

Unmasking the Outcomes of Social Cash Transfer and Non-Contributory Pensions for Elderly Persons: A Systematic Literature Review

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Abstract

The study aimed at investigating on the social protection programmes for the elderly by assessing peer-reviewed articles that covered cash transfers for the elderly in the period. PICOT and PRISMA frameworks were adopted to guide the literature of the articles that were published on cash transfers in the period 2019 to 2024. The findings were that; the studies had no commonalities on research objectives, research designs, research hypothesis, inferential statistical measurements even for similar outcomes. The scope of the studies in Sub-Saharan Africa should be expanded to include other countries. In Southern African countries like Zambia and Malawi, most studies were non-empirical and thus dropped. The utilisation of grey literature to enrich the review would fundamentally improve the discussions and the outcomes. Future studies should attempt to apply other participatory techniques such as ethnography and storytelling to capture the sociological components. It should also be keen to properly target samples of social protection beneficiaries and improving on generalisability.

Key Words: *Social Protection Programmes. PICOT and PRISMA Frameworks, Cash Transfers for the Elderly, Systematic Literature Review*

1.0 Introduction

This systematic review sought to investigate on social protection programmes for the elderly which have not received adequate attention from academia in the last five years. Whereas the numbers of the older persons continue to increase, their level of vulnerability and isolation is equally increasing and therefore it is critical to understand what different researches have on the outcomes of social cash transfer interventions. Furthermore, the protection of the elderly works to directly conform with 8 out of the 17 Sustainable Development Goal targets and indicators of goals 1, 2, 3, 5, 8, 9, 16, and 17. It is also to be realised that the social protection in Kenya is foundational government policy anchored on the Kenya's Vision 2030, the Fourth Mid-Term Plan (2023-2027) and the Bottom-Up Economic Transformation Agenda (BETA). It is important also to explore the body of knowledge on the debated around targeting of beneficiaries either through a universal model or the targeted approach. The stated problem motivated the study which aimed at answering the following questions; what are contextual gaps in outcomes for old age social cash transfers? What are the main outcomes for beneficiaries of social cash transfers? A systematic review was

conducted and the body of knowledge related to old age social cash transfers or non-contributory pension across the world between 2019-2024 on outcomes of different models were assessed.

2.0 Literature Review

Cash transfers refer to regular non-contributory payments of money provided by either government entities or non-governmental organizations to individuals or households based on their economic needs with the aim of improving their livelihoods and strengthening their capacities. Cash transfers, from a theoretical perspective, are crucial in promoting immediate relief from extreme poverty to vulnerable persons like the elderly while securing their basic rights (Barrientos & Lloyd-Sherlock, 2003). Forecasts estimate that the developing world is bound to witness accelerated ageing in the first half of the century and that a striking association exists between old ageing and poverty. Very low priority has been given to the ageing population in developing countries, with governments and non-state actors instead concentrating programmes for anti-poverty on the young and individuals in their prime age. The common assumption of policymakers is that the contribution of older people to the development process is negligible. Globally, only 46.9 % of people have access to any form of benefits social protection while just 3.3% of the annual GDP is required for the establishment of national protection floors in developing countries.

Older People Cash Transfer Programme (OPCT) is an important instrument of social protection that helps the elderly to cope with poverty. Barrientos et al., (2008) describe the programme as the regular payments that the state or non-governmental organizations make to the older generations as a way of poverty alleviation among this social group. OPCT has been underscored as crucial to the achievement of development objectives.

The law obligates governments in developing countries, especially in Africa to offer social security to individuals who are unable to provide for themselves and their dependents. As such, governments collaborate with key partners such as the World bank Group and the United Nations Children Fund (UNICEF) in facilitation of cash transfers. Cash transfer programmes come in different forms including Persons with Severe Disability Cash Transfer (PWSD-CT), Older Persons' Cash Transfer (OPCT), Cash Transfer to Orphans and Vulnerable Children (CT-OVC) and the Hunger Safety Net Programme (HSNP)

Cash transfer management is executed through intricate structures present at different levels of administration starting from the national level and cascading to the district and grassroots level.

Various community structures are included such as community groups and religious ministries as an additional layer of participation and monitoring of the operational processes.

Older Persons' Cash Transfer (OPCT) provides the elderly members of society living in poverty with direct financial support owing to their decreased engagement in income-generating activities. The old are disproportionately represented among the poorest, and older women are even more vulnerable. The older generation experience increasing levels of poverty with decreased support from the younger generation once the latter establish their own families where they face new responsibilities (Haushofer et al., 2019)

Developed countries have employed social protection for a long time in addressing persistent challenges of poverty and standards of living. Countries in Europe pioneered the development of insurance covers for the working population (Social Protection and Redistribution, 2020). Social protection has since evolved to encompass and address a broader scope of purposes and issues. The social protection programme in Sub-Saharan Africa and other developing countries has the approval and support of the African Union for the provision of social security for the elderly to address vulnerability. The financing gap to achieve universal coverage of social protection floors is 3.3 percent of GDP annually. In low-income countries, the financing gap is an overwhelming 52.6 percent of their GDP annually.

The Older Persons Cash Transfer (OPCT) was introduced by the Government of Kenya in 2006, with its first allocation being four million Kenya shillings. The underpinning factor for the launch of the cash transfer programme was the robust economic growth that the country experienced from 2000-2009 as statistics show that the Kenyan economy transitioned from 3.9 percent to 6 percent within this period. Despite the reported economic improvement, the high prevalence of poverty (46.6 percent) as of financial year 2005/2006 still remained a national headache (Kenya Population and Housing Census, 2009). Consequently, social protection services relying on cash transfers were chosen as the most immediate strategy for alleviating the debilitating levels of poverty and cushioning the elderly whose vulnerability was established to be higher. The Kenya Housing and Population Census (2009) placed the population of the individuals above 60 years to be 1.3 million with projections of considerable increase by 2030. The constitution of Kenya 2010 was also a strong driving force behind the establishment of the OPCT programme due to its provision for inclusivity in the as one of the National Values and Principles of Governance and the inclusion of the marginalized groups in Article 100.

