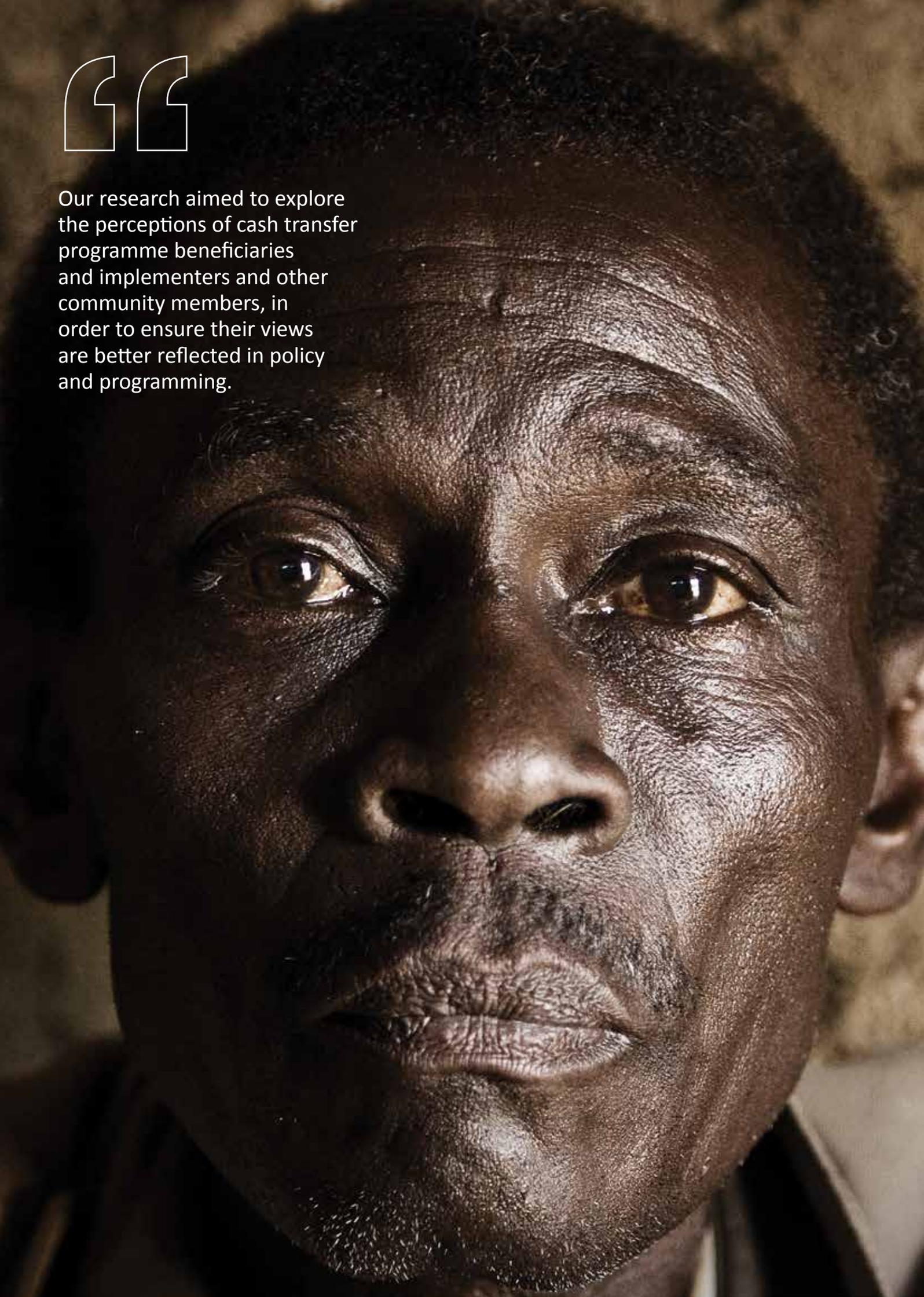


Beneficiary and community perspectives on the Senior Citizens Grant in Uganda





Our research aimed to explore the perceptions of cash transfer programme beneficiaries and implementers and other community members, in order to ensure their views are better reflected in policy and programming.



