International Journal of Social and Development Concerns

ISSN 2524-1478 (Online)

Vol. 16 | Post COVID-19 Recovery and Sustainable development
Vol. 16 Article 9 | April 2023

(An International Publisher for Academic and Scientific Resources)

CASH TRANSFERS AND HEALTH SERVICES FOR THE ELDERLY IN KIAMBU COUNTY KENYA

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Editing Oversight
Impericals Consultants International Limited

Abstract: *Cash transfers for the elderly have proven to have broad-based, beneficial effects on consumption, food security, productive activities, and education. However, the research to date on financial transfers, health care, and morbidity is not only contradictory but also biased and has a smaller body of evidence when applied to Africa. The study sought to determine to what extent OPCT enhances access to health services by elderly persons in Kiambu County, Kenya. The study was a concurrent mixed method and targeted elderly persons 65 years and above. A sample of 385 determined by Cochran's formula was selected among beneficiaries of SCG. The study adopted probability sampling techniques with a focus on random sampling to select participants. In-depth interviews and Focused Group Discussions with professionals and beneficiaries served as primary data sources. Quantitative data were analysed using descriptive and inferential statistics with the help of SPSS version 25 while qualitative data were categorized and analysed thematically and presented in narrative, verbatim. Results showed that there were no many differences in the response that Health care services provided to elderly persons are satisfactory giving a standard deviation of 1.380. There was a greater dispersion in responses on family intervention in the event of health-related issues with a mean of 1.582. In conclusion, the results of the study showed that participants did not concur that OPCT covered all the expenses of healthcare services. Therefore, the study recommended that the government direct NHIF monthly payments for OPTC programme users so that they can automatically receive medical insurance coverage as necessary.*

Key Words: *cash transfer, elderly, Health, health services*

1.1 Study background

On the African continent, problems with aging and social protection have existed since the 1950s, during the colonial era. According to contributory and noncontributory pensions, social security for the elderly is set up and organized (Byaruhanga & Debesay, 2021 citing Palacois & Sluchynsky, 2006; United States Social Security Administration, 2011; Willmore, 2003). Cash transfers are intended to assist recipients in bettering their living circumstances and gaining access to social and economic

services. Social protection, especially cash transfers, has the potential to encourage healthy behaviors such as seeking medical attention (Wingfield, Kirubi, Viney, Boccia & Atkins, 2023). By offering a financial safety net to the weak or disadvantaged, which frequently includes older people, CTs assist recipients in maintaining their standard of living. Programmes for cash transfers (CTs) are currently a primary concern for many governments. Most governments in low- and middle-income countries are now placing a strong priority on cash transfers (CTs). As they have the ability to address the socioeconomic determinants of health and health inequities, CTs represent a positive public policy endeavor in the area of health promotion (Owusu-Addo, Renzaho & Smith, 2018).

Cash transfers for poor and disadvantaged people can improve access to health services and health outcomes in two ways: they can help them feel more secure in deciding which health needs to prioritize, and they can reduce worry about the costs of getting to health facilities and paying for treatment and tests. The effects of existing cash transfer schemes on removing barriers to elderly people's demand for health services were investigated in this study. Because the study focused on communities with a large number of older people, 51 percent of the 134 focus group discussion participants were receiving cash transfers - a substantially greater rate than the national average (Help Age International, 2018). Benefits of cash transfers for healthcare according to study participants' experiences, even though cash transfers were insufficient and mostly spent on food, they helped to improve healthcare access directly by allowing elderly people to pay out-of-pocket costs associated with getting to health services and receiving treatment. Furthermore, receivers from all four nations discussed how they make the most of cash transfers to enhance the amount of money available for healthcare, especially in an emergency. These included borrowing money with it as collateral, investing it in income-generating businesses, and joining savings groups (Pega, et. al. 2022)

Cash transfers were also found to support elderly people's healthy behaviors, since recipients were able to purchase more food, safe water, and hygiene goods. In Mozambique, respondents who received some type of financial transfer were much more satisfied with their household's ability to fulfill costs related with healthcare and personal needs. In comparison to 47% of individuals who did not receive cash transfers, over 60% of those who did received cash transfers were happy with their ability to cover healthcare-related costs (Help Age International, 2018).

