

THE CASH TRANSFER PROJECT

Impacts of social pensions on multiple
dimensions of poverty, subjective
wellbeing and solidarity across
generations

**SUMMARY OF KEY FINDINGS AND
EMERGING IMPLICATIONS**

BACKGROUND

Introduction

The Older Persons Cash Transfer Programme (OPCTP) is a central element of Kenya's response to a growing older population, many of whom are entering old age without any income security. Similarly, the OPCTP represents a key component in Kenya's wider initiative to provide social protection for particularly vulnerable groups.

To date, little empirical research has been conducted on the effects of the OPCTP in Kenya.

This summary provides an overview of key findings of a unique, mixed method study entitled: **“Impact of social pensions on multiple dimensions of poverty, subjective wellbeing and solidarity across generations”** and of major policy and practice implications that emerge from it. Focusing mainly on two urban slum settlements in Nairobi, the research has sought to examine the impact of the OPCTP on multiple dimensions of poverty among older beneficiaries and their households, on intergenerational solidarity within their kin networks, and on broader relations within their communities. The project was conducted by the Centre for Research on Ageing (CRA), University of Southampton, UK in collaboration with the African Population and Health Research Center (APHRC), Kenya, and was supported by the UK Economic and Social Research Council (ESRC) and the Department for International Development (DFID) (ES/N014510/1).

The OPCTP

The OPCTP is coordinated by the national social protection secretariat (NSPS) of the Ministry of Labour and Social Protection (MLSP) with the aim -- at the time the study began -- of providing regular and predictable cash transfer to poor and vulnerable older persons (65 years and above) in identified vulnerable households.

Beginning as a pilot project in 3 districts, in 2007 the OPCTP has seen significant, progressive expansion since its inception in terms of both coverage and monthly stipend amount, which has risen to KES 2,000. Its financing has shifted from largely donor-supported to fully state financed. In 2017, the MLSP launched a new social assistance unconditional cash transfer programme known as the “Inua Jamii 70 years and above cash transfer programme” that targets all individuals aged 70 years and above. The programme aims to deliver regular bi-monthly cash transfers of KES 4,000 to 540,000 beneficiaries' countrywide.

Evidence gaps

Despite the expansion and up-scaling of the pension scheme, profound knowledge gaps remain about the uses of OPCT transfers

by beneficiaries, and the nature, extent and drivers of their effects on the lives and wellbeing of older beneficiaries and their families in urban and rural contexts. Particular queries remain about the lived experiences and impacts of the OPCT among older adults who live in urban slums, which pose threats to well-being that are likely to go beyond the risks of poverty and urban living alone, and which -- in train with Kenya's rapid urbanization -- are becoming an ever more salient context within which adults spend all or most of their older age.

Purpose

The purpose of this research study was to address the knowledge gap by investigating how beneficiaries in urban slums experience and use their OPCT transfers and to what extent- and how the additional cash impacts their own well-being as well as that of others in their families. The project also sets out to shed light on poorly understood areas concerning the on-the-ground operation of the OPCTP, specifically its targeting, disbursement and governance mechanisms (Falkingham et al. 2012).

Setting

The study was conducted in two informal settlements, Korogocho and Viwandani, located in Nairobi.

Method

The study employed a mixed method design. Its quantitative component involved (i) secondary analysis of existing data from the Nairobi Urban Demographic Surveillance System (NUHDSS) and its nested studies in the two study communities, and (ii) quantitative secondary analysis of the 2015/16 Kenya Integrated Household Budget Survey. In parallel, an in-depth qualitative investigation among purposive samples of older female and male beneficiaries and their adult children, and key informants was undertaken in the two study communities between January and October 2018 with the aim of exploring individuals' and communities' perspectives on, and lived experiences of the OPCTP and its impacts.

Brief on findings and implications

The remainder of this summary report presents key findings of the study's quantitative and qualitative investigations in six main parts and concludes with a brief discussion of their potential implications for OPCT-focused policy or practice in Kenya, and for debates on social protection for older persons in sub-Saharan Africa, broadly.

FINDINGS I - COMMUNITY AND INDIVIDUAL CONTEXTS

The uses and impacts of the OPCT in the two slum settlements are shaped by, and must be understood in relation to key features of the community contexts and individual trajectories and circumstances of older beneficiaries and their younger generation kin.

Community contexts

The situation of old and young in the slum communities is marked by hardship and suffering.

Situation of young people

A central challenge faced by young people broadly is a pervasive unemployment and perceived lack of prospects of finding regular, 'decent' work. A loss of perspective and hope in a fruitful tomorrow among many -- and associated drug and alcohol misuse, and engagement in crime arise as major consequences of the scarcity of jobs.

Situation of old people

Key challenges experienced by older slum dwellers are:

- (i) a diminished physical capacity to engage in or sustain paid work to earn an income and, at the same time,
- (ii) the inadequacy or complete absence of financial or material support from adult children.

Co-existence of old and young

Older and young slum dwellers appear to co-exist without obvious tensions at community level but with little active or purposeful connection or exchange between them. The generations, however,

share a common lack of trust in the local governance system, which many see as failing the community and serving, at least in part, serving to perpetuate the challenges faced by both.

Individual contexts

Older beneficiaries

Within community contexts, the life trajectories and experiences of older OPCT beneficiaries who participated in the study appear marked by having faced an earlier 'working' life of struggle and precariousness and limited capacities to secure livelihoods and adequately nurture their offspring. Most rarely or never experienced income security -- reflecting, among others, their limited education and consequent lack of access to formal sector work or sufficient business capital.

Experiences of loss and grief, and added burdens of having to care for grandchildren -- due to the death -- or alcohol addiction of spouses and/or adult children were also salient in their lives.

In older age, and, prior to OPCT receipt, many older people were wholly dependent on support from adult children or other kin that was sporadic at best and always insufficient.

Adult children

The lives of older beneficiaries' adult children who participated in the study were characterized by insecure, sporadic informal sector work - 'hustling' -- and, consequently, a precarious ability to sustain their livelihoods and nurture their own offspring. Most, however, continued to have a vision, hope or concrete plans to attain greater income security by establishing lucrative enterprises of their own or finding decent employment.