At the launch of the OPCT in 2006, the programme allocated Ksh.1065 as monthly cash transfer. The allocation was piloted in three hundred households in Thika, Nyando and Busia. The

programme was expanded to 550 million Kenya shillings in 2009 and in the financial year 2012/2013, the fund was further boosted with 1 billion Kenya shillings, hitting a cumulative amount of 1.5 billion Kenya shillings. The OPCT budget was doubled in the subsequent 2013/2014 financial year to 3.2 billion Kenya shillings, the steady increase of the allocations for the OPCT programme underscoring its tremendous success. By the financial year 2015/2016, the OPCT programme had over 310,000 beneficiaries in all the constituencies in the forty-seven counties across Kenya disbursing 7.3 billion Kenya shillings.

During the 2013-2017 period, the number of persons in the Older Persons Cash Transfer (OPCT) increased from 59,000 beneficiaries to 833,000 beneficiaries. The notable increase is attributed to policy decisions in 2017 whereby there was to be a universal coverage of all persons above 70 years who were not receiving government pension (Ministry of Labour and Social Protection, 2018).

Women are the greater beneficiaries of the Older Persons Cash Transfer programme with 76 % of shares go to them as men remain 24 %. This skewed allocation is motivated by the spirit of equity due to the generally low levels of women's empowerment in the country. National statistics have revealed the historical marginalization of women leading to their vulnerability and disempowerment. Additionally, organizations and programmes that promote women empowerment have been advocating for women's rights hence creating more attention to the status of women.

The Kenya poverty index is used in determining the criteria of selection of beneficiaries of the OPCT which is normally an intricate process that involves five stages. Community targeting has made it possible for the committees' identification of the most vulnerable groups and individuals. Additionally, the personnel are equipped with skills through training to enable them offer better services and identify the deserving individuals (Mhamud & Minja, 2020). The initial stage involves the establishment of policies that will be instrumental in directing and influencing the processing and programmes operations in accordance with the Constitution of Kenya 2010. Step two entails in-depth consultations with gender offices across the counties which is useful in the mobilization and committee members recruitment. The committee also domiciles district staff and additional members who are central to the promotion of the programme.

3.0 Methodology

The study applied a systematic literature review of the studies on old age social cash transfer and non-contributory pension in developing and emerging economies of the world. The method was relevant and targeted to collect, appraise and synthesis peer-reviewed and refereed journals on the

outcomes of old age transfer intervention. This systematic review considered an analysis and synthesis of search strategy, the inclusion and exclusion criteria, data mining and extraction, and critical synthesis of the outcomes per journal country or region against the target population and sample, indicators, theoretical frameworks, research designs, independent (explanatory or predictor or intervention) variables, hypotheses tested or research question used, and moderating independent variables (IV) or control, or instrumental variables.

Guiding Framework

The PICOT and PRISMA frameworks were used as a guide for choosing articles required for conducting systematic review.

The PICOT Framework

The systematic review adopted and modified PICOT as a strategy for addressing the research questions as illustrated in the table below:

Table 1: The PICOT Framework: Literature Review Search Strategy

Acronym	Definition	Descriptive action
P	Population	<ul style="list-style-type: none"> Who are the target population and sample? By age, geographic location, and other attributes related older persons social cash transfer programme, and beneficiary category (primary and secondary)
I	Indicator/Intervention/ Independent variable measurement	<ul style="list-style-type: none"> Exposure of interest -enrolment and participation in the older persons social transfer
C	Compare/Control/ Moderation	<ul style="list-style-type: none"> What factors and indicators have remained constant or control or moderate the outcome? How is the measurement of the outcome variable and what alternatives existing for comparison?
O	Outcomes	<ul style="list-style-type: none"> What are consequences of being exposed to the older persons cash transfer? Positive impact
T	Type of study/hypothesis/ question	<ul style="list-style-type: none"> What were the most or least used study types used for the outcome measurement? What hypothesis were tested for the outcome models?

Source: Literature Review 2025

PRISMA Framework: Literature Review Search Strategy

The research adopted the use of PRISMA model as the guiding framework for the literature review searches. PRISMA is a universalised approach and acronym standing for Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) and entails identification, screening,

eligibility, and inclusion of literature materials. It guided the identification of the literature on old age cash transfer from Emerald Insight, JSTOR, PLOS, Pubmed.gov, Sage journals, Wiley online library, and Taylor & Francis Journals accessed from St. Paul's University Library. The screening was undertaken to remove duplicate studies, non-empirical journals, journals without complete papers or portable document format (PDF). The screening process was supported by Zotero software to eliminate journals who DOIs were not registered. On eligibility, the journals included were peer-reviewed and refereed journals, only journals with old age social protection, social cash transfer or non-contributory pension (rural pension programmes). On inclusion and exclusion, the year of public was strictly adhered with publications constricted to 2019-2018 and those that were available as open or free journals. Only journals related to old age social cash transfer, rural or non-contribution pensions, and old persons grants were included. No unpublished these or grey materials were included in the study.

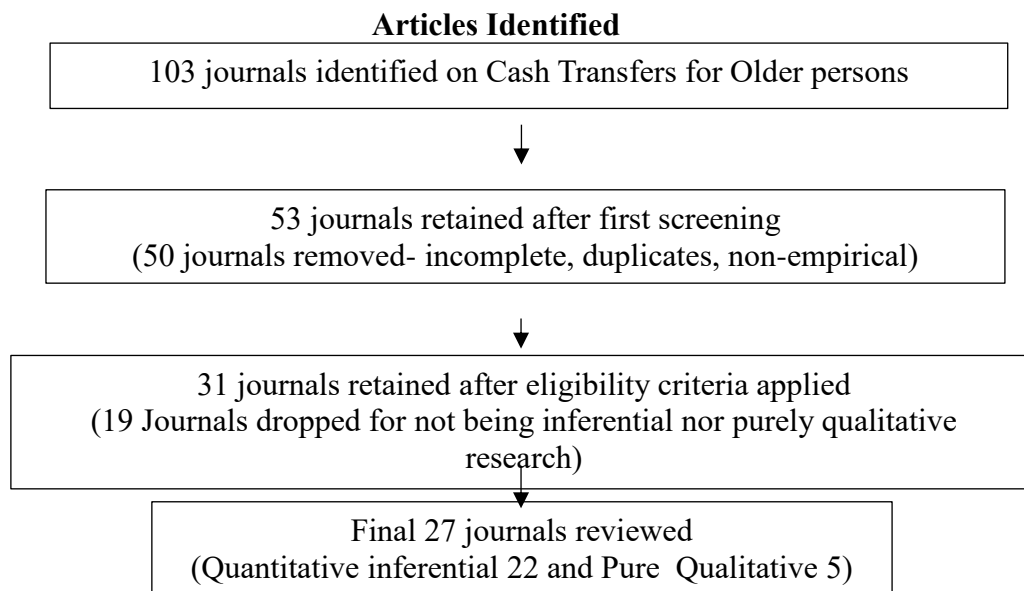


Figure1: PRIMA Frame work guided literature search

The 27 final journals in Figure 1 above were derived from Bolivia (1), Chile (2), China (4), Ghana (3), Kenya (12), Mexico (1), South Africa (2), South Korea (1), and Uganda (1). All the 9 participant nations and jurisdictions would broadly be classified as emerging or developing economies.

