The Impact of a Social Assistance Program on the Quality of Life of Older People in Uganda

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Abstract
This study explores the impact of social assistance on older persons’ quality of life in a Ugandan district. The purpose of the study is to establish how older persons aged above 65 years provide their livelihood in the wake of declining and waning informal family/clan/society support systems. These systems have been the source of their care for a long time. The study therefore examines how the recipients of the grant manage their everyday life amid changing norms in reciprocal care. The study is based on two focus group discussions with 13 older grant beneficiaries and four in-depth interviews with key participants affiliated with the social assistance scheme. The study’s main results include themes such as fulfilling basic needs, start-up capital and credit worthiness, supplementary income, and respite from isolation and loneliness. The study shows positive changes in the lives of older persons and a notable relative improvement in the standards of living of older persons in beneficiary districts.

Keywords
social inclusion, family support, grandchildren, social protection, Uganda

Introduction
Demographic changes worldwide have resulted in an increase in the older population in the 21st century (Wandera et al., 2015). These changes are also referred to as population aging (Lloyd-Sherlock, 2000). By 2050, the number of people age 60 years and above is expected to be 2 billion worldwide, and nearly 80% will live in developing countries (Fiona & Juan, 2009). In Uganda, the population of older persons has risen from 1.1 million in 2002 (4.5%) to 1.3 million in 2010 and is projected to increase to 5.5 million by 2050 (5.7% of the total population; Wandera et al., 2015). An old person in the context of Uganda refers to all persons age 65 years and older, and 60 years in the disadvantaged Kalamoja region (Namuddu et al., 2014). Kalamoja region remains the least developed region in the history of Uganda’s development with 60% of its 1.2 million people living in poverty due to their nomadic mode of life, wandering for pasture and water for their animals (United Nations [UN] Population Fund, 2018).

Amid these demographic trends, providing older populations with social assistance and protection remains precarious in African countries given their small economies (Kakwani & Subbarao, 2007). Care for old persons in Sub-Saharan Africa, and Uganda in particular, for a long time was provided through informal systems, under the reciprocal principle. Families, guided by altruism, often assist older family members (Schatz & Seeley, 2015). However, traditional family and support systems have been threatened by the advent of modernization, their erosion doubling the risk of vulnerability for older people (Hagen, 2009). Modernization has, consequently, resulted in family-debilitating effects, such as poverty, rapid urbanization, and forced migration due to socioeconomic pressures (Bohman et al., 2009; Enguerran et al., 2015). These changes have led to devastating implications for the social fabric of society, changing relations between family members and within communities, and altering intergenerational obligations (Bohman et al., 2009; Namuddu et al., 2014). Moreover, the scourge of the HIV/AIDS epidemic, which was at its epic in the 1990s in Sub-Saharan Africa, robbed most families of prime-age breadwinners, leaving a large number of orphans under the care of older people (Madhavan et al., 2017; Schatz et al., 2018; Seeley, 2008; Seeley et al., 2009). This, consequently, led to an intergenerational care deficit, creating a new economic
burden for older people (Kakwani & Subbarao, 2007; Schatz & Seeley, 2015).

Therefore, aging, as a major social issue of the 21st century, has necessitated an international call for old age social protection policies. Through the 1948 United Nations (UN) charter, a policy for protection of older persons was enacted, which low-income and developing countries were urged to ratify. This would obligate member states to have some form of social protection to ensure that older people can live dignified lives. Consequently, the government of Uganda ratified the 1948 UN Universal Declaration of Human Rights (Hagen, 2009) and the African Union charter, promoting the maintenance and social protection of older persons (Namuddu et al., 2014; Uganda Social Protection Platform, 2015). Uganda’s subsequent response to the international call above was manifested through enacted local concessions aimed at providing maintenance and sustenance for older persons, which castigated the introduction and sustenance of the senior citizen grant (SCG). These grants were, for instance, based on the 1995 Ugandan constitution ensuring the welfare and maintenance of older persons (Namuddu et al., 2014), and the national policy for old persons of 2009, which legislates for the welfare of older persons (National Development Plan, 2010). With scarce resources, Uganda has acted by ensuring implementation of a social protection program (SCG) on a pilot basis while preparing for a possible national rollout, in phases until full capacity is achieved (Expanding Social Protection Program, 2011; International Social Security Association, 2002; Uganda Social Protection Platform, 2015).

The National Social Protection Policy of Uganda describes social protection as public and private interventions aimed at addressing risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives. Social protection is divided into two categories or pillars: social security and social care services. Therefore, the social assistance grant for the elderly examined in this article is a component of social security that includes direct income support and social insurance (Ministry of Gender, Labour and Social Development [MOGLSD], 2014; Namuddu et al., 2014).

