Challenges Faced in Implementing Poverty Reduction Strategies and Development of Pro-Poor Urban Poverty Reduction Strategy Model in Eldoret Town, Kenya

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Abstract

Poverty is the state of being inferior in quality or insufficient in amount, on the basis of social, economic and political aspects. There are different ways to identify the types of Poverty which include Absolute, Relative, Situational, Generational, Rural and Urban Poverty. A study to assess urban poverty in Kenya estimated the percentage of urban poverty in Eldoret town at 35.5% with a population of 79.9% and 20.1% living in core urban and peri-urban respectively. World bank estimates that the pace of poverty reduction in Kenya is only at 1% per a year. At such a pace, 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 objectives of this study were to establish the challenges facing implementation of National Government Constituency Development Fund (NG- CDF), Older Persons Cash Transfer (OPCT) and National Hospital Insurance Fund (NHIF) and to develop a pro-poor urban poverty reduction strategy model. The major significance of this study was to highlight on pro-poor poverty reduction methodology by developing a pro-poor poverty reduction strategy model to inform policy. Literature review was done to establish facts as they are in other countries. The descriptive research design was adopted for this study to describe the situation on challenges faced in implementing poverty reduction strategies. Fischer's formula was used to get a sample size of 273 respondents who formed government officials and household heads of low-income estates of Yamumbi and Msikiti localities in Langas estate, Mwitiriria and Bahati in Munyaka estate, and Kambi Teso and Bondeni in Kamukunji estate. This study targeted two major groups of persons: those in governance like in institutions e.g., hospitals, county government offices and schools formed key informants. The Key informants chosen gave specific information about the challenges faced in implementing NG- CDF, OPCT and NHIF as well as various ways to develop a pro-poor urban poverty reduction strategy model. 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 as well as interview schedules were employed to collect data. Pilot testing was carried out to check for reliability and validity of the tools. Descriptive statistics was used to analyze the data where chi square tests were carried out on the variable items to show the significance differences in the results. A proportion of (63.24%) of the respondents comprised of females. 83.27% of the respondents had formal education. Unemployed respondents constituted the highest percentage (86.40%). Those who owned the houses they lived in were (45.05%). The study revealed that the county government of Uasin Gishu had various strategies to reduce poverty such as NHIF (13%), Mama na kuku

programme (18.2 %) kijana na acre programme (9.1%), Beyond Zero initiative (13%), water kiosks (4%) among others with a significance difference ($\chi2$ = 21.23, d. f.=8, P = 0.0066). Respondents indicated that there were challenges that faced implementation of poverty reduction strategies in Eldoret town that included insufficient allocation of funds (45.0%) and misappropriation and corruption of public funds (25.0%). Some of identified urban poor coping strategies included use of microfinancing (76.5%) and use of seminars for education purposes with a significance difference ($\chi2$ = 86.67, df=2, P< 0.0001). Respondents had the opinion that setting up dispensaries in every estate would be effective as poverty reduction strategy. The study came up with proposed pro-poor poverty Reduction strategy model with the following levels: The NHIF, OPCT, and the CDF levels. Challenges that would face the model would be decreasing profit margins for health insurance companies because they must now manage healthcare costs for people with pre-existing medical conditions and cover the entire costs of preventive services. In conclusion, the NHIF, the OPCT and the NG -CDF should be managed well by ensuring proper funding and enhanced transparency for reasons of accountability in order to bring 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. The study recommends that OPCT should be remitted every month consistently and money set aside should be enough to cater for poor person's needs. The OPCT and NHIF of older people should be integrated to cater for monthly premiums due for NHIF cover. The CDF should focus on matters outside schools as well. The NHIF board should review its remittance policy so that unemployed and poor people should be given highly subsidized or even free treatment for whatever ailment they suffer from.

Keywords: Challenges, Poverty Reduction Strategies, Strategy model, Pro-poor, Urban & Development

INTRODUCTION

Societal demographic shift from predominantly rural to urban in all countries is an indication that poverty is similarly being "urbanised" (Imai, Gaiha & Garbero, 2017). Baharoglu and Kessides (2015) discusses urban poverty in five major dimensions. These include: income and consumption, education, health, security and empowerment. Despite these commendable efforts to reduce the levels of poverty globally, regionally and even nationally, the challenge of poverty is still a concern. Sub-Saharan Africa still experiences a 41% rate of poverty (Kwasi, 2015). The Social Dimensions of Development (SDD) which was launched in 1994 (Strezov, Evans & Evans, 2017) to shoulder the poor against the harsh effects resulting from economic reforms. Despite the government's efforts to the SDD programme, shown by allocation of Ksh 5.58 million in the 1994/95 budget, the poor did not feel its impact (Doppelt, 2017).

The government formulated a strategy to bring down poverty levels in rural and urban areas by 50% by the year 2015 and also strengthen the possibilities of the poor to earn better income (Wilson & Wilson, 2017). National Poverty Eradication Programme (NPEP) was initiated and implemented in 1999 because of inability to fight poverty through national development plans and poverty specific programmes (Mwai, 2017). The purpose of NPEP was to provide a national policy and institutional framework for action against poverty (Wilson & Wilson, 2017). The Government of Kenya currently has four major cash transfer programmes that provide benefits to over 500,000 vulnerable households nationwide (Alviar & Pearson,2009). 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).