Women reported a slightly more beneficial effect of cash transfers on access to healthcare than males in focus group talks across all nations, probably due to enhanced health awareness and thus a higher likelihood of seeking healthcare when needed. However, no gender disparities in cash transfer utilization were discovered in the Mozambique survey. Several examples of how elderly persons use cash transfers to seek health care were offered in focus group discussions and key informant interviews. Specifically, covering transportation costs to hospitals or health facilities for them, and their careers, supplementing the cost of consultations, treatment, and medication; and enabling elderly people to support their grandchildren's access to health services, such as by purchasing community health insurance cards for grandchildren (Molyneux, & Thomson, 2011).

Ability to seek medical help when needed, knowing when to seek medical help and being able to do so using household resources are two significant aspects that influence elderly people's access to health care. Given the competing demands on, and limitations on, household resources, it can be difficult for elderly individuals to prioritize their health requirements – especially if they do not contribute directly to household income. Elderly people who received financial transfers, on the other hand, said they felt empowered to make decisions about their money, including accessing healthcare. Most of them still

prioritized the needs of others in the house, especially children, but they felt more in charge now. This boosts their self-confidence and sense of belonging (Gaarder,et. al., 2011)

In a survey conducted in Mozambique, it was discovered that elderly persons who received cash transfers were more likely than those who did not get cash transfers to prioritize healthcare spending. Access to healthcare costs were a top three priority for 44 percent of persons receiving cash transfers, compared to 37.5 percent of those who did not get cash transfers. This rate jumped to 53% among cash transfer recipients who had at least one self-reported chronic condition. That cash transfers were linked to health awareness programs in Ethiopia and Tanzania, they were particularly effective at boosting elderly people's skills to recognize and act on their health needs (Ebenezer, 2018). Various health promotion activities were carried out in cash transfer pay points in Bahrtseba, Ethiopia, to encourage users to spend some of the money from the cash transfer to promote healthy behavior, such as purchasing nutritious food, soap, and investing in improved sanitation and clothing. Meanwhile, in Tanzania, health initiatives were an important aspect of the cash transfers, with money being given out only if people attended health workshops and went to health facilities for treatment. Evidence suggests that these interventions aided in raising awareness of health issues and the need for treatment, as well as encouraging the adoption of healthy behaviors that can have a direct impact on health (Gaarder,et. al., 2011)"The awareness training that takes place around pay days helped us focus on using some of the money for accessing health services," elderly Ethiopian men remarked.

Access to health services and the ability to pay for treatment; A substantial number of older adults who received a financial transfer reported they utilized it to offset some healthcare bills across all focus group talks. In Mozambique, for example, approximately a third of survey respondents said they used financial transfers to cover the costs of (Yao, & Agadjanian, 2018). Taking care of transportation costs Transportation costs were reported as one of the key impediments to receiving health services by elderly individuals in all four nations. As previously stated, distances to health services are sometimes long, especially in rural areas, and mobility among the elderly is often limited. Cash transfers are believed to be significant in helping older persons and their careers pay for transportation to health services.

In Mozambique, survey respondents who received a cash transfer evaluated their household's ability to cover healthcare transportation costs 15% higher than those who did not get cash transfer. The ability to use cash transfers to pay for transportation costs is especially vital for those with chronic or long-term illnesses who require ongoing care. This was especially true for elderly persons on antiretroviral (ARV) treatment in Ethiopia and Zimbabwe, where cash transfers were discovered to be a vital source of income for ensuring treatment adherence(Agha, 2012).

This is consistent with findings from a poll in Mozambique, which found that respondents with chronic illnesses were more likely to use the PSSB to cover healthcare costs. Cash transfers have also been noted as having widened people's options of health services by helping with transportation expenditures (Ebenezer, 2018).Fees, treatment, and medications must all be paid for. Elderly persons said they struggled to pay for not only travel but also medical expenditures, notably medication. Elderly persons in all four nations mentioned using cash transfers to offset some of these expenditures in focus group talks. Paying consultation and hospital fees was a particularly major use of financial transfers in Ethiopia, where health services are not free at the point of delivery.

