Transforming Cash Transfers:

Beneficiary and community perspectives on the Senior Citizen Grant (SCG) in Uganda

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Abbreviations

BDR	Birth and death register
CAO	Chief administrative officer
CCT	Conditional cash transfer
CDO	Community development officer
CfW	Cash for work
CPI	Country principal investigator
CSO	Civil society organisation
CT	Cash transfer
DCDO	District community development officer
DFID	Department for International Development (UK)
DGC	Demand generation consultation
DLSP	District Livelihoods Support Programme
DSP	Directorate of Social Protection
EOI	Expression of interest
ESP	Expanding Social Protection
FGD	Focus group discussion
GDP	Gross domestic product
GoU	Government of Uganda
GPRS	General Packet Radio Service
GSM	Global system for mobile
ICSL	International country support lead
IDI	In-depth interview
IDP	Internally displaced person
IGG	Inspector General of Government
ILO	International Labour Organization
IPPA	International Plan of Action on Ageing
KII	Key informant interview
LC	Local council
LRA	Lord's Resistance Army
MDGs	Millennium Development Goals
M&E	Monitoring and evaluation
MGLSD	Ministry of Gender, Labour and Social Development
MIS	Management information system
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
MoLG	Ministry of Local Government
MSP	Maxwell Stamp PLC
MTN	Mobile Telephone Network
NAADS	National Agricultural Advisory Services
NDP	National Development Plan
NGO	Non-government organisation
NRM	National Resistance Movement
NUSAF	Northern Uganda Social Action Fund
SCG	Senior Citizen Grant
ODI	Overseas Development Institute
OECD	Organisation for Economic Co-operation and Development
OPA	Older Persons' Association
OPM	Office of the Prime Minister
OPM	Oxford Policy Management
OVC	Orphans and Other Vulnerable Children
PDC	Parish development committee
PIN	Personal identification number
POS	Point of sale device
SACCOS	Savings and credit cooperatives
SAGE	Social Assistance Grant for Empowerment
TPC	Technical planning team
UBOS	Uganda Bureau of Statistics
UCT	Unconditional cash transfer
UGX	Ugandan shillings
UN	United Nations
UNICEF	United Nations Children's Fund
UPE	Universal primary education
USE	Universal secondary education
VPN	Virtual private network
VFG	Vulnerable Families Grant
VSLA	Village savings and loan association

1 Introduction

Despite poverty reduction efforts worldwide, chronic and extreme poverty persists. It is a particularly stubborn problem in sub-Saharan Africa. Over the past two decades, the number of people living in extreme poverty has declined in all regions except sub-Saharan Africa (World Bank, 2012). This is attributed, among other things, to the high rate of population growth, which has exceeded the rate of poverty reduction, increasing the number of chronically poor people from 290 million in 1990 to 356 million in 2008 (ibid). Therefore, millions of people on the continent still live in extreme poverty, while those who are living slightly above the international poverty line of $1.25 a day are still vulnerable to shocks that could push them back into extreme poverty. It is within this context that social protection programmes such as cash transfers have been designed. These programmes aim to support and enhance the coping capacities of individuals, households and communities in order to reduce vulnerabilities, risks and shocks associated with extreme poverty.

This report presents findings from the Uganda country study, which is part of a broader study conducted in five countries (Kenya, Uganda, Mozambique, Yemen, and the Occupied Palestinian Territories (OPT)) focusing on the experiences of beneficiaries of unconditional cash transfer programmes.[1] It is conducted by the Overseas Development Institute (ODI) through national teams. The study was commissioned by the UK Department for International Development (DFID) in coordination with national programme implementers. The Uganda country study was undertaken by a team of researchers which comprised a country principal investigator (CPI) based at Makerere University in Kampala, four qualitative researchers and nine research assistants. This team was supported by an iinternational country support lead (ICSL).In each district, the research team was supported by two local coordinators.[2]

In Uganda, two major cash transfer schemes have been developed and implemented within the Social Assistance Grants for Empowerment (SAGE) programme, which was approved in 2010. SAGE is a five-year pilot programme that provides regular cash transfers to over 95,000 vulnerable households in 14 districts in four regions of the country. The government is planning to scale up the programme from 2015 based on evidence of impact and effectiveness.

SAGE is part of the broader Expanding Social Protection (ESP) programme, which aims to reduce chronic poverty and improve life chances for poor men, women and children, and whose purpose is to embed a national social protection system that benefits the poorest as a core element of Uganda's national planning and budgeting processes. The programme aims to foster a comprehensive approach to social protection, strengthening cross-governmental leadership structures on social protection while building the capacity of the Ministry of Gender, Labour and Social Development (MGLSD) to support these structures. A key output of this strengthened leadership will be the development of a social protection vision for Uganda, set out in a national strategic framework, backed by legislation, and translated into budgetary commitments.

This study focuses on the Senior Citizen Grant (SCG),which targets people aged 65 years and above (senior citizens) in rural areas (60 and above in Karamoja), aiming to reduce old age poverty by providing a minimum level of income security through monthly cash transfers. The study aims to

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[1] In Kenya, Mozambique and Uganda, complementary ethnographic research is also being carried out by ODI. In Uganda, this focuses on cash transfers in Karamoja, which will be reported separately.
[2] See Annex 2 for details of the Uganda country research team.

complement existing information through qualitative research that seeks to bring key stakeholders' perceptions and experiences to the fore, with a particular focus on programme beneficiaries.

The study was carried out over a period of two months (August 2012 to September 2012) in the two study sites chosen, Kaberamaido district (in the eastern region, Teso sub-region) and Nebbi district (in the northern region, West Nile sub-region).[3] Districts were selected in collaboration with the SAGE team based on participation in the programme (both are part of the 14 pilot districts for the SCG) and overall poverty and insecurity profiles.

Both districts are primarily rural (Kaberamaido at 98% and Nebbi at 85%) with high poverty rates (58.9% in Kaberamaido and 65.1% in Nebbi). People over the age of 65 constitute 1.7% of the total population of each district. Kaberamaido is inhabited primarily by the Ateso and Kumam ethnic groups (UBOS, 2012c), while Nebbi is predominantly occupied by the Luo-speaking Alur. Both districts have been affected by insecurity and conflict, including that caused by the Lord's Resistance Army (LRA) in the north (UBOS, 2009; UBOS, 2010).

In programmatic terms, there are two distinctions between the two districts. They entered the SCG programme at different times (Kaberamaido was part of the SCG pre-pilot phase initiative in September 2011 while Nebbi is part of the second phase initiative in March 2012) and use different methods to identify beneficiaries (an automated system linked to the birth and death register in Kaberamaido, and a community-based 'on demand' registration process in Nebbi).

The study started with a pre-pilot study demand generation consultation (DGC) exercise carried out in July 2012 in Kiboga district located in Uganda's central region. This exercise served as a preliminary situation assessment, which fed into the development of the research instruments and the communication strategy that has shaped the overall research agenda. Some of the data from the DGC were used to augment findings from the main study sites. Results of the DGC were discussed with the SAGE secretariat and shared at a regional meeting and methods workshop of the multi-country ODI research teams in Nairobi (August 2012). This was followed immediately by a national research training workshop at which the study tools were piloted and then further adapted to the Ugandan context. Field research was subsequently carried out by the national team in the two selected districts.

The study employed qualitative and participatory approaches designed to elicit views and experiences from stakeholders at different levels, including national policy-makers, SAGE programme implementers at national and sub-national levels, SCG beneficiaries, and other community members. Following up on a literature review to collect basic information about the national context and the SAGE programme, the main methods of data collection included key informant interviews, focus group discussions and in-depth interviews, along with a number of participatory techniques to provide further textured information and insights (these techniques included: construction of historical timeline, institutional analysis, life histories, case studies, structured observations, community mapping, and vulnerability and coping strategy mapping, coupled with informal conversations).[4]

This report is structured as follows:
1) Introduction: This section describes the context for the country study and how it fits into broader cross-country research. It briefly outlines the overall research approach, methodology and setting, and provides an overview of the report structure.

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[3] See Figure 6 for a map of Uganda indicating the two study sites.
[4] See Annex 8 for the Uganda fieldwork research matrix and Annex 10 for the study tools used.

2) Conceptual framework: This sets out the basic conceptual framework underpinning the research, including analysis of vulnerabilities, risks and shocks, and the appropriate social protection interventions that seek to address these. This conceptual framework is common to all of the country studies, with an additional country-specific application of the conceptual framework to cash transfers and older people, including a brief overview of growing international experience in this domain.

3) Country context and programme background: This section sets out the national context and critically explores the key vulnerabilities and vulnerable groups in Uganda, with particular reference to older people. It also provides a detailed overview of the ESP-SAGE programme and the Senior Citizen Grant (SCG), one of its pilot initiatives.

4) Study aims and methodology: This section presents the overall aims of the multi-country study and the specific focus of the study in Uganda. It describes in detail the methods and techniques used during data collection, processing and analysis. It presents the study sites, study population, sample size and procedures undertaken during preparatory research processes (including piloting of tools and training of the research team) and discusses ethical considerations. It also outlines some of the key challenges and limitations of the study.

5) Key findings: vulnerabilities and coping strategies: This section sets out study participants' understanding of poverty, vulnerability, and characteristics of vulnerable groups. It focuses on key vulnerabilities experienced by older people, and highlights key issues around ageing and inter-generational and intra-generational dynamics that contribute to vulnerability. It also explores the different coping strategies used by beneficiaries in times of difficulties.

6) Key findings: perceptions and experiences of the SCG programme and effects on older people's well-being: This section reviews the study participants' knowledge, perceptions and experiences of the cash transfer programme, with a focus on beneficiary views. The reported uses of the SCG and its perceived effects (positive and negative) are also presented.

7) Key findings: programme implementation, governance and accountability: This section identifies key successes in programme implementation while also highlighting some remaining challenges as reported by study participants. It reviews beneficiary experiences of participation in programme assessments and evaluations, and discusses procedures for handling grievances.

8) Key findings: participants' suggestions for improving the SCG programme: This section presents suggestions for future direction as well as policy recommendations from the perspective of beneficiaries, programme implementers, national decision-makers, civil society stakeholders, and donors/development partners.

9) Conclusions and next steps: The report concludes with a note on the significance of the study findings, highlighting the added value of qualitative research for programme planning and policy development. It also sets out the next steps for dissemination of study results at community, district, national, regional and international levels.

The report is accompanied by a list of references and a number of annexes with detailed information on methodology and other relevant background information.

2 Conceptual framework: social protection and pathways to social justice[5]

In the context of the ongoing global financial crisis, and in light of the current discussions about international development goals beyond 2015 and the Millennium Development Goals (MDGs), social protection is increasingly seen as essential – not just to tackle rising levels of risk and vulnerability, but also to promote social justice, of which social inclusion is an integral part (ECA et al., 2012). The available evidence on the impact of social protection largely draws on quantitative assessments, driven by government and development partners' emphasis on results (DFID, 2011).

However, our literature review revealed a dearth of evidence around social protection programming impacts based on participatory research, especially with regard to intra-household and community dynamics and differential effects on the diversity of marginalised social groups. In order to situate our study on citizens' perceptions of cash transfer programmes in sub-Saharan Africa and the Middle East, here we present a conceptual framework for assessing the extent to which social protection, especially social transfers, can address the marginalisation of diverse social groups to achieve social justice. We focus on the different elements of a 'social protection – social justice pathways framework', including an in-depth understanding of:

•   the multidimensional nature of risk and vulnerability
•   the importance of structural and political economy parameters at the national level
•   the drivers of programme impacts at the local level.

2.1 Multidimensional nature of risk and vulnerability

The nature of poverty and vulnerability is complex, multidimensional and highly contextual (see Figure 1). Poor households face a range of highly interconnected risks at the macro, meso and micro levels, including economic, socio-political, environmental and health-related shocks and stresses (see Table 1). A nuanced understanding of how different social groups experience poverty and vulnerability is therefore vital in order to design and implement effective social protection programmes that support pathways out of poverty and contribute to social justice outcomes.

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[5] This section draws on Jones and Shahrokh, 2012. The conceptual framework is common to all country studies included as part of the ODI multi-country research programme. Additional perspectives on social protection, cash transfers and older persons have been added for the Uganda study context.

Figure 1: Multidimensional risk and vulnerability context
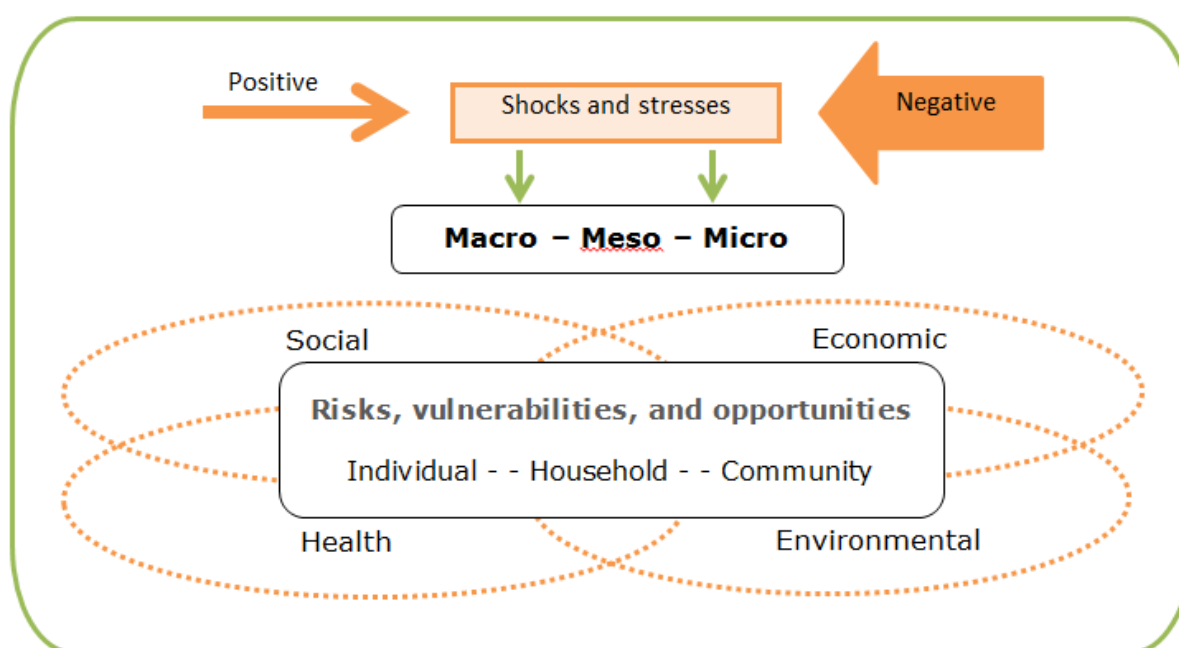
*Please note the box around the social levels – individual/household/community– shows how they span all of the risk and vulnerability domains (social/economic/health/environmental), and how dynamics at all of these levels are critical for understanding the risk and vulnerability context that will influence the potential impact of social protection.

To date, social protection programming has largely addressed economic shocks and chronic poverty. But attention is increasingly being paid to socio-political risks and vulnerabilities rooted in inequalities based on gender, ethnic minority, or refugee status (Holmes and Jones, 2009; Molyneux, 2007; Baulch et al., 2010; Sabates-Wheeler and Waite, 2003).

Devereux and Sabates-Wheeler's (2004) emphasis on 'transformative' social protection and programming that addresses equity, empowerment, and social justice as well as material needs marked a pivotal conceptual shift in the way we think about social protection. Such transformation can be promoted directly through programme design and implementation or it can be linked to complementary interventions, including rights awareness campaigns and behavioural change communication efforts, and/or social equity measures such as the passage and enforcement of non-discrimination legislation (Jones et al., 2011).

Table 1: Examples of sources of risk and levels of vulnerability

	Macro	Meso	Micro
Economic	Global financial crisis	Social malaise as a result of high levels of unemployment. Inter-household inequality in access to productive assets such as land, rights and duties	Job insecurity for low-skilled workers (Razavi et al., 2012). Intra-household tensions due to economic scarcity and engagement in risky coping strategies (Harper and Jones, 2011)
Socio-political	Demographic change and migration Violent conflict	Erosion of community social capital and informal forms of social protection, with especially high toll on older people, who are highly reliant on social ties for well-being (ILO, 2011).	Family composition (high dependency, intra-household inequality, household break-up, family violence, family break-up), with particularly acute impacts on people with disabilities, who are often more reliant on familial care and support (Marriott and Gooding, 2007)
Environmental	Climate change Environmental degradation	Climate-related migration can put economic, social and infrastructure-related pressure on host communities (Sabates-Wheeler and Waite, 2003)	Exacerbating household economic fragility as a result of falling agricultural yields and exposure to natural disasters (Farrington et al., 2007)
Health	Ageing population is increasing the prevalence of chronic disease and disabilities linked to older age	Status-related hierarchies within communities can limit access to healthcare and public health information for marginalised groups	Breadwinner loss of productive capacity; ongoing costs of care in terms of resources, time

2.2 Structural parameters

The potential of social protection to achieve social justice outcomes (resilience, agency, multidimensional well-being – see discussion below) for the most marginalised groups in any society is influenced by an array of structural factors at the national and international levels (see Figure 2), which provide the parameters for what types of policies and programmes may be feasible in a given country context.

First, the productive economy shapes social protection opportunities on a number of levels, principally through the available fiscal space. The composition of the labour market is also an important variable, particularly in relation to linkages to complementary income-generating opportunities, and exit strategies. Second, the care economy (the country-specific mix of family, state and private sector providers of paid and unpaid care work) plays an important role in shaping the demand for, as well as feasibility and desirability of, particular forms of social protection (Molyneux, 2009). Third, social institutions – the collection of formal and informal laws, norms and practices which shape social behaviour – also have considerable influence on development outcomes (Jones et al., 2010). They can be empowering, enabling individual and collective action, or they can reinforce inequality, discrimination and exclusion (Rao and Walton, 2004, in Jones et al., 2010). Finally, various international legal frameworks and norms provide clear commitments to social assistance and social protection so as to ensure a basic minimum standard of well-being for the most marginalised groups in society.

2.3 Political economy influences

National political economy dynamics are also key, as poverty and vulnerability are inherently political in nature. For the chronically poor and most vulnerable groups, who are least likely to benefit from economic growth, politics and political change may be the route to better development outcomes (Hickey and Bracking, 2005: 851). However, until quite recently, decision-making around social protection has focused on economic considerations rather than politically driven approaches that are more context–appropriate and sustainable (Hickey, 2007).Political economists view development policy and programme outcomes as involving a process of bargaining between state and society actors and interactions between formal and informal institutions (Helmke and Levitsky, 2004), and accordingly our framework includes the political institutions, interests and ideas that shape social protection decision-making and programming as follows.

Institutions:

First, a vital consideration for introducing or scaling up social assistance is the capacity of the state to mobilise funds and other resources (Barrientos and Niño-Zarazúa, 2011). In its assessment of the affordability of cash transfers, DFID (2011) notes that where a government decides to invest in cash transfers, spending is typically within an overall budget for a wide range of sectors, and reflects judgements regarding the comparative advantages (e.g. value for money or political gains such as greater state legitimacy) for achieving broader economic and social goals.

Second, limited institutional capacity represents a major challenge to the roll-out of social protection programmes in most low-income countries, at all stages: from undertaking poverty and vulnerability assessments to designing and implementing tailored policies, as well as monitoring and evaluating impact (Barrientos and Hulme, 2008).

In many contexts, decentralisation has complicated the picture. While poverty reduction strategies have favoured decentralisation as a way of closing the gap between citizens, local and central government, and strengthening accountability, in practice, functions have often been delegated to weak institutions with limited knowledge of anti-discrimination legislation and related programme provisions (Chronic Poverty Research Centre, 2008). This can undermine progressive programme design and opportunities for a strengthened social contract (Holmes and Jones, forthcoming).

Finally, robust monitoring and evaluation (M&E) is integral to assessing the impact of social protection programmes, but there is wide variation in the quality of M&E in different countries and regions. There are also considerable challenges due to the limited availability of disaggregated data, especially with regard to intra-household and intra-community dynamics (Holmes and Jones, 2011; Molyneux, 2007).

Interests:

Multiple actors are involved in social protection policy and programming, and in our framework we highlight three key players:

National governments: Evidence from numerous countries suggests that competing interests among government agencies ('departmentalism') is a common characteristic of social protection programmes (Hagen-Zanker and Holmes, 2012). Programmes are often housed within the ministry responsible for social development, with limited buy-in from key ministries such as finance and planning.

Development partners: Similar 'departmentalist tensions' are frequently mirrored in development partners' approaches to social protection. While United Nations (UN) agencies and international non-government organisations (NGOs) endorse a rights-based approach, development partners are increasingly emphasising results-based aid and value for money.

Civil society: The interests of civil society in advancing social protection, and how these interests are articulated, are also critical. Given the isolation experienced by socially excluded groups, their mobilisation around self-identified interests – often supported by NGO intermediaries – is a precondition for their participation in the construction of the social contract (Kabeer, 2010). However, most governments and development partners continue to treat civil society organisations as junior partners or subcontracted service providers, and there are few success stories of effective mobilisation around social protection at the national level (Devereux, 2010: 2).

Ideas:

Political economy influences are not limited to institutional capacity and interests; they also encompass the ideas that drive decision-making. This is certainly the case with social protection, where divergent national systems reflect a wide range of ideas about poverty and vulnerability and their underlying causes, as well as the purpose of social protection and the role of the state vis-à-vis its citizens. Hickey (2009) argues that the concept of a state–citizen contract helps to uncover the philosophical underpinnings of state support towards its citizens, especially the most vulnerable, as well as citizens' rights and responsibilities towards the state. However, while there is a robust case to be made in international law for social protection as a human right, to date, it is only recognised as a justiciable right in very few countries (including India, South Africa and Uruguay).

The conceptual underpinnings of social policy frameworks advanced by global development partners are also critical, as they often result in shifts of emphasis and action. The International Labour Organization (ILO), UNICEF and UNWomen (the UN Entity for Gender Equality and the Empowerment of Women) all view social protection through a rights perspective, while the World Bank conceptualises it in terms of 'social risk management', with resilience seen as a key tool for growth promotion. The Organisation for Economic Co-operation and Development (OECD) focuses more on the role that social protection can play in promoting social cohesion, especially in conflict-affected contexts (OECD, 2011).

Figure 2: Structural and political influences mediating the achievement of human capabilities
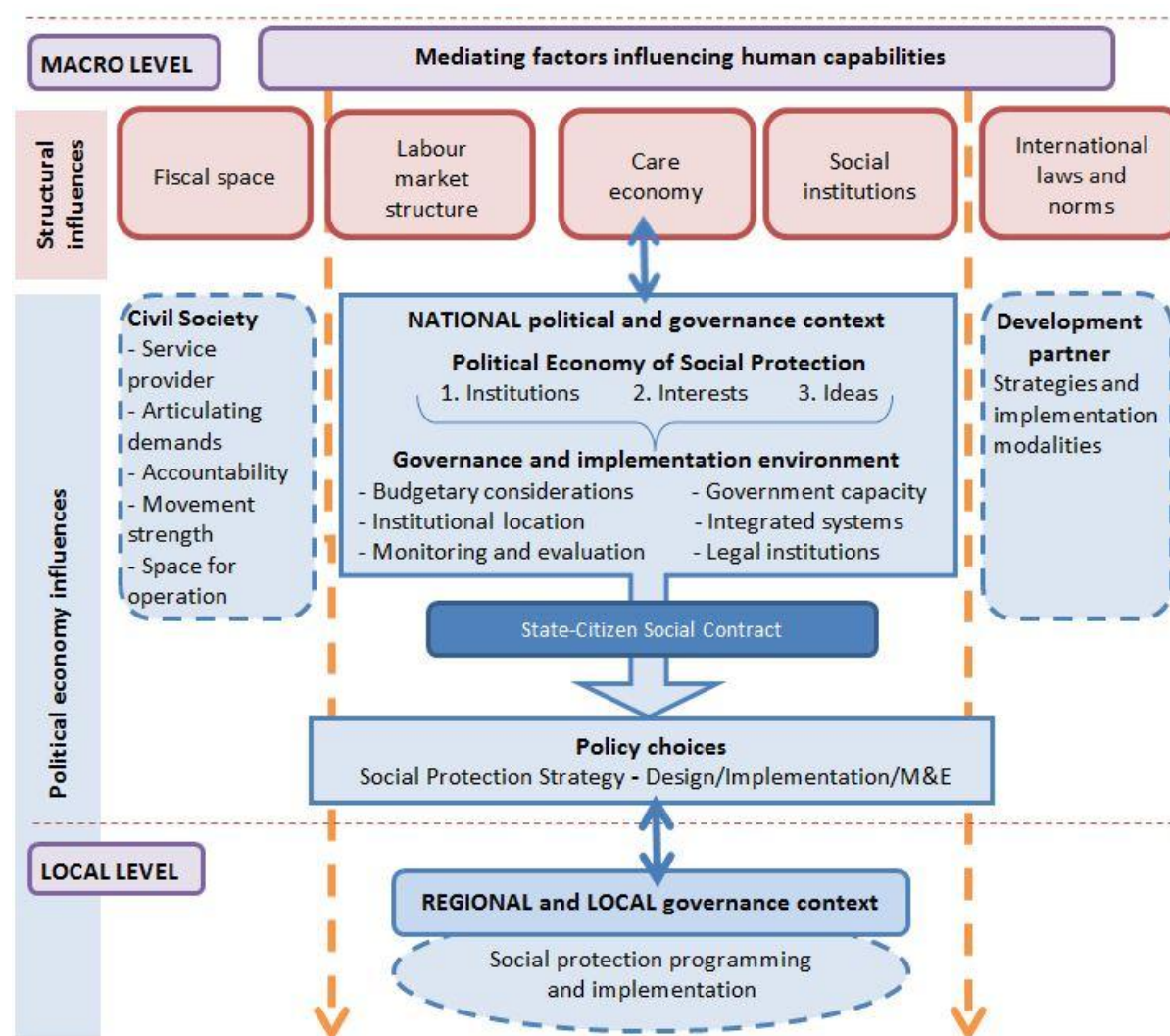
2.4 Local-level impact and outcomes

For social protection programming to be both accountable and transformative, the national-level structural and political influences must be more directly linked to local-level impact and outcomes –for the individual, the household, and the broader community. Given the cumulative and inter-generational impact of vulnerability and risk, it is also important to consider outcomes within the context of individual and household life-cycles (Moore, 2005). Kabeer's conceptualisation of empowerment – as both a process for and an outcome of achieving social justice – is useful in helping us frame the pathways through which social protection programming affects people's lives. Empowered individuals are able to make strategic life choices (those which represent valued ways of 'being and doing') in three inter-related dimensions (Kabeer, 2001):

- **Resources:** economic, human and social resources (including relationships) which serve to enhance the ability to exercise choice.
- **Agency:** the ability to define one's goals and act on them. Agency encompasses both 'power within' and 'power with', emphasising the value of individual and collective decision-making.

- Resources and agency together constitute capabilities: the potential that people have for realising *achievements* in valued ways of 'being and doing'. We frame achievements within the context of relational well-being (the extent to which people can engage with others to achieve their goals) and subjective well-being (the meanings people attach to the goals they achieve) (Jones and Sumner, 2011).

To achieve social justice, social protection programmes must go beyond a safety net approach and seek to empower individuals and groups to tackle inequalities. Programmes can be designed to promote empowerment, helping to reduce inequalities between different household members and also among different social groups at the community level. Programme design, including targeting, and implementation systems should therefore be informed by the specificities of intra-household dynamics as well as consider the nuances of community relationships and pre-existing tensions between and within social groups, with multiple vulnerability criteria where necessary to ensure inclusion (Chronic Poverty Research Centre, 2008: 48).

Figure 3: Local-level influences, sites of impact and social justice outcomes
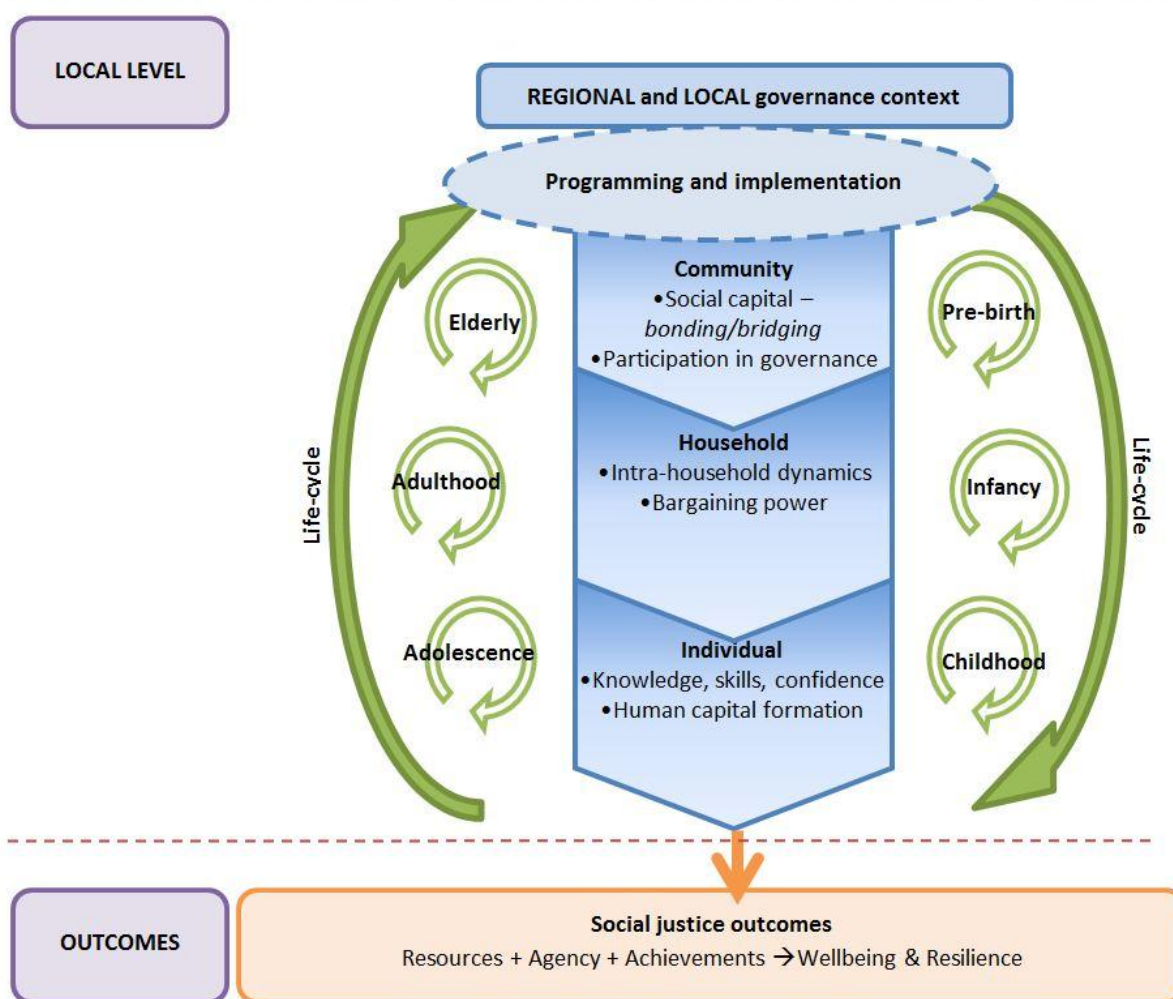
While in describing the process of the development of the conceptual framework we have split it into different sections, the various components of the framework come together as can be seen in Annex 1.

As will become apparent in the report, the various aspects of this conceptual framework are brought out in the different sections. Thus, for instance, the section on country background context addresses the structural dimensions and broader political economy, setting the scene for discussing the

programme. Because programmes do not operate in a vacuum, discussions around programme governance and accountability address the governance and implementation environment. And discussions of individual, household and community dynamics address local-level influences, with our final concern being social justice outcomes – both individually and collectively – for the marginalised group the study is focusing on, in this case older people.

The conceptual framework thus provides a tool to guide this inquiry into beneficiary perceptions of cash transfer programming within the context of social justice outcomes. Social protection programming does not operate in a vacuum; by addressing the structural dimensions and broader political economy issues, the operating space is contextualised. This provides an important starting point within which both the multidimensional nature of risk and vulnerability as well as the drivers of programme impacts at the local level (collected through the fieldwork) can be understood.

The manner in which individual, household and community dynamics interact with these influencing factors to achieve social justice outcomes both individually and collectively for older people is central to our theory of change for transformative social protection. Further application of the conceptual framework to the situation of older people is demonstrated in the section below, drawing on growing experiences around the world of other social protection programmes targeting older people.

2.5 Cash transfers and social protection for older people

The ageing of populations brings new policy issues to the fore in developing countries. These include responding to the poverty and vulnerability faced by older people, the effects of migration and HIV and AIDS on inter-generational family support structures, and the effects of increased informal work patterns on social protection systems. Figure 4 below shows how our conceptual framework can help guide understanding of the ways in which social protection responses can provide pathways to social justice for older people.

Multidimensional risks and vulnerabilities

Research from many parts of the world has underscored the multidimensional risks and vulnerabilities associated with ageing. Many older people share experiences of poverty associated with the inability to fulfil social and economic roles and responsibilities; the poorest groups are identified as those lacking the means to meet basic needs and improve their position. Extreme poverty for older people is associated with 'vulnerabilities stemming from an absence of income security, inadequate family or social support, and poor health combined with inadequate health care'(Gorman and Heslop, 2002). External shocks and stresses further amplify these vulnerabilities, as traditional family care structures erode, along with traditional respect for older people (HelpAge International, 2002). Multigenerational households with older people are, by and large, poorer than households without older people (Schwarz, 2003).

Figure 4: Application of the conceptual framework to the context of older people

Multidimensional risks and vulnerabilities		
Economic: Physical strength depletes affecting farming income	Social: Patriarchal inheritance laws discriminate against widows	Health: Chronic ill-health from a lifetime's exposure to health risks

Structural influences	
Increased care roles as a result of HIV/AIDS and migration	Limited acknowledgement of the productive potential of older people

Political influences			
Madrid IPPA promotes social pensions	Old age pensions build the citizen/state social contract	MDGs are weighted to young adults and children	Grassroots OPAs raise awareness of rights

Programming and implementation	
Pension departments often within finance ministries limiting prospects of transformative programming	Community monitoring agents can support older people to access pensions and claim rights

Local level impact		
Economic independence can increase status and power in household	Transfers to OPs associated positively with role as caregiver	Universal pension seen as a right building the social contract

Source: Jones and Shahrokh, 2012.

A number of factors contribute to heightened vulnerability among older people:

- **The impact of HIV and AIDS** on inter-generational support: Older women and men in highly AIDS-affected countries are becoming the primary caregivers of people living with AIDS, the guardians of the majority of orphaned and vulnerable children, and are playing a crucial role in the survival and sustainability of families and communities (HelpAge International, 2004). Yet their additional caring roles receive limited support and can accentuate household poverty.

- **Gendered vulnerabilities**: Women and men experience ageing in different ways and face different vulnerabilities. Older women are more likely to be economically dependent on their families than men, having had less access to income-generating opportunities and assets; as a group, older and widowed women are among the poorest, as defined by poor people themselves. Older men, on the other hand, are often rejected by family and community once they are unable to earn an income.

- **Situations of conflict**: The vulnerability of older people is exacerbated as the overall capacity of the community to care for its vulnerable members is disrupted. Many older people find themselves looking after young dependents, with very limited opportunities to supplement incomes to meet needs (HelpAge International, 2002).

- **Health risks**: Older people face increasing risk of illness and disability; for older people who are poor, a lifetime's exposure to health risks means that they enter old age already in chronic ill-health. Women are particularly vulnerable after a lifetime of physical labour, poor nutrition and multiple pregnancies, with limited access to healthcare (HelpAge International, 2002).

- ***Policy neglect:*** Many older people continue to work, particularly in developing countries, engaging in farming, trading and small-scale enterprise (HelpAge International, 1999). However, there is little acknowledgement of the economic potential of older people, and consequently limited policies aimed at supporting their economic roles within their communities.

Policy and programme responses

Chronic poverty can have a strongly negative impact on inter-generational support, creating a situation in which poverty is transmitted from one generation to the next. Failure to support the vital social and economic contributions made by older people to their households and communities exacerbates these impacts (HelpAge International, 2004).

There is growing interest in the potential role of non-contributory cash transfers as an instrument to address these challenges, including social pension schemes and social assistance to poor households with older members (Barrientos, 2012). Research on a number of social pension schemes and cash transfers for older people have highlighted both their beneficial effects and areas for further policy research, underscoring lessons learned.