This article explores the impact of a social assistance grant for older people in the Ugandan district of Kyenjojo. We investigate how the recipients of the grant manage their everyday lives amid changing norms of reciprocal care (intergenerational care deficit), including older persons taking over the care of their grandchildren.

**Overview of Social Protection**

The issues of aging and social protection on the African continent date back to the colonial period in the 1950s (Palacois & Sluchinsky, 2006). Social protection for old persons was structured and organized based on contributory and non-contributory pensions (United States Social Security Administration, 2011; Willmore, 2003). A contributory pension is a fund born through workers’ and employers’ contributions. Employees and employers contribute a certain percentage monthly toward the social pension fund which is paid out after the worker’s retirement. The age of retirement varies according to the employment terms of different countries. Often, the pensions do not cover the informal sector although 80% to 85% of labor in African countries is employed by the informal sector (World Bank, 2012). This means that a small section of the formal sector was served and the larger informal sector excluded (Midgley, 2012).

In contrast, non-contributory pensions are solely financed by the state through taxes, and they have a zero tag element (no conditions required) regarding contributions by beneficiaries (United States Social Security Administration, 2011). Non-contributory universal pensions are not common on the African continent because of weak economies. However, in a study by World Bank (2012), it is purported that universal social pensions are affordable by low-income countries. African countries that have successfully implemented and improved non-contributory universal pensions include Mauritius, Botswana, Namibia, Lesotho, Seychelles, South Africa, and Swaziland (Stewart & Yermo, 2009; United States Social Security Administration, 2011; Willmore, 2003; World Bank, 2012). However, although some countries have implemented non-contributory social pensions, they have criteria. For instance, in South Africa, women must be 60 years old, while men, until 2008, became eligible at 65 years. However, between 2008 and 2010, eligibility for older men was reduced to 60 years (Lloyd-Sherlock & Agrawal, 2014; Ralston et al., 2016).

In addition, in South Africa social pensions are income means-tested, and accessible to those who have South African citizenship or permanent residence (Lloyd-Sherlock & Agrawal, 2014; Stewart & Yermo, 2009; United States Social Security Administration, 2011). Other examples of African countries that operate non-contributory pensions that are means-tested are Cape Verde, Liberia, and Zambia (World Bank, 2012).

Uganda, similar to other East African countries, operates a national provident fund covering permanent employees of 16 to 54 years in firms with more than five workers. The fund is managed by the National Social Security Fund (NSSF). Employees contribute 5% of their monthly average salary income against the 10% contribution by employers. In addition to the provident fund, there is a separate generous government program for civil servants known as the Public Service Pension Program (World Bank Uganda, 2014). Benefits are usually paid from age 55 in the form of a lump sum equal to the total contribution plus the accrued interest which is determined based on the rate of return of the NSSF investments. The weakness with these types of pensions is that they do not cater to the purchase of an annuity and fail to cover the informal sector, excluding older persons, who are
dependent on family, civil society, and charity organizations (Stewart & Yermo, 2009; United States Social Security Administration, 2011). However, other voluntary programs have been established by employers in the private sector that help some people save for old age pensions (World Bank Uganda, 2014).

Thus, the economic security of older people is largely challenged by a combination of factors, ranging from limited social protection coverage to shrinking informal care due to waves of modernization (Hagen, 2009; Midgley, 2012; Seeley et al., 2009). Implementing a universal social pension would help protect older persons from vulnerability (Namuddu, 2014; Uganda Social Protection Platform, 2015). The direct response was to implement a non-contributory direct income for a large section of older individuals who are not covered by the contributory pension program for veteran civil servants (Namuddu, 2014). A cash amount of 25,000 Uganda shillings (US$7) is paid out every month to beneficiaries. However, it is paid bimonthly to minimize administrative costs (Expanding Social Protection Program, 2011). Therefore, beneficiaries receive 50,000 Uganda shillings (US$14) per payment. The program is non-contributory. However, the rollout phase involves selection criteria between districts (Uganda Social Protection Platform, 2017).

The SCG program was originally implemented as a pilot program in 15 of 112 districts from 2010 to 2015. After the pilot phase in August 2015, the government decided to roll out the program in phases, starting with 20 new districts between 2015 and 2016. The program would then add five new districts every year between 2016 and 2020 with a goal of enrolling 55 districts in the program by 2020 (Uganda Social Protection Platform, 2017). During the rollout phase, the program would target only the 100 oldest beneficiaries in each sub-county in all selected districts in the first 5 years. A gradual increase in enrollment would lead to all people age 65 years and older being covered by the program (Uganda Social Protection Platform, 2017).

To ensure a well-functioning payment system, the government contracted MTN mobile telephone and money network to distribute payments to beneficiaries (Expanding Social Protection Program, 2015; Namuddu et al., 2014). Payment machines are used at which beneficiaries use provided electronic cards to access money from their accounts. The MTN local network is used due to its robust network coverage, the widest in the country (Expanding Social Protection Program, 2015).