By focusing on evaluation of available poverty reduction strategies especially NG-CDF, OPCT and NHIF, it enabled the study to explore on urban poverty reduction strategies in Eldoret town, Kenya. Poverty reduction strategies leads to reduction in social inequalities. The impacts of social inequalities can be far reaching. They may have impacts on the security and peace of a region by building contempt, political clashes and social problems. Poverty reduction strategy should be able to curb such ends by providing a relatively fair level playing ground for the poor thus decreasing inequalities (Mowafi & Khawaja, 2015).

Poverty reduction strategies are preventing health and environmental challenges at a wide-scale level. When citizens are deprived of essential services such as healthcare and environmental sanitation it may pose a specific burden. Diseases such as cholera, typhoid malaria and plague are usually resultant to the lack of services such as solid waste management, sanitation and water supply, such health and environmental problems may serve to further aggravate poverty. Poverty reduction strategies should serve to curb such situations by providing clear-cut measures and providing such services to the urban poor (Mowafi & Khawaja, 2015). Poverty reduction strategies are crucial in the light that they help to improve the peoples' living conditions and earn income. This is due to access to improved education, health, security and other crucial parameters. Financial services, for commercial reasons, have been historically targeted to the richer members of the community as they have a greater capacity to pay back the loans as well as maintain savings levels (Dowla & Barua,2006).

Microfinance institutions offered the best possibility for low-income earners to open accounts. According to Mitlin & Patel (2005), a critical mechanism to building economic independence as well as safeguarding the people's futures was found in the creation and opening of bank accounts. In Kenya, various Banks have more than five savings accounts that cut across all ages (KWFT, 2016; Faulu Bank, 2016). This MFI caters for young children, teenager, youth and adults. The essence of table-banking is encouraging members in a particular group, who meet monthly to place their savings, loan repayment and other contributions on the "table" and they are expected to borrow immediately either on short-term or long-term based on the loan agreements. The women in this case have been able to use the money they borrow as capital to improve their livelihoods as well as engage in income generating projects.

A crucial measure for reducing urban poverty is to ensure that the urban poor engage in meaningful employment. This refers to both increasing employment opportunities as well as increasing the physical accessibility of these opportunities. For instance, reducing payroll taxes and other costs that ensue from making labour contracts. This would motivate more firms to employ workers (Babatunde *et al.*, 2015). The governments at local and national levels may also ensure that they facilitate the information availability on jobs and product markets. Another crucial method would be to provide training in practical and skill-based aspects so that the urban poor are equipped with skills that would make them more useful in the work environment.

Urban agriculture is a pro-poor poverty reduction strategy that increases the food security of urban households and may allow them to earn an added income (Mkwambisi, 2015). However, in many urban centres, agricultural activity is prohibited. Those who participate in urban agriculture, in many cases, do not legally own the pieces of land that they farm. Many of them use private pieces of land illegally and therefore have low security of tenure. Governments should strive to improve infrastructure so as to facilitate the efficiency, safety and productivity of these industries. Also, provision of information on aspects such as

markets, credit, safety, and also practical skills training may serve to stimulate the economic activity and productivity of the urban areas as a whole while maintaining health and safety (Ogbe, 2017).

METHODOLOGY

Study Site

This research study was undertaken in Eldoret town in Uasin Gishu County focusing Kamukunji (752027.10 E, 59367.26 N), Munyaka (756686.68 E, 58234.03 N) and Langas estates (752274.03 E, 53976.61 N) as represented in figure 1.

