

# Journal of Developing Country Studies (JDCS)

## IMPLICATIONS OF OPCT FUNDS ON THE WELL-BEING OF THE ELDERLY MEN AND WOMEN IN KIBERA INFORMAL SETTLEMENTS

Amanda Kinya Mbabu, Dr. Casper Masiga and Dr. Grace Okong'o



## IMPLICATIONS OF OPCT FUNDS ON THE WELL-BEING OF THE ELDERLY MEN AND WOMEN IN KIBERA INFORMAL SETTLEMENTS

<sup>1\*</sup> Amanda Kinya Mbabu

<sup>1</sup> Post graduate student, Kenyatta University

\*Corresponding Author's Email: [kinyambabu@gmail.com](mailto:kinyambabu@gmail.com)

<sup>2</sup> Dr. Casper Masiga

Lecturer, Kenyatta University

<sup>3</sup> Dr. Grace Okong'o

Lecturer, Kenyatta University

### Abstract

**Purpose:** The purpose of the study was to determine the implications of OPCT funds on the well-being of the elderly men and women in Kibera informal settlements

**Methodology:** The exploratory design was considered appropriate for this study. Random sampling was used to select 50 respondents (15men, 35women) OPCT beneficiaries who were not members of KDC and 20 members of KDC. Random sampling was ideal because each respondent of the target population had an equal chance of being selected. Purposive sampling was used to identify 5 key informants.

**Results:** The study established that the OPCT beneficiaries tend to use cash for the most pressing needs such as food, rent, school fees for their grandchildren, and debt repayment. The effects of OPCT funds were felt at individual, family and community levels.

**Unique contribution to theory, practice and policy:** The government should allocate more funds to the program in line with economic realities prevailing in the country at the moment so as to encourage the elderly persons to create savings and to meet their basic needs adequately.

**Key Words:** *OPTC funds, well being, implications*

## **1.0 INTRODUCTION**

### **1.1 Background of the Study**

The population of older persons is increasing at a rapid rate throughout the world. According to United Nations Department of Economic and Social Affairs Population Division (UNDESA) (2013), globally, the number of older persons aged 60 years and above is expected to more than double, from 841 million people in 2013 to more than 2 billion in 2050. The older population is predominantly female. Older women outnumber older men almost everywhere because they tend to live longer.

Longer lives are a triumph for human development, yet older people are often seen as a burden and ignored. Help-Age International (2006) posits that all over the developing world; older people make an insignificant contribution to their families and society at large, which includes; performing domestic tasks and caring for children and sick or disabled adults so that other members of the household may engage in “visible” economic activity. Women and men experience ageing in different ways and face different vulnerabilities. Older women are likely to be economically dependent on their families more than men. Structurally they have less access to income-generating opportunities and assets. Consequently; they comprise a category of the poorest compared to their male counterparts. In line with this, older men, on the other hand, are often rejected by family and community once they are unable to earn an income.

Schubert (2005) and Wietler (2007) found out that, in two pilot programs in Zambia namely; the social safety net pilot in Kalomo District, which targeted households headed by older people caring for OVC’s beneficiaries. The pilot survey showed that they used their transfers to enhance both their own and their household members ‘well-being, with particular benefits for children’s health, nutrition and education. The flexibility of cash transfers, their regularity and reliability, are regarded by the beneficiaries and other stakeholders as the most important features of the scheme. Also highly praised is the transparent, participatory targeting and approval process in Lesotho. According to Pelham, (2007), the government has established an old age pension, helping to foster a contract between citizen and state. Pensioners have noted that they could now pay on credit for purchases and services, such as local doctors that they could previously not have otherwise afforded. According to this study in Kenya’s Kibera informal settlements, the cash transfer program has seen improvement in quality of life through access to food and health services. The beneficiaries are able to repay for food got on credit when the funds are received.

According to the National Gender and Equality Commission, (2014), the government through the Ministry of Labour, Social Security Services implemented cash transfer programs since mid-2000. The OPCT program was initially rolled out on a pilot basis before a scale up commenced three years ago. In Kenya, the number of the elderly people has been on the increase in the recent past. The population of those aged 60 years and above in the country currently stands at 1.5 million and is projected to rise to 2.2 million by 2020.

Kibera is one of the informal settlements located in southwest of Nairobi. It falls among one of the 16 locations where OPCT program was initiated in 2009. In Nairobi the pilots were in Mathare and Kibera location. Kibera informal settlements are characterized by conditions of extreme poverty, lack of access to basic services, such as electricity and running water. So far there are 699 beneficiaries of Older Persons Cash Transfer (OPCT) in Kibera informal settlement.

## **1.2 Statement of the problem**

The Kenyan Government has been investing in social protection programs, which has demonstrated a range of results. However, the coverage of its safety net programs tends to be low with limited effects especially the cash transfer program in informal settlements such as Kibera. In addition, the cash transfer program has been faced with various challenges ranging from how beneficiaries themselves view the program, adequacy of the funds, how regular the funds are disbursed and the changes the program may (or may not) bring to the intended recipients. Bearing in mind that these challenges are being debated and noted in the program at a national level in Kenya; the cash transfer program has to be evaluated strictly at local constituencies in order to establish whether similar challenges are also being experienced and establish if they do have a significant effect on the welfare of elderly men and women in informal settlements such as Kibera. There is a need to assess the effects of older person's cash transfer funds to its intended beneficiaries and especially in areas where the piloting of the program was launched.

## **1.3 Objectives of the Study**

To examine the different implications of OPCT funds on the well-being of the elderly men and women in Kibera informal settlements.

