



Graduate School of Development Studies

## **Challenges impeding access to Social Protection Programmes for the Elderly Poor in Skipped Generation Households**

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in partial fulfillment of the requirements for obtaining the degree of  
MASTERS OF ARTS IN DEVELOPMENT STUDIES

Major:  
**Social Justice Perspectives  
(SJP)**

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The Hague, the Netherlands  
November, 2014.

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## Acknowledgements

I would like to extend my appreciation, first and foremost to Netherlands Fellowship Programmes, for offering me the scholarship and making my study at ISS and this research a reality. Secondly, I am deeply grateful to my supervisor Kristen Cheney and reader Amrita Chhachhi for their valuable guidance, support and patience during the whole research paper. I could have not have done it without them. I was able to gain a lot of valuable knowledge and insight throughout the research period that will be extremely useful in my line of profession even after leaving ISS.

I would also like to thank Ngong Road Children Association for their support and for allowing me to work from their offices when conducting data analysis during fieldwork. I am also indebted to them for working as a gatekeeper in locating participants for my research.

This research would not have been possible without the support from my family back in Kenya who would call to check how the research paper writing was going. Thank you for your encouraging words and believing in me.

Last but not least, my gratitude goes to all my friends and colleagues for your comments and extended support while writing the research paper, from the proposal stage to submission of the paper. Special thanks to Mshai Mkoji, Jeroen Buijs and Rachid for your insights and support.

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## List of Acronyms and Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>A.o</b>	and other
<b>ASAL</b>	Arid and Semi-arid Lands
<b>CT-OVC</b>	Cash Transfer for Orphans and Vulnerable Children
<b>DFID</b>	Department for International Development
<b>DS</b>	Development Studies
<b>Exp</b>	Expenditure
<b>FBO</b>	Faith Based Organizations
<b>HH</b>	Household
<b>HIV</b>	Human Immunodeficiency Virus
<b>HSNP</b>	Hunger Safety Net Programme
<b>ISS</b>	International Institute of Social Studies
<b>KIHBS</b>	Kenya Integrated Household Budget Survey
<b>Kshs</b>	Kenya Shillings
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MGCS</b>	Ministry of Gender, Children and Social Development
<b>MPND</b>	Ministry of State for Planning, National Development and Vision 2030
<b>NACADA</b>	National Agency for the Campaign against Drug Abuse
<b>NGO</b>	Non-governmental Organization
<b>NHIF</b>	National Hospital Insurance Fund
<b>NSSF</b>	National Social Security Fund
<b>OPCT</b>	Older Persons Cash Transfer (Programme)
<b>OVC</b>	Orphans and Vulnerable Children
<b>PLWHIV</b>	People Living With HIV/AIDS
<b>SFP</b>	School Feeding Programme
<b>SPP</b>	Social Protection Programme
<b>UN</b>	United Nations
<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime

## Abstract

Aging is a phenomenon of concern in Kenya. As the old population grows, they diminish their endowments making them susceptible to shock and chronic poverty. They require attention and care from different interventions. Traditionally, it is expected that the young should care for the old. However, studies show that the elderly have had to take up a kinship role and raise their grandchildren due to losing their children to HIV/AIDS. Skipped generation thus emerge adding an additional role to the elderly population. The government has made several efforts to protect and promote the rights of the elderly and have adopted social protection programmes whose main objective is to promote sustainability and alleviate poverty as well as enhance human capacity and development. These include two cash transfers for the elderly and the OVC in their care i.e. Older Persons Cash Transfer and the Kenya Cash Transfer Programme for Orphan and Vulnerable Children. This paper examines these programmes and the possibilities of the elderly in accessing the cash transfers and the implications on their livelihoods and social well-being.

Information is drawn from different sources and publications on social protection programmes in Kenya as well as from semi-structured interviews conducted among the elderly care givers, an NGO representative and local government officials. Two concepts, social exclusion and entitlement approach are used in analysing the findings that demonstrate that the elderly caregivers have been excluded and are rarely able to access the two cash transfers to which they are entitled. The elderly care givers are excluded by been denied access to cash transfers through lack of information about the existence of the programs, bias and discrimination during registration and distribution of cash transfers and unfair criteria for program registration. In addition, the programs are seen as mutually exclusive and therefore the elderly cannot benefit from both of them.



# Relevance to Development Studies

According to Sumner and Tribe (2008), Development Studies (DS) is the study of integrations that happen between the society and nature and understanding the problems that emerge due to this integration and ways of solving these problems. Moreover, DS is characterised by diverse knowledge, views and debates surrounding society and nature. Aging is a phenomenon that has aroused a lot of curiosity among many researchers in trying to understand the complexities that come with it. This study examines the elderly care givers and the obstacles they face when trying to access state provided interventions. I use the term social exclusion to show that the elderly have being excluded by not been given access to social provisions therefore hindering them from being active members of the society. This study also looks at the interactions between the elderly care givers and the society as a whole in an effort to access interventions that help with sustainability of their livelihoods and alleviating poverty. It is my hope that this study and its findings add to the limited knowledge that exists on the obstacles that the elderly care givers face when they try to access available interventions and especially state provided social protection programmes.

## Keywords

Elderly, elderly care givers, poverty, Orphan and Vulnerable Children, social protection programmes, skipped generation households

# Chapter 1 Introduction

Old age is understood and perceived in different ways. It may refer to biological attributes, physical appearances, significant events in life or the role one plays in the social arena (Derricourt and Miller 1992). In conforming to the African Union and the United Nations definition of an old person, Kenya defines an old person as one who is 60 years and above (Olum 2010). In Kenya, poverty is seen to be a multidimensional concept. It includes deprivation in social and economic needs that are vital for survival and especially for the aging population. This presents a good ground for research and understanding the potential effects of social protection programs adopted in addressing poverty among the aged.

In the African setting, the societal expectation is that the young generation will care for the older generation when they are old. Unfortunately, there have been cases where the roles have been reversed, as grandparents have had to be involved in kinship care when the parents cannot do it anymore. In Kenya, there are many factors that have led to this, including parents migrating to the urban areas looking for employment thereby leaving their children in the care of their grandparents; alcohol and drug abuse making them unfit to care for their children and child neglect or abuse. The main reason, however, has been the AIDS epidemic. For this study, I will pay attention to the AIDS epidemic, which results into the so-called 'skipped generations' where the parents of young children die often leaving them in the care of their grandparents as compared to any other relatives. This has led to increased attention being paid to the role grandparents play in caring for their grandchildren (Williams and Tumwekase 2001). In Kenya approximately 12% (1.8 million) of all children under 18 years are orphans and at least 700,000 of them have been orphaned and are raised by their grandparents due to losing one or both parents to AIDS (Bryant 2009).

The responsibility for care of children orphaned by AIDS falls on the grandparents. Statistics show that in the sub-Saharan Africa, approximately 30% of all households are headed by an older person. There is also an estimate that of over 65% of households headed by an old person, there is at least a child aged below 15 years. HelpAge International has shown that grandparents are the first resort of care for grandchildren, even before their parents die. Parents who have HIV/AIDS often return home to their parents bringing their children with them to be taken care of by their grandparents while they are sick and eventually after they die (Monasch and Clark 2004).

The responsibilities that the elderly have to shoulder include playing a parental role like any other parent would who has children. They need to ensure the general social well-being of the children and try to provide health care, moral support, clothing, standard housing, water and sanitation. The varied age of children also comes with varied needs. Toddlers have special needs as compared to adolescents which the grandparents might not be able to address effectively. Those of school going age will require school fees, school uniforms which are an added cost to the elderly care givers. This provides significant

economic problems, particularly for those elderly care givers who have low income as they are not economically active and cannot bring in an income as often as they would if they were younger and working. Some have to start working to earn some income to cater for the needs of these grandchildren. Others have to support the children by either selling their properties and assets including land.

The community and relatives has not been able to effectively intervene in raising these children since they often complain of going through economic hardships and barely making a living to sustain their own families. As will be discussed later in this paper, some community initiatives try to assist these households by educating the children or providing a hot meal every day. To supplement elderly care givers' meager incomes and help in sustainability and alleviation of poverty, the state has adopted and implemented social protection programs (SPP's).

However, I argue that elderly care givers have been socially excluded and therefore have not been able to enhance their capacity and be active members of the society (Peace 2001). This is by being denied access to cash transfers through lack of information about the existence of the programs, bias and discrimination during registration and distribution of cash transfers and unfair criteria for program registration. In addition, the programs are seen as mutually exclusive and therefore the elderly cannot benefit from both of them, even though MPND (2012) makes it very clear that it is possible for the elderly care givers to benefit from both programs at the same time.

## **1.1 Aging and Poverty**

Demographic aging according to Lloyd-Sherlock (2000:888) is defined as “an increase in the percentage of a population aged 65 years old or over”. It is an accepted trend all over the world today with the exception of Africa. This is because, population ageing does not occur in the same way, as there are high rates of mortality from HIV/AIDS among the younger people, who do not grow into old age (Mupedziswa 1997). Kenya currently has a population of 45 million people with an estimate of 6.5% of the population being above 55 years. Even further growth has been registered with the high numbers of live births registered among women. It is estimated that the population of people aged 60 years and above in Kenya will fall from 6.3% in 1990 to 3.9% by 2025 as there is an increase in the number of live births registered among women, leading to an increase in the number of younger people as compared to the older generation (Lloyd-Sherlock 1997). This could partly help us understand why attention is diverted from the elderly who are seen to be the minority population. However, as Mupedziswa (1997) argues, the younger generation do not always mature into old age due to HIV/AIDS. According to the UNAIDS epidemiological fact sheet on HIV estimations of 2008, there were 1.9 million people living with the HIV virus in Kenya. At least 110,000 have died of AIDS, and 1.3 million orphans due to AIDS aged between 0 to 17 years (UNODC 2012).

