

The Role of Institutional Service Providers on Social Protection of Elderly Persons in Alego-Usonga, Siaya County

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Abstract

Original Research Article

Social protection refers to a set of policies and programs aimed at assisting individuals and groups deal with vulnerabilities throughout their life cycles. Among the groups targeted through social protection in Kenya are the elderly persons who face quite a number of challenges associated with ageing such as social exclusion, poor health, malnutrition, ineffective home-based care, lack of entertainment and recreation services and low income. Whereas institutionalization of elderly persons' care is not common in the Kenyan context, institutional service providers can play an important complementary role in the provision of care and protection of elderly persons. The current study sought to explore the roles of various institutional service providers as well as their coverage in provision of both cash and non-cash social protection services aimed at addressing the special needs of the elderly population in Alego Usonga. The study deployed both quantitative and qualitative techniques in data collection and analysis. Data was mainly analyzed through descriptive statistics to establish the coverage and access to various institutional social protection services for the elderly. The findings revealed that there was limited coverage by institutional social protection services providers as well as limited elderly persons' access to critical services such as home-based care, healthcare, nutritional assistance, recreation and entertainment as well as cash transfer services. The findings therefore corroborate limited role of institutional service providers in elderly persons' social protection within the context of the failing effectiveness of family and community support structures in Alego Usonga. The study recommends scaling up and diversification of elderly persons' social protection services to adequately tackle the needs of elderly persons. There is also need to promote advocacy and capacity building programs aimed at providing skills to elderly persons' care givers working within the family and community setup.

Keywords: social protection, elderly persons, institutional service providers, non-cash assistances, cash transfers.

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INTRODUCTION

The formulation of the National Social Protection Policy in the year 2012 marked the beginning an era of enhanced focus on social protection programmes as a poverty eradication strategy in Kenya. The policy provided broader guidelines addressing the challenges of elderly persons and other vulnerable categories. This has over the years seen the progressive inclusion of previously excluded individuals and groups under the *inua jamii* program. The National Social Protection Policy [1] seeks to improve livelihood and wellbeing of the poor and vulnerable categories particularly by addressing lack of income through social assistance as well as addressing their health and social security concerns. The policy mainly advocates for social interventions, namely, cash assistance, health insurance and restructuring of social security to responds to the needs of the socially excluded groups. The older persons' cash transfer program is at the core

of Kenya's social protection policy, playing a key role in the mitigation of socio-economic challenges faced by elderly persons' households and tackling the vicious cycle of poverty through guaranteed basic income. The program started as a pilot project in selected areas in the year 2006 and later expanded its scope to a nationwide program targeting vulnerable elderly persons above the age of 65. It has since scaled up to a universal cash assistance targeting all elderly persons who have attained the age of 70 thereby maximizing its impact on elderly persons' livelihood.

Kenya's National Policy on Older Persons and Ageing [2] recognizes the primary role of the family and community support structures in the provision of care and protection of elderly persons. However, various scholars [3, 4] have noted the reducing effectiveness of the family and community support structures in taking care of elderly persons. Amidst such

reducing effectiveness of the traditional family and community support structures, there has nonetheless been very limited academic focus on the role of formal institutions in addressing elderly persons' social protection needs. Much of the discourse tends to revolve around administration of government cash transfers program which is hardly enough to address the dynamic and multifold challenges experienced by the elderly population such as vulnerability to non-communicable diseases, mental health challenges social exclusion, poor nutrition, lacking access to proper home-based care, recreation and entertainment services. GOK [5] recognizes the need to expand social protection programs to address the special needs of elderly persons. This calls for involvement of other non-governmental development stakeholders through advocacy and mobilization of resources with a view of scaling up and diversifying elderly persons' social protection services.

The current study sought to bridge the gap by exploring the roles of various institutional service providers and their coverage in provision of essential social protection services aimed at addressing the needs of elderly persons. These entities included the Government of Kenya, Non-Governmental Organizations (NGOs), Faith-based organizations (FBOs), Community-based Organizations (CBOs), as well as private individuals running philanthropic programs. The study evaluated the coverage of their services, namely, home-based care, health support, nutritional assistance, provision of recreation and entertainment services and cash transfer services.

This study was guided by the following objectives

- To establish the coverage of institutional service providers of elderly persons' social protection services.
- To examine elderly persons' access to non-cash social protection services by institutional service providers.
- To examine elderly persons' access to cash assistance programs by institutional service providers.