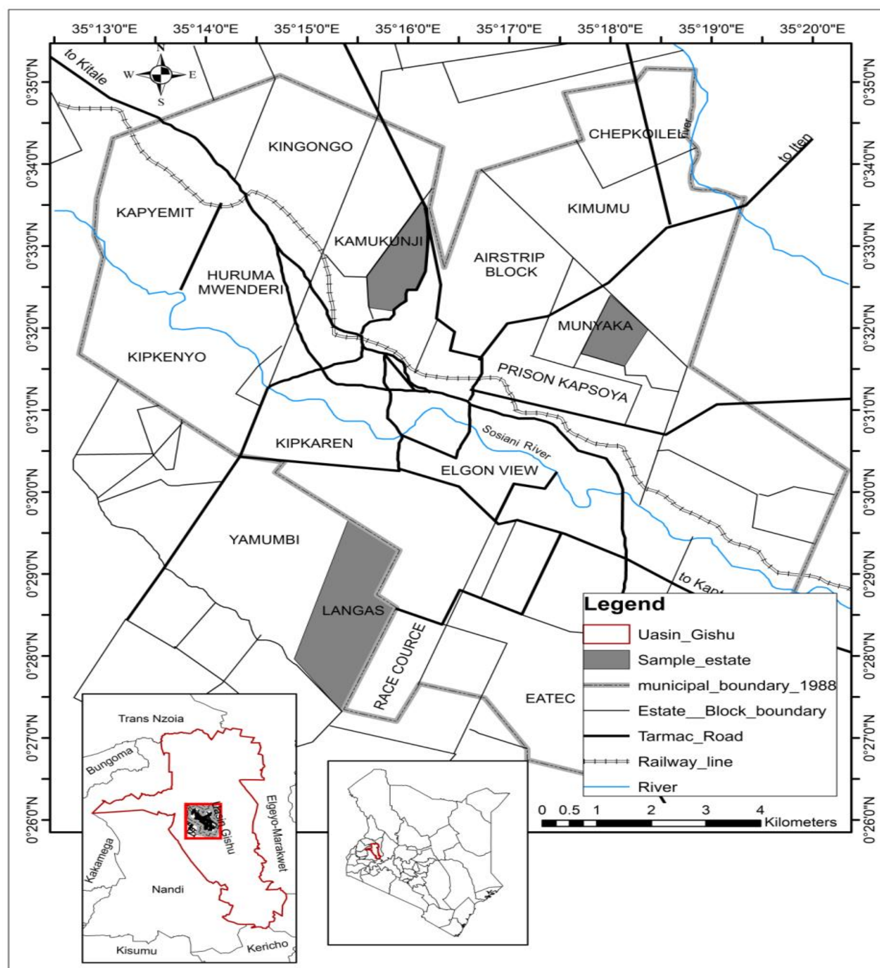

Figure 1: Map of the study location (Source: Kipkemei *et al.*, 2020).

Target Population

The three estates had a population of over 26,000, 4,000 and 4,527 people for Langas (Yamumbi and Msikiti), Munyaka (Mwitiriria and Bahati) and Kamukunji (Kambi Teso and Bondeni) respectively according to 2019 National census. Household heads, older population and government staff were three major groups of persons targeted by this study to meet the study objectives which included, to evaluate the challenges faced in

implementing NG-CDF, OPCT and NHIF as Poverty Reduction Strategies as well as to develop a pro-poor urban poverty reduction strategy model.

Sample Size

The three estates hosted the households in poor or low-income estates thus forming a sampling frame where total number of key informants was set at fifteen to reflect (6 %) of the total sample size. Fischer's formula was used to calculate the sample size for the population in order to address the objectives. The Fischer's formula for Sample was denoted as:

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

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

Sampling Technique

Key informants from government institutions e.g., hospitals, schools and sub-county offices and household heads from the low-income estates of the study location, gave specific information about the challenges faced in implementing NG- CDF, OPCT and NHIF as well as various ways to develop a pro-poor urban poverty reduction strategy. The number of key informants was set at 15 to reflect 6% 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. Similarly, household questionnaires were then administered proportionately for each low-income estate i.e., 75% from Langas estate with a population of 26000 (KNBS 2019), 13% from Kamukunji estate with a population of 4527 (KNBS 2019), people and 12% from Munyaka estate with a population of 4000 (KNBS 2019). In total 200 respondents represented data from NG-CDF and NHIF while 58 respondents represented data from OPCT.

Data Collection Tools and Instruments

Questionnaires as well as interviews schedules were employed to collect data

Data Collection Procedure

The Study began upon receiving ethical approval from the University, County government of Uasin Gishu and National Commission for science technology and innovation (NACOSTI). The research sought consensus from the individuals by visiting them in their areas of jurisdiction after getting permission from the area chiefs. The researcher then moved to the study location where he clustered households in terms of local names where any, then randomly selecting one household from each cluster from which data was collected. Cluster sampling technique was used to collect data from household heads to give glimpse of NG-CDF and NHIF. Snowball data collection method was employed to get data from older persons who benefit from OPCT. Data was collected purposively from key informants in their respective places of work using key informant interview schedules.

Statistical Analysis

Descriptive statistics was used to analyze the data where chi square tests were carried out on the variable items to show whether there were significant differences in the results using IBM Statistical Package for Social Sciences (SPSS) version 20.

RESULTS

There were two hundred and seventy-three (273) data collection tools administered to the local residents. Out of 273 administered tools, a total of 271 (99.23%) respondents filled and returned the questionnaires as illustrated in Table 1. A large proportion of the respondents (63.24%) comprised of females. Majority of the respondents (83.27%) had formal education. A significant portion of (16.73%) respondents had never attended any school. Majority were married (62.59%) while few were single (15.56%). Unemployed respondents constituted the highest percentage (86.40%). Majority (64.26%) had more than 4 dependence, either parents, siblings or children. Those respondents who owned the house they lived in were few 123 (45.91%) compared to those who lived in rented houses who represented (54.09%) as illustrated in table 1.