bi-monthly cash transfers

4,000



beneficiaries' countrywide

540,000

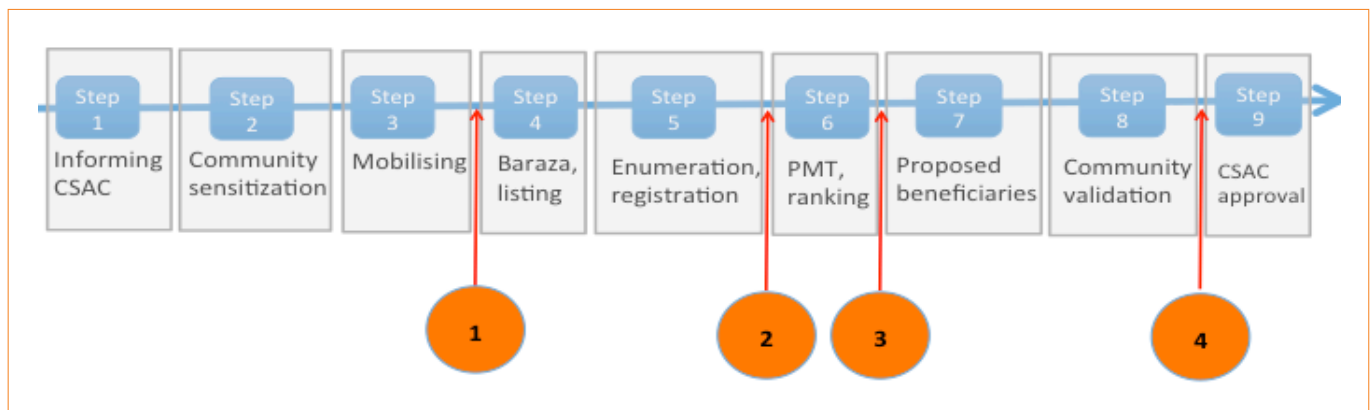
FINDINGS II - TARGETING AND COVERAGE

Qualitative evidence

Communities acknowledge a broad effectiveness of the targeting of the OPCT in the slum settlements. However, there are strong perceptions of irregularities in the targeting process – and concerns over an inclusion of non-deserving individuals with low levels of need and, crucially, an exclusion of highly vulnerable older adults. Such vulnerable individuals may include those with

severe functional limitations, those who do not possess a national ID or those residing in more inaccessible parts of the slum. There may be four key ‘entry points’ in the enrolment and targeting process where errors of exclusion and inclusion might arise (Figure 1).

Figure 1 → OPCT targeting: potential entry points for errors of exclusion/inclusion



Entry point 1, between the stage of mobilization and the listing Baraza, entails possibilities that:

- Particularly vulnerable older individuals may remain unaware of- or unable to attend the Baraza.
- Vulnerable individuals without a national ID - or with a false recorded age decide to stay away.
- Individuals well connected to local governance bodies are preferentially offered information on the opportunity for listing.

Entry point 2, between enumeration and proxy means testing (PMT), entails possibilities that:

- Individuals without valid ID are dropped
- False information, given during enumeration, on the extent of income or savings goes undetected

Entry point 3, between PMT and listing of proposed beneficiaries, entails possibilities that:

- Prior OVC scheme beneficiaries are classified as ineligible

Entry point 4, between community validation and CSAC approval, entails possibilities that:

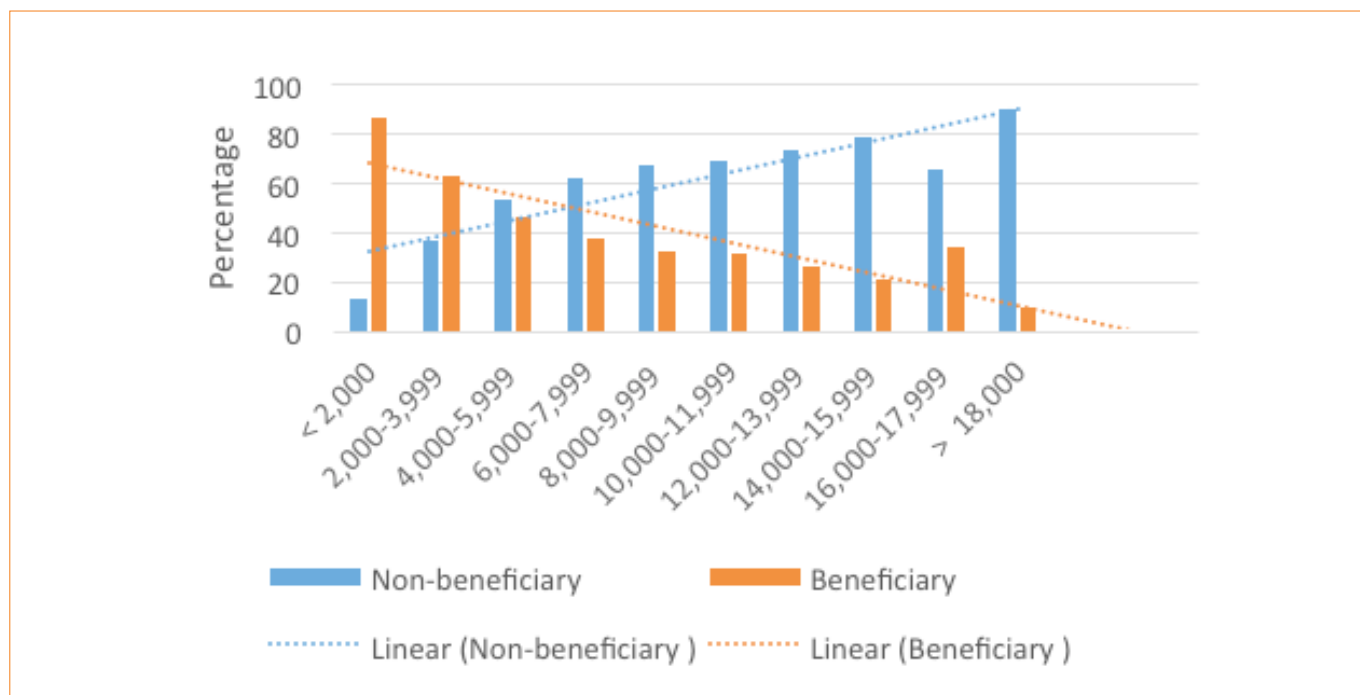
- Community validation is based on limited knowledge due to poor attendance, or participants' lack of relevant information
- Community validation is beset by participants' reluctance to raise concerns about listed individuals perceived to be well connected to local governance bodies

Quantitative evidence - Coverage and targeting of OPCT

Quantitative findings on the accuracy of the OPCT's two-stage hybrid targeting process^a corroborate the qualitative on-the ground accounts of errors in the OPCT targeting process – despite its overall effectiveness.

Analysis results on coverage in the two study communities (Korogocho and Viwandani) show approximately 87% of individuals with greater needs to be covered under the OPCT (Figure 2). The findings thus confirm that the targeting process does, broadly, operate to identify those poorest without alternative sources of income. However, the findings also confirm a non-coverage of approximately 13% of the poorest with incomes of less than KES 2,000 per month, and a coverage of 10% of those with the highest incomes - representing likely errors of exclusion and inclusion, respectively.