Introduction

Key points:

- **Most respondents saw the Senior Citizen Grant as an appropriate response to the particular vulnerabilities and impoverishment of older people, with clear-cut and effective targeting.**
- **Beneficiaries reported improved individual and household material wellbeing coupled with increased self-esteem and status within their communities.**
- **Suggested improvements included functional paypoints closer to homes, consideration of higher transfer values and lower age eligibility and enhanced linkages with complementary services, with sustainability an overarching concern.**

The Senior Citizen Grant (SCG) in Uganda is an unconditional cash transfer (CT) implemented by the government since March 2011 (with first payments in September 2011) as part of the five-year Social Assistance Grants for Empowerment (SAGE) pilot led by the Ministry of Gender, Labour and Social Development. SAGE is part of the broader Expanding Social Protection programme designed in 2009 to reduce chronic poverty and improve life chances for poor men, women and children by embedding a national social protection system within Uganda's national planning and budgeting. A quarter of Uganda's population lives in absolute poverty and 43% of the non-poor are insecure (vulnerable to falling into poverty); over a fifth of households in the poorest decile are headed by an older person. By June 2012, the SAGE pilot had been rolled out in all 14 pilot districts of the country, and by February 2013 the SCG was reaching approximately 60,000 households.

The SCG is designed to reduce old-age poverty by providing a minimum level of income security through monthly CTs of about \$8.70¹ to people aged 65 years and above (60 years and above in Karamoja). Beneficiary selection occurs through a recently initiated automated national civil registry or an on-demand registration process involving community-based local government structures. Monthly transfers are delivered directly to beneficiaries' Mobile Money accounts through MTN Mobile Money – an instant e-money transfer service – and converted into cash by MTN agents at designated paypoints.

This country briefing draws on qualitative research focusing on beneficiary and community perceptions of the SCG as part of a broader research project in five countries (Kenya, Mozambique, Occupied Palestinian Territory (OPT), Uganda and Yemen) by the Overseas Development Institute (ODI) in partnership with national research teams involving primary and secondary data collection and analysis, commissioned by the UK Department for International Development (DFID). The aim of our research was to ensure policy and programming better reflect the views of programme beneficiaries and implementers and other community members. The study was conducted in two districts of Uganda – Kaberamaido in the east and Nebbi in the north – where the SCG is being piloted.

1. The value of the transfer is revised annually. It can purchase about 8 kg of sugar, 10 kg of rice, a complete treatment dose for malaria or labour in gardens for at least a week. The value received represents less than a quarter of the international poverty line of \$1.25 a day.

Poverty, vulnerability and coping strategies



Most respondents described poverty as an inability to meet basic needs, owing to a lack of resources and income opportunities, social positioning and influence over their environment. Lack of capacity to influence events and cope with episodic shocks was also identified, to which a range of factors contribute; lack of access to resources (e.g. land and credit), insecurity, inadequate access to basic services, low levels of education, poor health status, living in fragile and hazardous locations (especially in Kaberamaido), death of family members, especially breadwinners, rural–urban migration and decreases in urban–rural remittances, physical disability, inability to engage in productive activities, and loss of jobs or other sources of income.

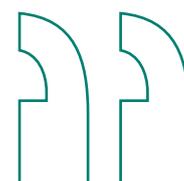
Disintegration of social structures and/or absence of the basic informal networks that could help poor individuals or households manage

shocks were also seen to heighten vulnerabilities. Behavioural factors – alcoholism, large family sizes and polygamy – contribute to poverty in some cases. Older people in particular suffer from a number of specific vulnerabilities, contributing to loss of autonomy, dignity and respect.

‘I used to drink milk when I had my cows but now I do not. I used to brew and sell local brew and get money but now I do not. I used to be a fishmonger but now I am not capable. My children used to eat well but now they do not. I used to buy good clothes for my children but now I cannot. I used to be energetic but now I am weak. People used to respect me but now they do not’ (widow, 78).

Major coping strategies include engaging in casual labour, turning to immediate family and social networks, participating in self-help groups and associational arrangements, borrowing from friends and relatives, selling assets, reducing consumption, and withdrawing children from school.

Almost all coping strategies are informal, although some respondents also identified government and non-governmental support services. According to official estimates, less than 10% of older people have any pension, savings or formal social protection.



Being poor and vulnerable is when one has no support from his family members, being abandoned, having completely nothing.