Six different approaches were used to identify the candidate journals. This encompassed choosing of search terms including “*Old age cash transfer, social pension, rural pension, non-contributory pension*”; searching with keywords-“*Old age social protection, old age/elderly cash transfer*”; Searching for exact phrases- “*impact of old persons cash transfer programme*”, “*correlational analysis of old persons social cash transfer and outcomes*”, Searching with the subject endings

such as “*rural pension*”, “*old persons cash transfer*”, “*old persons non-contributory pension*”, and “*elderly government grants*”, and the use of Boolean logic search of AND, OR, NAND, NOR. Through the journals reviewed, the research benefited from other citations related to the subject areas or theme.

4.0 Findings of the Study

Table 2: Number of journals included and the theories used

Country	# of studies	Quantitative studies	Qualitative studies	# of studies that had Theory
Bolivia	1	1	0	0
Chile	1	1	0	0
China	4	4	0	2
Ghana	2	1	1	1
Kenya	12	10	2	5
Mexico	1	1	0	0
South Africa	2	2	0	0
South Korea	1	1	0	0
Uganda	2	0	2	1
Total	27	22	5	9

Source: Literature Review 2025

Only a third (9 out of 27) of the studies of applied theoretical framework to guide the data analysis. Even in Kenya most studies did not apply theories to guide analysis and synthesis.

4.1 Findings on Outcomes and Geographical Placement

Table 0: Outcomes and Country/Regional Context

Country	Dependent Variable-Outcomes
Bolivia	Resilience, Food security, and stress
Chile	Depressive symptoms in informal caregivers of community dwelling older persons
China	Health behaviour
	Health-related quality of life of the older people
	Health level of the rural older adult
	Depression or medical costs induced by depression of the rural elderly
Ghana	Coverage of cash transfer
Kenya	Older persons' wellbeing

	Programme’s effectiveness in reducing poverty among older persons
	Social economic impact of OPCT
	Livelihood of the elderly persons
	Well-being of the elderly
	Empowerment
	Access to Health Care among Elderly Persons
	Hinderances to Unconditional Cash Transfer Accessibility
	Re-allocation of OPCTP funds
	Perceived financial wellbeing <ul style="list-style-type: none"> ▪ Binary measure which compares beneficiaries with non-beneficiaries; ▪ Capture the impact of OPCT
	Social wellbeing of the elderly
Mexico	Quality of life of the elderly
South Africa	Continuous measurement of the probability of hypertension
	Health outcome
South Korea	Standard poverty
	Extreme poverty
	Employment status
	Market income
	Public and private transfer income

Source: Literature Review 2025

4.2 Findings on Outcomes and Targeted Study Population

Table 4: Outcomes, Study Population, and County

Country	TARGET POPULATION investigated	DV-OUTCOMES
Bolivia	Elderly	Resilience, food security, and stress
Chile	Persons aged 60 and over.	Depressive symptoms in informal caregivers of community dwelling older persons
China	aged 45 to 75 years old	Health behaviour
China	individuals aged 45 years and above	Health-related quality of life of the older people
China	rural older adult in China	Health level of the rural older adult
China	Rural elderly	Depression or medical costs induced by depression of the rural elderly
Ghana	older persons (60 years and above)	Coverage of cash transfer
Kenya	older persons.	Older persons’ wellbeing

Kenya	beneficiaries, coordination committee members and program staff	Reducing poverty among older persons
Kenya	registered beneficiaries	Social economic impact of OPCT
Kenya	number of people who are presently receiving the cash transfer	Livelihood of the elderly persons
Kenya	elderly above 50 years of age, the organizations providing social service programs.	Well-being of the elderly
Kenya	elderly beneficiaries of cash transfer program	Empowerment
Kenya	elderly persons	Access to Health Care among Elderly Persons
Kenya	beneficiaries and employees of Ministry of Labor, Social Security and Services (Department of Social Development)	Hinderances to Unconditional Cash Transfer Accessibility
Kenya	older slum residents aged 60 years or older	Re-allocation of OPCTP funds
Kenya	Respondents' enrolment in the OPCT-all slum residents 60 years or older	Perceived financial wellbeing <ul style="list-style-type: none"> • binary measure which compares beneficiaries with non-beneficiaries; • capture the impact of OPCT
Kenya	Aged 65 & above who were recipients of non-contributory social safety programs	Social wellbeing of the elderly
Mexico	Elderly persons in non-contributory pension	the quality of life of the elderly
South Africa	men aged ≥ 60	Continuous measurement of the probability of hypertension
South Africa	aged 40 and above representative of the rural Agincourt subdistrict	Health outcome
South Korea	Individual in households	Standard poverty Extreme poverty Employment status Market income Public and private transfer income

