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A BASELINE ASSESSMENT OF RECIPIENTS OF OPCT PROGRAM IN KIBERA INFORMAL SETTLEMENTS

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Abstract

Purpose: The purpose of the study was to conduct a baseline assessment of recipients of OPCT program 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 found out that there were more women compared to men in the OPCT program. The study noted that the OPCT beneficiaries were 65 years and above, which showed adherence to the objective selection criteria. It was observed further that majority of the elderly OPCT beneficiaries also suffered from chronic diseases such as tuberculosis, high blood pressure and diabetes.

Unique contribution to theory, practice and policy: To the recipients of OPCT, they should be sensitized and ensure they follow the required protocol so that they can avoid being struck off the register, and form welfare groups where they can socialize, share, enlighten each other, make friends and even champion their rights.

Key Words: *informal settlement, recipients, OPTC program*

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.

According to Help-Age International (2004), the vulnerability of older people is exacerbated as the overall capacity of the community to care for its vulnerable members is disrupted. As a result, many older people find themselves looking after young dependents, with very limited opportunities to supplement incomes to meet their needs and the needs of their dependents. The older people face increasing risks of illness and disability; hence, for those who are poor, a lifetime’s exposure to health risks means that they enter old age already in chronic ill health. Women are particularly vulnerable after a lifetime of physical labor, poor nutrition and multiple pregnancies, with limited access to healthcare (Help-Age International, 2002).

The Madrid International Plan of Action (MIPA) (2006), adopted at the Second World Assembly on Ageing, emphasized that older persons should be able to participate in and benefit equitably from the fruits of development to advance their health and well-being, and that societies should provide enabling environments for them to do so. This plan is however, not legally binding to governments. According to Global Action on Ageing, (2006), developing nations increasingly face difficulties supporting their older population. In most developing countries, the elderly live at the bottom of the socio-economic strata. Older women, in particular, confront harsh conditions. Women usually take care of their children and family, an activity that puts them in a disadvantaged position during their old age. Many people in the developing world especially in the rural areas hold informal economic activities without remuneration. These older persons do not enjoy proper pension system and have scarce retirement savings, if any. By providing cash transfers to older persons, governments can meet their obligation to protect the most vulnerable population in their society.

The OPCT program in Kenya was launched in 2006 at an annual government allocation of KES. 4 Million. During the first arm of the pilot phase, the program provided monthly cash transfer of KES 1065 to 300 households with destitute elderly people in Nyando, Busia and Thika districts.

The program was expanded in 2009/2010 and 2011/2012 financial years after receiving KES 550 million and 1 billion successively from the government. The program was allocated KES. 1.5 billion in 2012/13 financial year and Kshs 3.2 billion in the 2013/14. It is envisaged that the program will be scaled up to benefit more elderly and achieve a regional balance in the spirit of devolution (National Gender and Equality Commission, 2014).

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 establish the recipients of OPCT program in Kibera informal settlements.

2.0 LITERATURE REVIEW

2.1 The recipients of Older Persons Cash Transfer funds

2.1.1 Older Persons Cash Transfer program

In a study conducted in Brazil by Carvalho (2000), it was noted that limited provision of non-contributory pensions for workers in the rural sector dates back to 1963, but entitlements were restricted to the very old. The scheme was gradually upgraded during the 1970s, in response to the mobilization of rural workers and pressures for land reform. The 1988 Constitution recognized the right to social protection for workers in the rural sector, and especially for those in informal employment. The study noted that the age of pension eligibility was reduced from 65 years of age

to 60 for men and 55 for women. However, in urban areas, provision of old age assistance, pensions is much less developed. A social assistance pension Renda Mensual Vitalícia (RMV) was introduced in 1974 paying a flat rate benefit of one-half the minimum wage to older or disabled people who could not provide for themselves. This study sought to identify the recipients of Old Persons Cash Transfer in Kibera informal settlement.

Devereux (2001) posited that in South Africa a pension benefit of 640 Rand was paid to men aged 65 and over and women aged 60 and over. Benefit entitlements were considered as a means-tested on the income of the individual beneficiary, and their partners if married, but not on the income of other household members. Pensions were first paid in 1928 as a means of providing a basic income in retirement for whites and coloureds in South Africa that lacked an occupational pension. Thereafter, the program was extended to include Africans in 1944, but with different conditions for entitlement and benefit levels. In the 1980s and 1990s, there was a gradual move towards parity in benefit level, which was completed in 1996 with the introduction of non-discriminatory regulations. The OPCT program in Kenya targets persons of 65 years and above who must attain additional criteria, including income status, geographical and should not be beneficiaries of another CT program. The identification of older persons, both men and women entailed evaluating these aspects to see whether they qualify to belong to the program.