Additionally, alcohol and drug abuse has played a role in ensuring that the young people do not grow up to become mature and responsible members of the society who can take care of themselves therefore, becoming a burden to the community. The National Agency for the Campaign Against Drug Abuse (Kenya) (NACADA) director, George Achola indicated, by year 2013, out of the total population, there were approximately 4 million alcohol consumers, 2.7 million tobacco users and more than 700,000 drug users. Alcohol and drug abuse was also very rampant in secondary and colleges. Of the whole school population, the percentage of secondary students smoking cigarettes was at 77%, those smoking bhang was at 68% while Khat was third with at least 61% of abusers. Alcohol abuse was estimated to be at 58% (Kibet 2013). Odek and Pande (1999) as cited in Muriungi et al. (2014) points out that among private universities in Kenya, the prevalence rate of alcohol and drug abuse was seen to be as high as 54.7% for tobacco use and 84% for alcohol abuse. According to Kibet (2013) this behaviour was seen to contribute to poor academic performance among students, high school drop-out rates, health complications like liver cirrhosis and an increased risk of contracting HIV/AIDS.

Lloyd-Sherlock (2000) looked at population aging and whether it affects only a significant group of people, mainly the privileged or whether it cuts across the society as a whole, including the poor. He argues that, when attention is paid only to the rich and the middle class groups, the challenge of meeting social and welfare needs is not seen as a priority as they are seen to be economically stable without necessitating other interventions like the state and the community. Studies done among the elderly should include the poor as well, to help in understanding their vulnerability to poverty and afford them some kind of intervention, like social security, so that they can improve their lives.

Population aging is of major concern as the elderly are seen to be very heterogeneous with different needs and requirements. For them to be able to live a basic standard life, they require health care, food, housing, water and sanitation. They need to live a quality life, both economically and socially. They should not be seen as passive dependants and if possible should be afforded social and economic opportunities. This ensures that they are active and are relevant to the society. This is important especially for the elderly care givers who have taken up a kinship role and are raising their grandchildren. The elderly have been given less and less attention by the expected caring systems like relatives or the community who feel that they already have too much in their hands to take up an additional role of caring for them. Relatives acknowledge having their own children and therefore experiencing economic difficulties to take up an additional role caring for the elderly. Some reside in different cities away from the elderly as they migrated in search of employment opportunities. Some died due to the AIDS epidemic and the elderly therefore have no one to care for them. The roles are reciprocated when the elderly have to care for the children left behind by the younger generation, leaving them more vulnerable with hope that the state will intervene and provide them with ways of sustaining their living (Bongaarts 2005). The aged population are in dire need of care and different interventions should be adopted in ensuring their social and well-being even when they are passive members of the society. Such programs include state provided interventions that ensure sustainability of the elderly, community care or care from relatives.

## 1.2 Social Protection Programs in Kenya

There has been a growing interest by the Kenyan government to protect and enhance the well-being of the elderly population in recent years driving the need for adoption of a social protection program. In 2010, a commitment to social protection was provided in the Kenyan constitution Article 43 (3) which states that “the state shall provide appropriate social security to persons who are unable to support themselves and their dependents”, the Constitution of Kenya (2010). The National Social Protection Policy, 2011 defines social protection as “policies and actions, including legislative measures that enhance the capacity of and the opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods and welfare; enable income-earners and their dependents to maintain a reasonable level of income through decent work; and ensure access to affordable health care, essential services and social transfers”.

There are different social protection programmes adopted for the elderly, both contributory and non-contributory. The contributory programmes include the National Hospital Insurance Fund (NHIF), the National Social Security Fund (NSSF) while the non-contributory Older Person’s Cash Transfer (OPCT) is the primary focus in this study. I will also be paying keen attention to the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), since many elderly are also playing a parental role for orphans and therefore eligible for these program as well. Between 2005 and 2010, NHIF, NSSF and social cash transfers were able to cover approximately 13% of the population (MPND 2012).

The Kenyan government adopted the Older Person’s Cash Transfer (OPCT) program with the objective of enhancing the capacity of older people, by improving their livelihoods and alleviating poverty (MPND 2012). The elderly receive a cash transfer of Kshs 2000 (\$22) every month. Additionally, UNICEF and the Kenyan government collaborated in designing the Kenya Cash Transfer Program for orphans and Vulnerable Children (CT-OVC) in 2004. Kenya adopted the CT-OVC program to aid in improving the well-being and protection of orphans and vulnerable children. This was implemented by the children’s department of the Ministry of Labor, Social Security and Services. By June 2010, the program had reached over 100,000 households and approximately 230,000 Orphans and Vulnerable Children across the country. With the success of the program, the Cabinet gave formal approval and it was incorporated into the national budget, leading to a rapid increase in the number of OVC benefiting from the program across the country.

The program's main objective is to provide regular cash transfers to the OVC and the families taking care of them. These households receive a cash transfer of Kshs 3000 (\$33) every month. This program also helps the families to cope with the additional needs of these children especially in skipped generation households.

### *1.2.1 Coverage and targeting of the programs*

According to MPND (2012) coverage of all the safety net programmes in Kenya including OPCT and CT-OVC are greatly correlated with the poverty levels in the country. In 2010, the safety net programmes reached approximately 13.7 % of the population, though the distribution varied among counties. This is because of the adoption of deliberate targeting to ensure that the assistance got to the right people. Targeting is adopted with the main objective of ensuring efficiency and cost-effectiveness, with minimum targeting errors and costs. When used in administration of public social cash transfers, targeting divides a population so that those who are most needy benefit from the cash transfers (Moore and Devereux 1999). These individuals are selected from the general population and monitoring is done to ensure that the programs reach these people as effectively as is possible and that there is minimal leakage to the non-poor. Problems with targeting then do arise as this is very expensive and comes with a lot of administrative costs as compared to universal programs (Moore and Devereux 1999).

By 2010, there were 33,000 elderly people benefiting from the OPCT programme and 412,470 for the CT-OVC (MPND 2012).

#### ***1.2.1.1 Rural vs Urban Coverage***

Rural areas are likely to benefit twice as much as urban areas from the safety net programmes. This is often explained by the generally higher levels of poverty experienced in the rural areas as compared to urban areas. Furthermore, most safety net programmes in Kenya are targeted at Arid and Semi-arid Lands (ASALs). However, this does not account for the poor populations existing in the urban slums.

While some programmes like the HSNP are concentrated more in the rural areas, the OPCT and CT-OVC are distributed equally between rural and urban households. *Dagoretti* constituency, the study area for this research is based in an urban setting. Members can access the two cash transfers as they are distributed nationally. It is therefore expected that people residing in *Dagoretti* are able to benefit from the two cash transfers. However, people in *Dagoretti* have been socially excluded and as we shall see later on, only a few of them are able to access the cash transfers that are meant to help in poverty alleviation.

In Kenya, the elderly and the orphans fall under the vulnerable category. A large number of households have at least one member of the family who is seen to be a vulnerable person. As provided by the Constitution of Kenya, article 21:3, the government has a duty to meet the needs of the vulnerable peo-

ple in the society. These people include: Children (orphans are included here), people with disabilities (physical or mental), the chronically ill (including PLWHIV) and old people (over 60 years).

**Table 1. Coverage of safety net programmes among the vulnerable groups paying attention to OVC and the elderly (over 60 years.)**

<b>Coverage of Safety Net Programmes among Absolute Poor Vulnerable Groups,2010</b>							
<b>Households include:</b>	<b>in-</b>	<b>Percent- age of Total Kenya Popula- tion</b>	<b>Percent- age of Group Absolute Poor</b>	<b>Estimat- ed Num- ber of Ab- solute Poor HH</b>	<b>Current Group Coverage (HH)1/</b>	<b>Coverage as per- centage of Group</b>	<b>Possible coverage of Abso- lute poor (%)2/</b>
OVC		6.8	50.3	310,697	171,571	27.80	55.22
Old people(Over 60 years)		6.7	41.8	255,707	21,587	3.52	8.44

*Sources:* Group as percentage of total population, National Housing and Population Census (2009) and KIHBS (2005/06).

*Note:* 1/ the current group coverage estimates from categorical targeting for example for OPCT, CT-OVC AND HSNP

2/ perfect targeting is assumed.

In Kenya, community-based targeting is the most commonly used method of targeting in administration of different safety net programmes. Common belief is that community members have more knowledge about the people in the community and the most needy or poorest as compared to government officials or people outside the community. However, for OPCT and CT-OVC, household and individual targeting method tends to be more useful. Committee members responsible for registration of members into the program use this method of targeting as the cash transfers are only able to benefit the households or the individuals who are most poor, who are elderly and are over 60 years and whose households comprise of an OVC.

Categorical targeting is also used in addition to household targeting. This ensures that the safety net goes to the target group. For example, when allocating CT-OVC cash transfer, OVC is used as the target for the cash transfers thereby increasing the probability that only hard-core and absolute poor households with an OVC will be selected. This also applies to OPCT, where only the households with the elderly, aged 60 years and above will benefit from the cash transfer (MPND 2012).

**Table 2. Poverty statistics for households selected using categorical targeting with an OVC or with a person aged 60 years and above.**

Poverty Statistics For Selected Categorical Household Indicators, 2005/06				
Household Targeting Category	Percentage of Group		Mean (Ksh)	
	Absolute Poor	Hard-core Poor	Total Exp Per Month Per Adult Equivalent	Absolute Poverty Gap
One or more OVC*	50.3	24.2	2,787	395
One or more person over 60 years of age	41.8	18.0	3,044	267

Source: KIHBS 2005/06

\*An OVC is defined as a child who is under 18 years who is (i) an orphan (with one parent dead or both parents dead), (ii) chronically ill, (iii) looked after by a care-giver who is terminal.

### 1.3 Research Objective and Questions

The objective of this study is to examine social protection programmes in Kenya, paying attention to OPCT and CT-OVC cash transfers for the elderly and OVC respectively, as well as understand the challenges encountered by the elderly care givers in an effort to access these cash transfer in skipped generation households.

#### 1.3.1 Main Question

What are the challenges that the elderly encounter in their effort to access both OPCT and CT-OVC cash transfers in skipped generation households?

#### 1.3.2 Sub Questions

1. What challenges impede elderly care givers' access to OPCT and CT-OVC?
2. What are the implications of these challenges for the overall outcome of the cash transfer's effort to alleviate poverty?
3. What other forms of interventions have the elderly sought after in an effort to sustain their living and those of OVC in skipped generation households?