Figure 2 → Comparison of beneficiaries and non-beneficiaries by monthly household expenditure (KES)



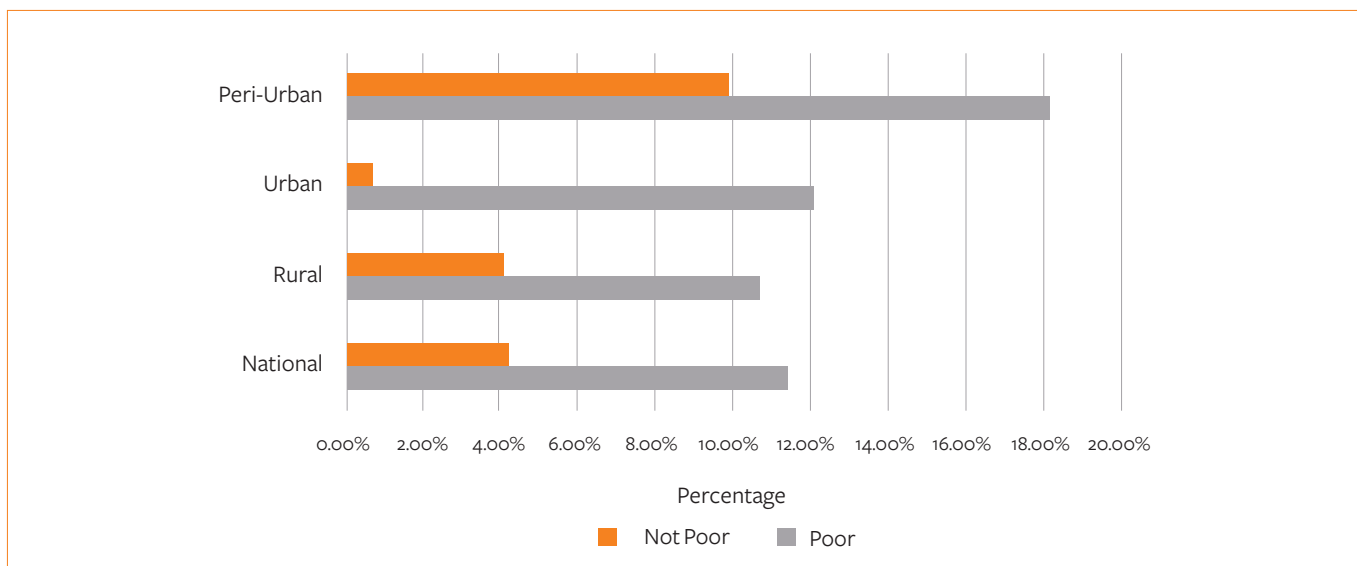
Source: APHRC data from Korogocho and Viwandani

Analyses of the coverage of the OPCTP at **national level** similarly highlight the Kenya-wide occurrence of undercoverage as well as errors of inclusion - albeit at seemingly higher rates than in the two slum communities. National-level 'leakage' and 'undercoverage' rates were calculated to quantify such errors by comparing poverty after (ex-post) and before (ex-ante) cash transfer receipt. Poor households were defined as having a monthly equivalised expenditure below the national poverty line (less than KES 3,252 in rural areas and peri-urban areas and less than KES 5,995 in core-urban areas).

Overall, nationally, only 7% of all households which contained at least one person aged 65 or older received transfers from the OPCTP in 2015/16. This study showed that nearly 90% of potentially eligible poor households did not receive OPCTP benefits - indicating a very high undercoverage rate (Figure 3). Vice versa, 36% of all beneficiary households were classified as non-poor prior to receiving the OPCT - pointing to a considerable leakage rate (see Figure 4). The leakage rate ranged from 52% in peri-urban areas, 38% in rural areas, to only 7% in urban areas.

^a The two stage-hybrid targeting model entails a combination of Community Based Targeting and Proxy Means Testing.

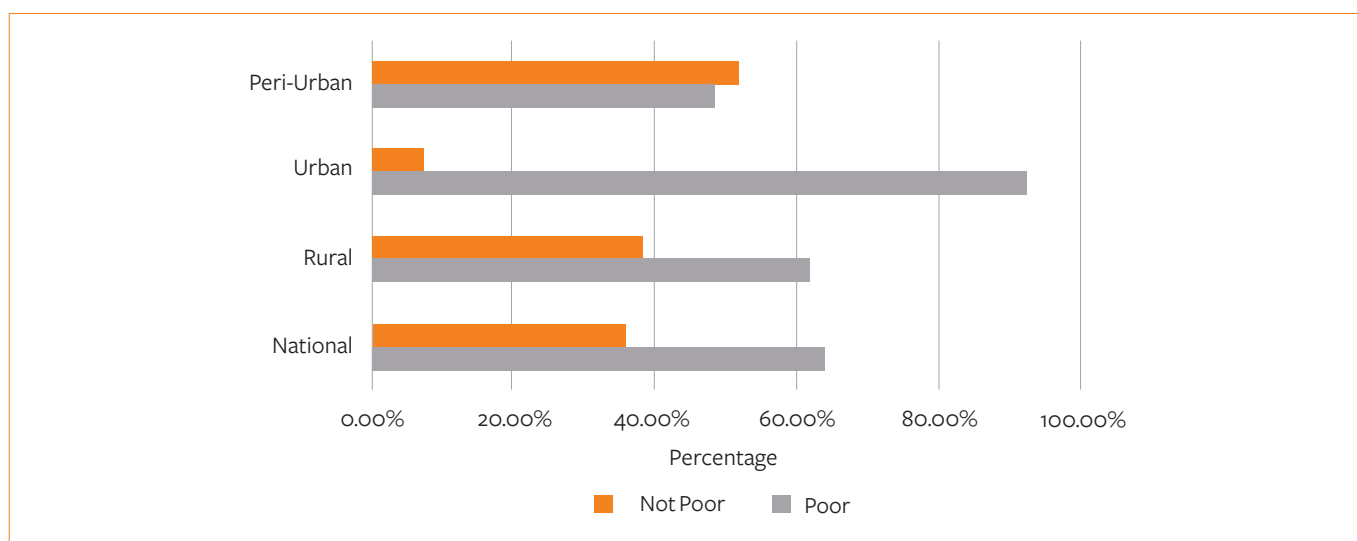
Figure 3 → **Proportion of potentially eligible households** in receipt of the OPCT**



**At least one person aged 65 or above living in the household

Source: 2015/16 KIHBS

Figure 4 → **Proportion of all OPCT beneficiaries** in poor and non-poor households prior to receiving the OPCT**



**Beneficiary households who include at least one older person (aged 65 or above)

Source: 2015/16 KIHBS

^b The monthly receipt of the OPCTP funds were subtracted from the monthly household expenditure to assess the targeting efficiency before (ex ante) the cash transfer receipt. Household expenditure was converted to monthly equivalised expenditure.

FINDINGS III - ON THE GROUND EXPERIENCES

Qualitative evidence

The OPCT is viewed, without exception, as a good and laudable initiative for which the government is commended – in particular as it constitutes a first-ever dedicated public support scheme for older persons. Nonetheless, beneficiaries and their kin share a latent sense of uncertainty and distrust about the continuation of the scheme in the longer term, given multiple past experiences of promising government initiatives that have faltered.

Perceived meaning of the OPCT

With limited official information on the same, older beneficiaries' have divergent understandings of what the OPCT represents.

Some perceive the scheme as representing the fulfillment of a right of older Kenyan citizens, enshrined in the National Constitution and aligned established international practice of pension provision, particularly in the global North.

