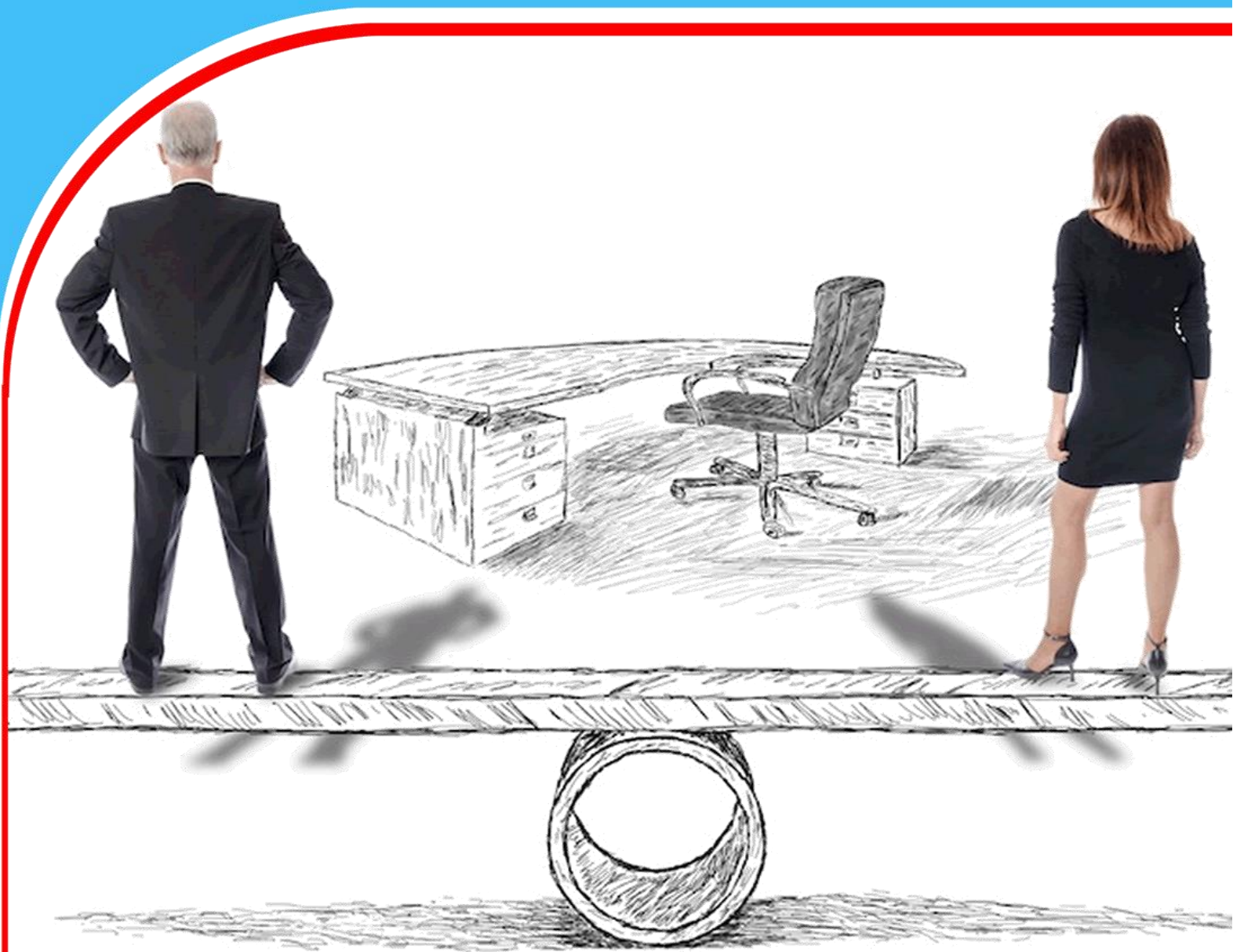


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CHALLENGES THAT OPCT PROGRAM FACE IN ADDRESSING THE NEEDS AND PLIGHT OF THE ELDERLY MEN AND WOMEN IN KIBERA INFORMAL SETTLEMENTS

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Abstract

Purpose: The purpose of the study was to establish challenges that OPCT program face in addressing the needs and plight 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 revealed the following as critical challenges affecting OPCT program namely; inadequate funding amidst competing needs of the beneficiaries; the disbursement is irregular hence one cannot make meaningful plans with the money, extensive bureaucracy in the registration process coupled with ethnicity issues and corruption. In addition there are cases of fingerprints failing, omission on the payroll and amount inconsistencies.