Table 1: Socio-demographic profile of the Respondent

Question	Attribute	Frequency	Percentage frequency
What is your gender?	Male	100	36.76
	Female	172	63.24
	Total	272	100.00
How old are you?	26-35	87	32.71
	36-45	61	22.93
	46-55	39	14.66
	>56	79	29.70
	Total	266	100.00
What is your highest level of education	Primary	90	33.46
	Secondary	94	34.94
	College/ university	40	14.87
	Never went to school	45	16.73
	Total	269	100.00
Marital status	Married	169	62.59
	Single	42	15.56
	Divorced / separated / widowed	59	21.85
	Total	270	100.00
Are you currently employed?	Yes	37	13.60
	No	235	86.40
	Total	272	100.00
How many people would you consider as your dependents?	1-3	94	35.74
	4-6	131	49.81
	7-9	32	12.17
	>10	6	2.28
	Total	263	100.00
Do you own the house you live in?	Yes	123	45.05
	No	150	54.95
	Total	273	100.00
If no, do you feel like the rent you are paying is affordable?	Yes	28	17.95
	No	128	82.05
	Total	156	100.00

Poverty Reduction Strategies

Respondents were asked to indicate various poverty reduction strategies that were prominent in the areas they resided. Among the major poverty reduction strategies mentioned were that government had added more schools (70.8%), as well as improved the healthcare system of the residents. Respondents also indicated that the county government of Uasin Gishu had various strategies to reduce poverty such as NHIF (13%), *Mama na kuku* (13 %), Beyond Zero initiative (13%), water kiosks (4%), market stalls 4%, kijana na acre (18%) among others with a significance difference (χ^2 = 21.23, d. f.=8, P = 0.0066) as shown in figure 2. A large percentage of the key informants revealed that they had not participated in setting up or implementing any policy to increase the level of decent livelihoods for the poor in urban areas (36.4%) with a significant different of (χ^2 = 27.52, d.f.=4, P< 0.0001) from those who had participated in the *nyumba kumi* initiative (27.3%), *mama na kuku* (18.2%), *kijana na acre* (9.1%) as well as construction of good and affordable houses (9.1%).

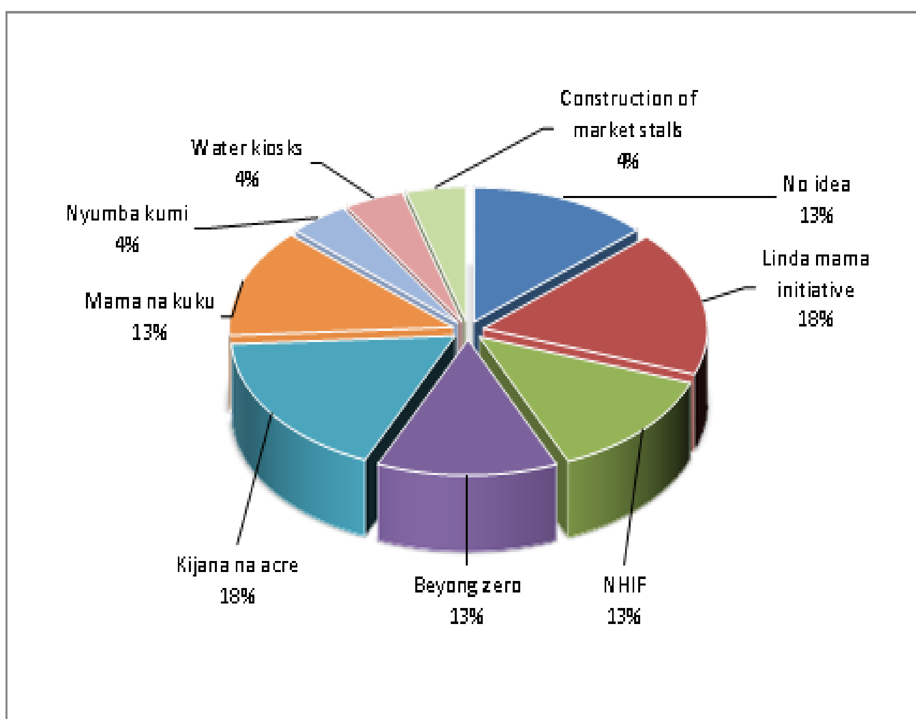

Figure 2: County Government of Uasin Gishu poverty reduction strategies
Source: Field Data, 2020

Challenges Faced in Implementing Poverty Reduction Strategies

The study findings showed that there were Challenges that faced the implementation of poverty reduction strategies in Eldoret town. Majority of the respondents indicated that funds allocated to the strategies in place were not enough (45.0%) followed by misappropriation and corruption of allocated funds (25.0%) with a significant difference from those who indicated that there was inadequacy of trained personnel as well as un sustainability of the policies (χ^2 = 24.0, d.f.=3, P<0.0001) as presented in figure 3.