**Capability and Social Inclusion**

The need for a social protection assistance program for older people can be viewed through the lens of the capability approach and social exclusion and inclusion terms. The economist and philosopher Amartya Sen (2006) defined capability as “a person’s ability to do valuable acts or reach valuable states of being; it represents the alternative combinations of things a person is able to do or be” (p. 34). Amartya Sen’s philosophy focuses on people’s quality of life, and whether they have the freedom to live the way they would like to.

If life consists of various things that people are able to do or be (such as being able to read and write and so on), then it is the capability to function that has to be put at the center stage of assessment. (Sen, 2006, p. 34)

This view implies that income levels can inhibit or facilitate certain capabilities. The capability approach views development in terms of the enhancement of human living and the freedom to live the kind of life that we aspire to live. Capabilities should be viewed in terms of being able to appear in public without shame and being able to participate in community affairs (Dagsvik, 2012; Sen, 2006). Older people are often viewed socially as being a physically weak and unproductive group and are construed as dependents in society (United Nations Economic Commission for Africa [UNECFA], 2007). In light of the capability theory, we look at the degree to which older persons transform social payments into tangible benefits that could improve their state or conditions of living.

The social exclusion of older people is a major challenge (Walsh et al., 2017). According to Le Grand et al. (2002), social exclusion is the process by which certain people are kept outside mainstream society. Society has always been understood in terms of processes of integration and exclusion. In this view, exclusion refers to all groups outside the mainstream social, political, and economic structures of society. Such groups are sometimes labeled “others.” Social integration or inclusion, however, refers to the process of improving the abilities, opportunities, and dignity of socially excluded people to ensure their participation in the mainstream society (Le Grand et al., 2002).

Social exclusion and inclusion are interlinked terms, however. One cannot avoid referring to social inclusion when talking about social exclusion, particularly in policy planning issues. Exclusion can manifest voluntarily and involuntarily in society (Le Grand et al., 2002). The financially unfortunate state of many older people in Uganda is an indicator of the need for social assistance to facilitate improvement of their plight to protect them from social exclusion.

**Study Context**

The study was conducted in Kyenjojo district, in western Uganda. The district has a total land area of 4,059.21 km² (Uganda Bureau of Statistics [UBOS], 2009). According to the 2014 population and housing census, Kyenjojo district population was estimated to be 422,204 (UBOS, 2017). The district has three counties, 16 sub-counties, one town council, 71 parishes, and 706 villages (UBOS, 2017). Management
of all administrative units and levels, except local councils, is carried out by one civil service organization. The program was piloted only in the two sub-counties Kihuura and Bufunjio, and this study was conducted in Kihuura.

Kyenjojo District is classified as one of the 11 poorest districts: 75% of households lack the basic necessities of life (Ibrahim & Namuddu, 2014). UBOS (2017) estimated the number of old persons aged 65+ to be 19,281 rated at 4.6% of the entire district population. The Uganda Social Protection Policy Brief No. 3 (2017) recorded that 85% of older persons in rural areas live in chronic poverty. The urban population in Kyenjojo district is estimated to be only 4% (UBOS, 2009). In addition, according to UBOS (2009), up to 16.4% of households in the district are headed by older people. These statistics clearly indicate that the poverty rates among older persons in Kyenjojo district are high, which is why it was chosen among the initial piloting districts. The most notable sources of income for older people are their farms, primarily cash crops such as tea and coffee. Other sources of income include selling excess food crops (such as cassava and pineapples) cultivated by family members (UBOS, 2009).

Method

This qualitative study employed interviews and observations to explore older participants’ views and experiences of the social assistance grant program. Data in this study were collected from focus group discussions (FGDs) with beneficiaries older than 65 years of age and interviews with local council leaders and district administrators of the program. Two FGDs were conducted with 13 older beneficiaries in Kihuura Sub-County. The first discussion group in Kihuura Parish consisted of three men and two women, and the one held at Nkorombe Parish included four women and four men (note that Kihuura Parish bears similar name as Kihuura Sub-County). The participants were recruited through purposive sampling; thus, the participants were selected purposively, because of their desired characteristics of study (Bryman, 2012; Chambler & Schutt, 2010). Beneficiaries of the SCG from the two parishes of Nkorombe and Kihuura were selected. The community development officer (CDO) assisted in selecting the participants through the Local Council 1 chairpersons of the respective parishes, who knew the beneficiaries well. The Local Council chairpersons, in turn, relayed information about the venue, time, and purpose of the meeting in advance. The discussions lasted about 1 to 2 hr and revolved around the themes of the participants’ beneficiary experience, challenges and weaknesses, and maintenance and sustainability of the program.