According to Marco and Leopoldo (2012), Bolivia provides universal social pensions (fixed cash transfer) to all citizens over 65. Its objective is to return the equity in the privatized state enterprises to the people, to cover the large majority of elderly not covered by the pension program, and to help reduce poverty. The cost of the program was about 1% of GDP and covered 0.7% of the population. This is different from the Kenyan context where the beneficiaries were expected to have attained 65 years and above while meeting other requirements based on other indicators such as income status.

Cornia and Martorano (2010) in a Latin America study concluded that social protection has largely taken the form of large scale implementation of conditional cash transfers (CCTs). The success of the cash transfer has been seen in combating poverty and inequality across the continent. Other areas where success was noted in line with CCTs were facilitation of empowerment by increasing access to services and supporting investment in various spheres such as education, health and nutrition, especially among the elderly population. Compared to the older, rudimentary programs introduced in the region in the past, CCTs are better funded by the state and assure a greater coverage of the vulnerable population. This study, therefore, sought to assess the implications of OPCT funds on the well-being of older persons with a focus in Kibera informal settlements.

The OPCT program in Kenya was launched in 2006 (National Gender and Equality Commission, 2014), at an annual government allocation of KES 4 Million. In the pilot phase, the program provided monthly cash transfer of KES 1065 to 300 households with destitute elderly people in Nyando, Busia and Thika districts. The program was expanded in 2009 after receipt of KES 550 million from the government in 2009/2010 financial year and further to KES 1 Billion in 2011/2012 financial year. The program was allocated Kshs. 1.5 billion in 2012/13 financial year and Kshs. 3.2 billion in the 2013/14. It is envisaged that the program is to be scaled up to benefit more elderly and achieve a regional balance in the spirit of devolution.

The OPCT program is managed through established structures and institutions at each administrative level, from national to the regional level. The overall management and coordination function rests at the national level (OPCT unit) and cascades to the location (Location OPCT Committee) through the district levels. To strengthen accountability and complement existing programs and services, the management structures, particularly at the implementation level, advocates inclusion of wide representation from line ministries, the community and CBOs through the OPCT Committee. Though various studies have been conducted in Brazil, South Africa, Bolivia and Latin America, most of the studies have focused mainly on the rural population but the current research focused on the urban population particularly in Kibera, informal settlement.

2.1.2 The population characteristics of the beneficiaries

World Bank (2011) in a Brazilian study noted that to be entitled to the OPCT funds individuals need to be 70 years of age or over and have at least 12 months of contributions to social insurance. The most recent estimate is that there are 1.9 million beneficiaries. Proper administration of the program has reasonably enabled it to reach the poorer rural areas. At the household level, eligibility criteria for beneficiary households are based on household characteristics of different families. This particular case is different from what is happening in Kenya, where beneficiaries should have attained 65 years and above and meets other requirements for enrollment.

Evans *et al.* (2014) in a Tanzanian study concluded that Community-Based Conditional Cash Transfer is targeted to the poor. According to the study the criteria adopted targeted poor households, not receiving similar benefits in kind or cash from another program, and home to an elderly person or an orphan or vulnerable child (OVC). The concept "Very poor" was defined by stakeholders as a household meeting at least three of the following characteristics: lack of a basic dwelling or farm, difficulty having two meals in a day, no adult member has worked in the last month, children with clothes/shoes in poor condition, family does not own livestock and finally family does not own land. The concept of poverty as adopted by Evans and others in the Tanzanian study is more or less the same as what is used by the Kenyan Government in enrolling the elderly into OPCT program.

National Gender and Equality Commission (2014) study, noted that most beneficiaries of various cash transfer programs are women, perhaps due to their historical vulnerability to poverty and limited access to alternative empowerment opportunities. The findings of the study pointed out that 13% of the beneficiaries did not have direct dependents in the household. All these respondents were elderly living alone. The majority of the beneficiaries (87%) had dependents mainly family members. Among beneficiaries with dependents, 52% lived in households with dependents of ages 18 and under. About 14% of the beneficiaries had dependents aged below 5, nearly two-fifths (38%) had dependents ages 6-17, about one-third (26%) had dependents ages 18-35, and about one-tenth (9%) had persons of age 65 or more. Slightly over one-half (52%) of the beneficiaries have family members/dependents below under 18 years of age. Further, the study established that 70% of the households of the beneficiaries were generally from the lowest wealth category. The materials making the wall, floor and the roofing of the dwelling units are generally constructed using temporary materials with some of the dwelling units in deplorable conditions such as sinking roof, and collapsing walls. Interviews conducted with beneficiaries and care givers yielded that some of the beneficiaries of the social protection program were not in a needy situation as prescribed in the guidelines.