### 1.4 Relevance and Justification of the Study

Studies have been done to systemically examine the poverty situation among the elderly in Kenya. Estimates show that the number of old people aged 55 years and above are often related to different incidences and depth of poverty (Kakwani et al. 2006). A lot of studies these studies show the benefits of social



protection programs and expected outcomes in poverty alleviation among the poor. However, these studies have not been able to show the challenges the elderly encounter as they attempt to access cash transfers set up by the state to help with sustainability and poverty alleviation. This has ignited my curiosity in understanding how the social protection program works and how the elderly care givers are able to sustain their living and fight poverty when they are not able to access these cash transfers and if there are any other interventions that have helped them in alleviating poverty.

Different organizations have carried out monitoring and evaluation (M&E) programs driven towards understanding how the social protection programs work. These M&E's have been able to measure the effectiveness of the programs, the different impacts and effects of these programs on the target groups. However, most of these research has not paid attention on the obstacles that the target group meet when trying to access these programs. This has increased my interest to undertaking the research so as to shed more light on this.

The research also has a personal relevance, having worked with the elderly care givers for the last three years. I worked with a Non-governmental Organization that provided OVC with scholarships to cater for education, medical care and food supplements. Most of these children lived with their grandparents as their parents succumbed to HIV/AIDS and related infections. The grandparents were too old, sick and could barely care for the OVC. Moreover, even with a social protection program in place, many of these grandparents were not able to access the cash transfers because of various reasons that will be discussed later in this paper.

## Chapter 2

# Research Methods

In this chapter, the research methodology and data collection is explored which was used in collecting information relevant in answering the research questions. This includes understanding the study area where primary data was collected by use of semi-structured interviews and means of verifying the reliability of that data. The key respondents of the research and how the sampling was done is also discussed, tools used for data collection and the challenges experienced during the field research.

### 2.1 Data Collection

The field research was conducted between 4<sup>th</sup> July and 20<sup>th</sup> August 2014. A Non-governmental Organization called Ngong Road Children Association was used as the gate keeper in accessing research participants. The research incorporated both primary and secondary data. A qualitative methodology entailing semi-structured interviews was used in collecting primary data. I constructed an interview guide that enhanced order when conducting the interviews with having a set of topics and questions to be used in answering the research questions.

Secondary data was obtained from the Ministry of State for Planning, National Development and Vision 2030, Ministry of Gender, Children and Social Development, the Constitution of Kenya (2010), reports and publications from HelpAge International as well as other scholarly materials on social protection programs.

### 2.2 Data Validity and Reliability

While conducting the interviews, I took field notes and recorded all the interview sessions. Field notes came in handy as I was able to jolt down what I could observe around the household that did not go into the audio recording. I was also able to note down the non-verbal communication from the respondents that showed anger, hopelessness and so on. Gestures, facial expressions, tonal variations were very effective in enriching information provided by the respondent. This helped a lot when transcribing and analysing data. Different themes emerged that helped in triangulation of the findings.

### 2.3 Study Area

The research was conducted in an urban slum. Poverty in urban and rural setting varies and therefore when conducting research on poverty, a generalization cannot be done about either (urban or rural) by looking at data provided from one of the areas. The OPCT and CT-OVC cash transfers are implemented in both settings but my interest was in understanding how these programs work in an urban setting in alleviating poverty among the households.

The research was conducted in *Dagoretti* constituency in Nairobi County. It borders westlands, *Langata*, *Starehe* and *Kabete* constituencies. It has an estimated population of 178,691 people. *Dagoretti* has nine wards including *Waithaka*, *Mutuini*, *Ngando*, *Uthiru*, Golf course, *Woodley*, *Kawangware*, *Riruta* and *Gatina*. The main mode of transportation is by road, with the use of buses and mini buses (*matatus*). *Dagoretti* hosts both middle class and poor populations. The middle class work in the government institutions including schools and hospitals. The poor earn their income through working in the construction sites, running small businesses like tailoring and selling groceries, masonry and doing household chores for clients. I chose this location since I had earlier worked with a number of households and had seen that there was a rise in the number of skipped generation households, especially those emerging due to the AIDS epidemic. A lot of old people had taken up a parental role so as to care for the children left behind when the parents die.

### 2.4 Key Respondents and Sample Selection

The OPCT and CT-OVC programs are given to elderly care givers. A total of 18 respondents were interviewed. 15 were elderly care givers, two were local government representatives and one was an NGO representative. Of the old care givers, 11 were male and 4 were female. The caring role is often left with the grandparents and mostly the grandmothers. This is because, research has shown that women are more willing to take up the parental role of their grandchildren as compared to men and thus the representativeness of my sample.

The sample of the respondents was only restricted to a specific location and was not a representative of the program in the country. Though the respondents were initially picked through purposive sampling, snowball sampling was also used as the research progressed. The sample was picked showing different dimensions of age, gender, health status, income and the number of grandchildren in a household. This ensured diversity in understanding the different household's dynamics and the implication of the state programs and other non-state interventions to these households. The respondents were also selected using the following criteria:

### ***2.4.1 Elderly:***

Both male and female, aged 50 years and above who care for grandchildren in skipped generation households.

### ***2.4.2 Government officials:***

Their involvement in the selection of the cash transfer beneficiaries, disbursement of funds and maintenance of the system.

### ***2.4.3 NGO representative:***

Those who work directly with the elderly care givers or with the OVC in these households and are able to improve their living standards in one way or another.

## **2.5 Data Collection tools**

An interview guide was used during the interview in giving directions when asking questions relevant in answering the research question. In addition, a recorder was also used to audio record all the interview sessions which helped in making the data reliable when transcribing and finally analysis it. A note pad and a pen were also useful when taking field notes.

## **2.6 Challenges during fieldwork**

Some challenges emerged when conducting field research. Initially, a focus group discussion was to be used to collect and enhance data but it was not feasible. This is because it became too difficult to bring the research respondents together since most of them were too old and had difficulties moving around, while others were only available for a limited period of time as they had to work. As will be discussed later in this paper, some also did not feel comfortable expressing their views about the SPP's in the presence of others.

In addition, when I began visiting the households to conduct the interviews, we would encounter interruptions from other family members who were curious about what was happening, or from children playing around the house. Sometimes neighbors would stop by as is custom in the African setting and we would have to stop the interview and continue once they were gone. This was very disrupting as the interview process took longer than anticipated and the process did not flow smoothly and needed a lot of catching up. Additionally, I realized that some of the respondents were willing to take part in the research with the expectation that I would help them with accessing the SPP's. Though I informed them that the research was for learning purposes, they saw an opportunity to express their dissatisfaction in the system and disbursement

of the cash transfers and hoped that I would speak to the relevant authorities in ‘straightening’ up the system. Furthermore, the interviewing process with the elderly care givers took a lot of time as they would sometimes deviate from the research and would narrate their private lives as they did not have anyone else to talk to since their children were dead or had moved away from home.

To counteract these challenges, I decided to call the respondents before showing up for the interview so that they would create some time when we could have the interview without any disruptions. I also made it clear that I was not in a position to hasten the registration process in any way or alter the decision made about registration and disbursement of the cash transfers and instead advised them to seek more information about the SPP’s and understand their rights and entitlements. I would also listen patiently and as often as possible, would ensure that we went back to the research topic without being disrespectful. All these ensured the success of the fieldwork.

## Chapter 3

# Social protection for elderly care givers in skipped generation households

In this chapter, I examine social protection, how it is understood by different authors and in the Kenyan context. I also discuss skipped generation households and the household dynamics of the respondents involved in the research to further understand the implications of cash transfers to these households.

### 3.1 Social Protection. Understanding the Concept

Social protection refers to “policies and actions, including legislative measures, that enhance the capacity of and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods, and welfare, that enable income-earners and their dependents to maintain a reasonable level of income through decent work and that ensure access to affordable health care, social security, and social assistance” (MGCSO 2011).

According to Slater (2011) social protection policies and programmes have been able to concurrently reduce poverty while enabling poor people to actively participate in a just and fair market. They play a key role in poverty reduction and enhance development in the lives of the beneficiaries. Cash transfers form a significant and expanding part of the social protection programs in many developing countries. They have been adopted by many governments and other aid agencies as a key instrument in fighting poverty while at the same time empowering citizens and promoting human development.

Donors highly advocate for the adoption of social protection and especially in developing countries as a means of eradicating poverty. Countries such as South Africa Namibia, Brazil and Mexico have cash transfer programs/family grants that benefit the household as a whole. In South Africa, the child benefit extends to eight million children while the social pension covers up to two million older people. In Mexico, *Oportunidades*, which is a family grant, caters for the needs of five million households which is 22% of the population. In Brazil, 74 million people benefit from the family grant (*Bolsa Familia*) (Barrientos et al. 2010). These are just examples of countries where adoption of social protection programmes have been implemented in alleviating poverty.

When examining social protection, it is significant to understand a country’s revenue as it determines how much can be invested for social protection programmes. Limited resources in a country may hinder effective coverage and entitlement of social protection programs by the citizens. Consequently, programmes can be universal or targeted depending on the target beneficiaries of these cash transfers. When they are universal, they are meant to benefit all the people, while when they are targeted, they are meant to reduce poverty and vulnerability among a specific group of people. Additionally, entitlement to

cash transfers can be conditional or unconditional. Conditional cash transfers make it obligatory for children to attend schools or clinics if they are to benefit from them (Slater 2011).

There are three components of social protection; social insurance, social assistance and standards/regulation (MGCSD 2011, Slater 2011). *Social insurance* is contributory and involves individuals constantly making payments to the state or a private organization, so that they are able to receive financial support when they suffer shock or risk which may lead to a permanent change in their lives. This could be due to retirement or unemployment. In Kenya social insurance includes NHIF and NSSF. On the other hand *social assistance* is non-contributory and is offered to persons in the society who are deemed poor or vulnerable. Social assistance includes social transfers e.g. child welfare grants, food vouchers and non-contributory social pensions. *Standards/regulation* indicate the minimum standards that are enforced in protecting the rights of all citizens. All these components are driven towards alleviating poverty and ensuring sustainability and human development.

To further understand social protection, it would be imperative to discuss the different approaches that have been pursued in delivering social protection to the people. MGCSD (2011) and within UNICEF'S social protection framework, social protection needs to be preventive, promotive, protective and transformative. Preventive approaches enhance social security and strengthens health insurance programs including maternity and child care, health care services for the sick, relevant social pensions/benefits as well as supports different community services that are aimed at mitigating risks and susceptibility to shocks. Promotive approaches seek to reinforce interventions that are directed towards bettering livelihoods such as conditional cash transfers, school feeding programmes and food vouchers which are aimed at reducing people's susceptibility to shock. Protective approaches seek to mitigate shocks and risks that arise from deprivation of economic and social resources (Mathiu and Mathiu 2012). Transformative approaches support the development of policies and enactment of laws and regulations that provide and support the growth of social protection programs and ultimately helps in tackling poverty among its citizens MGCSD (2011).