Despite the fact that senior people in Mozambique, Tanzania, and Zimbabwe are entitled to free healthcare, underfunding of health systems sometimes means that elderly people's health entitlements

are not fully enforced, and they are nonetheless expected to cover some treatment costs. In Zimbabwe, where public health facilities are severely underfunded, elderly individuals have spoken about using financial transfers to pay for private treatment. Elderly folks in Mozambique said they had to pay for some operations (Help Age International, 2018).

Lack of access to medication was a major source of concern among the elderly. Elderly people in all four countries discussed the need to cover the costs of medicines because, in most cases, the prescribed medication is not readily available at health centers – either due to a lack of stock or, more commonly, because the medication required is not on the essential drugs list and thus is not provided free of charge. In this context, several older persons mentioned using cash transfers to get medicine, however the bulk of them were still unable to do so. In addition to meeting some of their own health needs, many older persons said they used monetary transfers to help family members, particularly grandkids, receive healthcare (Ebenezer, 2018). In Tanzania, elderly people discussed how they used cash transfers to buy Community Health Funds (CHF) cards for the children in their care, which are a type of health insurance that allows disadvantaged children to receive healthcare.

Situation in Uganda is no different from the aforementioned studies. Studies suggest that older people's access to healthcare in Uganda is severely limited by a number of barriers including poverty, long distance to health facilities, transportation, lack of trained caregivers, bribery and corruption, informal costs, negative attitudes and the inapproachability of health workers (Madinah, 2016; Sanga, 2013). Many older people are vulnerable and marginalised, less productive because of their poor health and also face high levels of poverty. HIV/AIDS is a major public health challenge in Uganda, yet there is limited data on the prevalence, incidence and impact of HIV infection amongst older persons, which has significant repercussions on how health policies are framed and implemented (Situational analysis report, 2020, Halkitis, et. al., 2017). This is mainly due to a fundamental barrier: the social stigma on sexual activity in old age. This translates into an overarching policy focus on working age adults, and discrimination of older patients by health workers (Situational analysis report, 2020).

In Uganda, many older people face financial difficulties because of the lack of social security, which makes it difficult for them to meet their basic needs, including accessing healthcare services .Only a small proportion of older people (7.1%) have access to pension because they had the opportunity to work in the formal employment sector while the majority are left with no regular income to rely on. Furthermore, the elderly experience disabilities that limit their access to healthcare yet there are no disability grants to help them meet their health needs. These challenges are worse in the rural areas where older people are particularly vulnerable due to financial resource limitations and discrimination at health facilities (Nankwanga & Neema, 2020).

Not much has been done in Uganda regarding the healthcare of the elderly in both rural and urban areas. However, a recent quantitative study by Akpanya, (2018) revealed that self-reported non-communicable diseases such as hypertension, diabetes, cancer and heart disease, as well as other factors such as severity of the disease, mobility limitations, household wealth status and earning wages were among the major factors determining access to healthcare services. An earlier qualitative study by Mulumba et al. (2014) on perceptions and experiences of access to public healthcare found stigmatisation, political marginalisation, lack of access to appropriate medicine and health services and lack of transport as some of the challenges faced by people with disabilities and older people in accessing healthcare services in public healthcare facilities.

A critical aspect of a person's wellbeing is the onset and impact of disability in old age. Ageing is most commonly associated with difficulties in mobility and movement, vision and hearing, as well as mental deterioration. In Uganda, older women are much more likely than older men to suffer from disabilities in old age. Treatable health issues can lead to permanent disability when an older person lacks a support network and has limited access to healthcare. For example, untreated cataracts often lead to blindness even though a simple operation can fully restore sight. The onset of disability in old age leaves a person more vulnerable than if they would have developed the disability when younger. A young person and their family are better able to adapt their lifestyles to meet the additional needs of the disability in a context of limited resources. In contrast, an older person who has developed a new disability can struggle to adapt, and tensions arise among family members who now feel burdened with the role of becoming long-term careers. An older person will also experience immense frustration as they gradually lose their autonomy. In rural areas, simple assistive devices such as glasses or hearing aids are difficult to find. An older person who is gradually acquiring a disability becomes isolated because of inadequate rehabilitation services, economic poverty and lack of care. In the end, older persons tend to withdraw from social activities and interactions as they age and develop disabilities. They can also suffer from neglect as their families are unable to devote time and financial resources towards the additional costs (Silverstein, & Parker, 2002).