Unique contribution to theory, practice and policy: The study further recommends that the government should ensure there is prompt and regular disbursement of the funds in order to minimize hitches in the entire financial year and to enable the beneficiaries make meaningful plans with the money

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

1.0 INTRODUCTION

1.1 Background of the Study

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 dependants. 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 labour, 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.

Samson, Nierkerk and MacQuene, (2006) describe cash transfers as social protection interventions falling under social transfers. The system involves the transfer of real cash to an intended beneficiary. They classified cash transfers into three categories; conditional cash transfers, unconditional cash transfers and public works.

According to HelpAge International, (2007), each government that has a cash transfer program uses a slightly different system to distribute benefits. Most nations give a monthly or bimonthly cash transfer, ranging from 2 USD in Nepal to about 130 USD in South Africa. Nepal and India provide the lowest cash transfers whereas South Africa and Argentina provide the highest. Bolivia offers the “Bonosol” a benefit of 225 USD a year. Some countries like Chile and Mexico combine their social pension schemes with food and health care programs. In some countries like South Africa and Brazil the access to pensions is gender specific. South Africa 65 for men and 60 years

and above for women, in Brazil 60 for men and 55 years and above for women. Although in absolute cash value cash transfers are not worth a lot of money, they represent a significant source of income for poor older persons. In the case of Kenya, the government provides a stipend of KES 2000 a month to eligible persons, USD approximate, \$20. (Dollar rate taken at 1 USD=104 KES)

The Constitution of Kenya (2010) defines old persons as people of age 60 years and above. The OPCT programs, however, targeted persons of 65 years and above; and have attained additional criteria including income status, geographical, and should not be beneficiaries of another CT program. According to the 2009 Kenya Population and Housing Census, there were 1.3 million people who were above 65 years of age, 20.6 million are of age 15-64, meaning a handful will be crossing the 65 age limit annually.

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).

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 challenges that OPCT program face in addressing the needs and plight 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 promotes 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) 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 & 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 and 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 (Progresa) 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 second 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 Challenges that OPCT Program Faces in Addressing the Needs and Plight of the Elderly Men and Women in Kibera Informal Settlements.

The study sought to establish the challenges OPCT program faces in addressing the plight of the elderly men and women in Kibera informal settlements. In order to identify these challenges a scale ranging from agree to disagree was provided. The elderly beneficiaries were asked to rate a number of statements with reference to the scale and the following results were obtained. The findings were as presented in Table 1.

Table 1: Challenges affecting the OPCT program

Challenges that the OPCT program faces while addressing the needs and plight of the elderly.	Agree		Not Sure		Disagree	
	f	(%)	f	(%)	f	(%)
The funds are inadequate to address most of the needs of the elderly persons.						
Male	13	86.66	1	6.66	1	6.66
Female	28	80.00	2	5.71	5	14.28
Total	41	82.00	3	6.00	6	12.00
The cash transfers tend to increase over dependency towards the fund.						
Male	10	66.66	2	13.33	3	20.00
Female	24	68.57	3	12.00	8	22.85
Total	34	68.00	5	10.00	11	22.00
The disbursement is irregular hence one cannot make meaningful plans with the money.						
Male	12	80.00	0	0.00	3	20.00
Female	30	85.71	2	5.71	3	8.57
Total	42	84.00	2	4.00	6	12.00
It heightens more conflicts in the utilization of the funds in the family.						
Male	4	26.66	2	13.33	9	60.00
Female	9	25.71	3	8.57	23	65.71
Total	13	26	5	10.00	32	64.00
It encourages deviant behavior such as alcoholism among the husbands who are beneficiaries.						
Male	7	46.66	2	13.33	6	40.00
Female	19	54.28	7	20.00	9	25.71
Total	25	50.00	7	14.00	18	36.00
It tends to erode the traditional role of a husband as the provider in the family.						
Male	1	6.66	0	0.00	14	93.33
Female	12	34.28	5	14.28	18	51.42
Total	13	26.00	5	10.00	32	64.00
It may trigger resentment or tension from the non-beneficiaries or those in the waiting lists.						
Male	8	53.33	3	20.00	4	26.66
Female	17	48.57	4	11.42	14	26.41
Total	25	50.00	7	14.00	18	36.00
Inadequate government support may pose serious challenges to the program.						
Male	9	60.00	2	13.33	4	26.66