In addition, in-depth interviews were conducted with four key participants: a management information system (MIS) officer who worked in the Social Assistance Grant for Empowerment (SAGE) office, which handles SCGs as one of the program components; the CDO; the gender officer who represents the MOGLSD in the district; and the chairperson of Local Council 1 in Nkorombe Parish. All interviews were conducted by the first author in the local language (Rutooro), which he understood well, with a research assistant who helped take notes. The interviews lasted for 1.0 to 1.5 hr. Data collection was carried out in 2015.

Ethical Considerations

Approval to conduct the study was obtained from the Norwegian Centre for Research Data. In addition, we obtained written permission from the district chief administrative officer (CAO), which was presented to the CDO and the chairpersons of Local Council 1. Participants were provided with detailed information on the overall objective of the study verbally with the help of the CDO and chairpersons of Local Council 1, and they agreed to participate. Verbal consent was obtained from the participants, as most could not read or write due to lack of education or frailty. The interviews were audio-recorded with the permission of the participants as a backup to the written notes. Participant confidentiality was ensured through allocation of participant numbers, for example, Respondent (R) 1, R2, R3, and so forth, to conceal their identity. However, during the interviews, participants were informed that sensitive issues that concerned the program but which they did not feel comfortable sharing in focus groups should be reserved and shared with the researcher afterward for purposes of confidentiality.

Analyses

The data were analyzed using the thematic analysis approach (Miles & Huberman, 1994; Tonkiss, 2004). This was followed by data transcription through playing and replaying the voices of participants by the first author, who understood the participants’ local language well, which made it easy to make sense of their views before they were written down. This was augmented with field notes made by the research assistant during the interview sessions. The notes were eventually read to gain a more contextualized impression of the text by all the authors to ensure representativeness of the participants’ experiences.

Table 1 shows the mode of data collection in Kyenjojo district.

Findings

The findings represent the views of the participants from the two FGDs and individual interviews. The participants described their circumstances as difficult due to the lack of family financial support. Some older participants expressed their dissatisfaction with the changing societal norms. This view was voiced loudly by the chairperson of Local Council 1 in Nkorombe Parish and supported by all the participants in
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Therefore, the social assistance grant program was a much-needed intervention which the senior citizens welcomed with great relief. Most participants reported benefiting from the program. The positive effect of the cash program was felt in the areas of fulfillment of basic needs, start-up capital and creditworthiness, supplementary income, and respite from isolation and loneliness.

**Fulfillment of Basic Needs**

Most participants reported that they used the social assistance grant to buy household necessities such as food, clothes, soap, salt, and kerosene. Some participants reported that the grant enabled them to eat regular meals, which was not possible before due to extreme poverty. The slight increase in their cash in-hand helped minimize the immediate effects of poverty and starvation. Other participants reported that they were able to hire private labor for farm work, ensuring stable food security at home. The participants perceived the social assistance grant as enabling them to provide the necessities of life and to pay their grandchildren’s school fees. R2, a FGD 1 participant in Kihuura Parish stated,

> I have used this government money to buy a goat which has produced one kid. When I receive this money, I can also buy food, clothes, soap, and salt and pay the school fees of my orphaned grandchildren. The president announced that our children should study for free. But there are also other school-related costs, like building funds, food fees, buying books, pens and pencils and uniforms for our children. All these I can buy when I receive the money.

A few participants also reported using the grant money to pay for their own health care and that of their grandchildren: “I use the money for treatment when am sick.” In the same vein, R6 of FGD 2 at Nkorombe Parish stated, “I use the money for treatment as well. In most cases, I have used this money to treat other members of the family when they are sick, particularly my grandchildren.”

**Start-Up Capital and Creditworthiness**

Some participants reported using the grant money as start-up capital for income-generating activities, such as farming and animal rearing. This helped them build a sustainable source of income through excess crop harvest, and the sale of animals, milk and milk products, meat, eggs, hides, and skins. Some participants from FGD 2 commented about using the grant money as start-up capital for income-generating activities: “I have been able to buy a goat which has now produced two kids. I have also used the money to cultivate a cassava garden. I plan to sell the produce to increase my financial capital base” (R6, FGD 2, Nkorombe Parish). An old man from Nkorombe Parish similarly reported,

> I have been able to save the money I received and have used the accumulated money to buy a pig. I am sure the pig is going to give me more piglets which I will sell and get more money. (R5, FGD 1, in Kihuura Parish)
The resident chairperson for Local Council 1, identified as R8, who was also a participant in Nkorombe Parish, said,

Although the amount of money is still small, the lump sum for two months has enabled me to increase the capital base of my shop. I use the money to stock missing items, and I have seen my shop grow steadily. I am so grateful to the government!