## **2.0 LITERATURE REVIEW**

### **2.1 The implications of Older Persons Cash Transfer program on the well-being of the elderly men and women.**

#### **2.1.1 Implications at an individual level**

DIFD (2006) study in sub-Saharan Africa, people reported that cash transfer programs had both positive and negative effects on the individual, intra-household and community level. At the individual level: in all countries, beneficiaries said the cash transfer had increased their sense of self-worth, self-esteem, self-confidence, dignity, and assertiveness. The transfer enabled them to meet their own needs and contribute to the household income/expenses, as well as offering greater security, more control over their lives, more freedom of expenditure and a degree of financial independence. The DIFD (2006) study further indicated that some individuals had been able to build their own capital and improve their livelihoods, often using the transfer to invest in productive activities or access credit. Many women reported a stronger role in household decision-making because of the cash transfer, and greater economic independence. In conclusion, the cash transfer programs impacts positively on the life of beneficiaries and their families. This study therefore sought to evaluate whether the same applies in Kibera informal settlement in Nairobi.

According to Save the Children UK/Help-Age International/IDS, (2005) at the micro-level, cash transfers promote self-esteem, status and empowerment amongst older people, enabling them to be active members of their households and communities, rather than burdens. Kumar and Anand (2006) argued that, India's National Old-Age Pension enables an overwhelming majority (96%) of beneficiaries to perceptibly improve their quality of life and meeting their daily consumption requirements.

Adato and Bassett (2008), DFID (2011) argued that OPCT funds improves food security and promotes nutritional outcomes among older people. Bangladesh Rural Advancement Committee ((2007) concluded expenditure patterns revealed that nearly all recipients of the OPCT funds used

the money for meeting their daily consumption needs. There was a higher proportion of improved body-weight indicators for older beneficiaries than non-beneficiaries. Mannan (2010) in a Bangladesh study posited that about 90% of OPCT beneficiaries use the social pension to finance health care services. Nepal Central Bureau of Statistics (2004) concluded that the OPCT funds enable older people to afford the costs of travel to district government hospitals, which provide higher-quality facilities than those in local clinics, as well as needed medicine not provided through the public health system. This study, therefore, sought to assess and establish both the economic and social implications of the funds on the life of the beneficiary.

Sakunphanit and Suwanrada (2011) established that, medicine represented one of the main items for which beneficiaries of cash transfers increase expenditure. The funds create access to emergency private treatment among the elderly persons when public facilities are not available, as well as transport costs to access public health services.

DFID (2005) noted that social transfers enhance those living in extreme poverty to access health services and pay for medicines and associated costs. According to Devereux (2011) in Namibia pensioners spent 13.8 percent of the cash they receive on health care for themselves and also to cover the other members of the household. Kimosop (2013) on a Makueni study about OPCT funds also noted that a good number of respondents indicated using cash transfer in meeting medical expenses of self and household members. The fact that the study beneficiaries are mainly old people, this study sought to assess how the money is used by the beneficiaries in Kibera informal settlement and probably establish how it has affected their lives.

Studies done in India, Bangladesh, Nepal, and Sub-Saharan Africa have noted a number of individual benefits of OPCT program. Promoting self-worth, self-esteem, self-confidence, access to health care, freedom of expenditure, a stronger role in decision making among others, were noted as some of the benefits of the program. The researcher therefore wanted to establish whether OPCT beneficiaries of the Kibera informal settlement accrue the same benefits bearing in mind that the CT amount differs from country to country and their needs too. Furthermore a similar research was conducted in Makueni County Kenya, and focused on the rural setting, but the current study sought to look at the effects of the OPCT funds in an urban setting, specifically Kibera informal settlements.

### **2.1.2 Implications at intra-household/family level**

According to Irudaya and Palacios (2008) the most direct impact of OPCT funds is that they reduced the money-metric poverty for households with older people in Nepal. Nepal's poverty gap was reduced by an estimated 1% with the lives of older men and women changing rapidly. OPCT funds, according to United Nations Population Fund (UNFPA) and Ministry of Social Welfare and Labor (MOSWL) (2007) and Mujahidet, et al., (2008) has led to the reduction of poverty and improvement of household well-being in Vietnam through supporting older people's consumption, particularly those living alone. Giang and Pfau (2009) findings noted that a universal pension provided to all rural people 60 years or older reduced the poverty gap for beneficiary households by 59.7% at the cost of 1% of gross domestic product (GDP).

In Brazil, an International Labor Organization (2009) study noted that, Bolsa Família (a cash transfer program) enabled a participating family achieve basic food security by more than half (52 percent). In India, ILO noted that, women working in MGNREGS reported less hunger, as well as



enhanced ability to buy food in bulk at lower prices. In Mexico, women participating in Oportunidades bought more proteins, vegetables, and fruits. In addition, it improved their nutrition, which finally contributed to lower rates of anemia among pregnant and lactating women. Cash transfer programs have also been shown to increase women's use of health care services in Chile and Mexico. Camarano (2002) found that a pension income had a positive impact on school enrollment in households, including grandchildren, and similar findings were produced in relation to the Brazilian context. Ferreira *et al.* (2002) in a South African study noted that women are more likely than men to invest their income in the well-being of their family or broader household. Uprety (2010) and Devereux *et al.*, (2001) found out that, the overwhelming majority of households spends their grants on food grains which have led to improvement of health among older people.

Similar findings have further been realized in the evaluation of Malawi's Food and Cash Transfers (FACT) which showed that 75.5% of the transfer was typically spent on groceries. In a study in Lesotho, Croome and Nyanguru, (2007) noted that the elderly who received OPCT funds never went hungry and their number increased from 19% before the pension to 48% after it was introduced. This study sought to find out how OPCT beneficiaries in Kibera spend their income and how the expenditure translated into their day to day life activities.