Source: Literature Review 2025

4.3 Findings on Outcomes and Indicators

Table 5 : Outcomes, Indicators and Country

Country	DV-OUTCOMES	Indicators
Bolivia	Effects of the programme on resilience, food security, and stress	Resilience (Can cover a shock and Enough resources (>week)) Food security (Enough food (>week); Went hungry; Eats less healthy) Stress ((Stressed (pandemic)) and Stressed (health))
Chile	Depressive symptoms in informal caregivers of community dwelling older persons	Centre for Epidemiological Studies Depression Scale (CESD)- The CESD's 20 items were rated on a 4-point scale, with a range of 0 (experienced rarely or none of the time) to 3 (experienced most or all of the time). The total score range was 0–60 points, with 16 points or higher indicating some degree of depressive symptoms
China	Health behaviour	Conscious control of salt intake Conscious control of sugar intake Conscious learning health or wellness knowledge Conscious control of edible oil intake??"
China	Health-related quality of life of the older people	HRQoL using eight subscales: (1) physical functioning, (2) physical role, (3) bodily pain, (4) general health, (5) vitality, (6) social functioning, (7) emotional role, and (8) mental health.
China	Health level of the rural older adult	This is a dummy variable, taking the value of 1 if the respondent participated in the NRSPI, otherwise, a 0 value is assigned.
China	Depression or medical costs induced by depression of the rural elderly	Depressive symptoms or depression
Ghana	Coverage of cash transfer	Dichotomous variable indicating 'non-receipt' or 'receipt' of cash transfer at the time of the data collection
Kenya	Older persons' wellbeing	Access to healthcare Food Security Access to shelter

		Access to clothing
Kenya	Programme's effectiveness in reducing poverty among older persons	Cash transfer programme had changed beneficiaries' access to basic livelihoods over the preceding two years, on a five-point scale, which was calibrated as '1', '2', '3', '4' and '5'; where 1 signified 'no change', 2 represented 'small change', 3 signified 'moderate change', 4 indicated 'big change', and 5 represented 'very big change'
Kenya	Social economic impact of OPCT	not clear
Kenya	Livelihood of the elderly persons	Living with dignity <ul style="list-style-type: none"> • Good health • Sufficient income • Access to basic needs
Kenya	Well-being of the elderly	Frequency of cash transfer receipt from the social program for elderly <ul style="list-style-type: none"> • Received within last 2 years • Cash transfer adequate to cater basic elderly needs • Acquired financial support from local social service organisation • Cash transfer timely and convenient
Kenya	Empowerment	<ul style="list-style-type: none"> • Role sharing in household improved, • Improved health, • Number of cases on Elderly abuse solved, • Percentage of representation in decision making increased
Kenya	Access to Health Care among Elderly Persons	Measured-the affordability, acceptability and availability
Kenya	Hinderances to Unconditional Cash Transfer Accessibility	None
Kenya	Re-allocation of OPCTP funds	Binary measure (shared OPCTP funds directly or indirectly through in-kind payments vs did not share OPCTP stipend with others)
Kenya	Perceived financial	Enough money to meet basic needs? (Income to assess

	<p>wellbeing</p> <ul style="list-style-type: none"> • binary measure which compares beneficiaries with non-beneficiaries; • capture the impact of OPCT 	perceived financial wellbeing)
Kenya	Social wellbeing of the elderly	Not well articulated,
Mexico	the quality of life of the elderly	Per capita household income and Mexico's official monetary poverty lines to identify the elderly living in (extreme) poverty; Regarding the labour market outcomes, indicator for labour force participation equal to one if the individual is employed or unemployed but actively seeking for a job, and zero otherwise; Measure labour supply as the number of hours worked by the individual in the week prior to the interview. This variable takes the value of zero for unemployed or retired individuals
South Africa	Continuous measurement of the probability of hypertension	Fieldworkers used the OMRON© Automatic blood pressure monitor M6W. We classified hypertension as meeting 1 or more of the following broad criteria: (i) SBP \geq 140 mmHg and/or DBP \geq 90 mmHg, (ii) self-reported having ever been diagnosed hypertension by a doctor, and (iii) being on treatment with cardiac medications, such as Enalapril, Amlodipine, Atenolol, Carvedilol, Furosemide, Hydrochlorothiazide, Methyldopa, Spironolactone, NIFEdipine, Isosorbide Dinitrate, and Simvastatin
South Africa	Health outcome	<p>Functionality status index</p> <p>PVW Health status index</p> <p>Health measures: Good or very good self-reported health</p> <p>Highest quintile of depressive symptoms, ADLs, IADLs,</p> <p>Walking speed (m/s)</p> <p>Grip strength</p>
South	Effects of BP	Standard poverty

Korea	expansions on older people's economic outcomes	Extreme poverty Employment status Market income Public and private transfer income
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Source : Literature Review 2025

4.4 Findings on Outcome and Theory

Table 6: Outcomes-Theory-Country

Country	Theory (Yes-No)	DV-Outcomes
Bolivia	No	Resilience, food security, and stress
Chile	No	Depressive symptoms in informal caregivers of community dwelling older persons
China	No	Health behaviour
China	No	Health-related quality of life of the older people
China	No	Health level of the rural older adult
China	Health economics theory, Mushkin; Grossman model of health capital	Depression or medical costs induced by depression of the rural elderly
Ghana	No	Coverage of cash transfer
Kenya	1.Political economy of aging theory, 2.Social exclusion theory, 3.Entitlement theory 4. Capabilities approach	Older persons' wellbeing
Kenya	No	Reducing poverty among older persons
Kenya	Adam Smith's economic theory	Social economic impact of OPCT
Kenya	Resilience theory	Livelihood of the elderly persons
Kenya	No	Well-being of the elderly
Kenya	No	Empowerment
Kenya	Disengagement theory	Access to Health Care among Elderly Persons
Kenya	No	Hinderances to Unconditional Cash Transfer Accessibility
Kenya	No	Re-allocation of OPCTP funds
Kenya	No	Perceived financial wellbeing -binary measure which compares beneficiaries with non-beneficiaries; -capture the impact of OPCT
Kenya	No	Social wellbeing of the elderly
Mexico	No	The quality of life of the elderly

South Africa	No	Continuous measurement of the probability of hypertension
South Africa	No	Health outcome
South Korea	No	Standard poverty Extreme poverty Employment status Market income Public and private transfer income

Source : Literature Review 2025

4.5 Findings on Outcome and Research Design

Table 0.1: Outcomes-Research Design-Country

Country	Research Design	DV-OUTCOMES
Bolivia	Regression discontinuity design -use near-real-time data collected through online surveys in Bolivia implemented as part of the IDB/Cornell Coronavirus Survey	Resilience, food security, and stress
Chile	Cross-sectional secondary data	Depressive symptoms in informal caregivers of community dwelling older persons
China	a “quasi natural” experiment, and uses a regression discontinuity design (RDD) to evaluate the impact of the New Rural Pension Scheme on the health behavior of elderly rural residents	Health behaviour
China	China Health and Retirement Longitudinal Study (CHARLS)-Quasi-Natural Experiment	health-related quality of life of the older people
China	Longitudinal Study-multivariate ordered logistic regression model	health level of the rural older adult
China	Logit, OLS and 2SLS models & quantile regression and discontinuity regression	Depression or medical costs induced by depression of the rural elderly
Ghana	Survey	Coverage of cash transfer
Kenya	Descriptive research design was adopted for this research.	Older persons’ wellbeing