Some participants reported that with the social assistance money, they were now able to obtain small loans from microcredit financial institutions. Therefore, they were perceived as being creditworthy, which, in turn, helped them qualify for loans and invest in small-scale businesses. It also gave them a unique confidence by increasing their ability to service their loans. One old woman in FGD 1 Kihuura Parish said, “We are able to pay back simple loans from micro-finance credit institutions and other places after the end of the month, as we know that the money will come” (R3).

Supplementary Income and Respite From Isolation and Loneliness

Some financially better-off beneficiaries viewed it as an additional income to boost their private business. Those not in dire need end up using the money in other areas, such as animal and crop farming, setting up small-scale shops, and saving it with microcredit village saving programs. One of the pensioners, who was also the Local Council 1 Chairperson, made this comment:

I use the money to increase the stock in my general merchandise shop. It is an additional income. I can say that my situation has improved. My standard of living has improved because the grant of 50,000=shs [14 U.S. dollars] allows me to buy things I wouldn’t have bought. I started a small retail shop. When this money comes, I use it to increase my stock. If, for example, I am lacking a crate of beer, then I go and buy it. I have a grandchild at university whom I also help. I send him pocket money.

The social assistance program was also seen as providing a respite from isolation and loneliness. Some participants reported feeling socially better and more integrated into society as a result of being able to socialize with others at social centers such as shops and bars. They felt that this helped fight boredom and isolation and the resulting “affliction” of depression that had devastated them for a long time. It also enabled them to become involved in community social events, such as wedding ceremonies, funerals, and other community gatherings, such as church services. The grant also helped generate a revived sense of belonging in the community and allowed them to step away from their image of being labeled as dependents. Commenting on the above, R8 of FGD 2 at Nkorombe Parish said,

Also, I have realized that when people receive the money, they get so excited, move around and socialize and have a bottle or two of beer. So, the money has empowered them to get a better social life. We are now recognized when it comes to community ceremonies like funerals and marriages because they know we are able to contribute, too. Our voice is heard, and we are happy.

Despite the benefits of the program attested to by the participants, a number of challenges and drawbacks of the social assistance program were reported. They are outlined in the following sections.

A Minimal Approach, Uncertainty of Payments, and Poor Accessibility

Some participants reported that the social assistance grant amount was small; thus, their opportunities to invest in sustainable income-generating activities was reduced. Most participants, however, perceived the amount as being relatively sufficient to provide them with their basic needs. A few also perceived it as being minimal. In reference to this, R1 from FGD 1, Kihuura Parish, commented,

I received no assistance before. I was surviving by the grace of God. But the government gave us aid which has been helpful up to this time. We get 25,000 shillings per month which we receive in a lump sum for 2 months . . . in total 50,000 shillings [14 U.S. dollars]. The money is so helpful. But it isn’t enough. The government should consider increasing the money periodically.

Several participants also reported irregular payments, which pushed them into financial debt sometimes. A participant in the Nkorombe Parish FGD (R2), concurring with the other participants, stated,

There are many irregularities in the program. For example, we received January/February in March, March/April in May. They skipped May and instead, paid us June and July. We tried asking about the arrears for May, but they keep telling us it will come. We wonder why they skipped May. It seems they misappropriated our money.

Another participant from Nkorombe Parish FGD (R1), expressed the intensity of this loophole by saying, “We sometimes borrow money anticipating that we will be able to refund the borrowed money when the payment comes. Consequently, some people are locked up into a cycle of debts due to missing payments.”

Other participants also reflected on the poor accessibility to the program. For example, the payment machines were often reported to be faulty due to non-readability of cards or limited network coverage in rural areas. This resulted in delayed payments, half payments, missed payments, and other related challenges. In the following account, the elderly participants express their disappointment due to system failure,

There is an elderly woman who received only two months since the program started. Her card got a problem, and her details
were taken away to be checked. She has so far not received anything. (R2, FGD 2 at Nkorombe parish)

Another of our colleagues has never received all his money because the computer showed his money had not been sent. They told him that the remaining installment would come the following month with the payment for the subsequent months. When he went and asked about it, to his surprise, they told him that the money was not available. They instead promised him that he would get the money some time without specifying when. That’s all they keep saying until one gets tired and gives up on the whole matter. (R8, FGD 2, Nkorombe Parish)

Another woman who lost her card was advised to go to the police and report it, and get a letter stating that the card had been stolen. We brought the letter and gave it to them. But she did not receive the money last time, and we are now waiting to see whether she will receive her money this month. (R2 FGD 2 at Nkorombe parish)

Participants also reported limited network coverage in rural areas and transportation problems to and from payment centers. One of the FGD 2 participants at Nkorombe Parish referring to this said,