In a study, Paul-Majumder and Begum (2008) noted that, nearly all the beneficiaries spend their allowance money to meet their daily consumption needs; encouragingly, 85%–95% reportedly managed an improvement in their household food situation with 15%–37% making sufficient improvement in this regard. According to (Samson *et al.* 2004; 2007) global evidence on social pensions highlights the key role the programs play in supporting human capital development, particularly for children. Evidence from Brazil, Namibia, and South Africa as (Samson, Van and Quene, 2006) documented in a study how old-age pensions without education conditions significantly increase children's schooling, with a particularly strong benefit for girls. Kenya being one of the Sub-Saharan Countries may present the same needs among the old people, thus, by carrying out the study in Kibera informal settlements, the study sought to confirm or differ with what other scholars have found out.

In Bangladesh (Paul-Majumder & Begum, 2008) noted in a study that, beneficiaries report spending part of their social pensions to support the education of their grandchildren, which helps to lift educational outcomes in about half the beneficiary households (OECD, 2009), Samson *et al.*, (2004) and DFID (2011) concluded that important global evidence base solidly demonstrates that, OPCT funds around the world enable households to manage livelihoods risks and thus promote investments in small-scale entrepreneurial activity, labor market participation, and employment outcomes. Nguyen (2008) in a household survey conducted in Vietnam between 2004 and 2006 found out that, social pensions enable older people to reduce their hours of work and support more- sustaining livelihoods.

Paul-Majumder and Begum (2008) noted that, the funds improves the status of older people within the larger households since it increases the likelihood that older people will live with their children; hence, improves the status of beneficiaries within these households, and helps to counter the erosion of traditional family norms and values. Beneficiaries also reported feeling "happy and satisfied" because the benefit provides some economic security, freedom of expenditure, and some opportunities to meet their own needs as well as contribute to household resources. The allowance

has made poor, older people into more desirable members of the household and their children are now more eager to take care of them and co-reside with them. This program also contributes to restoring the role of older people as venerable counselors and guardians of ancestral values, as a larger number of recipients can spend their time with grandchildren than non-beneficiaries.

In a study carried out in Zambia, the following effects of the cash transfer program were realized: heads of households have understood the purpose of the transfers and make rational use of them, e.g. buying basic necessities like food, soap and blankets. Some beneficiaries invest part of the transfers in seed, in getting a field ploughed by neighbors, or in buying a chicken or a goat for breeding and resale. A number of beneficiaries with savings accounts have also set aside part of their transfers so that they have something to fall back on later on in the year when food becomes scarce. The beneficiary households report that the transfers have improved their well-being and have given them new hope. Headmen also report that the scheme has significantly reduced the incidence of begging.

According to Booysen (2004) in a study noted that, within the Free State, Province, the cash transfer grant reduced the incidence of poverty among HIV-affected households by 8 percent, the poverty gap by 15 percent and the severity of poverty by 20 percent. Evidence on women's use of cash transfers for food as noted by Fultz and Francis (2013) were available. The study shows that women spend large fractions of these funds to improve household nutrition. This study, hence sought to find out if similar effects or more were experienced in households or by the beneficiaries of OPCT at Kibera informal settlements.

According to Soares *et al.* (2008); Cash transfer programs are seen to provide steady and reliable source of income that can have significant effects upon the capacity of households to invest in human and physical capital, and overcome the threat of a long term, persistent poverty. Receipt of cash transfers provides small amounts of capital for investment in productive activities, giving the recipient's opportunity to not only protect but also improve their economic well-being (Gorman, Mark *et al.*, 2010)

According to Arnold and Margaret (2010) cash transfers have reduced household vulnerability through asset accumulation and more stable income flows that allow them to better plan their expenses, pay their debts and get credit more easily, resulting in increasing consumption of goods and service. Kimosop (2013) noted that accumulated household assets can relieve the family from strains should pressing need occur for instance respondents were able to indicate selling goats bought using their transfers to offset school fees arrears. At the same time household assets are to increase. Ressler (2008) study in Kenya explored the issue of social networks and cash transfers. There were six recipient families of the cash transfer were interviewed – 3 families in an urban setting and 3 in a rural setting. The study established that participant households appeared to have very weak social networks, an indication of their vulnerability. Cash payments appeared to strengthen the social networks and social capital of participant households. Additional resources enabled recipients participate in community events, share food and borrow, when in need because they had a capacity to repay. It is obvious that as the old grow older, health becomes a major concern and as such the need for treatment may be a major consumer income in such families.

Studies done in Brazil, Namibia, Malawi, India, South Africa, Zambia, and Vietnam show that OPCT funds contributes in different ways amongst the beneficiary households, including benefits

such as: poverty reduction, improved nutrition, income security, school enrollment for grandchildren, promoting investment. The above studies did not take into consideration the differential effects that OPCT funds have elderly men and women bearing in mind that elderly men and women have different roles and responsibilities whose needs and utilization patterns differ. Thus, the researcher intended to assess if there are any differential effects of OPCT programs on the well-being of the elderly specifically in Kibera informal settlements.

### **2.1.3 Implications at community level**

According to Suwanrada and Wesumperuma (2008) OPCT's generate social impacts, particularly in terms of building social capital for older people and strengthening their status in households and communities. Older people utilize the funds to maintain connections and social networks within their communities by making donations and contributions as socially required for marriages, funerals, and religious and other activities. DIFD (2006) study in sub-Saharan Africa reported a widely mentioned positive impact was the effect on community relations, including stimulating the formation of social capital in the wider community. The cash enabled many households to take part in and contribute to religious and social events, while older beneficiaries in particular felt that distribution points offered an important opportunity to talk to others and exchange information about community matters. Some beneficiaries from marginalized groups (e.g. people with disabilities and older people) reported greater respect, integration, and social acceptance at community level due to being recipients of the transfers. Beneficiaries in some cases, according to the DIFD study also reported that the transfers had boosted the local economy, particularly on the day the cash was distributed.

