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Impacts of National Government-Community Developments Funds (CDF), Older Persons Cash Transfer (OPCT) and National Health Insurance Fund (NHIF) in Reducing Urban Poverty in Eldoret Town, Kenya

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Abstract

Poverty for many years has been associated with rural areas and little focus has been cast on urban poverty and its effects. A study to assess inequality and urban poverty in Kenya estimated the percentage of urban poverty in Eldoret town to be at 35.5% with a population of 79.9% living in core urban region and those that lived in the peri-urban regions were 20.1%. World bank estimates that the pace of poverty reduction in Kenya is only at 1% per a year. At such a rate, poverty eradication can only be a dream. On Sustainable Development Goals of eliminating poverty, Kenya has a similar goal through vision 2030 to have poverty reduced to lower levels. The purpose of this study was to assess impacts of National Government –Constituency Development Funds (CDF), Older Persons Cash Transfer (OPCT) and National Health Insurance Fund (NHIF) in reducing urban poverty in Eldoret town, Kenya. The study designed the research objectives and questions in a manner to help establish the impacts of the poverty reduction strategies. Literature was reviewed to establish facts as they are or have been in other countries. The descriptive research design was adopted for this study to describe the situation as it is and propose solutions to the poverty reduction strategies. Fischer's formula was used and gave a sample size of 273 respondents who formed government officials and household heads of low-income estates of Langas, Kamukunji and Munyaka. The study used cluster sampling for 200 household heads in the three low income estates, snowball sampling techniques to identify 58 respondents from beneficiaries of OPCT and purposive sampling technique to obtain data from 15 key informants. Questionnaires and interviews were the primary tools for data collection. Pilot testing was carried out to check for reliability and validity of the tools. Ethical considerations were equally observed where confidentiality of respondents was secured. Data was managed using SPSS Version 23 and analyzed using Descriptive Statistics. The results were presented using frequency tables, chi-square and pie charts. The study found out that all the 58 respondents of OPCT were beneficiaries of the "Older persons' cash transfer (OPCT)". OPTC has played a major role in poverty reduction at a rate of (84.5%) by promoting sustainable income for its members for buying food stuff as well as investing in micro-businesses like practising domestic poultry farming. OPTC has also improved the education of the dependences' siblings through payment of school fees for them, buying of books and examination fees in cost sharing arrangements with learning institutions. Health of the beneficiaries and their dependence has been promoted by up to (49%) through spending the OPTC cash in hospital bills where the member is not covered by NHIF or absence of drugs in their NHIF chosen facilities. OPTC has also enhanced security of securing a rental house by paying for monthly rent in urban areas. However, beneficiaries

never relied fully on this kitty to meet their daily family needs. Constituent Development Funds (CDF) has promoted education of all learners both in primary, secondary and tertiary institutions by a rate of (98%) though it does not pay for school fees of learners. It has not done much in promoting income, promotion of good health and employment for sustainable income. Therefore, CDF was not the most common livelihood strategy among Eldoret residents. "National Hospital Insurance Fund" (NHIF), provided health insurance for most respondents and their dependants. It has improved health of its beneficiaries by (69.0%). It has improved the maternal health of the mother and the baby both pre- natal and post-natal by (89.3%) therefore improving the health and security of beneficiaries. NHIF has not done much in matters Education and sustainable income of its beneficiaries. Furthermore, monthly premiums are not affordable to all. Older Persons Cash Transfer, National Government Constituency Development fund and National Health Insurance Fund (NHIF) would play a great role in reduction of poverty in the society if only managed well by ensuring proper funding and transparency for reasons of accountability. This would lead to a significant change in the lifestyles of the urban poor measured by the changes in Social Economic Status indicators (SES) such as education, health facilities, security and empowerment.

Keywords: CDF, NHIF, OPCT and Povety

INTRODUCTION

Poverty is defined as failure to achieve certain minimum capabilities which are absolute and not fixed over time or over societies (Amartya Sen, 1983). UN poverty indicators include lack of the following fundamental necessities: food, safe drinking water, sanitation facilities, health, shelter, education, information and access to services (Opoku*et al*., 2019).

The demographic shift from a predominantly rural to a predominantly urban society, which is taking place in all countries, means that poverty is also being "urbanised" (Isaev, 2020) as in the case of Eldoret town. Furthermore, the definitions of poverty are not sufficiently adjusted to urban living. Urban and rural poverty are manifested differently, which calls for suitable poverty reduction strategies (Mhlanga, 2020). Most urban poor live in very densely populated settlements with life-threatening unsanitary conditions and without security of tenure of both housing and land, which means they may be evicted by force at any time.