We usually have to walk long distances (15 miles) to collect the money from the designated centers, which are usually government community centers. People who live far away are forced to hire local taxi motorcycles, commonly called “boda bodas.” This, at times, exposes us to risk. One of our colleagues, for example, got into an accident on his way back from collecting the money and died instantly. Besides, the local taxi motorcycles are also expensive. (R7 of FGD 2 at Nkorombe parish)

Social and political accessibility was also perceived to be poor. Several elderly participants were reported to be excluded from the program’s coverage due to inconsistencies in the program. The Local Council 1 chairperson in Nkorombe Parish expressed his dissatisfaction:

The process of registration is not continuous. Many who qualify are left out. They feel bad because they can’t get the assistance like their fellow elders despite their desperate living conditions. The ministry officials always make empty promises about new registration which they never fulfill. Yet some of us blame local council leaders saying that they are jealous and don’t want others to be registered. This is despite them not having control over it. As the chairperson, I am sometimes blamed for not facilitating registration of new beneficiaries who qualify.

Generally, there was notable relative happiness among the beneficiary participants despite the reported weaknesses that marred the Social Assistance Program. The quality of life of the beneficiaries had improved compared with the older persons who did not have access to the program in other districts.

Discussion

In this article, we explored how older recipients of the social assistance grant in the Ugandan district of Kyenjojo manage their everyday lives, including the unique situation of some being household heads and the sole caregivers for their grandchildren. The findings show that the quality of life of older persons is under duress due to factors beyond their control. Important to note from the stories of older participants in Kyenjojo is that the longtime backbone of the quality of life of old people in the African family setting has been under pressure and strain. Similarly, studies showed that the traditional informal family and community institutions have been eroded and weakened, and disintegrated due to modernization which has resulted in a wave of socioeconomic and cultural changes, such as labor migration, demographic changes, formal education, cash economy, and the breakdown of traditional societal values and norms (Enquerran et al., 2015; Hagen, 2009; World Bank, 1994). This is also recognizable in a study by Bohman et al. (2009) on aging, which portrayed the fear of declining intergenerational reciprocal care due to increased pressure brought about by modernization. Such observations also correspond to salient trends in which informal support systems fade away as countries develop, implying a shift from informal support systems to formal sources of support such as pensions and social welfare provision (World Bank, 1994).

Although the institution of the family was still relevant for all study participants, this was even more so for those older persons who had been fortunate to educate their children to higher levels of education rendering them employable in high-profile offices and organizations. Therefore, the welfare of older persons was, by far, determined by the level of the economic status of the participants’ families. Looking at Amartya Sen’s perspective on capabilities seen through “beings” or what a person can “do” or “be,” enablement in terms of increased opportunities is a vital necessity for a better quality of life (Dagsvik, 2012). As a component, a better quality of life, in turn, enhances social integration and inclusion when, for instance, the older persons’ economic status improves. Therefore, the economic status of families is a great determinant of elders’ well-being economically and socially (Le Grand et al., 2002; Sen, 2006). The same situation is evident in the study by Lloyd-Sherlock (2000), where he pointed out that many older poor people’s quality of life in South Africa is dependent on their economic relationship with other household members. Eventually, this has a strong bearing on the older persons’ social integration and inclusion in family and society as argued by Le Grand et al. (2002) and Babajanian (2013).

Most of the older participants expressed their sadness over the degree to which HIV/AIDS has ravaged most families, robbing parents of their middle-age children who were the family breadwinners. The Joint United Nations Programme
on HIV and AIDS (UNAIDS) estimates that approximately 22.5 million people in the Sub-Saharan region were living with HIV/AIDS in 2007 (Bohman et al., 2009). Uganda is one of the countries in Sub-Saharan Africa where HIV/AIDS has taken an indelible toll, causing many deaths especially of middle-aged adults (principal wage earners), leaving the older people to care for their orphaned grandchildren (Madhavan et al., 2017; Mugisha et al., 2015; Rutakumwa et al., 2015; Seeley, 2008; Seeley et al., 2009).

Due to HIV/AIDS deaths and other causes, the older participants in the present study noted a new situation of role reversal due to an unexpected socioeconomic burden, for example, responsibility for the school fees of their orphaned grandchildren. In addition, socioeconomic changes pushed some older people into taking over their children’s family roles when they migrated for economic reasons to urban centers, leaving their children behind. Sometimes, the role reversal was enhanced by the drive for exchange of care for material benefits. This was mainly true for single parents who had not married but had had children while living with their old parents or those who had separated from their spouses and as a result, brought their children to stay with their parents, a situation which was confirmed in a study by Lloyd-Sherlock (2000).