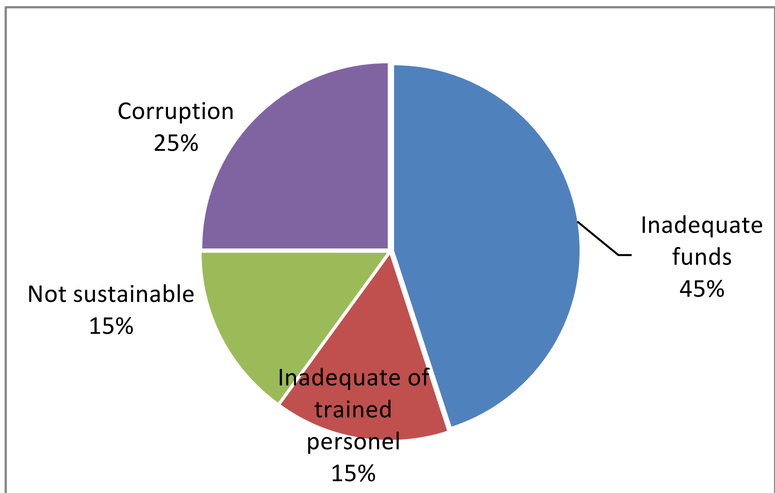

Figure 3: Challenges faced in implementing poverty reduction strategies
Source: Field Data, 2020

Pro-poor Urban Poverty Reduction Strategies
Respondents indicated that there were strategies to improve the level of empowerment of the urban poor so as to allow them to find means to improve their own lives (figure 4). Majority indicated use of microfinancing (76.5%) as the most widely known followed by use of seminars for education purposes and a few indicated the use of water kiosks (6%) with a significance difference (χ^2 = 86.67, d.f.=2, P< 0.0001). Respondents had the opinion that setting up dispensaries in every estate would be effective in reducing poverty.

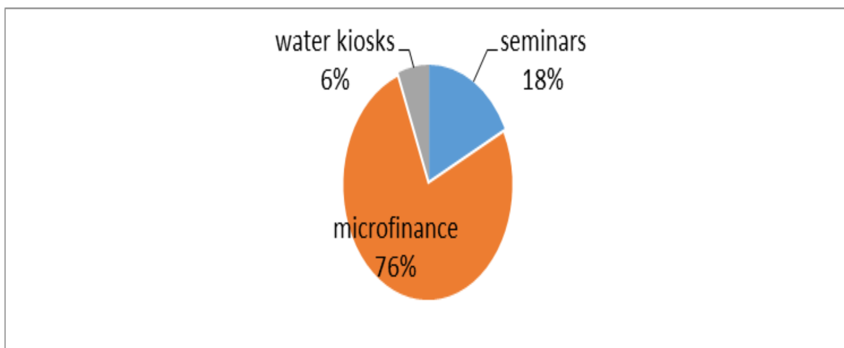

Figure 4: Strategies to improve the level of empowerment of the urban poor so as to allow them find means to improve their own lives

DISCUSSION

Poverty Reduction Strategies
From the findings the county government of Uasin Gishu had poverty reduction strategies which included *Linda Mama* initiative, *Kijana na acre*, Beyond zero, NHIF, NG-CDF, OPCT, *Mama na kuku* among others. The empowerment of the urban poor is a crucial aspect. Empowered individuals can have sufficient flow of income and consequently cater for housing, health care and education. This is in line with (Abro, Alemu & Hanjra 2014) who asserted that to reduce rural poverty, it is vital to improve agricultural activities through initiatives like *Kijana na acre, Mama na kuku* among others, through high-quality extension services to help farmers apply best practices and better access to inputs.

Challenges Faced in Implementing Urban Poverty Reduction Strategies

The study revealed that majority of the urban residence in Eldoret town had not participated in setting up or implementing any poverty reduction strategy policy to increase the level of decent livelihoods for the poor in urban areas. Lack of inclusion in policy formulation and implementation has been a major challenge. This goes in line with finding that, despite there being good policies set up from the donors, there may be challenges to implementing the policies and programmes at ground level (Moser, 2016). Other challenges faced are, funds allocated to support programmes were not enough to meet the intended need followed by corruption and misappropriation of funds and unsustainability of programmes. This concurs with the findings made by Moser that many poverty reduction strategies suffer to the misappropriation of funding accorded for the implementation of the strategies. Corrupt officials may misappropriate funds and governing officials may play the detrimental roles of redirecting poverty reduction funds to non-related areas. This hampers the implementation of the strategies (Moser, 2016). Many of the urban poor have little access to opportunities due to the fact that they lack technical skills. Most of them are unable to practise legitimately to specific government policies and international donor requirements. This may bar them from opportunities; thus, they remain largely informal and this may affect the ability of their enterprises to grow. This is due to the fact that many of the urban poor are unskilled (Klugman *et al.,* 2012).

Development of Pro- Poor Urban Poverty Reduction Strategy Model

A typical Pro-Poor Poverty reduction strategy was seen in Rwanda, The Girinka programme. The Girinka Programme was initiated and launched by Rwandan President Paul Kagame in 2006 to respond to high rates of child malnutrition and as a mechanism towards accelerating the reduction of rural poverty and promoting increased agricultural productivity. This nationwide programme was based on the principle that providing a cow to poor households helps to improve their livelihoods through improved nutrition from the milk produced by the cow, increased agricultural output through better soil fertility as a result of organic manure, as well as increased income derived from the commercialization of dairy products (Rwandapedia, 2013). This approach of poverty reduction strategy took agricultural dimension to improve on livelihoods premise like health, income and conservation of environment. The below proposed model will take into account recommendations and proposals on NHIF, OPCT and NG-CDF in improving livelihoods through service delivery to improve health, income and sustainable development in the people.