Kenya	Mixed method cross-sectional survey design-	Programme’s effectiveness in reducing poverty among older persons
Kenya	cross-sectional mixed methods	Social economic impact of OPCT
Kenya	descriptive survey design	Livelihood of the elderly persons
Kenya	Descriptive survey research design was adopted in the study	Well-being of the elderly
Kenya	explorative research design	Empowerment
Kenya	a descriptive research design	Access to Health Care among Elderly Persons
Kenya	descriptive survey research design	Hinderances to Unconditional Cash Transfer Accessibility
Kenya	A cross-sectional survey	Re-allocation of OPCTP funds
Kenya	Cross-sectional nested study -cross-sectional nested study to the regular NUHDSS information	Perceived financial wellbeing <ul style="list-style-type: none"> • binary measure which compares beneficiaries with non-beneficiaries; • capture the impact of OPCT
Kenya	Mixed-methods	Social wellbeing of the elderly
Mexico	Cross-sectional dataset	the quality of life of the elderly
South Africa	A Longitudinal Study of an INDEPTH Community in South Africa” (HAALSI	Continuous measurement of the probability of hypertension
South Africa	Longitudinal Study	Health outcome
South Korea	Quasi-experimental difference-in-difference design;	Standard poverty Extreme poverty Employment status Market income Public and private transfer income

Findings on Outcomes of Independent Variables (IV)

Table 2: Outcomes-IV Variables-Country

Country	DV-Outcomes	IV Variables
Bolivia	Effects of the programme on resilience, food security, and stress	Respondent’s Characteristics Education (Respondent) Household characteristics Household Resilience

		Health (Household level) Stress(respondent) Livelihood loss (household level); Received Transfer
Chile	Depressive symptoms in informal caregivers of community dwelling older persons	Perceived social support-We also asked binary questions regarding social support received by the caregiver in the bivariate analysis. The questions were ‘Have you taken holidays in the past 12 months?’, ‘Have you received training on care?’, and ‘Do you receive community support?’
China	Health behaviour	Control variables assorted
	health-related quality of life of the older people	The treatment variable is a dummy variable indicating “whether older people participated in the new rural social pension or not”. The older people who participated in the NRSP in 2018 were coded as “1”. The older people who did not participate in the NRSP in 2018 were coded as “0”.
	Health level of the rural older adult	rural older adult individuals’ participation in the NRSPI
	Depression or medical costs induced by depression of the rural elderly	Pension enrolment, Pension, income, Gender, Age, Marital status, Income, Family size, NRCMS - New Rural Cooperative Medical Scheme.
Ghana	Coverage of cash transfer (dichotomous variable) ‘non-receipt’ or ‘receipt’ of cash transfer.	Demographic, socio-economic, lifestyle risk factors, living arrangement and health-related factors Predictor variables The associated factors were analysed in five areas: Demographic, socio-economic, lifestyle risk factors, living arrangement and health-related factors. a) socio- demographic variables -age in years (1 = 65–69, 2 =70–74, 3 = 75–79, 4 = 80–84, 5 = 85 or above), -sex (1 = Female, 2 = Male), -marital status (1 = married, 2 = not married), -location (1 = rural, 2 = urban).

		<p>b) Socio- economic variables</p> <ul style="list-style-type: none"> -education level attained -occupation -house- hold wealth index (1 = Poor, 2 = Middle, 3 = Rich); -Household food security (0 = Not food secured, 1 = Food secured). <p>c) Life style risk factors</p> <ul style="list-style-type: none"> -consumption of tobacco (1 = Ever smoked, 2 = Never smoked) and -consumption of alcohol (1 = Ever consumed, 2 = Never consumed). <p>d) Self-rated health status (1 = Bad, 2 = Moder-ate, 3 = Good),</p> <p>e) Having non-communicable diseases(NCDs) (1 = Yes, 0 = No) were the health-related variables.</p> <p>Marital status was dichotomized. Household wealth index was generated based on household living assets and possession. Household food security was measured based on the availability and access to food by households of study respondents within the last 30 days preceding the survey</p>
Kenya	Older persons' wellbeing	<p>Amount of cash transfer (volume of cash, cost of receiving, cost of spending)</p> <p>Frequency of cash payments (speeding of delivery, timing of approval, intervals of cash payments, Accessibility of cash transfer (security of access, requirement of access</p>
	Programme's effectiveness in reducing poverty among older persons	<p>Hypothesised relationship between aspects of management -Location of payment points; Administrative budget; Staffing level; Targeting; Communication from management to beneficiaries; Payment schedule (INTERVENING VARIABLES-- Gender; Age, Category, Sub-county</p>
	Social economic impact of OPCT	<p>Available and adequate fund, household financial needs, dependants, registration requirements</p>

	Livelihood of the elderly persons	Method of beneficiary identification, Mode of payment
	Well-being of the elderly	X1 = Cash Transfers X2 = Health Care Services X3 = Meal Programmes X4 = Recreation Programs
	Empowerment	Food security provision
	Access to Health Care among Elderly Persons	Satisfaction with the three social protection programmes-cash transfer programmes, government intervention in the provision of health services, and retirement schemes.
	Hinderances to Unconditional Cash Transfer Accessibility	Level of Awareness among Elderly Persons
	Re-allocation of OPCTP funds	Prevalence of OPCTP sharing by background characteristics. Sex, Age group, Ethnicity Marital status, Main source of livelihood, Education, Child in household, Self-reported happiness, Enough money to meet basic needs
	Perceived financial wellbeing <ul style="list-style-type: none"> ▪ Binary measure which compares beneficiaries with non-beneficiaries; ▪ Capture the impact of OPCT 	Targeting efficiency and impact of the OPCT; there variables were age, partnership status, and health.
	Social wellbeing of the elderly	OPCT disbursement procedure
Mexico	Quality of life of the elderly	Control variables: <ul style="list-style-type: none"> ▪ Sex, ▪ Years of formal education, ▪ Indigenous status (indigenous language spoken) ▪ Cohabitation status (living) ▪ Indicators for locality size of residence ▪ State of residence
South Africa	Continuous measurement	Duration of OPG expansion eligibility (in years)

	of the probability of hypertension	Measurement Time duration: 1-5 years
South Africa	Health outcome	Pension exposure
South Korea	Standard poverty, Extreme poverty, Employment status, Market income, Public and private transfer income	Measurement of BP expansion