### ***3.1.1 Does social protection equal social justice?***

According to Devereux et al. (2011) social protection has remained incompletely focused on attaining social justice for all citizens involved in terms of its objectives during formulation and implementation. They argue, that social protection can do more than just provide social transfers for people in crisis so that they can survive shocks and risks in the short term. It should be able to attempt to understand the underlying causes for vulnerability. For instance, the OPCT and CT-OVC cash transfers are focused on mitigating risks and ensuring that the beneficiaries do not fall into shock, but do not pay attention to the underlying causes of poverty among the beneficiaries.

Most risks and vulnerabilities that the poor face are social and economic. They are often based on the available resources that a person can command and social networks in accessing goods and services. It therefore becomes im-

portant to understand the socio-economic contexts these vulnerabilities emerge from and engage with power holders who drive inequality so as to achieve outcomes that are socially equitable for all. As Sudershan in Chhachhi (2009) argues, different interventions adopted in India are designed within the “risk and vulnerability management framework” and are not based on understanding the deeper issues connected to poverty. This ultimately means that there will be reduced vulnerability and short term assistance for the welfare beneficiaries, but offsets job security and human capabilities and development. This is because, the beneficiaries are not empowered to better their lives and get out of poverty as the social protection programmes are able to offer short term benefits so that the beneficiaries do not fall into chronic poverty (Chhachhi 2009).

Social protection programmes are provided by the states or aid agencies as a form of welfare provision, so as to enable the less privileged in the society meet their subsistence needs and prevent them from running into shock. Often, governments are only able to provide the social minimum to the people. Furthermore, many of these governments do not monitor the implementation of these programmes effectively and the task is left to the civil society or other external agencies. In the end, this means that a direct social contact line between the government and its citizens is lost and accountability becomes very difficult.

Furthermore, those responsible for implementing the programs are obligated to determine who benefits from the programs. This means that if access to these programs is based on favourism and patronage; if available resources are misappropriated by some groups and are therefore not benefiting the target group, this decreases the economic and social effectiveness of such a program (Devereux et al. 2011). In Kenya, the task is left to the committee members who are responsible for selecting and registering members into the programs. As will be discussed later in this paper, these committee members have been associated with bias and discrimination when conducting their duties and disbursing funds.

The committee members are chosen by the local government, who relies on chiefs and local councillors in establishing those who are eligible. They are selected based on how long they have lived in the area (ward) and how well they know the people in this ward. This is measured by the number of years one has been living in the ward. This selection process has been deemed ineffective by the community members as residing in a place does not equate to an individual’s knowledge about the members that reside in the same place. The committee members are also not well trained in carrying out their duties and have been seen to be biased and discriminative when carrying out their roles.

Moreover, Devereux linked social protection to other forms of unjust practices like social exclusion and discrimination which are often the root causes of poverty in the society. This depends on how the programs are delivered to the people. Sometimes how the programs are delivered to the welfare beneficiaries is not empowering and instead causes stigmatization. People do not want to be associated with welfare programs as those receiving funds are seen to be lazy and incapable of fending for themselves. This ultimately mean



that people do not feel that justice has been done just because there are afforded social protection.

### ***3.1.2 A gender perspective***

According to Chhachhi (2009), a gender perspective does not only look at poverty and how social protection helps fight vulnerabilities among women alone, but pays attention to women in all spheres of life i.e. in the employment sector and the informal/care economy. She argues that it is crucial to understand the rights and needs that go beyond the public-private divide. Interventions adopted to promote human capabilities and social security should be adopted both for men and women. This also entails making possible social relations between men and women.

Normative principles adopted for social protection interventions include: Firstly, interventions that reduce poverty among beneficiaries of both genders. Interventions should be able to provide for the most basic needs like food, shelter, clothing and health care. However, when understanding poverty, inequality concerns and gender differences arise. Poverty hits women more due to; unequal distribution of available resources; intra-household discrimination that sees the male as the breadwinner and therefore getting a bigger share of resources and women lack of agency to fight for what they are entitled to.

Secondly, interventions should not marginalize or discriminate against women who are often seen as the inferior gender. Women are seen as the minority group and special programmes are targeted for them. However, targeting reinforces separation and divides people. Programmes that encourage full participation from everyone should be encouraged.

Thirdly, interventions should promote equality of care work (often done by women) and work/life balance. Care work is often not compensated and involves carrying out domestic chores like cleaning, cooking, fetching water, caring for children and the household at large. Women undertake care work even when they are in employment. This affects their productivity and overall returns/benefits that they make as compared to their male counterparts. In comparison to men, women are not able to put in many hours at work as they also have to take care of the house and the children. Interventions should ensure to bridge the gap between how much women make and the amount of work they do, both in formal and informal employment.

Finally, interventions should be based on respect and non-exploitation that ensures that women are not seen as objects of pity and exploitation but as welfare beneficiaries who are entitled to these interventions.

### ***3.1.3 The OPCT and CT-OVC cash transfers***

#### **3.1.3.1 The Older Persons Cash Transfer (OPCT)**

Social protection has been recognized by different international human rights instruments as a right for all citizens. Kenya is a signatory to the United Nations Universal Declaration of Human Rights (1948), which has seen the rights of citizens enshrined in Article 22 and 25 which states that “everyone, as a member of society, has the right to social security..... (and) to a standard of living adequate for the well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services....”. The rights of the elderly have also been recognized by the Kenyan Constitution (2010) Article 43(3) which states that “the State shall provide appropriate social security to persons who are unable to support themselves and their dependents”. To promote and protect the rights of the elderly, the Kenyan government implemented the Older Persons Cash Transfer (OPCT) in 2006.

The OPCT programme is the only social protection programme that is directed towards sustainability of non-pensionable old aged population in Kenya. It is non-contributory and provides cash transfers (Kshs 2000(\$22)) to all old people above 60 years regardless of occupation or source of income to ensure social well-being and alleviate poverty. It is beneficial especially to elderly care givers, who also have an added parental role. In Kenya, the OPCT program is implemented under the Social Protection Policy, 2011. It aims at bettering their lives and enhancing social well-being by alleviating poverty and promoting sustainability and human development (MPND 2012).

Social protection programmes are adopted for the elderly when they become passive members in the society and are not able to effectively fend for themselves. It is meant as a poverty alleviation program and not as a substitute to income, and therefore there is need to supplement with other sources of income (Tiwari 2010). It has become a widely accepted notion that social assistance is a component of social protection and cash transfers given to the elderly are able to assist those who are poor and whose income and total assets fall below a specified minimum (ibid). However, this idea is contested in this paper as the elderly are not able to access social protection and have to rely on other forms of interventions to ensure sustainability when they are at risk of falling into chronic poverty.

#### **3.1.3.2 The Kenya Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC)**

Children are seen to be the most vulnerable people in society. For this reason, they need to be protected and their rights respected. The UN Convention on the Rights of the Child protects children’s rights by ensuring high standards are maintained in all aspects of their lives including health care, education and other social services. The government of Kenya as well protects children’s rights

and reaffirms the convention by ensuring that their rights are promoted without any form of discrimination and that all measures are put in place to ensure that their rights are met. To this effect, Kenya adopted and has been implementing the CT-OVC program since 2004. The program provides funds to households with OVC, so that they are able to meet such basic needs as food, clothing and shelter, as well as education and basic health care. Beneficiaries receive Kshs 3000 (\$33) every month. The program aims to encourage retention of OVC within their families and communities and encourage child development through improved school enrolment and increased attendance to the health centres (MPND 2012). The CT-OVC program is a conditional cash transfer. Eligibility into the program entails attendance of primary school for all eligible children and younger children attending clinics for immunizations and basic health care (Bryant 2009).

Two parameters are taken into consideration by the Kenya National Bureau of Statistics when determining the beneficiaries of the programme; HIV/AIDS prevalence and poverty index. Any household benefiting from CT-OVC cash transfers should: (i) have an OVC living in the household whose parent is ailing from HIV/AIDS or any other terminal illness (ii) the child should be below 18 years of age (iii) the family is poor with no external financial support or income (iv) recipients have to meet the set conditions pertaining to health and education (Okumu 2010).

### **3.2 Skipped generation households**

Skipped-generation households have become very common today. They have become an accepted practice by societies with minimal attention paid to the role the elderly care givers play. The Economist (2007) noted that children being raised by grandparents rarely attracted attention from the public. Over the years, the American government found it essential to pay more attention to these growing patterns and came up with policies that would effectively provide for these emerging households. Samuels and Wells (2009: 1) argue that “skipped generation households” “occur when an older person, often a grandparent, becomes the primary caretaker for a child who has lost one or both parents, or whose parents are absent for a prolonged period of time”. There are different situations that lead to skipped generation households. In Kenya the HIV/AIDS epidemic has been the leading cause of the increase in the number of skipped generation households we have today. Helpage International report on surveys carried out among communities in the east and southern Africa showed that an average of 55% of OVC were under the care of an older person as a result of the AIDS epidemic (Albone and Cain 2008).

Other reasons leading to skipped generation households has being rural-urban migration. The younger population move to the cities in search of better livelihoods and employment, leaving their children under the care of their grandparents (Samuels and Wells 2009). Additionally, teenage pregnancy, alcohol and drug abuse, child abandonment or divorce have also resulted to skipped generation households as the responsibility of care is left in the hands of the relatives and often the grandparents.

Problems in skipped generation households are often attributed to lack of resources, inadequate skills for playing a parental role and lack of financial and moral support. Many of the old care givers heading these households are poor with very limited access or information to other forms of interventions (state, community, NGO's). Some of these households might have been well off before, but then depleted all their resources meeting the health and nutritional needs for the HIV infected parent who later died and left the children in the care of their grandparent (Juma et al 2004). These challenges create more unanticipated crisis for these families. With the AIDS epidemic, many of the elderly have to sell their assets, including land and property to care for their sick children and otherwise meet the needs of the grandchildren in their care (Albone and Cain 2008).