Much more salient are views of the OPCT not as an entitlement (contrasting it, for example with one's entitlement to a salary for a full month's work), but rather as an act of beneficence, a 'gift' from government. Crucially, this gift is seen as being absolutely deserved on two grounds. One, older people's particular need and vulnerability – arising from their diminished capacities for work, and the insufficient support received from adult children. Two, older adults' past contributions to the building of the nation, broadly – either through participation in the Mau Mau resistance, the paying of taxes or the raising of children.

Experiences of disbursement

Having experienced their enrolment the OPCT as straightforward and unproblematic, some – though certainly not all – face major challenges with the disbursement process. Three such challenges are prominent.

- **Ad hoc information on payment schedules**

The present ad hoc, word-of-mouth system of informing beneficiaries of disbursement schedules undermines their ability to plan for, and around, anticipated OPCT receipts, in particular where these are delayed. An inability to plan can engender uncertainty and worry.

- **Inequitable transport costs**

Beneficiaries with significant mobility impairments who do not have a registered caregiver incur significant costs of hiring

private transport to and from payment points. Such costs are typically paid from OPCT funds, raising the possibility of inequities in the level of benefit provided by the OPCT to beneficiaries.

- **Faulty fingerprint reading**

Faulty machine reading of beneficiaries' fingerprints leaves beneficiaries' unable to verify their identities and thus to collect OPCT stipends. Multiple attempts at verification are frequently needed in such cases requiring beneficiaries to make repeat trips to pay points. Little support or help appears available to beneficiaries in this regard

Beneficiaries' experiences of registering and using caregivers to collect OPCT funds diverge considerably. Some encounter no difficulties or challenges, while others appear to be largely unaware of the caregiver 'facility' or make conscious decisions not to use one – given, among others, reservations about what is perceived to be a complicated and time consuming process. Dissatisfaction with existing caregivers may also occur raising the possible need for a formal de-registration mechanism.

Experiences of delays in OPCT payments

Delays, often extended, in bi-monthly OPCT disbursements appear to occur frequently. Beneficiaries' ability to cope with such delays varies considerably. Some, in particular those reliant on the scheme as a sole income source, face extreme difficulties with continuing to meet their basic needs during delay periods, where these are prolonged. Others, in contrast, are able to bridge gaps in payment, by relying on reciprocal support or loans from kin or purchasing food and other necessities on credit. Such advances suggest that beneficiaries have attained a certain 'creditworthiness', reflecting trust in the certain payment of OPCT funds, including arrears.

Counter-intuitively, delays in OPCT disbursement have had an unintended positive consequence in that payment of bulk arrears enables beneficiaries to pursue larger, including income generating, investments and expenditures that they cannot make with the regular bi-monthly OPCT amount received.

Experiences of NHIF coverage

Health coverage is of critical importance to beneficiaries. Yet, their understanding of the nature and operation of their OPCT-linked coverage by the NHIF remains patchy, and their experience of the scheme mostly unfavorable.

Key challenges include:

- An apparent lack of contribution payment by government, which has left beneficiaries with the options of either paying themselves or 'giving up' on the scheme.
- A frequent unavailability of essential medicines especially for chronic non-communicable disease (NCD) in relevant NHIF-registered facilities, necessitating an out-of-pocket purchase of such medication in the private sector.
- A restrictive requirement for registration and treatment in fixed facilities, which undermines wider access to care where needed or available

Experiences of accountability, empowerment and voice

Despite experiencing challenges and lacking information regarding NHIF coverage, disbursement process and scheduling, beneficiaries are profoundly reluctant to raise queries, concerns or complaints. Immediate reasons are their prior unsatisfactory experiences or a lack of knowledge about contact points and avenues to pursue.

A more fundamental cause of beneficiaries' reticence is their lacking sense of 'empowerment' as rights-holders vis-a-vis government. This gap is underscored by the present absence of a collective representation or voice for OPCT beneficiaries based on expressed shared interests. Beneficiaries express a strong desire to establish such representation and voice.

FINDINGS IV - UTILIZATION OF THE OPCT

Qualitative evidence

Decisions on the utilization of OPCT funds are typically taken by older beneficiaries alone. In some cases such decisions draw on consultation with spouses or adult children. Where other sources of income are present, these are typically pooled with OPCT funds.

Beneficiaries utilize OPCT funds, above all, to support

- (i) consumption to meet basic, everyday needs and
- (ii) investments in savings or income generating assets or ventures.

Spending on basic, every day needs

Utilization of OPCT funds to support basic everyday needs is concentrated in nine key areas:

- 1) Above all, food, in particular staples (maize flour, vegetables, oil, sugar, cowpeas, tea) but also 'special' foods' that beneficiaries either desire or require on health grounds (e.g. fruit, meat, honey). Older men living alone and unable to cook utilize OPCT funds to purchase meals in local restaurants. Beneficiaries' strategies in spending monies on food vary: while some buy in bulk – in order to commit and lock in funds, others deliberately do not, in order to prevent food stocks being stolen or consumed by visitors.
- 2) Clothes items, purchased sporadically.
- 3) Access to routine health care, such as regular check ups, NHIF coverage fees or, crucially medication for chronic NCD (such as diabetes or hypertension). NCD medication is purchased not in daily doses but in supplies for longer periods, such as a week or month.
- 4) Access to ad hoc health care such as seeking treatment when an acute sickness or injury occurs.
- 5) Rent, where beneficiaries live in rented accommodation.
- 6) Services, such as domestic help with laundry or fetching water.
- 7) Transport fees, including for journeys to and from OPCT disbursement points.

- 8) Home improvements such as housing repairs or acquisition of furniture or appliances.
- 9) Debt servicing in particular debts accrued through the purchase of foodstuffs on credit.

Spending on savings or investments

Beneficiaries' utilization of OPCT funds to grow savings or to further income generation centers on:

- 1) Participation in local savings groups
- 2) Acquisition and rearing of livestock
- 3) Purchase of stock for small businesses operated by themselves or kin
- 4) Inputs to farming activities in rural homesteads

Investments in areas 2) – 4) is often enabled by the receipt of bulk OPCT arrears following delays in the scheme's bi-monthly disbursement schedule.