Source : Literature Review 2025

4.5 Findings on Outcomes and Hypotheses Tested

Table.3: Outcomes-Hypotheses Tested-Country

Country	Research Questions – Hypotheses around the Outcome	DV-OUTCOMES
Bolivia	None	Resilience, food security, and stress
Chile	Not stated clearly	Depressive symptoms in informal caregivers of community dwelling older persons
China	Not stated clearly	Health behaviour
	Not stated clearly	Health-related quality of life of the older people
	H1: The NRSPI has a positive impact on rural older adult population health. H2: The NRSPI has a positive impact on the physical health of the older adult in rural areas by increasing medical services through health care disbursement and diversifying the variety of food intake to promote a balanced diet. H3: The NRSPI improves the mental and self-reported health of the rural older adult by increasing opportunities for recreational activities	Health level of the rural older adult
	The relationship between community monthly pension income and personal New Rural Pension Scheme participation rates including the quantity of pension benefits The impacts of New Rural Pension Scheme participation rates and pension benefits on psychological health and medical costs	Depression or medical costs induced by depression of the rural elderly

Ghana	None	Coverage of cash transfer
Kenya	Not stated clearly	Older persons' wellbeing
	None	Programme's effectiveness in reducing poverty among older persons
	None	Social economic impact of OPCT
	None	Livelihood of the elderly persons
	Not stated clearly	Well-being of the elderly
	To what extent does food security promotion influence empowerment of elderly persons in North Maragoli Location, Vihiga County, Kenya?	Empowerment
	Not stated clearly	Access to Health Care among Elderly Persons
	H ₀ :No relationship between the level of awareness among elderly persons and hindrances to access unconditional cash transfer program in Tharaka Nithi County; H ₁ : There is significant relationship between the level of awareness among elderly persons and hindrances to access unconditional cash transfer program in Tharaka Nithi County	Hinderances to Unconditional Cash Transfer Accessibility
	1.What are the characteristics of older people who are more likely to transfer their cash, and 2. Who are the secondary beneficiaries?	Re-allocation of OPCTP funds
	RQs (1) Is a hybrid targeting approach (CBT and PMT) reaching the poorest older people? RQ (2) Did the OPCT improve the beneficiaries' perception of financial wellbeing?	Perceived financial wellbeing • Binary measure which compares beneficiaries with non-beneficiaries; • Capture the impact of OPCT
Relationship between wellbeing and disbursement of OPCT	Social wellbeing of the elderly	
Mexico	Not clearly stated	Quality of life of the elderly
South Africa	None	Continuous measurement of the probability of hypertension
South Africa	The association between pension exposure and individual health	Health outcome
South	None	Standard poverty, Extreme poverty,

Korea	Employment status, Market income, Public and private transfer income
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Source: Literature Review 2025

4.6 Findings on Outcomes and Inferential Statistical Analysis.

Table 9: Outcomes-Inferential Statistical Analysis-Country

Country	Inferential Statistical Approached followed to assess significance of IVs	DV-OUTCOMES
Bolivia	Robust standard errors	Effects of the programme on resilience, food security, and stress
Chile	Pearson’s and Spearman’s correlation coefficients, logistic regression, t-test, binary logistic regression analysis, bivariate analyses, Katz Index score (ADL), Lawton–Brody Scale score (IADL) and cognitive impairment, multivariable analysis.	Depressive symptoms in informal caregivers of community dwelling older persons
China	heterogeneity analysis, regression analysis, fuzzy discontinuity regression method propensity score matching and difference-in-difference methods	Health behaviour
China	logit model when estimating the propensity score function, Kernel matching method, with Gaussian functions as kernel functions & 0.06 as the bandwidth; t-test	health-related quality of life of the older people
China	a multivariate ordered logistic regression model, Robustness, Moderating Effect, Mediating effect test, Heterogeneity analyses	health level of the rural older adult
China	quantile regression and discontinuity regression, parametric and non-parametric methods, a placebo test, two-stage least-squares (2SLS) computational method, Logit, OLS and 2SLS	Depression or medical costs induced by depression of the rural elderly
Ghana	sequential logistic regression model techniques	Coverage of cash transfer
Kenya	Correlation analysis- ANOVA, Regression analysis, F-Test	Older persons’ wellbeing
	t-test, one-way analysis of variance, multiple linear regression.	Programme’s effectiveness in reducing poverty among older persons
	Chi- square	Social economic impact of OPCT

	multiple regression analysis	Livelihood of the elderly persons
	alpha coefficient, multivariate analysis	Well-being of the elderly
	correlations and regression analysis	Empowerment
	cross-tabulation with chi-square, Pearson Chi-square	Access to Health Care among Elderly Persons
	Correlation analysis	Hinderances to Unconditional Cash Transfer Accessibility
	binary multiple logistic regressions, A sequential model-building process, Fisher's Exact test	Re-allocation of OPCTP funds
	Bivariate analysis, Fisher's exact test, two sample t-test, propensity score was estimated through logistic regression, and non-enrolled in the OPCT in a range of observed characteristics, estimated propensity score, Gaussian Kernel matching technique.	Perceived financial wellbeing <ul style="list-style-type: none"> • binary measure which compares beneficiaries with non-beneficiaries; capture the impact of OPCT
	Correlation between wellbeing and disbursement-Spearman Correlation	Social wellbeing of the elderly
Mexico	Difference-in-differences (DD) and instrumental variables (IV) designs, the intention-to-treat (ITT) and local-average-treatment (LATE) effects associated with the program's expansion- F statistic; Kleibergen-Paap tests	the quality of life of the elderly
South Africa	multivariable-adjusted logistic regression model, OPG expansion, receiver-operating characteristic (ROC) curve, variance inflation factor (VIF) statistic, linear regression model, Sensitivity Analyses-conducted a sensitivity analysis	Continuous measurement of the probability of hypertension
	OLS regressions- estimate the Intent-to-treat (ITT) effect	Health outcome
South Korea	Difference-in-difference approach	Standard poverty, Extreme poverty, Employment status, Market income, Public and private transfer income