In addition, millions live with hunger and malnourishment because they simply cannot afford to buy enough nutritious food, or cannot afford the farm inputs they need in their farms in order to produce food for their own (FAO, 2019). A poor household in an urban slum may be close to a standpipe with irregular supply of water. Evidence of social problems ranging from lack of security, Street children, youth gangs, traffic accidents and domestic accidents environmental and occupational hazards and natural disasters, Child mortality and the prevalence of HIV/AIDS is normally high in urban areas (Reza & Henly, 2018).

The first Sustainable development goal (SDG 1) " No poverty" (UN, 2015), aims to eradicate every form of extreme poverty including the lack of food, clean drinking water, and sanitation. Achieving this goal includes finding solutions to new threats caused by climate change and conflict. SDG 1 focuses not just on people living in poverty, but also on the services people rely on and social policy that either promotes or prevents poverty. Despite commendable efforts to reduce the levels of poverty globally, regionally and even nationally, the

challenge of poverty is still a concern (Kwasi, 2015).

The challenge of poverty is not new to Kenya. Efforts fighting poverty can be traced from Independence (Mubecua & David, 2019). The Sessional Paper No 1 of 1965 detailed the Government commitment to alleviate poverty together with ignorance and diseases (Tshishonga, 2019). The early efforts towards poverty reduction included land resettlement programmes, the District Focus for Rural Development Strategy and many others (Ahmed & Gasparatos, 2020). National Poverty Eradication Programme (NPEP) was launched in 1999 as a result of failure to combat poverty through national development plans and poverty-specific programmes with the sole purpose of providing national policy and institutional framework for action against poverty (Sule*et al.*, 2019).

The Constituency Development fund (CDF) was initiated by the government in 2003 to address the problem of inequality in resource distribution (Khaemba & Sang, 2019). The National Hospital Insurance Fund (NHIF) is a state parastatal with a mandate to provide health insurance to Kenyans over the age of 18 and have a monthly income of more than KES 1000. The core business and mandate for NHIF is to provide accessible, affordable, sustainable and quality health insurance for all Kenyan citizens (Ochiel, 2012). Older Persons & Persons living with Severe Disabilities (OPSD) has a total of 42,000 households registered under the social protection program across the country consisting of beneficiaries under the GOK's Cash Transfer Program for Older Persons and persons living with severe disabilities. The overall benefit pay-out ratio achieved for (OPCT) is at 50% (Njoroge *et al*., 2019).

As at 2019, the poverty rate in Uasin Gishu County was at 36.1% (Kenya Economic Update, 2019). This was an improvement of 8.5% when compared with poverty rate of 44.6% in the year 2017, Kenya Integrated Household Budget Survey (KIHBS, 2017). This value has since reduced to 36.1% (Kenya Economic Update, 2019), indicating a slight improvement with regards to poverty reduction in Uasin Gishu Country. With all the above in place, poverty still remains a major problem indicating that poverty alleviation initiatives have not been successful.

As at the 2019 census, Eldoret town had a population of about 378,107 persons. Those that lived in the core urban region were 79.9% and those that lived in the peri-urban regions were 20.1%. A study to assess inequality and urban poverty in Kenya, estimated the percentage of urban poverty in Eldoret to be at 35.5% (Shifa & Leibbrandt, 2017). The study approach focused on multidimensional poverty rather than poverty that is measured financially or economically. The evaluation of available poverty reduction strategies especially NG-CDF, Older person's cash transfer (OPCT) and National Hospital Insurance Fund (NHIF), enabled this study to shed light on urban poverty reduction strategies in Eldoret town, Kenya.

MATERIALS AND METHODS

Study Site

The study was carried out in Eldoret town formerly Eldoret town. In particular, the study focused on Munyaka, Kamukunji and Langas estates as portrayed in Figure 1.