- In two pilot programmes in Zambia (the social safety net pilot in Kalomo district targeting households headed by older people caring for orphans and vulnerable children, and the age-based categorically targeted monthly social pension for all people over 60 years of age in Katete district), beneficiaries use their transfers to enhance both their own and their household members' well-being, with particular benefits for children's health, nutrition and education. Some women are able to re-engage in traditional savings schemes and heads of household manage to invest in productive activities.The flexibility of cash transfers, their regularity and reliability, are regarded by the beneficiaries and other stakeholders as the most important features of the scheme. Also highly praised is the transparent participatory targeting and approval process (Schubert, 2005; Wietler, 2007).

- In Lesotho, the government has established an old age pension, helping to foster a contract between citizen and state. Pensioners have identified the pension as falling within the state's role to care for its citizens, particularly when relatives could no longer afford to do so, and noted that they could now pay on credit for purchases and services, such as local doctors (Pelham, 2007).

- In South Africa, pensions are the most regular source of income to households, and as such carry lower associations of stigma compared with social assistance programmes that target particular socioeconomic groups. A transfer based on age criterion may be more likely to be associated with entitlement than with poverty (Pelham, 2007). This is an important point in the context of cash transfer programming for older people, as evidence suggests that an old age pension can go some way towards rebuilding rather than accelerating apparent loss in community and family support.

- In India, the Indira Gandhi National Old Age Pension Scheme is a centrally sponsored means-tested social pension scheme that includes support for older people's associations at village level. These associations play an important role in facilitating application procedures, increasing approval rates, and providing relevant information on the schemes and benefits (HelpAge International, 2009).

Social pensions can create social capital because they reassert older people's financial contribution to household and community activities. The pooling of the pensions within the household also helps to consolidate rather than disintegrate family interdependence. This process also reinforces the social contract as it provides an incentive to put demands on the government to provide the pension

(Pelham, 2007). Some studies, however, have shown that cash transfers to older people can have a replacement effect on family support systems, as family members withdraw support (Wietler,2007).

Box 1 below summarises some of the key points for policy-makers to consider drawing from research on social pensions and cash transfers to older people.

Box 1: Considerations for inclusive unconditional cash transfer programming with older people

• Age-based targeting through a universal social pension is recommended. This is as a result of ongoing challenges in identifying the poorest 10%, and the observation that a large portion of those identified were older people.
• Providing social pensions to older people recognises their role as caregivers in households that are changing as a result of HIV and AIDS and economic migration. This can support increasingly resilient households, increased human capital for children, and increased agency and subjective well-being for older people.
• Social pensions create social capital and strengthen positive familial and community interdependencies because they reassert older people's financial contribution to household and community activities. However, it is important to recognise that there is a risk of exploitation of older people regarding the value of the pension to other household members.
• The ministerial location of social protection decision-making and implementation can have an important influence on the nature and shape of cash transfer programming; increased intersectoral coordination between welfare, finance and basic services ministries is essential for transformative development.
• The social contract built through the provision of social pensions can be strengthened when it is part of a wider egalitarian, redistributive national development strategy.
• The value of the social pension also reinforces the social contract as it provides an incentive to put demands on the government to provide the pension.
• There is an important role for civil society in mediating between poor and vulnerable older people and government around fair and accessible cash transfer programmes, and strengthening older people's rights.
• At the grassroots level, older people's associations and monitoring groups play a useful role in advocacy and awareness-raising as well as facilitating the process of applying for and claiming social pensions.

Source: Jones and Shahrokh, 2012

3 Country context and programme background

3.1 National context

Uganda is located in eastern Africa, bordered by South Sudan in the north, Kenya in the east, Tanzania in the south and the Democratic Republic of Congo (DRC) in the west.[6] The country covers a total area of about 241,550.7 sq km and is predominantly a peasant-based economy, with the agricultural sector employing about 66% of the working population (Uganda National Development Plan 2010/11-2014/15).The country has many ethnic groups, including Baganda 16.9%, Banyakole 9.5%, Basoga 8.4%, Bakiga 6.9%, Iteso 6.4%, Langi 6.1%, Acholi 4.7%, Bagisu 4.6%, Lugbara 4.2%, Banyoro 2.7%, and 'other' 29.6% (UBOS, 2002).

Uganda has an estimated total population of about 35.8 million people and a population growth rate of 3.2%, which is one of the highest in the world. Nearly half of the population (49%) are under 15 years old and only 3.2% are over 65 years resulting in a very high dependency ratio, currently standing at 1.12 dependents per worker – higher than the sub-Saharan Africa average of 0.87 (UBOS, 2012a). The total fertility rate stands at 6.2 per woman (UBOS, 2011). By 2009/10, the literacy rate was 73% among children aged 10 years and above (UBOS, 2012a). Net enrolment in primary schools is over 84%, so achievement of Millennium Development Goal (MDG) 2 (universal primary education) is possible, even though drop-out rates are high and the quality of education is generally poor (Murungi, 2011). The country is still grappling with malaria, which is the biggest cause of morbidity and mortality among children under five. The infant mortality rate (infants aged 0-12 months) is 54 deaths per 1,000 live births and the under-five mortality rate stands at 90 deaths per 1,000 live births (UBOS, 2011). The most recent AIDS indicator survey (2011) reveals that HIV prevalence declined from 18.5% the in early 1990s to 6.4% in 2005, but increased to 6.7% by 2011 (MoH, 2012).

Since independence in 1962, Uganda has experienced several governance challenges. The country experienced political instability under military dictatorships characterised by civil wars and coups d'états between 1970 and 1985 (Government of Uganda, 2010). Since 1986, when the National Resistance Movement (NRM) government came to power, Uganda has experienced relative peace, albeit with some parts of the country – especially the north, north east and south west – experiencing violent civil conflicts (Refugee Law Project, 2004; International Alert, 2009).

Over the past two decades, Uganda has established positive macroeconomic management and structural reforms that have contributed to improvement in some of the key socioeconomic indicators of growth (Republic of Uganda, 2010). For example, between1997/98 and 2000/01, gross domestic product (GDP) growth averaged 7.2%, and between 2000/01 and 2003/04, it averaged 6.8%, increasing to 8% between 2004/05 and 2007/08. However, GDP growth declined in 2008/09 to 6.7% and is projected to decline further to 6.4% in 2009/10. In 2011/12, GDP was projected to decline to about 3.2% due to both internal and external shocks that have significantly slowed down economic growth (MFPED, 2012a).

3.1 Poverty and vulnerability

Uganda has been implementing policies and programmes to reduce poverty since the early 1990s. As a result of these programmes, the percentage of people living in poverty has fallen from 56% in 1992/93 to around 25% in 2009/10 (MFPED, 2012b). However, despite reducing the number of people living in absolute poverty, the percentage of the non-poor who are insecure has increased

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[6] See Figure 6.

from 34% in 1992/93 to 43% in 2009/10 (ibid). For instance, about 11% of the population who were above the poverty line[7] in 2005/06 had slipped below it by 2009/10 (Wylde et al., 2012).

Over the past five years, the levels of inequality have increased, from a Gini coefficient of 0.408 in 2005/06 to 0.426 in 2009/10 and this remains high, especially in urban areas – at 0.447 (MFPED, 2012b). Northern Uganda still has the highest level of poverty, accounting for 48% of people who are chronically poor. There are several vulnerable groups in Uganda. These include people with disabilities, widows, child-headed households, orphans[8] and other vulnerable children, people living with HIV and people living with AIDS, internally displaced people, older people, households affected by natural disasters, and communities recovering from conflict (especially in the north and eastern Uganda) (Wylde et al., 2012; MFPED, 2012b).

Vulnerable groups tend to have higher rates of poverty than the national average. For example, households with an older person (above 65 years) have a poverty incidence of almost 29% compared with 25% for all households. Double orphans have a poverty incidence of 31% and households with at least one severely or partially disabled member have a poverty incidence of almost 30% (Wylde et al., 2012).

3.2 The Expanding Social Protection (ESP) programme

The social protection context in Uganda

Social protection in Uganda has antecedents which go back to the pre-colonial era, when survival and well-being hinged on traditional and local institutions. Individuals, households and communities were sustained through informal social support networks including extended families, clans and community networks (Lwanga-Ntale et al., 2008). Social protection was based on mutual aid, assistance and reciprocity expressed through caring for older people and those who were ill, and through communal farming and harvesting groups among other sources of support (Ouma 1995; Barya, 2011).

During the post-independence era, while these informal social protection mechanisms continued as a major form of social protection, they have been affected by a number of factors such as the rise of the cash economy, industrialisation, urbanisation, rural-urban migration, and commercial agriculture (Nyamukapa and Gregson, 2005). These factors, coupled with economic mismanagement and political turmoil in the 1970sand the impact of structural adjustment programmes[9]introduced in the mid-1980s, further weakened the cohesion of the extended family and the capacity of kinship systems to function as they had (World Bank, 1993). The impact of the AIDS epidemic added a further dimension to the already weakening traditional systems (Bukuluki, 2010).

High levels of poverty and inequality, high population growth, and civil conflicts have further contributed to weakening traditional social protection systems (Pilon and Vignikin, 1996; Foster, 2000; Heggenhougen, 2004; Nyamukapa and Gregson, 2005; Bukuluki, 2010). However, informal social protection mechanisms still play an important role, especially for individuals and families in extreme

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[7] 'Uganda's poverty line – the minimum consumption below which individuals are considered poor – was developed in the 1990s. It reflects the cost of consuming 3,000 calories per day based on the food basket of the poorest 50 percent of the population at the time of a Monitoring Survey conducted between August 1993 and February 1994. An allowance for non-food requirements was made, also based on the consumption behaviour at the time. By adjusting for inflation using the consumer price index, the poverty line based on the 1993/4 survey has been held constant in real terms ever since' (MFPED, 2012b: 11).
[8] In Uganda, orphans are children under 18 who have lost either one or both parents. The Ugandan Demographic and Health Survey of 2011 estimates that 11.5% of children under 18 are orphans (UBOS, 2012b)
[9] Structural adjustment programmes (SAPs) in Uganda involve policy packages with conditionalities that include devaluation, de-subsidisation, deregulation, severe cuts in government expenditure, and a severely restricted credit ceiling, which all affect vulnerable groups in society, especially women and children.

poverty, in mitigating their vulnerabilities, risks and shocks, alongside the formal social protection mechanisms (Ankrah, 1993; Chirwa, 2002; Bray, 2003; Madhavan, 2004; Abebe and Aase, 2007).

Currently in Uganda, social protection entails all public and private interventions that address vulnerabilities associated with being or becoming poor (Republic of Uganda, 2010). The social protection sub-sector is comprised of social security and social care services and significantly contributes to addressing economic and social vulnerabilities. Reducing economic and social vulnerability is increasingly viewed as an integral part of Uganda's development strategy. This will not only improve the lives of people living in poverty today, but will also ensure that their children benefit from and help to build a future transformed society. The Government of Uganda therefore recognises that social protection is a critical prerequisite for achieving national development goals (MGLSD, 2012d).

Uganda has developed a number of policies and programmes that contain aspects of social protection.[10] Whereas these address cross-cutting, multisectoral needs of poor and vulnerable groups, there is currently no unifying framework bringing the various social protection commitments together. This leads to a lack of clarity on the overall vision and strategic focus of social protection, fragmentation of interventions, duplication of resources, and limited impact on the beneficiaries. The Government is therefore in the process of developing an overarching comprehensive social protection policy framework to guide all its social protection initiatives to address the primary economic and social risks faced by poor and vulnerable citizens (MGLSD, 2012d).

Expanding Social Protection (ESP) programme design and features

The Expanding Social Protection (ESP) programme in Uganda was designed in 2009 as a five-year programme under the MGLSD. It is funded by the UK Department for International Development (DFID), Irish Aid, and UNICEF (MGLSD, 2011).The current funding level is £41 million (about UGX 160 billion). In addition, starting from the financial year 2011/12, the Government of Uganda has committed $50,000 plus in-kind support estimated at UGX 6 billion over the five years of the programme (MGLSD, 2012b). By the end of the pilot phase, the Ugandan Government contributions are expected to reach at least $900,000 per year.

The Social Assistance Grants for Empowerment (SAGE) programme targets labour-constrained individuals and households who are at risk and vulnerable to poverty due to their reduced ability to engage in productive activity. The programme aims to reduce extreme poverty and improve life chances for poor men, women, older people, widows, people with disabilities, people living with HIV or AIDS, and children, and is embedded in the National Development Plan (NDP). It has two elements:

- Development and implementation of a national social protection vision and policy framework for Uganda, which includes strengthening the institutional capacity of the various government entities to deliver the framework, building government awareness and commitment to social protection and securing government financing for a national scale-up.

- Design and implementation of a five-year pilot social transfer, the SAGE programme, in 14 districts of Uganda: Apac, Kaberamaido, Katakwi, Kiboga, Kyenjojo, Moroto, Nakapiripirit, Nebbi, Amudat, Kyegegwa, Kyankwanzi, Zombo, Napak and Kole[11,12] (MGLSD, 2012a).

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[10] See annexes 3 and 4 for an overview of policies and programmes related to social protection in Uganda.
[11] For details of their location, see Figure 6.
[12] The districts were selected on the basis of the poverty rates as well as the following six indicators: (a) proportion of children in the district population; (b) proportion of older people in the district population; (c) number of orphans and vulnerable children as a proportion of the total child population; (d) incidence of risky births; (e) proportion of households living more than 5 km from health facilities; (f) school attendance rates among children aged 6-12 years.

The pilot cash transfer programme has two different components: the Vulnerable Families Grant (VFG) and the Senior Citizen Grant (SCG). Both components are expected to reach approximately 500,000 people in 95,000 households between September 2011 and February 2015.This represents approximately 15% of households in the pilot districts, although coverage within each sub-county may vary slightly due to changes in demographic structure (MGLSD, 2012c).

- The Vulnerable Families Grant provides an unconditional monthly benefit targeted to poor and vulnerable households with extreme labour capacity deficiencies and high dependency ratios. It also reaches households with a high proportion of older people, children, and people with disabilities.
- The Senior Citizen Grant provides an unconditional monthly allowance to all older people (aged 65 years and above) in the selected districts (except for Karamoja, where the eligible age has been set at 60 years).[13]

The SAGE programme was first initiated in three pre-pilot districts (Kaberamaido, Kiboga and Kyenjojo) in March 2011, from which two sub-counties in each district were chosen, with first payments made in September 2011 (MGLSD, 2011). By June 2012, the programme was rolled out in all 14 pilot districts (MGLSD, 2012a).

The Senior Citizen Grant (SCG) programme

The SCG is designed to reduce old age poverty by providing a minimum level of income security to all older people. In other words, the targeting is categorical.[14]The importance of social protection for older people is clearly recognised in Uganda, as illustrated in the profile of vulnerability put together by the MGLSD (see Box 2).The SCG provides an unconditional monthly allowance to all older people (aged 65 years and above) in the selected districts. Within the two study districts, the SCG initially covered five out of seven sub-counties in Kaberamaido and five out of eleven sub-counties in Nebbi district. The SCG has since been expanded, in a phased manner, to cover the other sub-counties in the respective districts.

Box 2: A vulnerability profile of older people in Uganda

Older people (60 years and above) constitute about 4% of the population in Uganda, about 1.4 million people. Of these, 64.5% (about 903,000) have a disability and 10.7% (150,000) live alone in single-person households. Around 15% of households are headed by an older person and almost 72% of them have care responsibilities for children and family members who are ill. Over a fifth (21%) of households in the poorest decile are headed by an older person. Poverty rates in households with both older members and children are around 32%. The risks in old age are gendered, since more than half (55%) are women who are even less likely than men to access old age pension schemes. In addition, 63.2% of older women are widows compared with only 15.3% of older men who are widowers. In most Ugandan communities, an older widow often loses any claim to the property or assets of her late husband.

Older people, despite experiencing frailty associated with ageing, are often compelled to continue to work hard due to lack of predictable income to meet basic needs (food, clothing, shelter, healthcare, and education for the grandchildren under their care).The number of older people still engaged in active employment increased by 14.5% between 2005/06 and 2009/10, mostly as a result of poverty.

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[13]An eligibility threshold for the SCG in Karamoja of 60 years and above was agreed by the ESP programme Steering Committee in May 2011.
[14]Eligibility based on broad social categories and/or groups such as age, gender, ethnicity, social status, economic status, disability.

The majority (85%) are engaged in crop farming, characterised by price fluctuations, irregular income and low labour returns, which increases their vulnerability. Over 93% of older people in Uganda have no form of savings, pension or other form of social security. As their labour capacity declines, they become dependent on others for support.

Older people face heightened risks of ill-health coupled with high costs of drugs and few specialists on diseases associated with ageing. Access to healthcare is further constrained due to long distances to health facilities, limited supply of drugs, and lack of money to pay for consultations or medicines. The vulnerability of older people has been magnified by the impacts of HIV and AIDS, which has cut off many older people from support by their own children, leaving them instead to care for sick and orphaned grandchildren, with few assets to support them and limited potential to earn money.

Source: MGLSD (2012d) Draft National Social Protection Policy Framework

Beneficiary selection

There are two main methods of targeting beneficiaries adopted by the SCG programme: automated targeting and community targeting (MGLSD, 2012a):

- The 'automated targeting model' is based on birth and death registration (BDR) exercises carried out by the Uganda Registration Services Bureau in partnership with the Uganda Bureau of Statistics (UBOS) and the line local government departments, with SAGE leading on the registration of beneficiaries. Data collected during the BDR exercise is exported into the SAGE management information system (MIS) at national level and all older people above the age threshold are identified. Under the Senior Citizen Grant (automated registration model), the SAGE programme has a provision for considering appeals from people who were either not registered at all during the BDR exercise or who claim that their age was recorded erroneously during the registration exercise (MGLSD, 2012c).

- 'Community registration' involves community-based local government structures, especially parish chiefs with the support of village local council chairpersons organising and facilitating village council meetings to identify eligible older people. Applicants must present an official form of ID such as a voter's card, birth certificate or baptism certificate. However, in the absence of such documentation, village councils are tasked to verify the eligibility of individual applicants by making reference to widely known local or national historical events. Village-level beneficiary lists are submitted to the sub-county community development office (SC-CDO) for onward transmission to the district local government SAGE unit. The SAGE Implementation Guidelines indicate that the district SAGE MIS officer enters the beneficiary list into the MIS. This list is then sent to the payment service provider for enrolment (MGLSD, 2012c).Prior to enrolment with the PSP, the community development officer may use his/her discretion to prevent any beneficiary who was clearly included erroneously from enrolling until a final decision is taken.

At the time of enrolment, all older people on the beneficiary lists are invited to a designated enrolment point, and are required to produce their voter's card, birth certificate, baptism certificate or other form of documentation for proof of identity, which is checked against the beneficiary list. Older people with mobility problems can nominate an alternative benefit recipient of their choice. In such cases, the beneficiary is required to sign a letter authorising the nominated person to act as recipient on their behalf for presentation to the

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Source: Payday in Nebbi

payment service provider. The village chairperson is required to sign an SCG targeting confirmation form, confirming that the selection of older people is accurate. The confirmation form is then sent to the sub-county CDO by the parish chief who in turn forwards it to the district SAGE unit.

Benefit delivery

Beneficiaries are entitled to a monthly transfer of UGX 23,000 (about $8.70 using 2011 exchange rate), which is adjusted annually for inflation. Thus, starting from July 2012, beneficiaries were receiving UGX 24,000 ($8.40). Payments to SAGE beneficiaries are to be completed within the first week of each month.

A mobile phone company, MTN (Mobile Telephone Network), was contracted as the programme's payment service provider. Once the names on the beneficiary list are approved, the MGLSD, through the Social Protection secretariat, sends the list to MTN, which in turn creates SIM cards containing a chip for each beneficiary. The monthly allowances granted to older people under the SAGE programme are delivered directly to the beneficiaries' Mobile Money account through MTN Mobile Money service – an instant e-money transfer service – and converted into cash by an MTN agent at designated pay points. Each beneficiary has a unique, five-digit personal identification number (PIN) which allows him/her to withdraw cash from their Mobile Money account at their nearest agent. Beneficiaries are also provided with identification cards by the programme, which are used to cross-check identity at the pay points.

On the designated payday (or any day thereafter) beneficiaries are required to travel to a designated Mobile Money agent and present their Mobile Money SIM card to the agent. The card is inserted into an MTN easy talk phone[15] by the agent to verify the amount of money on the Mobile Money account before paying the beneficiary the funds due to him or her (see Figure 5). All payments are recorded in the agent's transaction cash payment book and counter-signed by the beneficiary or an alternative recipient appointed by the beneficiary. All beneficiaries are provided with one free withdrawal per month and any subsequent withdrawals will attract MTN's standard fees. If they so wish, SAGE beneficiaries may also store a portion of their transfer funds electronically. No minimum balances are required.

Figure 5: MTN 'Easy Talk'(ET) phone and SIM card containing a chip

ET payphone
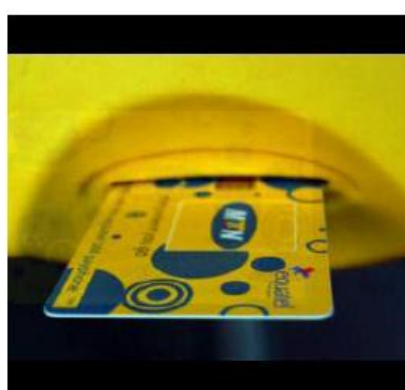
inserting card

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[15] The phones allow individuals who do not have access to a mobile phone to use the MobileMoney service. When a beneficiary inserts the SIM card into the ET phone, the phone provides the user with exactly the same functionalities of a mobile phone, personalising all the user's communications the way a mobile phone works. On removing the card, the phone is available for another user.

Management and coordination of the SCG programme

The Ministry of Gender, Labour and Social Development (MGLSD) is the lead institution for the management of the SAGE programme, working through the Directorate of Social Protection. The directorate is supported by a Social Protection (SP) secretariat, which is charged with the responsibility of policy development and oversight for programme implementation. At the district level, the programme is integrated into local government systems, with the chief administration officers (CAOs) of the respective districts accountable for programme delivery and funds. Direct programme oversight at these levels is provided by district community development officers (DCDOs), who report to the CAO.

The district SAGE team/unit, comprising the senior community development officer (SCDO), a SAGE technical officer, SAGE management information systems (MIS) officer, and SAGE monitoring and evaluation (M&E) officer, is responsible for implementation management. The SAGE technical officer serves as a counterpart to the senior CDO responsible for SAGE and co-reports to the DCDO. The SAGE M&E and MIS officers report to the SAGE technical officer, but receive technical line management and support from the national M&E and MIS managers respectively.

At the sub-county level, the programme is coordinated by the sub-county community development officer (SC-CDO). The SC-CDO coordinates day-to-day programme operations including liaising with parish chiefs, parish development committees (PDCs) and village council chairpersons. The SC-CDOs report directly to the senior CDO responsible for SAGE on operational matters, and oversight of sub-county operations is provided by the sub-county chief.

Table 2: Operational structure for the SCG programme

STAFF/STRUCTURE	ROLES AND RESPONSIBILITIES
Social Protection secretariat	The SP secretariat provides social protection policy and technical expertise on the one hand and programme management capacity on the other. The secretariat is headed by a senior MGLSD official who is responsible for the delivery of the programme according to the Programme Memorandum.
Chief administrative officer (CAO)	The CAO is ultimately responsible for SAGE programme funds and results, and for ensuring that all local government staff fulfil their roles effectively. The CAO leads quarterly missions by the district executive committee (DEC) and submits all quarterly narrative and financial reports to the MGLSD and Social Protection Secretariat.
District community development officer (DCDO)	Responsible for overseeing the entire SAGE unit; chairing district SAGE coordination meetings; submitting monthly narrative reports and quarterly consolidated narrative and financial progress reports simultaneously to the SAGE operations manager at the Social Protection secretariat and to the permanent secretary of the MGLSD through the CAO. The DCDO is also the final resort for resolution of grievances not resolved at the sub-county or community level; is responsible for monitoring the programme through scheduled and on-the-spot field visits; and supports ongoing review of SAGE design
Senior CDO responsible for SAGE	A senior CDO is allocated by the community development department to manage the day-to-day activities of the SAGE programme. This includes delivering training to sub-county staff, managing targeting and change management activities, and undertaking regular monitoring missions as per the SAGE monitoring framework. Where sub-county level positions are vacant, the senior CDO has to deliver sub-county-level activities directly. The senior CDO

	responsible for SAGE convenes weekly SAGE unit meetings and liaises with local representatives of the payment service provider. The senior CDO reports directly to the DCDO and liaises directly with the SAGE operations manager and district liaison officer at the Social Protection Secretariat as necessary.
District SAGE technical officer	The district SAGE technical officer works in partnership with the senior CDO in training sub-county staff, targeting, change management and grievance management processes. The technical officer serves as an assistant to the senior CDO in implementing targeting, change management and grievance procedures and monitoring payment delivery. Where sub-county level positions are vacant, the district SAGE technical officer has to deliver sub-county-level activities directly.
District SAGE M&E officer	The district M&E officer is responsible for monitoring the training, targeting, change management, grievance management and payments processes in line with the SAGE monitoring framework. He or she is also responsible for compiling regular reports which feed into monthly and quarterly reports. The M&E officer is also responsible for ensuring that process and impact data are collected and that the experience in programme implementation is communicated to the national SAGE M&E manager to support the ongoing review and amendment of programme design and procedures. The M&E officer also coordinates closely with the MIS officer to ensure that SAGE performance data are entered into the SAGE MIS.
District SAGE MIS officer	The district MIS officer is responsible for: providing technical support in management of the MIS at sub-county level; ensuring the quality of data submissions by sub-county CDOs; generating sub-county beneficiary lists; supporting the birth registration data entry exercise where necessary; and providing regular programme performance indicator reports as requested.
SUB-COUNTY	
Sub-county chief	The sub-county chief oversees implementation at sub-county level. She or he chairs the monthly sub-county SAGE coordination meetings, works with the (A)CDO to deliver training, oversees the work of parish chiefs, and takes particular responsibility for issuance of birth certificates (in Vulnerable Family Grant (VFG) and automated SCG sub-counties). The sub-county chief also supports payments procedures by issuing resident's ID cards to beneficiaries who lack a voter's card (enabling them to enrol with the payment service provider) and undertaking a final verification of eligibility of all beneficiaries prior to enrolment.
Community development officer (CDO) and assistant CDO	The sub-county CDO and/or ACDO is responsible for coordinating SAGE implementation at sub-county level and overseeing implementation at parish and community levels. This includes: delivery of training to parish chiefs, parish development committee members and village council chairs; receiving, recording and adjudicating on grievances and disputes; undertaking eligibility verification prior to enrolment; and monitoring payments delivery by the local payment service provider agent.
Parish chiefs	The parish chiefs coordinate all SAGE activities at the parish and village levels and ensure effective and timely communication between the village and sub-county levels. Parish chiefs deliver training to parish development committees and village council chairs. Parish chiefs also ensure that change management procedures are followed by village council chairpersons.

Parish development committee (PDC) members	PDCs support delivery of community orientation and provide a channel for complaints and other feedback from community to parish level. PDCs support communications and sensitisation activities. They also help ensure that change management procedures are followed by village council chairpersons and members of participating communities. Where the PDC is not functional, the parish chief is required to identify appropriate village facilitators (e.g. an active village health team VHT member) with the approval of the sub-county chief.
Village chairpersons	Village chairpersons and other members are responsible for community mobilisation and supporting effective up- and downward communication to the parish level. The village council is responsible for ensuring that change management procedures are followed at community level and for communicating such changes to the parish chief. The village council informs the parish chief of any grievances received and refers individuals concerned to higher-level dispute resolution processes as necessary. Village council chairpersons play a key role in the distribution of birth certificates.

Source: MGLSD (2012) Social Assistance Grants for Empowerment (SAGE) Implementation Guidelines. Kampala, Uganda: MGLSD.

Grievance procedures

According to programme guidelines, complaints relating to payments such as failed payment (either due to lack of funds at the pay point or systems failure) and access issues (such as replacing lost payment tokens, renewing PIN number or actioning changes of secondary recipients) should be addressed to the payment service provider by telephone and/or via their local payment agent. Complaints should be resolved and the means of resolution should be communicated in writing to the beneficiary – potentially via the parish chief – by the payment service provider.

Where the payment service provider fails to provide adequate or timely resolution of complaints received, where problems are repetitive in nature, or where complaints emerge on matters unrelated to payments, beneficiaries can submit a formal complaint to the parish chief and/or sub-county CDO using the SAGE complaints form. Parish chiefs will record all complaints received and report them to the CDO at monthly sub-county level programme coordination meetings. Feedback on all formal complaints is provided by the parish chief – potentially via the village chairperson – based on reports prepared by the CDO/ACDO, at quarterly meetings with each targeted community. Where local-level dispute resolution is impossible, issues can be referred to the SAGE operations manager.

On the other hand, if any individual believes that they have been incorrectly excluded from the beneficiary list, they are required to appeal. With respect to the automated registration model, appeals can be raised during the village council meeting at which the beneficiary list is first announced, for adjudication by the council. All appeals are documented by the village chairperson in the minutes of the meeting and record the rationale for all appeals adjudicated in the appellant's favour. An appeals adjudication and enrolment request form should then be completed by the village chairperson and forwarded to the SC-CDO via the parish chief and at the next sub-county programme coordination meeting. The appellant's details are then added to the SAGE beneficiary list by the district SAGE MIS officer. The appellant then enrols with the payment service provider.

Under the SCG community registration model, individuals can appeal if they claim to have been unfairly discriminated against by the village council when verifying the eligibility of applicants with no ID. Appeals should be submitted to the SC-CDO at a parish verification meeting. In the event that the SC-CDO's investigations suggest that the appellant is eligible, the SC-CDO should complete an appeals adjudication and enrolment request form and forward it to the district SAGE MIS officer at the

next district programme coordination meeting. The appellant's details are then added to the SAGE MIS by the district SAGE MIS officer.The appellant then enrols with the payment service provider.

Linkages to other programmes

Discussion and interviews with key stakeholders revealed that efforts to link the programme with other available services and programmes by government or civil society organisations at both community and local government levels may need to be strengthened. The MGLSD, through the ESP programme, is planning to conduct a study to explore opportunities for linking the SAGE programme and beneficiaries to complementary services and programmes. SAGE is already working with the international NGO, CARE, to help ensure that SAGE beneficiaries are able to access a new village savings and loan association (VSLA) being rolled out in SAGE districts. In addition, district local governments have been charged with establishing complementary linkages with SAGE in their memoranda of understanding (MoUs) with the MGLSD. Linking the SAGE programme to other services and programmes is expected to increase uptake of those services and programmes by beneficiaries beyond what is likely to occur without any active coordination or efforts to build linkages.

4 Study aims and methodological approach

4.1 Aims, objectives and key research themes

This study is anchored within the multi-country research on cash transfers being conducted by the Overseas Development Institute (ODI). The multi-country research seeks to contribute to the knowledge base on experiences of cash transfers targeted to different categories of people through qualitative and participatory techniques that help bring to the fore the knowledge, perceptions and experiences of key stakeholders, including beneficiaries, non-beneficiaries and other community members, development partners, policy-makers and programme implementers at different levels.[16]

Key primary field research objectives for the multi-country study include:

- exploring the views, experiences and perceptions of cash transfer programme beneficiaries and other community members (non-beneficiaries) in order to ensure they are better reflected in policy and programming
- gathering perceptions and experiences from programme implementers
- providing examples of best practice on how to involve beneficiaries and communities in participatory monitoring and evaluation of cash transfer programmes
- building the capacity of national researchers in qualitative and participatory data collection and analysis.

In Uganda, the study explored the views, perceptions and experiences of the Senior Citizen Grant (SCG) cash transfer programme, focusing particularly on beneficiaries, with complementary information drawn from other community members, policy developers and programme implementers. It aimed to understand beneficiaries' key vulnerabilities and coping mechanisms; their knowledge about and perceptions of the SCG programme; their experiences as beneficiaries, including their use of the transfer and its effects on their lives; and their suggestions for how to improve the programme. Complementary information from other community members (including non-beneficiaries) and from

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[16] In Kenya, Mozambique and Uganda, complementary ethnographic research is also being carried out by ODI. In Uganda, this focuses on cash transfers in Karamoja, which will be reported separately.

programme implementers and policy-makers was gathered to build a rich and textured understanding of the key research themes at individual, household and community levels.

The study's overall objectives in Uganda were: to complement existing data and information on the SCG to help bring the views of beneficiaries, programme implementers and others into programme and policy processes; to identify successes and challenges in implementation as experienced on the ground; and to enhance understanding of older people's vulnerabilities as well as broader social dynamics so as to improve potential programme responses. The study seeks to accompany other knowledge-generation and monitoring and evaluation exercises developed by the ESP programme secretariat and SAGE staff to continually inform and improve programme implementation. Key research themes are summarised in Table 3 below.

Table 3: Key research themes

Key themes	Types of information sought
Key vulnerabilities and coping strategies	• Definitions of vulnerability/poverty and vulnerable groups • Types of vulnerability experienced (including specific vulnerabilities of older people) • Key coping strategies • Social support networks and intra-household dynamics
Knowledge and experiences of the SCG transfer	• Knowledge about transfer benefits and target groups • Experiences of targeting mechanisms • Distribution of transfer (how, when, where, how often, by whom) • Value of the transfer (amount/perceptions about the amount) • Any conditions attached to the transfer?
Use of the transfer	• What are the major categories of expenditure of the transfer? • Who decides on the use of the transfer? • Any differences in use by different beneficiaries? • Representation of transfer within overall income
Effects of the transfer	• Positive effects at individual/household/community level • Negative effects at individual/household/community level
Implementation challenges	• Particular difficulties experienced • Operational challenges
Accountability mechanisms	• Level of satisfaction with the SCG • Mechanisms to ensure fairness, voice grievances, express complaints, stake claims • Beneficiary representation in SCG decision-making, implementation and evaluation processes

	• Suggestions for potential improvement
Future directions	• Questions of sustainability
	• Ideas on useful complementary programmes

4.2 Study design and methodological approach

The study follows the overall design and approach of the broader multi-country study, which employs qualitative tools and participatory methodologies, with study protocol and tools modified to suit the SCG programme components.

The use of qualitative methods generates in-depth information, insights, and experiences from a small number of key stakeholders in order to illuminate our understanding; it does not aim to be statistically representative of the study population as a whole. Participatory research techniques are designed to engage study participants in active processes of reflection on their experiences, with the overall aim of generating perceptions and experiences of the SCG programme among beneficiaries, their communities, and programme implementers. Table 4 provides an overview of the different tools used in the course of the study and their methodological rationale and purpose.[17]

Source: Community mapping picture, Kaberamaido

Table 4: Data collection tools and techniques

Study tool	Purpose
Document review	Secondary data were gathered through review of the existing documents such as SAGE programme documents and SAGE operational guidelines (noted in bibliography).
Key informant interviews	Key informant interviews were conducted to elicit insights and information from individuals with detailed knowledge of the programme, the communities where the research was undertaken, and the particular vulnerabilities of older people.
Focus group discussions	Focus group discussions were conducted to generate collective views about the programme as well as to elicit individual responses that could be difficult to generate in individual interviews.
Life histories	This method was used to generate historical life events for SCG beneficiaries with the aim of understanding how those events have influenced their vulnerability and coping capacity.
In-depth interviews	These were conducted with SCG beneficiaries only to generate detailed accounts of their experiences and views of the cash transfer programme.
Community mapping, vulnerability and coping matrix	This participatory method was used to identify community resources, to explore the vulnerability context, and to identify how SCG beneficiaries cope with vulnerabilities.
Institutional mapping and historical timeline	Institutional mapping was used to locate institutions to which SCG beneficiaries turn for support when in need. An historical timeline was used to plot key events at community and national levels and how they have affected beneficiaries and non-beneficiaries' vulnerability and coping mechanisms.

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[17] See Annex 10 for detailed information on all study tools.

Case studies	Information was collected from SCG beneficiaries who were able to give good accounts of certain aspects of the SCG – for example, productively utilising the money, having been able to meet basic needs, etc. These individuals were selected in consultation with programme implementers and local leaders.
Structured observations	This method was used to collect data on physical aspects of SCG beneficiaries, both at collective and household levels. It was also used to supplement data collected from programme implementers and beneficiaries on disbursement modalities, challenges, community dynamics on pay days, and household-level activities.
Informal conversations	Informal conversations were conducted to supplement data collected using other methods, to provide spontaneous information, and generate data that beneficiaries were unlikely to bring out in a more formal context.

