a great extent attributed to the performance of the county coordination office. However, the respondents felt that the programme would be more effective if there was incorporation of mentorship and training to guide most of the beneficiaries in making more appropriate use of their money. These perceived impacts and challenges are however not very common in Conditional Cash Transfer (CCT) as asserted by Afzal, Mirza, & Arshad (2019). The results from this study showed that 71% of the respondents felt that they could be invited in some discussion forums where they can learn how to utilize the limited funds they obtained from OPCT. This probably can enhance effectiveness of the cash programme amongst the elderly whose alternative sources of income especially in Mulundi sub-Location are limited.

The facilities designated as payment agents in Kitui were observed to be in derelict conditions. KCB bank in Kitui town was the only agents with banking services serving Kitui Central and its surrounding areas. The other agent outlets were found at the Kitui bus stop and another at Kunda Kindu. Lack of sanitary facilities and waiting bays at the outlets were some of the issues raised by the respondents. The difficulty in movement and transportation especially for the elderly who lived far from Kitui town was also noted as a common challenge that needed to be addressed straightaway. According to Kiruga (2019) the replacement of the Kenyan currency with new generation banknotes since 2019 raised several concerns in Kenya. Some people lost money when new Kenyan currency notes were introduced.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter provides the conclusions derived from the findings of this study. The conclusions presented in this chapter are based on social and economic impacts of the cash transfer programme. The conclusions on the perceptions of the beneficiaries in the OPCT

programme are also presented. The conclusions of this study are utilized further to make the appropriate recommendations from this study.

6.2 Conclusions

The first objective of this study was to establish the socio-economic impacts of the OPCT programme in Mulundi sub-Location. The economic impacts of the programme were assessed by studying the various sources of income available for the Cash transfer beneficiaries. This study established that the main source of income for a majority of the elderly population in Mulundi sub-Location came from the OPCT programme. The new enrolled beneficiaries (age from 65-70 years old) were able to engage themselves in some forms of casual labor and small businesses for example selling farm products, to supplement their income. The older age group of the beneficiaries highly depended on the cash grants for their health care with limited alternative sources of income.

It was established that most of the beneficiaries of the OPCT utilized the money they received in buying food items for their households. The beneficiaries were also able to pay school fees for their dependants; improved clothing and livestock keeping. Very few beneficiaries were able to use some of their savings to support some small household projects such as installation of low cost solar power in their homes. However, majority of the beneficiaries stated that a grant of KShs. 2000 per month was not adequate to cater to for most of their financial needs. The problem of irregular payments of the cash grants contributed to dissatisfaction of the beneficiaries in the program. It was established that if the grants were paid regularly, most of the households could find the programme reliable and perhaps promote food production and among other benefits.

In terms of social benefits of the programme, this study found that a majority of the elderly population in Mulundi Sub-Location were female when this study was undertaken in 2019. However, most of the female beneficiaries of OPCT were widowed. This meant that majority of the beneficiaries lacked companion, made individual decision on spending of the funds but faced with a wide range of financial needs in their families since there was no helping hand. This implied that women beneficiaries were more vulnerable than male

beneficiaries due to lack of alternative sources of income especially those that solely depended on the OPCT grants. The alternative sources of income for most of the OPCT beneficiaries were either cash given from a family member or small incomes from sales made from farm products. This contributed to their vulnerable and low social security.

This study found that a significant number of beneficiaries enjoyed good to very good intra-household social relations. The impact of good relations in the households translates to good care of the elderly by their care givers and unconditional support from the members of their households. However most of the elderly were rarely involved in community development activities. Furthermore, contrary to the expected social impact of the cash transfer programme in a society, majority of the beneficiaries in Mulundi felt that they could not associate their wealth with the cash transfer programme.

A very high percentage of the respondents (86%) considered themselves not wealthy but while those that considered themselves wealthy could not associate their wealth with the OPCT. This shows that the programme supported them only in their upkeep and therefore there was no extra money to generate any substantial wealth. In addition, very few elderly men and women participated in the community development and social activities. This denied them some social relations at the community level.

This study sought to determine the perceptions and challenges faced by the OPCT beneficiaries in Mulundi sub-Location. There was a general impression that the grants offered to the old persons was not adequate to meet most of their financial needs. Consequently, majority felt not satisfied with the programme and they reported several cases of disparity, missing payments and corruption in the programme.

The beneficiaries gave an overall score of 70% in the success of the programme in Mulundi sub-Location. The success was attributed to the fact that majority of the beneficiaries felt it was very important that the programme provided them with some money to buy food and cater for some of their pressing basic needs. Others felt that the programme was an

important source of money for school fees for their dependants, healthcare and other household necessities.