(79-year-old man, Nyapupii, Nebbi District)

Experiences of CTs and perceptions of programme design and implementation

Positive and negative experiences of the SCG

Beneficiaries perceived the SCG as a dependable livelihood source and a sign of the government's commitment to meeting their needs. They reported many positive and often intertwined effects of the CT at individual and household/community levels. Most beneficiaries said the cash had improved their self-esteem, status and empowerment, and enabled them to be active members of their households and communities.

Beneficiaries enjoy being able to buy new clothes for themselves. At the same time, being more 'presentable' allows them to interact more with others, hence solidifying social contacts. The transfer enables improved access to health care and investment in home improvements, livelihoods and productive activities.

At household level, the transfer has improved capacity to meet not only beneficiaries' basic needs but also those of children under their care, such as household nutrition and school expenses. Relations between elderly parents and their married children, and other relatives, have also improved as a result of reduced dependency. At community level, the transfer has boosted the local economy and improved beneficiaries' sense of status.

Female beneficiaries were more likely than their male counterparts to spend cash on meeting the needs of children. The cash has also contributed to women's greater sense of economic and social empowerment, through control over regular financial resources and improved participation in intra-household decision making.

A few respondents mentioned inappropriate use of the CTs by some beneficiaries, e.g. alcohol consumption and, in some cases, reduction or 'crowding-out' of family support, including remittances, intra-family transfers and other forms of informal support. Nevertheless, some even viewed this positively, with the SCG seen as relieving their adult children of onerous economic

responsibilities for their older parent's welfare. Overall, findings show the SCG has helped strengthen rather than weaken social networks and connections for older people.

Perceptions of programme design and implementation

Knowledge of the SCG was high among most respondents. Almost all beneficiaries and other community members understood the eligibility criteria, targeting process (including procedures for identification and selection of beneficiaries), key actors (especially at district level), payment processes and transfer amount, as well as the frequency of transfers. Awareness of the implementation sites – especially at the sub-county level – was also very good. Some were unsure of the source of the funds for the transfer programme – government, donors, gifts or charity.

Both beneficiaries and other community members agreed the SCG targeted one of the most vulnerable population groups and saw the targeting process as fair, with no significant differences in experiences of targeting or enrolment based on the different methods used (automated registration in Kaberamaido; community registration in Nebbi). In both districts, the SCG was perceived to be less prone to potential corruption than other types of programmes, as money is given directly to beneficiaries and the process of accessing the benefits is clear.

A considerable number of both beneficiaries and other community members felt the value of the transfer was sufficient (enough to meet the basic needs of older people). Protection of beneficiaries against inflation (through periodic adjustment of the CT value) was also greatly appreciated. However, some felt the amount was insufficient, and that older people also needed systems of care to provide them with sustainable support. Some also perceived the eligibility age to be too high. The general feeling was that poor older people start the ageing process and lose their physical vitality early in life because of persistent vulnerability to malnutrition and ill-health.

The SCG is very new; at the time of the study, transfers had been made for just 10 months in Kaberamaido and 5 in Nebbi. It is thus remarkable that the programme has already had such important effects on beneficiaries' lives, and that the complex implementation processes extending from national to district to sub-district level are running so effectively.

Challenges reported in programme implementation included difficulties proving the age of beneficiaries (especially in sub-counties where the civil registration exercise had not yet taken place), staffing gaps at local government level, delays in reporting beneficiaries' deaths, network/system failures at paypoints, long distances to paypoints, raising opportunity costs of accessing benefits that create difficulties for the frail elderly and reporting challenges arising from limited automation, especially at lower levels of local government.

Beneficiaries noted that if they were not able to go to a designated paypoint (e.g. because of physical disability), a relative or trusted friend could be sent on their behalf. However, isolated cases were reported of alternative recipients failing to deliver the full amount to beneficiaries.

Effects of the CT on the lives of beneficiaries:

'It has helped improve the sanitation of my household. I was able to build a shelter over the pit latrine I had dug' (focus group discussion).

'We also pay for ox-plough services to grow more food. You see that cassava being dried? We used SAGE money to open up the land' (female, 88).

'My social relations with my friends have become stronger because once I receive this money my friends come here and we share good moments together' (male, 79).

'The cash transfer has reduced over-dependency of older people on their families' (health worker).