The proposed pro-poor poverty Reduction strategy model for this study will take the following levels: the NHIF level, the OPCT level and NHIF level.

The NHIF Level

Health is a crucial indicator of urban poverty (Mowafi & Khawaja, 2015). The proposed NHIF model should be one that offer Government fully-funded medical and health care services that everyone living in Kenya can use without being asked to pay the full cost of the service. This is according to ‘Health Insurance Subsidy Program’ (HISP 2014). These services include: Visiting a physician or a nurse, treatment at a hospital if you are unwell or injured, seeing a midwife for pregnant mothers, getting urgent help from healthcare professionals working in the ambulance services if you have serious injuries or health problems including being transported to hospital (Health, United States, 2014).

This service is proposed to be free at the point of use. Any patient can go and see a doctor who will offer examinations or treatment for a disease free of charge during or after the visit

(HISP 2014). This kind of health care services should be 'funded by the public', that is to say money should be collected and allocated through National taxation system (HISP 2014). The NHIF should review its framework for everyone to shares the burden of paying for health services offered in hospitals and clinics rather than the costs coming directly from ill or injured people. Among the policies that will favor the poor include:

Government Subsidies in Monthly Premiums

Kenya still needs to develop a comprehensive health financing strategy to ensure financial protection for the poor and sustainable financing. From this study findings, NHIF monthly premiums are not affordable to pay (63.6%). Government Subsidies make monthly premiums of health insurance less expensive for those who qualify. Sound financial plans should be set so as 80% of once premiums cater for healthcare instead of administrative costs, Kenya Demographic Health Survey, (KDHS 2008/09). This will make the health insurance a patient- centred.

Universal Preventive Health Care

The healthcare system must restructure their policy to provide 10 essential health benefits free to all the beneficiaries, (ACA 2014). These benefits include preventive care and wellness visits with no pay deductible. They include: Ambulance services, Emergency services, in-patient services, Mother and baby service, Mental health and substance use disorder services, including behavioural health treatment, Prescription of drugs, rehabilitative services (those that help patients acquire, maintain, or improve skills necessary for activities of daily living -ADLs) and devices, laboratory services, Preventive and wellness services and chronic disease management and Paediatric services. This study findings reveal that NHIF improved maternal health of the mother and baby before, during and after birth (89.3%) but not much on the other remaining essential services mentioned above.

No Treatment Denials Due to Pre-Existing Chronic Conditions

Many poor people living in Kenya today have pre-existing chronic conditions due to inability to prevent or treat themselves (WHO Kenya Country Profile, 2014). The study findings reveal that NHIF does not provide extensive services like provision of mosquito nets, VCT services and provision of ARVs for HIV patients and other chronic diseases to the policy holders (68.4%) A pro-poor poverty reduction strategy is proposed to offer all-inclusive cover to all ailments without denying coverage for a pre-existing chronic condition to any beneficiary.

Extending Dependents Period Under Parents' Plan Beyond 18 Years

This NHIF model level proposes extension of children or dependence cover period beyond 18 years, may be up to 28 years. This will enhance the health of the poor who find it difficult to secure a job up to late in their lives where a means of livelihood may have been secured.

Adoption of a 'No Limit Policy'

Poor people visit hospitals frequently due to the fact that they are highly vulnerable to ailments associated to environments where they live and the fact that they are economically weak to take care of their health needs (Mowafi & Khawaja, 2015; Murray, 2016). As a pro-poor strategy, NHIF should completely offer limitless cover to all diseases to all beneficiaries. Similarly, the number of dependences per cover should be unlimited both in number of wives per person and children. This will improve on the study findings that NHIF only provides cover to one spouse and a maximum of 5 dependence.

Differentiated Cover for Elderly

The government of Kenya through NHIF should form a policy geared at providing health cover to Kenyans above 70 years because most old age conditions are seen at this stage, Key Indicators of Well-Being (KIWB, 2016). This is also a stage where most people are not economically productive therefore becoming difficult for them to cater for their health needs. This study proposes that, Integration of OPCT with NHIF would work better in order for the government to meet the health needs of elderly who are beneficiaries of OPCT.