It is apparent from the above literature reviewed that various countries employ diverse ways of selecting the beneficiaries of OPCT. This is because countries have different budgetary allocation as well as different program implementation procedures. This study, therefore, sought to assess the challenges facing OPCT program in addressing the needs of the targeted population.

2.1.3 Access of cash transfer funds

National Gender and Equality Commission (2014) study, noted that during the audit of OPCT program, the beneficiaries and caregivers were asked to state how and where they obtained the bi-monthly allowances; majority of the beneficiaries irrespective of the type of cash transfer they were enrolled for, received the fund through the Postal Corporation of Kenya. About one-tenth (14%) received the fund through the Equity Bank. This study, therefore, sought to evaluate whether the money given to the beneficiaries has any effect on the well-being of the families where the beneficiaries come from.

ISSA (2013) found out that, despite South Africa's impressive record of covering eligible urban households, "... *indigent persons without means of travel who reside in remote areas, and particularly the so-called 'deep rural areas' are often excluded from accessing the social assistance grant system and the benefits it offers. The problem is aggravated by ignorance and the high illiteracy rate generally evident in rural settings. Many of the poor are unaware of the availability of social assistance benefits*". These coverage gaps are especially significant from a gender perspective since, in remote locations, the difficulties facing women are often intensified by low literacy and membership in minority ethnic, linguistic, or racial groups. This study, therefore, sought to find out whether there are challenges facing the program among the beneficiaries in Kibera informal settlement.

Studies on recipients of cash transfer funds have shown that eligibility into programs require substantial amounts of personal information to be gathered from potential beneficiaries for purposes of identifying and reaching the poorest and the most vulnerable. However, little is known about how this personal information obtained determines the eligibility criteria for one to qualify for these funds. This study addressed this void by focusing on the criteria for qualification for recipients of OPCT program in Kibera informal settlements as envisaged in the first objective of the study and how it shapes their participation, attitudes and access to the funds in the program.

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 Gender of the Participants

Participants were asked to indicate their gender. The results gathered are as shown in figure 1.