Fultz and Francis (2013) in a study on cash transfer programs in Brazil, Chile, India, Mexico and South Africa noted that, cash transfer programs alleviate poverty for large numbers of households. During the years of Chile Solidario (2002-2011), 300,000 people exited extreme poverty. Transfers are considered to have played a large role, since they comprise one third of the income of the poorest 10 percent of the population. In India (NREGA) and Mexico (Pregresa) are credited with bringing million residents of rural areas above the national poverty line. Kimosop (2013) study in Makueni noted that a majority of OPCT beneficiaries joined social groups. Most of these social groups formed were merry go rounds and welfare groups. During pay days, members of merry go rounds contribute to each other with the aim of engaging in such activities as purchasing goats, improving shelter and water storage.

Although studies conducted in Chile, South Africa, Mexico, and Kenya showed that OPCT's have alleviated poverty and improved social networking among communities, few studies have been done on the effects of OPCT funds at the community level. The researcher therefore intended to find out if there are similar effects or more experienced by the elderly in Kibera informal settlements.

On the implications of cash transfer funds on the well-being of the elderly men and women; most of the studies reviewed failed to take cognizance of the differential effects based on demographic characteristics but generalized these effects yet the cash funds received affect elderly men and women differently, bearing in mind that both gender play different roles and responsibilities at family level. This study attempted to look at the implications of OPCT funds on the well being of



elderly men and women; their immediate family members and the community at large in Kibera informal settlements as stated in the objective of the study.

## **2.2 Theoretical Framework**

### **2.2.1 Resilience Theory**

This study was guided by resilience theory as postulated by Van Breda (2001). The theory addresses the strengths that people and systems demonstrate to enable them to rise above adversity. The resiliency paradigm orients researchers and practitioners to positive factors in people's lives that become the focus of change strategies designed to enhance strengths. As O'Leary (1998) noted that, psychologists and social workers have recently called for a paradigm shift from illness to health, from vulnerability to thrive, from deficit to protection and beyond.

McCubbin and McCubbin (1992) have identified five major developments in the field of family social work which tend to be in line with the resilience theory: ongoing evaluation of the efficacy of interventions targeted at the family system; highlighting important dimensions of family functioning for intervention; development of family typologies to guide family assessment and intervention; research that promote family strengths and capabilities, which have enhanced interventions; and development of family assessment and measurement tools for use in family research, clinical assessment and program evaluation. The Resiliency theory was most appropriate for this study for it helped in creating an understanding on the importance of various interventions such as OPCT as a social support service among the elderly, the effects of these programs as a measure of strengths and capabilities on intervention measures adopted to the well-being of the elderly, the challenges (as an avenue of assessment and designing of appropriate measurement and intervention tools) these cash transfer programs face as they try to provide services and measures that can address these challenges so that these programs are not rendered absolute, by consumers of their services.

## **3.0 RESEARCH METHODOLOGY**

The exploratory design was considered appropriate for this study. Random sampling was used to select 50 respondents (15men, 35women) OPCT beneficiaries who were not members of KDC and 20 members of KDC. Random sampling was ideal because each respondent of the target population had an equal chance of being selected. Purposive sampling was used to identify 5 key informants.

## **4.0 RESULTS AND DISCUSSIONS**

### **4.1 Implications of OPCT on the Well-being of the Elderly Men and Women**

The implications of the OPCT on the well-being of the beneficiaries was determined by looking into the usage of the cash among the beneficiaries, who determines how the funds are spent and the effects of the OPCT funds at individual, household and community levels.

#### **4.1.1 Areas where Cash Received from OPCT is used**

To establish the areas of usage of the funds, the elderly were asked to mention the areas where they spend the funds. The findings were as presented in Table 1.

#### **Table 1: An average of areas where cash received from OPCT is used by beneficiaries**

Expenditure Area	Men		Women		Total	
	f	%	f	%	f	%
Food	12	80	35	100	47	94
Personal effects such as soap, tooth paste	6	40	28	80	34	68
Clothing	3	20	20	57.14	23	46
Savings	2	13.33	5	14.29	7	14
Debt repayment	9	60	25	71.43	34	68
Capital for business	2	13.33	7	20	9	18
School fees for the children	5	33.33	23	65.71	28	56
Transport	8	53.33	17	48.57	25	50
Health care for the family	3	20	5	14.29	8	16
Rent	11	73.33	31	88.57	42	84

The findings on Table 1 shows that majority of the elderly women (94%) and men (80%) tend to use cash from OPCT to buy food; 84% of women and (73%) of men use the funds to pay rent, (68%) of women and (40%) of men use the funds on personal effects such as soap tooth paste; and 68% of women and 60% of men use the funds on debt repayment; (56%) of women spend the funds on school fees for their grandchildren that depend on them compared to 33% of men; (50%) of women and (53%) of men spend the funds on transport, (46%) of women spend the funds on clothing compared to 40% of men; 18% of women spend the money on business capital compared to (13%) of men, 16% of women spend the funds on family healthcare compared to 20% of men and 14% of women spend their funds on savings compared to (13%) of men. A finding observed in Kimosop (2013); Mannan (2010), Sakunphanit and Suwanrada (2011) and Nepal Central Bureau of Statistics (2004) study about OPCT was that a good number of respondents indicated using cash transfer in meeting medical expenses of self and household members, for the case of Kibera informal settlements, however, the beneficiaries currently are able to access free medical cover for inpatient and outpatient through NHIF.