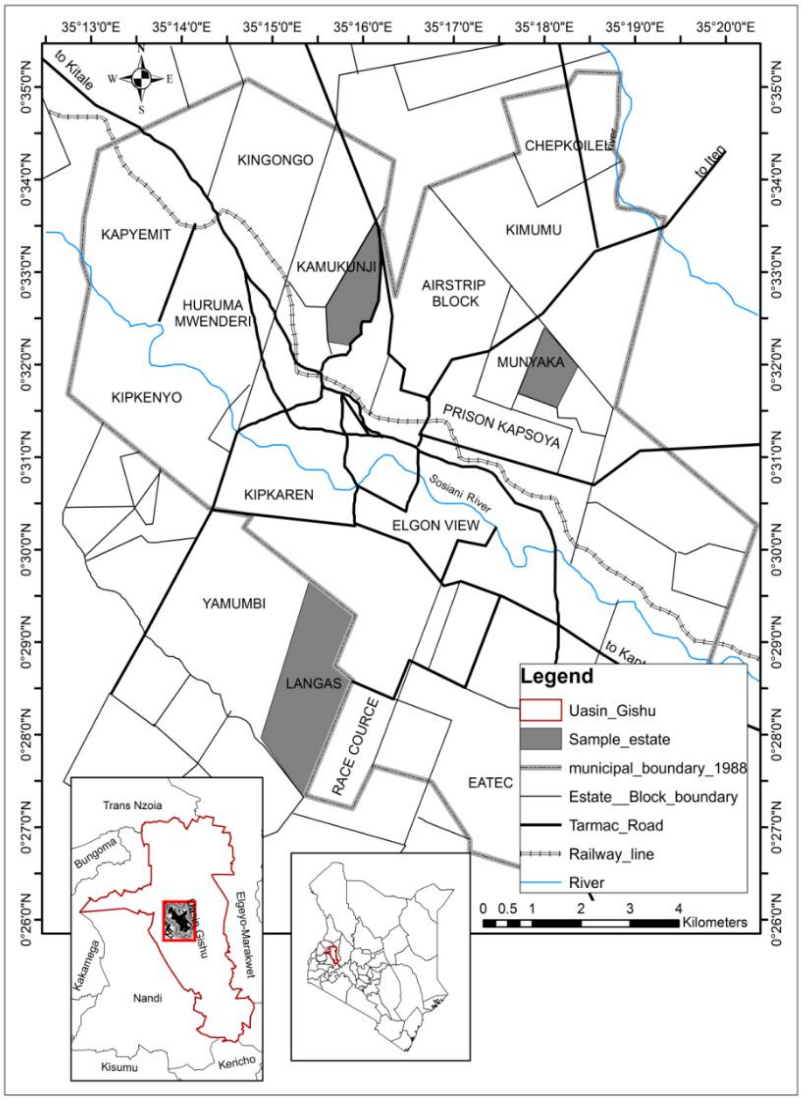

Figure 1: Study Area

Target Population

Langas had a population of Over 26,000, Munyaka 4,000 and Kamukunji 4,527 people according to 2019 National census. This study targeted two major groups of persons to meet the study objectives which included older population and government staff to get understanding of the poverty reduction strategies in place and the barriers to their implementation.

Sample Size

Households in low-income estates of Eldoret town formed a sampling frame. The sample size of the study population who gave a glimpse on their perception of the effectiveness of poverty reduction strategies was calculated using the Fischer's formula. The Fischer's formula for Sample is denoted as:

$$n_o = \frac{Z^2 pq}{e^2}$$

Where:

Z=standard normal deviate for α (1.96)
p = estimate of urban poor (0.23)
q = 1-p (0.77)
e = level of precision (0.05)

Upon substituting the values into this formula for a 95% level of significance:

$$n_o = \frac{(1.96)^2(0.23)(0.77)}{(0.05)^2}$$

$$n_o = 273$$

The sample size determined in this formula thus becomes 273.The number of key informants who gave specific information about poverty reduction strategies was set at 15 to reflect 5.5% of the total sample size and spread across different disciplines i.e. 3 chiefs, 5 school heads, 4 medical officers of health MOHs in four randomly selected hospitals in different selected estates, 2 MCAs and 1 village elder.

Sampling Technique

Cluster sampling was used in the study to obtain data from 200 household heads from respondents who made inclusion criteria of being deprived. Snowball technique was used to collect data from older people who are beneficiaries of OPCT. Purposive sampling was used in the study for Key informants who gave specific information about poverty reduction strategies in place and were targeted in their designated official places of work like hospitals, CDF offices, chiefs' offices, schools and county government offices. Informed consent was sought and open-ended Key informant interviews were conducted to gauge their opinions on the poverty reduction strategies in place, and the measures of urban poverty. The questionnaires were administered proportionately. Seventy five percent of the total respondents were drawn from Langas, 13% from Kamukunji and 12% from Munyaka based on total population of each study location. In Langas alone, a total 150 beneficiaries of NHIF and CDF were drawn to reflect 75% slotted to it. Of this, 90 respondents (60%) and 60 respondents (40%) of the total respondents represented NG-CDF and NHIF, respectively. similarly, 44 respondents of older persons were given questionnaires to reflect 75% of the total 58 households. In Munyaka, 24 beneficiaries of NG-CDF and NHIF were drawn. This represented 12% of the total 200 households. Of this number, 60% (14) and 40% (10) respondents, represented NG-CDF and NHIF, respectively. 6 older persons were given questionnaires to represented 12% of the total 58 households. In Kamukunji, 26 beneficiaries of NG-CDF and NHIF were drawn, this represented 13% of the total 200 households. Of this number, 60% (16) and 40% (10) represented NG-CDF and NHIF in that order. 8 older persons were given questionnaires to represented 13% of the total 58 households in the study locations. Langas, Kamukunji and Munyaka was purposively chosen since they are located in different sub counties of Kapseret, soy and Moiben in that order and all setting their foot on Eldoret town.