Programme governance and accountability

The Ministry of Gender, Labour and Social Development is the lead institution in SAGE management, working through the Directorate of Social Protection, which is supported by a Social Protection Secretariat responsible for policy development and implementation oversight. At district level, the programme is **integrated into local government systems**, with district chief administration officers (CAOs) accountable for programme delivery and funds. **District community development officers (CDOs)** provide oversight at these levels and report back to the CAOs, while the district SAGE team/unit is responsible for managing implementation.

At sub-county level, **sub-county community development officers (SC-CDOs)** coordinate day-to-day operations, liaising with parish chiefs, parish development committees and village council chairpersons. They report directly to the senior CDO responsible for SAGE on operational matters. The sub-county chief provides oversight of sub-county operations.

Some respondents reported ambiguity in the roles of the SAGE technical officer and the senior CDO, in some instances causing tensions. Others indicated that **staffing gaps hampered effective programme implementation** and delivery. In response to SAGE implementation needs, some districts have not only recruited new SC-CDOs but also for the first time given them proper office space at sub-county level. Moreover, SAGE has put in place a clear strategy for dealing with vacancies at parish level by appointing parish facilitators.

The SCG programme has **in-built formal complaints and grievance handling guidelines and procedures**; implementers often conduct interviews at paypoints so beneficiaries can air their views, and local leaders organise monthly and quarterly community meetings to generate feedback and address complaints. However, some beneficiaries reported **delays in effectively handling complaints**, some were afraid to freely express concerns for **fear of losing benefits** and others observed a **lack of feedback** on concerns raised with local council chairpersons, parish chiefs and sub-county officials.

Conclusions and policy implications

Respondents offered a number of recommendations for improvements that may usefully contribute to ongoing programme and policy discussions around social protection and CTs in Uganda, with ‘work streams’ already established on a number of these issues:

- Programme management and delivery systems:** Recommendations focused on **resolving network/system failure problems**, establishing paypoints closer to beneficiaries’ homes, addressing staffing gaps at local government level and providing ongoing targeted capacity-building and training programmes for local government staff (including grievance handling, communications and feedback mechanisms, monitoring and evaluation (M&E)).
- Value of the CTs:** Both beneficiaries and implementers suggested **increasing the amount of the transfer** – with proposals ranging from \$14.50 to \$20. They argued
- Age of eligibility:** Some beneficiaries and implementers in particular felt the age of eligibility (65 years and over) was too high and excluded many poor and vulnerable older people. Given general mortality trends, they recommended **lowering the eligibility age to between 55 and 60**. Again, such a change would have financial implications.
- Complementary services:** A number of study participants (particularly implementers and national policymakers) recommended strengthened linkages between the SCG and other **complementary services to enhance the ‘spring-board’ effect** for escaping poverty. While policymakers noted that the primary objective of such grants is not to permanently ‘graduate’ recipients out of poverty, and that the SCG is not set at a level that would enable significant productive investments, some older people seem to be using it for this purpose. This could be further enhanced through **linkages with other forms of support**, particularly to facilitate opportunities for productive work and access to free health care.
- Strengthened M&E and governance mechanisms:** A number of participants (particularly

that, while the transfer does improve older people’s lives, and the value is reassessed annually, the current benefit level may be insufficient for recipients to exit poverty. Raising the transfer value would, of course, have significant financial consequences and implications for sustainability in government take-up of the programme.



implementers) highlighted the **importance of participatory mechanisms** to include beneficiaries in programme governance systems and M&E processes. Currently, beneficiary views are solicited primarily through quarterly coordinating meetings or at paypoints. National policymakers also judged impact evaluation and ongoing operational research on key issues to be critical to improving the quality of the programme.

- Sustainability:** Among the most critical issues raised (by beneficiaries, national policymakers, implementers and development partners) was **programme sustainability beyond the pilot stage**. Respondents agreed that this would depend to a large extent on substantive commitment and investment by the Ugandan government, including strengthening staff capacity at different levels. Continued evidence-based advocacy on the positive effects of the programme will be important in moving forward, as will stronger engagement of civil society for advocacy and public awareness around older people’s rights and entitlements.

“

This money is not enough and if the government wants to add, it is okay, but we do not have authority over the increment.

(77-year-old female beneficiary, Agulo Village, Kaberamaido district)

TRANSFORMING CASH TRANSFERS

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