The FGDs with members of Kibera Day Care Centre destined to establish the extend of utilization of funds received, noted that a majority of the OPCT beneficiaries spend their money on food though the money is not sufficient to last them long. In the discussions, one of the members mentioned:

*“You know we elderly are poor and therefore our major concern is to put food on the table. A greater part of the money we receive is used to buy the necessities such as food, water, and rent” But one thing that is clear is that the amount given is insufficient to fully meet some of these needs ”Wambui (not her real name)*

*“We appreciate the money given but we wish that the government could now increase the amount that the cost of living is very high and everything is expensive.”Mwangi*

(Not his real name)

In one interview with other OPCT beneficiaries a male respondent mentioned:

*Once I get the CT money, I pay ksh 2000 to a hotel I frequent, which is where I eat until the money is over then I can eat on credit. I use the balance to pay rent and debts”*

#### 4.1.2 A Spending of the Cash Income

The researcher further sought to establish the person who decides how the elderly men and women spend the cash from OPCT and the results were as presented in table 2.

**Table 2: The Person who decides the Spending of OPCT cash**

Gender	Self		Children		Relative		Husband		Wife		Care giver	
	F	(%)	F	%	f	(%)	f	(%)	f	(%)	f	(%)
Men	12	80	1	6.66	0	0	N/A	0	1	6.6	1	6.66
Women	26	74.29	2	5.71	2	5.71	3	8.57	N/A	0	2	4.44
<b>Total</b>	<b>38</b>	<b>76</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>6</b>

Table 2., shows that, the majority of the elderly women (74.29 %) stated that they are the ones who decide how they spend the cash income from OPCT. It was also found that 8.57% of the elderly women stated that their husbands decide on how the money is spent. The study further found that 4.44 % of the women OPCT fund expenditure was decided by caregivers and relatives and that 2.0% stated that their OPCT funds expenditure was decided by their children.

Among male beneficiaries, the findings revealed that 80 % of the elderly men noted they are the ones who decide how the cash is spent compared to 6.66% of them who take their spending directives from their children, caregivers, and wives respectively.

From the findings of the study, it can be said that the beneficiaries are the major decision makers on how the funds are to be spent. This is based on the fact that they are the heads and sole providers of these families as pertaining to the traditional roles that the men should play in their families.

In total a majority of elderly 76% participants decide for themselves on the OPCT fund expenditure. The study found out that 6% rely on the husband, 6% on their children and caregivers, 4% on relatives and 2% on their wives.

In one interview with a female OPCT beneficiary, she had this to say:

*“I am the one who makes decisions on how to spend the money, I cannot let my children decide because they can misappropriate or prioritize their own needs. I know what is urgent and good for us all so I decide”*

#### 4.2 Effects of OPCT Funds on the Well-being of the Elderly Men and Women

The study sought to establish the effects of OPCT funds at individual, household or family and community levels among elderly men and women. In order to ascertain these effects a scale ranging from agree to disagree was provided. Elderly beneficiaries were requested to rate a number of statements with reference to this scale and the following results were obtained. The findings on the effects of OPCT Funds on the Individual Well-being of Men and Women were as presented in Table 3.

**Table 3 Effects of OPCT Funds on the Individual Well-being of Men and Women**

Effects of OPCT funds: Individual level	Agree		Not Sure		Disagree	
	f	(%)	f	(%)	f	(%)
The cash from the program increases elderly sense of self-worth.						
Men	10	66.66	2	13.33	3	20
Women	25	71.43	4	11.43	6	17.14
<b>Total</b>	<b>35</b>	<b>70</b>	<b>6</b>	<b>12</b>	<b>9</b>	<b>18</b>
It makes the elderly more confident and assertive in life issues.						
Men	9	60	3	20	3	20
Women	26	74.29	2	5.71	7	20
<b>Total</b>	<b>35</b>	<b>70</b>	<b>5</b>	<b>10</b>	<b>10</b>	<b>20</b>

It enables the elderly to meet their basic needs and contribute to household incomes and expenses.						
Men	12	80	1	6.66	2	13.33
Women	30	85.71	2	5.71	3	8.57
<b>Total</b>	<b>42</b>	<b>84</b>	<b>3</b>	<b>6</b>	<b>5</b>	<b>10</b>
It makes the elderly secure and have more control over their lives.						
Men	7	46.66	3	20	5	13.33
Women	24	68.57	9	25.71	2	5.71
<b>Total</b>	<b>31</b>	<b>62</b>	<b>12</b>	<b>24</b>	<b>7</b>	<b>14</b>
It gives them more freedom of expenditure on financial matters.						
Men	9	60	4	26.66	2	13.33
Women	28	80	3	8.57	4	11.43
<b>Total</b>	<b>37</b>	<b>74</b>	<b>7</b>	<b>14</b>	<b>6</b>	<b>12</b>
It provides capital that they can use to start small businesses.						
Men	2	13.33	1	6.66	2	13.33
Women	7	2	5	14.29	23	65.71
<b>Total</b>	<b>13</b>	<b>18.57</b>	<b>7</b>	<b>10.00</b>	<b>50</b>	<b>71.43</b>
It enables them access goods on credit from the shops near their place since they have a source of income.						
Men	9	60	2	13.33	5	52%
Women	23	65.71	6	17.14	6	17.14
<b>Total</b>	<b>32</b>	<b>64</b>	<b>8</b>	<b>16</b>	<b>11</b>	<b>22</b>

Table 3 shows that at the individual level, majority of the participants agreed that OPCT funds; meet their basic needs (84.%), gives freedom of expenditure on financial matters (74%), increases sense of self-worth and that it increases confidence and assertiveness (70%). These findings tend to resonate with the findings of DIFD (2006) and Sakunphanit and Suwanrada (2011) studies that at the individual level: beneficiaries of cash transfer had increased their sense of self-worth, self-esteem, self-confidence, dignity, assertiveness and more freedom of expenditure.