4.3 Study sites

The study covered two districts: Kaberamaido in eastern Uganda (Teso sub-region) and Nebbi in northern Uganda (West Nile sub-region). These two districts are among the 14 in which the SAGE programme is being piloted. In each district, one sub-county was selected, from which two parishes were chosen (See map below showing study sites and SAGE programme implementation districts).

Figure 6: Map of Uganda showing country research sites
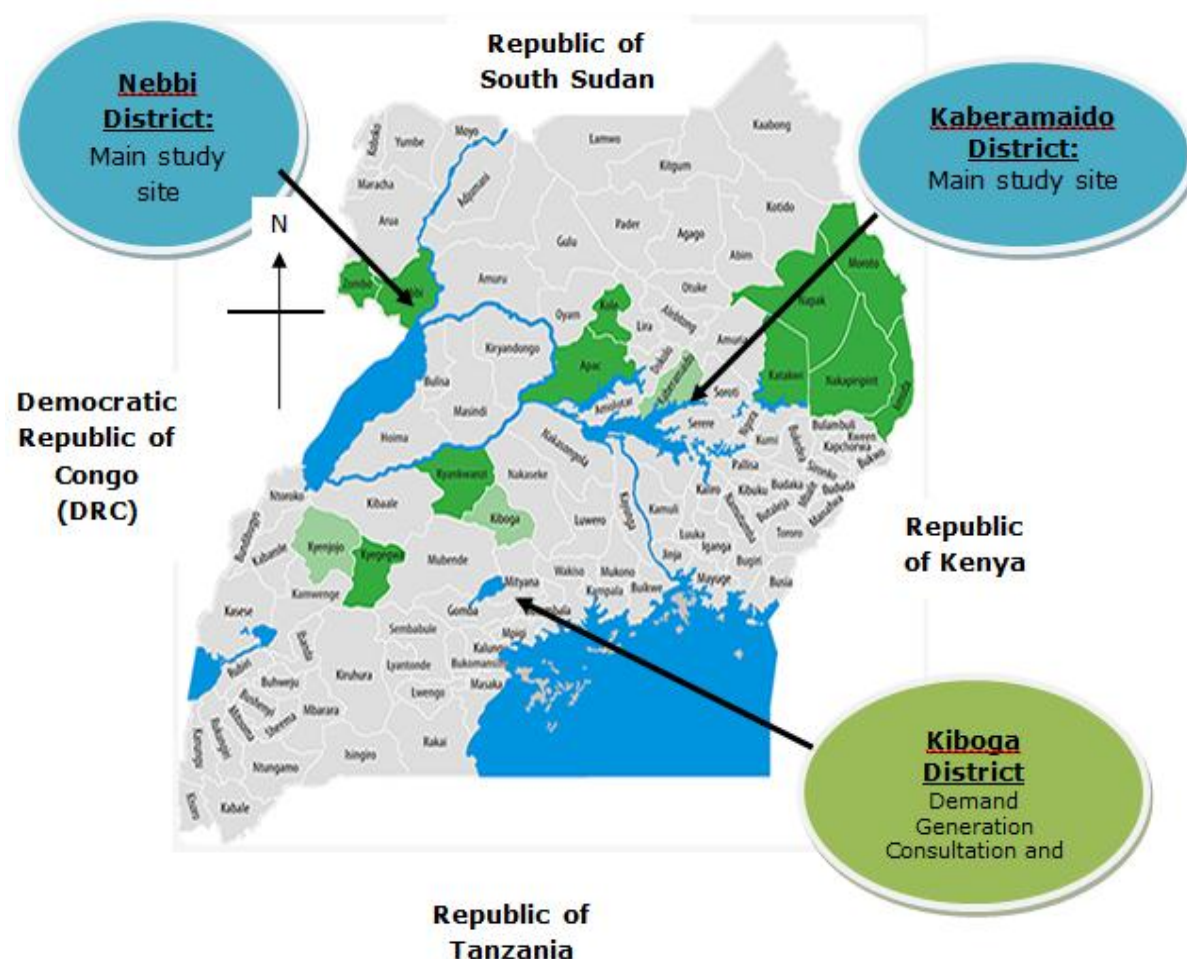
Source: MGLSD ESP-SAGE Programme
NB: Light green areas on the map are pre-pilot districts, dark green are pilot districts

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Table 5 below provides a summary of the study areas.
Table 5: Study areas

District	Sub-counties	Parishes
Kaberamaido district	Bululu sub-county	Obur parish
		Kibimu parish
Nebbi district	Nyaravuru sub-county	Angal Upper
		Angal Lower

Kaberamaido district was selected because it was among the first districts to be involved in the SCG pre-pilot phase from September 2011,so experiences with the transfer were most consolidated there. The programme in this district used an automated targeting approach.

Kaberamaido was carved out of Soroti district and became an independent district in 2001 under an Act of Parliament. Prior to the advent of the decentralised system of governance in Uganda, Kaberamaido held the status of a sub-district headed by an assistant district commissioner. It is comprised of two counties: Kaberamaido and Kalaki (UBOS, 2009). The district covers an area of 1,624 sq kms with a population of 199,200, of whom 3,480 (1.7%) are over 65 years– 1,560 men and 1,920 women (UBOS, 2012c). The district comprises 429 villages, 41 parishes and 12 sub-counties.

Adult literacy is 37.5% while the poverty headcount is 58.85%. Kumam and Ateso are the predominant languages spoken. The district is 98% rural and 79.2% of the population depend on agriculture for their livelihoods, with cassava and livestock-rearing (especially cattle and goats) being the main activities (UBOS, 2002). Households in the district are mainly engaged in subsistence farming using basic tools (UBOS, 2009).

Kaberamaido is a post-conflict area that has been affected by the activities of the Lord's Resistance Army (LRA) (Government of Uganda, 2007). It has also been affected by violent conflicts stemming from repeated cattle rustling/raids from neighbouring Karamojong groups, which has contributed to ongoing food insecurity (Republic of Uganda, 2012).

Nebbi district was selected because it was among the second phase of pilot districts, with cash transfer distributions starting in March 2012; it was also the first district to implement the community-based, on-demand registration model. Both Nebbi and Kaberamaido are considered to be among the under-researched districts involved in the programme.

Nebbi comprises 880 villages, 81 parishes and 15 sub-counties. The district covers an area of 2,014 sq kms with a population of 305,100 (UBOS, 2012d), of whom 5,300 (1.7%) are over 65 years (1,810 men and 3,490 women). Adult literacy is 61.7% while the poverty headcount is 65.1% (ibid). Alur is the predominant language spoken. The district is 85% rural and the majority of the population (85%) is engaged in subsistence farming. This is characterised by customary land tenure systems and land fragmentation, use of inferior seeds, basic tools and farming practices, and use of unskilled labour coupled with low agricultural extension coverage (UBOS, 2010). In addition, 43% of the population are engaged in livestock keeping, 32% are engaged in fishing and only 2% in formal employment. Other activities include petty trade (2.5%) manufacturing (cottage industries) (3.2%) and services (transport) (3.8%) (ibid).

As with Kaberamaido, Nebbihas been affected by the LRA conflict in the north, as well as by four main groups of insurgents that operated in the West Nile sub-region – the Former Uganda National Army (FUNA), the first Uganda National Rescue Front (UNRF), the Uganda National Rescue Front II (UNRFII), and the West Nile Bank Front (Refugee Law Project, 2004; International Alert, 2009). The

district has also experienced a high influx of refugees from DRC and South (formerly Southern) Sudan due to civil strife (Republic of Uganda, 2012).

4.4. Study respondents

The study involved respondents from the following categories:

SCG programme beneficiaries: Both male and female SCG beneficiaries were involved as individual respondents (in in-depth interviews) and in group/community discussions.

Community members (non-beneficiaries): While the study focused on SCG beneficiaries, some non-beneficiaries were included – for example, in the focus group discussions and community, vulnerability and coping strategy mapping, with the aim of triangulating data.[18]

Orphans and vulnerable children living with SCG beneficiaries: These were involved in the study through focus group discussions and informal interviews in order to triangulate data from respondents about changes they have experienced since the SCG programme started as well as challenges that beneficiaries face in accessing the SCG monthly payments.

Adults living with SCG programme beneficiaries: These were also involved in the study through focus group discussions and informal interviews in order to triangulate data from respondents about programme benefits such as increased access to food, healthcare and other basic needs.

Community-level key informants: These included individuals who were neither SCG beneficiaries nor programme implementers but whose opinion was considered vital to understand beneficiaries' experiences of the programme as well as to inform future programming. These included local council chairpersons, religious leaders, teachers and health workers.

SAGE programme implementers: In both districts, this category included village council chairpersons, parish chiefs, sub-county community development officers, district community development officers (CDOs) and senior CDOs, the district SAGE team, sub-county chiefs, sub-county CDOs and parish chiefs. While district political leaders are not a core part of the SAGE implementation team, two were included in Nebbi district (the chief administrative officer and the district council chairperson).

National-level stakeholders: This study also included national-level stakeholders – for example, four senior staff members at the ESP secretariat and members of the social protection sub-committee. The sub-committee comprises approximately 40 members from all relevant ministries, departments and agencies, as well as other institutions such as civil society, academia and development partners. Three members of this sub-committee were included in the study as key informants.

4.5 Study size and sampling procedure

Purposive sampling was used to select respondents for key informant interviews, in-depth interviews, case studies, life histories, beneficiary focus group discussions, and the community mapping, vulnerability and coping strategies matrix. The strategy was therefore to involve respondents who were knowledgeable about the SCG programme and could share their views, opinions or experiences

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[18]It should be noted that the SCG is a categorical transfer; thus in the study sites, all individuals over the age of 65 were beneficiaries. Other community members (below the age of 65) were not yet eligible for the programme, but their views were captured in community discussions.

with researchers. Programme beneficiaries and implementers were selected because they were considered to be knowledgeable about the SCG programme.

In selecting study respondents, the research team worked closely with programme implementers and local coordinators.[19] For the institutional mapping, historical timelines and informal interviews, SCG beneficiaries and non-beneficiaries were selected using purposive sampling.

While the study focused on SCG beneficiaries, non-beneficiaries were also included – for example, in the focus group discussions and community vulnerability and coping strategies mapping. Overall, 32 respondents were interviewed for the community mapping, vulnerability and coping strategies matrix, 29 for institutional mapping and historical timeline and 33 key informants. Twelve focus groups were conducted (comprising 6–10 participants in each), 22 in-depth interviews, 8 life histories, 4 case studies, 6 structured observations, and 5 informal interviews (see Table 6 below).[20]

The number and range of respondents interviewed, using a variety of different techniques and approaches, including participatory, was sufficient to obtain in-depth and triangulated information on both beneficiaries' and the wider community's perceptions of the CT. The number and range of respondents was also deemed sufficient since, unlike quantitative data which seeks to illicit as many responses as possible to be able to make conclusions which are statistically significant, with qualitative data once the research starts uncovering similar kinds of responses or once variation appears to have been captured to its fullest, the research has in a sense fulfilled its purpose. Thus the numbers above were sufficient to capture the ranges of experiences and perceptions of the CT in these sites.

Table 6: Sample type and size per site

Tools	Respondents by site	
	Nebbi	**Kaberamaido**
Key informant interviews (KIIs) (District/community level)	• District SAGE team (3) • SCDO • DCDO • CAO • Health worker • Sub-county chief • Sub-county CDO • Local council chairperson • Parish chiefs (2) • Teacher **Total=13**	• District SAGE team (3) • SCDO/DCDO • Health worker • Sub-county chief • Sub-county CDO • Local council chairperson (2) • Parish chief • Teacher • Religious leader **Total=12**
Focus group discussions (FGDs)	• Adults living with SAGE beneficiaries • Female beneficiaries (2) • Male beneficiaries • OVC living with beneficiaries • Male and female non-beneficiaries	• Adults living with SAGE beneficiaries • Female beneficiaries • Male beneficiaries • Male and female beneficiaries • OVC living with beneficiaries • Male and female non-beneficiaries **Total=6**

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[19] Local coordinators were community members selected purposefully to support the research team in the study sites. These included parish chiefs (Kibimu and Obur parishes) in Kaberamaido district and parish facilitators (Angal Upper and Lower) in Nebbi district.
[20] See Annex 11 for a complete list of categories of respondents by study tool for each district.

	Total=6	
In-depth interviews	• Male beneficiaries (4) • Female beneficiaries (6) • Female non-beneficiary **Total=11**	• Male beneficiaries(7) • Female beneficiaries(4) **Total=11**
Life histories	• Male beneficiaries (2) • Female beneficiaries (2) **Total=4**	• Male beneficiaries (2) • Female beneficiaries (2) **Total=4**
Case studies	• Male beneficiary • Female beneficiary **Total=2**	• Male beneficiary • Female beneficiary **Total=2**
Community mapping, vulnerability and coping strategies matrix	• Male beneficiaries (7) • Female beneficiaries(3) • Male non-beneficiaries (6)	• Male beneficiaries (2) • Female beneficiaries(4) • Male non-beneficiaries (6) • Female non-beneficiaries (4)
Institutional mapping and historical timeline	• Male beneficiaries (4) • Female beneficiaries (7) • Female non-beneficiary **Total=12**	• Male beneficiaries(2) • Female beneficiaries(3) • Male non-beneficiaries(7) • Female non-beneficiaries (5) **Total=17**
Structured observations	• Pay day(3) **Total=3**	• Beneficiary homes (3) **Total=3**
Informal interviews	• Shop attendant • Drug shop attendant • District chairperson • Village Health Team (VHT) member • Market vendor **Total=5**	
Total for each site	**72**	**71**
Key informant interview (national level	• Senior staff at SAGE secretariat(4) • Members of the social protection sub-committee(4) **Total=8**	

4.6 Research team composition

The study team in Uganda comprised a country principal investigator (CPI) based at Makerere University in Kampala, four qualitative researchers and nine research assistants. The team was supported by an international country support lead (ICSL).[21] The CPI, together with the four qualitative researchers, constituted the team that carried out the demand generation consultation (DGC) exercise and the main study. Research assistants were recruited and became part of the research team at the beginning of the main study.

Selected research assistants were native speakers of the language in the respective study sites. Four Kumam/Ateso speakers participated in data collection in Kaberamaido district and four Alur speakers

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[21] See Annex 2 for details of the country research team and Annex 7 for the terms of reference.

participated in data collection in Nebbi district. In terms of gender composition, the team comprised nine men and six women.

In each district, the research team was supported by two local coordinators. In Kaberamaido district, the local coordinators were the parish chiefs for Kibimu and Obur parishes, while in Nebbi district, local coordinators were parish facilitators of Angal Upper and Angal Lower.

4.7 Preparatory activities

Demand generation consultation (DGC)

Prior to the main study, a demand generation consultation (DGC) was carried out in Kajjere and Kibiga parishes, Kibiga sub-county, Kiboga district[22] between 23 July and 5 August 2012. Kiboga district was among the first districts in Uganda where the cash transfer programme was piloted. The main purpose of the DGC was to elicit essential contextual knowledge of key issues and themes to be explored in the main study as identified by beneficiaries and implementers of the SAGE programme. Kiboga district was selected for the DGC because it is the closest of the pilot districts to the capital and hence a quick study could be easily done to provide input to the tools before the main study.

The DGC concluded that the SCG programme has brought a number benefits to beneficiaries, improving their capacity to meet basic needs and setting up small-scale income-generating activities. It noted that this is promising, given that the programme has been implemented for less than a year. However, it also identified some challenges relating to programme implementation such as beneficiaries having to travel long distances, incurring high transport costs, to get to the nearest pay point as well as limited network connectivity; these challenges need to be addressed in order to improve the programme's effectiveness.

The DGC also identified several issues for follow-up in the design of the main study and research tools to be used. These were shared with SAGE staff and presented and discussed at the ODI capacity-building workshop in Nairobi prior to initiation of fieldwork (see below).

Capacity-building

A number of capacity-building activities for the research team were carried out in preparation for the main study. The CPI participated in an inter-country training in Nairobi, Kenya, from 6 to 10 August 2012 conducted by ODI. This provided an overview of the study, social protection/cash transfers, study methodology and tools, conceptual framework, communication and advocacy strategy, use of project equipment, etc. The training took place just after the DGC exercise and involved participants from other country research teams participating in the study (Kenya, Yemen, Mozambique, and occupied Palestinian territory).

After the inter-country training, the ICSL together with the CPI conducted four-day training for qualitative researchers and research assistants from 14 to 17 August 2012.[23] This involved training in the basics of research, discussion of all research tools and ethical issues, among other subjects. The third day was used to conduct a pre-test exercise in Degeya parish, Kiboga district. With input from the pre-test exercise, the research tools were further adapted before the main study began.

4.8 Data collection and analysis

Table 4 (on page 28 above) outlined the data collection methods and tools used in the Uganda study as well as the rationale for their use. Except for document review and structured observations, all

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[22] See Figure 6 showing study sites.
[23] See Annex 8 for the Uganda national training workshop agenda.

research from the other data collection methods was recorded and field notes written down by the field data collectors.

Data processing and analysis

A number of activities were undertaken in the course of analysing and processing data for this study. First, research assistants for the respective study sites transcribed all tape-recorded data and simultaneously translated them from local languages to English. This process was carried out on a daily basis for every interview/discussion conducted. The handwritten transcribed data were later typed up.

A microanalysis (reading several times) of transcripts was done to summarise data and generate key themes in line with the study objectives. Data analysis was done manually. Some verbatim extractions were made from the transcripts that were later inserted directly into the report.

A post-fieldwork data analysis matrix was developed, organised according to the various tools. Key themes from each tool formed sub-themes in the matrix. The matrix was populated with data from transcripts drawn from each of the particular tools that rhymed with the sub-themes in the matrix. While writing on a particular theme, data were extracted from the matrix to facilitate the process of analysis and writing on that particular thematic issue in the report. This was followed by content analysis that was carried out to provide in-depth interpretation of the data and draw conclusions and lessons.

Ethical considerations

Permission to conduct study activities was sought from the national SAGE secretariat, the national sub-committee on social protection, and the relevant local government authorities in Nebbi and Kaberamaido districts.

Questions of consent and confidentiality

The purpose of the study was explained to all study participants when they were being invited to participate. The research team highlighted all key elements of the consent form and allowed participants to ask questions. Verbal informed consent was obtained from all study participants using their preferred local language.

All interview data were treated as confidential and participants were made to appreciate that they could: refuse to answer any question they did not wish to answer; stop the interview at any time; withdraw from the study at any time.

During analysis, data were coded using age, gender, location and general social positions to protect participant identifiers.

Additionally, several other precautions were taken to protect respondents' rights and give due consideration to ethical issues:

- Research assistants were trained and instructed on how to request informed consent.
- During the training, research assistants were taught how to ensure that interviews were conducted in a confidential setting.
- Data collection supervisors were in control of all written notes at all times. When the notes were not in their personal possession, they remained in a locked cabinet in the study coordinator's office.

Challenges and limitations

The qualitative nature of this study, based on a small sample of SCG programme beneficiaries and others, necessarily means that its findings are not representative of all beneficiaries in the two districts

studied; they are rather intended to enhance understanding and to shed light on issues that may be important to consider in programme and policy development.

While some research themes included in the study are of an evaluative nature (for example, beneficiaries' experiences of the SCG programme and their suggestions for improvement) the study itself is not an evaluation; rather, it seeks to complement information derived from ongoing monitoring and evaluation processes within SAGE and provide additional insights into programme processes and effects, particularly as experienced by beneficiaries.

Qualitative research techniques and methodologies are, by nature, open-ended and context-dependent. This study was implemented in part as a capacity-building exercise to enhance qualitative research skills at national level. While led by a highly qualified national researcher, some of the research team members were less experienced with some of the participatory techniques; their ability to apply these techniques improved during the course of the fieldwork.

The multi-ethnic field research sites and multiple languages spoken at community level meant that language issues were a challenge, particularly in fully capturing the subjective experiences of poverty, vulnerability and empowerment. Particular methodological challenges also arose in conducting research among older people, bearing in mind their physical frailties: for instance, the research team had to ensure appropriate physical conditions for research exercises (shaded areas at not too great a distance from people's homes, and sufficient refreshments) and had to limit the length of time spent on data collection exercises (participatory methods are, by their nature, quite time-consuming). All of these factors were taken into account in the research and fieldwork.

Source: Focus group discussion with mixed beneficiaries, Kaberamaido district

A key challenge was how to deal with the large quantity of data generated from the array of qualitative tools used. Data analysis and synthesis of data from multiple sources was extremely time-consuming: quantifying the qualitative results gathered was also challenging.

The SCG programme is very new, having been implemented (at the time of the study) for just 10 months in one study district (Kaberamaido) and five months in the other (Nebbi). While this appeared to be sufficient time for the programme to have clear effects on the lives of beneficiaries and the wider community, more time would be needed for such a study to assess longer-term impacts.

Fieldwork was of relatively short duration (eight days in the different communities in each district); as such, there was not time to investigate in depth all of the issues that arose. A number of areas for future research were identified as particularly relevant to the development of the SCG programme and broader social protection policies.

5 Key findings: vulnerabilities and coping strategies

5.1. Local definitions, characteristics and experiences of poverty and vulnerability

Key definitions and experiences of vulnerability were explored through focus group discussions, individual interviews and participatory mapping exercises, with particular tools used to understand how poverty and vulnerability have changed over time.[24]

In most participant narratives, vulnerability was closely associated with poverty; the 'vulnerable' were perceived to be poor. The vulnerable were also referred to as *chan,* which in Alur (a Luo dialect spoken in Nebbi) means somebody without any means of survival or someone who struggles a lot to be able to survive.The characterisation of poor and vulnerable people was similar in the two study districts. Vulnerable people or households were defined as those that are in, or are very close to, a state of destitution/poverty. Others perceived vulnerability as susceptibility to becoming poor or poorer because of unpredictable events and/or episodic shocks such as crop failure, loss of animals, and post-harvest losses among others.

Source: A beneficiary's home, Zag-Zag village, Nebbi district

Community members in all study districts focused their definition of poverty on the lack of appropriate means to satisfy basic needs such as food, shelter, clothing and medical care. As one respondent said: *'Poverty is the general inability to meet a need at a time that you need it most'* (75-year-old woman, Nyaravuru sub-county, Nebbi district).

Poverty was also generally described as being in a situation of perpetual need for the daily necessities of life, which revolves around the continuous lack of money and sources of income, combined with alack of access to productive assets such as fertile land, oxen and other livestock.

> *'When I say I am poor or someone is poor it means someone who does not have money for food, treatment and taking children to school. And here in the village when they say somebody is poor it means that person has no money. It is basically lack of money: no land, cattle and goats, no assets or homes.'* (70-year-old man, Kaberamaido district)

> *'Poverty is the lack of land as a means to engage in agricultural production, which is the main source of livelihood.'* (66-year-old woman, Nebbi district)

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[24] See Annex 5 for an example of an historical timeline constructed in Kaberamaido and Annex 6 for the vulnerability and coping strategy matrix for each district.

'Poverty is when there is nothing to be used like ox-ploughs and seedlings for planting…'
(68-year-old man, Kibimu parish, Kaberamaido district)

Poverty was also defined as the absence of social dimensions that support life for an individual in the household and community. Social dimensions include the lack/absence of support and networks leading to a feeling of isolation, exclusion and powerlessness. This may have disastrous effects, especially in low-resource settings where formal social support mechanisms are relatively weak yet collective informal social support systems have weakened over time due to poverty and other social upheavals such as civil strife, which has affected both Nebbi and Kaberamaido districts.

'Being poor or vulnerable is when one has no support from his family members, being abandoned, having nothing completely, and we have a number of such people in our locality.' (79-year-old man, Nyapupii village, Nebbi district)

Vulnerability was perceived to be both a cause and a symptom of poverty, and for most participants the indicators of vulnerability and poverty were intertwined. Nonetheless, some study participants specified that 'vulnerability' meant weakness, the inability to take action, and an inability to cope, including being powerless to mitigate shocks whether at the individual or household level. For example, one study participant defined vulnerability as '*a situation of having nothing to do*'– that is, leaving things to fate (67-year-old man, Nyapupii village, Nebbi district).

Many factors were reported to contribute to vulnerability (for individuals and households): lack of access to resources (e.g. land and credit); limited access to basic services; low levels of education; poor health status; fragile environmental conditions; death of family members, especially breadwinners; rural-urban migration and a decrease in urban-rural remittances; physical disability; inability to engage in productive activities; and loss of job or other sources of income such as remittances. Disintegration of social structures and/or absence of an adequate social fabric – the basic informal networks that could help poor individuals or households manage shocks – also contribute to and heighten vulnerabilities. Behavioural factors, alcoholism, large family size and polygamy were also considered sources of poverty and vulnerability.

'Being frequently sick makes me more vulnerable because in that way, you can't do your personal things.' (78-year-old woman, Angal Ayila village, Nebbi district)

'When you do not have money, when you have nothing, when you cannot dig, when you do not have any livestock and poultry in your home, when you are sick.' (87-year-old man, Kaberamaido district)

Study participants, particularly in Kaberamaido, also reported insecurity as a contributing factor to vulnerability. The district has suffered from multiple insecurities over an extended period of time. These include repeated Karamojong cattle raids, the conflict between the National Resistance Army (NRA) in the 1980s and the Government, and the conflict between the LRA and the Government. In 2004, up to 79% of Kaberamaido's population was displaced (USAID, 2008).The series of conflicts and insecurity in the district were reported to have led to widespread loss of assets and disruption of livelihoods. Several households lost livestock as a result of cattle raids and theft perpetuated by rebels and government forces alike. Some participants made the following observations, reflecting on the impact of the LRA conflict and cattle raids by the Karamojong:

'…animals were stolen, leaving people in total poverty and misery. Children were abducted, some people were killed by the Karamojong …Women were raped by the Karamojong and people relocated to other places in fear of being killed by the Karamojong…In 2003 Kony

invaded the place of Teso region…This brought a lot of death, famine, loss of property, overcrowding in the places that had security, especially trading centres and islands. Most of the girls were raped and abducted by the rebels of Kony. There were also a lot of moral degradations as people were displaced and crowded in one place [concentration camps] irrespective of the age and sex. There was also an increase in AIDS and other STIs [sexually transmitted infections] as a result of pervasive sexual intercourse and an overall increase in family dissolution.' (Historical timeline with community members in Oboketa village, Kaberamaido district)

'In 1986, the Karamojong took 16 of my cows and this was very bad to me. In 1990 I lost my first wife and around 1991 my house was destroyed. I also got some mental illness which we have been treating.' (Life history interview with 88-year-old man, Obur parish, Kaberamaido district)

'My family ran away from our original home due to cattle rustling by the Karamojong and settled in Obur parish for safety. Unfortunately all our cattle got finished as problems kept on cropping up…Kony rebels also invaded the area (Obur parish) and destabilised us, bringing to standstill our farming activities and hence lack of food. We only stabilised and started farming again around 2007. But at the beginning of last year, my daughter fell sick mentally, and I was unable to stabilise at home and do some agriculture since I kept on going to hospital for several months.'(Excerpt from case study: Akullo (name changed to protect identity) is a 66-year-old SAGE beneficiary married to a 75-year-old man who has six wives. She began receiving the SCG in July 2011. Obur parish, Bululu sub-county, Kaberamaido district)

Different communities had different perspectives on vulnerability to poverty. For example, farmers perceived vulnerability to poverty in terms of lack of agricultural implements and price fluctuation for their agricultural produce. Fisherfolk perceived vulnerability in terms of inability to afford fishing gear or other natural hazards such as waves, which adversely affect their activities. The experience below was recounted by a farmer in Nebbi district.

'I encounter difficulties such as lack of rain which hinders crop growth…water shortage for our livestock like goats and cattle… Pest and diseases at times affect crops, sometimes I lack food in my home. My garden is one mile away –it is difficult to transport agricultural produce after harvesting. I also lack storage for my agricultural produce– at times they get soaked by rain or spoiled by animals. I also have challenges in scholastic materials for the children.' (Case study, 66-year-old male beneficiary, married, Angal Ayila village, Nebbi district)

*W*omen seemed to attribute their vulnerability and poverty mainly to lack of power to influence decisions and conditions around them.

'I do not want to lie to you, I am not involved in any decision-making in my family, and they only come to inform me on the decisions taken.' (In-depth interview with 75-year-old woman, Nyapupii village, Nebbi district)

Discussions with community members revealed that vulnerability to poverty is not uniform – it varies with geographical locality, age, gender, and livelihoods. For example, according to study participants, people living in areas prone to natural disasters such as floods, particularly in Teso sub-region (Kaberamaido district), are more vulnerable than others who live on higher ground.

Study participants also reported that poverty and vulnerability are concentrated among specific groups such as internally displaced people (IDPs) and those who were formerly abducted, people with disabilities, older people, widows, orphans and neglected children, chronically sick people, those who have no land, and female-headed households.

Intra-household tensions and conflicts, which were most commonly reported over issues of land, can also contribute to vulnerability, compounding other sources of insecurity.

> *'I lost three children and my wife to floods. I moved to another area where I was given land by my brother but when he died, his children chased me away.'* (Life history with male, 73 years old, Obur parish, Kaberamaido district)

It was also observed that witchcraft was sometimes evoked to explain conditions of vulnerability and misfortune.

> *'My daughter was bewitched and her head got a problem. She got married and never had children with her husband. She had two miscarriages. The man now has another wife and she is bewitching my daughter.'* (In-depth interview with 70-year-old woman, Obur parish, Kaberamaido district)

> *'I came to this land in 1959 but then someone who came last year has grabbed part of my land and began witchcraft on me… He once told me you will 'crawl', 'ibi mulu amula', and it has happened to me. I do not dig (farm) because I am weak.'* (Life history with 66-year-old man, Angal Ayila village, Nebbi district)

Specific vulnerabilities of older people

Vulnerability increases with age for numerous reasons. By definition, ageing refers to a progressive loss of adaptability so that the individual becomes increasingly less capable of coping with life challenges.[25] Growing old is associated not only with physical change, such as loss of strength and ill-health, but also with social changes, such as low status and isolation.

Older people in particular perceived vulnerability in terms of physical capacity and ability/strength to engage in productive activities. For example, one older woman stressed that *'Vulnerability and poverty are physical and age related. We are not the same. We [the older people] cannot go and work in another person's garden at our age'* (67-year-old woman, Bululu sub-county, Kaberamaido district).

During focus group discussions, older people expressed concerns over their physical incapacity, lack of strength and reduced physical robustness. As one study participant – a 69-year-old man – succinctly observed: *'When you are old, you are weak. You can't support yourself to the expectations'* (SCG beneficiary, Kaberamaido district). This is also similar to findings from our DGC exercise in Kiboga district, that:

> *'We, the aged, have a lot of disease. We suffer from diseases such as hypertension, hernia, visual problems, leg and backaches. And most of us at this age, we are widows and have also lost our children who used to give us support.'* (Female focus group participant, Gogonya, Kiboga district)

The ill-health that old people suffer as a result of their age means withdrawal from productive activities, which may render them dependent and vulnerable in a number of ways. During life history

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[25] Evans, J. and Williams, T. (1992) *Oxford textbook of geriatric medicine*. Oxford: Oxford University Press.

interviews, some SCG beneficiaries reflected on the life they lived before and the one they live now (see Box 3).

Box 3: I used to be…, but now…

- I used to take milk when I had my cows but now I do not drink milk.
- I used to be energetic but now I am weak.
- 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 able.
- My children used to eat well but now they do not.
- I used to buy good clothes for my children but now I cannot afford.
- People used to see/ trust me but now they value me less.
- People used to see me as a rich person owning cows but now they see me as a poor person.
- People used to see me having household assets but now I do not have assets.
- People used to respect me but now they do not respect me.
- I used to get support from my grandchildren but no more as they think that I get cash monthly.

Source: Interview with 78-year-old widow, Angal-Ayila village, Nebbi district

Ageing was associated with a decline in productivity, social status and normal social functioning. In addition, during discussions and interviews, older people presented themselves as a group ravaged by poverty, with little or no income, which deprived them of social protection and healthcare, including basic treatment and medicines for chronic diseases. Traditionally, older people had maintained reciprocal relationships with their adult children, receiving support in exchange for work in the home or on the land.

However, a combination of factors (including urban migration and civil conflict) has increasingly eroded these inter-generational dependencies. This has been compounded by the AIDS epidemic, which has reduced inter-generational support while increasing the financial and care burdens on older people. For example, several older people are shouldering the burden of looking after orphans and/or other vulnerable children with their meagre resources, barely able to meet their financial, social, education and health needs (see Box 4; Box 5; and life history extract in Figure 7).

Box 4: Issues around ageing, intra-generational dynamics and vulnerability

- Older people are not cared for by the extended family. 'Nowadays, as people grow older, they lose respect from others; lose control over resources; and lose support from other family members.'
- Older people no longer have energy to work – they may have land, but can't work on it.
- As people age, their children are also growing up and moving away from the family, either through marriage or employment. It is not common for these children to send support back. Even children who are well off may not send support; if support is given, it is usually in-kind (food or other things) but rarely cash. Children rarely support the income-generation needs of their aged parents – rather, they may just supply some basic needs.
- Many older women are caring for their grandchildren – not only orphans, but children of their adult children who are working.
- What are the social expectations of grandparents? Older women have to take care of those left behind – they cannot leave the children of her children to suffer in case of orphanhood, for example.

Source: Key informant interview with community development officer, Kibigi sub-county, Kiboga district

Discussions and interviews revealed that a combination of material deprivation, social isolation and sense of powerlessness, ill-health and poor nutrition, and lack of care and support are negatively affecting older people's social well-being and increasing their insecurity.

Contextualised life history of an older person
Christine's story (see Box 5) illustrates the hardships faced by a 65-year-old woman struggling to cope with poverty and ill-health, while at the same time shouldering the burden of bringing up her grandchildren. We use the story to illustrate how vulnerability and poverty are caused by many inter-related factors that cluster in poor older people's experiences of poverty, and how the lack of inter-generational support contributes to increased financial and care burdens for older people looking after orphans. Christine now largely depends on the SCG for her and her grandchildren's survival.

Box 5: Life history interview with Christine (name changed to protect identity)

Christine (65) and her husband look after seven grandchildren. Two are orphans, but the others were left with them by their daughters when the children were young. Some of the children were just a few months old when they were left with Christine. The daughters do not support Christine or even visit their own children, but say they will do so when they have some money. Christine and her husband have no money for school fees for the children. Growing up in poverty, the children are in danger of becoming poor adults. Previously, one of their sons sent them money, but now he has got married and has other obligations.

In 1990, Christine's husband lost his job. This caused a downturn in the fortunes of the household, which was later worsened by both the husband and Christine becoming ill. In 1996, Christine's husband began to have problems with his legs itching. The illness progressed and he began to have problems walking, and now he can only walk very slowly and tentatively, supported with a stick.

Source: In-depth interview with a 65-year-old woman, Angal Ayila village, Nebbi district

Figure 7: Life history trajectory of Christine

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Wellbeing

Mother died

She was very bright and was doing well at school but father refused to pay her school fees, She had to drop out

1963. Married and first Child born

Father died

Husband lost Job

Husband became sick

Grand Children left with them

Lack of money to buy basics

Children Born: 1963, 1965, 1968, 1970, 1973,1976, 1978,1981

Low, fluctuating wellbeing

$

1963

1986

2000s

Concluding remarks

In the participants' narratives, the terms 'poverty' and 'vulnerability' are closely intertwined and are almost used interchangeably. In addition, a bi-directional relationship exists between poverty and vulnerability. The analysis shows that poverty is generally associated with deprivation (reflected in inability to meet basic needs) occasioned by the lack of resources and income opportunities, social positioning, influence over one's environment and many other things that, as analysts have noted, *'make the difference between truly living and merely surviving'* (Damas and Israt, 2004).

Further, some study participants identified vulnerability as a condition that takes into account both chronic exposure to serious risks and defencelessness against deprivation and the lack of agency. The risks are varied in nature and can range from macroeconomic shocks, natural disasters (e.g. crop damage), health hazards, and personal insecurity (theft, eviction from land).The range of factors identified that contribute to vulnerability act to undermine the capacity for self-protection, to block or diminish access to social protection, to delay or complicate recovery (from shocks) or to expose some groups to greater or more frequent hazards than other groups. Different categories of people expressed vulnerability in different ways, with older people most frequently associating vulnerability with declining physical capacity. Differences in definitions and experiences of vulnerability reported from the two study districts highlight the historical factors causing insecurity in Kaberamaido, which study participants regard as a major cause of vulnerability and poverty today.