During the field research, I learnt that old care givers had adopted different strategies for coping with poverty. This involved both male and female care givers finding a way to make some income for the family and support the children in their care. They derived their income from mostly small-scale farming, just enough for family consumption. They also ran small vending businesses in the local market, by selling eggs, vegetables and fruits, doing odd-jobs like cleaning clothes for a fee, gardening etc. Most care givers do not have information about the different interventions that can assist with caring for these children. These interventions include social protection programs provided by the state, NGO assistance or community initiatives. Taking up the kinship role and caring for their grandchildren is socially expected and seen as a way of life in the African community. For this reason, the elderly care givers try their best to provide for their grandchildren on their own. This could also be justified by the cultural assumptions that exist among the African societies.

### ***3.2.1 Cultural Assumptions***

Regardless of the cultural context, grandparents have often been involved in the lives of their grandchildren for a long time. They are seen to provide emotional support and sometimes monetary support. They are also involved in child care when the parents are away working or running errands. This often is based on such conditions as the proximity of the grandparents to their grandchildren or the relationship that exists between them (Byers 2010). In Kenya, grandparents acting as care givers to their grandchildren is easily accepted as a norm. There is an old African saying, '*mwana dateyagvo*', which means that a child cannot be thrown away, which often justifies why grandparents are more willing to take up the caring role. The level at which grandparents are involved in their grandchildren's lives is influenced by traditions, beliefs and cultural practices. They mentor the younger generation, provide instructions and correct wrong behavior, teach them their traditions and cultural practices. When a parent dies, the children are easily taken up by the grandparents, as compared to any other living relative. This is because, grandparents are seen to be the best option for grandchildren as they can teach them morality and expected values, their traditions and cultural practices and are seen to have vast knowledge about their history and where they came from.

While Americans/Europeans practice individualism and base their definition of family to the nuclear family, many non-whites and especially Native Americans and Africans practice collectivism where the welfare of the whole community is significant (Brewer and Venaik 2011). In most African cultures, the elderly are highly respected because of the wisdom they possess and their life experiences. They are viewed as teachers who enlighten the young generation about their history and traditions. Another example is in Sudan where grandparents and especially grandmothers take up the protective role for the whole extended family (Kurrien and Vo 2004).

Many old people take up the caring role with very little to no financial assistance awarded to them. Often, relatives complain of having a burden raising their own children and therefore not in a position to take care of another child due to economic difficulties. The decision for a grandchild to live with a grandparent is often seen to be the best option for the child, since grandparents are seen to be well off having accumulated wealth and assets over the years. However, this is not always the case since most of the old people depleted their resources as they became less productive due to age or because they used all their resources caring for their sick children. Sometimes relatives offer assistance for the OVC but the support is often very little.

Grandparents caring for grandchildren derive their biggest source of income from the small businesses they run. The social security benefits afforded by the state (OPCT and CT-OVC) are only able to supplement what they are earning. Community initiatives and assistance coming from relatives are also a supplement to the income though it is not regular and not always expected. The social protection programs are only implemented to supplement income in a family and help alleviate poverty. They are not a substitute for income, making it imperative for the grandparents to source for other income options. Changes in family dynamics/structure in relation to economic resources available always present a dilemma in a skipped generation household.

### 3.3 Household dynamics

These demographics were gathered from the field research and are imperative in understanding the implications of the cash transfers in the households.

**Table 3. Age and Gender**

Category	50-59 years		60-69 years		70-79 years		80+ years		Total
Gender	Male	Female	Male	Female	Male	Female	Male	Female	
No.	0	5	2	3	2	1	0	2	15

Source: Author (2014)

Table 3 above shows the age distribution of the respondents in the field research. 11 out of the 15 care giver respondents were women. Women in the society, be it daughters, wives, nieces or daughters-in-law have been the people in the family who give care. When it comes to caring for children, roles are divided along gender lines, and the caring role is seen as a woman's job. In Kenya, the female care giving role has become an even greater burden due to the AIDS epidemic, especially in the urban areas. Older women are forced to care for their children who are bed ridden because of the disease, and also their grandchildren who are orphaned when their parents die. This leaves women overburdened with very little support or resources to support these children, making it important to lessen their burden by affording them different interventions that can lessen their plight (Olum 2010).

### ***3.3.1 Source of Household Income***

Of the total number of respondents, four were employed, eight were self-employed while three were unemployed. The respondents were all involved in different kind of ventures. Of those employed, one was a hotelier, one was a mechanic, another was a carpenter and the female respondent worked at the local chief's office. Most of the self-employed respondents were either vegetable/fruit vendors (green grocers) or did odd jobs like gardening or doing laundry for clients. The three un-employed respondents were too old to work and were taken care of by their children or relatives. All the respondents in the households were the breadwinners and therefore responsible for meeting the needs of the children in their care. During the research, I learnt that households equate poverty to how much they are still lacking when they look at their expenditure in relation to income. In all of the households, an overall understanding of expenses was equated to how much is spent on housing, food, education for the children, health care, transport expenses, electricity and water.

One of the respondents interviewed during the field research called Jane is a vegetable vendor in the nearby market. She has been selling bananas for the last ten years and is only able to make about Kshs 300 on a day when business is good. She cares for her four grandchildren who were left behind when her daughter died. She has been caring for them for the last eight years. The children's father abandoned them when their mother tested HIV positive, fell sick and moved in with her mother. She does not have anybody else in her family who can help her with raising the children as they are also struggling to raise their own children.

*"I am 70 years old. I have been selling bananas in the market for the last ten years so that I can provide for these children left behind when my daughter died. I do not have a lot and no one else is willing to take care of them. If I do not go to the market, we will sleep hungry", Jane said.*

*"In a month, I spend approximately Kshs 8000 on food, Kshs 1200 on charcoal for cooking, Kshs 900 on transport as I have to go to the big market to buy the bananas which I will later sell in the market. I also spend Kshs 5000 on school fees for the two girls who are in primary school, Kshs 700 on electricity and since I have diabetes, I have to buy medication every month which costs Kshs 500", she continued.*

On a monthly basis, Jane is able to make approximately Kshs 9000 from her business. However, the household expenses run up to Kshs16, 300. This shows that she is not able to meet all the families' expenses and as a result two of the children have had to stop going to school as it is too expensive for her.

This gives an example of what goes on in most of the households as I discovered when conducting field research. The table below shows the amount of income in the 15 households and their expenditure. Expenditure is calculated as the sum total of money spent on food (as well as charcoal, kerosene), education, housing, electricity, water, transport and health care.

**Table 4. Total Income vs Expenditure**

EMPLOYED						
CATEGORY	Male			Female		
	Total Income(Kshs)		Expenditure(Kshs)	Total Income(Kshs)		Expenditure (Kshs)
Source of income	Hotelier	8,500	12,500	Chief's Office	6,000	11,400
	Mechanic	10,000	16,600			
	Carpenter	8,200	13,200			
UNEMPLOYED						
Source of Income				Rental houses	7,600	11,900
				None	-	12,000
SELF-EMPLOYED						
Source of Income	Farming	9,000	13,000	Farming	12,000	17,500
				Seamstress	9,400	14,230
				Baker	12,000	14,900
				Green Grocer/Gardening	12,000	18,000
				Green Grocer/cleaning	7,200	8,400
				Crafts work	6,800	9,200
				Green Grocer	9,000	16,300
				Green Grocer	13,000	23,600

Source: Author (2014)

### **3.3.2 Children in the household**

All respondents participating in the research had an OVC living in the household whose parents had died due to HIV/AIDS. During the field research, I learnt that the number of children living in a household did not matter during the disbursement of CT-OVC cash transfer. All households received a standard amount of Kshs 3000(\$33) for the children in their care. This ultimately meant, that the lesser the number of children a household had, the better it was for them since the benefits could have a more significant impact on their social well-being as compared to one with many OVC. The children varied in age, gender, level of school attended depending on access to school fees, different health statuses, and number of years they had been living with their

grandparents. It is clear that most of them were only able to proceed up to high school since their grandparents could not afford school fees to send them to college. Some of them also suffered from different ailments and had not been able to access quality health care.

### ***3.3.3 Measurement of poverty (Assets/Property owned per household)***

The elderly poor who met the eligibility requirements received the OPCT cash transfer. However, those who owned a piece of land or a house did not ‘appear’ to be poor and were therefore not eligible for the program. Committee members did not register anyone who owned land or was living in their own house. Eight out of the fifteen respondents interviewed during the field research owned a piece of land or a house. This therefore automatically nullified their eligibility for the program. One of the respondents I interviewed, an 80 year old man had this to say.

*“I own this house and this small piece of land. My father left this house to me when he died and it has been in the family for a very long time. I am too old to work and these children cannot eat this house. The small farm that we own is in a swamp and nothing can grow. These people who do the registration do not care about this. All they see is a house and a piece of land and that is justification enough for them not to register me”.*

As will be discussed later in this paper, property ownership was used as a tool to discriminate against some elderly people and keep them from benefiting from the two cash transfers.

### ***3.3.4 Access to OPCT and CT-OVC***

During the research, I realized that there were different categories emerging from the respondents. Out of the 15 respondents, only four were receiving either the OPCT or the CT-OVC cash transfers. six of the respondents were not aware of the cash transfer programs, two had applied but had been rejected, two were registered but had not started receiving the funds while one was aware that the programs existed but was not registered. These categories emerged due to lack of information about the existence of the cash transfers, unfair criteria of registration, discrimination during disbursement of the cash transfers or the two cash transfers being seen to be mutually exclusive by the committee members. This will be elaborated further in chapter four.

### ***3.3.5 Non-state interventions for the households***

Being socially excluded may mean being included elsewhere. Adam Smith as cited in Sen (2000) viewed exclusion in different forms, for instance, through people not having access to markets due to existing legislation or kept out of the education system through lack of support (public or private). He further looked at issues of people being excluded or included when analyzing poverty and looked at the “necessaries” that people need to lead a decent life. As we have seen, some of the respondents were not able to access the cash



transfers and therefore looked for other ways to supplement their income and care for the grandchildren in their households. These type of interventions included community initiatives, Non-governmental Organization's (NGO's) and family.