Female	29	82.85	3	8.57	3	8.57
Total	38	76.00	5	10.00	7	14.00
Staff capacity and knowledge among ministry officials hinders the implementation of the program.						
Male	2	13.33	3	20.00	10	66.66
Female	7	20.00	4	11.42	24	68.57
Total	9	18.00	7	14.00	34	68.00
Lack of involvement in formulation of program leading to negative perception to the program.						
Male	12	80.00	2	13.33	1	66.66
Female	31	88.57	1	2.85	3	8.57
Total	43	86.00	3	6.00	4	8.00
Untrustworthy caregivers receiving money without the beneficiaries consent.						
Male	9	60.00	2	13.33	4	26.66
Female	21	60.00	6	17.14	8	22.85
Total	30	60.00	8	16.00	12	24.00
Threats from officials who registered you						
Male	7	46.66	5	33.33	3	12.00
Female	16	45.71	12	34.28	7	20.00
Total	23	46.00	17	34.00	10	20.00

The findings in Table 1, show that a majority of participants agreed that the funds are inadequate to address most of the needs of the elderly persons (82%) and that the disbursement is irregular hence one cannot make meaningful plans with the money (84%). The study also found that; lack of involvement in the formulation of policies about the program may lead to a negative perception to the program (86%) and that lack of a political good will by the government may pose serious challenges within the program (76%). Further analysis revealed that 68% of the participants also agreed; that the CT increases over dependency towards the funds, that there are untrustworthy caregivers who receive money without the beneficiary's consent (60%) and that the CT encourages deviant behavior such as alcoholism among the husbands who are beneficiaries (52%).

On the other hand findings further revealed that the majority of participants disagreed that the funds heightens more conflicts in the utilization of the funds in the family and tends to erode the traditional role of a husband as the provider in the family (64%)

Key informants were interviewed on the challenges facing the OPCT program and, the following challenges were largely mentioned: Delay in payments, worn out finger prints, inconveniences brought about by loss of Inua Jamii Pay Card, increased incidences of mugging during pay days, dishonesty among the families of beneficiaries who mainly do not report the death of the beneficiaries and issues of people coming from rural areas to register as beneficiaries in Kibera where they presume to have a higher chance.

Ministry of labor officials had this to say:

“Incidences of disorders and fatigue have been reported due to the long queues during registration. Delays in payments may arise especially when the caregivers are not introduced during the biometric registration of the beneficiaries”

“Worn out finger prints due to age of the beneficiaries has been a major challenge especially during signing of the documents” “There are also delays in effecting changes on names of caregivers and paying points and wrangles arise among family members when beneficiaries die on who is eligible to claim the cash ” Jane (Not her real name)

“Payment is through a visa card (InuaJamii pay card) and if the beneficiary loses it he/she has to wait for the card to be processed afresh thus creating inconveniences.”

“Some beneficiaries are too old they forget they have been paid, so they go back to us(SDO’s asking for their money) “On the pay days many beneficiaries are mugged. This indicates the moral decay in our society. Kibera being a slum with a high crime rate the elderly are at a very high risk of being mugged on pay days.It is unfortunate.”Atieno (Not her real name)

“Currently there are no payments done after the beneficiary has "died unlike the Posta times where they were paid 3 times after death. This discourages many caregivers and families to report the death of the beneficiary so they can keep on receiving the money” The payment information does not get to everyone. Even if announcements are made about the pay days, it does not reach all, so those who do not get the information end up waiting for the next pay.

“Kibera was a pilot where the OPCT programme began so people have a misconception that Kibera is favoured. Many people, therefore opt to come and register in Kibera even from upcountry”Jane (Not her real name)

Kibera Day Centre key informants mentioned:

“Some elderly men have girl friends who take advantage of them during the pay periods. In one case an elderly man with a younger girlfriend went to get the money together and she stole Ksh3000 out of Ksh8000. The elderly man learnt from the others that they were all receiving Ksh8000 and was so frustrated. When we called the lady she said “wachana na huyo mzee ni mjinga” “Forget about that old man, he is a fool”Peris (Not her real name)

“Some caregivers lie about the amount we received had a case where a grandchild who is a care giver lied to an elderly woman beneficiary that he got Ksh4000 instead of Ksh8000”Sabina (Not her real name)

From the FGD’s a number of challenges were noted including:Payment uncertainties, insufficient amount to cater for basic needs adequately, omissions on the payroll, delays in payments, favoritisms during registration, bribery, and long queues in the bank on pay days.

During the discussions, some members had this to say:

“There are delays in payments and we are never certain on when the next payment will be done. We can therefore not plan for the money appropriately. The amount give is so little to cater for even basic needs adequately. We are often forced to look for other sources like well-wishers. That is why we join groups like this one for extra benefits”Mwenda (Not his real name)

“There are many cases of omission on the payroll. This is so common, whereby some of the, beneficiaries are registered,put on the payroll yet they are told the card has no money.