According to Lincoln (2015), obtaining healthcare is no longer a difficulty because most elderly people are susceptible to immune-related illnesses, such as arthritis, and regular medication is required. As a result of the program, such groups now have a glimpse of hope, as they are no longer at risk of dying from a preventable illness (Lincoln, 2015). However, natural and societal tragedies, such as disease outbreaks like the COVID-19 virus, floods, and earthquakes, are not considered in a monetary distribution to the elderly. Regardless of the situation, the cash amount remains constant. According to current reports, the older population is particularly vulnerable to the COVID-19 virus, with the majority of them dying. As a result, the government should include contingency plans for unforeseen events (Wanyama & Nyambedha, 2017).

An Older Persons Cash Transfer Programme (OPCT) was launched by the Kenyan government in 2006 with the intention of helping elderly persons who were regarded most deserving based on a predetermined set of criteria. It can be difficult to distinguish between beneficiaries and other extremely poor community members who are near as deserving of the cash transfer (Ellis, 2012). This is especially true in resource-poor areas where there is a lack of reliable data on income, earnings, and consumption. A perception of injustice in the targeting process can result from unsuccessful targeting, which can have long-lasting negative effects on communities (Ellis, 2012) and harm social cohesiveness (Freeland, 2018).

Universal benefits are typically preferred in order to avoid this feeling of unfairness and to reduce conflict among otherwise reasonably homogeneous groups. For this reason, Kenya is moving toward implementing the Inua Jamii 70+ universal cash transfer program for senior citizens. In nations with the inadequate administrative ability to manage complex targeting or conditional cash transfer programmes, universal programmes are also considered as being more cost-effective (Slater, 2011).

Policymakers in Kenya and other sub-Saharan African nations that use cash transfer anti-poverty interventions and similar targeting approaches to choose beneficiaries for social protection programmes, as well as academics specializing in social protection in later life, will be particularly interested in the findings of this paper.

1.2 Literature review

In order to reduce poverty, equalize the social and economic standing of different society members, and end gender inequalities, a number of programmes were put into place in the 20th and 21st centuries to support parents and families These initiatives can be divided into four groups: (i) cash transfers contingent on employment, or "CTE" (such as an income tax credit); (ii) universal cash transfers, or "UCT"; (iii) non-cash benefits for employees; and (iv) non-cash unconditional benefits (Drejerska, Chrzanowska & Wysoczański, 2023 citing Farah Quijano 2009; Garganta et al. 2017; Mariano 2020; OECD 2011).

Recent analyses of the relationship between cash transfers and mental health indicate that these initiatives may also help people with better mental health, as measured by things like depressive symptoms, psychological distress, salivary cortisol, behavior issues, low self-esteem, geriatric depression, quality of life, neurotic disorder, and trauma symptoms While reviews generally show a positive benefit, there is conflicting data, with cash transfers occasionally having null or variable effects depending on demographic factors including income and gender (Maara, Cirillo, Angeles, Prencipe, deMilliano, Lima & Malawi SCT Evaluation Team, 2023 citing Barto et al., 2022; J. McGuire et al., 2022; Zaneva et al., 2022; Zimmerman et al., 2021).

The Kenya National Safety Net Program (Kenya National Safety Net) consists of four cash transfer programs: the Hunger Safety Net Cash Transfer, the Cash Transfer for Orphans and Vulnerable Children, and the Cash Transfer for Persons with Severe Disabilities. In Kenya, older individuals experience poverty at considerably higher rates and levels than the general population. The creation of OPCT, a noncontributory pension aimed at the poorest and most vulnerable, was necessary because less than 5% of older people have access to contributory pensions, which primarily target formal sector workers (Ezeh et al., 2006; Kakwani et al., 2006).

The OPCT sought to ensure a basic income for the most disadvantaged and impoverished seniors, who were 65 years of age or older. In 2006–2007, it was first piloted with 300 beneficiaries in three underprivileged districts. Following this, it saw a substantial growth spurt, reaching 343,751 recipients nationwide in 2017 (National Social Protection Secretariat, 2017b). Each recipient received a monthly stipend of 2,000 Kenyan shillings (about $20) distributed by designated payment agents. According to Derbyshire (2018) and the Hunger Safety Net Programme (2017), the Kenyan government expanded the OPCT's scope in 2017 to include all senior citizens aged 70 and above, regardless of their economic level.