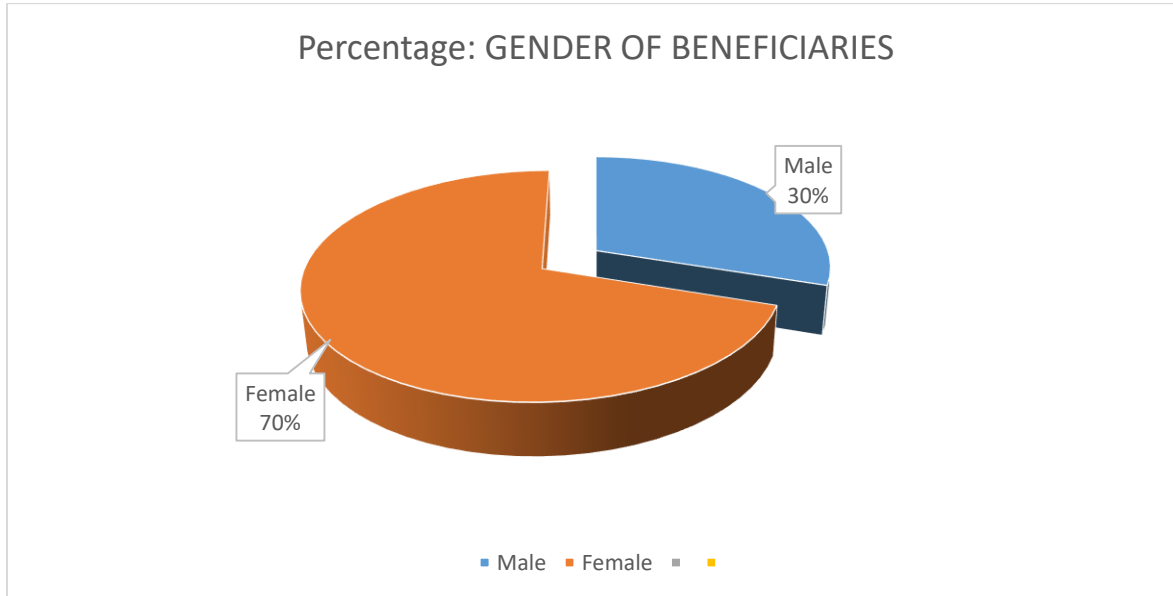


Figure 1 Gender of the OPCT beneficiaries in Kibera

As seen in figure 1 majority of the elderly beneficiaries in Kibera informal settlements were female (70%) compared to male (30%). These results further indicated female dominance among the beneficiaries of the OPCT program.

In one of the interviews with the key informants from the Ministry of Labour, one participant mentioned:

“If we were to select a man or a woman to enroll in this OPCT program, we would obviously go for the woman because a woman is more responsible and they have more roles to play in the family”

This finding tends to resonate with National Gender and Equality Commission (2014) findings, which noted that most beneficiaries of various cash transfer programs are women, perhaps due to their historical vulnerability to poverty and limited access to alternative empowerment opportunities. Moreover, studies show that the older population is predominantly female because they tend to live longer.

In 2013, globally, there were 85 men per 100 women in the age group 60 years or over and 61 men per 100 women in the age group 80 years or over. Studies show that elderly women are so vulnerable to poverty, they are more likely to run out of resources, yet they are likely to live longer than their male partners. In Kibera informal settlements, while most beneficiaries are women, most of them are also widows.

4.2 Age of the Beneficiaries

Participants in the study were requested to indicate their age. A question to this effect was directed to the elderly and the following results were yielded:

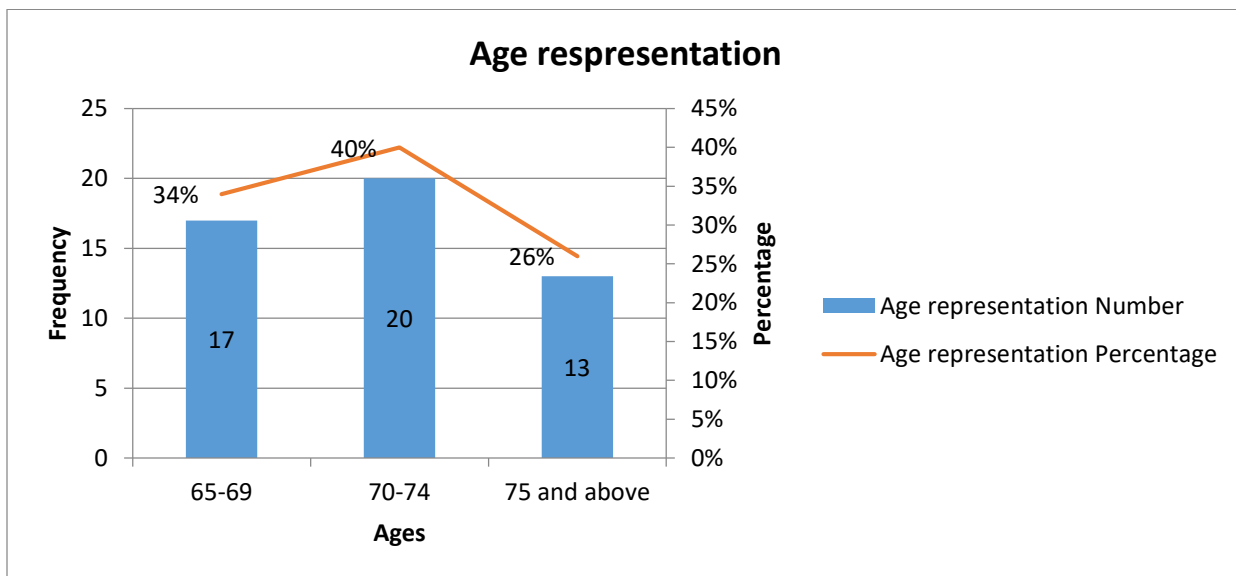


Figure 2: Age of the OPCT Beneficiaries

As seen in Figure 2. , the majority of the elderly men and women (40%) age ranges between 70-74 years; followed by 34% 75 years and above and 26% between 65 – 69 years. These results clearly outline the adherence to the criteria for admissibility into the OPCT program, which only allow elderly men and women who have attained 65years of age and above. The researcher also observed that during registration of the beneficiaries, they are required to produce their National Id as prove to confirm they are of the required age.