Spending on harmful consumption

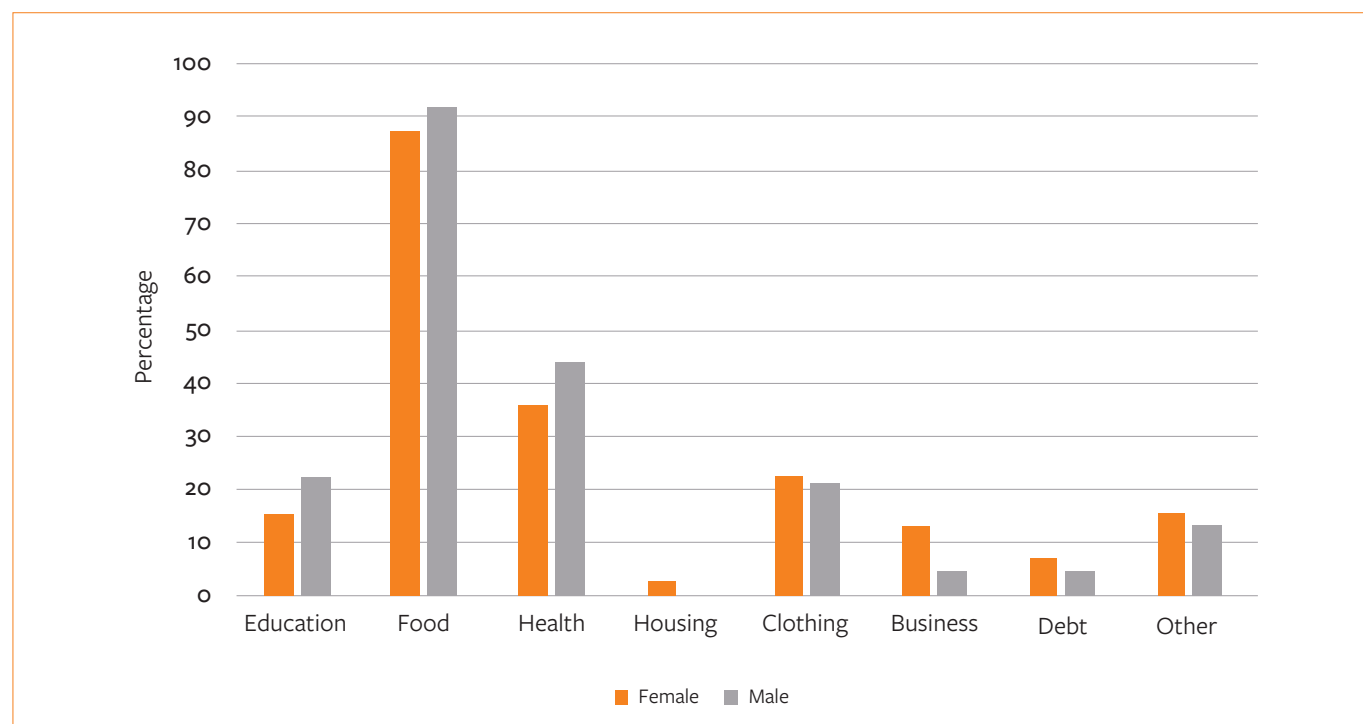
There are indications that besides or in contrast to such ostensibly beneficial uses of the OPCT, funds are utilized by some beneficiaries to sustain harmful consumption in particular of alcohol in the form of illicit local brews. Underreporting of such spending is likely, given social desirability bias and government's explicit caution of beneficiaries against it.

Quantitative evidence

Quantitative findings on the utilization of OPCT funds by beneficiaries corroborate the patterns of spending identified in the qualitative investigation. Analysis of national-level data from the Kenya Integrated Household Budget Survey 2015/16 shows that beneficiaries utilise their benefit mostly to buy food as intended by the operators of the scheme (Figure 5). The project found no significant differences in the utilisation of the OPCTP funds by gender or residence.

Analysis of national-level data from the Kenya Integrated Household Budget Survey 2015/16 shows that beneficiaries utilise their benefit mostly to buy food as intended by the operators of the scheme.

Figure 5 → **Utilisation of the OPCTP funds by gender**



Source: 2015/16 KIHBS

FINDINGS V - SHARING OF THE OCTP

Quantitative evidence

Quantitative findings shed light on the extent to which beneficiaries share their OPCT benefits and the characteristics of those who are more likely to do so. Results show that 30% of beneficiaries in Korogocho and Viwandani re-allocated some or all of their cash received under the OPCTP. 66% of primary beneficiaries who re-allocated their OPCTP money shared the funds with just one secondary beneficiary. 34% of primary beneficiaries supported more than one beneficiary.

The findings revealed that funds were only shared if the basic needs of the primary beneficiary were met. Older people where transfers from OPCTP constituted their main or only source of income were significantly less likely to share their funds. The project found that on average, 44% of the cash received under the OPCTP was given directly to secondary beneficiaries (Table 1). A slightly higher share was given to children or grandchildren of the primary beneficiary (47% and 46% respectively), compared to the spouse or other relatives (44% and 42% respectively).

Table 1 → Average proportion of cash transferred

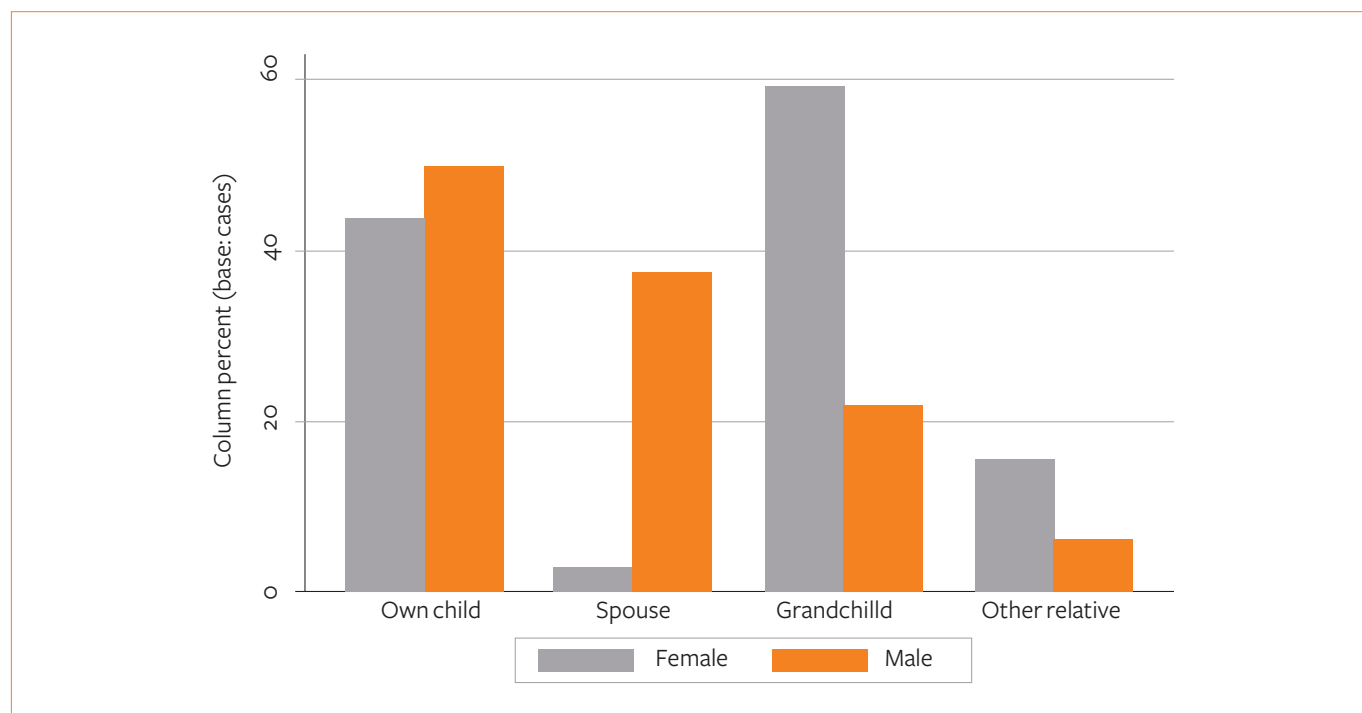
		Mean	SD	Min	Max
Total		43.51	25.59	2.50	100.00
Relationship to secondary beneficiary	Own child	47.10	30.81	2.50	100.00
	Spouse	43.54	18.52	18.75	75.00
	Grandchild	46.25	24.51	6.25	100.00
	Other relative	41.61	25.99	12.50	87.50
Location of secondary beneficiary	Same household	44.63	26.38	6.25	100.00
	Nairobi	33.61	24.59	2.50	75.00
	Rural Kenya	51.27	26.37	6.25	87.50