Most of the Key Informants felt that the cash transfer programme was successful to a moderate extent while a majority of the beneficiaries (60%) of the beneficiaries of cash transfers were not satisfied with the programme. This was attributed to the challenges experienced in various aspects of the programme. Some of these challenges included insufficiency of the funds whereby only 14% of the beneficiaries felt that the grants offered to them were adequate. Other challenges included poor management and lack of proper coordination in the programme, irregular payments, increased cost of living, corruption and lack of transparency in the programme. The study revealed that improving on efficiency in the programme could make it more effective in realizing more benefits for the well-being of the beneficiaries.

Another challenge associated with dissatisfaction of the OPCT beneficiaries was lack of proper channel to express complaints and grievances from the beneficiaries. We noted that there was under representation of the Programme Working Committee (PWC), County technical Working committee, overworking of the sub-County Social Development Officers (SCSD) and the chief's office. There was also underrepresentation of the Beneficiary Welfare Committee (BWC) which contributed a lot in the inefficiency of the programme especially when handling complaints from the beneficiaries.

6.3 Recommendations

This study gives the following recommendations:

1. The Ministry of East African Community, Labour and Social Protection should plan to increase the monthly stipend provided to individual beneficiaries of the OPCT. This matter was widely expressed by the beneficiaries which suggests the need to scale up the budget for this programme. This will contribute to more realization of the goal and socio-economic benefits of the programme. Some beneficiaries suggested that the monthly stipend can be increased to five thousand Kenya shillings

(KShs. 5000). The economic difficulties during the current times in the country has contributed to the increased cost of living which justifies the need to increase the cash grants.

2. A number of challenges believed to be hindrances in the realization of socio-economic benefits of the programme were identified in this study. These included the problem of irregular disbursement of funds, management challenges and household and environmental challenges. We recommend that the Social Assistance Unit (SAU) and State Department of Social Protection should investigate on the extent of these challenges and put the right strategies to mitigate them. The current problem of overcrowding at the payment agents can be minimized by introducing more outlets at the sub-county level. This will also ease the challenge of transport since the beneficiaries can access the service closer to their homes. The beneficiaries having physical challenges will also benefit from the same.

This study recommends for further study in the following area:

- i. Sustainable monitoring and evaluation of challenges experienced in the implementation of OPCT programme in Kenya.

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APPENDICES

Appendix 1: Consent Letter

Dear Respondent;

RE: COLLECTION OF SURVEY DATA

My name is Franciscah Muindi Kasyoka, a Gender and Development Masters student at South Eastern Kenya University. I am conducting a research on the social economic impact of older persons cash transfer programme on the older persons in Mulundi Sub County. The purpose of this research is purely academic and the information provided will be treated with complete confidentiality.

I am requesting you to participate in the research by responding to questions on the Questioner, key informant and Focused group discussion. In case you accept to participate in the study, my supervisor and I will keep confidential all information which you will provide and will only be used exclusively for academic purposes.

Your cooperation will be highly appreciated.

Thank you

Yours Faithfully

Franciscah Muindi Kasyoka

Masters Student, South Eastern Kenya University

Appendix 2: Questionnaire I

To be filled by the beneficiary of OPCT

SECTION A: Demographic Information

1. Name (optional)
2. Age i) 65-70 [], ii) 70-75 [], iii) 75-80 [], iv) 85 and above []
3. Gender 1) Male [] 2) Female []
4. Marital status 1) Single [] 2) Married [] 3) Separated/divorced []
4) Widowed [] 5) Others (specify)
5. Highest level of education
i) None [] ii) Primary [] iii) Secondary [] iv) College/ University level
[] v) Others (specify).....

6. What is the total number of household members?

	1	2	3	4
	1-3	4-6	7-10	>10
Tick here				

SECTION B: Socio-economic information and benefits associated with OPCT

7. What is your main source of income?

	Source of income	Tick here (✓)	Amount before cash transfer	Amount after cash transfer
1	Casual laborer			
2	Business			
3	Cash transfer			
4	Others(specify			

8. How do you spend the money you get from cash transfer? Rank from 1 to 4 where 1 shows not important, 2= least important, 3= important, and 4= very important item(s)

Financial Needs	Rank			
	1	2	3	4
Food				
Shelter/rent				
Education				
Clothing				
Health				
Business				
Livestock				
Others(specify				

9. How have you benefited from the OPCT programme?

	Benefit from the OPCT	Yes	No
1	Bought a land		
2	Cleared school fees for my children		
3	Regular food provision for my family		
4	Built a new house for my family		
5	Source of capital for my business		
6	Settled some loans		
7	Elevated my social status		
8	Bought a car		
9	Increased my savings		
10	Opened a bank account		
11	Others (specify)		

SECTION C: Opinions on the management, implementation and impacts of OPCT

10. How adequate is the amount you receive from OPCT?

1) Not adequate [] 2) Slightly adequate [] 3) Very adequate []

11. Which of the following describe the possible challenges you face in the OPCT programme? Kindly tick where appropriate

	Challenges in the OPCT	Yes	No
1	Irregular cash grants		
2	Lack of required documents for qualification		
3	Lost my personal documents		
4	Lack of clear procedures in handling complaints		
5	Delayed procedures in the registration of new applicants		
6	Insufficient funds received through OPCT		
7	Too many dependants		
8	Lack of transparency and Corruption in the OPCT		
9	Limited advice in financial management		
10	Others (specify)		

SECTION D: Information on social impacts of OPCT

12. How is your relationship with members of your family after you got enrolled into the OPCT programme?

1	2	3	4	5
Very bad	Bad	Somehow good	Good	Very good

13. Do you think you are considered wealthy in Mulundi community?

1) YES [] 2) NO []

14. How often do you get invited to participate in community development activities?

1	Not at all	
2	Rarely	
3	Quite often	
4	Very often	

Recommendations;

15. What suggestion would you give to improve older persons cash transfer programme in Mulundi.

.....