Ten million people in the UK are over 65 years old. According to Cracknell (2010), latest projections are for 5.5 million older people by 2030 and the number will have nearly doubled to around 19 million by 2050. According to National Council on Aging, approximately 45 million

Americans are 65 and older and in 2030, when the last baby boomer turns 65, more than 20% of the U.S. population will be an older adult. On average, a 65-year old expects to live another 19 years. As the numbers of older people increase in future years globally, demand for long-term care is also likely to increase significantly.

4.3 Number of Years, Key informants have worked in Kibera Informal Settlements

Key informants were required to indicate the number of years they have worked in Kibera informal settlements and the question elicited the following feedback.

Table 1 Number of Years, Key informants have worked in Kibera Informal Settlements

Key Participant	Number	Number of years working in Kibera
Ministry of labour official	1	5
Ministry of labour official	2	3
K.D.C official	1	11
K.D.C official	2	8
Sub county administrator	1	10

As seen in table 1; all key informants have worked in Kibera informal settlements for more than three years and this makes them well versed with the happenings of Kibera and in the provision of information pertaining to elderly persons in the settlement.

4.4 Level of Education

The OPCT beneficiaries were required to indicate their level of education. The following results were obtained:

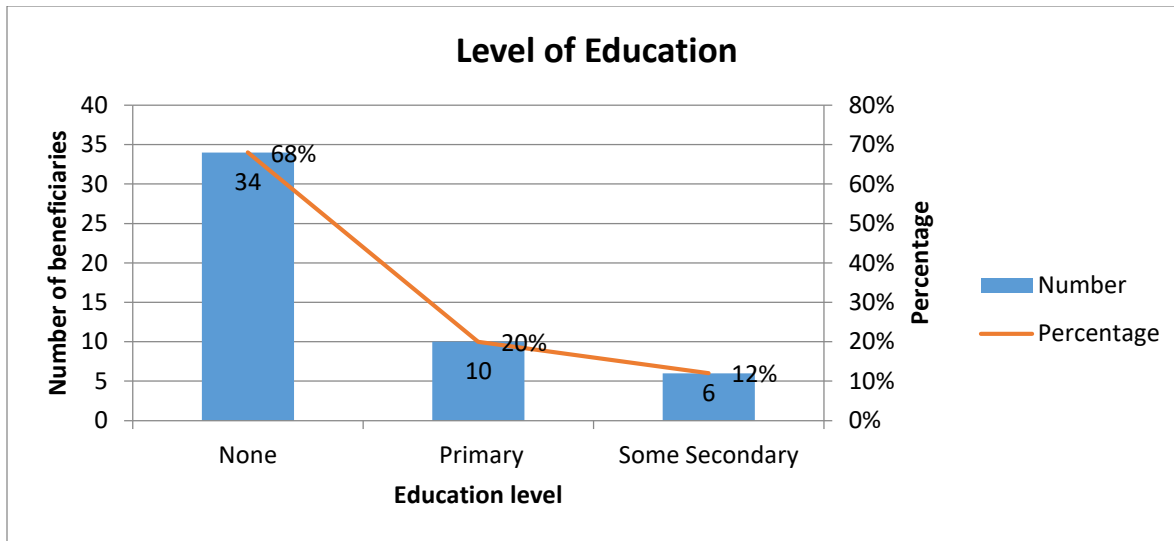


Figure 3: Level of Education for the Elderly

As captured in Figure 3, the majority of the elderly men and women, 68% had not attended school; (20%) had attended primary schools; while 12% had attained secondary education. From these results it is apparent that the majority of the elderly men and women who are beneficiaries of OPCT had hardly received basic education which is likely to be a big hindrance investing the funds made available under the program. Low education levels also make the beneficiaries more vulnerable as they have little or no retirement savings and investments. These low levels of education amongst the elderly can be attributed to the Kenyan traditional patriarchal society whereby issues of gender inequality were the order of the day. At the onset of girls' menstrual periods, she was considered mature; arrangements for her marriage were started, leading to early marriages. The boy child would be considered when it comes to who was to be sent to school. Division of labor often disadvantaged girls as they would work at home and take care of their siblings while the boys go to school. The negative impacts of these practices have unfortunately tricked down to old age whereby we now have elderly people, especially women, who have very low levels of education, if any.