5.2 Coping strategies

The study explored the coping strategies that vulnerable and poor people in the two districts use to deal with the vulnerabilities and challenges they encounter in their everyday life.[26]These ranged from turning to immediate family and social networks for help to providing casual labour, borrowing, and withdrawing children from school. Most of the coping strategies seem to be common to community members in both districts, though certain variations by district in the participatory ranking of the most important coping strategies were also identified.

Informal strategies

Casual labour

Casual labour provides an important income-generating and survival strategy for vulnerable and poor people, particularly during times of economic hardship. Study participants in both study sites reported that vulnerable and poor people often resort to or are forced to accept piecemeal work in order to survive and/or deal with the vulnerabilities and everyday life challenges they face.

However, for most casual labourers, the remuneration in cash or food is often too low, irregular and unreliable. Discussions also revealed that some older people, both men and women, engage in low-level informal sector activities such as brewing alcohol in order to earn money to meet their basic needs (food, clothing, and medicines).

Familial and other social support networks

Most participants reported seeking support from their family or their immediate social network when faced with financial needs or, more particularly, when dealing with shocks such as ill-health.

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[26] See Annex 6 for the vulnerability and coping strategy matrix for each district.

'When I am faced with trouble like sickness and need quick help, I turn to my family members because they are the nearest. My son's wife warms water for me for bathing, children light a fire for me to keep my house warm, so I still have family support.' (88-year-old man, Nyapupii village, Nebbi district)

'I have a son, Alex. When I am sick he takes me to the hospital because sometimes I don't have money. At times he buys food for us when we have no food and my daughters also support me as I told you earlier on… As for other children, I am the one who supports them like the head of the household, for instance, I give them goats.' (69-year-old woman, Kaberamaido district*)*

'Yes, my family members still support me. Whenever sick, my son treats me. I also have a friend called Mariko who stays at Alyekovillage; whenever he comes to the trading centre, he comes up to home and gives me money'. (78-year-old man, Angal Ayila village, Nebbi district)

Self-help groups and associational arrangements are another way in which poor and vulnerable older people who participated in our study manage social risks and shield themselves from the worst outcomes of shocks. For example, at times of bereavement and serious illness, these loose mutual self-help networks can be very helpful in mobilising social and financial support to the aid of the affected member.

'We have a communal group, 'Kilimba'. We contribute UGX 10,000 ($3.8) to the group on a monthly basis. The money collected is given to the group members on a rotational basis. In one month we give one member, next month another member… until we all get. We pay school fees if we get cash, we use for buying food.' (66-year-old male SCG beneficiary, Nebbi district)

'We also rely on self-help groups, e.g. mourners groups, which provide mutual assistance to members in time of death. The group's name is Angal Ayila elders' group.' (75-year-old male SCG beneficiary, Nebbi district)

Borrowing

Some study participants reported borrowing money, mostly from friends and relatives, as a coping strategy. However, few reported borrowing money from formal lending institutions such as savings and credit co-operatives (SACCOs) and other microcredit institutions.

'When I am in trouble I go to friends to borrow some money to help me, like the other day I borrowed it helped me.' (75-year-old male SCG beneficiary, Angal Ayila village, Nebbi district)

'When one has emergencies, they go and borrow that money and return with a profit [Interest].' (68-year-old male SCG beneficiary, Kibimu parish, Kaberamaido district)

Sale of assets

Another common strategy used in times of crisis is to sell assets such as land and livestock, depending on the animals available in the household. Study findings indicate that some poor households sell their land in order to pay for healthcare expenses. Although such sales of assets provide fast access to cash, they may undermine the household's capacity to improve their situation in the long term; decreasing their resource base makes them more vulnerable to poverty.

'When we have assets we mortgage them to get money, like bicycles. We also sell our goats to get money for food.' (78-year-old male SCG beneficiary, Angal Ayila village, Nebbi district)

'Sometimes we sell some of the assets that we have to enable us to hire labour or purchase what is lacking.' (67-year-old woman, Kibimu parish, Kaberamaido district)

Reduction in consumption
Discussions revealed that some poor households reduce consumption of certain foods or reduce the number of meals. Reduced consumption in most cases reflects a lack of access to other coping mechanisms such as use of savings, borrowing or support from friends or family.

Withdrawal of children from school
Children may also be withdrawn from school and forced into child labour at an early age in order to support themselves and other members of their families. It is important to appreciate that some of these coping mechanisms undermine the household's long-term security. For example, parents withdraw children from school to work in the fields, but this reduces their chances of a more secure future, consigning them to potentially life-long poverty.

'Some of us dropped out of school and concentrated on farming to get money because we had failed to get money for school fees.' (Focus group discussion with orphans and other vulnerable children, Angal Ayila village, Nebbi district)

Difference in coping strategies in Kaberamaido and Nebbi
Informal coping strategies were very similar in the two study sites but were ranked differently in terms of significance. In Kaberamaido, the most important coping strategy (as reported through the ranking exercise) was cultivating food crops on small plots for both consumption and sale, whereas in Nebbi, it was getting support (money or food) from relatives and friends. Reducing the number of meals was ranked as the second most important coping strategy in Kaberamaido, but was not mentioned in Nebbi, where additional coping strategies included sale of labour in gardens, and – for the most vulnerable – collecting and selling firewood and selling household assets such as land.

Formal support systems and community structures
The study also revealed that some poor people or households, albeit a small number, receive support services from a range of civil society organisations, particularly NGOs, or are beneficiaries of other government programmes such as those provided by the National Agricultural Advisory Services (NAADS).For example, one beneficiary indicated: '*I got support in May this year from NAADS who gave me 8kg of groundnuts and two hoes for planting the groundnuts, which I have planted*' (75-year-old man, Angal Ayila village, Nebbi district).

Community mapping exercises helped identify sources of vulnerability and support systems in the different study sites. The map shown in Figure 8, from Kaberamaido, depicts a fishing community situated near Lake Kyoga, one of the freshwater lakes in Uganda. The village is in a low-lying area with a high water table, which results in frequent episodes of flooding, which contributes to vulnerability for local people and their livelihoods. The community has a trading centre where people go to shop and sell some of their produce. It also has some schools and churches. These various resources and institutions were reported during the mapping exercise as sources of support for community members including older people, allowing them to cope with and reduce their vulnerability.

Figure 8: Community mapping exercise in Kaberamaido
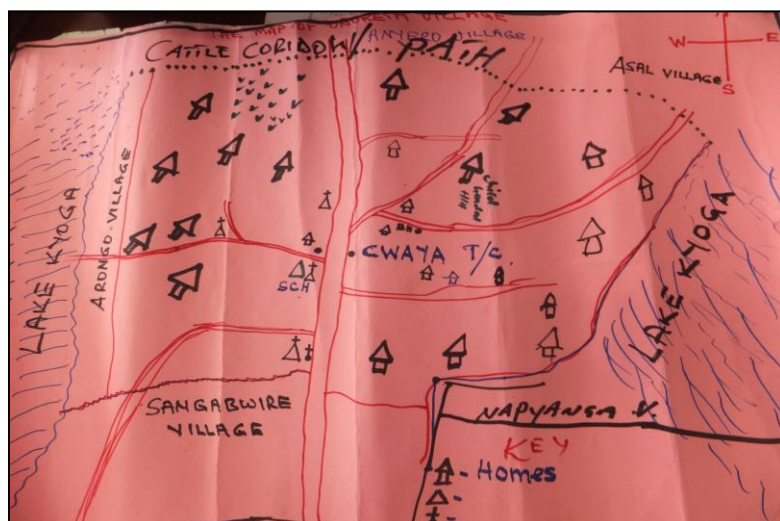
Concluding remarks

The study revealed a range of coping strategies employed by community members (beneficiaries and non-beneficiaries) to cope with shocks and reduce vulnerability. These ranged from turning to relatives for help and selling assets, to withdrawal of children from school and taking up casual labour. While many of the coping strategies were common across both study sites, some variations were identified in terms of ranking the importance of different strategies. It is, however, noteworthy that nearly all the coping strategies employed by vulnerable and poor people are informal. This corroborates evidence from the Ugandan National Household Survey that only 1% of households which experienced a shock in 2009/10 received any formal support from government (UBOS, 2011).This highlights the inadequacy of formal means of social protection for vulnerable and poor people in the two study districts.

It is also important to note that the common coping strategies/mechanisms employed by vulnerable and poor people are not the same in terms of their impact on the future economic potential and long-term well-being of the household. Some coping strategies such as the sale of assets (e.g. livestock) and withdrawal of children from school have longer-term consequences that can lead to even greater exposure to risk and diminished ability to manage risks.

6 Key findings: knowledge, views, perceptions and experiences of the SCG programme and effects on older people's well-being

6.1 Knowledge, views and perceptions

Knowledge of the programme

Most community members in both study sites were aware of the existing cash transfer programme for older people. Almost all beneficiaries and community members understood the eligibility criteria, the targeting process (including procedure for identification and selection of beneficiaries), the key actors, payment process, and transfer amount that beneficiaries are entitled to receive, as well as the frequency of transfers. Most participants were, for example, aware of the increase in their entitlement from UGX 23,000 to 24,000. However, the reasons for the increase, and how it was decided on, were not always clear.

Interviews and focus group discussions revealed that knowledge among beneficiaries about the sites where the SAGE programme was being implemented – especially at the sub-county level – was very good. Most beneficiaries were able to identify the sub-counties, parishes and villages in the sub-county where the SAGE programme is currently being implemented. While some participants were also aware of the grievance procedures and feedback processes, these were not clear to all.

There were also mixed perceptions about the source (or sources) of funds for the cash transfer programmes, as reflected in these comments:

> *'I think the Government gives us the cash, but where it comes from I don't know… Government has given support to help elders who are weak to help them cultivate and get food.'* (75-year-old male SCG beneficiary, Angal Ayila village, Nebbi district).

> *'[It comes from] Museveni. Whether it is a gift or charity we don't know, but I believe he saw our old age and its challenges that he gave us the money. At my age of 72, there is no way you can dig with strength, walk long distance for business purposes, and because of that he had pity, pity upon us from his generous heart.'* (72-year-old female SCG beneficiary, Angal Ayila village, Nebbi district).

> *'That money comes from abroad. I heard that donors…those whites sent money for old people of 65 years and above.'* (66-year-old female SCG beneficiary, Agulo village, Kaberamaido district).

Beneficiaries' views and perceptions of the programme

Perceptions of the transfers

A common theme raised by respondents was the importance of the cash transfers to their lives. Most study participants hailed the SCG initiative as a symbol of the Government's commitment to the needs of older people, and the cash transfers were perceived to be a *'dependable source for life and livelihood'* for older people *'since they have no energy to work and no means of income'* (69-year-old female SCG beneficiary, Kaberamaido district).

Notably, one interviewee described it as a once-in-a-lifetime experience: 'S*ince I was born, I have never heard that elders are paid monthly salary without doing any work for the Government…'free money'… I have never heard of this before*' (88-year-old male SCG beneficiary, Nyapupii village, Nebbi district).

Targeting

Most participants agreed that the SCG targets one of the most extremely vulnerable groups of people – older people. This was because older people are often unable to work, shoulder the burden of taking care of orphans and other vulnerable children, and receive limited support.

> *'The elderly are the right people receiving this money because we are weak, poor, cannot dig and do business with ease like other category of people can* do.' (68-year-old female SCG beneficiary, Nyapupii village, Nebbi district).

> *'To me, the money is going to the right people as you can see. Me, I am aged and blind yet taking care of six orphans – a thing most elderly are going through. Yet they cannot support themselves, and many have been abandoned by their adult children. This money can be used to support them to earn a living.'* (79-year-old male SCG beneficiary, Nyapupii village, Nebbi district).

Most study participants also perceived the beneficiary targeting process to be fair and transparent. Targeting for the SCG is categorical – that is, any person who meets the specific demographic and geographical criteria is entitled to access. As one study participant explained: '*I think the targeting is fair. It is old people like me who are getting the money. You cannot lie that you are old when you are not…*'(79-year-old female SCG beneficiary, Zag-Zag village, Nyaravuru sub-county, Nebbi district).

There were no differences observed in the perception of fairness in targeting and identification of beneficiaries between the automated registration system in Kaberamaido and the community registration system in Nebbi.

Non-beneficiaries (community members who are under the age of 65) seemed to understand and, in principle, accept the age criteria for selection into the programme; however, a few raised questions about other vulnerability criteria:

> *'When this money [the cash transfer] started coming, we realised that the programme was fairly okay. But there are other persons that are very vulnerable (poor) but are not given this money. This really confuses us. Is it for the poor or for the very old?'* (in-depth interview with non-beneficiary, Nebbi district).

Comparison with other programmes

Study participants perceived the SCG to be better than other government programmes that seek to address poverty and vulnerability such as the National Agricultural Advisory Services (NAADS), Community-driven development (*CDD*) and the Northern Uganda Social Action Fund (NUSAF). One of the reasons given was that the SCG categorically targets individuals on the basis of their age, leaving little room for bias and abuse in the selection system. In addition, the process of accessing the benefits is simple, money is given directly to beneficiaries, with no conditions attached, and the value of the grant and procedures for access are known to the beneficiaries.

'This programme I think is the best because if you look at other programmes like NUSAF, CDD, NAADS, those programmes benefit a few and their processes of benefiting are too complex. Even me, the focal person for those programmes, I find it very difficult to benefit from them because most of these programmes demand that you are in a group for you to benefit.' (male key informant interview, Nyaravuru sub-county, Nebbi district).

'This is better than other programmes like NAADS and NUSAF. This one is more important because it helps people benefit directly, unlike these other programmes.' (male key informant interview, Owaro parish, Nebbi district).

'The other programmes like NAADS are doubted because in a village you may get only four people benefiting. But with this programme you may find about 15 people benefiting from this programme. NUSAF also has even more problems and in some villages people are not organised in groups. But this one is more convenient and it is benefiting people because every beneficiary gets money, including the businessmen, farmers … those in the markets also access this money and others as long as they have attained the age of 65.' (female key informant interview, Nebbi district).

No information was obtained specifically about the Vulnerable Families Grant (VFG) programme, which is the other major cash transfer programme being implemented by SAGE.

Adequacy of the transfer

A considerable number of study participants interviewed felt that the UGX 23,000 (which increased in 2012 to 24,000) was enough and appropriate for older people. However, others felt that the income transfers were insufficient to improve their well-being, and that older people needed not only cash but also systems of care to provide them with sustainable support. Most of the older respondents suggested that the SCG provisions be increased to UGX 50,000 a month. They argued that while the transfers do improve older people's lives, the benefit level is insufficient for recipients to exit poverty.

'This money is not enough and if Government wants to add it is okay, but we do not have authority over the increment.' (77-year-old female SCG beneficiary, Agulo village, Kaberamaido district).

'The amount is inadequate. If they increase to UGX 30,000 or 50,000 it would be adequate because it does not help us properly, it is little. I contributed with my wife in order to buy a sheep. If it is only 24,000 it cannot buy a sheep, leave alone food and health for both of us.'
(75-year-old male SCG beneficiary, Angal Ayila village, Nebbi district).

Eligibility criteria

Some study participants also observed that the eligibility age (65 years and over) is too high. The general perception was that poor older people start the ageing process – referring to the decay of physical vitality – earlier in life due to their persistent vulnerability to malnutrition and ill-health through the life-cycle, and that life expectancy is low in Uganda. Setting the eligibility age at 65 years has also led to the exclusion of many poor and vulnerable 'older people'. Therefore, some study participants argued for a reduction in the eligibility age.

> *'I wish they could reduce the age to 55 years for women and then 60 years for men. Or if they could reduce for women at least to 50 years, because women are more vulnerable than men in all aspects of life. And it is the women that care a lot for the families.'* (key informant interview with district SAGE implementation officer, Nebbi district)

Benefit delivery

The delivery mechanism for the SCG follows the 'push method', with cash delivered directly to beneficiaries' *Mobile Money* account. This mechanism was perceived by most beneficiaries and programme implementers to be an efficient way of delivering payments and was reported to minimise the risks of the transfers not reaching their intended beneficiaries.

Beneficiaries also noted that even if they are not able to go to a designated

Source: Beneficiary receiving transfer from MTN agent on pay day, Angal Upper parish, Nebbi district

place where the transfer is handed over to recipients, a relative or trusted friend (i.e. alternative recipient) can be sent to receive the cash on their behalf, with the beneficiary then certifying receipt of the benefit. For example, a woman aged 86 from Nebbi said that '*…I usually cannot go far to do anything, so I ask my niece to help me.'* However, a few cases were reported where alternative recipients diverted the transfers and failed to deliver the full amount to the beneficiaries.

> *'The elders who cannot collect their money themselves delegate relatives to do so on their behalf. You find that when they (i.e. alternative recipient) collect the money, instead of taking the full amount [to the actual beneficiary], some take off a portion and this results in conflict.'* (parish chief, Nebbi district).

Moreover, some study participants – especially beneficiaries – reported that they have to travel long distances (up to 15 km) to the designated pay points, yet they are frail and physically weak. The lengthy distances are attributed to the limited number of pay points provided by MTN, the payment service

provider. This is coupled with frequent breakdown of MTN systems (network failure), which leads to delays in the distribution of money and long waits for beneficiaries.

> *'Long distances travelled by the beneficiaries. You may find some of the beneficiaries at the farthest point travelling over 15 km and this is a very long distance for these old people.'* (sub-county chief, Kaberamaido district).

> *'The distance to the pay point is quite far for our age. We incur high costs to reach the pay points.'* (female focus group discussion participant, Kibimu parish, Kaberamaido district).

For effective benefit delivery, some study participants suggested the need to use more than one payment service provider. However, one interviewee – a national government official directly involved in the implementation of the SCG programme – suggested that, despite the network breakdown and connectivity problems experienced by MTN, it would be costly to have multiple payment service providers.

> *'MTN seems to be the only service provider that has adequate systems to deliver this money. Many people seem not to understand what it takes to deliver such regular payments to people. We are building a national system and this requires unified processes. Bringing on board other service providers could increase transaction costs and make the programme expensive.'* (key informant interview, Social Protection secretariat).

Other key informants also suggested that the problems of network connectivity should be looked at in the context of other alternatives (e.g. carrying money or giving it out through government structures) and the problems associated with these alternatives. Nonetheless, they suggested that MTN should undertake measures to strengthen its systems to overcome the connectivity problems.

Costs associated with accessing benefits
The programme does not require beneficiaries to travel every month to collect their payment. They may, for example, collect it every two or three months to minimise direct and opportunity costs. Nevertheless, some study participants expressed concerns about high private costs associated with accessing payments. Disabled recipients, for example, have to be accompanied by someone if they want to access their money directly; otherwise they may choose to nominate an alternative recipient. Beneficiaries living far away from the pay points also incur high transport costs, which reduces the overall net benefits from the cash transfer.

> *'Yes, the money that is being given at the moment is too little and cannot help them a lot. This money should therefore, if possible, be increased in future. Also let the service providers add more pay points to reduce the distances moved by these elders. It can, for example, be three pay points in a parish. Because these people end up using up the money they are given in transport – for example, 3,000 shillings coming and 3,000 going back, that is 6,000, yet the money is too little.'* (sub-county chief, Nebbi district).

> *'The place is far, it is three miles from here. We use boda-bodas [local motorbike taxis] at 2,000 shillings to go and receive the money.'* (focus group discussion with female beneficiaries in Angal Ayila village, Nebbi district).

'We have a problem of mobility. The distance to the centre is not walkable. The cost of transport to the centre is high… about 5,000 to and from. But the roads are also impassable, especially during rainy reasons. You risk getting injured if you are to ride.' (focus group discussion with male beneficiaries, Obur parish, Kaberamaido district).

This is similar to what was expressed by study participants in the demand generation consultation (DGC) exercise, who observed that:

'There are some people who travel long distances, especially those in the other parishes bordering Mubende district. They move for over 9 miles to the sub-county yet the transport cost is very high.'
(female focus group discussion, Gogonya village, Kiboga district).

'At the beginning of this programme, they said that the pay centre would be extended to every parish, but since we started this has not been done… We have our colleagues who come from very far; for them to get this money, they have to use boda-bodas [local motorbike taxis] and spend 5,000 to 10,000 shillings [between $2 and$4.5] on transport. They end up remaining with about half of the CT (cash transfer) package.' (female focus group discussion, Kajjere village, Kiboga district).

This problem was acknowledged by some key informants from the sub-committee on social protection at the national level, and there is an ongoing workstream to address this by looking at costs and opportunities for bringing pay points closer to beneficiaries:

'At the operational level, there are not many issues/problems and these can easily be sorted out. For example, beneficiaries told us they travel long distances and spend a lot of money on transport to pick up the monthly payment. We have been advising that pay points be brought closer to beneficiaries. I hear other people who are not targeted feel bad, but they should be made to understand why they are left out.' (key informant interview with member of sub-committee on social protection).

Names of beneficiaries missing on payment lists
Some study participants expressed concerns about the disappearance of enrolled beneficiaries' names from the payment list, which results in would-be beneficiaries missing payments. As one beneficiary succinctly observed, '*You find beneficiaries who are on the list… They get money this month and in the next month they are not on the list. What causes this? It is not clear? Reinstating them even becomes harder…'*(75-year-old male SCG beneficiary, Kaberamaido district).Similarly, one key informant noted:

'Like when I brought my mama for payments, I found some old people lamenting that they were registered, started even receiving their money, but from nowhere their names disappeared from the pay register.' (teacher, Bululu sub-county, Kaberamaido district).

National programme implementers acknowledge that this could happen when a beneficiary's SIM card gets an error, which can develop any time. In such circumstances, the beneficiary does not receive payment but this is recorded as a failed transaction in the system. A list of all failed transactions/payments is generated every month and once the problem is sorted out, any transfers that a beneficiary has missed out on are usually paid.

Transition grant

The programme requires that the next of kin and community leaders promptly report the death of any SCG beneficiary so that payments can be terminated. Bereaved families are entitled to receive a final SAGE transition support grant equivalent to four months' of the SCG payment. Study participants perceived this to be a good initiative, which helps families to meet costs they incur during the bereavement period and to support the dependents of the deceased beneficiary. However, it was noted that these funds are not adequate, especially in cases where the deceased beneficiary left behind many dependents (e.g. orphans and vulnerable children).

Linkages to complementary services

Some community members indicated that providing alternative services such as medical care would prove more beneficial to SCG beneficiaries. For example:

> *'Making their [CT beneficiaries'] medication free can help them because they do not have the money to reach those hospitals that could be of help. If the Government can possibly link these people to hospitals like Mulago in case of such sicknesses, this would be okay. The best thing would be for one to go to the hospital and get admitted there.'* (in-depth interview, Nebbi district).

> *'Yes, we would be very grateful if we are given access to free treatment in Government hospitals/health centres.'* (male focus group discussion participant, Obur parish, Kaberamaido district).

> *'We would like to be given free healthcare in Government hospitals/health centres. If possible, let health centre be in every parish and well stocked with drugs.'* (mixed focus group discussion participant, Kaberamaido district).

6.2 Reported use of the cash transfer

Meeting basic needs

Beneficiaries use the cash transfer for a variety of different purposes. Most reported spending their payments to meet their basic needs, including food, which was a significant item for most, but also to buy clothing, medicine and to pay for healthcare, as well as personal hygiene items, particularly soap.

Picture: Buying fish on pay day, Angal Upper parish, Nebbi

Picture: Beneficiary buying medicine at a drug shop, Angal Upper parish, Nebbi district

Picture: Home improvements in Olyeko South, Nebbi district

Picture: Beneficiary with goat bought with cash transfers, Nyapupii village, Nebbi district

Programme implementers in Nebbi characterised the transfer as *'eno cente ni mukero'*, meaning that 'this money is sacred': '*It is money which you cannot use without sharing with household members. The money can buy half a kilo of meat, which can be turned into soup to feed the entire household'* (key informant interview, SAGE implementation team, Nebbi district).

Facilitating home improvements
Some beneficiaries used the cash to make home improvements, such as building a pit latrine.

'It has helped improve the sanitation of my household. I was able to build a shelter over the pit latrine that I had dug.' (focus group discussion with programme beneficiaries, Kibimu parish, Kaberamaido district).

Making productive investments
Some beneficiaries used the cash to acquire productive assets such as seeds, to buy farm animals (especially goats and poultry) and to hire ox-ploughs or casual labourers to clear farmland for small-scale farming:

'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. But we need more money, like 35,000 or 50,000 monthly. We sell this dried cassava and we get some money.' (88-year-old female SCG beneficiary, Kaberamaido district).

'They use this money in paying for labour in their gardens since they are weak and cannot dig themselves.' (group interview with SAGE team, Nebbi district).

Savings
A few beneficiaries reported that they save part of the cash transfer through the local village savings and loan association (VSLA) and savings and credit co-operative (SACCO).

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'Some of them are trying to invest their money. There was a man I interviewed who said he saves his money with the village saving scheme and he is sure that at the end of the day, he will invest his money for his help in the near future. Many have also invested their money in agriculture and this really helps them. They hire ox-ploughs.' (group discussion with SAGE implementation team, Kaberamaido district).

Meeting education and health costs for grandchildren
A number of beneficiaries use the cash to purchase school materials such as books, pencils and uniforms for children under their care. One study participant pointed out: *'Some old people are educating their grandsons, buying them scholastic materials. In future, when these children get jobs, they will keep remembering the help of their grandparent's cash transfers'*(key informant interview with local leader, Angal Lower parish, Nebbi district).

Women were more likely to report using the cash to support school fees than men, as the example below illustrates.

'SAGE has helped me to clear my debts and to start life after a long time in hospital caring for my mentally sick daughter… I am no longer afraid of tomorrow because at least I have 24,000 shillings monthly that can offset some major problems. I will take back my daughter to school next year. I hope to farm seriously to get her school fees and also top up with SAGE money. If SAGE was stopped, my life can be very bad; it is really helping me to buy sugar, sauce, soap and main basic things in life. I will even get diseases such as ulcers which will kill me if this money is stopped…I received about 254,000 accumulated in arrears that I used to plant potatoes and treat my daughter. '
(excerpt from case study, Akullo (name changed to protect identity), a 66-year-old SAGE beneficiary married to a 75-year-old man who has six wives, was enrolled as a SCG beneficiary in July 2011, in Obur parish, Bululu sub-county, Kaberamaido district).

Contributing to ceremonial functions
Further, some recipients reported that the cash transfers had helped them make donations for religious festivities, marriages, and funerals.

Household decision-making on use of the cash
Generally, men are the ones who make decisions for the household and own assets such as land, livestock and agricultural produce, particularly husbands and elder sons.

'It's my eldest son who is responsible for decision-making in this family because he is the eldest son who is around. It used to be me but ever since I became of this state, he took over from me. He is generally responsible for everything here.' (in-depth interview with male, 88, Nyapupii village, Nebbi district).

'I do not want to lie to you, I am not involved in any decision-making in my family, and they only come to inform me on the decisions taken.' (in-depth interview with female, 75, Nyapupii village, Nebbi district).

However, in some households, although men make most of the decisions, women have control over decisions in relation to their own cash, its use in caring for orphans or meeting family health needs, and the disposal of personal property.

'It is my uncle who owns and makes major decisions over land, buildings and family members. This has not changed over time; all along it has been my uncle charged with these responsibilities. However, making decisions on issues like cash, care for orphans, sickness, sale of animals and hiring labour to dig solely rests on me as these are my personal assets, which my uncle does not bother to ask me about.' (in-depth interview with female, 75, Nyapupii village, Nebbi district).

'It's my brother who makes decisions over land and use of family members' time but it is me who makes decisions over my personal money, sickness and other personal things like chicken and garden harvests.' (in-depth interview with female, 81, Angal Ayila village, Angal Lower parish, Nebbi district).

'I make all the decisions and control land, animals, buildings, family members in the household just because it has been and it will continue to be so. Except my money is under the control of my wife, just because she is not wasteful. That is why I do trust her with money issues.' (in-depth interview with male, 76, Obur parish, Kaberamaido district).

6.3 Reported effects of the cash transfer

Positive effects

Many positive effects of the cash transfer were reported, both at individual and at household/community level, often intertwined in interesting ways. At individual level, beneficiaries took pleasure in, for example, being able to buy new clothes or shoes for themselves; at the same time, being more 'presentable' allowed them to interact more with others, hence solidifying social contacts. At household level, the cash transfer improved beneficiaries' capacity to meet basic needs, including for children under their care, and helped to improve relations between parents and their children/relatives because of reduced dependency. At the community level, the effects were felt both in terms of boosting the local economy and improving relations between beneficiaries and the wider community.

Improved self-esteem, personal status and empowerment

Cash transfers represent an important and reliable source of income for many older people in the two study districts. Most beneficiaries reported that the cash had improved their self-esteem, status and empowerment, and enabled them to be active members of their households and communities, rather than burdens. As one beneficiary pointed out, '*Before, we were treated as if we were dead… Now, people respect me'* (88-year-old male SCG beneficiary, Nebbi district).Another beneficiary remarked, '*I also can command respect…'*(77-year-old female SCG beneficiary, Kaberamaido district).

Several beneficiaries reported feeling '*happy and satisfied'* because the cash provides some economic security, freedom of expenditure, and some opportunities to meet their own needs. Notably, one beneficiary felt that *'this money is reliable; it makes you to plan very well compared to other monies'* (female focus group discussion participant, Nebbi district). As another beneficiary noted:

'For me, I am very happy and if I had a chance, I would call back my dead parents to show them how I am happy with SAGE.' (66-year-old female beneficiary, Bululu sub-county, Kaberamaido district).

Enhanced status in the household and community

The cash transfers have contributed to improving the status of older people in their households and communities. As one study participant observed, '*I think the cash transfer has reduced over-dependency of older people on their families for support. They can now buy whatever they want at any time, even though they have no money, they get on credit that shows empowerment among them' (*health worker, Kaberamaido district).In addition, one key informant observed that *'Some children who had abandoned their parents are now coming back because they know that parents are worth something and have something to give them back'* (SAGE implementation team member, Nebbi district). Other observations were as follows:

> *'What surprised me are the old people who had been abandoned by neighbours and their relatives and clan members. These people started coming back to reinvigorate their relationships with the elderly. The grandchildren come around because they know the grandmother is cooking something and grandfathers carry some pancakes to their grandchildren.'* (group interview with the SAGE team, Nebbi district).

> *'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. My elder son, who collects this money on my behalf, has become the most humble because he knows that he will always receive something from me on pay days.'* (in-depth interview with 79-year-old male beneficiary, Nyapupii village, Nebbi district).

Box 6 recounts the positive changes brought about in one beneficiary's life after enrolling in the SCG programme.

Box 6: Old age allowance brought life to Ondoa (name changed to protect identity)

Ondoa, 83, is a grandmother of an extended family comprising eight members. She lives in Angal Ayila village. It was very difficult to maintain a family, let alone educate the four young children in her charge. Ondoa was too old and weak to add to family income. Moreover, she frequently had old age complications. Since Ondoa was old and ailed, she was ill-treated both by her family and within the wider community. She was considered an unworthy and extra load in the family.

Such humiliation frustrated her and she craved for death to lessen the burden on her son's family. Then, in 2011, she was selected for the old age pension. After receiving the pension, her status in the family changed. She was no longer considered worthless but helpful to the family.

Source: 83-year-old SCG beneficiary, Angal Ayila village, Nebbi district

Some older people, who had previously felt abandoned, reported seeing their family members getting closer to them. This is partly because they are no longer seen as a 'burden'. In addition, before the programme, some of the older people who were poor had been excluded from communal livelihood arrangements, such as *Koya*– a communal digging practice where the owner of the garden prepares food in exchange for communal labour, especially for tilling land/cultivation. This was because they could not raise the funds to buy food to prepare for the labourers. The SCG, therefore, has enabled older people to participate in such activities.

> *'For some it is drawing them close … The socio-cultural value of looking after elderly was declining but now relatives have been encouraged and are getting closer to support old people. Some people*

do 'Koya', a communal digging practice in which the owner of the garden gives food (chicken and flour). For you to reach the level of preparing for people a meal, you must have some money. Access to the CT (cash transfer) has helped the elderly now to attract the youth through this mechanism, and this helps older people to open up land and to weed their cassava gardens. They save at least 5,000 shillings for labour in their gardens through 'koya' arrangements.' (senior community development officer, Nebbi district).

Strengthened social networks and connections

The study revealed that older people use the cash transfer to maintain connections and social networks within their communities by making contributions to funerals, religious festivals and other social ceremonies or events. The cash transfers also provide an opportunity for the recipients to meet and interact with their old friends (especially during payment days) and give them income to enable them to visit friends living further away.

Picture: Beneficiary with grandchildren in Zag Aag, Nebbi district

'…It also brings re-union among the elderly – they will meet and talk and socialise. The first payment was like an elders' convention… They would ask each other: 'you mean you are still alive? What about the sickness?' This meeting means more to them than just money. They also share ways of how to deal and cope with their diseases.' (senior community development officer, Nebbi district).

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'I heard a remark from one of the pay points. One woman said that for her, she is now able to make her contribution in church offertory. This gives her personal fulfillment – every time they thank God and the Government.' (key informant interview with SAGE implementation team member, Nebbi district).

Positive consequences of enhanced access to basic necessities
Among the basic necessities now available to beneficiaries as a result of the cash transfer, items of personal hygiene, such as soap, improved household sanitation (pit latrine) and appropriate clothing and shoes were particularly appreciated for the enhanced social interaction they made possible. Such purchases were reported to have given the beneficiaries confidence to interact with other community members with ease and without shame.

'Soap that used not to be available, you can now buy it and your body smell becomes better… Also salt that used not to be available, you can easily have it without borrowing from someone else who may feel you are bothering them.' (focus group discussion with female beneficiaries, Angal Ayila village, Angal Lower parish).

'More so my wife is now putting on Gomes [traditional wear for women] even looking better than before. I even feel jealousy that somebody is eying at her now, I too have bought a suit of 80,000 shillings.' (in-depth interview with a male beneficiary, Bululu parish, Kaberamaido district).

Easier access to credit
Some project staff reported that older people now had easier access to credit because with regular cash transfers, they were considered a 'sure bet':

'Beneficiaries can now take items from shops on credit because shop owners are sure that their debtors will get the money at the end of the month.' (group interview with the SAGE team, Nebbi district).

'When this money comes, it finds that you have already used through credits. Then you simply go get it, to pay those from whom you have gotten credits and the little balance is what you take home.' (focus group discussion with female beneficiaries in Angal Ayila village, Nebbi district).

Improved food security and nutrition
Beneficiaries' greater ability to buy food and invest in productive assets as a result of the cash transfer show potential for improving nutrition and food security in the long term.

'It is helping us in the way of feeding, like when we say, buy some things to feed us and the rest save to buy something that will help us in future... If, in the past, you used not to buy onions and tomatoes, that day you will buy some and drop in the sauce.' (focus group discussion with female beneficiaries in Angal Ayila village, Nebbi district).

'Good diet is no longer a challenge to my household. I have hens and from the SCG money, I allocate 4,000 shillings every month for buying a big fish for my family.' (in-depth interview with a male Elderly Bululu, Kaberamaido).

Greater access to and utilisation of healthcare services

The SCG was reported to be helping older people improve their access to health services. With the social pensions, recipients are able to meet their transport costs to get to health facilities or pay for additional medical costs such as out-of-pocket payments for medicines.

> *'When we get this money, we go for treatment. But even before the pay day, one can go and get treated on credit, then refund later on.'* (75-year-old female SCG beneficiary, Kaberamaido district).

Improved access to health services has positive implications for the health status of older people. Sustaining the health of older people increases their capacity to continue in economic activity or to contribute to their households in other ways. It also reduces the potential burden of care on other household members.

Expanded access to education for orphans and other vulnerable children
Cash transfers played an important role in enhancing access to education for orphans and other vulnerable children by providing older people with the means to acquire the materials and meet the requirements associated with attending school, such as uniforms, books and stationery. Discussions revealed that meeting these needs for vulnerable children results in improved enrolment and/or retention of children in school.

> *'We are using the SCG to educate our grandchildren. Some of these children are orphans. Before the SCG, we could not afford sustaining these children in school. These children could constantly miss school or drop out of school due to lack of scholastic materials like books and uniforms. But now we help them with that.'* (65-year-old female SCG beneficiary, Kaberamaido district).

> *'The cash transfer is helping our children as well. For example, at this time of year, children are going to go back to school; some of the cash transfer will be used to buy pens and some books.'* (focus group discussion with female beneficiaries, Angal Ayila village, Nebbi district).

Improved livelihoods and productive activities
As noted above, the study revealed that the cash transfers contribute a source of capital for investment in productive activities, giving recipients the opportunity to improve their economic well-being. For example, some beneficiaries use their cash transfers to purchase livestock (e.g. goats) and farming inputs, or to establish or expand their microenterprises/income-generating activities (e.g. poultry farming).