In interviews with officials from Kibera Day Care Centre, one of the respondents mentioned that:

*“The cash from the fund has helped the elderly beneficiaries in buying food, paying rent, educating a number of orphans under their care, and even for a few setting up or restocking of small businesses such as selling eggs” “Now that they have a source of income they are happier and hopeful because they are able to meet some of their needs”*

Key informants including sub county administrators and officials from the Ministry of Labour officials were interviewed on the effects of OPCT funds on the well-being of the elderly men and women in Kibera and they noted that though not sufficient, the OPCT helps the beneficiaries access basic needs such as food and rent, payments of school fees for their grandchildren and it has also improved their physical appearance especially during the pay periods.

One Ministry of labour official mentioned:

*“The cash received from the program has greatly improved the physical appearance of the elderly women. They are more jovial and in a happy mood, especially on receiving the money.”*

A sub county administrator also noted that:

*“Although the CT does not satisfy all needs fully, it has mainly helped the beneficiaries access basic needs like food , paying rent, debts, water and even in paying school fees for their grandchildren” “Moreover, after being paid some of the beneficiaries are now able to pay the transport to travel upcountry to visit their families”*

From the interviews with OPCT beneficiaries, one female respondent mentioned:

*“The CT helps me buy materials for making my kiondos (bags) for sale”*

In the focused group discussions, they largely agreed that at individual level the CT increases their sense of self-worth, makes them more confident, enables them to meet their basic needs for some time, and enables them access goods on credit.

Some of the members of the FGDs had this to say:

*“We are no longer sad and hopeless like we were before with no source of income and utterly nothing to depend on apart from well-wishers”Wangui (Not her real name)*

*“We are now able to access some goods on credit from the shops that we frequent. We buy from them when we have the money and request for credits when we do not have so we have built some trust with the shopkeepers, this is especially to the women”Mercy (Not her real name)*

Majority of the beneficiaries noted that the funds could not meet all their basic needs adequately, at times they lack. This could be attributed to the insufficient funds that were being disbursed at irregular intervals to them. The irregular intervals of payment and amount make it difficult for them to make meaningful plans. From the observations made by the researcher the funds were a

source of joy and hope to the elderly. They are quite dependent on the money as many have no source of income and would do anything to be retained in the register. In one of the interviews with the beneficiaries, a male respondent mentioned a case where he was threatened to be struck off the register by a clerk for asking “questions he should not ask”. The respondent now lives afraid to speak out lest his only source of income goes. This is what the respondent had to say:

*“I was threatened by a clerk at the bank after asking about amount inconsistencies. She told me “Nitakuona tu, siunakaa Kibera? We ninani? Ata ukicheza tutakata jinay ako” “I will see you, don’t you live in Kibera? Who are you? If you joke we shall remove your name” I am now so afraid. I stopped asking questions.” Kimathi (not his real name)*

The researcher also observed that funds gave them a sense of belonging and reason to live, especially on the day the funds were being disbursed. However, this joy and hope is short lived once they get the funds and reality starts dawning on them that the amount received is insufficient compared to their unending list of needs, and the uncertainties of next payments. From the observations made most of these funds were being directed to their most pressing needs (food, rent, water, school fees for the grandchildren) and once the funds are exhausted signs of despair slowly start trickling in.

The study also sought to establish the implications of OPCT funds on the household/family level and the findings were as presented in Table 4

**Table 4 Implications of OPCT Funds on the Household/family Well-being**

Effects of OPCT funds	Agree		Not Sure		Disagree	
	f	(%)	f	(%)	f	(%)
<b>House-hold/Family</b>						
It increases the number of friends and family members they associate with						
Men	9	60	2	13.33	4	26.66
Women	25	71.43	4	11.43	6	17
<b>Total</b>	<b>34</b>	<b>68</b>	<b>6</b>	<b>12</b>	<b>10</b>	<b>20</b>
It makes the family financially independent						
Men	2	13.33	4	26.66	9	60
Women	3	8.57	7	20	25	71
<b>Total</b>	<b>5</b>	<b>10</b>	<b>11</b>	<b>22</b>	<b>34</b>	<b>68</b>
It improves the quality of life of the family.						
Men	6	40	2	13.33	7	46.66

Women	21	60	6	17.14	8	22
<b>Total</b>	<b>27</b>	<b>54</b>	<b>8</b>	<b>16</b>	<b>15</b>	<b>30</b>
It reduces tension and stress in the family, especially when the cash is received						
Men	8	53.33	3	20.00	4	26.66
Women	26	74.29	2	5.71	7	20.00
<b>Total</b>	<b>34</b>	<b>68.00</b>	<b>5</b>	<b>10.00</b>	<b>11</b>	<b>22.00</b>
Regular income helps the family meet their expenses.						
Men	2	13.33	1	6.66	12	80.00
Women	3	8.57	2	5.71	30	85.00
<b>Total</b>	<b>5</b>	<b>10.00</b>	<b>3</b>	<b>6.00</b>	<b>42</b>	<b>84.00</b>
It improves the nutrition and food availability to the family						
Men	8	53.33	2	13.33	5	33.33
Women	20	57.14	9	25.71	6	13.00
<b>Total</b>	<b>28</b>	<b>56.00</b>	<b>9</b>	<b>18.00</b>	<b>11</b>	<b>22.00</b>
It improves the health status of the family.						
Men	4	26.66	2	13.33	9	60
Women	6	17.14	3	8.57	26	74
<b>Total</b>	<b>10</b>	<b>16.67</b>	<b>5</b>	<b>10.00</b>	<b>35</b>	<b>70.00</b>
It reduces the level of poverty in the family.						
Men	2	13.33	3	20.00	10	16.66
Women	8	22.86	6	17.14	21	60
<b>Total</b>	<b>10</b>	<b>20.00</b>	<b>9</b>	<b>18.00</b>	<b>31</b>	<b>62.00</b>