4. 7 Findings on Outcomes and Moderating Independent Variables

Table 0.4: Outcomes-Moderate IVs-Country

Country	DV-OUTCOMES	Moderate IVs
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Bolivia	Effects of the programme on resilience, food security, and stress	None
Chile	Depressive symptoms in informal caregivers of community dwelling older persons	None
China	Health behaviour	<u>Control variable (covariate)</u> -Gender -Education level -Marriage -BMI -Disabled -Chronic diseases-hypertension, dyslipidemia, blood glucose abnormalities, heart disease, language disorders, cancer or malignant tumours, liver or kidney or stomach diseases, neurological or psychiatric disorders, memory disorders, other chronic diseases, no chronic disease), -household
	Health-related quality of life of the older people	None
	health level of the rural older adult	<u>Mediating variables:</u> medical services (MSV), food acquisition (FAS) and recreational activities (RAC) <u>Control variables:</u> age (age), sex (sex) and marital, status (MST). The second includes the economic characteristic of income level (ICL), and the third is social characteristics, covering social stratum (SST).
	Depression or medical costs induced by depression of the rural elderly	<u>Control variables</u> include gender, age, marital status, education, income, New Rural Cooperative Medical Scheme, and family size. <u>The instrumental variables</u> are the community-level of monthly pension income, where a community refers to a rural village in which the respondent lives in

Ghana	Coverage of cash transfer	None
	Older persons' wellbeing	None
	Reducing poverty among older persons	<u>Intervening Variables:</u> Gender, Age, Category, Sub- County
	Social economic impact of OPCT	Intervening variable: Management and administration, financial guidance, Donor and Family support, Policies and Regulatory framework, Awareness about the program
	Livelihood of the elderly persons	None
	Well-being of the elderly	None
	Empowerment	None
	Access to Health Care among Elderly Persons	None
	Hinderances to Unconditional Cash Transfer Accessibility	None
	Re-allocation of OPCTP funds	None
	Perceived financial wellbeing <ul style="list-style-type: none"> • binary measure which compares beneficiaries with non-beneficiaries; • capture the impact of OPCT 	None
Kenya	Social wellbeing of the elderly	None
Mexico	the quality of life of the elderly	Control variables: sex, years of formal education, indigenous status (1 = the individual speaks an indigenous language, 0 = otherwise), and cohabitation status (1 = the individual lives in a household with one or more PAM beneficiaries, 0 = otherwise).
South Africa	Continuous measurement of the probability of hypertension	None
South Africa	Health outcome	None
South Korea	effects of BP expansions on older people's economic outcomes	None

6.0 Conclusions and Recommendations

The studies had no commonalities in research objectives, research designs, research hypotheses, or inferential statistical measurements even for similar outcomes. The scope of the studies in Sub-Saharan Africa should be expanded to include other countries. In Southern African countries like Zambia and Malawi, most studies were non-empirical and thus dropped. The utilisation of grey literature to enrich the review would fundamentally improve the discussions and the outcomes. Some of the immediate gaps identified included: under Contextual gaps, Rural vs Urban dichotomy is not clearly explored. In China, it is largely rural vs Kenya's universalized approach. Thematic gaps showed that a lot of studies related social cash transfer with health outcomes and wellbeing such as social economic outcomes. There is variation in measurements and thus the generalizability of the problem. The methodological gap indicated poor identification of research designs. They ranged from multiple and varied uses of inferential methods in the analysis a problem to resultant outcomes. There were also weak qualitative methods in mixed methods design. The studies are silent on the application of the qualitative elements of mixed methods study.

References

- Agbenyo, F., Galaa, S. Z., & Abiuro, G. A. (2017). Challenges of the Targeting Approach to Social Protection: An assessment of the Ghana Livelihood Empowerment against Poverty Programme in the Wa Municipality of Ghana. *Ghana Journal of Development Studies*, 14(1), 19. <https://doi.org/10.4314/gjds.v14i1.2>
- Aliowaku, I., & Mawa, M. (2022). Economic Empowerment of the Elderly and Social Protection Policy: A case of Koboko District, Uganda. *Journal of Science and Sustainable Development*, 9(1), 31–42.
- Ávila-Parra, C., Escamilla-Guerrero, D., & Gálvez-Soriano, O. (2024). Minimum eligibility age for social pensions and household poverty: Evidence from Mexico. *Economic Inquiry*, 62(1), 175–196. <https://doi.org/10.1111/ecin.13170>
- Barrientos, Armando & Loyd-Sherlock, Peter. (2003). Issues in Social Protection: Non-Contributory Pensions and Social Protection: Discussion Paper, International Labour Organization (ILO). Geneva: ILO
- Bashir, S. A., Nyachonga, S., & Muhingi, D. W. N. (2022). Effects of Cash Assistance among the Elderly in Kajiado North Sub-County, Kajiado County, Kenya. *Journal of Research Innovation and Implications in Education*, 6(1), 34–45.
- Bottan, N., Hoffmann, B., & Vera-Cossio, D. A. (2021). Stepping up during a crisis: The unintended effects of a non-contributory pension program during the Covid-19 pandemic. *Journal of Development Economics*, 150, 102635. <https://doi.org/10.1016/j.jdeveco.2021.102635>
- Byaruhanga, I., & Debesay, J. (2021). The Impact of a Social Assistance Program on the Quality of Life of Older People in Uganda. *SAGE Open*, 11(1), 1–11. <https://doi.org/10.1177/2158244021989311>
- Chang, H., Jock, J., Rosenberg, M. S., Li, C., Cho, T.-C., Gaziano, T. A., Lisabeth, L., & Kobayashi, L. C. (2024). The Impact of the Older Person's Grant Expansion on Hypertension