Notably, one beneficiary observed, '*SAGE money is good. I bought two goats and now they have delivered five kids*' (70-year-old female beneficiary, Bululu sub-county, Kaberamaido district).Some recipients, especially those who are physically weak, use their cash transfers to hire casual labourers to work on their gardens.

The overall positive effects of the SCG on the well-being of older people and their families is captured by the following observations from a key informant in Kiboga district, interviewed during the pre-test of the study tools (see Box 7).

Box 7: Effects of the SCG: snapshots of beneficiaries before and after

- 'Before, there was not even a path to the elderly's' homes, because nobody was visiting, and they never went out. Now this has changed.'

- 'Before, they were crooked and bent under the burden of their problems; now that the problems have been reduced, the physical change is striking.'

- 'Before the programme, some couldn't even speak because they had lost all hope. Now they can talk and discuss actively.'

- 'Before, in parish meetings, the older people were not recognised; now as beneficiaries, they have become the focal point of SAGE meetings.'

- The elderly say that before, they have been hardly ever handling cash.

- 'Before the cash transfer, many elderly had not left their villages for 10 years or more – or perhaps only to church or for a burial.'

- 'Before the programme, people didn't like to be called "mukade" ("elderly") because it was like an insult; now, they are proud of it and actually fighting for it!'

- Their physical appearance has changed completely because they can now get what they want.

- The predictability of the cash transfer has given the elders a possibility to get credit/loans. Trading centre workers say, 'Oh, here come the elderly. They are a sure deal.'

Source: Key informant interview with community development officer, Kibigi sub-county, Kibogadistrict (pre-test)

Extended economic impact

Cash transfers can have significant multiplier effects as they provide an important stimulus for economic activity in poorer communities. As the money is spent locally on basic needs (food, soap, clothing), social services (healthcare, school supplies) or productive assets, this stimulates local markets, promoting trade and production, and thus leading to wider community-level economic benefits.

A number of study participants confirmed that the SCG has boosted the local economy through increased inflow of money in the community. Discussions with one of the key informants revealed quite precise figures:

'The programme has increased the flow of money in the sub-county. It was reported that the annual revenue of the sub-county is approximately 19,000,000 UGX and in this financial year the budget is approximately 200,000,000 UGX. But the CT alone per month brings approximately 21,000,000 UGX a month, and approximately 250,000,000 UGX a year.'
(key informant interview with sub-county technical staff, Nyaravuru, Nebbi district).

Study participants noted that cash transfer payment days attract traders and create markets, as reflected by these comments:

'… For sure, now, elders have money and they can buy anything they want. I have personally continued to receive care from my son and his wife…' (in-depth interview, 88-year-old male, Nyapupii village, Angal Upper parish, Nyaravurusub-county, Nebbi district).

'There has been increased business on pay days since these elderly persons ensure that at least each of them buy something like sugar, food like fish, meat …and this increases sales for shops on the paydays.' (key informant interview with health worker, Bululu Church of Uganda Health Centre II, Kaberamaido district).

'This payment is conducted on market day and the business community around get a lot of money from their business on pay day.' (key informant interview with parish chief, Bululu sub-county, Kaberamaido district).

Negative effects

Inappropriate use of money

Unconditional cash transfers are just that – unconditional, provided to beneficiaries without restriction or requirements for their use. While it is expected that they will be put to good use, it is left up to the individual to decide. Discussions and interviews revealed that in some cases, beneficiaries were indeed perceived to be misusing the transfer. For example, some recipients – particularly men – were seen to spend the money on alcohol, rather than using it constructively to improve their situation. This is reflected in the following participant observations:

Some beneficiaries – especially men – have used the cash transfer in over-drinking alcohol. They need to be advised further to constructively use the money.'. (69-year-old SCG beneficiary, Nebbi district)

'Some of the beneficiaries abuse the money. They do not use the money the right way. On pay days, some older men especially drink all the money and you find them on the roads lagging, just drunk. So the community says that money has brought more harm and some beneficiaries are going to die soon.' (Key informant interview with parish chief, Bululu sub-county, Kaberamaido district)

'I always see that on the day the beneficiaries receive the money, some happiness first develops and those sachets of alcohol are really suckled. I am not sure whether that is a negative effect. At least for us women, we would say that instead of those five sachets or a bottle of beer, you simply go and buy beans.' (In-depth interview with non-beneficiary, Nebbi district)

However, it is important to note that cases of misuse of the transfer were reported by only a few study participants, particularly programme implementers at the community level (e.g. parish chiefs, community development officers, sub-county chiefs) and was therefore not the norm.

Reduction in family support

A few study participants reported that the cash had led to a reduction, or 'crowding out', of family support, including remittances and intra-family transfers, and other forms of informal support to older people.

'Some children who have been helping their elders are now lazy and folding their hands [withdrawing their support to the beneficiaries] … They should be encouraged to continue supporting them.' (69-year-old female beneficiary, Agulo village, Kaberamaido district)

'There are people who used to care for their older parents. When they learnt of the SCG, they have started withdrawing their support.' (Parish chief, Bululu sub-county, Kaberamaido district)

Overall, however, as seen above, findings show that the SCG has helped to strengthen rather than weaken social networks and connections for older persons. Even the 'crowding out' was viewed positively by some beneficiaries, with the transfer seen as relieving their adult children of onerous economic responsibilities for their welfare by reducing beneficiaries' dependence.

'SAGE is really helping me with my daily problems because my children also have their responsibilities and problems, I can even finish a year without seeing their money. So I don't really get help from them, especially since I joined SAGE.'
(Excerpt from case study, Akullo (name changed to protect identity), a 66-year-oldSAGE beneficiary, married to a 75-year-old man who has six wives. She was enrolled as a beneficiary in July 2011. Obur parish, Bululu sub-county, Kaberamaido district).

The study found no evidence that the SCG had escalated conflicts or tensions at the household and community levels. This is partly attributed to the categorical nature of the targeting process, which does not give room for discrimination.

6.4 Concluding remarks

The findings show that the reported use of the cash transfer is similar across the two study sites. Beneficiaries mostly use the transfer to meet basic needs such as food, clothing, etc; to buy school materials such as books, pencils and uniforms for children under their care; to acquire domestic animals (goats, cows and chickens);and invest in small-scale farming, among other things.

There was a general consensus among all the study participants (beneficiaries, non-beneficiaries and key informants) that the SCG programme has had a positive effect on beneficiaries' lives. For most beneficiaries, the SCG is an important and reliable source of income. Key positive effects reported include: empowerment of older people (improved self-esteem, personal status); increase in access to basic education for orphans and other vulnerable children who previously could not attend school; improved access to healthcare services; and building economic capital through small-scale savings in support groups, which are later invested in income-generating of social activities.

In addition, the fact that beneficiaries spend the cash in their local communities further extends the benefits of the programme by stimulating local markets and promoting trade and production.

7 Key findings: programme implementation and accountability

7.1 Programme implementation successes and challenges

The SCG programme is very new. At the time of the study, transfers had been made for just 10 months in one of the study sites (Kaberamaido) and five months in the other (Nebbi). It is therefore 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. This section identifies some of the key successes and remaining challenges in programme implementation, as reported by study participants.

Success

As noted above, the SCG is greatly appreciated by beneficiaries who express how important the cash is to their self-esteem, their social connectedness and their ability to meet basic expenses for themselves and their families, as well as to plan and make productive investments. Study participants identified a range of successes in programme implementation. These include the following.

Fair and transparent targeting

The process of targeting was perceived to be fair, and was perceived to target one of the most vulnerable categories of people in the community – older people. There were no reported cases of inappropriate selection – that is, the selection process being influenced by nepotism, political loyalty or powerful local actors, and in fact the opposite was reported, with some humour:

> *'Members were selected properly because the process was strict since it was headed by local councillors and officials appointed from the sub-county. If they were not strict [targeting process], I would have got it [enrolled as a beneficiary] because the LC1 [local councillor 1] in the village is my brother!'* (In-depth interview with non-beneficiary, Kaberamaido district)

Minimal exclusion and inclusion errors

Study participants reported only minimal exclusion errors (where eligible people are not enrolled or are denied access) and inclusion errors (where ineligible people receive the transfer), owing to the simplified targeting process. By minimising these errors, the SCG has been able to reduce unwarranted social tensions, which would result in a waste of money (due to inclusion errors) and rising community tensions (due to exclusion errors).

Protection against inflation

The SCG programme design stipulated that the value of the cash transfer would be periodically adjusted for inflation, and such an adjustment was made in 2012 (the grant increased by UGX 1,000 to UGX 24,000). This minimises the risk of eroding the value of the cash transfer to beneficiaries due to price inflation.

Payment system
The SCG payment system takes full advantage of the opportunities offered by technology. Cash is directly delivered to beneficiaries' MobileMoney account, through the MTN MobileMoney service (an instant e-money transfer service) and converted into cash by an MTN agent at designated paypoints. This mechanism was perceived to be an efficient way of delivering payments to beneficiaries and was reported to minimise the risks of erroneous payments and fraud.

Challenges

Difficulties in proving age of beneficiaries
Selecting beneficiaries on the basis of age is sometimes challenging, especially in sub-counties where the birth and death registration exercise has not been carried out. In these areas, many of the potential beneficiaries do not know their age, nor do they have a birth certificate, which makes it difficult to verify their age. As a result, the number of people claiming to be eligible is high.

> *'The challenges were not many – only that some people who were below the required age wanted to push their age to 65years.Some people below 65 years, especially those between 55 and 64, looked older and more vulnerable. So to tell the exact age was quite challenging.'*
> (Key informant interview with local council 1 chairman, Nyapupii village, Angal parish, Nyaravuru sub-county, Nebbi district)

Staffing gaps at local government level
As noted previously, the SAGE programme is implemented through the tiered local government systems, relying on staff such as the district and sub-district community development officers (DCDO, SD-CDO), sub-county and parish chiefs. However, the study revealed that effective implementation of the programme can be hampered by staffing gaps. In some sub-counties and parishes, for example, some positions are vacant (e.g. some parishes do not have substantive parish chiefs). This can have negative impacts on service delivery, particularly distribution of the SCG and other benefits:

> *'Maybe the programme staff should be increased so that we don't take a lot of time lining from there when receiving our money. They should also make the programme permanent because we hear that the programme is for five years.'* (In-depth interview with a 70 year old female beneficiary, Kibimuparish, Bululu sub-country, Kaberamaido district)

Where positions are vacant, tasks are allocated to other staff who may be required to work across more than one administrative unit. For example, where sub-county positions are vacant, existing SC-CDOs may be required to coordinate implementation in more than one sub-county, and district-level staff may be required to support implementation at the sub-county level. One study participant succinctly observed:

> *'This programme relies on parish chiefs and local council leaders. But you find that in some parishes we do not have substantive parish chiefs and in such cases we are using people like the PDC [parish development committee] representative in villages. And in some areas some parish chiefs cover more than one parish in the sub-county and this becomes tiresome for them.'* (Key informant interview with sub-country chief, Kaberamaido district)

Cognisant of this problem, some districts have not only recruited new SC-CDOs since SAGE started (partly in response to implementation needs) but have even given them, for the first time, proper office

space at sub-county level. Moreover, the SAGE programme has put in place a clear strategy for dealing with vacancies at parish level by appointing parish facilitators (national SAGE programme staff).

Delays in reporting deaths
It was reported that there are sometimes delays in the family reporting the death of a beneficiary. It was revealed that in some cases household members decide to conceal information about the death of a beneficiary in order to continue receiving the cash transfer. This is reflected in the following comments:

'Some communities hide information about the death of a beneficiary. We took the DPC [District Police Commander] to the radio to inform people that it is a criminal case not to report a death.'
(Key informant interview with sub-county chief, Kaberamaido district)

'We have also gotten cases in which community members quietly bury their dead CT beneficiaries so as to avoid losing the source of money and this is very bad. We have noted that people do not report cases of deaths immediately, especially where there are alternative recipients.' (Key informant interview with parish chief, Nebbi district)

Reporting challenges
Although SAGE offices at the district level are equipped with a generator and computers, the situation is different at sub-county level, with CDOs having to write reports manually, which sometimes delays processes. Data processing also takes time, as CDOs have to deliver forms to the management information system (MIS) officer at the district, who then enters the data into the system. These delays affect the effective implementation of the programme.

Role conflict
Some study participants reported ambiguity in the roles of the SAGE technical officer and the senior CDO, which has, in some instances, caused tensions between the two role-holders. One key informant, echoing the view of other study participants, confirmed that:

'There are conflicts between some local government staff and the technical officer, especially the role ambiguity between the SAGE technical officer and the senior CDO in charge of SAGE. In the guidelines, there is a clause that each is a counterpart to the other, but this is not clear and caused friction, especially at the beginning of the programme.' (Group interview with SAGE team, Nebbi district)

Pay points and connectivity issues
As noted earlier, the payment delivery system relies on an instant e-money transfer service. While this is an innovative use of technology, it is dependent on reliable connectivity. A number of beneficiaries and other study participants talked about connectivity problems that disrupt distribution of benefits. They also referred to beneficiaries having to travel long distances to get to pay points, which increases the opportunity costs of accessing the grant.

7.2 Programme accountability

Participation in programme assessment and evaluation
The SAGE guidelines indicate that social protection is not just about poverty reduction – it is also about empowerment, justice and citizenship. This entails beneficiaries' understanding their rights and having the

ability to voice their concerns on how the programme is implemented and how it affects them. Several measures are undertaken to ensure beneficiary participation in programme assessment and evaluation.

Programme implementers make some efforts to interact with beneficiaries, especially on payment days, giving them an opportunity to raise questions and provide feedback. Interviews are also sometimes conducted at pay points to enable recipients to share their perceptions and thoughts on the programme.

> *'We normally interview beneficiaries on pay days (we could pick about 20 persons), talk to them informally and get their feedback on SAGE activities.'* (Key informant interview with sub-county chief, Kaberamaido district)

> *'On the pay day, we provide information. Beneficiaries are given a chance to raise their questions and answers provided. We have a complaints desk on that day. It seems people do not trust local leaders and they prefer bringing complaints [e.g about network failure, exclusion errors] directly on payments day.'* (Group interview, SAGE team, Nebbi district)

In addition, local leaders organise monthly and quarterly community meetings to generate feedback and address complaints. Such meetings offer an opportunity for beneficiaries and other community members to voice their concerns about the programme, including any grievances they might have. An interesting finding is that these meetings are mainly attended by female beneficiaries.

> *'We have meetings at community level, only that some of us are not active… In most cases we are invited for meetings but it is mostly the women who attend. The men don't want to attend most of the time.'* (69-year-old beneficiary, Nebbi district)

> *'We use the opportunity of meetings to tell them our concerns, for example, about the months we missed. They always tell us that before we get our next package, we have to submit our complaints and they work on them at that time.'* (76-year-old female beneficiary, Bululu sub-county, Kaberamaido district)

> *'The parish chiefs meet the PDCs [parish development committees], LCs [local councillors], to review programme progress, identify challenges, and pass on information to the headquarters at the district, reporting of death or departure of beneficiaries. At this meeting, anybody who feels that he/she has got a challenge or problem is accompanied by the PDCs to this meeting.'* (79-year-old female beneficiary, Nyapupii village, Nebbi district)

Information and feedback obtained from beneficiaries and community members is usually used in the compilation of monthly and quarterly reports, which are forwarded to the Social Protection secretariat. The study also revealed that the district technical team, through the M&E officer, usually collects success stories from beneficiaries to share with stakeholders in other districts where the SCG programme is operating.

In spite of the above efforts, however, the study revealed that some beneficiaries are afraid to freely express their concerns. Their perception was that they may be victimised and as a result, their entitlement to the benefit may be affected.

'…some beneficiaries fear to complain even when they have a genuine reason. They usually fear because they seem to view complaining as a rumour that may annoy those serving them to their detriment.' (75-year-old male beneficiary, Nebbi district)

Other beneficiaries, however, observed that although they raise their concerns about the programme to local council chairpersons, parish chiefs and sub-county officials, they rarely get feedback.

Grievance procedures
As noted earlier, the programme guidelines include formal grievance procedures to deal with complaints raised by beneficiaries. However, these guidelines are not always perceived to be implemented properly, often due to technological problems (for example, the inability of the payments mechanism to resolve complaints due to the procurement of faulty SIM cards), administrative delays, or other factors. Such delays, for example, were observed by one of the key informants:

'Whenever a beneficiary has a complaint, the parish chiefs, CDOs and sub-county chiefs help in addressing it. A complaints form is filled in on the complaints day. But sometimes there are delays in handling these complaints and this can go up to four, five or six months.'
(Key informant interview with local council 1 chairman, Kaberamaido district)

There is also a formal appeal system for individuals who believe they have been incorrectly excluded from the beneficiary list.

'There are people (potential beneficiaries) who, at the time of registration, are not around; these have to appeal– they fill in the appeal form. The person gives a reason why he/she should be enrolled. The form is filled and submitted by the LC chairperson on behalf of the potential beneficiary who was left out. It recommends providing all details and evidence that the person should be enrolled. One part is signed by the LC and the other section by the CDO.'
(Senior CDO in charge of SAGE, Nebbi district)

'During the complaints process, it starts at village level where a complainant reports to LC1, then fills in the relevant management forms depending on the complaint. After filling in the form, they are forwarded to the parish chief, who then forwards to sub-county CDO during the SAGE sub-county coordination meeting done monthly.' (Key informant interview with CDO, Bululu sub-county, Kaberamaido district)

'There is always a complaints desk where complaints are registered. Complaints and appeals – say, somebody's card is lost, because when someone's card is lost they cannot get their money. Something then has to be done, either they are given another card or something is done to rectify the problem. And until it is rectified, the person cannot get their money.'
(Key informant interview with sub-county chief, Nyaravuru, Nebbi district)

Some beneficiaries noted the importance of the parish chief in the process of appeals or complaints:

'We are always in contact with parish chiefs who take our complaints to the district SAGE office.
(Focus group discussion with male beneficiaries, Obur parish, Kaberamaido district)

8 Key findings: study participants' suggestions on how to improve the programme

The following sections describe the suggestions offered by study participants on how the SCG programme can be strengthened and improved. Recommendations are grouped by category of study participant; overlap in the types of recommendations offered highlight the importance of particular issues. It is noted that the programme already has significant workstreams underway on these issues, and it is hoped that these findings can contribute to these ongoing programme and policy deliberations.

8.1 From the perspective of beneficiaries

Consider costs incurred in accessing the benefit: Effective delivery of cash transfer programmes requires careful consideration of the costs/expenses that are likely to be incurred by beneficiaries in the course of accessing the transfer. The study revealed that some beneficiaries have to travel long distances, incurring high transport costs, to get to the designated pay points, reducing net income and benefits from the programme. Participants therefore recommended that pay points be brought as close as possible to beneficiaries, preferably to parish or village level.

Resolve technical problems: Frequent breakdowns of the payment service provider systems (network failure) were reported. These often lead to delays in distribution of money, resulting in long waiting hours for older people when they arrive. MTN should work towards resolving the network failure problems as a matter of priority.

Increase the benefit amount: Some beneficiaries recommended that the value of the cash transfer be increased to between UGX 35,000 and UGX 50,000.They argued that while the transfer does improve older people's lives, the current benefit level is insufficient for recipients to exit poverty. Some beneficiaries suggested that the amount of transfer be increased incrementally, i.e. on a monthly basis, by at least UGX 1,000 each month.

Lower the age eligibility: Some study participants observed that the eligibility age (65 years and over) is too high and leads to exclusion of many poor and vulnerable 'older people'. Given the general mortality trends, they recommended that the eligibility age be lowered, with some suggesting to 60 years and others to 55 years.

8.2 From the perspective of programme implementers

Improve linkages with other programmes: Linkages between cash transfer programmes and other social protection services and programmes implemented by the Government and civil society organisations (CSOs) could be enhanced for greater overall effectiveness and impact.

Resolve technical problems: The payment service provider (MTN) should work towards resolving systems failure and network problems as a matter of priority.

Lower the age eligibility: The eligibility age should be lowered to 60 years as is currently the case for Karamoja. As life expectancy at birth is around 60 years, many of the poorest people in Uganda never

reach the age of eligibility for the SCG. Expanding social pension coverage by lowering the eligibility age offers the greatest potential impact in terms of reducing poverty and vulnerability and improving social inclusiveness.

Increase the benefit amount: Raising the benefit level (i.e. increasing the amount of the transfer) should also be prioritised.

Review local government staffing levels and build capacity: Local government, with its tiered structure from district to village level, operates effectively and has been used for implementation of government programmes, including the SCG. However, there needs to be a clear assessment of staff resources at each level. The onus for identifying and addressing staffing gaps at local government level lies with the Government. Programme management could be supported and improved through regular and ongoing targeted capacity-building and training programmes for local government staff.

8.3 From the perspective of national decision-makers

Improve linkages with other services: Social transfers are most effective when linked to complementary services. More concerted efforts are needed to link SAGE beneficiaries to complementary programmes/services such as NAADS or NUSAF, implemented by the Government or CSOs at community level.

Address issues of sustainability: There is a need to address the question of sustainability of the SCG and the broader SAGE programme. Key informants at national level agreed that this will depend to a large extent on substantive commitment and investment by the Government. It is therefore important to determine the costs of scaling up the programme nationally beyond the pilot phase, and the implications of continuing to provide universal pensions for the national budget.

8.4 From the perspective of civil society stakeholders

Strengthen linkages with other social protection programmes or complementary services: The immediate needs of the population and the longer-term objective of reducing vulnerability require linking the SAGE programme beneficiaries to relevant complementary services and programmes. Without this linkage, transfers may have a limited impact in the longer term and will not address the underlying causes of poverty and vulnerability, nor will they have the full desired 'springboard' effect in providing the poor and vulnerable with a platform for escaping poverty.

Conduct thorough impact evaluations: There is a need for rigorous impact evaluations of the SCG programme to reveal generalisable impacts on consumption and livelihoods outcomes and help establish credible attribution. This can serve important functions by: demonstrating to policy-makers and the public that the programme is meeting its strategic objectives; identifying lessons for improving effectiveness; and strengthening the political will to expand and sustain the programme.

Commit funding from the national budget: The Government must recognise the important role that the SCG plays in its development strategy and ensure that it maintains its commitment and allocates the necessary funding.

Raise the value of the transfer: In the future, an increase in the amount of the cash transfer should be seriously considered and a mechanism put in place, outside the political structure, for periodic revision of the amount paid to beneficiaries.

8.5 From the perspective of development partners

Strengthen national capacity: Enhance the technical capacity of the Social Protection Sub-Committee to more effectively coordinate and provide support to the SAGE cash transfer programme, and enhance the capacity of both the sub-committee and the Social Sector Development Working Group to influence decision-making at the highest level. One suggestion from one of the SAGE programme managers was to establish a national agency to manage and coordinate the cash transfer programme, with a proposal already put forward to that effect.

Ensure sustainability: The SAGE programme is largely donor-funded, but all stakeholders are aware of the need to address sustainability. The Ugandan Government needs to co-finance and prepare to take over the costs of the programme when the pilot phase has ended to continue to support poor and vulnerable citizens. Beneficiaries are expecting to go on receiving the cash transfer beyond the pilot phase, and if the programme ends, it will have major consequences for older people's lives, as well as the lives of their families (particularly dependent orphans and vulnerable children) and their wider communities. Progress made in reducing poverty and vulnerability among this extremely vulnerable group may be lost, increasing the likelihood of older people falling back into poverty.

9 Conclusions and next steps

9.1 Conclusions

Using qualitative research and participatory techniques among selected communities in two districts of Uganda (Kaberamaido and Nebbi), this study has brought to the fore the views, perspectives and experiences of beneficiaries and others on the Government's Senior Citizen Grant (SCG) programme. It has also drawn on insights and information from national and sub-national programme implementers, national policy-makers and selected development partners on implementation successes and challenges, and suggestions on how to improve the programme. The qualitative research carried out was based on a small sample of programme participants, so the findings are not meant to be representative of the whole, but are rather intended to contribute to ongoing programme and policy discussions around social protection and cash transfers in Uganda.

The study has shed light on some of the key vulnerabilities experienced by older people in the communities under study and has documented the many positive effects achieved by the SCG programme within its first year. The monthly transfers have not only enabled beneficiaries to meet basic needs for themselves and their families (including food, medicine, soap, and education for grandchildren in their care) but have also facilitated productive investments, savings and access to credit, and enhanced beneficiaries' feelings of self-worth and dignity while strengthening their sense of social connectedness and their sense of value within their family and community. While there were some examples of the cash transfer 'crowding out' support previously provided by the older person's family, for

the most part, the transfers contributed to raising the status of older people within their families and communities, allowing them to be treated with greater respect. Multiplier effects of the cash transfer on the larger community have also been observed, including the stimulus to local commerce, with new shops opening up around pay points, for instance.

Beneficiaries' knowledge of the programme, its benefits and eligibility requirements was strong, and they particularly appreciate the transparency of the targeting system and eligibility criteria. Considerable successes were reported in this respect, which are remarkable for a cash transfer programme at such an early stage of implementation. At the same time, certain challenges were identified during the course of the research, including high opportunity costs, partly linked to long distances to pay points; connectivity problems sometimes disrupting the distribution schedules; some issues around determination of age, names missing from beneficiary lists, and delays in updating records (in the case of the death of a beneficiary, for example); limited representation of beneficiaries on programme implementation and monitoring bodies; and shortage of field staff at district level. For the most part, ongoing workstreams are underway at national level to find solutions to overcome these challenges.

Suggestions for programme improvement and future direction elicited from multiple perspectives, as recorded above, highlight additional issues that are also being considered at national level, including raising the amount of the transfer, lowering the eligibility age, strengthening programme monitoring, and improving linkages with other services (provided by government or non-government organisations).

Among the most critical questions raised in the course of the study was the issue of sustainability of the programme. As already noted, the positive impact of the SCG on the well-being of beneficiaries and their families is clear, and beneficiaries are coming to rely on the transfers as a dependable source of income with which they can meet their daily needs and begin to consider longer-term savings and investments. Some beneficiaries, who are aware that the programme is a pilot, recommended that '*They should make the programme permanent because we hear that the programme is for five years'* (in-depth interview, Kibimuparish, Bululu sub-county, Kaberamaido district). Box 8 records what some beneficiaries said when asked what they would do if the programme were to be discontinued.

Box 8: In beneficiaries' own words: what would happen if the SCG programme were discontinued?

Interviewer: If the programme were discontinued, what effects would it have on you?

Respondents: (Unanimously) Death! We would get stressed to death (focus group discussion with beneficiaries (male and female), Kibimuparish, Bululu sub-county, Kaberamaido district).

Respondents: Discontinuation will be a severe blow to us. SAGE has given us a lot of hope and the will to live. If it is discontinued, we shall definitely die. We shall have no income to hope for and invest (focus group discussion with beneficiaries, Obur parish, Bululu sub-county, Kaberamaido district).

Respondent: This cash transfer represents 100% of my total income since I do not receive money from anyone and it supports 70% of my expenditures. If it is discontinued, I will live my life, and if death comes, I go (in-depth interview with 88-year-old beneficiary, Nyapupii village, Nebbi district).

The fieldwork for this study was relatively short in duration (eight days in the different communities in each district) and, as such, it could not investigate in depth all of the issues that were brought to the fore.

However, it did identify a number of areas for future research to inform social protection policy and programmes in Uganda. These include:

- a fuller investigation of 'crowding in' and 'crowding out' effects of family and other social support systems as a result of the SCG
- a more comprehensive study of intra-household dynamics, focusing on gender differentials in the use of and benefits of the SCG
- comparative perceptions and experiences of beneficiaries of the Vulnerable Families Grant (VFG) and the SCG programme
- a more systematic study on potential linkages between the SCG programme and other social protection programmes (including public works) or complementary services (e.g. health, agricultural development, income-generation, and savings and loan schemes).

9.2 Next steps

The results of this study are intended to contribute to the growing knowledge base around cash transfers nationally and internationally. Findings will be fed back in different formats at the community, district, national, regional and international levels, with meetings in Nairobi and London to bring together the findings from the broader multi-country study. Visual materials, including photographs, videos and digital stories will also be presented, where appropriate, at these different levels.

After discussions with key stakeholders from the Social Assistance Grants for Empowerment (SAGE) programme, as well as from the Department for International Development (DFID) Uganda and DFID London, a four-page country briefing will be produced based on the full report, highlighting key findings and programme and policy recommendations tailored to the country and programme contexts. These country briefings will be ready for the national, regional and international events.

A synthesis report and synthesis briefing will then be produced, providing an overview of findings and programme and policy recommendations, drawing also on the background literature review and concurrent ethnographic work in Kenya, Mozambique and Uganda. This will be ready in time for the international dissemination.

Finally, drawing on findings from all the above outputs, from existing guidance and toolkits on participatory monitoring and evaluation, and from other relevant documents and debates (e.g. value for money), guidance will be developed on beneficiary participation in monitoring and evaluating cash transfer programmes. It is hoped that this will contribute to the extensive knowledge-generation, monitoring and evaluation processes already underway around the SAGE programme in Uganda.

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Annexes

Annex 1: Complete Conceptual Framework Diagram
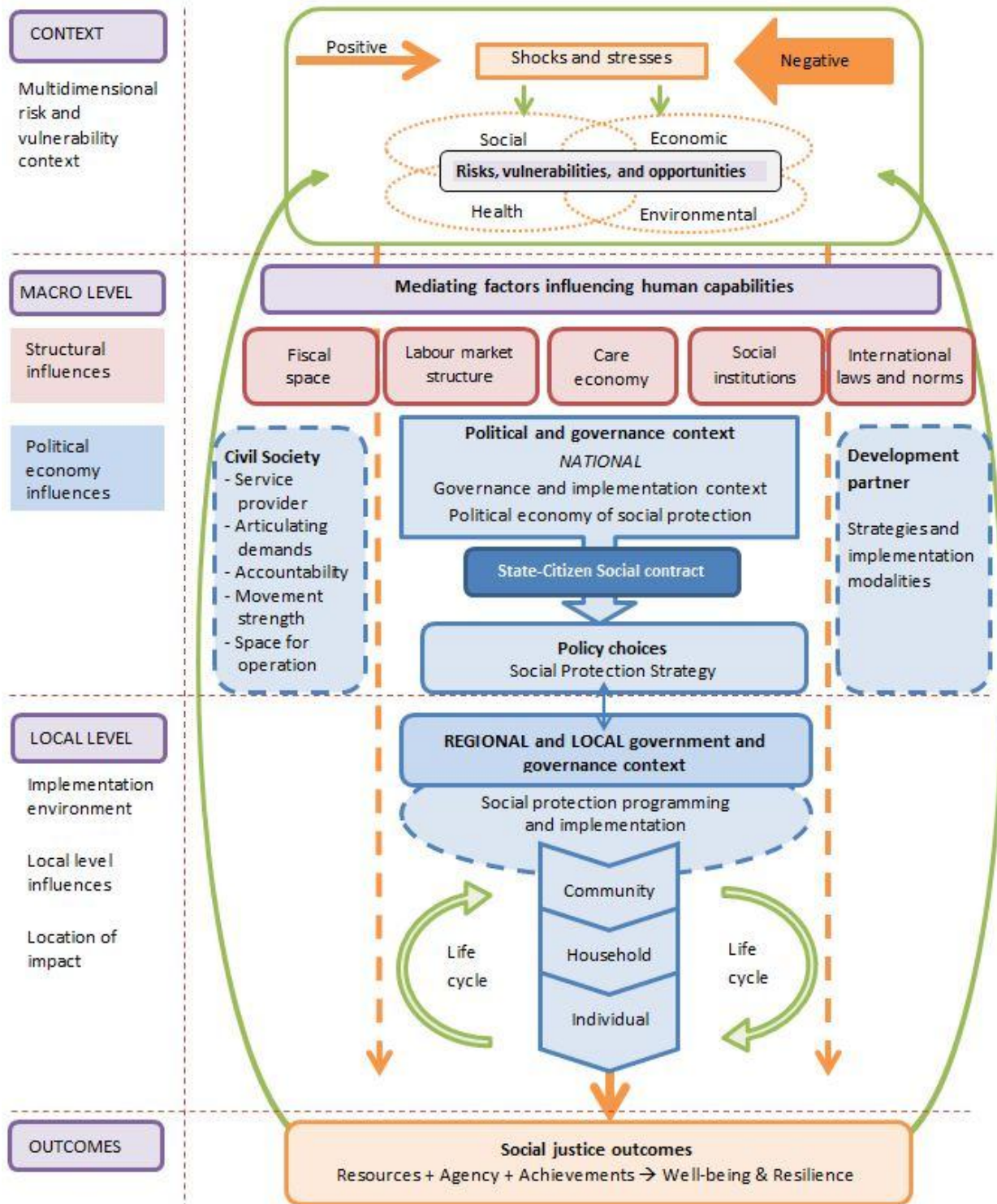
Annex 2: Uganda country research team

Country principal investigator (CPI)

1   Paul Bukuluki (PhD)

Qualitative researchers

1   Ismael Nyanzi Ddumba

2   Ronald Mukuye

3   Alex Bagabo

4   Tamali Adiru

Research assistants (RAs) – Kaberamaido district

1   Teddy Akello

2   Christine Apio

3   Christine Angwedo

4   Puis Akol

Research assistants (RAs) – Nebbi district

1   Peter Opio

2   Benson Komaketch

3   Rita Ociba

4   Simon Peter Ola

Local coordinators – Nebbi

1   James Okello – parish facilitator, Angal Upper

2   Harriet Wanguici – parish facilitator, Angal Lower

Local coordinators – Kaberamaido

1   David Elelu – parish chief, Kibimu parish

2   Alvine Esanyu-oryeko – parish chief, Obur parish

International country lead (ICL)

1   Carol Watson, international consultant

Annex 3: Overview of policies related to social protection in Uganda

Policy/Strategy/ Action Plan	Objectives relevant to SP	Target group	Areas of intervention relevant to SP	Opportunities and challenges
National Orphans and Other Vulnerable Children Policy (2004) National Strategic Programme Plans of Interventions for OVCs NSPPI 2	**Goal:** realisation of the rights of OVCs **Objectives:** ensuring legal, policy, and institutional framework in place for child protection; OVCs access basic services; ensuring capacity of duty-bearers to provide services is enhanced; and resources mobilised	Orphans and vulnerable children (OVCs)	**Direct income support:** provision of direct income support for OVCs and their caregivers and food aid. **Social care services:** care and support, mitigating impact of conflict, psycho-social support, child protection, increase access to protection and legal services for OVC, their caregivers and families/households **Complementary activities to support access to basic services:** scholastic materials, uniforms and school fees and provide psychosocial support and basic care	The policy and plan have a number of objectives and activities related directly to social protection. While the total estimated budget for social protection commitments is not certain, the overall 5-year plan (including all activities, not only SP) has a budget of 3.3 trillion UGX). While financing for the activities is identified as coming from ministerial departments and agencies (MDAs, Local Governments (LGs), donors and civil society, the scale of the activities and budget may not be commensurate with available resources. Ensuring implementation of SP commitments may therefore benefit from a further costing and financing analysis, further prioritisation and agreed phasing of interventions. Operationalisation should be reflected in a comprehensive direct income support strategy and a comprehensive social care services strategy
National Policy on Disability (2006)	**Objectives:** promoting effective service delivery; ensuring that PWDs have access to services; and building capacity of service providers	Persons with disabilities (PWDs)	**Social care services:** Community-based rehabilitation. Provision of basic support to meet psychosocial needs of PWDs and their caregivers	The policy has a number of objectives and activities related directly to social protection. However, while the policy mentions service delivery, it does not specify which services should be made available. Responsibility for delivery is largely on civil society organisations (CSOs) and local government, which is a largely unfunded mandate, since LGs have few of their own resources .A draft action plan has been developed to operationalise the policy. Recommendations in the policy and action plan relating to SP should be included in more specific SP strategy papers with clarification of the institutional framework for delivery and detailed cost and financing plans to ensure phased and prioritised implementation of SP interventions for PWDs.