Table 4 shows that at household/family level, majority of the participants agreed that OPCT funds increases; the number of friends and family members they associate with and that it reduces tension and stress, especially when the cash is received (68%). A majority of the beneficiaries, however disagreed that; the CT regular income helps the family meet their expenses (84%), they also

disagreed that it improves the health status of the family (70%). 68% of the OPCT beneficiaries also disagreed that the CT funds makes the family financially independent, and 62% also disagreed that it reduces poverty levels in the family.

OPCT funds fail to register any major significant effects at household/family level and this could be attributed to the limited number of funds that are irregularly disbursed to the elderly men and women. This basically supports the social convoy model theory being advanced by Kahn and Antonucci (1980) that people build their social network sizes as they age. These relationships are maintained by individuals, including the elderly based on specific strengths and weaknesses attained from such associations. Lack of awareness and knowledge on the implementation of OPCT especially among the beneficiaries who were not members of Kibera Day Care Centre failed to allow them to select and seek different groupings that could benefit them. A supportive environment needed by the elderly has not been nurtured as expected since the benefits accrued especially at family/household and community levels is insignificant to warrant any meaningful attachment to warrant the changes desired.

The researcher observed that many disagreed that the CT funds make the family financially independent and that rarely does the CT fund help to improve the health status of the family at large apart from their personal health care. The NHIF card only benefits the OPCT beneficiaries and not their families. The researcher also observed that to some households there is reduced tension and stress when they receive the money while to others the stress is increased when they find out that there is no money in the in accounts, when they receive less amount than others, when they are mugged after payments, or even when untrustworthy caregivers steal money from them.

In the FGD with women, one elderly woman mentioned:

*“I am depressed because for 3 rounds now I have not been paid. I am told there is no money in my account” The SDO’s promise to push my name but do not”*

In another interview with a male respondent, he mentioned:

*“There are amount inconsistencies so we cannot tell if it is the card that is the problem or what else could be the reason. The amount paid is not always the same for all of us”*

The study further sought to establish the implications of OPCT funds on the community level and the findings were as presented in Table 5

**Table 5: Implications of OPCT Funds at community level of the beneficiaries**

Effects of OPCT funds Community level	Agree		Not Sure		Disagree	
	f	(%)	f	(%)	f	(%)
It stimulates the formation of groups to champion elderly rights						
Men	8	53.33	2	13.33	5	33.33
Women	19	54.29	11	31.43	5	14.29
<b>Total</b>	<b>27</b>	<b>54.00</b>	<b>13</b>	<b>26.00</b>	<b>10</b>	<b>20.00</b>
The cash enables many households take part and contribute to religious and social events						

Men	5	33.33	3	20.00	7	46.66
Women	9	25.71	6	17.14	20	57.14
<b>Total</b>	<b>14</b>	<b>54.00</b>	<b>13</b>	<b>26.00</b>	<b>10</b>	<b>20</b>
Helps elderly exchange ideas in groups formed e.g issues touching on disability or HIV/AIDS						
Men	8	53.33	5	33.33	2	13.33
Women	22	62.86	10	28.57	3	8.57
<b>Total</b>	<b>30</b>	<b>60.00</b>	<b>15</b>	<b>30.00</b>	<b>5</b>	<b>10.00</b>
It boosts the economy in the area, particularly the purchasing power of the elderly on the day cash is distributed.						
Men	9	60	4	26.66	2	13.33
Women	18	51.43	9	25.71	8	22.86
<b>Total</b>	<b>27</b>	<b>54.00</b>	<b>13</b>	<b>26.00</b>	<b>10</b>	<b>20.00</b>
It alleviates extreme cases of poverty among the family and the community in general						
Men	4	26.66	1	6.66	10	66.66
Women	5	14.29	8	22.86	22	62.86
<b>Total</b>	<b>9</b>	<b>18.00</b>	<b>9</b>	<b>18.00</b>	<b>32</b>	<b>64</b>

From Table 5, the majority of the participants agreed that; at the community level, the CT stimulates the formation of groups to champion elderly rights (54%), and enables the elderly exchange ideas in groups formed such as issues touching on disability or HIV/AIDS (60%). However a majority disagreed that at the community level the CT alleviates extreme cases of poverty among the family and the community in general (64%). The OPCT beneficiaries also disagreed that the CT enables many households to take part and contribute to religious and social events (54%) These findings tend to contradict the findings of Fultz and Francis (2013) study on cash transfer programs in Brazil, Chile, India, Mexico and South Africa that noted that cash transfer programs to alleviate poverty for large numbers of households. This could be as a result of differences in the amount of cash being disbursed, high levels of corruption, the environment and the prevailing economic situation in the countries mentioned. From the findings with implications of OPCT at the community level the study reveals that there are isolated effects that are negligible to warrant any meaningful observable changes to the community on days other than the ones when the funds are disbursed further supporting the need to review the amount being disbursed under the program.