### **Community Initiatives**

These included women groups often called *chama*, church associations or village groups. Nine of the respondents were registered with a chama, a community initiative where members made contributions on a monthly basis, which was then used to buy more goods as compared to what an individual would have been able to afford with their own small amount. This improved their livelihood by affording them essentials like food, school fees, rent, which could not have been possible on their meager income. The church groups helped by providing food for the household, caring for the elderly person when they fell sick, taking the children to school and dropping them home in the evening, educating the children and sometimes putting up a house for households too poor to afford one. Two churches, the Anglican Church Ngando village and the Catholic Missionaries helped educate some of the respondent's children.

### **Non-Governmental Organizations**

Five of the respondents were receiving assistance from different NGO's in raising the grandchildren. Margaret, the NGO representative I interviewed had been working with families with OVC for the past four years. She was involved with conducting M&E of the NGO program in the community and the impact it had on different households. The organization paid school fees for the children, provided food and paid for health care services. Many children had benefited from the program as their grandparents would not have been able to care for them on their own.

### **Family**

Seven respondents acknowledged receiving assistance from their families and relatives with raising the children. The old care givers received assistance from their children, brothers, sisters or aunts and uncles. Often, assistance was in form of food for the household, paying for housing or educating the children. Even though relatives helped, the old care givers acknowledged that this assistance was very seasonal and minimal. In most occasions, relatives complained of experiencing financial constraints and therefore not been able to meet additional costs. One of the respondents told me, *"When my eldest daughter died, all my relatives agreed that her three children should live with me. They assured us that they would take care of all our needs including paying rent and buying food. That only happened for one month and since then I had to start selling fruits and vegetables in the market so as to make money and feed these children. I cannot rely on anybody. When I ask for help, they all say that they have so many problems and not enough money to go around"*.

## Chapter 4

### Challenges that impede access to cash transfers

In this chapter, I discuss the challenges that the elderly encounter in their effort to access the OPCT and CT-OVC cash transfers. I use the social exclusion and entitlement approach to show how the elderly have been excluded from receiving the OPCT and CT-OVC cash transfers to which they are entitled. They have been excluded by not having information about the existence of the programs, unfair criteria for registration of members into the program, bias and discrimination during distribution of cash transfers, and the OPCT and CT-OVC programs being seen to be mutually exclusive and therefore the elderly cannot benefit from both of them.

#### 4.1 Social exclusion

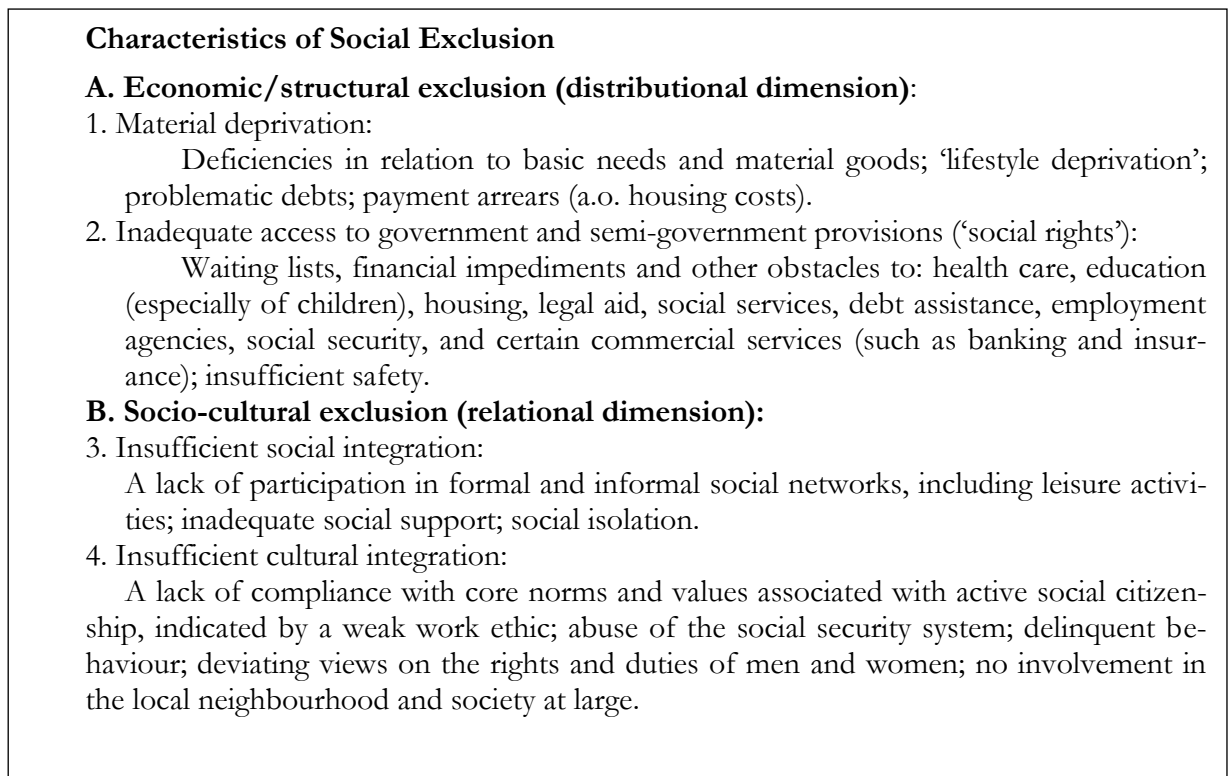
Walker and Walker (1997: 8) view social exclusion as “the dynamic process of being shut out....from any of the social, economic, political and cultural systems which determine the social integration of a person in society”. Social exclusion in this context involves exclusion of the elderly from access to state provisions i.e. OPCT and CT-OVC cash transfers. People can be excluded because of age, gender, type of household, source of income/employment status etc. Exclusion therefore means not being able to actively participate in the society, for lack of opportunity, participation in the available resources and reciprocity.

As a redistributive discourse, the British first used the term social exclusion to not only explain the poor lacking resources (money), but also lack of access to services which are provided collectively for all, therefore making them remain in poverty (Levitas 2006). Jehoel-Gijsbers and Vrooman (2007:12) as well as Fischer (2008) saw that the debates surrounding social exclusion began in the 1990’s among researchers and scientists concerned with identifying the problem of poverty. By the end of the decade, policy objectives switched from fighting poverty to decreasing social exclusion. Often, people are excluded from such services as access to play facilities, meals in schools or social clubs. Inadequacy in delivery of services especially public services like transportation, health care services ultimately mean that people are socially excluded from enjoying social well-being.

Furthermore, according to Townsend (1979) when studying poverty, we should be attentive to understand how significant people’s inability to actively participate in the society is and not only pay attention to the questions of subsistence. People are seen to be poor when the resources available to them are very minimal and lower than those afforded to an average individual, so that in the end, they are excluded from taking part in social activities, customs and practices (Levitas 2006).

Sen (2000) also argued that it is important to recognize that social exclusion as a concept has been well established in various literature related to poverty and deprivation. To even further comprehend the concept, it would be wise to place it in the broader context of “poverty as capability deprivation”. The connection will help us appreciate the specific and central concerns that the idea of social exclusion highlights. He further argues that when a person is socially excluded, they have the likelihood of running into other forms of deprivations including unemployment or being excluded from access to credit and resources. This leaves one economically impoverished that ultimately may lead to other deprivations like having poor nutrition or being homeless.

**Figure 1. Characteristics of social exclusion.**



Source: Jehoel-Gijsbers and Vrooman (2007)

The elderly have been excluded in the following ways:

***4.1.1 Lack of information/awareness about the existence of the programs (OPCT and CT-OVC).***

Committee members have the responsibility of informing the elderly care givers about the social protection programs, the needed requirements before joining the program and where to collect the cash transfers. Prior to conducting field research, I had relied on information that the elderly population in my study area were beneficiaries of the OPCT and CT-OVC cash transfers for themselves and the OVC in their care respectively. However, during the research and when conducting the interviews, I began to understand that this

was not the case and that few of these respondents even knew about the existence of the cash transfer programs. As Sen (2000) argues, exclusion can be active or passive. Active exclusion for instance is seen when the elderly are excluded from benefiting from government provisions that have been set up to alleviate poverty and ensuring sustainability. Committee members also deliberately not informing the elderly about their entitlements and how to access the cash transfers can also be seen as active exclusion. On the other hand, being poor provides for passive exclusion. Being poor means that a person is not able to have access to resources and different opportunities that are available to other people to enable social well-being.

Of the 15 respondents I interviewed, six had never heard about the OPCT or CT-OVC cash transfers. According to the requirements advocated for eligibility (as mentioned in chapter three), these six respondents met these requirements and were eligible for both cash transfers. Most of the respondents were not happy to learn that they had been socially excluded by not being involved in acquisition of social benefits to which they were entitled as the elderly and as care givers as well.

One of the female respondents I interviewed, Jecinta was not happy to learn about the cash transfers and the eligibility procedure for attaining them

*“I am 76 years old. I have four grandchildren whom I have been raising on my own for the past eight years. I have never heard about these programs you are talking about. I do not understand why these people (meaning the committee members) have not made an effort to inform us about these programs. We are poor and have an additional burden of raising these children. If the money does not benefit us, who should it benefit?”* she asked.

I asked her whether she knew of a person who was benefiting from the program.

*“Like I have told you before, I did not know of the existence of these programs before today. You have just informed me about them. Nobody tells me anything. Some of the women we go to church with have grandchildren in their care as well, but we all work very hard to make sure that we provide for them. There has never been anyone else to help us with raising our grandchildren or inform us about these programs you are talking about”,* she continued.

Another respondent, by the name of Hannah had also never heard about either the OPCT or CT-OVC cash transfers. When I informed her that they are provided by the state, she was very curious in learning about the requirements for eligibility into the program. I informed her that according to the state, the minimum requirements entailed, being 65 years and above to be eligible for the OPCT program, and should have orphans aged 18 years and below to be eligible for the CT-OVC cash transfer. This is what she had to say.

*“I do not know nor have I heard about these programs. I have not shown interest in learning about any government provided interventions for the old aged like me since I always assumed that they are driven towards benefiting those who had been employed and have now retired. Since I have never been employed and have earned my income from this small shop, I did not get to know about the programs”,* Hannah said.

As I continued with the interviewing process, I learnt that some of these respondents did not only know about the existence of the programs, but they also did not know who to ask, or where to seek that information. They had never heard about the committee members and those who knew about them assumed that the committee members were involved in registration of retirees and disbursement of social pensions for those who were previously in the formal sector before retiring.