Considering the dire situation of older persons, the senior citizens program appears to have made a positive change in the lives of the beneficiaries, transforming their lives and those of their family members through enabling them to fulfill basic family needs. Families with older members have increased access to basic necessities of life such as food security, shelter, water, clothes, and health care. On a critical note, however, the money (US$14) received was too small once valued in terms of current market prices to provide the elderly households’ basic necessities. This pushed some older persons to first invest the money in small-scale businesses to earn extra income. The rationale was to earn supplementary income that would act as a cushion against the long list of needs and necessities which could not be financed by the small amount. When the government delayed the payment schedules due to unexpected budget shortfalls and national emergencies, the extra income kept recipients afloat financially and helped them meet certain economic burdens, such as paying school fees, a fact recognized in other studies (Ibrahim & Namuddu, 2014; Schatz et al., 2018; Seeley et al., 2009; World Bank Uganda, 2014). For instance, Lloyd-Sherlock (2000) reported similar instances in Latin America and Asia (Thailand) where older persons find alternative economic ventures to invest the small pension fund to create supplementary income.

Spillover effects on other members of the family and the community became evident due to increased money in circulation which spurred local markets in Kyenjojo district. Similar social cash side effects have been noted in other areas, such as in Ethiopia with the Productive Safety Net Program (PSNP), South Africa’s non-contributory cash transfers, Mauritius’s social cash transfers, Latin America’s social cash transfers, and so forth (Ibrahim & Namuddu, 2014; Lloyd-Sherlock, 2000; Lloyd-Sherlock & Agrawal, 2014; Schatz et al., 2018; World Bank, 2014).

As a remedy for social isolation and social exclusion, the daily income is said to have boosted the older persons’ self-esteem and restored their community respect which had been lost because of poverty and vulnerability. Older persons are now called upon to participate in decision making for critical community affairs, such as local leadership, and other social functions, such as marriage ceremonies and funeral rites. It was seen that the elders had regained a sense of social value, revitalizing a sense of belonging which consequently improved their social and economic participation in society. This led to social inclusion and cohesion as reflected in the study by Le Grand et al. (2002). Other studies on old age and aging in Africa have shown that respect for old age and seniority is a paramount factor in determining the general well-being of old persons and social integration. It is posited that although their economic and practical needs are being met, failure to recognize older persons’ influence in society as knowledgeable holders of wisdom about society causes a feeling of rejection (Lloyd-Sherlock, 2000; Schatz et al., 2018; Seeley et al., 2009; World Bank, 2014).

In agreement with Ibrahim and Namuddu’s (2014) study findings, the social grants enabled older persons to save and accumulate start-up capital to invest in income-generating activities, such as farming, small member saving microcredit programs, and small-scale businesses (such as retail shops and street vending). The daily social income helped them hire laborers for their farm and buy improved seeds and farm implements. Through the daily income, the older persons’ capability to work was revitalized thus improving their economic status as Amartya Sen (2006) contends in his theory. In the context of the program, the benefits, such as good health, good housing, improved diet, education for orphaned grandchildren, and socialization and social integration, provide good examples of the “beings” according to Amartya Sen’s perspective. This attests that the social assistance grant has enhanced the well-being and quality of life of older persons (Ibrahim & Namuddu, 2014; Namuddu, 2014). In contrast, however, we analyzed that other elders were too frail to engage in economic activities, and therefore, they used the social cash only to buy household necessities and basics. Similarly, Lloyd-Sherlock (2000), reporting on the aspect of other forms of quality of life for older persons in developing countries, particularly, Latin America, observed that the level of economic participation of the elderly had fallen sharply due to their diminishing capabilities. He further reported that most of the activities of the elderly are also underrepresented because they are mostly manual and informal (Lloyd-Sherlock, 2000).

Moreover, the small daily income paid out to older persons has increased their creditworthiness. The older persons had suffered discrimination by credit market institutions
because they had always been seen as high-risk borrowers before the implementation of social assistance. This had left them secluded and marginalized from social services. This, in the long run, increased their vulnerability due to their inability to fend for themselves as a result of their frailty associated with advanced age. Similar findings have been reported in other studies (Lloyd-Sherlock, 2000; Namuddu, 2014).

Although the social assistance program has benefited older persons in Kyenjojo, the participants reported a number of challenges that marred the program, which included, among others, a minimal and inadequate amount, uncertainty of payments, and poor accessibility. The problem of payment irregularities featured prominently in both discussions, and yet this seemed to affect the elderly’s consumption patterns. Similarly, in Zambia, irregularities and delays in payments are reported to be very common in the pilot cash transfer program (Barrientos et al., 2008). Insufficient money resulted in a vicious cycle of borrowing to meet ever-increasing family demands. A similar phenomenon was noted by Ibrahim and Namuddu (2014). The challenge was also recognized in most social cash transfers in developing countries. For instance, in Brazil, it was reported that the fund was less generous and could not meet the basic living needs of older people (Lloyd-Sherlock, 2000). Furthermore, in the study by UNECFA (2007), the problem of meager resources is cited as a major obstacle facing the social protection programs of most developing countries which hinders the political will to scale them up incrementally and in terms of target numbers. Despite unmatched inflationary gaps and continuous pleas from the beneficiaries for increases, the policy managers have been adamant. Khadiagala (1995) also established that social funds are limited because of the tendency to substitute the social protection fund with other public sector agencies’ and ministries’ budget shortfalls. Khadiagala posited that the social fund should be part of a larger plan of development. He further asserted that the many challenges and shortfalls in most social protection programs in developing countries are often explained by the lack of technical resources to appraise and implement prudent managerial roles and a lack of political will (Khadiagala, 1995).