4.5 Marital Status of the Elderly

The elderly participants were further required to state their marital status. From the question the following data was realized:

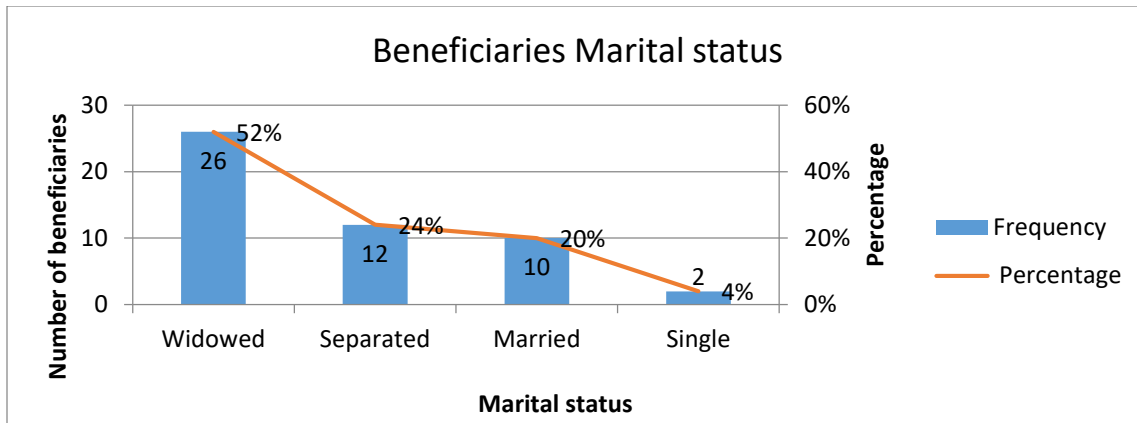


Figure 4: Marital Status of the beneficiaries

Figure 4 shows that the majority of the elderly were widowed at 52%; 24% were separated, 20% were married and 4% were single. This information shows that the majority of the beneficiaries of OPCT; 80% did not have a companion. The fact that this program targets the old, most of the old people have lost their partners and this makes them even more vulnerable as they did not have supporting hands, they have lower incomes and fewer resources. This resonates Smeeding (2008) that, the income and asset poverty rate varies by marital status among elderly women. In the United States, the share of elderly women living in poverty is highest among divorced or separated women (37 percent), followed by widowed women (28 percent), never-married women (22 percent), and married women (10 percent).

4.6 The Person OPCT beneficiaries live with

The OPCT beneficiaries were further required to state the person whom they live with and the question elicited the following results as summarized below