Data Collection Tools and Instruments

Both primary and secondary sources were used in obtaining data for the study. Data collection employed use of questionnaires as well as well as interviews to get a breadth and depth of understanding of this construct from policy makers and policy implementer's perspectives in Eldoret Town.

Data Collection Procedure

The researchers began by paying a visit to area chief to inform of their presents in his area. The researchers then moved to the study location where they clustered households in terms of local names where any, then randomly selecting one household from each cluster from which data was collected from the household

head. Informed consent was sought from all the study participants who meet the inclusion criteria. Snowball data collection method was employed to get data from older persons who benefited from OPCT. One respondent was identified and was used to identify other beneficiaries of OPCT. Data was then collected purposively from key informants in their respective places of work using key informant interviews.

Data Management and Analysis

After collection of data from the field, data were sorted, coded and entered into computer software to be analysed. Both qualitative and quantitative data were obtained. Quantitative data from the sample of respondents from low income and deprived areas were collected using questionnaires and analysed by way of the IBM Statistical Package for Social Sciences (SPSS) version 23. A data Entry structure based on the questionnaire was formulated. Data was manually inserted into the software at the data entry interface of SPSS. Data was analyzed and summarized by creating descriptive and analytical reports on various variable items. Qualitative data was obtained from the key informants, direct observation made during the study and additional information obtained from the respondents which was relevant and related to the study with regards to poverty reduction strategies and their implementation were analysed by way of content analysis. This approach involves giving coding categories from text data. Therefore, the responses were made into specific categories that gave an overall perspective of the strategies as well as the challenges of poverty reduction strategies. Frequency distribution tables with percentages and chi square tests were carried out on the variable items to be able to get a picture of the characteristics of the population using IBM Statistical Package for Social Sciences (SPSS) version 23.

RESULTS

Respondent's Socio-Demographic

Majority of the respondents (63.24%) comprised of females. A large proportion (67.29%) was aged above 36 years while those below 36 years constituted only 32.71%. Based on education, majority of the respondents (83.27%) had formal education. Majority were married (62.59%). Unemployed respondents constituted the highest percentage (86.40%). Those who owned the houses they lived in were few 123 (45.05%) compared to those who lived in rented houses who represented 54.95% with majority (82.05%) who indicated that they felt the rent they were paying was not affordable.

Impact of Older Persons' Cash Transfer (OPCT) in Reducing Urban Poverty in Eldoret Town

Concerning Older persons' cash transfer (OPCT), different formats of questions were asked. All respondents who were purposively targeted indicated that, at least one of the members of their family was a beneficiary of the Older Persons' Cash Transfer (OPTC). A large proportion (84.5%) of those who were beneficiaries indicated they did rely on this fund to meet their daily family needs like buy food, pay rent, pay water bills or meet hospital bills. Majority (81.7%) indicated that cash was received after every three months with a significant difference (χ^2=186.42, d.f.=3, P < 0.0001). majority of the respondents were not satisfied with the amount of money they or a member of their family receive under cash transfer system' at (96.6%) and recommended the government to remit between 3000- 6000 Kenya shilling (75.0%). They also indicated that they do not think 70 years and above is the best age to benefit from this fund (94.8%) and recommended minimum age of above 60 years (69.1%). Majority indicated that they cannot recommend policy formulated to enrol youth and unemployed people in cash transfer

system of empowerment (52.6%) as illustrated in table 1.

Table 1: Older Persons' Cash Transfer (OPCT)