Source: APHRC data from Korogocho and Viwandani

Figure 6 illustrates significant gender differences in the likelihood of giving funds to a spouse or grandchild. 38% of male beneficiaries shared the old age funds with their spouse. Only one female beneficiary reported sharing pension funds with their spouse. Older women were more likely to give part of their pension to their grandchildren compared to their male counterparts (Figure 6). The majority of the secondary beneficiaries lived with the respondent

in the same household. However, intergenerational financial obligations transcend the nuclear family, with 25% of secondary beneficiaries living in rural Kenya. Furthermore, a higher share of the OPCTP funds were shared with secondary beneficiaries living in rural Kenya (51%) compared to those living in the same household (45%) (Table 1).

Figure 6 → Relationship of secondary beneficiaries by gender of respondent



Source: APHRC data from Korogocho and Viwandani

Qualitative evidence

Qualitative findings show that the sharing of OPCT income by beneficiaries goes beyond the direct allocation (in cash or kind) of discrete OPCT payments. **Indeed**, spending of OPCT funds (including where pooled with other income sources) on others is as salient as spending on self - a reflection of the inextricable links of beneficiaries' lives with others. No discernable gender or other social differences emerge in the extent to which OPCT funds are shared.

Three key forms of OPCT sharing can be discerned:

- Intentional direct sharing occurs where beneficiaries give to others in cash, or in kind or through purchasing food for consumption by all household members. Such sharing is targeted first and foremost to adult children or grandchildren who reside in or outside of the same household or community as the beneficiary, including in rural homesteads. Intentional direct sharing can also involve non-kin, in particular friends.

- Intentional indirect sharing occurs where beneficiaries reduce their expressed need or requests for financial support from adult children. Having to provide less support leaves adult children with more resources to support their own and their families' needs.
- Unintended sharing occurs where registered caregivers usurp collected OPCT funds for their own ends. Beneficiaries may be reluctant to confront or report such cases for fear of retribution from the caregiver (by withholding support) or the 'taboo' of revealing family discord to others

Each type of OPCT sharing is underpinned by different kinds of relationship constellations and rationales. Generalized reciprocity or continued parental obligations are key motives underlying older beneficiaries' intentional sharing with adult children. Generalized reciprocity features, too, as a basis for sharing with friends. Repeat parental roles and generativity underpin intentional sharing with grandchildren.

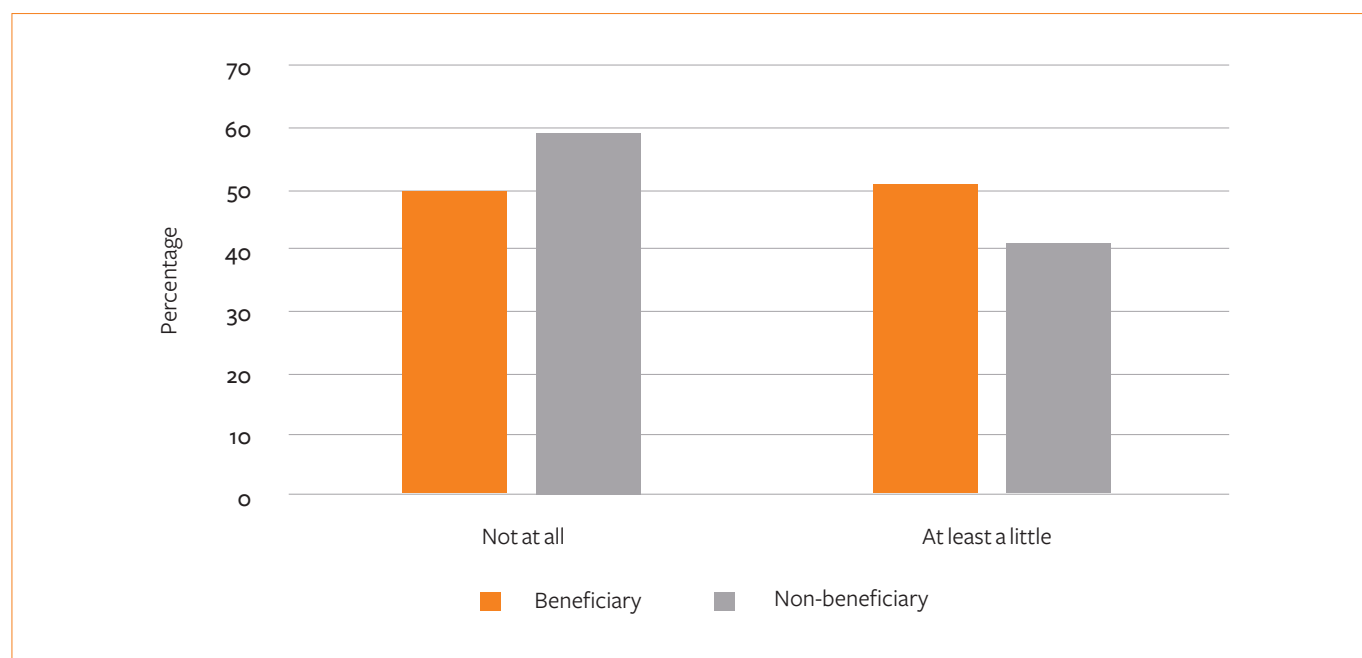
FINDINGS VI – IMPACTS

Quantitative evidence

Propensity score matching analysis, comparing OPCTP beneficiaries to non-beneficiaries in the Nairobi slums, revealed that the OPCTP helped to raise the living standards of vulnerable older people. The programme helped to improve beneficiaries’

perceptions that they have enough money to meet basic needs (Figure7). Logistic regression analysis further revealed that beneficiaries were less likely to be unhappy.

Figure 7 → Individual’s assessment of having sufficient money to meet basic needs



Source: APHRC data from Korogocho and Viwandani

On a national scale: how effective are the OPCTP funds in reducing poverty?

Analysis of the national representative 2015/16 KIHBS revealed that withdrawing the OPCTP would have a significant effect on the incidence of poverty (Table 2). The poverty headcount would increase from 50% to 64% among households. In rural areas the

poverty headcount^c would increase by 14% and in urban and peri-urban areas by 12%. The project also found that, on a national level, the poverty gap^d would be 9% higher if the OPCTP were to be taken away.