The role of established cash transfer programmes in promoting livelihoods has been highlighted in previous analyses of their overall effects (Fisher et al., 2017; Bonilla et al., 2017; Kenya CTOVC Evaluation Team, 2012); improving the intra-household status of female beneficiaries; and fostering human capital among household members through increased school enrollment. Less is known about the effectiveness of noncontributory pensions or cash transfers, particularly for older people.

1.3 Materials and methods

The study was a concurrent mixed method and targeted elderly persons 65 years and above. A sample of 385 determined by Cochran’s formula was selected among beneficiaries of SCG. The study adopted probability sampling techniques with a focus on random sampling to select participants. In-depth interviews and Focused Group Discussions with professionals and beneficiaries served as primary data

sources. Quantitative data were analysed using descriptive and inferential statistics with the help of SPSS version 25 while qualitative data were categorized and analysed thematically and presented in narrative, verbatim.

1.4 Results

This section presents the findings of this study. Out of the 385 questionnaires that were administered, 350 were fully filled and returned while 35 of the questionnaires were either not dully completed or not returned. Response rate was calculated by dividing the number of usable responses returned by the total number eligible in the sample chosen. The response rate was calculated as follows:

$350/385 \times 100 = 90.9$ %.

A response rate of 90.9 % was sufficient for analysis and making an examination of the findings. Response rates approximating 60% for most research should be the goal of researchers and sufficient for analysis (Fincham, 2008).

OPCT affects access to health services by elderly persons

The study sought to determine to what extent OPCT enhances access to health services by elderly persons in Kiambu County, Kenya. Categories of variables included: health care services for elderly persons are available, health care services for elderly persons are accessible, health care services for elderly persons are affordable, there are adequate health facilities and treatment for elderly persons, elderly persons feel discriminated against while accessing health care services, health care services provided to the elderly persons is satisfactory and family intervenes in the event of health-related issues. The responses were measured on a scale of 5 where 1 strongly disagreed, 2 disagree, 3 neither agree nor disagree, 4 agree and 5 strongly agree. The findings were as distributed in the table below. The results were as shown in the table below.

Table 1

Distribution be OPCT and access to health services

Variables	SD		D		N		A		SA	
	F	%	F	%	F	%	F	%	F	%
1. Health services available	77	22	114	32.6	46	13.1	51	14.6	80	17.7
2. Health services accessible	89	25.4	66	18.9	44	12.6	71	21.7	75	21.4
3. Health services affordable	104	29.7	66	18.9	55	15.7	59	16.9	66	18.9
4. Health facilities and treatment adequate	63	18	126	36	23	6.6	52	14.9	86	24.6
5. Discrimination while accessing health services	106	30.3	57	16.3	59	16.9	64	18.3	64	18.3
6. Satisfactory health services	122	34.9	86	24.6	33	9.4	80	22.9	29	8.3
7. Adequate family support	102	29.1	80	22.9	68	19.4	11	3.1	89	25.4

Source: Field data, 2022

Results showed that a higher number of participants strongly disagreed that the health services rendered to them were satisfactory at 122 (34.9%). This means that much as health services were available and OPCT contributed, the funds did not do a lot in terms of enabling the elderly get satisfied with health services despite receiving the funds. Many participants strongly agreed to health facilities and treatment as adequate to them, 86 (24.6%).

The cash transfer had improved the participant psychologically as one said:

> *I feel that it has helped me. I can say I feel more important with this money, mainly in relation to my family because with this money I can help my grandchildren a little bit. (P4, 2022)*

Other participant linked cash transfer with health through how they spent the money on food in turn improving their health. A *Participant from the country, 82 years old, single, and living alone, 2022* observed that:

> *I solely use it for my food and for my market. I'm really appreciative to the mayor for providing me with his land because I only use it for the fruit market and I like to eat fruit. Naturally, if I didn't eat fruit, which is highly healthy and aids in my movement, my health would be worse (P 6, 2022).*

Another participant had this to say:

> *We get this money for helping the wazee (elderly) then we go for treatment. Sometimes, even before the pay day, you can go and get treated at the hospital on credit, then refund later on'. We also use the money to buy medicane for ourselves even times we are not able to go to hospital* (P5, 2022).