Total Elderly beneficiaries living with dependants

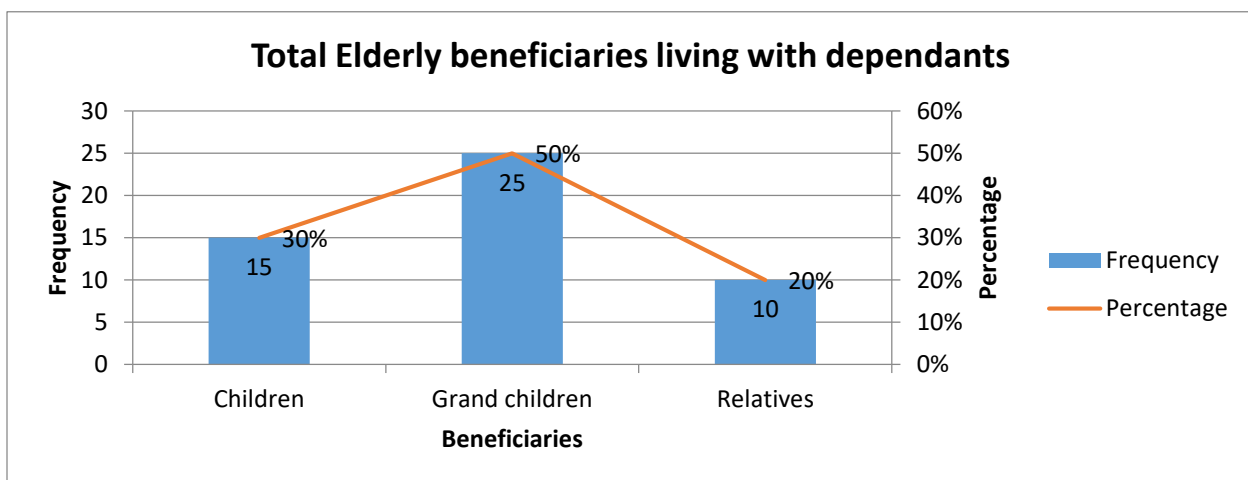


Figure 5 The person elderly persons live with

As seen in Figure 5, the majority of the elderly persons lives with their grandchildren (50%), with children (30%), and with relatives (20%). These results imply that the majority of the OPCT beneficiaries have dependents who rely on them for support. These findings are in line with the findings of National Gender and Equality Commission (2014) study, which posited that the majority of the beneficiaries of cash transfer programs have many dependents. The high dependency rate among the elderly makes them vulnerable and as such OPCT is considered as a bit of a relief to the demands placed on them. Elderly men and women are important contributors in support of their adult children and their grandchildren, including provision of financial assistance, housing, baby-sitting services, emotional support and advice. In the UK, according to Hoban et al., (2011), research on well-being in older people, reveals that having fun with and being cared for, loved and valued by close family members are the most important aspects contributing to well-being for many older people. In the Kibera Informal Settlement’s case, however, the family and relatives living with the elderly beneficiaries mostly depend on them more than they offer the care and love for the elderly. In some cases, the same family members, who are supposed to be caregivers to the elderly, steal from them, especially during the C.T pay periods. In one of the interviews with the Ministry of Labour officials, the following response was realized:

“Some family members, especially grandchildren steal the money from the beneficiaries”. Recently a caregiver stole the identification cards of the elderly, got paid and fled’

4.7 Diseases among the Elderly

The researcher was also interested to establish the diseases the elderly persons in the OPCT program suffer from. A question was directed to the elderly requesting them to indicate the diseases they suffer from and the following data was captured:

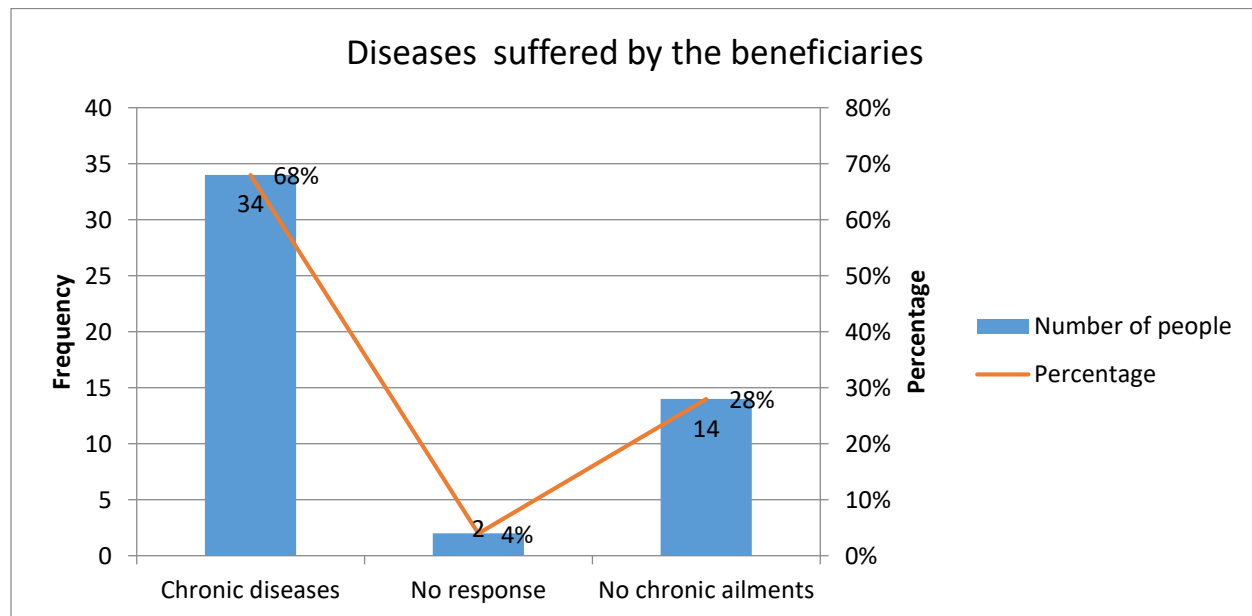


Figure 6 Diseases Suffered by Elderly Beneficiaries

Data depicted in Figure 6 shows that the majority of the elderly persons suffer from chronic diseases such as tuberculosis, high blood pressure, and diabetes (68%). These results point out to medical need for the elderly.