*“I have never worked in an office. I hear that only those old people who used to work in an office are registered”*, one of the respondents had informed me showing her lack of awareness of the beneficiaries of the cash transfers.

Access to cash transfers also entailed understanding the registration process including an individual’s area of residence and where to collect the funds. Cash transfers were administered by wards. Committee members registered new members according to their area of residence (wards). Members residing in a particular ward could only be registered in that ward and received their cash transfers in a specific location within the ward. For example, members registered in *Gatina* ward could only be registered in *Gatina* ward. Most of the respondents who were not aware about the cash transfers knew the name of their ward but did not know where the cash transfers were disbursed.

#### ***4.1.2 Unfair criteria for registration of members into the program***

As discussed earlier in this paper, the OPCT and CT-OVC programs are distributed nationally but are targeted to specific groups of people. Different dimensions are taken into consideration before one is eligible to join the programs.

##### **Age**

Age played a key role when registering for the cash transfers and determined one’s eligibility to the program. The elderly had to be 65 years and above for them to receive the OPCT cash transfer. They also had to have children below 18 years, who were orphans and living in their households for them to receive the CT-OVC cash transfer. However, information discovered while conducting interviews is that, this was not upheld for all members benefiting from the program. One of the members interviewed, who did not want her identity revealed said that she was enrolled into the program when she was 62 years and had been receiving the OPCT cash transfer for the past two years. She was able to join the program since her grandchild, who was one of the committee members assisted her in joining the program. This shows unfair practise during selection of members.

This bias in registration was also evident as some of the respondents informed me that they were not registered, as the committee members informed them that only people who had attained 65 years were eligible for the cash transfers. However, these respondents knew of some elderly people who had not attained the age of 65 years but had been registered and were already receiving the cash transfers. There was no transparency of how the selection process was done. Committee members came from these same areas and were

therefore biased on selecting members well known to them like their family members or close friends to their families.

### **Poverty measurements**

When determining members' eligibility for the OPCT cash transfers, committee members used property ownership (land or house) as a tool for measuring poverty. This meant that all elderly people who owned land or lived in their own house were not seen to be poor. 10 out of the 15 respondents owned land or the house they and their grandchildren lived in. This automatically disqualified them from receiving the cash transfers. Sometimes, this also was dependent on the committee member doing the registration. Some committee members were able to register people who lived in their own house depending on the relationship they had with the elderly person. For example, one respondent who was a house owner was able to receive the OPCT cash transfer since she was a friend to the committee member's grandmother.

Most of the respondents were not very happy about this criteria. They did not understand why owning land or a house would be used to measure their level of poverty, as they believed they were poor since they were not able to meet other basic needs like food, education or health care.

*"I own this house I live in with my husband and my grandchildren. We have had it since 1965 and this small land you can see here. We are too old to work on the farm or plant anything to feed the children. What do they expect us to do? Do we chop the house into pieces and feed it to the children? Just because we own the house does not mean we are not poor. We were well off in the 60's, but times are difficult now and we are not doing so well. We spent most of the money taking care of our ailing children who died from HIV. We are barely making ends meet in raising these children", she said.*

Another respondent had this to say about the issue.

*"I live in this house which I got as a gift from my employer in the 50's. I used to work for an English family and when they went back to England, they left me this small house. I could not have afforded it myself and owning it does not mean that I am rich .It only means that I can provide shelter for these children and do not have to worry about being evacuated by a landlord when I cannot meet the housing fee. Denying me the OPCT funds because I have a house is being biased as I am old and can barely make ends meet. I have four grandchildren that need me and it is my hope that they can reconsider their criteria since I these children have no one else who can help them except me".*

### **Children in the household**

All the respondents involved in the field research had grandchildren in their household who were eligible for the CT-OVC cash transfers. The cash transfer was provided for OVC below 18 years only<sup>1</sup>. All OVC in a household

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<sup>1</sup> The CRC and the Kenyan constitution defines a child as a person below 18 years of age.

below 18 years would benefit from the cash transfers and would stop benefiting after turning 18 years. However, most elderly care givers were not able to access this cash transfers which saw even the younger OVC not benefit from it.

Furthermore, administration of the cash transfer did not pay attention to the number of children in the household. The Kshs 3000 (\$33) received every month was not dependent on the number of children in the household. This meant that if one household had two OVC and another had seven OVC, both households would receive the same amount of money without paying attention to how these funds would affect their overall social well-being. This ultimately meant that a household with less OVC benefitted more from the funds than that with more OVC.

#### ***4.1.3 Bias and discrimination during distribution of cash transfers***

I was also able to learn that the elderly experienced discrimination during the disbursement of cash transfers. According to Jehoel-Gijsbers and Vrooman (2007) when analyzing both social exclusion and poverty, we look at different actors whose actions may lead to higher occurrences of poverty and social exclusion. In this case, committee members had been actors of social exclusion by being biased and discriminating against the elderly when distributing the cash transfers. Nine out of the fifteen respondents had knowledge about the cash transfer programs. However, five of them had not started receiving the cash transfers because of different reasons which I categorized as below.

##### **Those who had applied but had been rejected.**

Two of the respondents said they had applied but had been rejected from joining the programs. One of the respondents said that she had applied for the CT-OVC cash transfer for the four grandchildren in her care, but was rejected and did not know the reason behind the nullification of her application.

*This is what she said, "The committee members came to Riruta and registered all the people who had grandchildren in their care. I was also registered and even presented the death certificate of my daughter who was the mother to these children, but when the list with the selected members' names came, my name was not on it. I inquired about it and was informed that the committee member was not fully satisfied with the information I provided and was therefore not eligible for the cash transfer. I still do not understand what sufficient evidence I needed to produce and I do not know who to inquire from".*

As I later learnt when I visited the children's department in Riruta ward, she was not eligible for the program as the children's father was still alive. The grandmother had taken the children from him when he experienced a mental breakdown as a result of his wife's death and was in no position to raise them. However, I inquired from the department why she did not pass the eligibility test as the MPND (2012) was very clear that CT-OVC cash transfers are given to children who are totally orphaned or semi-orphaned meaning that children who had lost one parent were still eligible for the cash transfer. The lady at the

children's department was surprised that I had this information and informed me that they would follow up and revisit her registration. Saraceno (2001) as cited in Jehoel-Gijsbers and Vrooman (2007) argues, the magnitude of social exclusion obliges the society to provide equal opportunities for all. These opportunities come down to access to health care services, education, labor market, participation and opportunities for decision making.

Gitau, the 2<sup>nd</sup> respondent had also applied for the CT-OVC cash transfer for the five grandchildren in his care but had been rejected. The reason for his application being rejected was because he was registered for the elderly (OPCT) program in *Gatina* ward and his grandchildren lived in *Mutuini* ward. His application was not successful as he resided in a different ward from the one his grandchildren lived. He had a house in *Mutuini* where the grandchildren lived, while he lived in a smaller house in *Gatina*. He was not happy and clearly showed his dissatisfaction in the system of administering funds since he knew of a couple of people who were receiving cash transfers while they were registered in different wards.

*"This system is 'broken' and full of discrimination. My neighbor in Gatina has her grandchildren living in Waithaka and she was able to register there and get funding as well. I am doing my best to care for these children but the government is not helping at all", he said.*

One of the grandchildren in Gitau's care called Peter was paralyzed and needed assistance with basic needs like washing, eating and going to the toilet. Gitau had met with a committee member who was willing to register Peter for the disability program in *Mutuini* ward. However, for Peter to benefit and for the other grandchildren to be eligible for the CT-OVC funds, Gitau had to move and start residing in *Mutuini* ward. This would mean that he would lose the benefits he was receiving from the elderly program. He was not willing to take this chance as he was not certain that he would immediately start receiving the CT-OVC funds.

### **Those who are aware of the programs but were not registered.**

One of the respondents was aware that the programs existed but had not shown interest in registering. Christine owned a few rental houses and had a cow which produced enough milk to feed the grandchildren and sell some in the market. She used the income from the rental houses and the milk to educate her grandchildren, provide food, housing and health care. Though she revealed that the money was not sufficient to meet all their needs, she was not concerned with the state provided programs and had this to say.

*"I do not have the time nor the energy to queue for hours when these people (committee members) come to register us. They treat us like rubbish and say that we are lazy and that's why we are poor. I do not know any of them and they always register people that they know or are related to. I hate depending on other people and prefer working hard to care for my own grandchildren. That's why I have never registered", she said.*



### **Those who were registered but had not started receiving the money**

Two of the respondents acknowledged having being registered but had not started receiving the cash transfers. They were both registered for the OPCT cash transfer and since they had met all the required criteria, they hoped that they could start receiving the money as soon as possible. It had been three months since they were registered. The process of waiting and inquiring was a tedious process that needed a lot of patience. I came to learn from the respondents that sometimes the committee members would collect people's information but would not present it at the councilor's office (local government) who was in charge of presenting the final list of members to the SPP's cash disbursement office. On other occasions, committee members would misplace the recruitment list and the people would have to wait until the next registration was done.

On one of the afternoons that I spent at the children's department in *Waitbaka* ward, I learnt that many elderly care givers had been registered for the CT-OVC cash transfer but had not started receiving their funds. The committee members assured them that they would receive the funds after the processing of their information in the local government's database, but three months later, they were still waiting. It was expected that once a member met the essential requirements and was registered, they were supposed to start receiving their funds in a period of one month. Some who had not received their funds would keep following up, but some lost hope and decided to not inquire anymore.

#### ***4.1.4 The OPCT and CT-OVC cash transfers are taken to be mutually exclusive and therefore people cannot benefit from both of them at the same time***

The MPND (2012) is very clear about the eligibility for both cash transfers. It was possible to benefit from both programs at the same time if a person met the requirements as discussed earlier in this paper. During the field research, I was able to learn a lot about the two cash transfers from the few elderly care givers who were receiving either of the cash transfers. Though most of them were reluctant to reveal that they are beneficiaries (the reasons will be explained later in this chapter), they were willing to talk to me if I did not record the conversations and did not mention their names. They informed me that they were beneficiaries of either one of the programs as it was not possible to benefit from both programs at the same time. According to these respondents, the committee members did not register a person for another cash transfer if they were already receiving funds from another cash transfer. For example, if one was receiving funds from the elderly program, it was not possible to receive funds for OVC. Furthermore, if a person was registered and was benefiting from the elderly program, and then applied for CT-OVC cash transfer for the OVC in his/her care, they would end up losing the benefits from the elderly program. The committee members did not want members benefiting from both programs at the same time though they were entitled to them.

