

# Reality Check Approach Study Brief

## Measuring What Matters to People The real value of Senior Citizen Grants in Uganda

**Expanding Social Protection programme II** provides cash transfers (Senior Citizen Grants) for the elderly through two models: Universal monthly grants to all old people over 65 (over 60 in Karamoja) in 15 phase 1 districts and monthly grants to the oldest 100 in rollout districts (100 Club). This brief documents findings from the first Reality Check Approach study on how old people themselves view old age, their current lives and what is important to them. It explains the role of Senior Citizen Grants (SCG) in Uganda from their perspectives and offers suggestions for improvements.

### What is being old?

Old people shared that feeling weak and less able to work were more important than actual age in determining whether someone was old or not. People clearly differentiated three categories of old people: active (who were able to continue to farm and move around easily), frail (who were too weak to work and mostly spent days in their compounds) and sickly (who were often bed-ridden and required care). Old people used these categories to describe differing needs, attitudes and experience of day to day life and to explain the different responses to SCGs.

### About the Reality Check Approach

Reality Check Approach sits within the ESPII Evaluation Framework contributing to both the summative and formative evaluation. It is intended to provide more breadth and depth to the findings of the panel survey in the pilot areas (universal grants) and to provide primary data to inform the programme in 'roll out' areas (100 Club). It is a qualitative immersive research method which was selected as an appropriate research tool as it involved researchers living in the homes of senior citizens and gathering insights on their day to day lives, choices, behaviour and experience through conversations, shared experiences and observations. It is regarded as an especially appropriate approach for senior citizens with limited mobility and voice. The RCA team lived in the homes of 26 SCG beneficiaries for five days and four nights and interacted with a further 139 beneficiaries who were neighbours or lived in the same community in eight rural districts in North, East and Central Uganda.



People described three types of elderly people: active, frail, and sickly.

## What is a dignified healthy life?

There was unanimity among all categories of old people (both women and men) that the elements of a dignified healthy life were, in priority order: good healthcare, living free of pain, having enough and varied food, having adequate housing, having less worry about grandchildren's futures, being debt-free and able to meet emergency costs. Both old men and old women shared that they highly value independence and a common concern about being a burden to others. More than half of the recipients of the SCG met were still the main providers for their families, with many looking after grandchildren in the absence of their parents. The sickly, who could not continue to live independently, hoped for thoughtful caring and spiritual and emotional comfort.

***'As long as I am still strong, I want to be independent.'***

(active grandfather (65), Karamoja Rural Universal, echoing the sentiments of many)



Karamoja old women still go to the garden because they did not want to be seen as burdens to their family.



Old people constantly affirmed to us that they do not want to be a burden to others and like to do their chores, such as collecting water, themselves.

## What matters to old people?

The elements of a dignified healthy life outlined above help to explain what really matters to people when they assess the SCG. Much is rooted in maintaining dignity and independence as well as foregoing their own needs in favour of younger people. The following lists the contributions SCG makes to achieving these with those which are considered most significant listed first:

**Feeling respected:** Old people shared that they felt that respect for the elderly has been eroding in recent years and that the introduction of SCG has provided them with reassurance that they are not forgotten and they do matter. Even though the size of the SCG is considered small, old people laud it as helping to restore their dignity. Old people feel it allows them to stay independent longer and to be less of a burden to their families. SCG contributes to self-esteem as old people feel able to buy small treats for themselves and others. Old people also feel they can make their own decisions about the use of the grant.

***'[The SCG implies] somebody cares for us. Now I feel special.'***

(woman (96), Luganda Rural Universal)

**Having less worry about grandchildren's futures:** There is strong motivation among old people to contribute to the family. Those who could, shared that contributing to grandchildren's education costs was the most important contribution they could make, some



Old people prefer to eat food they have eaten all their life. Adding sugar to porridge is considered a treat which SCG enables them to indulge in from time to time.

saying it gave them a sense of purpose. SCG enables old people to contribute to the education costs of younger generations, a factor strongly correlated with people's self-identification as not being poor. Typically, annual costs per child amount to one third of SCG for primary and half the SCG for secondary school.

**Enough and varied food:** Many old people we met felt that they did not eat enough and wanted food which gives them energy. They also emphasised the importance of adding salt and sugar to make what they eat taste better. While active old people continue to grow crops for their own consumption, others need cash to pay for day labour to cultivate for them or to buy food. The most frequently cited use of SCG was to buy food, condiments and cooking oil. It is rare for old people to buy protein-rich foods as they are considered costly, although sickly old people were bought eggs and milk out of SCG money by relatives to encourage them to eat. Spending SCG on sugar is more likely than buying eggs, milk or meat and local shops extend credit for this purchase in the knowledge it will be repaid when grant payments are made.

**Access to good healthcare:** The cost of treatment, medicines and transport to health services are a major concern and often prohibitive. Many old people shared they forego or discontinue healthcare when government health facilities do not have sufficient stocks of free medicines or when referred to private

### Prioritising the younger generation

An 87-year-old grandfather told me he was hoping to treat his blindness but frequently encouraged others in his family, especially children, to take precedence with the limited financial resources. He used his SCG to pay for others' treatment. The last SCG payment was about half what he needed for his own treatment so he chose instead to use it for his granddaughter's medical treatment.