Older Person's Cash Transfer (OPCT) Level

Governments in developing countries are increasingly recognizing the need to provide their poorest citizens with social protection, DFID report (2011). This enables them to offset the risks and shocks that they invariably face on the margins of the economy. OPCT is a Poverty Reduction Strategy under Hunger Safety Net Programme (HSNP) aimed at promoting the livelihoods of older persons in Kenya. This intervention calls upon all the players, including the government through the Ministry of Labour and socials services, parastatals such as NHIF and NGOs, the elderly and their families and the community to pull up their efforts and resources in order to improve the OPCT program. The proposed Pro Poor model that can ensure proper management of the older persons affairs is as follows:

The Unique Contributions to Practice and Policy

There is the need for government social protection programme support to ensure that there are timely budgetary allocations and disbursements. This study reveals that (84.5%) of the beneficiaries rely on this fund to meet their daily family needs like buy food, pay rent, pay water bills or meet hospital bills. There should be staff capacity building and training for ministry officials in the implementation of the program. There is also need to involve the elderly in the formulation of policies about the programme. Prompt disbursement of funds, improved communication channels with the elderly persons, recruitment of youths as mobilization officers to work with the ministry officials, and provision of More cash allocated to the programme in order to cushion the elderly against sky rocketing prices of commodities should form better policies within which OPCT system should operationalize on. This concurs with this study findings that (75.0%) of the respondents opined that the government should remit between Ksh 3000-6000 per month in order to enable the beneficiaries meet their financial obligations. It is also in line with the suggestions fronted by (DFID, 2006) and (Shirin, 2008) in the implementation of a social pension involving building critical administrative systems that identify, target, and register older people. The elderly should be encouraged to form welfare groups where they can socialise, share, enlighten each other, make friends and even champion their rights. The OPCT payments should be made more regular. If the OPCT is disbursed regularly then the elderly will be able to make proper plans for spending the cash. Creation of awareness so that potential beneficiaries and their relatives know that the OPCT program is everywhere, even in the rural areas to avoid people fleeing from rural areas to urban centres with a wrong notion that this programme is only found in urban areas.

Automated Payments

This model level recommends that, monthly cash should be wired directly to the elderly's M-Pesa registered phone numbers or their own bank accounts or to those of their trustees for quick, safe and efficient transmission. This allows the beneficiaries to have full control of their own accounts and money. This alleviates the need to travel to the OPCT dispensing sites, long queues that often lack order and tension of long waits and technicalities with finger biometric system that sometimes do not recognize the bona fide beneficiaries. The ministry should also make regular recruitment of new beneficiaries to the programme as many older people qualify every year yet they are not registered.

The CDF Levels

The CDF has a great capability to positively change peoples' lives if well implemented and the funds maximally utilized, (Chweya, L.2006). A Pro Poor CDF model is proposed to take into account the following: The management of the CDF, proper Information dissemination on CDF matters and Processes in CDF implementation.

The Management of CDF

Employing experts in the running of CDF to advocate for the needs of everyone, the poor included is so paramount as revealed by the findings of this study at (4.0%) that NG-CDF officials / staff should avoid bias and tribalism when allocating funds to beneficiaries. It's critical for all categories of the society to be involved in monitoring the CDF activities, (Kimani Francis, 2007). The CDF committee should enjoy full autonomy to run CDF affairs void of external and political influence. In most cases Political leaders channel resources towards co-ethnics at the expense of the population as a whole, (Franck & Rainer, 2012). The CDF should be strategized to mobilize some resources from society for its projects in consideration of gender equity, youth group funding, enhancing participation of marginalized and vulnerable groups in CDF processes and activities, dispensaries in estates /villages, School Fee support for poor and vulnerable groups and Promotion of security lighting in estates, housing facilities in estates and villages, Promotion of small-scale agriculture and Strategic interventions/projects to target marginalized and vulnerable groups in the society should form the new mandate of the improved CDF.

People-Friendly Information Dissemination on CDF Matters

Information dissemination is a key element in the success of any organization. The use of local language radios, use of chief's *barazas,* posters on CDF matters among local communities and deliberation on publicity on CDF projects, disclosure of CDF financial status to the members of the public should form the integral part of people-friendly information sharing.

CDF Implementation Processes

CDF tendering processes should be made transparent to the public other than committee's exclusive role, accountability for CDF Funds, public participation in identification and prioritization of CDF projects, having inclusive CDF committees, i,e , ensuring that all categories of the society, for example, youth, women, the elderly, persons with special needs, are represented in CDF committees, (Kimani & Francis, 2007). Allowing members of the public to participate in elections of CDF committees, proper Co-ordination and harmonization of funds to promote efficiency and finally, CDF projects should move out of institutions to the residential areas of the general society.

Challenges That Would Face the Model

Profit margins would largely decrease for health insurance companies because they must now manage healthcare costs for people with pre-existing medical conditions and cover the entire costs of preventive services. The government subsidies that should be remitted to healthcare giver for public healthcare needs may not be regularly paid out due to economic dynamics. This would cause unavailability or delay of some processes in the public and private hospitals

Younger adults and healthy persons might not see the need to enrol in the health insurance cover since they would not feel comfortable to pay regularly for the benefit to go to a person with chronic diseases. This is likely to leave the insurance company with a pool of older and sicker populations. The whole model would be marred by a spring of malfeasant staff who

might syphon funds meant for the beneficiaries. Similarly, tax evaders would reduce the chances of the model's success since the model's funds would entirely be sourced from the public taxation system.