The findings of this study are consistent with other studies. Evidence of the effects of cash transfers was generally consistent in the direction of effect, indicating improvements in the indicators across all three indicator areas: utilization of health services, dietary diversity, and anthropometric measures. Overall, the evidence shows that, while the cash transfers under review have significantly increased the use of health services and dietary diversity, changes in design or implementation features, including complementary actions (such as dietary supplements or training in behavioral change), may be necessary to achieve greater and more consistent impacts on child anthropometric measures (Bastagli, Hagen-Zanker, Harman, Barca, Sturge, Schmidt & Pellerano, 2016).

A respondent also observed that the cash transfers improved their access to health services and sanitation.

> *We feel the money we are given helps us because we can buy soap and wash clothes, we can access clean water and we have good health care. Without this money we would not even manage a means of transport to the clinics and hospitals (P 5, 2022).*

This findings are in line with previous studies that revealed CT had an influence on both sanitation and health outcomes. Instead of waiting for the condition in question to become chronic, households receiving CTs might choose to use the extra money to boost their spending on healthcare and—where necessary—employ medical services more frequently. The funds could also be utilized to provide better sanitation and hygiene products and services. CTs may boost participation in public health insurance programmes in nations with such programmes as Ghana and Tanzania. However, how well they can affect people's health status greatly depends on their quantity It is obvious that improving

health and preventing sickness can have an impact on labour supply and, consequently, food consumption (Burchi, Scarlato & d'Agostino, 2018).

Receiving Cash transfers in relation to their health

On the question to what extent do you agree with these statements with regard to when you started receiving Cash transfers? The participants responded as summarized in the table:

Table 2
Cash transfer and health

	SD		D		N		A		SA	
Variables	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**
1. Improved physical functioning	17	4.9	35	10	57	16.3	117	33.4	124	35.4
2. Enabled access to health services	77	22	73	20.9	21	6	63	18	116	33.1
3. Feeling energetic	42	12	61	17.4	79	22.6	79	22.6	89	25.4
4. Improved social networks	63	18	62	17.7	67	19.1	84	24	74	21.1
5. Improved health in general	10	5.1	86	24.6	147	42	99	28.3	8	1
6. Feel health because of OPCT access	30	8.6	62	17.7	86	24.6	105	30	67	19.1
7. OCPT cares for health costs adequately	10	2.9	54	15.4	86	24.6	104	29.7	96	27.4
8. Improved health seeking behavior	30	8.6	18	5.1	39	11.1	137	39.1	126	36

Source: Field data, 2022

As presented in the table, many participants strongly agreed that OPCT had generally improved their lives in terms of their physical health and functioning, general body energy and access to health services. The high scores of 124 and 116 justify this. On improving social networks, the score was low meaning participants felt OPCT did not necessarily improve their social networks since when they interacted with their fellow beneficiaries they did not have ample time to interact more and build solid networks.

The findings of this study concur with a study by Chepngeno-Langat, et al. (2022) which revealed that beneficiaries of the OPCT were more likely to report that they were slightly better off in meeting their basic needs compared to non-beneficiaries. Half (50%) of the beneficiaries reported that they had at least some money to meet their basic needs, compared to 41% of non-beneficiaries ($p < .05$). Other previous analyses on the general impact of established cash transfer programmes have highlighted their role in promoting livelihoods (Fisher et al., 2017).

1.5 Conclusion

The study determined to what extent OPCT enhance access to health services by elderly persons in Kiambu County, Kenya. Mokuau and Fong (1994) suggest that the responsiveness of health services may be measured according to three criteria: availability, accessibility, and acceptability. The second

goal was to ascertain how OPTC affected elderly people's access to healthcare. Many of the recipients have chronic illnesses, which indicates a need for medical care whose costs cannot be met by their meager incomes. The results of the survey showed that the respondents did not concur that OPCT funds covered all of the expenses incurred by healthcare facilities. The responses to the statement "Healthcare services offered to senior folks are satisfactorily giving a standard deviation of 1.380" revealed significant variances. The empirical studies showing that OPCT services do not motivate recipients to seek medical treatment support this.