Question	Attribute	F	%F	χ^2
Are you or a member of your family a beneficiary of older persons cash transfer?	Yes	56	100	-
If yes do you rely on this fund to meet your daily family needs like buy food, pay rent, pay water bills or meet hospital bills etc?	Yes	49	84.5	χ^2= 47.62 d.f.=1, P< 0.0001
	No	9	15.5	
	Total	58	100	
How consistent do you or a member of your family receive this cash transfer?	after every month	2	3.4	χ^2= 193.15 d.f.=3 P< 0.0001
	after every two months	2	3.4	
	after every three months	49	84.5	
	no clear consistency	5	8.6	
	Total	58	100	
Are you satisfied with the amount of money you or a member of your family receive under this cash transfer system?	Yes	2	3.4	χ^2= 88.36 d.f.=1 P< 0.0001
	No	56	96.6	
	Total	58	100	
If no how much would you recommend government to remit	3001-6000	42	75	χ^2= 76.89 d.f.=2 P< 0.0001
	6001-9000	7	12.5	
	9001-12000	7	12.5	
	Total	56	100	
Do you think 70 years and above is the best age to benefit from this fund	Yes	3	5.2	χ^2= 81.0 d.f.=1 P< 0.0001
	No	55	94.8	
	Total	58	100	
If no, what minimum age should be one be enrolled in this cash transfer	50 yrs.	6	10.9	χ^2= 27.98 d.f.=3 P< 0.0001
	55 yrs.	10	18.2	
	60 yrs.	25	45.5	
	65 yrs.	13	23.6	
	Total	55	100	
Do you recommend the policy should be formulated to enrol youth and unemployed people in cash transfer system of empowerment?	Yes	27	47.4	χ^2= 0.36 d.f.=1 P = 0.5485
	No	30	52.6	
	Total	57	100	

χ^2= Chi-square; d.f.=degree of freedom; p=probability; %F = Percetage of Frequency.

Impact of NG-CDF in Reducing Urban Poverty in Eldoret Town

Regarding whether NG-CDF was the most common livelihood strategy among Eldoret residents, insignificant majority indicated no (54.6%) while the rest indicated yes (χ^2=5.44, d f=2, p=0.660).

In the question concerning whether the service has promoted the improvement of the local school facilities including: building of classrooms, construction of toilets, purchase of books, etc, majority indicated yes (81.7%) significantly different from those who indicated no (χ^2=41.00, d f=1, p<0.0001).

Majority of the respondents disagreed that CDF pays for the schooling of their kids in the local primary and secondary school (69.4%); CDF funds has helped improved the physical environment by building dumpsites from refuse collection (94.2%); it has facilitated health of the residents by construction of a dispensary within the estates (77.7%); CDF has improved the local streets by providing lighting (89.3%); the service has provided water kiosks for locals in the estate (94.2%); the service pays for their rent at the end of every month (98.3%); as well as the service has provided employment for the locals in various positions within their offices (82.6%) as illustrated in table 2.

Table 2: Extent to which the NG-CDF has Promoted Livelihoods hence Reducing Poverty in Eldoret Town

Statement	Attribute	F	%F	χ^2
CDF is the most common livelihood strategy among Eldoret residents.	Yes	54	45.4	χ^2= 1.0, d.f.=1, P= 0.3173
	No	65	54.6	
	Total	119	100	
This service has promoted the improvement of our local school facilities including: building of classrooms, construction of toilets, purchase of books, etc.	Yes	98	81.7	χ^2= 40.96, d.f.=1, P = 0.0000
	No	22	18.3	
	Total	120	100	
CDF pays for the schooling of my kids in the local primary and secondary school.	Yes	37	30.6	χ^2= 14.44, d.f.=1, P = 0.0001
	No	84	69.4	
	Total	121	100	
CDF funds has helped improved our physical environment by building dumpsites from refuse collection.	Yes	7	5.8	χ^2= 77.44, d.f.=1, P < 0.0000
	No	114	94.2	
	Total	121	100	
It has facilitated health of our residents by construction a dispensary within the estates.	Yes	27	22.3	χ^2= 31.36, d.f.=1, P < 0.0000
	No	94	77.7	
	Total	121	100	
CDF has improved our local streets by providing lighting.	Yes	13	10.7	χ^2= 60.84, d.f.=1, P < 0.0000
	No	108	89.3	
	Total	121	100	
This service has provided water kiosks for our locals in the estate	Yes	7	5.8	χ^2= 77.44, d.f.=1, P< 0.0000
	No	114	94.2	
	Total	121	100	
This service pays for my rent at the end of every month.	Yes	2	1.7	χ^2= 92.16, d.f.=1, P < 0.0000
	No	119	98.3	
	Total	121	100	
This service has provided employment for our locals in various positions within their offices.	Yes	21	17.4	χ^2= 43.56, d.f.=1, P< 0.0000
	No	100	82.6	
	Total	121	100	

χ^2= Chi-square; d.f.=degree of freedom; p=probability; %F = Percetage of Frequency.

Cross tabulation showed no association between level of education and responses pertaining to what should be done to improved NG- CDF to meet respondents' expectations (χ^2= 25.35, d.f=4, P= 0.0000).