I have gone for the money four times and I have been told “mama pole account yako haina pesa” “Sorry madam, your account has no money” Joy (Not her real name)

On other challenges from the interviews with the OPCT beneficiaries not in KDC, they mentioned:

“There is a lot of favouritism in the selection of beneficiaries in this program. For example “Sheikh was in charge of getting Nubians in the register and he registered many that were not qualified because they are rich” Wambui (Not her real name)

“Sometimes we are forced to bribe for favours. You cannot receive the CT money without an id so I lost mine and had to bribe the chief with 500 so he can help me. John (Not his real name)

“There are long queues at the bank because people go for the money at the same time. All the same KCB is more orderly than our previous pay point Posta” Maina (Not his real name)

“One gets paid only at their location or area that is Kibera. You cannot be paid from another KCB branch. “It is inconveniencing. My friend comes all the way from Kisii to get paid at Kibera where she was registered. She went to take care for her husband who has a problem with his leg. Fare to and from is expensive.” Moraa (Not her real name)

“There are threats and demands of “kitu kidogo” (something small) to the elderly by those who registered them, bank guards also demand that the elderly give tokens for the assistance they provide to the elderly and bank officials are taking advantage of arrears by not disclosing to the elderly the actual amount” Juliet (Not her real name)

The third objective sought to find out the challenges facing the OPCT program in addressing the needs and plight of the elderly men and women in Kibera. The researcher observed quite a number of challenges facing the program largely brought out by all participants. They include: Nepotism/tribalism/favoritism during registration. Some unscrupulous enumerators go to the extent of importing their relatives for registration in the program. Other main challenges were inadequacy of the funds, and uncertainties of payment periods. The OPCT beneficiaries largely commented that they appreciate government’s efforts to help but the money is barely enough to cater for their basic needs considering even have dependents. There was a major challenge with finger prints. A majority of the beneficiaries complained that their fingerprints are not clearly visible, so they are forced to have caregivers who most often expect something in return as it is their payday. Cases of beneficiaries failing to get payments at all, and being told to wait for the next pay period was a challenge too. Other challenges were on the amount inconsistencies, to registration within Kibera, threats, lack of sensitization and awareness for instance, sometimes some beneficiaries are not even aware of the pay days, when they learn about it late, they are forced to wait for the next pay days. Challenges facing the implementation of OPCT program pinpoint deterrents that are likely to hamper the smooth implementation of the program, hence restricting the program from achieving its desired goal as emphasized in Kahn and Antonucci (1980) social convoy model.

5.0 SUMMARY, CONCLUSION AND RECOMENDATION

5.1 Summary

The researcher observed quite a number of challenges facing the program largely brought out by all participants. The process of registration of the OPCT recipients is marred with a lot of

improprieties. Some of the enumerators involved in the process of recruiting eligible beneficiaries are unscrupulous with cases of nepotism, tribalism, bribery, favoritism, and importation of people who do not reside in Kibera informal settlements largely mentioned. The registration exercise has also been characterized with inconsistencies with a number of elderly being registered by recruiting officers but excluded as beneficiaries of the program. Other main challenges were inadequacy of the funds, and uncertainties of payment periods. The OPCT beneficiaries largely commented that they appreciate government's efforts to help, but the money is barely enough to cater for their basic needs considering even have dependents. There was a major challenge with finger prints. A majority of the beneficiaries complained that their fingerprints are not clearly visible, so they are forced to have caregivers who most often expect something in return as it is their payday. Cases of beneficiaries failing to get payments at all, and being told to wait for the next pay period were being a challenge too. Other challenges were on the amount inconsistencies, to registration within Kibera, threats, lack of sensitization and awareness for instance, sometimes some beneficiaries are not even aware of the pay days, when they learn about it late, they are forced to wait for the next pay days.

5.2 Conclusion

On the challenges facing the OPCT program, the study further concludes that there are challenges facing OPCT programs such as:

- Inadequacy of funds to address most of the needs of the elderly persons
- Irregular disbursement of funds, hence one cannot make meaningful plans with the money.
- The registration process is marred with a lot of improprieties such as nepotism/tribalism/importation of people who do not reside in Kibera and favoritism whereby even people who do not meet the required criteria are registered.
- Finger-prints are a major challenge affecting many beneficiaries. Most of the beneficiaries have worn out finger prints that are not clearly visible. They are forced to have caregivers who most often expect something in return as it is their pay day.
- Omissions from the payroll.
- Some beneficiaries fail to get payments at all, and are told to wait for the next pay period.
- Other challenges are amount inconsistencies, threats, lack of sensitization and awareness for instance, sometimes some beneficiaries are not even aware of the pay days, when they learn about it late, they are forced to wait for the next pay days.

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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