The OPCT funds failed to record any improvements in the level of poverty or the family's health status at the household/family level. However, the OPCT funding helped to a certain extent ease family strife, especially when the money was received. A potential explanation for the conflicting priorities in how elderly people spend their money is the multiple requirements they have, including food, shelter, clothing, and dependents.

1.6 Recommendation

The elderly should be encouraged to join welfare organizations so they can mingle, share, educate one another, make friends, and even fight for their rights. According to the current economic conditions in the nation, the government should increase funding for the program in order to encourage seniors to save money and sufficiently cover their fundamental needs.

The study's findings will increase geriatric and gereontological social workers' understanding of how to help their clients handle the psychological, emotional, and social difficulties brought on by poverty.

References

Agha, S. (2012). Factors associated with HIV testing and condom use in Mozambique: implications for programs. *Reproductive Health*, *9*(1), 1-9.

Akpanya, S. (2018). *Factors Influencing Access to Healthcare among Aged in Keta Municipality* (Doctoral dissertation, University of Ghana).

Byaruhanga, I., & Debesay, J. (2021). The impact of a social assistance program on the quality of life of older people in Uganda. *SAGE Open*, *11*(1), 2158244021989311.

Freeland, N. (2018). *Poverty-targeting: The social protection flaw?* Development Pathways.

Drejerska, N., Chrzanowska, M., & Wysoczański, J. (2023). Cash transfers and female labor supply—how public policy matters? A bibliometric analysis of research patterns. *Quality & Quantity*, 1-22.

Gaarder, M. M., Glassman, A., & Todd, J. E. (2010). Conditional cash transfers and health: unpacking the causal chain. *Journal of development effectiveness*, *2*(1), 6-50.

Halkitis, P. N., Krause, K. D., & Vieira, D. L. (2017). Mental health, psychosocial challenges and resilience in older adults living with HIV. *HIV and Aging*, *42*, 187-203.

Molyneux, M., & Thomson, M. (2011). Cash transfers, gender equity and women's empowerment in Peru, Ecuador and Bolivia. *Gender & Development*, *19*(2), 195-212.

Mulumba, M., Nantaba, J., Brolan, C. E., Ruano, A. L., Brooker, K., & Hammonds, R. (2014). Perceptions and experiences of access to public healthcare by people with disabilities and older people in Uganda. *International journal for equity in health*, *13*(1), 1-9

Nankwanga, A., & Neema, S. (2020). Access to health and healthcare among older persons in Uganda. In *Health and Care in Old Age in Africa* (pp. 78-94). Routledge.

Owusu-Addo, E., Renzaho, A. M., & Smith, B. J. (2018). The impact of cash transfers on social determinants of health and health inequalities in sub-Saharan Africa: a systematic review. *Health policy and planning*, *33*(5), 675-696.

Pega, F., Pabayo, R., Benny, C., Lee, E. Y., Lhachimi, S. K., & Liu, S. Y. (2022). Unconditional cash transfers for reducing poverty and vulnerabilities: effect on use of health services and health outcomes in low-and middle-income countries. *Cochrane Database of Systematic Reviews*, (3).

Silverstein, M., & Parker, M. G. (2002). Leisure activities and quality of life among the oldest old in Sweden. *Research on aging*, *24*(5), 528-547.

Wanyama, F. O., & Nyambedha, E. O. (2017). Political patronage and the expansion of cash transfer programmes in Kenya. Politics, Public Policy and Social Protection in Africa, 26- 44. https://doi.org/10.4324/9781315179599-2

Wingfield, T., Kirubi, B., Viney, K., Boccia, D., & Atkins, S. (2023). Experiences of conditional and unconditional cash transfers intended for improving health outcomes and health service use: a qualitative evidence synthesis. *Cochrane Database of Systematic Reviews*, (3).

Yao, J., & Agadjanian, V. (2018). Bypassing health facilities in rural Mozambique: spatial, institutional, and individual determinants. *BMC health services research*, *18*(1), 1-11.