Impact of NHIF in Reducing Urban Poverty in Eldoret Town

Respondents were asked to comment on the NHIF as a social protection service. Majority (69.0%) of the respondents had health insurance cover significantly different from those who didn't (χ^2= 14.44, d.f.=1, P = 0.0001) For those who had a health insurance cover, all of them indicated they were enrolled to NHIF as health insurance cover. Respondents acknowledge with a significant difference on the statements that there were health facility/ clinic in the locality where they lived (73.1%); the service is available in all health facilities within Eldoret town

(66.7%); the service doesn't restrict them on the facility to visit for treatment whether in patient or outpatient (65.3%); NHIF improved maternal health of the mother and baby before, during and after birth (89.3%); the service regularly pays for all of their medical bills (57.7%); the service works best for their health needs and that of their dependence (71.8%) as well as they think NHIF can provide extensive services like provision of mosquito nets, VCT services and provision of ARVs for HIV patients to the policy holders (68.4%) as illustrated in table 3.

On the contrary, majority of the respondents distanced themselves from the statements that they used NHIF the last time they visited the hospital (64.1%); NHIF monthly premiums are affordable to pay (63.6%); the service offers quick services with less restrictions (72.0%) as well as that NHIF pays even when they bought drugs from private chemists when they do not get them in the health facility pharmacy (97.4%).

Respondents indicated that they would often attend to the health facility when they had illness (51.3%) which was significantly different from those who would never attend (1.3%), and rarely attend (3.8%) (χ^2= 82.8, d f=3, P = 0.0000). Majority of the respondents indicated that they would most likely (91.0%) recommend NHIF to a friend or a family member as illustrated in table 3.

Table 3: NHIF as a Social Protection Service

Statement	Attribute	F	%F	χ^2
Is there a health facility/ clinic in the locality where you are?	yes	57	73.1	χ^2= 21.16
	no	21	26.9	d.f.=1
	Total	78	100	P = 0.0000
I used NHIF the last time I visited the hospital	yes	28	35.9	χ^2= 7.84
	no	50	64.1	d.f.=1
	Total	78	100	P = 0.0051
NHIF monthly premiums are affordable to pay	yes	28	36.4	χ^2= 7.84
	no	49	63.6	d.f.=1
	Total	77	100	P = 0.0051
This service is available in all health facilities within Eldoret town	yes	52	66.7	χ^2= 11.56
	no	26	33.3	d.f.=1
	Total	78	100	P = 0.0007
This service offers quick services with less restrictions	yes	21	28	χ^2= 19.36
	no	54	72	d.f.=1
	Total	75	100	P = 0.0000
This service doesn't restrict e on the Facility to visit for treatment whether in patient or out patient	yes	49	65.3	χ^2= 9.0
	no	26	34.7	d.f.=1
	Total	75	100	P = 0.0027
NHIF improved maternal health of the other and baby before, during and after birth	yes	67	89.3	χ^2= 60.84
	no	8	10.7	d.f.=1
	Total	75	100	P = 0.0000
This service regularly pays for all my medical bills	yes	45	57.7	χ^2= 2.56
	no	33	42.3	d.f.=1
	Total	78	100	P = 0.1096
NHIF pays even when I buy drugs from private chemists when I do not get the in the health facility pharmacy	yes	2	2.6	χ^2= 88.36
	no	75	97.4	d.f.=1
	Total	77	100	P = 0.0000
This service works best for my health needs and that of my dependence	yes	56	71.8	χ^2= 19.36
	no	22	28.2	d.f.=1
	Total	78	100	P = 0.0000
Do you think NHIF can provide extensive services like provision of mosquito nets, VCT services and provision of ARVs for HIV patients to the policy holders?	yes	52	68.4	
	no	24	31.6	χ^2= 12.96
				d.f.=1
	Total	76	100	P = 0.0003

χ^2= Chi-square; d.f.=degree of freedom; p=probability; %F = Percetage of Frequency

Strategies put in place to improve the health of the urban poor by the County Government of Uasin Gishu County in Eldoret town

According to the interviewed respondents, County Government of Uasin Gishu had several strategies put in place to improve the health of the urban poor in Eldoret (figure 2) which included; building and equipping health facilities (33.3%), free medical services for children under five years (20.0%), water kiosks (13.3%) among others with a significant difference (χ^2= 50.18, d. f.=7, P< 0.0001).