National Policy for Older Persons (2009) National Plan of Action for Older Persons 2011/12 to 2015/16	**Objectives (Action Plan):** To enhance access to social security by 25% by 2015/16; to improve food security and nutrition status; to achieve access to preventive, promotive, curative and rehabilitative care; and to achieve 30% access to appropriate psychological and psychological support	Older persons	**Direct income support and social insurance:** strengthening informal social security systems; advocating for decentralisation of the process and disbursement of retirement benefits; establish an older persons grants scheme for the chronically poor **Social care services:** family and community-based care; psychosocial support and care; elder abuse	The policy and plan have a number of objectives and activities related directly to social protection. This includes a commitment to a national implementation of the senior citizens grants under SAGE. A detailed action plan and budget have also been developed. However, for implementation of the action plan, the total budget (for all activities, not just SP) is estimated at 982.9bn UGX. While financing for the activities is identified as coming from MDAs, local government, donors and civil society, the scale of the activities and budget may not be commensurate with available resources. Ensuring implementation of SP commitments may therefore benefit from a further costing and financing analysis, further prioritisation and agreed phasing of interventions. Operationalisation should be reflected in a comprehensive direct income support strategy and a comprehensive social care services strategy.
Uganda Nutrition Action	**Objective 3:** Protect households from the impact of shocks and other vulnerabilities that affect their nutritional status… **Strategy 3.2:** Promote social protection interventions for improved nutrition	Infants, young children and mothers, women of reproductive age and adolescent girls	Promote social protection interventions for improved nutrition through: **Direct income support** Provide social transfers to support livelihoods for vulnerable households and communities **Complementary activities** Advocate for and promote school meals programmes	The action plan provides broad budgets for the implementation of these activities. Assessment, design, detailed costing and prioritisation should be undertaken in consultation with the ESP / MGLSD and MoES (for school feeding) to implement the SP commitments in the action plan. Operationalisation should be reflected in a comprehensive direct income support strategy.
PRDP II: The main guiding framework for the North of Uganda is the Peace Recovery and Development Plan (PRDP)	Strategic Objective 2: Rebuilding and empowering communities.	Households and communities in northern Uganda, including Karamoja	**Complementary activities** return and resettlement of IDPs, including provision of resettlement kits	At present, no explicit social protection measures are included in PRDP II although provision would be consistent with the overall objectives and strategic approach. Opportunities for reflecting existing and further extending social protection measures in the PRDP II should be prioritised.
KIDP: Karamoja Integrated Development Programme (KIDP)	Promoting alternative livelihoods, expanding access to basic services and infrastructure.	Households and communities in Karamoja	While SP is not mentioned explicitly, provision of direct income support is consistent with the objectives and strategic orientation of KIDP	At present, no explicit social protection measures are included in PRDP II although provision would be consistent with the overall objectives and strategic approach. Opportunities for reflecting existing social protection

serves as the Karamoja 'component' of the PRDP				measures and extending them in the PRDP II should be prioritised.
Draft Birth and Death Registration Policy (draft) 2012	To ensure that by 2030, Uganda's economically active population will have the legal identity essential for themselves and essential for Uganda's development			The development of a birth and death registration policy presents an opportunity for strengthening the delivery of a core essential service required for effective implementation of all government services, including, in particular, social protection.

Source: MGLSD; Social Protection in Uganda: status, issues and policy recommendations

Annex 4: Summary of social protection programmes in Uganda

Category	Programme	Type of programme
Social transfers	Social Assistance Empowerment Grant (SAGE)	Social transfer
	Northern Uganda Social Action Fund I (NUSAF1)	Cash -for-work (CfW)
	Northern Uganda Social Action Fund II (NUSAF2)	Cash -for-work (CfW)
	Northern Uganda Rehabilitation Programme (NUREP)	Cash -for-work (CfW)
	Northern Uganda Agricultural Livelihoods Recovery Programme (ALREP)	Cash -for-work (CfW)
	Karamoja Livelihoods Programme (KALIP)	Cash -for-work (CfW)
	Literacy Enhancement and Rural Nutrition (LEARN)	Cash -for-work (CfW)
	Restoration of Agricultural Livelihoods in Northern Uganda I (RALNUC1) and Development Assistance to Refugees I (DAR1)	Voucher-for-work (VfW)
	Restoration of Agricultural Livelihoods in Northern Uganda II (RALNUC 2) and Development Assistance to Refugees II (DAR 2)	Voucher-for-work (VfW)
	World Food Programme (WFP) and Protracted Relief and Recovery Operations (PRRO)	Mainly food aid and cash -for-work (CfW) pilot
	World Food Programme (WFP) Country Programme	Food aid
	World Food Programme (WFP) Karamoja Productive Assets Programme(KPAP)	Cash -for-work (CfW)/ food-for-work (FfW)
	World Food Programme (WFP) Emergency	Food Aid
Social insurance	Public pensions	Pension
	Workers' compensation	Workers' compensation
Social care	Community-based rehabilitation for PWDs	Social care: community-based
	Disability and Elderly programme	Social care: institutions
	Youth and Children affairs	Social care: institutions
	Community Development Officers (CDO) wage and non-wage recurrent	Social care: community-based
	Mine Action Victim Assistance	Social care: psychosocial support by CDOs
	UN Joint Programme on Gender	Social care: GBV institutions
	UNFPA support by Norway	Social care: gender-based violence (GBV)
	GoU-UNFPA Programme	Social care: gender-based violence (GBV)
	Irish AID Gender-based Violence (GBV)	Social care: gender-based violence (GBV)
	DFID Sexual Gender-based Violence (SGBV) programme	Social care: gender-based Violence (GBV) institutions
	OVC programme	Social care: child protection
Complementary	WFP Karamoja ECD programme	Food incentives
	OVC programme	Education and health incentives

Source: MGLSD, 2012: Uganda Social Protection Public Expenditure Review

Annex 5: Historical timeline (Kaberamaido district)

Key events both positive and negative in different decades at national and community level

National-level events		Community-level events		Cash transfer-related events, changes, etc	
Year	**Event**	**Year**	**Event**	**Year**	**Event**
1962	Uganda attains independence	1962	Food (e.g.) meat provided in hospitals	2011	***Positive changes:*** • The old can educate the OVCs, bought materials (books and pens) • There is better nutrition in beneficiaries' homes • They have managed to dig pit latrines • Can afford clothing and blankets • Can afford cosmetics and now feel presentable in public • Have bought animals (e.g. goats and chickens)
1971	Amin took over power	1962	Some people started paying tax		
1971	Economic crisis resulted	1962	Flooding leading to naming of Obote and Kiwanuka's lakes		
1970-1980	Schools introduced	1962	Nile Parch fish introduced to Obote's lake		
1985	Processing industries introduced	1970-1980	Primary schools introduced at parish level		
1986	Museveni took over power	1985	Cooperative societies introduced		
1985	Tito Okello Lutwa took over power	1986	Cattle rustling by Karamojongs		
1994	Kibwetere [religious cult]	1995 and 1997	Community roads opened	2011	***Negative changes:*** • Some old people with cards are losing trust and hope as a result of not receiving the cash transfer • Some old people [eligible] have been left out of the Senior Citizen Grant (SCG) programme, causing ill-feeling towards parish chiefs, Local Council one (LC1) and SAGE staff. • Misuse of the SCG funds on drinking alcohol
2012	Walk to work demonstrations in capital, Kampala	1997	Community tree for meeting began to function		
2011	SAGE introduced	1989	First permanent building constructed at Oboketa trading centre		
		1989	Famine struck area; Bishop Ilukor took relief to area		
		1991	Tetanus disease attack		
		1992-1993	Scabies disease attach		
		2003	Kony (Lord's Resistance Army (LRA)) rebels attacked Teso area		
		2004	People returned home after Kony (LRA) war		
		2010	Alshabab bombed Kampala		

Annex 6: Vulnerability and coping strategy matrix for each district

Nebbi: characteristics and proportions of least vulnerable, middle vulnerable and most vulnerable groups
Coping strategies by category of persons and their ranking in terms of relative importance (1-3)

Least vulnerable	Middle vulnerable	Most vulnerable
Household that have a motorcycle	Households that have at least a goat	Households that have orphans
Households that have an iron-roofed permanent house	Households that have a bicycle	Households that have widows because there is no one to support them
Households that have a bicycle	Households that can afford two meals a day	Households that have people with disabilities
Households that have enough food and can afford cooking oil for frying meals	Households that have land for cultivation or a farm	Young people who do not have huts or houses to stay in
Households that have good bedding like mattresses and blankets	Households that have strong huts or houses to stay in	Households that lack food to eat
Households that have enough land or a farm	Households that have bedding like mattresses and blankets	Households that lack school fees to send children to school
	Households that have little education and their children attend school	Households that sleep on papyrus mats, those who cannot afford mattresses and clothes for the family
		Households that lack money or any means of getting money
		Households that do not have land
		Household that have sick members and cannot work but live on assistance and alms
		Households that do not have children to support them
Numbers/ proportion of people	**Numbers/ proportion of people**	**Numbers/ proportion of people**
10% At least 10% have iron-roofed houses, they have good bedding, they have a motorcycle, and they and their children are literate children	**30%** Because these people do casual work in people's gardens to get food, they even have some goats	**60%** We put it at 60% because mMost people here lack food and clothing, have no land for farming, or have family members with disabilities

Coping strategies for least vulnerable	Rank	Coping strategies for middle vulnerable	Rank	Coping strategies for most vulnerable	Rank
They sell their livestock like cattle and goats to get money to help them pay school fees	2	They cultivate their garden and grow crops like cotton, maize, cassava, beans and groundnuts	1	They do paid work in people's gardens and get money to buy food	2
They engage in business to generate more profits		They sell livestock like goats and chicken to get money		Support from relatives and friends, e.g. money or food	1
They get loans from financial institutions or borrow money from their friends to solve their problems	3	They sell agricultural produce like cotton, cassava, beans, maize to get money	2	Cash transfer support from government for eligible beneficiaries	
They sell their assets to get money e.g. land, motorcycle		Some form communal groups and get assistance like seeds (groundnuts, sorghum), goats, chicken and hoes from National Agricultural Advisory Services(NAADS)		They plant crops like cassava, beans, maize and groundnuts in their garden on small scale	
They sell agricultural produce like cotton, maize, cassava and beans to get money	1	They form communal saving groups (village savings loan association), which help them save and borrow	3	They collect and sell firewood to get money	3

		money at low interest rates			
They engage in large-scale farming or commercial farming		They engage in communal digging and are rewarded with goats and chicken		Others engage in charcoal burning and later sell charcoal to get money	
				Selling agricultural produce like cassava, maize and groundnuts to get money and pay school fees	
				Selling assets like land to get money	

Kaberamaido: characteristics and proportions of least vulnerable, middle vulnerable and most vulnerable groups
Coping strategies by category of persons and their ranking in terms of relative importance (1-3)

Least vulnerable			Middle vulnerable		Most vulnerable		
Have bulls, oxen They can pay fees Can educate children up to A level Can afford nets Have enough land			Can have something to sell and have panadol for treatment Can have food Have something to sell and have money Can hire labour It looks *gwang-gwang* [fifty-fifty]		They have young children Food insecure Have shelter Can afford clothes Can't afford treatment 'Even mere malaria can kill and not even 100 shillings can be seen' (older male)		
10%			20%		70%		
Coping strategies	Least vulnerable	Rank	Middle vulnerable	Rank	Most vulnerable	Rank	Comments
Depend on SAGE funds for older people	Can borrow money and have capacity to borrow	3	Food secure and can buy basic needs	1	Cultivate little to have food and sell	1	For instance, dig small piece land (cassava, pots)
Borrow food from children e.g. sons	Can sell animals to survive	1	Sell	2	Remittances	2	
Reduce the number of meals eaten in a day	Borrow loans because they have security (assets, guarantees)	2	Have small businesses for survival	4	Reducing number of times	3	
Request for remittances from working relatives			Keep few hens	3	Request for cooked food from the sons	4	

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Annex 7: Terms of reference (ToR) for country study teams

ToRs for country principal investigators (CPIs) and their teams

Beneficiary perceptions of cash transfer programmes

Background

ODI, in partnership with the Population Council, has been awarded an approximately one-year grant to carry out five country studies on beneficiary perceptions and experiences of cash transfers. The countries are Uganda, Kenya, Mozambique, Occupied Palestinian Territories (OPT) (both West Bank and Gaza), and Yemen. These are all countries in which cash transfer programmes have been running for differing lengths of time. For further background on country programmes, see the proposal; further information on the different country programmes is also being collected during the inception period.

In each country a local research partner has been identified. They will be supported by an international country support lead (ICSL) (see organogram/management structure in full proposal). This ToR is for the country-level principal investigator (CPI) and their teams.

Site selection
In each country a number of sites will be selected. In the case of Uganda, two sites will be selected. The selection of these sites will be carried out by members of the international team on the basis of existing data sets and other relevant information pertaining to the cash transfer programmes. The CPI will also be asked for guidance during this selection process. Given that the CT programme in Uganda is very recent, a light touch – i.e. less in-depth fieldwork and limited communications work – will take place.

Methodology
The detailed research methodology is being developed during the inception phase. However, key elements have already been identified in the proposal and include the following:
- The enquiry will use essentially qualitative and participatory approaches (see relevant section in the proposal).
- A range of different communication methods will also be used.
- Policy engagement with key country-level stakeholders will be ongoing, starting from the inception phase of the project.
- Capacity-building will be ongoing, with key events being:
  - the regional methodology validation/trainer of trainers workshop in Kenya where the CPI will attend
  - the country-level training, run by the CPI and the ICSL
  - the fieldwork debrief and analysis preparation workshop, run by the ICSL and the CPI
- Approximately 10 days will be spent collecting data, followed by analysis and write-up.
- Approximately 20 in-depth interviews (IDIs), 12 focus group discussions (FGDs), and 20 key informant interviews (KIIs) will be used in each country.

Country team roles and responsibilities
The **Country principal investigator (CPI)** will have overall responsibility for the country work and outputs, supported by an international country support lead (ICSL) from the international team. His/her role will include the following:
- attending the regional workshop
- undertaking a snapshot version of the demand generation exercise (i.e. 2 days' fieldwork (KIIs, FGDs) 2 days' write-up – 4 days total) (see separate TOR)
- recruiting and managing the country team – all team members need to have the appropriate expertise, which includes: for the qualitative researchers, expertise in conducting qualitative interviews, in transcribing/translating and producing high-quality verbatim transcripts
- training the country team, including setting up the pilot during the training (5)
- piloting the instruments
- carrying out some of the data collection
- carrying out overall supervision and quality control, including reviewing and checking transcribed and translated transcripts
- attending the debrief/analysis workshop
- leading on the analysis, supported by the ICSL
- leading on writing the country report, supported by the ICSL to produce a co-authored final country report by Nov 30th (***no slippage is allowed in our overall contract with DFID***)
- engage with national-level stakeholders
- taking part in a national-level dissemination event
- taking part in a regional/international dissemination event
- liaising closely and pro-actively with the ICSL.

The role of the four **qualitative researchers (QR)** (two for each study site) will include the following:
- one of the four to support the gathering of country-level information for the inception period literature review
- one of the four to support the snapshot demand generation consultation
- one of the four to support the national dissemination event

- attending the country training workshop (5)
- carrying out data collection (two teams of two people)
- attending debriefing/analysis workshop
- transcribing and translating the interviews, ensuring high quality of transcripts
- inputting into the data analysis.

The role of the **local coordinators** (one per study site) (15 days each) will include the following:
- informing and obtaining permission from the relevant authorities for the study team to access the communities
- one to support the demand generation snapshot
- setting up individual meetings, group discussions, etc.
- being at the disposal of the teams should they require further assistance.

The **translator's** role will include the following:
- taking part in the country training
- supporting the international country support lead (ICSL) during data collection
- translating briefing paper and other written products.

Approximate number of days

CPI	44 (4 days demand consultation, 5 days regional training, 5 days country training, 6 days fieldwork, 2 days national stakeholder engagement work, 16 days analysis/write-up/commenting on synthesis, 6 days engagement with national stakeholders and national/regional/international dissemination)
1 QR – Literature support + General support	30 (4 days lit review, 5 days training, 10 days fieldwork, 6 days analysis/write-up, 5 days transcribing)
1 QR – Demand consultation + General support	30 (4 days demand consultation, 5 days training, 10 days fieldwork, 6 days analysis/write-up, 5 days transcribing)
1 QR – Support to dissemination + General support	30 (4 days support to dissemination, 5 days training, 10 days fieldwork, 6 days analysis/write-up, 5 days transcribing)
1 QR – General support	26 (5 days training, 10 days field work, 6 days analysis/write-up, 5 days transcribing)
1 local coordinators	15 (2 days support to demand consultation, 13 days support to fieldwork)
1 local coordinators	13 (13 days support to fieldwork)
Translator	14 (5 days field work, 5 days for country training, 4 days written products)

Key dates and timeline

The following dates are relevant for the country teams; see also the attached Gantt chart with all dates including the international work:

Activity	Dates	Who
Demand generation consultation	**23rd July – 5th August (sometime between that period)**	• **CPI** • **1 QR** • **1 LC**
Methodology validation workshop / training of trainers	6th – 10th August	• CPI • ICSL
Training of country teams	**13th – 17th August**	• **CPI** • **ICSL** • **All QRs**
Data collection	20th - 31st August	• CPI • ICSL • All QRs • Local coordinators
Debrief/analysis	3rd – 7th September	• CPI • ICSL • All QRs
Analysis and report writing	10th Sept – 31st October	• CPI – supported by ICSL
Synthesis product development	Dec-Feb 2013	• International team plus interested country team members
Dissemination events	Feb-Mar 2013	• All

Key outputs:
- Demand consultation note
- Training materials adapted for country contexts
- Tools adapted /translated for country contexts
- Translated and transcribed interviews, FGDs, other interviews
- Fieldwork notes compiled
- Draft country report
- Finalised country report (including incorporating comments from peer reviewers)
- PowerPoint presentation for dissemination meetings

Annex 8: Uganda national training workshop agenda

Day 1 – Tuesday, 14 August 2012

Session title	Objectives	Time	Who	Materials
Welcome and Introduction	• Overview of 4 days • Introduction of participants • Recap materials	9.00 – 9.15	Paul	Agenda
Overview of Global Research Project	• Objectives • Participating countries • Methodologies • Key themes and concepts	9.15-9.30	Carol	PPT
Social protection, social transfers and older people	• Global concepts, approaches, and emerging issues	9:30-9:45	Carol	PPT
Overview of SAGE programme and Senior Citizen Grant (SCG)	• Background; objectives; target groups; coverage; key partners; communications strategy	9:45-10:15	SAGE secretariat	PPT
Qualitative research: general principles and ethics	• Principles • Ethical guidelines and informed consent	10:15-10:30	Carol	PPT
Tea break 10:30-11.00				
Overview of country research project and key findings from demand generation consultation	• Objectives • Site selection • Research team • Time frame for study • Process • Preliminary findings and key themes	11:00-11:30	Paul	PPT
Research tools (1)	Presentation and review • Overview of research tools • Focus group discussion • Individual interviews • Key informant interviews	11:30-13:00	Paul	PPT; matrix handout and research toolkit
Lunch 13.00 -14.00				
Research tools (1) (continued)	Reporting templates • Focus group discussion • Individual interviews • Key informant interviews	14:00-16:00	Paul	Research toolkit
Research tools (1)	Translation of key terms (Ateso; Alur)	15:00-16:00	Paul	Research toolkit

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(continued)	• Focus group discussion • Individual interviews			
Tea break 16.00-16.30				
Research tools (1) (continued)	Translation of key terms (Ateso; Alur) • Focus group discussion • Individual interviews	16:30-18:30	Paul and Carol	Group work

Day 2 Wednesday, 15 August

Session title	Objectives	Time	Who	Materials
Review	• Review activities Day 1 • Questions and discussion • Review agenda for day 2	9.00 –9:15	Paul	Discussion
Role play on tools	• To practice conducting focus group discussions and individual interviews	9:15-10:30	Paul	Role plan
Tea break 10.30-11.00				
Participatory tools (2)	Presentation • Community/social mapping • Vulnerability/poverty ranking • Coping strategies • Historical timeline • Institutional mapping	11.00 – 13:00	Paul/Carol	Research toolkit
Lunch 13:00-14:00				
Participatory tools (2), continued	Translation of key concepts • Community mapping • Vulnerability/poverty ranking • Coping strategies • Historical timeline • Institutional mapping	14.00 –16:.00	Fiona	Group work
Tea break: 16:00-16:30				
Photography session	• Use of photos for research • Hands-on camera use	16:30-17:30	Paul/Alex	Cameras
Preparation for pilot	• Logistical arrangements, planning	17:30-18:30	Team	

Day 3 Thursday, 16 August

Pilot on tools in Kiboga

Day 4 Friday, 17th August

Session title	Objectives	Time	Who	Materials
Pilot feedback session	Discussion: • High points and challenges • Questions • Suggested modifications or further guidance?	9:00-11:00	Carol/Ronald	
Tea break: 11.00 – 11.30				
Revision of tools/guidelines	• Revisions, as needed	11:30-13:00	Carol/Ronald	
Lunch: 13.00-14.00				
Research tools (3)	• Life history • Case study • Observation	14:00-15:00	Paul/Carol	Research toolkit
Reporting, field notes	• To review reporting requirements and templates	15:00-16:00	Paul/Carol	Research toolkit
Tea break: 16.00-16.30				
Planning for fieldwork	• To finalise plans for fieldwork, including fieldwork calendar; logistics; communications	16:30-18:00	Paul and team	Fieldwork calendar/site visit schedule

Annex 9: Uganda fieldwork research matrix

Tools	Purpose	When/where	Target group	By whom	Outputs
National level					
Key informant interviews *(at least 6)*	To gather information and perspectives on the programme from the point of view of policy and programme planners	Throughout the process; linked to policy engagement processes	• SAGE programme policy designers • Development partners and NGOs • Academic	• CPI • Research assistant (to include stakeholder mapping)	• Recording • Transcripts • Notes (including verbatim quotes) • Stakeholder mapping
Literature review	To identify key lines of the programme; build on existing analyses of key vulnerabilities, etc.	Early on and throughout	Key programme documents; poverty analyses; international lit	• CPI/ICSL	• List of issues for consideration in research • Information useful for report write-up
District level					
Key informant interview (4) **or group discussion (if appropriate)**	To gather information and perspectives on the programme from the point of view of programme managers/implementers	Prior to community-level work	• SAGE implementation team • Secretary for social services • District community development officer	• CPI • Research assistant	• Recording • Transcripts • Notes (including verbatim quotes) • Pictures
Community level					
Key informant interviews (*10 at community level, 5 per site***)**	To gather information and perspectives on the programme managers/implementers	In the course of fieldwork. Some appointments will be needed in advance	• Community leaders • Programme implementers • Service providers (teachers/health workers) • Religious leaders	• CPL • Research assistants	• Recording • Transcripts • Notes (including verbatim quotes) • Pictures
Social / community mapping *(1 per site)*	• To identify community resources and infrastructure	At very beginning	Large group – up to 20 people; diverse; male/ female; beneficiaries/non-beneficiaries	Facilitator Note-taker Local coordinator	Community-drawn map Notes on discussion Recording and transcripts Photographs (process and product)

Vulnerability mapping *(1 per site)*	• To identify types of vulnerability • Identification and ranking of main vulnerabilities experienced by different categories (most vulnerable, middle, and least vulnerable) • Proportions of households in each group	Following directly community mapping	Same group	Facilitator Note-taker Local coordinator (to draw diagram)	Vulnerability matrix Notes on discussion Recording and transcripts Photographs (process and product)
Identification of coping strategies *(1 per site)*	• To understand key coping strategies of the three levels/groups of vulnerability	Following on	Same group	Facilitator Note-taker Photos (process and product) Local coordinator	Coping strategy matrix Notes on discussion Recording and transcripts Photographs (process and product)
Institutional mapping *(1 per site)*	• To understand the importance of different institutions/individuals (formal and informal) • To identify the types of support offered by each • To identify the degree of access to those institutions	Later in the afternoon	Older people (beneficiaries and non-beneficiaries)	Facilitator Note-taker Photos (process and product) Local coordinator	Institutional map and matrix Notes on discussion Recording and transcripts Photographs (process and product)
Historical timeline / trend *(1 per site)*	• To identify changes in the community over time and the effects of the CT programme on community dynamics	Whenever possible Could also link to the above tools if people have the time, are willing to speak, etc.	Same group	Facilitator Note-taker Photos (process and product) Local coordinator	• Timeline • Notes of discussions (including verbatim quotes) • Photos (of process and product)
Focus group discussions (FGDs) *(6 per site)*	To explore key vulnerabilities and coping strategies as well as perceptions and experiences of the cash transfer programme (focus on beneficiaries, but one group of non-beneficiaries, if available)	Day 2	**Older people (beneficiaries):** • 1 older man • 1 older woman • 1 household members (mixed) (adult children) • 1 OVCs in household aged 15+ (mixed groups) Non-beneficiaries • 1 mixed older men/women	• Facilitator • Note-taker • Local coordinator	• List of individuals interviewed (place conducted) and profiles • Recordings • Transcripts • Photos • Key observations
In-depth interviews (IDIs) *(10 per site)*	To explore key vulnerabilities and coping strategies as well as perceptions	Day 2 (after the FGDs)	**Older people (beneficiaries)** •Widow/widower (2)	• Facilitator • Note-taker	• List of individuals interviewed (place

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	and experiences of the cash transfer programme		•M/F head of household (2) •Man/woman living with adult children (2) •Woman caring for OVC (1) •Male/female very old (2) •Male/female with disability and/or HIV (2) **Others (if groups above overlap and allow time)** • Older person non-beneficiary • Household member of beneficiary	• Local coordinator	conducted) and profiles • Recordings • Transcripts • Photos • Key observations
Life histories (*4-8 per site*)	To explore in depth individuals' experiences of risks and vulnerabilities over the life-cycle, linked with more recent experience of cash transfer	Throughout, not at very beginning, after the participatory tools and focus groups and IDIs.	Individuals ideally identified through focus group discussions or individual interviews	Facilitator Note: if selected from IDI, no need to ask questions about CT	• Recording • Transcripts • Life history matrix and diagram
Case studies (*2 per site*)	To understand individual experiences within the wider household and community context as well as any changes over time, including from the cash transfer	Identify quite early on (from IDI, or life history)	•One male/one female (need to triangulate information from a variety of sources, including service providers and household members)	Local coordinator and research assistant • Follow-up visit in home for informal discussion and observation • Conversations with other household members, neighbours, others	• Recording • Transcript • Key observations/ quotes • Photos • Case study guidance note
Structured observations (*3 per site*)	To complement information from other tools with observations of lived realities (a focus on physical living conditions and social relations/interactions)	At opportune moments A focus on: • payment • health centre • home (household relations) and neighbourhood • field/garden • trading centres/association	Older people programme beneficiaries	Research assistants and local coordinator	• Number and profile of person(s) observed • Place(s) observed • Write-up of key observations • Photos
Informal conversations and observations (**numerous**)	To enrich information from more formal tools	Throughout the research process	Everyone	All research staff	• Number/type of observations/conversation n; written up in daily field

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					notes, with key issues and any verbatim quotes

Notes:

- Daily reporting format completed and shared with CPI (to be completed by supervisors, synthesising information notes and observations of each research assistant).
- Reporting templates available for different instruments, daily reporting.

Annex 10: Reporting templates

UGANDA SCG STUDY
TEMPLATE FOR DAILY REPORTING ON FIELDWORK

Instructions:

- **These daily reports are to be compiled every evening after fieldwork – one person to take charge**
- **Every person in the research team to contribute at least two items per category**
- **Note the gender, age of person, location, and category of respondent who provided the information**
- **Send to PI to then send on to ICSL/ODI**

1. **Tools / interviews used today:**

2. **Key findings – surprising, interesting – to start also grouping/clustering together by our key research themes (Try to indicate as well why you find these significant)**

3. **Key areas to probe further / follow-up**

4. **Key challenges / limitations (related to questions, tools, context, etc) (includes any need for clarification as well as how the team may have overcome the challenges)**

5. **Most expressive / interesting/illuminating expressions/quotes**

6. **Keep track/note interesting issues arising out of informal conversations (in a queue, bar, taxi, etc) and observations**

7. **Names of key contacts and additional / follow-up interviews**

Annex 11: Study tools

Note: List of key stakeholders at national level will be developed with the Social Assistance Grants for Empowerment (SAGE) secretariat and a stakeholder analysis conducted. Basic information and documentation on the Senior Citizen Grant (SCG) and SAGE programme as well as other relevant documents will also be obtained from the secretariat).

Themes to cover:

Government (need to differentiate by level/function, etc.) and partners

- **Setting and background: SAGE programme/SCG, and social protection** (including particular details from the SAGE secretariat)
  - o How did the design of this programme come about? What were its origins, who designed it, the extent of government ownership in the process?
  - o What key vulnerabilities do older people facer and how does the programme address these?
  - o How does the programme fit within broader social protection programming in Uganda? With other CT programmes?
  - o Institutional setting
  - o Donor support/key donors and other partners
  - o Do other social programmes exist for older people in Uganda?
    - ▪ Other cash transfer programmes?
    - ▪ Other types of pensions/retirement benefits for older people (including social security, veterans' benefits, etc.?)
    - ▪ Are older persons who are already receiving such benefits eligible for participation in the programme?
  - o What was the rationale for a focus on older people? Are there any differing opinions about this?

- **Effects of programme** (positive/negative) (and what evidence do they base this on – including studies, monitoring system, etc.):
  - o What are the main achievements so far? (And what is the evidence for these?)
    - ▪ How have people's lives changed for the better (older people and their household members), including both economic and social benefits?
    - ▪ Any additional positive changes, including unintended changes/benefits?
  - o Have there been any negative effects of the programme? (And what is the evidence for these?)
    - ▪ On beneficiaries (any problems with stigmatisation?) Any security issues?
    - ▪ On communities/existing social solidarity networks (has it replaced existing solidarity networks, including intergenerational transfers?)
    - ▪ Nationally? (for example jealousy between pilot districts and others)
- **Questions on design and implementation**
  - o Targeting: has the programme has encountered administrative challenges, and errors of inclusion/exclusion? Should there be different forms of targeting?
  - o Amount: is the amount of cash appropriate?
  - o Pay points: are there any technical or administrative challenges?
  - o Coordination: is there sufficient coordination among government agencies involved in the programme?
  - o Complementary services: are there sufficient linkages to complementary services or other support that should be given to beneficiaries?
  - o Conditions: should conditions be attached?
  - o Management information system (MIS) and monitoring and evaluation (M&E): are systems sufficient?
  - o Accountability: whether the programme has suffered from elite capture, and/or whether certain people have received when they shouldn't, and vice versa.

- **Future programming**:
  - o What will happen after the pilot programme?
    - ▪ Is there financial sustainability for the future?
    - ▪ Are senior citizen recipients entitled to the grant for the rest of their lives?
    - ▪ What about older people beyond the pilot districts?
  - o How would you see the programme continuing in the future? What changes would you make, if any?
    - ▪ What could be improved? (probe: targeting, frequency, amount, complementary programmes, building on informal social protection approaches, etc.)
    - ▪ How could the programme become more sensitive to age, disability and gender issues?
    - ▪ What can be done in terms of households who lose the grant on the death of their older beneficiary?
  - o In some countries, people have an ID card that helps them access different types of programmes to which vulnerable people are entitled.

- Which types of programmes do you think they should be entitled to? (e.g. in Ghana, cash transfer programme beneficiaries are supported to get access to subsidised health insurance).
- Do you think this type of system – i.e. with the ID card – would be helpful?
- Could there be difficulties in getting this to work? If so, what could be done?
  - o Do you think members of the community should become more involved in the programme, be given a say in it? If yes, how and why; if no, why not?
    - Views on social audit approaches and feasibility in this context
    - Views on existing means for senior citizens to voice their concerns.

Reporting template for KII notes: national level:

Background information:
- Name, function of key informant:
- Involvement with the programme:
- Gender:
- Location:
- Date:
- Time start: Time end:
- Facilitator(s):
- Note-taker:

ACADEMIC ANALYSTS of social protection programming in-country

Themes to cover:

Context: Social protection, cash transfers and the SCG:

- Is there an adequate safety net (social protection policy) in Uganda? Which vulnerable groups are included/should be included? Which key vulnerabilities are/should be addressed? Does targeting older persons in Uganda make sense?

- There is an ongoing debate about state versus private social sector provision; what's your opinion and experience on this? Could /does private sector provision work in Uganda? Can they adequately reach/target the most vulnerable? Pros and cons ...

- What other social protection programmes exist?
  - o What other CT programmes exist?
  - o Social security provision and retirement – amount and reach?

- Their knowledge of SAGE and SCG – its relative strengths and weaknesses vis-à-vis other social protection instruments in the country.
  - o How does this programme link with other CT programmes/broader SP in-country programming and budgeting?

Main benefits and challenges

- **What are the main benefits?**
  - o How have people's lives changed (economic and social benefits)?
  - o Are there any unintended changes/benefits in existing informal inter-generational solidarity mechanisms (strengthened/weakened)?
  - o Have there been changes in state-citizen relations/social contract/governance/accountability?
  - o Have there been gains in legitimacy to government/evidence that it has made the government more popular? Who gets the credit for the outcomes of the programme?

- **What are the main challenges?**
  - o Should conditions be attached to the grant?
  - o Should targeting occur in a different form?
  - o Are sufficient synergies tapped with informal social protection/safety net approaches (e.g. remittances, church support, etc.)?
  - o Are there sufficient links to complementary services?
  - o Has it created tensions among community members?
  - o Is it sustainable?

- A common challenge can be local elite capture, what form might it take? How can it be avoided, dealt with, etc.?

- Are there any mechanisms to ensure accountability in general/in this programme? What are your views of them? Are they effective? If not, why not, etc.

Future programming:

- How would you see the programme continuing in the future?
- What changes would you suggest, if any?
- What could be improved? (probe: targeting, frequency, amount, complementary programmes, M&E, lesson learning/knowledge-sharing, etc.)
- How could the programme's positive effects be strengthened?
- Are Senior Citizen Grant recipients entitled to life-time support?
- Benefit of universal vs targeted?

Reporting template for KII notes/national level

Background information:
- Name, function of key informant:
- Involvement with the programme:
- Gender:
- Location:
- Date:
- Time start: Time end:
- Facilitator(s):
- Note-taker:

UGANDA SCG STUDY: KEY INFORMANT INTERVIEWS (KII)
(FIELD LEVEL: DISTRICT, SUB-COUNTY AND VILLAGE LEVEL)
Programme implementers, authorities and service providers

Levels of engagement
- **District level:** Courtesy call to CAO and CPLC5; KII with senior CDO; group discussion with SAGE implementation team
- **Sub-county level**: Courtesy call to chairperson/sub-county; KII with sub-county chief; KII with senior assistant administrative secretary (SAAS); CDO/ACDO; parish chiefs (of each parish)
- **Parish/village**: KII with village chairperson; teacher and health worker; religious leader

1. PROGRAMME IMPLEMENTERS/SUPERVISORS (including SAGE and local government personnel)

Themes to cover

- **Roles in the programme**
  o What is your role in the SCG programme? What's your relationship to the programme?

- **Details of the programme**:
  o Institutional arrangements for programme implementation (which ministry/department? Collaboration with other departments)
  o Since when, who is targeted, how was targeting done?
  o How much is given, how often?
  o Who gives/how is it distributed?
  o How does the distribution work at community/village level?
    ▪ probe on targeting of older persons (how done; at what level); and on accessibility issues (mobility, distribution points)
  o Is anything else given (information, link to services, etc.)?
  o Are there conditions linked to the cash?

- **Accountability mechanisms**:
  o Are there processes in place to ensure that everyone receives the same amount/what they are entitled to? If so, what are they, and are they effective?
  o Is there space/occasion for community members to make a complaint? If yes, to whom, when, how often? If not, do you think this could be useful? How could it work?
  o Are there any particular mechanisms/processes through which older people can voice their views? Are there any gender distinctions in these processes?

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- **Benefits of the programme for beneficiaries**:
  - o Has the programme effectively addressed key vulnerabilities of older persons?
  - o Have older people become more empowered/vocal/involved (older women? older people with disabilities?). If so, how? If not, why? (Also, how do you know?)
  - o Has the programme had any unexpected positive effects/benefits? What are they?

- **Benefits of the programme for local government implementers**
  - o How, if at all, has it benefited the professional development/capacity-building of programme implementers at local government level?

- **Challenges of the programme**:
  - o What challenges do you **think recipients face**?
    - ▪ Is the cash sufficient? Do they receive it frequently enough? Do you think recipients would rather receive something else, and if so, what? Do you think conditions (both formal and informal) should be placed on receiving the cash? If so, what conditions, and why?
    - ▪ For older persons, probe also on accessibility issues, whether recipients are able to maintain control
  - o Do you think the programme has led to tensions within households or between households in the wider community; if so, between whom, and why? What can be done to address these tensions?
    - ▪ Probe on any impact/substitution or replacement effect on existing inter-generational transfers/solidarity systems... Probe also on any instances of abuse in families because of cash
  - o Do you think some people have benefited more than others? If yes, who, and why?
  - o Do you think the distribution in this area has been fair?