According to National Council on Aging, for older adults, good health ensures independence, security, and productivity as they age. These chronic diseases, falls, and mental health issues, which severely impact on the quality of life. Chronic illnesses are a great burden to the elderly and considering their meagre income; it could be difficult for the elderly beneficiaries to solve their health issues. However, in Kenya; NHIF is now targeting all beneficiaries of the OPCT program in a move aimed at increasing the uptake of its packages. This has come as a relief to the elderly in Kibera informal settlements as they are able to access inpatient and outpatient services in government hospitals for free. In the case of OPCT beneficiaries at Kibera, they are only allowed to access Mbagathi hospital for outpatient.

In an interview with one of the K.D.C officials, she noted that:

“The NHIF card is meant to cover everything from admission to X-ray services however the card holders are forced to buy anything that is not available, including medicine or bandages” “The card is still helpful though because even inpatient services which are normally very expensive are being taken care of. Last week I visited one of our members who was admitted at Kenyatta National Hospital, and did not pay a single cent for the treatment.”

4.8 Former and Current Occupation

The study also sought to establish the former and current occupation of the elderly persons in Kibera slums. The question directed to the participants yielded the following feedback.

Table 2: Former and Current Occupation of the Elderly

Occupation	Former Frequency	Percentage	Current Frequency	Percentage
Domestic worker	20	40%	0	0%
Casual worker	16	32%	0	0%
Self employed	14	28%	9	18%
Unemployed	0	0%	41	82%
Total	50		50	

As captured in Table 2, 40% of the elderly were domestic workers, 32% were casual workers, 28% were self-employed and none were unemployed. Currently, 82% of the elderly persons are unemployed compared to 18% who are self-employed. These results paint a gloomy picture about the current occupation trends among the elderly in the Kibera informal settlement implying that the majority are dependent on the OPCT program as a source of income. This is likely to create over dependence on the fund since they have limited sources of a regular income to cater for their needs.

From the interviews with gender and social services officers, one mentioned:

“Most of the beneficiaries of this program previously had casual jobs, so they do not have retirement benefits. Many have no source of income, others depend on well-wishers like a Brother who lives around here and gives them flour on Thursdays. Few are re-employed as watchmen while those who were self-employed are engaged in small businesses such as selling eggs or vegetables with the assistance of their caregivers”

5.0 SUMMARY, CONCLUSION AND RECOMENDATION

5.1 Summary

The findings from the study revealed that a majority of the beneficiaries are 65 years and above, indicating an adherence to the admissibility age. The majority of the beneficiaries are women and widows which makes them more vulnerable as they have no supporting hands yet they have people depending on them. Most of the recipients have never gone to school which becomes a challenge in regards to expenditure. In addition, many are unemployed, therefore, have no sources of income, hence mainly depend on the CT or well-wishers. Quite a number of the beneficiaries suffer from chronic diseases indicating a medical need whose costs can barely be covered by their meagre earnings. However, NHIF is now offering an outpatient and inpatient medical cover to all OPCT beneficiaries, and this comes as a bit of a relief to the OPCT beneficiaries in Kibera informal settlements.

5.2 Conclusion

From the findings of the study, under the recipients of OPCT, it can be concluded that:

- The majority of the OPCT beneficiaries' are of the required age, which is 65years and above.
- Many of the beneficiaries are women and widows which, makes them more vulnerable because they have no supporting hands yet they have dependants.
- The majority of the elderly are the decision makers on how to spend the money, and they spend the OPCT on the most pressing needs like food and medicine.
- Quite a number of the beneficiaries suffer from chronic diseases. Indicating a medical need whose costs can barely be covered by their meagre earnings. However, NHIF is now offering an outpatient and inpatient medical cover to all OPCT beneficiaries, and this comes as a bit of a relief to them.

- Most of the recipients have never gone to school which becomes a challenge in regards to expenditure.
- Most of the OPCT beneficiaries are unemployed, therefore have no sources of income; hence, mainly depend on the CT or well-wishers.

5.3 Recommendations

In order to improve the well-being of elderly men and women who are beneficiaries of OPCT and the effectiveness of the program, there is need to implement the following:

To the recipients of OPCT, they should be sensitized and ensure they follow the required protocol so that they can avoid being struck off the register, and form welfare groups where they can socialize, share, enlighten each other, make friends and even champion their rights.

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