RESEARCH METHODOLOGY

The study mainly adopted a cross sectional survey design. This technique according to Nyandemo [6] is appropriate for examination of the qualities of the study subjects as they exist at one point in time and existing contrasts between study subjects rather than exploring change of attributes over a period of time. The main data collection tool was an interview schedule. Data was mainly analyzed through descriptive statistics to establish the coverage and access to various institutional social protection services for the elderly. A sample of 100 elderly persons was drawn through a two-staged cluster sampling technique.

To complement and to corroborate the quantitative data collected through cross sectional survey, the study also deployed a qualitative design through an in-depth interview of purposively selected key informants, namely, the Director of Social services in the County Government of Siaya and the Chairperson of Siaya Elderly Persons' welfare Association.

FINDINGS AND DISCUSSION

Social protection coverage by institutional service providers

The first objective of this paper was to analyze the coverage of institutional social protection services among elderly persons in Alego Usonga. These institutions included the Government of Kenya, NGOs, CBOs, FBOs as well as private persons engaged in organized elderly persons' philanthropic activities. Whereas the family and community support systems maintain their primary role of care and protection of elderly persons, the complementary role of other institutions is fundamental. The researcher first attempted to establish the overall coverage of institutional service providers by asking the respondents whether they accessed social protection services from at least one institutional service provider. The results show that 46% of elderly persons received some form of social protection service from at least one institution. This implies that more than half of elderly persons were still totally excluded any form of social protection program by an institutional service provider including the government.

The researcher further sought to establish the coverage of each institutional service providers by probing access to services offered by the respective service providers, namely, the Government of Kenya, NGOs, CBOs, FBOs and individual run programs. The question applied to elderly persons who had responded to the affirmative with regard to access to social protection services offered by at least one of the above institutional service provider. The result of their response indicate that 9% of elderly persons were accessing government social protection service; similarly 9% reported access to NGO funded social protection services; 28% reported access to CBOs social protection services; 28% had access to FBOs social protection services and 9% of elderly persons were beneficiaries of social assistance by individual philanthropists.

The results of the current study show limited coverage of social protection services offered by these institutions thereby leaving out a substantial proportion of vulnerable elderly persons from social security net. The current finding is in concurrence with Likaka [7] who noted limited coverage by NGOs and CBOs in social protection services. This calls for the need by Government of Kenya and other development

stakeholders to scale up their social protection programs for greater improvement elderly persons' livelihood.

Non-cash social protection services by institutional service providers

The second objective of this paper was to establish access to non-cash social protection services provided by various institutional service providers, namely: access to home-based care; provision of health support for sickly elderly persons; nutritional assistance; access to recreation and entertainment services.

Home-based Care

The study examined the coverage of home-based care services by the institutional service providers. The results reveal that only 7% of elderly persons reported access to home-based care by institutional service providers. This denotes inadequate protection in terms of provision of elderly persons' homecare needs which may include meal preparation, housekeeping, laundry and other domestic errands. Mwanzia [3] observed that institutionalization of elderly persons protection services was hardly prioritized by the Kenyan government meaning that the family and community support structures retained their primary social protection roles though not fully effective. Indeed, the author's observation is corroborated by Kenya's hesitation in formulating of regulations and guidelines for formation of elderly persons' institutions. However, home-based care may also be provided in conventional households with elderly persons still integrated within their respective communities. Organizations such as NGOs and CBOs can still formulate programs aimed at recruiting, capacity building and deploying social workers and community volunteers to assist vulnerable elderly persons in their homes. The results of the current study therefore demonstrate limited role of institutional service providers characterized by little or no programmatic intervention aimed at complementing family and community support structures whose effectiveness according to various scholars [2-4] have tremendously reduced in the wake of modernity and urbanization.

Health and social care for the elderly

The study examined the coverage of health related services by the institutional service providers. Elderly persons in Alego face a number of health challenges associated with ageing including non-communicable diseases such as cardio-vascular complications, cancer, diabetes, mental challenges among others [2,5]. The current study sought to examine any form of health care support, including health financing as well as provision of both medical and non-medical (care giving) services for the sick. The results indicate that 35% of elderly persons had received at least one form healthcare support by institutional service providers. The assistance by the

Kenyan Government through the National Hospital Insurance Fund (NHIF) targeted the vulnerable elderly persons who had attained the age of 65 years but health insurance under the universal social protection for those who had attained the age of 70 years was yet to be implemented at the time of the study. This still shows limited coverage in terms of health support considering the sizable proportion of elderly persons of informal background who are not insured. It is estimated that active membership to the NHIF is mainly among formal sector workers while a substantial proportion of members from the informal sector remained in-active [1, 4]. This calls for concerted efforts towards ensuring inclusion of informal sector workers and retirees into the National Insurance Scheme.