One of the respondents receiving the OPCT cash transfer informed me, “I am registered with the program for the elderly and I receive the funds every month. I had attempted to register my grandchildren with the program that cares for orphans but a friend informed me that I would lose the funding from the elderly program if they (committee members) learnt that I was already benefiting from the elderly program. This happened to her. I ceased the application process since I did not want to lose the funds I was already receiving. Even though the money is very meager, it is better than nothing”, she said.

### **Reasons why people receiving the cash transfers did not want to reveal it.**

People who had been registered and were receiving the cash transfers were not willing to inform others about it. This was because:

***They joined the system illegally.*** As we have seen earlier, some people had been able to benefit from the cash transfers illegally. This often happened when they knew the committee member doing the registration who had helped them get into the program. Some had not attained the age required for an elderly person to start receiving the OPCT cash transfer, but were already receiving the funds. Sharing this information with other people would mean looking into the registration process and how they got in, which could mean losing their benefits if someone discovered that they had joined the program illegally.

***Added benefits.*** Some people did not want to share information about receiving the cash transfers so that they could be considered for other helping interventions. As I discovered, people always want to be seen as poor so that they can have access to any assistance been offered. If other people in the community had knowledge that they were receiving the cash transfers, they would miss out on other interventions.

***Selfishness.*** Some people were just pure selfish and did not want others to benefit as well. Not sharing information of how the registration process goes, who does the registration or where to register meant that not many people would know about the programs and would therefore not benefit.

## **4.2 Entitlement approach-Sen's way**

Sen's entitlement approach was originally used in the context of starvation and famines. He focused on hunger and starvation and the ability of people to have access to food by using different legal means applicable in the society. He argued that people starved because they did not have the ability to command plenty of food. In our context, Sen's approach can be used to explain the exclusion faced by the elderly as they are not able to access social security provisions provided by the state.

Sen (1981) looks at social security provisions and employment entitlements. He argues that when providing social security for people, unemployed

people may receive relief, old people may get social pension and the poor receive different kinds of benefits. These benefits are the amount of resources a person can command and are part of their exchange entitlements. They are only afforded on condition that they do not have other sources of benefits. For instance, a person is entitled to unemployment benefits as long as they remain unemployed. Once they get employment, they are no longer entitled to these benefits. In our study, the old are entitled to the social security programs since they are old and are vulnerable to shocks and poverty.

Sen's entitlement approach is based on 3 categories: Endowment set, entitlement set and entitlement mapping/e-mapping. *Endowment set* comprises all the resources that a person legally owns including material assets like a house, vehicle, land and non-material assets like labor power, knowledge, skills, or membership to an organization or community. *Entitlement set* means a combination of all types of goods and services that a person is able to legally acquire by using the resources in their endowment set. A person is able to use their resources to acquire goods and services by trade, production or transfer. *Entitlement mapping/E-mapping* is the relationship between endowment set and entitlement set. It is seen as the rate at which a person is able to use the resources in their endowment set to acquire new goods and services. E-mapping is also reflected in cases of unemployment where one is eligible for unemployment benefits or when one fails to get a job, or acquires the right to have their income supplemented since it falls below a certain specified level. The elderly possess some endowment in the form of a house/ land or skills and knowledge accumulated over their many years of experience. However, they are not able to take part in entitlement mapping as they are not able to command the entitlement (cash transfer), since they have been excluded and denied access to this social provision. As Sen explained, command of goods and services depended on trade opportunities, entitlements present vis-a-vis the state, production opportunities and other different ways of obtaining the commodity. The elderly lose their endowments and their entitlements diminish as they grow old as they are not actively involved in trade or production. This could be dependent on a person's ability and health, education, employment opportunities, assets owned, skills they have, added kinship roles and so on (Tiwari 2010).

According to Chhachhi (2009), interventions should be able to reduce poverty among its beneficiaries. Social protection should ensure that people have access to basic needs in life like food, clothing, housing and health care. In the same way, social entitlements should be able to help people, not exclude them. She argues that entitlements have been targeted so that they only benefit a specific group of people, therefore excluding others. According to Chhachhi, entitlements can be citizenship-based, employment-based, community-based and market-based entitlements. She gave an example of citizenship-based entitlements that only benefited children and the old aged. In the 1990's a few schemes for the old aged were set up. By 1997 in Bangladesh, an old age allowance scheme was started which provided a monthly allowance for poor men and women in equal numbers. A school feeding program and health care services was also started to cater for the needs of the children. She also saw that employment-based entitlements were only afforded to those who were employed which saw a lot of exclusion of women in the employment sector.

Different assumptions existing within the family about gender relations saw male as the breadwinner and the provider for the house, ultimately marginalizing women in the employment sector. Furthermore, existence of inequalities within the family saw women being marginalized during disbursement of resources in the family. Community based entitlements included support given to the community especially by faith based organizations (FBO's) that came in when other interventions failed. On the other hand, market based entitlements were able to benefit those who could afford to take part in trade, production or exchange i.e. the rich thereby marginalizing the poor. The market is supposed to be fair for all, but only the rich are able to benefit from it. This is because interest rates are high and targeting is based on the poverty definition which takes into consideration income/consumption which therefore ends up excluding a large number of women who are disadvantaged. Even with the small saving and micro-credits they obtain, women are not able to get into higher income earning opportunities.

## Chapter 5

# Conclusion and Recommendations

This study has examined the elderly care givers role in skipped generation households and the implications of social protection programmes. It has discussed different ways through which they have been excluded by being denied access to social provisions that are meant to alleviate poverty and ensure sustainability in their households. According to MPND (2012) they are entitled to these provisions but have not been able to access them. As we have seen in this paper, this has being as a result of lack of knowledge and awareness about the existence of the programmes as this information has been withheld from them by the right channels of communication. The community members responsible for informing them about the cash transfers have not done so. Moreover, those who are already benefitting from the programs are not willing to share these information. In addition, unfair criteria for program selection has also ensured that some elderly care givers have not been able to access either of the cash transfers. Furthermore, bias and discrimination during the disbursement of the cash transfers where some people benefit from the cash transfers and others do not even though they meet the criteria. Lastly, the two cash transfers have been seen to be mutually exclusive and therefore the elderly care givers cannot benefit from both of them at the same time. This is contested as the MPND (2012) has clearly indicated that it is possible to benefit from the two cash transfers if members meet the eligibility requirements.

The elderly care givers are playing a major role in skipped generation households in caring for the grandchildren left behind when their parents die due to the AIDS epidemic. This paper has shown that these elderly care givers have had to carry out their roles in the midst of financial constraints to cater for their social well-being and those of the children in their care. It has even been made worse by the fact that they have being socially excluded from the state provided cash transfers and have to rely on other interventions for sustainability of their livelihoods.

### Recommendations

Committee members have been tasked with great responsibility to the overall outcome of the social protection programme to the community. To this effect, the process of selecting them should be done in an effective way to ensure that the right people are selected for the job. They should be competent, knowledgeable and well trained in carrying out their tasks. Performance appraisals should also be done to check the effectiveness of their work and whether they meet set goals and objectives and carry them out in a professional way.

Furthermore, committee members should not be the only source of information about the existence of the programmes. This information is important and should be informed to all community members. The government should adopt other methods of creating awareness including the most popular modes of communication within the community including radio, television, open air forums and weekly drives or using community initiatives and church

forums. This will ensure that every one is informed about the eligibility for these programmes and will cut down on discrimination and targeting errors.

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## Appendices

### Appendix I

### Interview Guide

When I got to the respondent's house, I would introduce myself and inform them about the purpose of the visit and the research topic. I would then assure them of the confidentiality of all information shared during the interview and would ask for their consent to record the conversations. If they agreed, we would proceed. The following questions would help in asking the questions during the interview, but not necessarily in this order.

#### Personal Details

What are your full names??

Gender?

How old are you?

#### Source of Income

What do you do for a living? Employed? Un-employed? Self-employed?

How much do you make in a month?

What other sources do you have for making income?

#### Expenditure/consumption

How much, in total do you spend in a month?

How much do you spend on:

- Food
- Health care
- Housing
- Education
- Electricity,
- Water
- Transport

#### Children in the Household.

How many children do you have in this household?

What are their genders?

How old are they?

How far have their progressed with their education?

Do they have any health problems?

Where are their parents?

How long have you been taking care of them?

#### Assets/Property Owned

Do you own a house or land?

Do you own a business?

**I would then ask them questions related to social protection programmes focused for the elderly and the OVC in their care.**

**Do you know about the OPCT programme?**

What is it?

What kind of people benefit from it?

Do you know the requirements for eligibility into the programmes?

If yes, which are they?

Do you know how to access it?

Have you been registered and are receiving the cash transfer?

If yes, when did you begin receiving your funds?

How often do you receive the money?

How much do you receive?

If No, why are you not receiving the money?

**Do you know about the CT-OVC programme?**

What is it?

What kind of people benefit from it?

Do you know the requirements for eligibility into the programmes?

If yes, which are they?

Do you know how to access it?

Have you been registered and are receiving the cash transfer?

If yes, when did you begin receiving your funds?

How often do you receive the money?

How much do you receive?

If No, why are you not receiving the money?

**I would also inquire about other forms of assistance that are not provided by the government that have been of assistance to the elderly care givers and the OVC.**

**Non-state interventions**

***Community Initiatives***

Do you know of any community initiatives that help the elderly and OVC?

Who are eligible?

What are conditions for receiving the assistance?

How have they helped?

How often do you receive the assistance?

***NGO assistance***

Are you receiving any assistance from an NGO?

What form of assistance do you receive?

What are the conditions for receiving the assistance?

How have they helped?

How often do you receive the assistance?

***Family and relatives***

Do you receive any assistance from your family or relatives?

What form of assistance do you receive?

Do they offer any conditions for receiving the assistance?

How often do they offer the assistance?

How has it helped?

**Questions about poverty.**

What is poverty?

Do you consider yourself to be poor?

What are your expectations of the state, community, family, NGO's in helping you with meeting the needs in the household as a poor person?