- Among Older Men in Rural South Africa: Findings From the HAALSI Cohort. *Innovation in Aging*, 8(4), igae010. <https://doi.org/10.1093/geroni/igae010>
- Chepngeno-Langat, G., Van Der Wielen, N., Evandrou, M., & Falkingham, J. (2019). Unravelling the wider benefits of social pensions: Secondary beneficiaries of the older persons cash transfer program in the slums of Nairobi. *Journal of Aging Studies*, 51, 100818. <https://doi.org/10.1016/j.jaging.2019.100818>
- Chepngeno-Langat, G., Van Der Wielen, N., Falkingham, J., & Evandrou, M. (2023). Targeting Cash Transfers on the “Poorest of the Poor” in the Slums: How Well Did the Kenya’s Older Persons Cash Transfer Programme Perform? *Journal of Aging & Social Policy*, 35(1), 107–124. <https://doi.org/10.1080/08959420.2021.1926197>
- Hassan, A. M., & Sakwa, M. (2018). Effect of Cash Transfer Programme On Older Persons Wellbeing In Garissa County, Kenya. *International Journal of Social Sciences and Information Technology*, IV(III), 1–16.
- Haushofer, J., Ringdal, C., Shapiro, J., & Wang, X.Y. (2019). Income Changes and Intimate Partner Violence: Evidence from Unconditional Cash Transfers in Kenya. <http://doi.org/10.3386/w25627>
- Kasyoka, F. M., Maithya, H. M. K., & Wanjala, K. B. (2022). Socio-economic Impact of Old Persons’ Cash Transfer in Mulundi Sub-location, Kitui County-Kenya. *Sociology and Anthropology*, 10(2), 9–20. <https://doi.org/10.13189/sa.2022.100201>
- Kenya Population and Housing Census 2019.
- Kiburu, M., & Oino, P. G. (2021). Level of Awareness among Elderly Persons and Hinderances to Unconditional Cash Transfer Accessibility. A Case Study of Tharaka Nithi County in Kenya. *Global Journal of Human-Social Science*, XXI(VII), 41–45.
- Kihianyu, S., & Moi, E. (2022). Evaluation of the Implemented Cash Transfer Program in the Livelihood of The Elderly in Njoro Sub-County, Nakuru, Kenya. *Journal of International Business, Innovation and Strategic Management*, 6(3), 15–28.
- Kiptui, J., Mwaura, P., & Gichuhi, D. (2021). Influence of social protection on access to health care among elderly persons in informal settlements in Nakuru Town, Kenya. *International Journal of Research in Business and Social Science (2147- 4478)*, 10(7), 310–318. <https://doi.org/10.20525/ijrbs.v10i7.1395>
- Lee, K. (2022). Old-age poverty in a pension latecomer: The impact of basic pension expansions in South Korea. *Social Policy & Administration*, 56(7), 1022–1040. <https://doi.org/10.1111/spol.12829>
- Li, R., Gao, D., & Yang, Y. (2024). The impact of pension on the health behavior of elderly rural residents: Evidence from China. *BMC Geriatrics*, 24(265), 1–13. <https://doi.org/10.1186/s12877-024-04783-y>
- Liu, S., He, H., & Gao, H. (2024). The effect of social pension on health-related quality of life of the rural older people: A panel study from China. *BMC Geriatrics*, 24(291), 1–13. <https://doi.org/10.1186/s12877-024-04880-y>
- Mbabu, A. K., Masiga, C., & Okong’o, G. (2020). Best Strategies Of Improving The OPCT Program For The Benefit Of The Elderly Men And Women In Kibera Informal Settlements. *European Journal of Sociology*, 3(1), 36–44. <https://doi.org/10.47672/ejs.299>
- Ministry of Labour and Social Protection. (2018). Strategic Plan 2018-2022. Nairobi: Government of Kenya
- Mugisha, G., Norvy, P., & Shanyisa, W. (2022). Old Persons’ Cash Transfer Disbursement Procedure on Social Well Being of Elderly Persons in Kiambu County, Kenya. *Journal of Research Innovation and Implications in Education*, 6(4), 36–42.
- Ottie-Boakye, D. (2020). Coverage of non-receipt of cash transfer (Livelihood Empowerment Against Poverty) and associated factors among older persons in the Mampong Municipality,

- Ghana – a quantitative analysis. *BMC Geriatrics*, 20(1), 406. <https://doi.org/10.1186/s12877-020-01786-3>
- Rambo, C. M. (2018). Management Aspects that Influence Effectiveness of the Cash Transfer Programme for Older Persons In Poverty Reduction: The Case Of Siaya County, Kenya. *European Journal of Business, Economics & Accountancy*, 6(6), 51–74.
- Riumallo Herl, C., Kabudula, C., Kahn, K., Tollman, S., & Canning, D. (2022). Pension exposure and health: Evidence from a longitudinal study in South Africa. *The Journal of the Economics of Ageing*, 23, 100411. <https://doi.org/10.1016/j.jeoa.2022.100411>
- Salifu, A., & Kufoalor, K. M. (2022). Examining the role of sub-national level leadership in the implementation of cash transfer programs: Evidence from Ghana. *International Journal of Social Economics*, 49(11), 1607–1624. <https://doi.org/10.1108/IJSE-11-2021-0667>
- Sandoval, F., Tamiya, N., Lloyd-Sherlock, P., & Noguchi, H. (2019). The relationship between perceived social support and depressive symptoms in informal caregivers of community-dwelling older persons in Chile. *Psychogeriatrics*, 19(6), 547–556. <https://doi.org/10.1111/psyg.12438>
- Song, Y., Song, C., Wang, Z., & Hu, G. (2023). Impact of the new rural social pension insurance on the health of the rural older adult population: Based on the China health and retirement longitudinal study. *Frontiers in Public Health*, 11, 1310180. <https://doi.org/10.3389/fpubh.2023.1310180>
- Wabwoba, L. J., & Mukanzijomo, C. (2018). Influence of Cash Transfer Programme On The Empowerment Of Elderly Persons In North Maragoli Location, In Vihiga County, Kenya. *International Journal of Social Science and Humanities Research*, 6(2), 178–188.
- Zhou, M., Sun, X., & Huang, L. (2022). Does Social Pension Expansion Relieve Depression and Decrease Medical Costs? Evidence From the Rural Elderly in China. *International Journal of Public Health*, 67, 1604296. <https://doi.org/10.3389/ijph.2022.1604296>