The second objective sought to find out the implications of OPCT funds on the well-being of the elderly men and women at individual, household and community levels. The findings from the study revealed OPCT funds were being used as a top up to most of the basic needs sought by the elderly. The amount allocated was insufficient to cater fully for basic needs such as food, health, (especially at the family level), or rent. The funds at individual level give the elderly freedom of expenditure on financial matters, increases sense of self-worth and confidence and assertiveness especially on the day the funds are debited into their accounts and a few days that follows. At household/family level, the OPCT funds failed to register any improvements to the health status of the family and level of poverty in the family though it reduces tension and stress in the family especially when the cash is received and increases the number of friends and family members they



associate with. OPCT funds had a significant effect at the individual level of the elderly men and women's' life with women especially stating that they feel more empowered now that they expect some source of income however small, and a majority saying that they can make their own decisions on how to spend their own money. At household level however, OPCT funds fail to register much significant effects and this could be attributed to the little amounts of cash coupled with irregularity in the disbursement of funds. At community level many beneficiaries agreed that the CT stimulates the formation of groups to champion elderly rights and also helps the elderly exchange ideas in groups formed on issues touching on disability or HIV/AIDS and other chronic diseases. In these groups they enlighten each other on where to get medicine or treatment and share ideas on where to get donations. However, at the community level the CT does not alleviate extreme cases of poverty among the family and community in general. The researcher also observed that the CT does not enable many households take part and contribute to religious and social events unless any contribution made are to profit them, or for their own welfare for instance when one is sick or dead.

## **5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Summary**

The findings from the study revealed that, the amount allocated was insufficient to cater fully for basic needs such as food, health, (especially at the family level), or rent. The funds at individual level give the elderly freedom of expenditure on financial matters, increases sense of self-worth and confidence and assertiveness especially on the day the funds are credited into their accounts and a few days that follows. At household/family level, the OPCT funds failed to register any improvements in the health status of the family and level of poverty. However, the OPCT fund it reduces tension and stress in the family especially when the cash is received. The fund also was noted to increase the number of friends and family members who often wish to associate with the host. The study noted that OPCT funds had a significant effect at the individual level of the elderly men and women. At household level, however, OPCT funds fail to register much significant effects and this could be attributed to the little amounts of cash coupled with irregularity in the disbursement of funds. At community level many beneficiaries agreed that the OPCT stimulates the formation of social groups to champion elderly rights and also for the elderly to exchange ideas issues touching on disability, HIV/AIDS and other chronic diseases. In these social groups they enlighten each other on where to get medicine or treatment and share ideas on where to get donations. However, at the community level the OPCT does not alleviate extreme cases of poverty among the family and the community in general. The researcher also observed that the OPCT does not enable many households take part and contribute to religious and social events unless any contribution made are to profit them, or for their own welfare for instance when one is sick or dead.

### **5.2 Conclusions**

On the implications of the OPCT funds on the well-being of the elderly, the effects were felt at individual, family and community levels. The study concludes that:

- OPCT funds are being used as a top up to most of the basic needs sought by the elderly.
- The amount allocated is insufficient to cater fully for basic needs such as food, health, (especially at the family level), or rent.
- The funds at the individual level; give the elderly freedom of expenditure on financial matters, increases sense of self-worth, confidence and assertiveness especially on the day the funds are debited into their accounts and a few days that follows.
- At the individual level women, especially feel more empowered now that they expect some source of income, however, small; they can make their own decisions on how to spend their own money.
- At household/family level, the OPCT funds failed to register any improvements in the health and economic status of the family. It reduces tension and stress in the family, especially when the cash is received and increases the number of friends and family members they associate with.
- The NHIF card comes as a relief to many beneficiaries by offering free medical cover for outpatient and inpatient however, at family level the beneficiaries still grapple with issues of family health care for their dependants who are not covered.
- At the community level the CT stimulates the formation of groups to champion elderly rights and also helps the elderly exchange ideas in groups formed on issues touching on disability or HIV/AIDS and other chronic diseases. In these groups they enlighten each other on where to get medicine or treatment and share ideas on where to get donations.
- At the community level the CT does not alleviate extreme cases of poverty among the family and the community in general

### 5.3 Recommendations

The government should allocate more funds to the program in line with economic realities prevailing in the country at the moment so as to encourage the elderly persons to create savings and to meet their basic needs adequately.

### REFERENCES

- Adato, M. and L. Bassett. (2008). *What is the potential of cash transfers to strengthen families affected by HIV and AIDS? A review of the evidence on impacts and key policy debates*. International Food Policy Research Institute (IFPRI), Washington, D.C.
- Carvalho, I. (2000). *Old-age benefits and the labor supply of rural elderly in Brazil*. Mimeo: MIT
- Cornia, G. & Martorano, B. (2010). *Policies for reducing income inequality. Latin Americaduring the Last Decade,* Working Papers 1006, UNICEF, Division of Policy and Practice.
- Irudaya, P. & Palacios, R. (2008). Understanding poverty among the elderly in India: Implications for social pension policy. *Journal of Development Studies*, 47 (7).

- Kimosop, J. (2013). *Cash transfer and its impact on the welfare of the elderly in Kenya: A case of the Government of Kenya's older person's cash transfer Program in Makueni County*. Nairobi University.
- Marco, S. & Leopoldo, T. (2012). *The growth of conditional cash transfers in Latin America and the Caribbean: Did they go too far?* IZA Policy Paper No. 49.
- McCubbin, I. & McCubbin, A. (1992). Research utilization in social work practice of family treatment. In: Grasso, J. and Epstein, I. (eds) *Research utilization in the social sciences: innovations for practice and administration*. New York City, NY: Haworth.
- United Nations (1991). *The world ageing situation*. New York: Author.
- Van Breda, D. (2001). *Resilience theory: A literature review*. Pretoria, South Africa: South African Military Health Service. [Online] Available: [www.vanbreda.org/adrian/resilience.htm](http://www.vanbreda.org/adrian/resilience.htm).