^c The poverty headcount measures the share of a population that is classified as poor. Based on the 2015/16 KIHBS the poverty line for rural and peri-urban areas was computed at KES 3,252 and KES 5,995 for urban areas.

^d Poverty gap measures the distance between expenditure and the respective poverty line.

Table 2 → **Incidence of poverty before and after OPCTP transfer**

		OPCTP household	OPCTP household excluding pensions
National	Poverty headcount (% of Households)	50.4%	64.0%
	Poverty gap as % of poverty line	20.0%	29.3%
	Squared Poverty Gap	10.9%	18.8%
	Hardcore poverty headcount (% of Households)	19.6%	30.7%
Rural	Poverty headcount (% of Households)	49.4%	63.5%
	Poverty gap as % of poverty line	20.0%	29.0%
	Squared Poverty Gap	11.2%	18.8%
	Hardcore poverty headcount (% of Households)	21.2%	31.7%
Urban	Poverty headcount (% of Households)	80.0%	92.4%
	Poverty gap as % of poverty line	33.2%	41.6%
	Squared Poverty Gap	17.8%	25.6%
	Hardcore poverty headcount (% of Households)	17.9%	26.2%
Peri-Urban	Poverty headcount (% of Households)	36.3%	48.4%
	Poverty gap as % of poverty line	11.4%	22.9%
	Squared Poverty Gap	4.6%	14.2%
	Hardcore poverty headcount (% of Households)	12.4%	28.6%

While the OPCTP reduced poverty, the project reveals that the transfers are not generous enough to lift older people out of poverty. Further analysis of the 2015/16 KIHBS indicates that 80% of beneficiary household reported worrying that their household does not have enough food, despite the receipt of the pension funds.

Qualitative evidence

Qualitative evidence complements the quantitative results by highlighting beneficiaries' unequivocal experiences of improved living standards as a result of the OPCT – but also its perceived insufficiency to fully meet basic material needs. In addition, qualitative findings illuminate how improved material circumstances positively impact upon the physical and mental well-being of beneficiaries and their kin.

Greater material well-being and agency

There is no doubt that the OPCT is experienced as having real, positive impacts on the material well-being of beneficiaries and younger-generation kin with whom they intentionally share (directly or indirectly) their OPCT funds ('secondary beneficiaries'). The certain stipend income enables a greater ability to access sufficient amounts and required kinds of food, medication or health care and allows primary and secondary beneficiaries a greater degree of agency in taking decisions and pursuing plans to further their ends. Such plans include, in particular, investments to buttress their future income/livelihoods and the future capacities of their (grand)children through better education and nutrition.

Perceived insufficiency of stipend amount

The positive impacts notwithstanding, a dominant view among beneficiaries and communities broadly underscores the insufficiency of the stipend amount (KES 2,000/month) to fully meet basic needs -- in particular where beneficiaries have no other source of income, or where stipends have to cover rent payments, support to dependent grandchildren, or costs of regular medication for chronic NCD. A second view, however, emphasizes the relatively substantial absolute amount offered by the OPCT, which far exceeds any support potentially given by adult children, and which may be used smartly to reap greater benefits.

Positive impacts on physical and mental well-being

There is no doubt that the OPCT is experienced as having real, positive impacts on the physical and mental health of primary and secondary beneficiaries. Such impacts arise from the greater material well-being and agency wrought by the OPCT through multiple, interconnected, pathways, which reflect the role of precarious livelihoods and food insecurity as major stressors, generational roles and obligations, lifespan-related states, and linkages between socio-emotional and physical well-being. Figure 8 and Figure 9 illustrate pathways through which the OPCT engenders greater physical and mental health, respectively among primary and secondary beneficiaries.

Figure 8 → Positive OPCT impacts on primary beneficiaries' physical and mental health: pathways

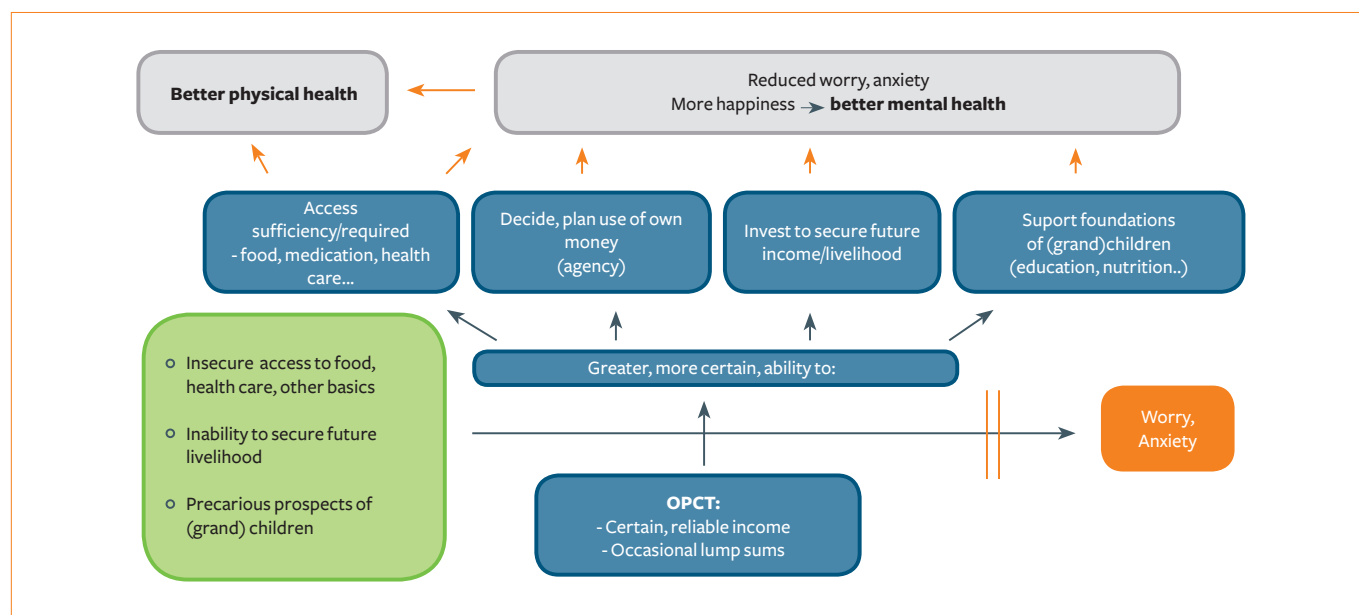
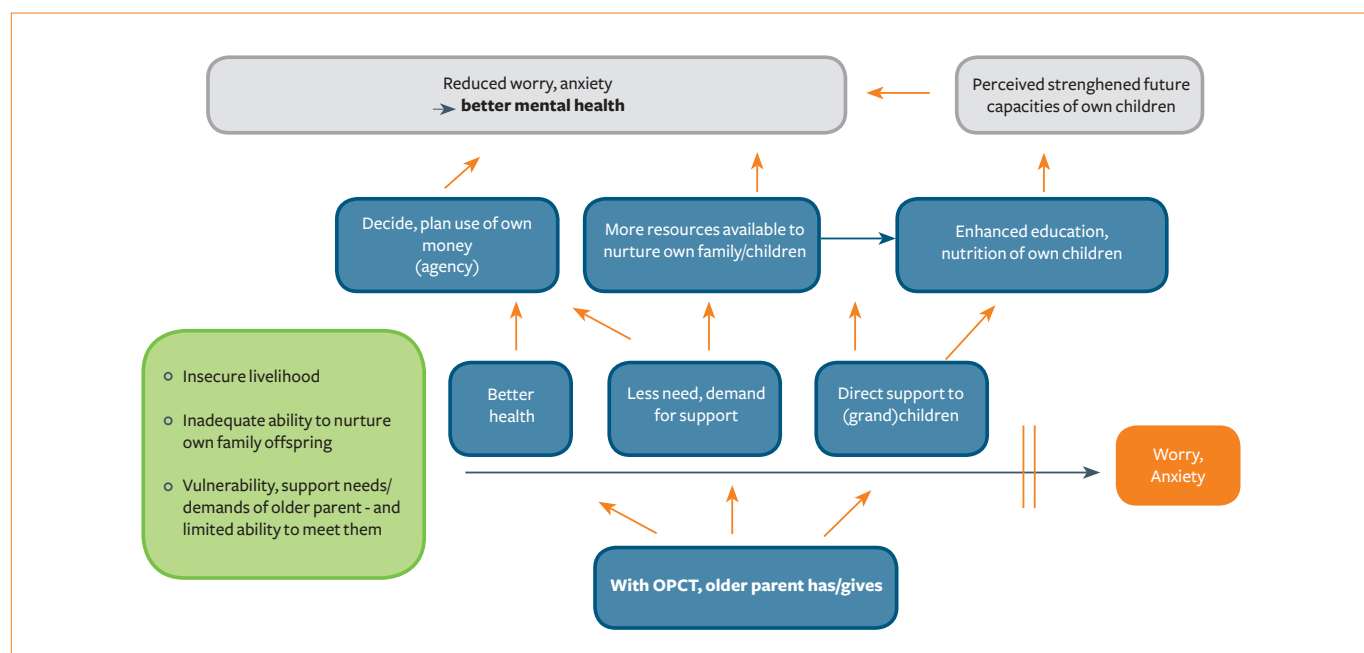