  - o What **challenges do you face as implementers**:
    - ▪ Targeting and identification of eligible recipients (IDs, birth certificates)
    - ▪ Physical weakness of older people and people with disabilities who cannot come to community meetings and pay points
    - ▪ Lack of qualified staff
    - ▪ Lack of transport to reach remote households
    - ▪ Lack of support from other service providers
    - ▪ Lack of clarity on goals of the programmes
    - ▪ Are you pressurised into registering people who perhaps do not qualify for the grant under the eligibility criteria?

  - o What training have you received in relation to the programme? In working with excluded groups? On gender issues? Was this training tailored to meet practical implementation needs?
  - o Do you carry out any form of M&E? If so, what challenges do you face in relation to that? (e.g. indicators?)
  - o What specific logistical challenges do you face? E.g. communication with beneficiaries and with their superiors, concerning pay points, in reporting back, in updating files/records, etc. In inter-ministerial coordination?
  - o How do you share lessons from this programme? What are the challenges in terms of lesson learning?

- **Future programming**:
  - o Is this a permanent programme? Do you think it will continue beyond the pilot phase?
  - o How would you see the programme continuing in the future?
  - o What changes would you suggest, if any?
  - o What could be improved? (probe: targeting, frequency, amount, complementary programmes, etc.)
  - o How could the programme become more child, age, disability and gender-sensitive?
  - o If a beneficiary changes residence, could they continue in the programme in their new location? If no, what could be done to keep them in the programme?
  - o If an older person who is a beneficiary dies, what happens to the support grant? Does the household continue to receive support? If not, what do you suggest could be done?
  - o Do you think members of the community should become more involved in the programme, be given a say in it? If yes, how, and why? If no, why not?
    - ▪ Probe: do you think older people generally give voice to common community concerns or to their own individual and/or household concerns?

2. COMMUNITY LEADERS: VILLAGE CHIEF/LOCAL COUNCIL CHAIRPERSONS

Themes to cover

- What is your role in the SCG programme/What's your relationship to the programme?
  - o Are you involved in identifying beneficiaries? If, so how?
    - ▪ What are the main issues, problems, challenges in identifying beneficiaries? (probe validity of identify, what happens for newly vulnerable)
    - ▪ How do beneficiaries get identified, registered?
    - ▪ Are the numbers of potential beneficiaries restricted? How do you then select among the eligible?

- ▪ Do you think that the criteria for eligible vulnerable groups set by the programme coincide with the most vulnerable groups in your locality?
  - ▪ For the SCG: probe particularly on how age is determined. Does everyone have an identity card with correct age? Are there any difficulties in maintaining a cut-off (between 64 and 65, for example)? Do you think everyone over 65 – regardless of whether they are, for example, well-off or already receiving a pension – should be eligible for this transfer?
  - ▪ What is the political context of the cash transfer programme – any relation to national political leaders?
  - ▪ Probe for perceptions of universal vs targeted schemes...
  - o Are you involved in programme implementation, monitoring?
    - ▪ What are the main issues, problems, challenges in programme implementation, monitoring?
  - o In your position, with whom do you work on programme implementation? How?

- How do beneficiaries access the cash? Are there issues/concerns? (risks of cash being stolen, connectivity at pay points, etc.)
  - o Probe particularly on issues of physical access, mobility, distance to pay point; also questions of whether recipients can easily appoint a representative to receive the money instead of them.
- How do community members perceive the CT?
  - o What do you think their expectations are? How will they benefit from it?
  - o Probe particularly on how household members perceive the grant
- Are there awareness-raising activities linked to this programme (e.g. when transfer occurs is there a community meeting? If so, what does it entail?) (Encouragement to save? How are investment decisions encouraged?)
- Effects of the cash transfer:
  - o How has the programme affected the community as a whole (positive, negative)? How has it changed over time (lasting change or more transient change only)?
  - o Probe for any effect (negative/positive) on existing inter-generational transfers (for example, from married children), negative survival strategies (such as begging), etc.
  - o Have older people become more empowered/vocal/involved (older women, older men, and older people with disabilities):
    - ▪ Are these people more able to speak to people in authority, to demand their entitlements, rights, etc.?
    - ▪ Have the roles/responsibilities/value placed on older people changed through this programme?
  - o Has the programme had any unexpected impacts or effects, either positive or negative? (For example, healing divided communities/reinforcing social divisions; any consequences for existing intergenerational transfers or informal care and support practices?)
  - o How do you see this programme compared to other programmes/sources of support (church, remittances, NGOs, formal pensions, etc.)? How important is it compared to these others (amount, type of support (psychosocial support), consistency, regularity, etc.)? How do other people see it?

- Eligibility
  - o Is it fairly targeted? Do you think some people have benefited more than others? If yes, who, and why?
  - o Does it reach the most vulnerable groups?
    - ▪ Probe for particular vulnerable groups of older people, people with disabilities, OVCs in households headed by older people, extremely old people; widows/widowers, etc.
    - ▪ Probe: does the age cut-off make sense? How is it determined?
  - o Are there some people who are not receiving the SCG but should be (i.e., they are eligible)? Are there some people who receive it but are not eligible ?
    - ▪ Have you actively intervened to influence the selection process? If so, how? Why?
    - ▪ Have you ever had to intervene to actively remove people from the programme? How? Why? Impact of this?
    - ▪ How could the programme guidelines be adapted to your community needs/dynamics?

- Challenges
  - o What are the main obstacles to the programme working well? (Understanding of the scheme, unavailability of cash, not regular, capacity and attitudes of staff, etc.)
  - o Do you think recipients would prefer to receive something else? If so, what?
  - o Do you think conditions should be placed on receiving the cash? If so, why, and what conditions?
  - o Has the programme created any tensions (between beneficiaries and non-beneficiaries, or within the household between men and women, parents and children, siblings, older and younger people)?
  - o Has the programme led to tensions in the wider community? If so, between who, and why? What can be done to address these?
  - o Have there been cases where older people beneficiary has died and the household has lost the benefit? If so, what do you think about this, and what would you suggest to do about it?
  - o What do you feel are challenges from the perspective of programme implementers, including capacity constraints (both in terms of substance e.g. limited gender or child-sensitive awareness) time, budget?
  - o Do you think these challenges are specific to this location or are these cross-cutting concerns, affecting other areas of the country? How can they be overcome?

- Future directions:
  - o If the programme were discontinued, what effects would this have on ex-beneficiaries lives/livelihoods?
    - ▪ Probe for effects on the well-being of older people, existing social solidarity mechanisms, community dynamics
  - o How would you see the programme continuing in the future?
    - ▪ What changes would you like to see, if any?

- What could be improved? (probe: targeting, frequency, amount, complementary programmes, links to information, evaluations/lesson learning, etc.)
- How could the programme become more child, age, disability and gender-sensitive?
  - o Could older people become more involved in the programme, be given a say in it (e.g. suggestion/complaint line via text/mobile phones)? If so, how? Would this be helpful in your view? Why/why not?
    - Specifically: how could the views of older people be better represented and taken into account?
  - o In some countries, people have an ID card that helps them access different types of programmes to which vulnerable people are entitled.
    - Do you think this type of system – i.e. with the ID card – would be helpful? If so, which types of programmes do you think they should be entitled to?
    - Could there be difficulties in getting this to work? (e.g. doing paperwork and negotiating redtape to establish documentation, paying for brokers if illiterate, issue of fake ID cards, sharing of ID cards, need for birth registration, travelling to government offices to register, etc.)
    - If you think there could be difficulties, what could be done?
    - In the senior citizen programme: do all recipients have an identity card that accurately records age?
  - o What would you advise the head of the district/implementers, policy-makers, MPs, donors, etc. (people in authority but linked to the CT programme) on how this programme could be improved?

4. OTHER COMMUNITY LEADERS AND SERVICE PROVIDERS: TEACHER/HEALTH WORKER /RELIGIOUS LEADER

- Background information
  - o What is your role and function in the community?
  - o How long have you been there?
  - o Do you face any particular challenges in this community? If so, can you explain?
- What do you know about the SCG programme?
  - o Probe for details on the programme – what it is/how it works/who it targets/when it began in the community/which government agency is responsible for it/how long it will run...
  - o Are you involved in programme implementation in any way?
- What do you think about the programme?
  - o Do you think it is important to have a cash transfer programme for older people? Why or why not?
  - o Do you think it is addressing key vulnerabilities of senior citizens and their households?
    - Health needs; education of children in their care; other needs?
  - o Do you think the programme is fairly targeted?
  - o Have there been any difficulties that you have observed in implementation of the programme?
  - o How do you see it in relation to other programmes or sources of support (informal support, church, inter-generational support)?
- Do you see any positive or negative effects of the programme on the community or particular members of the community?
  - o Education: are children in beneficiary households attending school more? Examples?
  - o Health and nutrition: do you see any increased uptake of health services by older people or their household members? Do you find any changes in nutritional status of children within households headed by older people?
  - o Social and community dynamics: has the programme strengthened or weakened social networks, solidarity systems, associations and the like? Can you explain?
- Economic: do you see any positive effects?
- Do you have any suggestions for the future?
  - o What would you suggest should be changed in the programme (targeting, content, other)?
  - o Do you see a need for any complementary support for older people and their households? If so, what?

Reporting template for KII notes

Background information:
- Name and function of key informant:
- Involvement with the programme:
- Age, gender:
- Location:
- Date:
- Time start: Time end:
- Facilitator(s):
- Note-taker:

UGANDA SCG STUDY: IN-DEPTH INTERVIEWS (IDI)
Programme beneficiaries – older people

Notes on methodology:
- These are key questions to guide the **semi-structured interviews** to be conducted with older people beneficiaries of the Senior Citizen Grant (SCG).

- The aim is **to explore the key vulnerabilities and coping strategies** of older people in their communities as well as their **perceptions and experiences of the cash transfer programme**.
- While some structure in the order and sequencing of questions is desirable, this should **NOT be rigid.**
- Respondents should be encouraged to elaborate or add additional issues along the way. Probes to encourage elaboration should seek information on *why, what, where, how, when, who, how often ...* Probing sentences include: Tell me more about it... What do you mean by that? Can you explain more? Give me examples... How is that/how/what do you mean...?
- It should be kept in mind that tThe particular questions to ask/probe will **depend on the particular profile of your respondent.** If you are interviewing a widow, for example, you do not ask questions about her relations with her husband – unless you focus on the past. If your respondent is caring for a number of grandchildren, you probe particularly on issues of caring for them. Interviews with men and women will be a bit different, etc.
- This process ideally requires two researchers: **one facilitator asking the questions; one note-taker**. It is, however, possible for one person to conduct the interview and take notes.
- Interviews should be **conducted in the local language**, unless English is understood.

*Getting started***:**
- Facilitators should ensure that the participant is comfortably seated in an appropriate setting (in the shade, not too crowded, water available, no background noises or interruptions, etc.)
- The participant should be thanked for coming and facilitators should introduce themselves and explain – in simple terms – the purpose of the research, stressing the importance of getting individual views and feedback on the programme and how much this is valued.
- Facilitators should explain that they will be taking notes and recording the interview, as well as taking pictures, and should gain consent from the participant to do so (using informed consent checklist). Consent can be oral. Facilitator should explain that care will be taken to preserve anonymity (unless participants want names used).

Recording, note-taking and transcriptions:
- After obtaining consent, **all interviews should be recorded**, with the date, place, and identification of facilitator and interviewee recorded first.
- Basic demographic information should also be written down (**gender, age, marital status (married, widow/widower, etc.) ethnicity, religion, type of respondent, community name, date).**
- **Complete** and legible notes should be taken in English of all responses. It is **VERY important** to report on what was said **in the participant's own words**. Specific verbatim quotes, phrases, expressions, etc. should be noted down along the way.These can be noted in **local language** and translated later; key local phrases are important.
- Notes should include **start and end time of interview**, as well as a record of any difficulties encountered.
- Any **pictures taken** should be carefully labelled and dated.
- Key highlights of the interviews should be noted in the **daily reporting format.**
- Recordings should be **transcribed** into English during and after fieldwork.

Other considerations:
- At the end of the interview, respondents should be **thanked again** for their time and the information they provided and allowed to ask questions and offer any further suggestions or ideas.
- **Refreshments** should be available and at the end of the interview any transport costs compensated (these should be organised beforehand with the local coordinator).
- Particularly interesting or articulate respondents may be identified by the facilitators for potential follow-up **life histories and/or case studies**. If the respondent accepts, arrangements should be made with the local coordinator for follow-up sessions, potentially in the respondent's home.

SOCIOECONOMIC BACKGROUND, VULNERABILITIES AND COPING STRATEGIES

1. Family status and living arrangements
- What is your main family responsibility? (mother/grandmother, worker, carer, etc.). Are you married, divorced, widowed? Since when?
- Who do you live with and who is the head of the household (age, gender and relationship to respondent). How many children/grandchildren do you have (living with you or elsewhere)? Number of other dependants (e.g. older family members, members living with a disability or illness).
- Who is the primary caregiver in your household?
- How many years of schooling have you had? Have you had other forms of education (self-trained, adult learning, etc.)?
- *For older persons, probe particularly for their current roles/responsibilities in the household, vis-à-vis themselves, other members, and how this may have changed over time.*

2. Household and individual livelihood and coping strategies
- What is your (your household's) main source of livelihood?
  - o Do you make money, and if so, how?
  - o What does the household head do for a living (if different from yourself)?
  - o What do other household members do?
  - o Do family members living outside of your household contribute to household welfare? Who? How?

- What is the division of labour in the household? Who does what activities? And why? Time taken to do activities and any difficulties encountered.
- Who brings in assets in your household? Any differences by age/gender?
- What key difficulties/challenges do you face in making a living?
- When in difficulty, what do you do? What are your coping strategies? How effective are these/each coping strategy (*after each coping strategy ask how effective is it...)?*
- What kinds of existing, family support do you receive (inter-generational transfers – for example, support from adult children)?
- What forms of support have you received over time, from government, religious institutions, family, NGOs, etc.?
  - o Which have been the most important and why?
  - o How does this form of support compare to this programme?
- What does being poor/vulnerable mean to you? Probe for various meanings and ways in which individuals experience vulnerability.

3. *Social networks (highlight differences between men/women, older/younger, etc.)*

- If you are in (economic) trouble, need financial support, what do you do? Who do you turn to (state/local leaders, family, church), where do you go? What support do you receive (economic, in-kind)?
- If you are feeling sad, unwell, abandoned, badly treated, discriminated, etc. what do you do? Who do you turn to? Who takes care of you? Spouse, children, state, no one...
- Do you give support to others? Who, for what? Has this changed over time? *(If appropriate, researcher can use sentence completion exercise here: 'I used to be_____; but now I am_____')*
- Do others support you? Who takes on caring responsibilities? Who does what and what is the nature of caring?
- Have your social relationships/networks changed over time (also because of the cash transfer programme)? Have they become stronger/weaker? How, why, since when?
  - o For older persons, probe on adult children; gender differences
- Are you a member of a group (formal and informal, e.g. kin or clan groups, neighbourhood groups, merry go round, church groups, etc.)?
  - o If not, why not?
  - o If yes, since when? What do you do/what are the objectives of the group? How many members are there? How do you become a member? How often do you meet? What benefits do you get from belonging to the group?
  - o For older persons: if no longer a member of the group, were you in the past? Are there any groups that you know of (in your community, in other communities) specifically for older people (for example, councils of elders, etc.)?
- Are you aware of any rights you have as senior citizen? What are these? Are they different from others in your household? Who can help you access them? (*See if they mention spontaneously the Constitution, Equal Opportunities Act or Disability Act, but do not prompt/ask leading questions*)

4. *Intra-household dynamics/tensions*
- Who makes the decisions and owns/controls resources (cash, land, animals, buildings, family members' labour, family members' time, etc.) in your household? Why is this the case? Has it always been like this or has it changed over time?
- Who makes decisions in the household over other types of issues (e.g. care of children, older members, members who are sick or have a disability, use of other people's labour, consumption, sale of assets)? Has it always been like this, or has it changed over time?
- Do you have disagreements within the household/family? If so, over what? When you face disagreements with other family members, how do you deal with these? What happens? Has this changed? If so why, since when, etc.
  - o If your household is in trouble/faces a problem, what do you do?
- How are you treated within your household and in the community?
- Are you consulted on household/family issues and decision-making? Are your views taken into account? Why or why not?

PARTICIPATION IN THE SENIOR CITIZEN GRANT (SCG) PROGRAMME

5. Perceptions of programme and membership/targeting

- Since when have you been a member of the programme/receiving a cash transfer? How long have you been a member of the CT programme? (duration)
- Where do you think this cash comes from?
  - o Do you think it is a gift, charity, right/entitlement, compensation, any other? (*trying to get at issues of rights/entitlements, state-citizen issues)*
- What does the programme consist of/what does the programme do for you?
- When you were enrolled, what did you expect from the programme? Has this been your experience in reality?
- What do you know about the programme goals? How did you find out about this?
  - o Have you had any training/ information or education about the programme? If so, who provided this? In what format?
  - o What other forms of sharing information would you like to see?
- Does the programme have any forum/occasions when you can meet and discuss social issues such as discrimination, rights to better treatment from others, changing social attitudes/norms?
  - o If so, for women: do you feel able to participate fully in these occasions? Are you encouraged/assisted/supported (childcare, transport, etc.) to participate fully in these occasions?

- o If not, do you think that would be useful? On what types of issues?
- How were you selected/identified for the programme? Who selected you?
  - o What process was involved? What did they do to select people?
  - o How did you demonstrate your age eligibility?
  - o What did you think of that process, was it fair/unfair? Why? (Probe for: what do you like about the selection process and eligibility criteria, what don't you like about the selection process?)
  - o Any problems experienced in qualifying (i.e. lack of proof of birthdates or ID card)? If so, how did you overcome these?
- Are you the only one in your household currently receiving the cash transfer? If no, who else, since when? If yes, has anyone ever received? If yes, who, when stopped receiving, why? (*Note: this is very important to see if there is more than one beneficiary of the cash transfer in the household*).
- Do you think the right people receive the cash transfer? If no, why?
  - o Do you think there are some people who should have received the grant but didn't? If so, which people and why?

6. Access/distribution/scope

- Who collects the cash in your household? You or someone else? If someone else, why that person?
- Where do you go to get the cash? Who gives it to you (chief, donors, carer, post office...)?
  - o Is it the same person/place every time?
  - o Do you go alone or does someone accompany you? If yes, who? Every time, etc.?
  - o What happens if you can't go yourself? What arrangements do you make to collect the money?
  - o Are there any problems in accessing the place where you have to go? (Transport arrangements; cost of travel to get to pay point; physical difficulties/restricted mobility; waiting time;inconsistent network connectivity in service points; security concerns...)
  - o Are there any other access constraints or challenges (loss of labour time, stigma...)
- Are you able to access the money as needed once it's been received? If so, how? If not, why not?
- How much do you receive?
  - o Has it always been the same amount? If it changed, when, why?
  - o What do you think of the amount of cash, is it adequate (for food needs, health and other needs, etc.)? If not, why not?
  - o Do you think cash is the best/most appropriate form of support to give?
  - o Do you think other items could be given, e.g. food, etc.?
- How often do you receive the cash?
  - o Are the payments regular and predictable?
  - o How do you know when it is pay day?
  - o Is the frequency of receiving it sufficient, should it be more/less frequent (same amount given but across different periods)?
  - o When was the last time you received the cash?
- In addition to the cash, does the programme help you receive anything else?
  - o Probe for: other types of services/ programmes linked to the cash transfer programme
- Are there any conditions (formal or informal) attached to you receiving the cash? (Do you have to do certain things to receive the cash, e.g. attend an awareness-raising session, send your children to school, etc.). If so, what? If no, do you think there should be?

7. Use

- Who keeps the cash that is collected? Has it always been like this? If it has changed, when, why, etc...
- What do you think the cash should be used for? Are you given instructions on how the cash should be used? If yes, who gives you this information?
- What is the cash used for? (Probe: health, savings, investment in livestock/ agriculture, education of children/grandchildren…)
  - o Is it used for the family/household or for the person targeted by the programme? Why?
  - o Who decides what to use the cash for?
  - o Last time you received it, what did you do with it?
  - o Can you/do you save or invest any part of the money? Are there arrangements to help you to do this?
  - o Is any of the cash used for things that are of particular benefit to your children/grandchildren? If so, what (school fees, books, uniforms, shoes, nutritious food)? If so, how are these decided upon?
  - o Do you think the money is used in the best way possible? If not, how could it be improved?
  - o What types of changes would facilitate improvements/allow you to better use the money?
- What proportion of **your total income** does the cash transfer represent?
  - o Probe for estimates – 1%? 50%? 100%
  - o How does this compare to other sources of income?
- What proportion of **your total expenditure** does the cash transfer support?
  - o *Try to develop a simple pie chart – go through different expenditures*
  - o If it is not possible to develop a pie chart, probe for estimates – 1%? 50%? 100%
  - o What would happen/what would you do without if you did not have it?

8. Effects

- How was your life before you received the cash transfer? (probe: economic, social, inclusion/exclusion aspects).
- Has the cash transfer changed your life significantly? If so, how?
- Are there any **positive** effects of the cash transfer?
  - o **On you as an individual**: Probe: has it improved your health/nutrition? Your feelings about yourself? Your ability to engage in activities (and which ones)? Your relationship with your spouse? Your relationship with other household members (adult children/grandchildren)? Your status in the community(noting age, ability, gender differences)?
  - o **On your family/household members**: Probe: has it improved living conditions or opportunities for your children/grandchildren? Housing and living conditions? Food security? Healthcare? Uptake of education? Reduced stigma (noting differences in male vs female-headed households, extended family households, polygamous households, etc.)?
  - o **On the community as a whole:** probe: any new market or economic activities in the village? More/stronger community associations or networks? Closer links to authorities?
- Are there any **negative** effects of the cash transfer programme?
  - o Has this programme created tensions/violence:
    - inter-generational within the household/family (between you and your adult children, for example)
    - between men and women (for example, between you and your spouse)
    - other problems within the family (including between those who have received the cash and those who have not)
    - between families or neighbours (including between those who have received the cash and those who have not).
  - o If so, how have these tensions been manifested/how can you see these tensions?
  - o What could be done to reduce these tensions?
  - o Has the cash transfer in any way affected the social support you get from your adult children, relatives and neighbours? Probe for: how has the cash transfer programme affected support from the informal social support networks in this community?
- If the programme were discontinued, what effects would it have on your life (e.g. no longer able to invest, to send children to school, etc.)?
- Are there other people like you but who aren't on the programme? How have things changed for your household compared to them over time (e.g. building assets, savings, consumption patterns)?

9. Accountability

- Overall, are you satisfied with the programme and the way it is working in your community?
  - o This programme is supposed to reach older people. Do you think this is happening in reality? If so, what would work better?
  - o Do you think that the cash is going to the right people or the wrong people? Is this a problem in this community? What would work better?
  - o Do you know of any beneficiary who is not being treated respectfully by programme staff? Is this a concern in your community? What would work better?
  - o How would you rate the performance of programme staff (good, average, less than average... probe.. what's good, bad, average, etc.)?
- Do you think /know of processes in place to ensure that everyone receives the same amount/what they are entitled to?
- Is there space/occasion for you to talk to the programme staff about how the programme is managed and delivered?
  - o Supposing you were not selected onto the programme, is there anything you could do to complain?
  - o Supposing you were treated unfairly, what would you do?
  - o Do you (as a woman, disabled person, older person, person living with HIV)feel able to complain? What processes/mechanisms exist to voice concerns (at community/national level)?
  - o If there is a complaints system, do you think it could be improved? What type of mechanism would you prefer? Talking to an elected representative? Speaking to village head? Speaking to clinic staff? Speaking to a programme implementer? Voicing concerns on local radio? Via text or mobile phone (an anonymous method)? Or do you prefer not to have a complaints system?
- Have you ever voiced a concern/made a complaint? If yes, to whom, about what? If not, why not?
  - o What happened after you voiced your concern/made a complaint?
    - Do you know of any changes to the programme as a result of your complaint?
    - Were you concerned about being victimised/punished as a result of voicing your concern? Were you victimised/punished? How? Etc...
    - Probe for: what aspects of complaint-handling do you like and those aspects you are not happy with; what changes would you like to see in the complaints-handling mechanisms?
- What kind of beneficiary representation is there on the SCG programme planning and implementation?
  - o What aspects of beneficiary representation do you like? What aspects don't you like? What changes would you like to see in the way beneficiaries are represented in the cash transfer programme?
- Are you aware of any evaluation processes? Have you been involved in any evaluations? If so, have evaluation findings been shared with you?
- Do you think that programme staff are sufficiently aware of the vulnerabilities/difficulties faced by older persons in your community (including particularly vulnerable groups such as people with disabilities, widows, etc.)? Are they aware of the services available to address these? Are they aware of the support needed to address these?

10. Future directions

- How would you see the programme continuing in the future?
    - o What changes would you make, if any?
    - o What could be improved? (probe: targeting, frequency, amount, links to information, evaluations/ lesson learning...)
    - o What kinds of complementary programmes or services would you like to see the programme linked to (such as access to vocational training, literacy, psychosocial support, health services, transport, legal aid, agricultural training, livelihoods, income generation, microfinance/credit)?
- How would you like to be more involved in the programme, be given a say in it? If so, how (e.g. representation on committees; suggestion/complaint line via SMS text messages/mobile phones, etc.)?
- How would you improve the programme to meet the needs of older people?

Final probe: Any other questions, comments, thoughts, ideas or suggestions?

Participants should be thanked for their time

Reporting template for notes

Background information:
- Participant name (can later be shortened and/or fictionalised in the write-up):
- Age, gender; marital status:
- Village of residence:

- Location of interview:
- Time start: Time end:
- Facilitator(s):
- Note-taker:

UGANDA SCG STUDY: IN-DEPTH INTERVIEWS (IDI)
Non-beneficiaries – older people

Notes on methodology:
- These are key questions to guide the semi-structured interviews to be conducted with any eligible older people 65+ found for some reason to be NON-beneficiaries of the Senior Citizen Grant (SCG).[27]
- The aim is to explore the key vulnerabilities and coping strategies of these older people in their communities as well as any knowledge and perceptions they might have of the cash transfer programme.
- While some structure in the order and sequencing of questions is desirable, this should NOT be rigid.
- Respondents should be encouraged to elaborate or add additional issues along the way. Probes to encourage elaboration should seek information on why, what, where, how, when, who, how often ... Probing sentences include: Tell me more about it... What do you mean by that? Can you explain more? Give me examples... How is that/how/what do you mean...?
- This process ideally requires two researchers: one facilitator asking the questions and one note-taker. It is, however, possible for one person to conduct the interview and take notes.
- Interviews should be conducted in the local language, unless English is understood.

Getting started:
- Facilitators should ensure that the participant is comfortably seated in an appropriate setting (in the shade, not too crowded, water available, no background noises or interruptions, etc.).
- The participant should be thanked for coming and facilitators should introduce themselves and explain – in simple terms – the purpose of the research, stressing the importance of getting individual views and feedback on the programme and how much this is valued.
- Facilitators should explain that they will be taking notes and recording the interview, as well as taking pictures, and should gain consent from the participant to do so (using informed consent checklist). Consent can be oral. Facilitator should explain that care will be taken to preserve anonymity (unless participants want their names used).

Recording, note-taking and transcriptions:
- After obtaining consent, all interviews should be recorded, with the date, place, and identification of facilitator and interviewee recorded first.
- Basic demographic information should also be written down (gender, age, marital status (married, widow/widower, etc.) ethnicity, religion, type of respondent, community name, date).
- Complete and legible notes should be taken of all responses. It is VERY important to report on what was said in the participant's own words. Specific verbatim quotes, phrases, expressions, etc. should be noted down along the way.

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[27] Note: It will be very important to identify/specify the situation of the respondent to understand why he/she is not a programme beneficiary. Is it a question of age? Does/did the person live outside the area covered by the programme? Etc.

- Notes should include start and end time of interview, as well as a record of any difficulties encountered.
- Any pictures taken should be carefully labelled and dated.
- Key highlights of the interviews should be noted in the daily reporting format.
- Recordings should be transcribed into English after fieldwork.

Other considerations:
- At the end of the interview, thank the respondent again for his/her time and the information provided, and allowed them to ask questions and offer any further suggestions or ideas.
- Refreshments should be available and at the end of the interview any transport costs compensated (these should be organised beforehand with the local coordinator).

SOCIOECONOMIC BACKGROUND, VULNERABILITIES AND COPING STRATEGIES

1. *Family status and living arrangements*
- What is your main family responsibility (mother/father, grandmother/grandfather, worker, carer, etc.)? Are you married, divorced, widowed? Since when? Who do you live with and who is the head of the household (age, gender and relationship to respondent)? How many children/grandchildren do you have (living with you or elsewhere)? Number of other dependants (e.g. older family members, members living with a disability or illness)? Who is the primary care-giver in your household?
- How many years of schooling have you had? Have you had other forms of education (self-trained, adult learning, etc.)?
- For older persons, probe particularly for their current roles/responsibilities in the household, vis-à-vis themselves, other members, and how this may have changed over time.

2. *Household and individual livelihood and coping strategies*
- What is your (your household's) main source of livelihood?
  - Do you make money, and if so, how?
  - What does the household head do for a living (if different from yourself)?
  - What do other household members do?
  - Do household members living outside of your household contribute to household welfare? How?
- What is the division of labour and economic assets in the household/ who does what activities? And why? Who owns what? Time taken to do activities and any difficulties encountered.
- What difficulties or challenges, etc. do you face?
- When in difficulty what do you do? What are your coping strategies? How effective are these/each coping strategy (after each coping strategy ask how effective it is)?
- What kinds of family support do you receive (inter-generational transfers – for example, support from adult children)?
- What forms of support have you received over time, from government, religious institutions, family, NGOs, etc.? Which have been the most important and why?
- What does being poor/vulnerable mean to you? Probe for various meanings and ways in which the individual experiences vulnerability.

3. *Social networks (highlight differences between older men and women)*

- If you are in (economic) trouble, need financial support, what do you do? Who do you turn to (state, family, church)? (Spider diagram?) Where do you go? What support do you receive (economic, in-kind)?
- If you are feeling sad, unwell, abandoned, badly treated, discriminated, etc. what do you do? Who do you turn to? Who takes care of you? (Spouse, children, state, no one...)
- Do you give support to others? Who, for what? Has this changed over time?
- Do others support you? Who takes on caring responsibilities – who does what and what is the nature of caring?
- Have your social relationships/networks changed over time (also because of the cash transfer programme)? Have they become stronger / weaker? How, why, since when?
  - For older persons, probe on adult children; gender differences
- Are you a member of a group (formal or informal, e.g. kin or clan groups, neighbourhood groups, merry go round, church groups, etc.)?
  - If not, why not?
  - If yes, since when? What do you do/what are the objectives of the group? How many members are there? How do you become a member? How often do you meet? What benefits do you get from belonging to the group?
  - For older persons: if no longer a member of the group, were you in the past? Are there any groups that you know of (in your community, in other communities) specifically for older people?

4. *Intra-household dynamics/tensions*

- Who makes the decisions and controls resources (cash, land, animals, buildings, family members' labour, family members' time, etc.) in your household? Why is this the case? Has it always been like this? Who makes decisions in the household over what types of issues (care of children, older members, members who are sick or have a disability, use of other people's labour, consumption, sale of assets)?
  - For older people: probe on views of changes over time

- Do you have disagreements within the household/family? If so, over what? When you face disagreements with other family members, how do you resolve them? What happens? Has this changed? If so why, since when, etc.?
- If the household faces a problem, what do you do? What processes are involved for resolving the problem?
- How are you treated within your household and in the community?
- Are you aware of the rights you have as a senior citizen? What are these? Are they different from others in your household? Who can help you access them? (Each country research team to find out what the national laws are regarding anti-discrimination and equal opportunities.)
- Are you consulted on household issues and decision-making? Are your views taken into account?

PERCEPTIONS OF THE SCG PROGRAMME

5. Knowledge of programme and membership/targeting

- What do you know about the SCG cash transfer programme?
  - How long has it been running?
  - What is its focus? What do you know about the programme goals?
  - Who is selected/targeted? How are they selected? What process was involved?
  - What do they receive? How often? From whom?
  - Has someone in your household ever received the grant? If yes, who, when, and why did they stop receiving it?
  - Have any of your neighbours, or people you know received the grant?
  - If yes, did it help them? If so, how?
- Do you think the right people receive the grant? If not, why?
  - Do you think there are some people who should have received the grant but didn't? If so, which people and why? (fair/unfair)
- Do you know if there are conditions attached to receiving the grant (do you have to do certain things to receive the cash)?
  - If so, what? (support household; care for grandchildren/orphans, etc.)
  - If not, do you think there should be conditions attached to receiving it?

Effects

- What are the **positive** effects of the cash transfer:
  - on individuals (probe re. age, ability, gender differences)
  - on families/households – certain members of households, which, why (probe re. male vs female-headed households, extended family households, polygamous households, etc.)
  - on the community as a whole, both in terms of bonding social capital (i.e. links to peers) and bridging social capital (i.e. links to authorities)?
- Have you observed any particular effects, either positive or negative, on beneficiary households that you know?
- What are the **negative** effects of the cash transfer?
  - Has this programme created tensions/problems/issues between people, including between those who have received the cash and those who have not? If so, how have these tensions been manifested/how can you see these tensions?
  - What do you think could be done to ease these tensions?

Accountability
- This programme is supposed to reach older people in the most vulnerable households. Do you think this is happening in reality?
- Some people say the cash is going to the wrong people. What do you think? Is this a problem in this community?
- Have you ever been able to voice your opinion on the programme (about selection criteria, membership, etc.) Describe.

Future programming

- Do you think more older people should be included in the programme? Explain.
- How could the programme be changed to improve the situation of older people in the community?
- If the programme were discontinued, what effects do you think it would have on the lives of people benefiting from it (e.g. no longer able to invest in x or y)?
- How would you see the programme continuing in the future?
  - What changes would you suggest, if any?
  - What could be improved? (probe: targeting, frequency, amount, complementary programmes, links to information, evaluations/ lesson learning, etc.)
- How could older people in the community become more involved in the programme, be given a say in it? (e.g. suggestion/complaint line, via text/mobile phones, etc.)

Reporting template for notes

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Background information:
- Participant name (can be shortened and/or fictionalised later in the write-up):
- Age, gender; marital status:
- Residence:
- Location of interview:
- Time start: Time end:
- Facilitator(s):
- Note-taker:

UGANDA SCG STUDY: FOCUS GROUP DISCUSSIONS (FGD)
Programme beneficiaries – older persons

Notes on methodology:
- These are key questions to guide the **focus group discussions (FGDs)** to be conducted with older people beneficiaries of the Senior Citizen Grant (SCG).
- The aim is **to explore the key vulnerabilities and coping strategies** of older people in their communities as well as their **perceptions and experiences of the cash transfer programme**.
- **Different groups of older people** will be selected for each focus group (men/women/widows/ etc.); facilitators should aim to probe any differences in perceptions or experiences expressed by these groups.
- While some structure in the order and sequencing of questions is desirable, this should **NOT be rigid.**
- Participants should be encouraged **to elaborate** or **add additional issues** along the way as well as to build on what other participants are saying.
- This process requires at least two researchers: **one facilitator asking the questions; one note-taker**.
- Focus group discussions should be **conducted in the local language**, unless English is understood.

*Getting started***:**
- Facilitators should ensure that participants are comfortably seated in an appropriate setting (in the shade, not too crowded, water available, no background noises or interruptions, etc.).
- Participants should be thanked for coming and facilitators should introduce themselves and explain – in simple terms – the purpose of the research, stressing the importance of getting individual views and feedback on the programme and how much this is valued.
- Facilitators should explain that they will be taking notes and recording the interview, as well as taking pictures, and should gain consent from the participants to do so (using informed consent checklist). Consent can be oral. Facilitator should explain that care will be taken to preserve anonymity (unless participants want their names used).

Recording, note-taking and transcriptions:
- After obtaining consent, **all focus group discussions should be recorded**, with the date, place, and identification of facilitator and interviewee recorded first.
- **Basic information** on the groups should also be written down (number, gender, age, type of participants, community name, date, etc.).
- **Complete** and legible notes should be taken (in English) of all responses. It is **VERY important** to report as much as possible on what was said **in the participants' own words**. Specific verbatim quotes, phrases, expressions, etc. should be noted down along the way, including particular expressions in the local language (which can later be translated into English).
- Notes should include **start and end time of the focus group discussion**, as well as a record of any difficulties encountered.
- Any **pictures taken** should be carefully labelled and dated.
- Key highlights of the discussions should be noted in the **daily reporting format.**
- Recordings should be **transcribed** into English after fieldwork.

