



REPUBLIC OF KENYA

MINISTRY OF LABOUR AND SOCIAL
PROTECTION
STATE DEPARTMENT FOR SOCIAL
PROTECTION & SENIOR CITIZEN AFFAIRS

Intersection between social protection mechanisms and local health systems on the health of older persons in Nairobi Kenya



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Outline

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- Background and objectives of study
- Study Design
- Findings- Social protection
- Findings-perceptions of OPs on Social protection/IJ70+
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Introduction- HelpAge International, Kenya

Our vision is a world in which all older persons can lead dignified, healthy and secure lives.

Our mission is to promote the wellbeing and inclusion of older women and men, and reduce poverty and discrimination in later life.

Our role is to work with older women and men in low and middle-income countries for better services and policies, and for changes in the behaviours and attitudes of individuals and societies towards old age.

The world we want is one where every older woman and man, everywhere, can say:

- "I have the income I need"
- "I enjoy the best possible health and quality of life"
- "I am safe and secure, free from discrimination and abuse"
- "My voice is heard"





Background and Objectives of the Longitudinal Study

Collaborative venture:

- HelpAge International
- University of Nairobi-Population Studies Research Institute
- Kenya Aged Require Information, Knowledge & Advancement (KARIKA)
- Kibera Day Care Centre for the Elderly

Goal: to explore the effect of the intersection between social protection mechanisms and local health systems on the access by older persons to health and care

Objectives

- To explore the relationship between social protection mechanisms and older persons' access to, and inclusion in the health and care systems
- To explore the impact of social protection mechanisms on the wellbeing of older persons
- To identify socio-demographic determinants of older persons' access to, and inclusion in health and care services





Study Design

- Study targeted households with older persons age 60 years and above who must have lived in the study areas for a period of at least six months prior to the study
- The study applied a mix methods approach using both primary and secondary data sources
 - Primary data: collection of quantitative data in 3 waves from older persons
 - 1st wave as baseline while subsequent waves triangulating quantitative with qualitative data collected through: KIIs with key staff of health facilities, CHVs, and caregivers of older persons; & FGDs with older persons, and their caregivers





Findings-social protection

- Only four percent of the sampled population received some form of pension while 45% of those eligible were currently enrolled in the Inua Jamii social protection programme. (55% eligible not enrolled yet)

- On receipt of contributory pension payments, discussants in FGDs remarked:

“About NSSF, this money is paid one off and you have to bribe for that money to be processed. You can struggle until you give up”. FGD of both male and female older persons, Kibra

“Pension takes a lot of time before they are released. It takes even over two years”. FGD of both male and female older persons, Kibra

“My father struggled to process his after retirement. You have to bribe someone from the office and agree how much of your money they will take during payment. My dad ended up with half and the officer took half. It was the only way out”. FGD of female older persons, Kibra





Findings-social protection-IJ70+

- For those who access the social protection programme, the effect of cash transfer is positive (it has improved their living standards, self-esteem, shelter)

"Inua Jamii helps us buy drugs, treatment and even cater for other services/things in the household. It does help, because even if you had debts, then you will have a chance to pay". FGD of Female Older Persons, Dagoretti North

On the other end, it has had negative impact on those older persons not receiving. *"Those not receiving are psychologically affected, especially when their peers are receiving and they are not. Their nutrition and health are at risk"*.
County Social Protection Manager

"...the money goes into buying of medication since their NHIF cards are not helpful". FGD of Beneficiary Welfare Committee Members, Dagoretti South



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Findings- Perceptions of OPs on social protection/Inua Jamii 70+

The low percentage reported when Inua Jamii is supposed to be universal for all eligible older persons is explained by discussants in FGDs as follows:

"The process is biased. Some are registered some are not". FGD of female older persons, Kibra

"They first registered and it stopped. So, it is something that is not continuing, the people registering have closed". FGD of male older persons, Dagoretti North

"...the money is too little and it doesn't come on time". FGD of Female Older Persons, Dagoretti North



Findings- Perceptions of OPs on social protection/Inua Jamii 70+



- The proportion of older persons receiving the Inua Jamii pension from the government stood at 47 percent in waves 1 and 2, but declined to 41 percent in wave 3
- Cash from the Inua Jamii programme is mainly used for food, paying rent, health care and supporting family. *“It helps me when I get it, I buy flour and eat”*. FGD of female older persons, Dagoretti North

“If I receive it, I use it to support my children upcountry”. FGD of both male and female older persons, Kibra