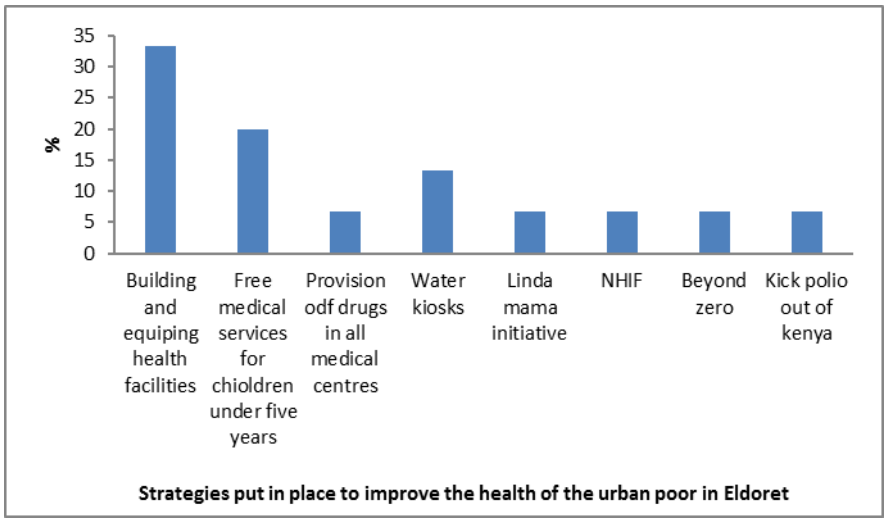

Figure 2: County Government of Uasin Gishu Strategies put in Place to Improve the Health of the Urban Poor in Eldoret.

Strategies to improve education among the urban poor in Eldoret town included CDF (38.7%), bursaries for free primary and secondary education (25.8%), wings to fly (32.3%) as well as building of schools in every estate (3.2%). Waste disposal management (100.0%) is one outstanding project already in place to improve the physical and environmental health of the urban poor in Eldoret town according to content analysis of data from interviewed Key informant respondents. Strategies put in place to ensure that the urban poor have better housing and more housing security included last mile power supply at affordable connection.

The interviewed respondents were also asked to mention the strategies put in place to increase the access of the urban poor to physical and environmental health services. Majority with a significant difference (χ^2= 8.92, d.f.=3, P= 0.0305) indicated that education on health (36.4%), waste management (27.3%), construction of roads (18.2%) as well as construction of public toilets (18.2%) as portrayed in figure 3.

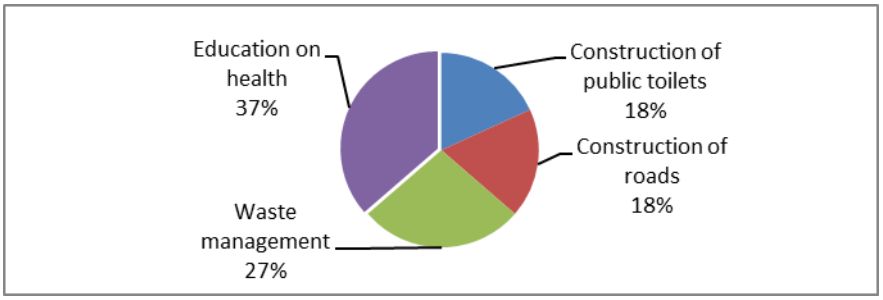

Figure 3: Strategies put in Place to Increase the Access of the Urban Poor to Physical and Environmental Health Services.

DISCUSSION

Impacts of Older Person's Cash Transfer (OPCT) in Reducing Urban Poverty in Eldoret Town

All the 58 targeted respondents of OPCT indicated that they were and or one of the members of their family was a beneficiary of the older persons' cash transfer (OPCT). This in an indication that population of those age above 65 years is still significant in Kenya. From the observation in the field, cash transfer was geared toward helping the old and the most disadvantaged members of the population. This cash transfer program has been of help in supporting buying of food stuffs and as well as investing in micro businesses such as domestic chicken farming which is in line with the National Government (NG) older person's cash transfer program. The study findings concur with those of Omolo (2017) that cash transfers to older people impact positively on beneficiaries thus changing their socio-economic status by ensuring sustainable income. Furthermore, the cash transfer has improved the health of the beneficiaries by enabling them to meet the cost of medication where one is not covered by NHIF or when drugs are not available in NHIF facility of choice.

It was noted that cash transfers did not only benefit the older persons but also the other members of the family who are directly dependent on them. This concurs with World Bank (2008) that cash transfers have enabled targeted households to spend more on households' necessities such as food, fuel, and housing and to invest more in their children's health, nutrition and education.

The money received was perceived not to be enough and was remitted after every three months. This concur with EACLSP (2016) that cash transfer programs that constitutes the national safety net programme has a transfer value between KES 2000 and 2500 which is not enough as majority indicated but recommended the government to remit between 3000- 6000 Kenya shilling. For those who were dependent of the cash transfers, they were observed not to be investing in it but rather to use it to fulfil short term goals. According to Dou, Deadman, Robinson, Almeida, Rivero, Vogt & Pinedo-Vasquez (2017), cash transfers create dependency rather than improving the productivity of poor adults. This is because it helps alleviate poverty in short term but not provide an exit out of poverty.