In addition, the money caused crowding out of family members who previously had helped older persons. They falsely assumed that the government’s help was sufficient which not the case was. In his study, Lloyd-Sherlock (2000) identified the same problem prevalent in the social pension programs of certain countries such as Brazil, Thailand, and Argentina. Decreased help from family members adversely affected the capabilities of eligible beneficiaries and tended to prohibit them from attaining a decent life economically and socially, as Amartya Sen asserted.

There was also a problem of limited coverage and inequitable targeting mechanisms. Currently, under the rollout phase, only 100 very old persons per sub-county in the selected districts are registered. This criterion is marred by corruption and favoritism in most cases. The explanation for this was lack of a proper streamlined embedded mechanism to enroll those who become eligible, systematically, among the selected districts during the rollout phase. This results in envy and discrimination among qualified non-beneficiaries who feel socially excluded requiring inclusionary targeting policies (Le Grand et al., 2002). There has been aggravated social exclusion due to skewed inter-district targeting, necessitating policies of inclusion as Le Grand et al. (2002) posited. This was also the case with other programs elsewhere, for instance, Argentina (5% coverage) and Thailand (300,000 elders) with arbitrary targeting mechanisms (Lloyd-Sherlock, 2000). Targeting problems and coverage concerns were rampant in Zambia’s cash transfer pilot program and Ethiopia’s productive safety net provision (Farrington & Slater, 2006). Undoubtedly, system deficiencies in the social grant programs exacerbate exclusion and deprivation of the eligible poor older persons, thus limiting their functionality and capabilities because of the lack of resources (Sen, 2006).

Political accessibility and physical accessibility were a big challenge for the program in the Kyenjojo district. Political accessibility implies corruption and an undemocratic targeting mechanism while physical accessibility implies geographic distance and barriers to payment centers as this was also rampant in other studies elsewhere. Similarly, in Argentina and Brazil, there is notable political accessibility hurdles as it is not easy to target those who do not have alternative sources of income (Lloyd-Sherlock, 2000). Also, Farrington and Slater (2006) pointed out rampant targeting challenges which plagued the Zambian cash transfer pilot program and Ethiopia’s PSNP. It was hard for implementers of both programs to target the chronically poor due to corrupt systems. Consequently, this has led to exclusion and deprivation of eligible poor, a situation that has limited the older persons’ functionality and capabilities due to lack of resources (Sen, 2006). Thus, this necessitates policies of social inclusion and integration to ensure participation of older persons in all aspects of community life (Le Grand et al., 2002).

Conclusion
The social assistance program for older persons in Uganda, in the Kyenjojo district, seems to have had positive effects on the beneficiaries’ daily lives. It was introduced when the family institution and its values of altruism and reciprocity in caregiving between family members were under threat. This was due to internal and external forces of change, resulting in weakening and/or erosion of the informal family support system. Older persons had been left exposed to shocks of vulnerability, requiring public policy intervention to improve their quality of life. Thus, with their dire unfortunate position and the subsequent implementation of the social assistance program, the beneficiaries’ lives improved in areas of fulfillment of basic needs, respite from isolation,
provision of business start-up capital, supplementary income and creditworthiness, and the spillover effect to the community and other family members (orphaned grandchildren). The social cash transfers contributed to socioeconomic transformation of the families that at least have an older beneficiary, which has resulted in social inclusiveness and participative development, thus, enhancing a more secure and resilient quality of life.

The program, however, has challenges, such as uncertainty of payments, poor coverage, and poor accessibility, which must be addressed. Some remedies that might enhance the program are the following: (a) revise and increase the payment to account for inflationary gaps, (b) decentralize the payment points to parish centers, (c) institute and equip a technical assistance desk to attend and correct errors and anomalies in the system, (d) establish a streamlined and systematized mechanism to register older persons who qualify over time, (e) scale up the program to all eligible elders and districts countrywide, and (f) reduce the target age to 60 years as old persons reported the challenge of frailty as early as 60 years.

Importantly, to achieve a national equitable socioeconomic transformation, there is a need for the government to step up its political will to sustain and roll out the program across the country, to include all eligible older persons. We further recommend more research to explore more information about the program prospects during the phased rollouts.

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