Other considerations:
- At the end of the focus group discussion, participants should be **thanked again** for their time and the information they provided and allowed to ask questions and offer any further suggestions or ideas.
- **Refreshments** should be available and any transport costs compensated (these should be organised beforehand with the local coordinator).
- Particularly interesting or articulate respondents may be identified by the facilitators for potential follow-up **life histories and/or case studies**. If the respondent accepts, arrangements should be made with the local coordinator for follow-up sessions, potentially in the respondent's home.

Theme 1: Key vulnerabilities and coping strategies

- What are the main livelihoods in this community/what do people do to make a living?
- What are the key economic challenges people face in this community? (probe: food insecurity, unemployment, environmental risks, rising prices, drought)

- What are the key social challenges people face in this community? (probe: social exclusion (from information, from celebratory events, from networks) on the basis of discrimination age, gender, ethnicity, disability, HIV status)
- Has this community experienced any violence or conflict? If so, what were /are the sources? Have these happened recently?
- What challenges are unique to older people (people who are 65 years and older)?
    - Probe for: ageing with dignity; feelings of dependency/powerlessness; health-related issues; differences between older men and women
    - Are there particular challenges for older people with a disability?
- Are there any noticeable changes in challenges faced in this community (over time; according to the season; political context, etc., according to the type of difficulty)
- Probe especially for older people's views on this (in relation to over time; according to the season; political context, etc., according to the type of difficulty)
- What does being poor/vulnerable mean in this community/to you? (look for gender, regional, age differences)
    - Probe for various meanings and ways in which people experience vulnerability
    - Probe for what vulnerability means and how it is experienced in the context of older people?
- What are the key coping mechanisms used in this community? What do people do when in difficulty?
    - Probe (for economic): reduce consumption, take on more work, ask non-working family members to take on more work, selling assets (whose assets? women's vs men's), engage in labour-sharing strategies, debt payments for labour, borrow/go into debt, ask for support from extended family or friends, migrate domestically or internationally, rely on remittances
    - Probe (for social): seek legal aid, seek counselling, seek pastoral care, drink, smoke, engaging in risky behaviours (drugs, risky sex, transactional/commercial sex)
- Are there particular coping mechanisms that affect older people (65 years and above)? (probe: migration, withdrawal of children/OVC from school; making children under their care engage in child work; reduced frequency/variety of meals; other)
    - Probe for differences in coping mechanisms on each of the challenges listed above by older men and women. How do older people cope with the challenges highlighted above?
    - Are there any differences in coping mechanisms between older people of various ages? (probe for differences in coping mechanisms between those aged 65 and 70 years and those above 75 years)
    - Are there particular coping mechanisms employed by older people that you are proud of in your community? (probe for: which coping mechanisms and why?)
    - Probe also for any older men and women's particular contributions to overall household coping strategies and how these might have changed over time
    - What forms of support have people in the community received over time, from government, religious institutions, family, NGOs, etc?
    - Which have been the most important and why?
- If you had more money, what would you spend it on (e.g. health, education, buying land, setting up a small business, etc.)?

Theme 2: Senior Citizen Grant (direct income support)

Perceptions of programme and membership/targeting
- What does the programme consist of/what does the programme do for you?
- Where do you think this cash comes from?
    - The government? Which level? Other?
    - Do you think it is a gift, charity, right/entitlement, compensation, any other?
    - If an entitlement, does this make you feel more like a citizen? If so, in what way? (*trying to get at issues of rights/entitlements, state-citizen issues)*
- What do you/did you expect you will get from being part of the programme? Why?
- What do you know about the programme goals? How did you find out about this?
    - Have you had any training/information or education about the programme? If so, who provided this? In what format? What other forms of sharing information would you like to see?
- Does the programme have any forum/occasions when you can meet and discuss social issues such as discrimination, rights to better treatment from others, changing social attitudes/norms?
    - If not, do you think that would be useful? On what types of issues?
    - As women (*if part of the focus group*) do you feel able to participate fully in these occasions? Are you encouraged/assisted/supported (childcare, transport, etc.) to participate fully in these occasions?
- How are people selected/identified to receive the cash?
    - Describe the process/your experiences of the process
    - Who selected them?
    - What do you think about the selection process? Has it changed over time? (probe for: what do you like about the selection process and eligibility criteria, what don't you like about the selection process?)
    - What has been the effect of this selection process on community relations, dynamics? (probe for positive, negative)
    - Do some people receive the cash transfer who shouldn't receive it/are there some people who should receive it and don't? Why do you think this is?
- As older persons: do you receive any other form of old age support (i.e. pension, informal transfers from family, etc.)?
- How does the community/your family feel about your inclusion in the programme?

Access and distribution:

- How much cash is given? How often? By whom? To whom?
- How or where is it distributed?
- How often is it distributed and what do you think of this?
- How far away is the collection point? Are there safety issues in accessing the cash (especially for women)?
- As older persons: do you have any particular problems in accessing the cash (i.e. mobility problems in getting to the distribution centres; inconsistent network connectivity at service points; finding a trusted representative to go in your stead, etc.)?
- What do you think about the amount of cash given?
- Are the payments regular and predictable?
- Are there conditions (formal or informal) attached to receiving it (*e.g. attend an awareness-raising session, send children to school, send children to hospital, etc.*)? If so, what and how are these enforced? If not, do you think there should be conditions? Which? Why?
- In addition to the cash, is anything else given (information, links to other services, preferential access to other services, etc.)? What do you think of this?
- Do you think cash is the best/most appropriate support to give to vulnerable households and groups? If not, what else could be given (e.g. food, etc.)?

Use (*fill out matrix*)
- What do people use the cash for? Probe for self/other household members (adult children/grandchildren) and different categories of expenditure (food, medicine, housing, transport, clothes, other...).
- Who within the household decides how the cash should be used? Has this changed over time?
- Do you think the cash is used in the best way possible? If not, how could it be used better?
- Are there particular uses of the cash that most concern children (school fees, books, uniforms, shoes, nutritious food)? If so, what and how are these decided upon?
- If you had more money, what would you use it for?

HH description	Use of money?	Who decides on the use?	Has decision-making on money in your household changed since the introduction of the CT programme?	If you had more money, what would you do? What would you use the money for?
e.g. type of household (widow, grandmother care-giver, male-headed households, female-headed household				

Effects
- Are there **positive** effects of the cash transfer? If so, what are they:
  - on **individuals**? (probe re age, ability, gender differences)
  - on **households**? (probe re male vs female-headed households, extended family households, polygamous households, etc.)
  - on the **community** as a whole? Probe for economic changes (new markets?); any new or strengthened social networks/associations/links to peers; any links to authorities?
- What have been the specific effects of the cash transfer on the children/grandchildren in your household (positive or negative)? (e.g. stigma, exclusion at school, less pressure to engage in sexual favours…)
- In thinking of the most significant ways this programme has changed your lives, what comes to mind?
  - For older people: probe particularly for any changes in household role, status or position that older people's participation in the programme may have brought about.
  - Has the cash transfer impacted your psychological well-being in any way? If so, how? (translate as appropriate)
  - Do you think you are better off than older people like you who have not received the transfer? In what way?
- Are there **negative** effects of the CT programme? If so, what are they?
  - Has it created tensions/problems/issues/conflict within the household, between households, communities, individuals, including between those who have received the cash and those who have not? If so, how have these tensions been manifested?
  - What do you think could be done to ease these tensions?
  - For older persons: how has the CT programme affected support from the informal social support networks in this community?
    - Probe on any negative effects the transfer might have had on existing support systems, informal transfers, care, etc.
  - Has it impacted on labour supply and time allocation within the household? Competing with other activities, etc.

Accountability

- Overall, are you satisfied with the programme and the way it is working in your community?
- This programme is supposed to reach older people. Do you think this is happening in reality? If not, why not? If yes, is there anything that could be done to make it work better?
- Do you think the cash is going to the right people or the wrong people? Is this a problem in this community? What would work better?
- Do you know of any beneficiary who is not being treated respectfully by programme staff? Is this a concern in your community? What would work better?
- How would you rate the performance of programme staff (good, average, less than average... probe.. what's good, bad, average, etc.)?
- Do you think/know of processes in place to ensure that everyone receives the same amount/what they are entitled to?
- Is there space/occasion for you to raise concerns and talk to the programme staff about how the programme is managed and delivered?
    - Supposing you were not selected into the programme, is there anything you could do to address this? Complain?
    - Supposing you were treated unfairly, what would you do?
    - Do you (as a woman, disabled person, older person, person living with HIV) feel able to complain? What processes/mechanisms exist for older persons to voice concerns (at community/national level)?
- If there is a complaint system in place, do you think it could be improved? What type of mechanism would you prefer (talking to an elected representative? Speaking to village head? Speaking to clinic staff? Speaking to a programme implementer? Voicing concerns on local radio? Via text or mobile phone (an anonymous method)? Or prefer not to have a complaint system?)
- Have you ever voiced a concern/made a complaint? If not, why not? If yes, to whom, about what?
    - What happened after you voiced your concern/made a complaint?
    - Do you know of any changes to the programme as a result of your complaint?
    - Were you concerned about being victimised/punished as a result of voicing your concern? Were you actually victimised/punished? How? Etc...
    - Probe for: what aspects of complaint-handling do you like and those aspects you are not happy with; what changes would you like to see in the complaints-handling mechanisms?
- What kind of beneficiary representation is there on the SCG programme planning and implementation?
    - What aspects of beneficiary representation do you like? What aspects don't you like? What changes would like to see in the way beneficiaries are represented in the programme?
- Are you aware of any evaluation processes? Have you been involved in any evaluations? If so, have evaluation findings been shared with you?
- Do you think that programme staff are sufficiently aware of the vulnerabilities/difficulties faced by older persons in your community (including particularly vulnerable groups such as people with disabilities, widows, etc.)? Are they aware of the services available to address these? Are they aware of the support needed to address these?

Theme 3: Complementary services/programmes
- Are there other types of services/programmes linked to the SCG programme? If so, what are these? If not, what would you like to be linked to/benefit from? (e.g. education bursary, child sponsorship, violence prevention, legal aid, agricultural training, livelihoods programming, microfinance groups, vocational training, financial credit…).
    - For older persons, probe particularly for health, transport, alternative income...
    - How could programme implementers help you access these other services or programmes?
- In some countries, people have an ID card that helps them access different types of programmes to which vulnerable people are entitled.
    - Which types of programmes do you think they should be entitled to?
    - Do you think this type of system – i.e. with the ID card – would be helpful?
    - Could there be difficulties in getting this to work? If so, what type of difficulties?
    - If you think there could be difficulties, what could be done to overcome them?

Theme 4: Future directions

- If the programme were discontinued, what effects would it have on your life (e.g. no longer able to invest in x, y, etc.)? For older people: probe for whether any pre-existing solidarity support mechanisms (formal or informal) would come back into play.
- How would you see the programme continuing in the future?
    - What changes would you suggest, if any?
    - What could be improved (probe: targeting, frequency, amount, more information, etc.)?
    - Would it be useful for the programme to link participants to other complementary programmes, such as access to vocational training, literacy, psychosocial support, health, etc.)?
- How could community members be more involved in the programme/be given a say in it (e.g. suggestion/complaint line via text/mobile phones)?
- What specific improvements would you suggest to meet the needs of older people?

Thank participants for their time, and ask if they have any questions or further suggestions.

Standard reporting template for notes from application of all research tools

Background information:
- Numbers of participants (at beginning): (at end):
- Location:
- Kind of participants (men, women, beneficiaries, non-beneficiaries, etc.):
- Initials and age of each participant, sex, marital status (see table below):
- Date:
- Time start: Time end:
- Facilitator(s):
- Note-taker:

UGANDA SCG STUDY

COMMUNITY MAPPING AND IDENTIFICATION OF VULNERABILITIES AND COPING STRATEGIES

PURPOSE

Activity 1. Community mapping

- To identify community resources and infrastructure

Activity 2. Vulnerability mapping

- To identify different types of vulnerability
- To identify and rank main vulnerabilities experienced by different categories (by 'least vulnerable', 'middle' and 'most vulnerable')
- To determine proportions of households in each group

Activity 3. Identification of coping strategies

- To understand key coping strategies of the three levels/groups of vulnerability

PARTICIPANTS

- Mixed group of community members (up to 20) (same group for all three exercises, which are conducted consecutively)

PREPARATION AND FACILITATION

- Large manila papers or flip chart papers and markers of different colours
- Facilitator and note-taker

METHODOLOGY

Activity 1. Community mapping

- The facilitator should welcome participants, explain the purpose of the exercise and gain their consent.
- Brainstorm with participants on the basic 'lay-out' of their community: homes, social infrastructures (health centres, schools), administrative buildings, public spaces, roads, water sources, fields/grazing areas, and anything else that is important to them.
- Ask for a volunteer (with the aid of others) to draw a map of these on the paper.
- Engage with participants in a discussion of the different areas on the map, including who lives where, how different neighbourhoods/areas might be different from each other and why (rich/poor? spaces for men/spaces for women? Etc.).
- The note-taker should take notes of all discussions for reporting (see reporting template) and should take a picture of both the process and the final map.

Activity 2. Vulnerability mapping

- Working with the same group, the facilitator explains the purpose of the exercise, asking first for definitions/understandings of 'vulnerability'.
- Brainstorm on the key vulnerabilities faced by the community in general and write these down on a flip chart.
- Ask for any differences in vulnerabilities experienced by different groups of people (categorised as least vulnerable, middle, and most vulnerable) and note these on the flip chart.

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- List the key vulnerabilities by group; then ask participants to estimate relative numbers or proportions within each group in their community and write these down.
- Discuss findings with participants, asking for reasons for different types and experiences of vulnerability.
- The note-taker should take notes of all discussions for reporting (see reporting template).

Activity 3. Identification of coping strategies

- Again working with the same group, explain the purpose of the exercise, asking first for definitions/understandings of 'coping strategy'.
- With the list of vulnerabilities still visible, brainstorm on the key coping strategies that are used in the community. List these down on paper.
- Have participants identify which coping strategies are used by the different groups of people identified in the exercise above (least vulnerable, middle, most vulnerable).
- Then ask participants to rank the importance of each coping strategy to each category of people (on a scale of 1–3, with 1 being most important and 3 being least important).
- Discuss findings with participants, asking why there are differences in use of coping strategies.

TEMPLATE FOR REPORTING ON THE THREE ACTIVITIES:

Background information (note if different for different activities)

- Numbers of participants (at beginning):   (at end):

- Location:

- Kind of participants (men, women, beneficiaries, non-beneficiaries, etc.):

- Age (average):

- Date:

- Time start: Time end:

- Facilitator(s):

- Note-taker:

Activity 1. Community mapping

How was the process? Was it participatory? Did everyone take part in the discussion? Did anyone dominate? Did anyone walk out, and if so, why? Was it difficult/easy to manage, why? Were people comfortable/uncomfortable, why?

INSERT PHOTOGRAPH OF COMMUNITY MAPPING

When writing up notes, the note-taker should include:

- What landmark first started with/how demarcated the area

- Discussions around where the most vulnerable people tend to live, and why they live there

- Any disagreements, and lengthy debates, why, how were concluded – content

- Any gender differences in public spaces

- Verbatim expressions

Activity 2. Vulnerability analysis

Was it participatory? Did everyone take part in the discussion? Did anyone dominate? Did anyone walk out, and if so, why? Was it difficult/easy to manage, why? Were people comfortable/uncomfortable, why?

Identify local terminology(ies) for vulnerability, what it means, how it translates, how it's used, etc.

Summary of findings from sheets:

Record characteristics of vulnerability experienced by the least vulnerable, middle, and most vulnerable groups, and the proportion by different group.

Least vulnerable	Middle	Most vulnerable	Comments / notes
Numbers/proportion of people	Numbers/proportion of people	Numbers/proportion of people	

Activity 3. Coping strategies

Was it participatory? Did everyone take part in the discussion? Did anyone dominate? Did anyone walk out, and if so, why? Was it difficult/easy to manage, why? Were people comfortable/uncomfortable, why?

What do they understand by coping/resilience? How is it spoken about in the local language? How does it translate? Do people have different interpretations, variations in understanding/speaking about it, etc.?

Summary of findings from sheets:

Record coping strategies by category of person and their ranking in terms of relative importance (1–3).

Coping strategies	Least vulnerable		middle		Most vulnerable		Comments/notes

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UGANDA SCG STUDY
Case study – guidelines

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Purpose

- To understand the person within in their broader household/family/community context and try to tell their 'story'
- To triangulate information from the person him or herself with information from other sources
- To use information about personal experiences to illustrate and illuminate key aspects of our research themes (vulnerabilities, coping strategies, effect of cash transfers...).

Selection (2 per site)

- Individual/household could be selected for a case study through the focus group discussions, in-depth interviews and life histories; or could be identified by programme implementers/from service providers.

- Could consider doing one case study of a household/family that is excluded from the programme, another from a household/family that is benefiting from the programme.
- Informed consent needed.

Methodology

- Can use the IDI or LH guide as starting point; following up with more in-depth conversations, ideally in the subject's home environment.
- Can ask more about what the daily activities are, their livelihoods, etc. (in and outside the home). How do they spend their day?
- Try to complement this with observations and/or participant observation (accompanying the subject to the fields, for example, or the health centre).
- Method involves informal conversations, observations at different times of the day, hanging out, drawings, etc.
- Should speak to other household members (asking similar questions but tailored to them) as well as other people in the community about how the household is viewed by others (e.g. speak to programme implementers, service providers, others in the community, etc.).
- Should ideally go back a few times to the individual/household.

Reporting

- Comprehensive notes should be taken at all steps of the process.
- Formal interviews should be recorded and complete transcripts produced.
- Photos are important (of both the individual/household and their environment).

Template for reporting on case study
Background information:

- Location and date(s):
- Name (can be fictitious) and description of the person:
- Age and gender:
- Household situation:
- Other persons interviewed (household members; service providers; programme implementers):
- Researcher (s)

Write-up of results:

- In narrative form, with direct quotes inserted, accompanied by pictures to tell a story (think about profile pieces in high-quality journals or news media).
- Full write-up might be attached as annex in the final report.
- Summary write-up with key highlights could appear as a text box within the report.
- Elements could be used to illustrate key themes throughout the report.

UGANDA SCG STUDY
Use of observations as a research technique: overview and guidelines

Purpose:

- To supplement information from literature reviews, interviews and group discussions with observation of a behaviour, interaction, context or event
- To provide 'eye-witness' immediacy to research findings and reporting

Methodology:

- Observation techniques can be structured (according to a pre-established format); semi-structured (based on key theme guides); or casual/spontaneous (conducted on the spot in the course of fieldwork).
- Observations can also be combined with participation in daily life (participant observation) thus supplementing 'seeing' with 'doing' (standard ethnographic technique).
- Our study will employ, for the most part, semi-structured and spontaneous observations as a technique, though there may be some scope as well to combine participation (as seen below).

- Time must, accordingly, be set aside for these observations; some should be planned in advance, others can take place as and when.
- Observations for the study will focus on elements of physical context and social behaviours that relate to and/or shed light on our key research themes (older people's vulnerability and coping strategies; social interactions and effects of cash transfers).

Key observations points and themes (suggested)

- **Physical setting (general)**
    - o Observe the condition of physical infrastructure in the community (social service structures, roads, water and sanitation). How does this reflect different types and degrees of vulnerability?
    - o Observe living conditions in beneficiary and non-beneficiary households (building materials, sanitation, size, etc.) and ask the same questions.
    - o Observe conditions at the health clinic.
- **Activities (older people)**
    - o Observe the different activities older people are engaged in – in public places (social networking?); in fields/farmlands (agricultural work?); in homes (caregiving activities?). Are they different from what others are doing? Do older people seem to experience any particular difficulties?
    - o Observe in particular any difficulties with mobility and/or fatigue that older people may show in some of these activities.
    - o Accompany selected older people on some of their tasks (participant observation) and try to experience life in their shoes. How does it make you feel?
- **Social interactions between older people and others and among older people themselves (general)**
    - o Observe interactions between older persons and health workers at the local health centre. How are older people treated? With respect? Affection? Lack of consideration? Is this any different from how other people are treated? Are there differences by gender?
    - o Observe interactions in the public square and/or other public places. Where do you find older people (men/women)? Are they separate from or interacting with others?
    - o Observe older people in groups (women's groups; other). What are they doing and how do they interact among themselves?
    - o Observe interactions in the home (for example, while conducting life histories or case studies). How are older people treated by other members of the household?
- **Social interactions (around cash transfer)**
    - o If possible, observe a cash transfer. Describe the conditions under which older people receive the transfer. How are they treated by programme staff? Do they have to wait in long lines? Are they in shelter or outside? Is it in a public place (possibility of stigma) or private? Are people happy, excited, tired, angry, or frustrated?
    - o How do older people get to and from the pay point?
    - o What do beneficiaries do once they receive their transfers – go directly home? Go to the market? Bars?
- **Effects (of cash transfers)**
    - o Following up on information you may have received through interviews and group discussions, visit a programme beneficiary in his/her home to observe first-hand any improvements they have indicated have come about as a result of the transfer (improved housing; purchase of animals; new clothes; food stocks…).

Reporting

- All observations should be recorded in notebooks, with standard identification (name of researcher, date, time, place, event/people observed, key observations).
- As with all other research findings, the results of observation need to be written up precisely each day.
- Sometimes it may be appropriate to accompany observations with photos; at other times, however, photos would be too obtrusive. Judgement should be used.

UGANDA SCG STUDY

Guide and reporting format for life histories with older people

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Aims:
- To explore in depth individuals' experiences of risk and vulnerability, and the individual, household, community and policy-level factors which shape available coping/resilience strategies, as well as how these have changed over time for older persons
- To gain an understanding of the relative importance of the cash transfer programme over time and in diverse individuals' lives

Scope:
- In each site, at least four life histories will be carried out among selected beneficiaries of the CT programme.

- Respondents will be identified during the focus group discussions and key informant interviews, and should include a mix of men and women from different backgrounds and/or with different social characteristics (based on marital status, living conditions, age, disability, care of OVC, etc.).
- The interview will last approximately 60 minutes.
- The respondent will be given a drink/food in recompense for their time.
- Age and gender should be recorded.

Preparation:
- As per the other interviews, once oral consent is taken, the life history will be recorded and then translated and transcribed verbatim.
- Additional notes and observations will be noted by the researcher, including key verbatim phrases, expressions.
- A sheet of paper and pens need to be brought to the interview.
- Setting may be a public place or in the respondent's home.

Particular considerations:
- In some cases a life history will not work, so if after around 10 minutes the researcher feels that it is not working, they should either bring the interview to an end politely, or convert the conversation into an in-depth interview.
- Working with older people can take time – this needs to be built in, as stories and memories are often important sources of information. This may be the same for people with disabilities.
- Patterned response exercises can sometimes be helpful in stimulating reflection on changes over time: for example, getting respondents to fill in the following blanks as many times as possible: I used to be_____; but now I am_____.
- Be aware that people who have suffered various tragedies may not want to speak in any detail about these, and researchers need to be sensitive as to whether they should continue the discussion, give the person the option for a short break, or whether being a sympathetic ear is in fact of value.

Links with other study instruments:
- If the life history builds on information gathered through an already-conducted in-depth interview, take care to avoid repetition and probe instead for details and perspectives of change over time.
- If possible (i.e. if done in an appropriate sequence) it would be useful to link individual life-cycle events to the historical timeline conducted through focus group discussions with older people. Be prepared to bring that timeline to the interview for such linkage.
- It may be that a life history is so interesting that the researcher wishes to convert it to a case study. If so, this will demand additional input from other sources (neighbours, programme implementers, household members, etc.).

Guiding questions

Introductions:
- Basic background information (name, age, gender, place of birth, living arrangements, etc.).
- Explain the objectives of this study and the format of the interview.

About the CT programme:
- Since when have you been a member of the programme/receiving a cash transfer?
- How were you selected? Who selected you?
- Where do you go to get the cash? Who gives it to you?
- How much do you receive?
- How often do you receive the cash?
- In addition to the cash, is anything else given (probe: information, links to other services, preferential access to other services, etc.)?
- Are there conditions attached to receiving it? If so, what? If no, do you think there should be?

- What do you use the cash for? What is the most important use?
- How would you rate the relative importance of the programme compared to other forms of formal or informal social support (e.g. from friends, relatives, neighbours, NGOs, etc.)?

Individual recent past (five years for adults, with emphasis on changes in past year since introduction of the SCG)
- Can you tell us about your life over the past five years?
- Has anything gone particularly well during this period? What have been the positive changes? Who and what was responsible?
- What particular challenges have you faced over the past two or three/five years (longer period for older people)?
- Can you explain why you think you faced these challenges?
- Have you/your family tried to overcome these challenges? What strategies have you used? How well have these strategies worked? How important have your family resources/networks been in assisting you to overcome challenges? Have they changed, deteriorated, improved, etc. over time, then, now?
- Have other families in the village also used these strategies to overcome similar challenges?

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- How do you think your options/strategies have been similar or different from women/men (opposite sex to interviewee) of the same age?
- Over the past year, has the CT programme provided support to overcoming these challenges? If no, why not? If yes, in what way?
- When the programme began, how was it working? How is the programme working now?
- How has being a member of the CT programme influenced your choices and decisions?
- How might access to a CT programme earlier in your life have shaped your options had it been available?
- Have you taken steps to secure your future, i.e. investing in assets, etc.?

Interviewer draws key events on a timeline over the past five years in order to summarise content, including any changes since introduction of the cash transfer.

Longer past

Interviewer uses a longer visual timeline to prompt the discussion around the longer past (drawing, if possible, on the historical timeline conducted through earlier group discussions) and tries to link key life-cycle events to the broader historical timeline.
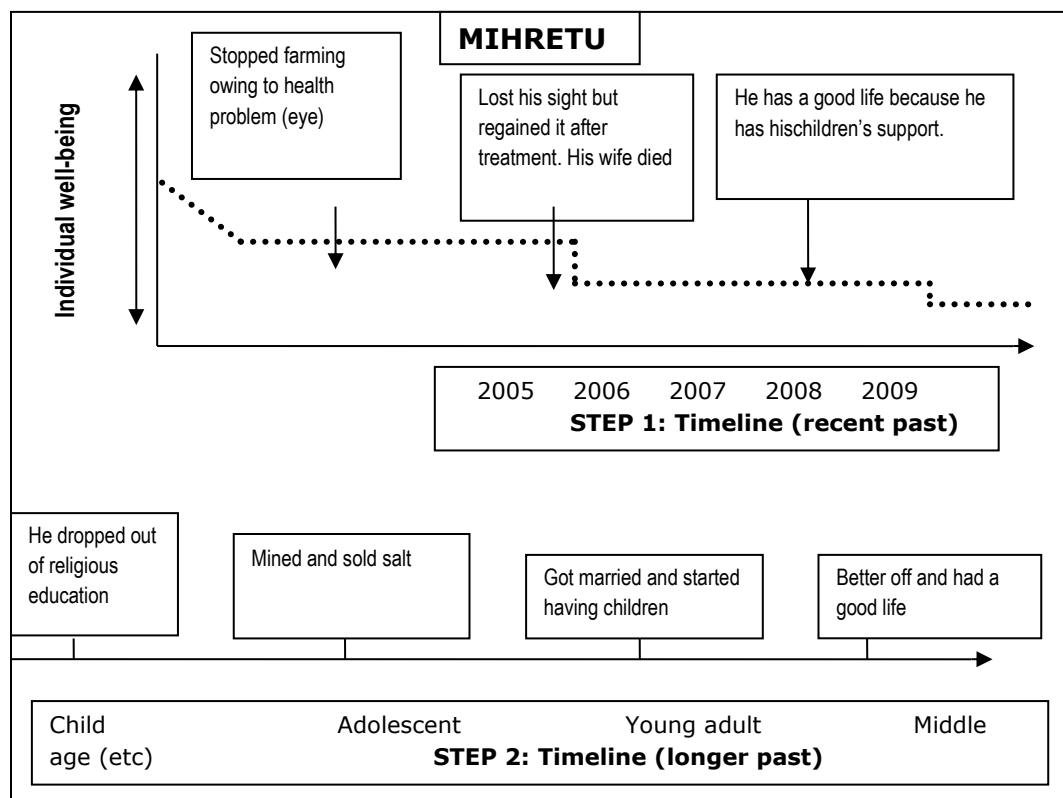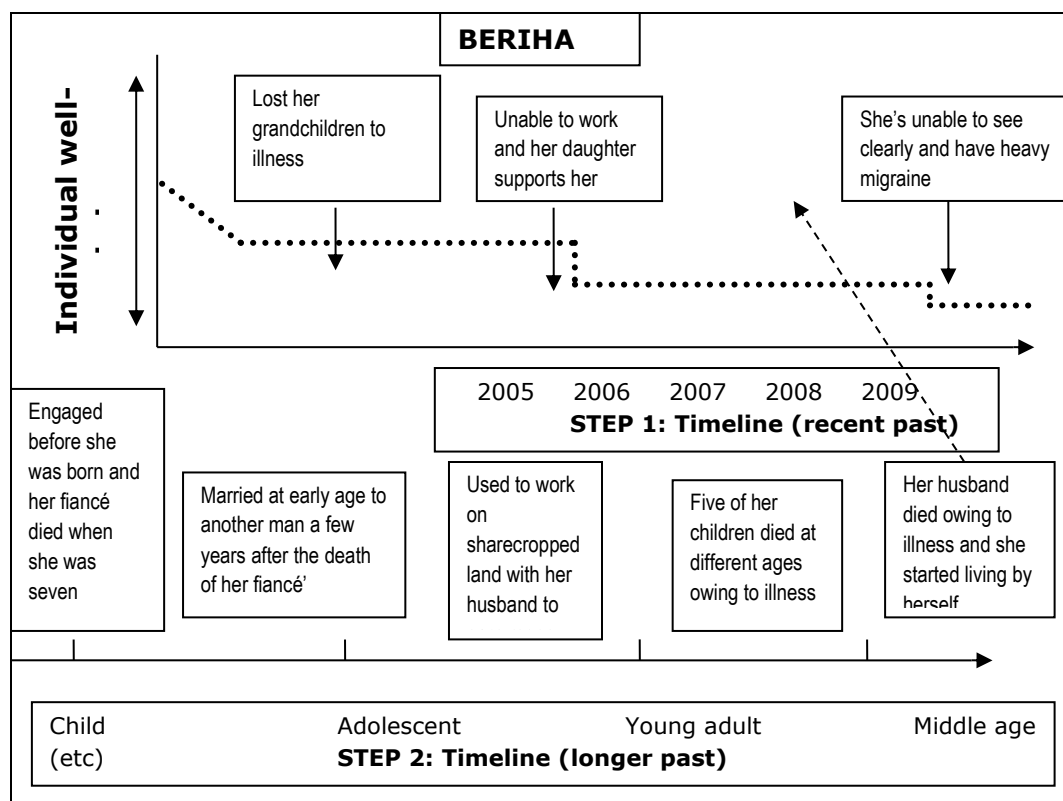
- Thinking back to when you were younger, can you map out **key events** in your life up until now (positive and negative)? Why have these been important?
  - At individual level (e.g. birth, schooling, marriage, health, work, any change of residence...).
  - At household level (e.g. livelihood opportunities; available household resources; decisions in the household to spend on schooling, health, income generation; changes in the family, including birth, death, marriage, divorce, etc)
  - At community level (e.g. discrimination/exclusion from community activities or resources; exclusion from participating in community decision-making, violence).
- How has the way you and/or your family lived life until now influenced the way you deal withthe challenges you identified before?
- Do you ever think that if you had made a different choice before, your life would be different now? What would you have done differently?
- How might access to a CT programme earlier in your life have shaped your options had it been available?
- How would you complete the following sentences:
  - I used to be/do_____but now I am/do_____.
  - People used to see/treat me like this_____; but now they treat me like this_____.

Interviewer plots key life-cycle events over the historical timeline

Future plans: please note that in some instances (e.g. if the person is very old or ill) questions about the future may be sensitive, so these may not be appropriate to ask at all, or they should be asked quickly.
- Given your present circumstances, what are you planning to do in the short term? What are longer-term plans for your household?
- What are your plans and concerns for children and for dependants (applicable for older persons)?
- How do you think your options are similar or different from someone of the opposite sex of the same age?
- To what extent do you think the CT programme can help achieve you and your household's short-term and longer-term plans? (marriage funds, burial funds, special needs of family)
- How would you change the CT programme to better meet your needs?
- Is your view the same as others in the household or do different members have different opinions?

Examples of a life history taken from a study in Ethiopia

BERIHA

Individual well-

Lost her grandchildren to illness	Unable to work and her daughter supports her		She's unable to see clearly and have heavy migraine

2005   2006   2007   2008   2009

STEP 1: Timeline (recent past)

Engaged before she was born and her fiancé died when she was seven	Married at early age to another man a few years after the death of her fiancé'	Used to work on sharecropped land with her husband to	Five of her children died at different ages owing to illness	Her husband died owing to illness and she started living by herself

Child (etc)	Adolescent	Young adult	Middle age

STEP 2: Timeline (longer past)

MIHRETU

Individual well-being

Stopped farming owing to health problem (eye)	Lost his sight but regained it after treatment. His wife died	He has a good life because he has hischildren's support.

2005   2006   2007   2008   2009

STEP 1: Timeline (recent past)

He dropped out of religious education	Mined and sold salt	Got married and started having children	Better off and had a good life

Child age (etc)	Adolescent	Young adult	Middle

STEP 2: Timeline (longer past)

Template for reporting on life history

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Background information:

- Location and date(s) (notes of formal interviews should include start and end time):
- Name (can be shortened or fictionalised in the write-up):
- Age and gender:
- Household situation:
- Researcher(s):

Write-up of results:

- In narrative form, with direct quotes inserted, accompanied by pictures to tell a story (think about profile pieces in high-quality journals or news media).
- Full write-up might be attached as annex in the final report.
- Summary write-up with key highlights could appear as a text box within the report.
- Elements could be used to illustrate key themes throughout the report.

UGANDA SCG STUDY

Institutional analysis and bubble diagram

Purpose:

- To understand the importance of different institutions/individuals (formal and informal) to the lives of respondents *(administrators, health workers, religious leaders/institutions, community associations...*)
- To identify the types of support offered by each institution/individual
- To identify the degree of access to those institutions

Participants:

- Older persons – beneficiaries of the cash transfer (mixed group)

Methodology:

- The facilitator should welcome participants, explain the purpose of the exercise and gain their consent.
- A flip chart and markers of different colours should be ready.
- Brainstorm with participants to produce a list of the key institutions, service providers, individuals or groups that they can turn to in times of difficulty (give examples if needed).
- Write these down on the flip chart/paper.
- Ask participants to describe their relation to these institutions/individuals/service providers (including how important they are to them and the degree of access they have) and to describe the type of support they receive.
- As participants engage in this discussion, draw a visual representation of these relationships through a 'bubble diagram' as follows:
  - Draw a circle in the centre representing the participants
  - Draw other circles representing each institution/individual/service provider in relation to the participants
  - The size of the circle should represent the relative importance to the participants of the institution/individual/service provider
  - The distance of the circle from the centre should represent the degree of accessibility participants feel to each institution/individual/service provider
  - Next to each institution/individual/service provider, write the type of support offered
- Review the chart with participants and discuss.

Reporting:

- Note-taker should record discussions electronically and take written notes, including any verbatim expressions that stand out.
- Take a picture of the final chart and thank participants for their time (refreshments should be available and participants compensated for any travel costs).

Reporting template: institutional analysis

- Background information:
- Numbers of participants (at beginning): (at end):
- Location:
- Kind of participants (men, women, beneficiaries, non-beneficiaries, etc.):
- Age (average):
- Date:

- Time start: Time end:
- Facilitator(s):
- Note-taker:

How was the process? Was it participatory? Did everyone take part in the discussion? Did anyone walk out, and if so, why? Was it difficult/easy to manage, and why? Were people comfortable/uncomfortable, and if so, why?etc.

INSERT PHOTOGRAPH OF THE BUBBLE DIAGRAM

Summary of findings from sheets:

Key people/ institutions turn to in times of difficulty	How people get support in times of difficulty	How important are they to you (specify by vulnerability: very, middle, least)	How accessible are they to you (again, specify by vulnerability: very, middle, least)	Comments / notes

When writing up notes, note-taker should include:

- discussions/disagreements about relative importance of different people/institutions
- verbatim expressions
- photographs of participants.

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