Impacts of NG-CDF in Reducing Urban Poverty in Eldoret Town

Poverty has been a major concern of many governments of the world and many poverty reductions programs have been developed over time and across regions (Maksimov, Wang & Luo, 2017). NG-CDF was not considered to be common livelihood strategy among Eldoret residents irrespective of CDF being a form of devolved function and parallel funding which was introduced in 2003 to facilitate development closer to constituents.

A large proportion of the respondents indicated that there were benefits derived

from CDF such as estate road improvements as well as promoting education by building of classrooms in the estates. The findings concur with those of Ngiri (2016) that benefits derived from CDF include housing facilities, sanitation, better health facilities, security provision and roads respectively according to the importance.

A large proportion of respondents indicated that NG-CDF did not satisfy their livelihood needs. Respondents (35.4%) however added that more funds should be allocated to improve it in order to meet their expectations. Ngiri (2016) and Mutua (2018) indicated that CDF programme contains elements which have been championed by international development institutions such as the World Bank but inadequate funding levels; misappropriation of funds as well as Lack of transparency and dogged controversy has been the reason for failure to meet its objectives.

Impacts of NHIF in Reducing Urban Poverty in Eldoret Town

Health and well-being of an individual is supported by certain factors such as: access to adequate clean water, food security, adequate housing and access to healthcare services. The study found out that, NHIF was a social protection service in Eldoret town and majority were enrolled in it to cover them and their dependence. Ill-health is a crucial indicator of urban poverty. The study revealed at a rate of (73.1%) that there were health facilities/ clinics in the locality where people lived and that the NHIF services are available in all health facilities within Eldoret municipality at a rate of (66.7%). This ensured that the poor population's health is taken care of. This is in line with NHIF (2013) that outpatient package is specifically designed for the health insurance subsidy for the poor beneficiaries to provide adequate financial risk protection. It is through this that NHIF improves maternal health of the mother and baby before, during and after birth as well as regularly paying for all of their medical bills thus working best for respondents' health needs and that of their dependence in the study location.

On Contrary, the beneficiaries at (64.1%) did not used NHIF the last time they visited the hospital and that NHIF monthly premiums are not affordable to pay at (63.6%). According to Barasa *et al*. (2017), the monthly contributions for NHIF for the lowest paid employee have increased by 400% since 1988, thereby proving to be un affordable to the low- income citizen as the rates for the highest earners increased by 431%. This increase was accompanied by expansion of the benefit package to include outpatient services and a range of what the NHIF labels special packages (Barasa *et al.*, 2017). As such NHIF has not fully met its mandate of offering universal health coverage to beneficiaries since majority of the low-income population are defaulters of monthly remittance. Furthermore, NHIF has not done much in promoting education of learners in learning institutions, economic empowerment and security of citizens in Eldoret town

The study also reveals the existence of several strategies put in place to improve the health of the urban poor in Eldoret by county government of Uasin Gishu which included; building and equipping health facilities, free medical services among others. This is an indication that the county government of Uasin Gishu has done a lot in comparison to report by WHO that at least 400 million women, men and children around the world are excluded from access to affordable health care.

In conclusion NHIF has done remarkable service to people of Eldoret town by providing health cover to urban poor. Nevertheless, from respondents' point of view the monthly remittance has not been affordable. As such the government through NHIF board should review its remittance policy so that unemployed and poor people should be given free treatment for whatever ailment they suffer from.

CONCLUSION AND POLICY IMPLICATION

From the study findings it is clear that (Constituent Development Funds (CDF), Old Persons Cash Transfer (OPCT), and National Health Insurance Fund (NHIF) play a great role in reduction of poverty in constituencies if only managed well by ensuring proper funding. The study advises that CDF should not only concentrate much in learning institutions but also pot resources on communities outside schools. NHIF monthly remittance by beneficiaries should be made more affordable for all including the poor. This would lead to a positive change in the lifestyles of the urban poor measured by the changes in Social Economic Status indicators (SES) such as education, health facilities, security, empowerment and housing among others.

People in Eldoret's low income estates finds NHIF monthly premiums not affordable to pay. Therefore, the government of Uasin Gishu should foster health of everyone by offering free medical services for the poor and unemployed people. NG-CDF should also stretch to matters health, secondary roads maintenance lighting and environmental health management. Evaluation and assessment OPTC impacts should be done regularly to establish best ways possible on how to assist older people spend and benefit from cash transfer in Eldoret town.

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