“My grandchild has been sent away from school, I come to you and ask for two thousand, when the money comes I will refund”. FGD of both male and female older persons, Dagoretti North



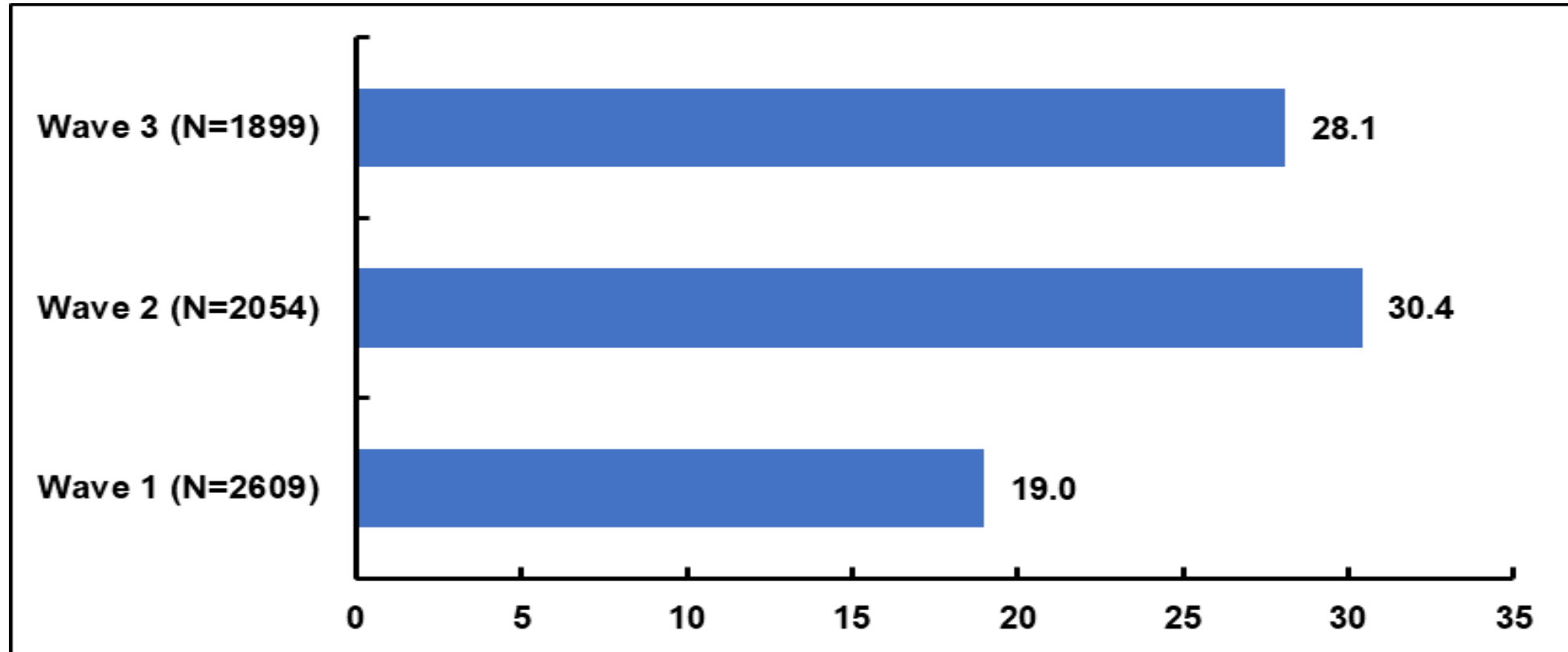
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Findings- Health insurance coverage





Findings-health and older persons

- About 6 in every 10 older persons in the study area reported that they suffer from arthritis, rheumatism or osteoarthritis related conditions.
- About 14 percent of males and 20 percent of females had three or more of the seven chronic conditions.
- About 43 percent of the study population was likely to have depression that requires urgent medical attention.
- Burden of caregiving is real. Future SP interventions should consider including caregivers stipend





Recommendations

- Review the Inua Jamii policy on eligibility with a view to enhancing inclusivity and increasing coverage
- There is an urgent need to link OPCT with comprehensive health care services
- Inclusion of older persons to targeted health and nutrition interventions
- Strengthen the Beneficiary Welfare committees to address gaps in information regarding
- Disseminate the social protection programme policy and procedures (eligibility, registration, etc.) (State Department for Social Protection)
- Review the policy and procedures on regularity, adequacy, mode of disbursement of the Inua Jamii cash transfer (State Department for Social Protection)





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THANK YOU!

ANY QUESTIONS?

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