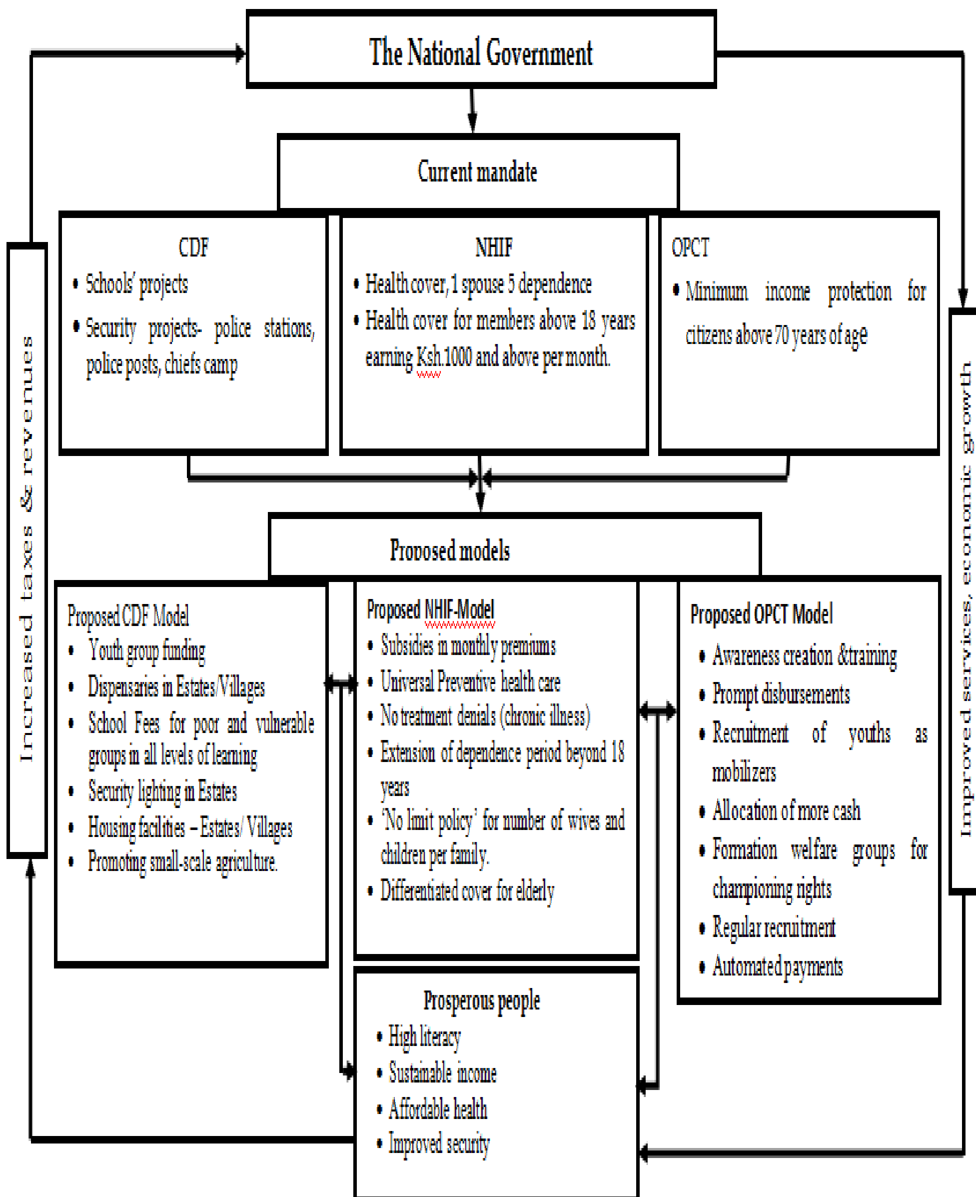

Figure 3: The Pro-Poor Poverty Reduction Strategy Model Chart
Source: Author, 2021

CONCLUSION

The study findings conclude that major challenges to implementation of poverty reduction strategies are misappropriation and corruption of support funds, limited inclusion in project planning and implementation and insufficient allocation of funds to the projects. From the study findings it is clear that Old Persons Cash Transfer (OPCT) as poverty reduction

strategy, has played a major role in poverty reduction by (84.5%) through promoting income of older and the most disadvantaged members of the society. It has promoted sustainable income for buying food stuff as well as investing in micro-businesses like practising domestic poultry farming which is in line with the National Government older person's cash transfer program. Health of the beneficiaries and their dependence has been promoted up to (49%) through spending the OPCT cash in hospital bills where the member is not covered by NHIF or when drugs are not available in their NHIF chosen facilities. Constituent Development Funds (CDF) as a poverty reduction strategy has promoted education of all learners in primary, secondary and tertiary institutions by (98%) through construction of structures for learning though it has neither done much in promoting income to the residence nor enhancing their physical security. NHIF as poverty reduction strategy has improved health of its beneficiaries by (69.0%). It is therefore recommended that monthly premiums be cut down drastically to sustain membership and enrol more in order to meet its mandate of universal healthcare for all. To sum up, National Health Insurance Fund (NHIF), older persons cash transfer (OPCT) and (NG -CDF) 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.

Conflict of interests

The authors have not declared any conflict of interests.

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