Figure 9 → Positive OPCT impacts on secondary beneficiaries' physical and mental health: pathways



Negative impacts on wellbeing

In contrast to its overwhelmingly positive effects, the OPCT may also have negative impacts on beneficiaries' lives. Such impacts arise where beneficiaries misuse alcohol and utilize most or all of their OPCT funds to purchase especially local, illicit brews, often within a short space of time. Such consumption can heighten beneficiaries' vulnerability to harmful exposures, including accidents, robberies,

violence or a failure to eat – with likely detrimental longer-term effects on health

No impacts on community relations

The OPCT has had no discernable, substantive impact on beneficiaries' their relationships with others in the community or their standing in the community broadly.

IMPLICATIONS

For OPCT policy and practice

Taken together, the evidence generated by the cash transfer project point to a number of implications for the further evolution of policy and practice on Kenya's OPCT.

Strengthened case

The findings strengthen the case for a continuation of the OPCT as a widely appreciated, overall beneficial intervention that – in urban slum contexts – enhances the material, physical and mental well-being of beneficiaries and key members of their families, reduces strains on family bonds, and creates potential productive impacts through enabling agency and investments in productive assets or activities, or the human capital of younger generations. While negative impacts on beneficiary well-being do occur – specifically through enabling harmful consumption, for example of alcohol – these are relatively less significant.

Addressing targeting and operational limitations

The findings suggest an urgent need to consider and actively address, errors in the targeting process, which serve to exclude particularly vulnerable older persons, including those with severe functional impairments or without ID cards – and which may likely also affect the new universal Inua Jamii 70 scheme.

A similar need exists for steps to address limitations in the OPCT disbursement process, which constrain beneficiaries' ability to use the transfer optimally and which introduce inequitable disadvantages for some groups.

Required, in particular, are efforts to:

- introduce a formal system of effective, direct information for beneficiaries on payment schedules
- better manage failures in fingerprint reading
- clarify and simplify arrangements for caregiver registration- and de-registration
- consider transport cost support to/from pay-points for beneficiaries with severe mobility impairments who lack a trusted caregiver

Expanding level and types of support

Its positive impacts notwithstanding, the insufficiency of the OPCT stipend to fully need essential needs of beneficiaries with chronic disease conditions, disabilities, primary care responsibilities for younger kin, or those who lack additional income sources or own accommodation, suggests a need for an expansion of the level and types of protection offered.

Larger and indexed stipends as well as the feasibility of fewer lump sum payments to enable productive investments ought to be considered in this regard, as well as complementary ('cash plus') interventions. The extension of NHIF coverage to OPCT beneficiaries is an important step in this regard. However, its effectiveness will depend on improved information for beneficiaries on the scope and operation of, and access to the scheme and the development and provision of an essential service package that addresses the most salient health, including mental health, needs of older persons.

Beyond such health coverage potential, needs for other basic services, for example related to long-term care, elder abuse or intergenerational exchange ought to be explored.

Toward OPCT receipt as a right

The current lack of empowerment of beneficiaries as rights holders undermines the effectiveness of the scheme. Concerted efforts – including through civic education initiatives – are needed to redress this. Such efforts must (re)frame receipt of cash transfer and other services as an entitlement, aligned with Kenya's Constitution and the Sustainable Development Goals, and must go hand in hand with a forging of meaningful accountability and complaints mechanisms, and the provision of clear, accessible and comprehensive information for beneficiaries on all social protection elements and arrangements, and their continuation beyond the current administration. The development of a legal instrument enshrining such protection may be considered in this regard.

For broader debates on old-aged focused social protection in Africa

The OPCT - specific findings and implications underscore the relevance of- and a need to further pursue a set of foci and queries in current debates on the evolution of social protection for older persons in Africa, namely:

The imperative of prioritising efforts to minimise errors of exclusion to reach the poorest of the poor (Kidd and Athias 2019).

An acknowledgement of the inadequacy of social pensions (cash transfers) alone and a consequent need for enlarged benefits and additional ('cash plus') services to ensure essential protection.

A move toward framing social protection as rights-based social protection in line with sustainable development goal commitments and models of inclusive citizenship.

More broadly, the divergence of this study's findings with some evidence on other schemes, such as for example in South Africa (Lloyd-Sherlock et al. 2018), underscores a need for an explicit recognition that experiences and impacts of social pensions are context dependent -- and vary depending on the socio-spatial setting, the broader social, political, historical and epidemiological context and the specific design and operation of the scheme.

Further research

Given their context dependence, the findings of the current study imply a need – and offer working hypotheses, for further research on experiences and impacts of the OPCT in other slum, urban and rural settings in Kenya, as well as on similar cash transfers and social health insurance for older persons in other sub-Saharan African (SSA) countries. Together with the evidence summarized in this report, such inquiry will progressively build a comprehensive evidence base to guide an effective future development of old age focused social protection for Kenya and SSA broadly.

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