.....

.....

Thank you!

Appendix 3: Questionnaire II

To be filled by the administrators

SECTION A: Demographic Information

1. Name: (optional)
2. Name: (optional)
3. Designation
Chief [], Assistant chief [], Social development officer [], Kitui County
Gender officer []
4. Age: (i) 18-25 [], (ii) 25-35 [], (iii) 35-45 [], (iv) 45-55 [], (v) 55 and above []
5. Gender: 1) Male [] 2) Female []
6. Highest level of education
None [] ii) Primary [] iii) Secondary [] iv) College/ University level
[]
7. How long have you served in your role in OPCT?

0-2 years [], 2-5 years [], More than 5 years []

SECTION B: Details of complains and grievances from the OPCT beneficiaries

8. How often do the beneficiaries of OPCT complain about the program?

1	Not at all	
2	Rarely	
3	Quite often	
4	Very often	

9. What kind of issues do the beneficiaries complain about?

		Yes	No
1	Inadequate funds		
2	Lack of good management in the program		
3	Irregularities and corruption		
4	Poor information flow and sharing channels		
5	Lack of financial management mentors		
6	Inefficient banking systems		
7	Poor record keeping among the beneficiaries		
8	Poor record keeping in the custodian banks		
9	Others (specify)		

SECTION C: Details about the management, complaints and case management in the OPCT

10. In your opinion, to what extent do you think the beneficiaries of OPCT are satisfied with the programme?

I don't know [], Not satisfied [], Satisfied [], Very satisfied []

11. In a scale of 1 to 10 how would you rate the success of the OPCT programme in Mulundi Sub-Location?

1	2	3	4	5	6	7	8	9	10

12. To what extent do you think the OPCT has solved financial needs of the elderly in Mulundi Sub-Location?

- 1. Not at all
- 2. Little extent
- 3. I am not sure
- 4. Moderate extent
- 5. Great extent

13. Based on the current status of the OPCT programme in Mulundi, who do you think has played a significant role in the success of the programme?

- None
- County coordination office
- County government
- National government
- Non-governmental organizations
- Others (specify).....

Thank you for your time!

Appendix 4: Observation check list

Details of observation	Rating scale			
Immediate care and relationship with other household members	<input type="checkbox"/> Not available at all	<input type="checkbox"/> Available sometimes		<input type="checkbox"/> Always available
Conditions of dwelling	<input type="checkbox"/> excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Household construction materials	<input type="checkbox"/> Mud	<input type="checkbox"/> Iron sheets	<input type="checkbox"/> wooden	<input type="checkbox"/> Stone
Household main source of lighting	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas solar	<input type="checkbox"/> solar	kerosene
Household source of cooking fuel	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas	<input type="checkbox"/> Firewood	<input type="checkbox"/> Charcoal

Other assets in the household	[] Cars	[] Business	[] Farm machineries	[] land properties
Dressing of the beneficiary and household members	Good	Moderate		Poor

Appendix 5: Key Informant Interview Guide

1. Who qualifies for the cash transfer programmes? ~You would opt to ask about the selection criteria
2. How much money are the older persons receiving?
3. How frequently do they receive?
4. In your own opinion how sufficient do you think the money is?
5. How has the older persons cash transfer programme impacted economically on the beneficiaries in Mulundi sub-location

Appendix 6: Focus Group Discussion

1. Social benefits to beneficiaries
2. Economic benefits to beneficiaries
3. Changes in the lives of the beneficiaries
4. Challenges faced by beneficiaries

Appendix 7: List of Plates



Plate 1: Maize crops planted on one of the farms own by an elderly in Mulundi Sub-Location. The improved maize seeds and the wire-mesh fence was bought using the money obtained from cash transfer.



Plate 2: Semi-permanent to permanent houses owned by the cash transfer beneficiaries. This shows one of the success stories where a beneficiary of the OPCT utilized some money received from the programme to improve the house.



Plate 3: Improved sources of power and lighting in one of the beneficiaries of the OPCT



Plate 4: This is elderly woman who was captured seated on the floor in her semi-permanent house in Mulundi Sub-Location. An indication of some of the extreme poverty conditions at the household level.



Plate 5: A group of the elderly and their care givers waiting at the KCB Bank in Kitui to receive their monthly payment