However, elderly persons health needs are not just limited to health financing and administration of medical services. There is also the concern of access to social care by trained care givers taking care of sickly elderly persons at their homes. The apparent limited scope in healthcare provision is associated with limited specialization in not only geriatrics but also elderly persons' social care thus limited to response to the special health needs of elderly persons. This calls for training and capacity building of community health workers in provision elderly persons' promotional health services.

Nutritional Services

The study examined the coverage of nutritional services by the institutional service providers. It was able to establish that only 20% of elderly persons benefited from institutional-based feeding programs. This similarly points to low coverage in terms of provision of elderly persons' nutritional support which demonstrates the limited role of institutions in guaranteeing food security among elderly persons. Elderly persons are at risk of suffering from hunger and by extension, malnutrition. Further they may not be resilient during famine due to lack of food security, low income or lack of means of production [2, 8]. Therefore limited access to nutritional support services by majority of elderly persons implies inadequate social protection by institutional service providers in bridging the gap occasioned by ineffective family and community support structures.

Recreation and entertainment services

The current study also attempted to gauge the coverage of institutional service providers in terms of provision of recreation and entertainment service. The results show that only 6 % of elderly persons reported access to recreation and entertainment offered by formal institutions. This similarly points to low coverage in terms of provision of recreational services to elderly persons which may be a contributing factor to their mental and emotional health challenges. Recreation for elderly persons impacts positively on both their physical and mental health as well as

providing a platform for socialization and application of their lifelong skills [9]. These activities may include walking, bird watching, photography, sports, gardening, dancing and merry making. Therefore limited access to recreational and entertainment services by majority of elderly persons denoted limited role of institutional service providers in promotion of the wellbeing of elderly persons to that extent.

Cash assistance programs by Institutional Service providers

The third objective of the current study was to analyze the coverage of institutional service providers in terms of guaranteeing elderly persons' income security. In particular, it sought to gauge access to cash transfer from any institution or entity other than the family. The results revealed that 82% of elderly persons did not receive any cash transfer payment offered by any program as at January, 2018. It established that only 18% of elderly persons received monthly cash transfer from any source other than the family. The results therefore demonstrate limited coverage by institutional service providers in guaranteeing basic income to the vulnerable elderly persons despite the fact that majority of elderly persons (64%) had their lifelong occupations in the informal sector and therefore less likely to be covered by the existing formal pension schemes. Previous studies [1,4] support the finding that contributory social security schemes were mostly dominated by the members of the formal sector living out a substantial proportion of individuals who are mainly in the informal sector.

Cash transfers can play an important role in alleviating extreme poverty among vulnerable elderly persons if implemented [3, 10]. Therefore the limited coverage by institutional service providers in terms of provision of cash transfers to elderly persons, majority being vulnerable, demonstrate limited role of these institutions in the social protection of elderly persons.

CONCLUSION

The study has attempted to examine the complementary role of formal institutions in offering social protection to elderly persons. These institutions include the Government of Kenya, NGOs, CBOs, FBOs as well as private persons engaged in organized elderly persons' philanthropic activities in Alego. The results of the current study show limited coverage of social protection services offered by these entities. In addition, the services by these institutions including the Kenyan Government were found to be limited in scope covering just a small segment of the elderly persons' population and providing limited services therefore not adequately responsive to the varying needs of the elderly such as home-based care, healthcare, nutrition, income security, recreation and entertainment. Overall, there is still hesitance by policy players in spearheading efforts

aimed institutionalization of elderly persons' care services which then places primary responsibility of care on the family and community support structure despite their reducing effectiveness in the wake of modernity and urbanization factors.

RECOMMENDATIONS

There is need for diversification of social protection services to adequately address the needs of elderly persons such as home-based care, health care, nutritional support, income security, recreation and entertainment. It is also necessary to scale up universal cash transfer programs to cover elderly persons who are not covered under pension schemes or safety nets. There is also need for restructuring of national health insurance to one that is responsive to the needs of the vulnerable elderly population. Lastly, it is necessary to expedite the development of national guidelines setting standards for establishment and management of older person's retirement homes and design formal training programs of caregivers of older persons working within the family and community setup.

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