- Kumam Rural Universal

diagnostic services and when they do not have the needed 'speed money'. Although SCG is used to pay some medical costs, some old people shared that their annual medical costs are often more than the total value of the SCG and it is not sufficient to cover major surgery. Given this, they choose to spend the grant on other priorities where they feel it will actually make a difference and ignore, suppress or delay their own health needs. This is therefore largely unmet except the ability to purchase simple painkillers and generic medicines such as antacids.

**Adequate housing:** This means weatherproof and permanent housing rather than the mud and grass thatch homes most of the old people in this study lived in. The aspiration is mostly driven by a desire to demonstrate to their children that they live in decent housing, especially without leaking roofs but also, in some cases, a desire to pass on assets to future generations. SCG may be used for renovation and roofing but these costs are high and not easily covered by SCG. With increasing age it is less likely that money will be spent on this with a preference for paying for care and providing support for younger generations.

**Being debt-free and able to meet emergency costs:** Often old people shared that they prioritize grandchildren's emergency health needs over their own out of concern for younger generations but also because costs may be a lot less than their own. They were also anxious to have some assets which could be sold for their own emergency expenses and not to pass on debt to younger generations. Old people maintain their contributions to weddings and funerals in order to ensure reciprocity and cost sharing when it comes to their own funerals. SCG may help maintain these contributions but is not adequate to meet old people's own emergency costs.

## Views on the SCG system

There is a high level of satisfaction with the grant in both Universal and 100 Club areas and especially that it is in the form of a cash transfer. People know the source of the grant and its core intention but there is less clarity on the exact details of eligibility and perception of fairness, especially in 100 Club areas where only the oldest qualify for assistance.

In late 2017, there were a number of key concerns about the SCG system:

- » There is a lack of understanding of the eligibility criteria for 100 Club grants which, in turn, fuels speculation about distribution and fairness. People shared that they did not feel age should be the only criteria and that there are vulnerable old people who might be more deserving of assistance and they indicated that the community would be best placed to determine who should benefit.
- » In ESP I, the lists of potential beneficiaries had been verified with community input, but more recently the lists have been generated from official data (birth certificates, national ID and voter's ID). People complained that error is inherent in these lists because: (i) those with mobility problems often do not have national ID, (ii)



A SCG beneficiary who invested her money for home brewing. She survived on this when SCG money was delayed.

there is a perception that the five yearly cycles of registration fail to include those who will become eligible within the intervening five years and (iii) there are many inaccuracies in ID documents resulting from assessed/guessed age, impatience of registration officials and deliberate self-understating or overstating of age.

- » Irregular disbursements and cumulative payments have confused beneficiaries, especially as many beneficiaries are illiterate and often lack financial literacy skills. This was confounded by the fact that no discernible pattern had emerged over the last years.
- » Old people complained about lack of information on delayed payments, which could be as much as 10 months. Late or reduced payments have made it difficult for people to belong to savings groups, plan their finances and have led to delaying seeking medical treatment.

***'I don't know how much (the grant) was, all I know there were three notes, one had a baboon on it, the other was red in colour and the third was green'***

(old woman Karamoja Periurban 100 Club)

- » Grant disbursements over the dry season are especially important to pay for food. February is a particularly difficult month as it is at the end of dry season when hunger is most acute but also coincides with when school fees are due.
- » Distances and time to collect grants can be long and old people often feel vulnerable to theft and cheats when collecting their grants. Many who were immobile or ill experienced significant health consequences fulfilling the requirement to come to pay points in person.
- » Costs entailed to collect grants are high. Transport and food vendors inflate their prices on grant distribution days. Opportunity costs may also be high as many require family members to assist them to collect the grants in person. Systems currently operating to name alternate recipients are not consistent and operating well in all areas

### What Could 25,000UGX Get You?

		
2.5 weeks of sugar, salt and soap	one-third goat	half piglet
		
6 chicks	5 days labour hire	25 weeks of parafin for lamp
		
3 weeks of motorcycle fuel	1/8 iron sheet for house	6 times transport to health centre

- » With some exceptions, old people do not feel they are treated well at the point of service, including putting up with long waiting times, perfunctory answers to queries and rudeness and particular concerns about police behaviour.
- » Families of deceased former beneficiaries feel they should be entitled to any unpaid grant money. Others feel that payments should continue for a period after death to help pay for funeral costs and costs incurred in registering the death.
- » Old people felt they did not want to complain for fear of being branded a trouble maker and exclusion from future benefits. They also felt they should not complain about 'a gift'. Had they wanted to complain they did not know how to channel this and suspected it would be fruitless any way.

## Going forward

Old people themselves suggested that:

- » Re-enrolment and eligibility re-evaluation is needed to correct the errors in current documentation and to ensure replacements are made swiftly on the death of recipients,
- » A more regular and predictable payment schedule with payments made at two monthly intervals (considered a good compromise between the need for regularity and the advantage of bulk payments),
- » Different disbursement options need to be considered to reduce costs, inconvenience and risk in collecting grants.