



SOCIAL ASSISTANCE GRANTS FOR EMPOWERMENT PROGRAMS AND THE STANDARD OF LIVING OF ELDERLY BENEFICIARIES IN KANUNGU DISTRICT, UGANDA

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ABSTRACT

Social protection programmes are increasingly recognised as important instruments for reducing poverty and vulnerability among older persons, particularly in low-income countries where many elderly people have limited access to formal employment, pensions and reliable household income. In Uganda, the Social Assistance Grants for Empowerment (SAGE) programme was introduced to provide income support to vulnerable older persons and improve their access to basic needs and services. Nevertheless, elderly persons in rural communities continue to experience challenges associated with income insecurity, food insecurity, healthcare access and inadequate housing. This study examined the relationship between Social Assistance Grants for Empowerment programmes and the standard of living of elderly beneficiaries in Kanungu District, Uganda. Specifically, the study examined the relationship between cash transfer programmes, healthcare support programmes and community-based assistance programmes and the standard of living of elderly persons. The study was guided by Social Protection Theory and adopted a convergent parallel mixed-methods design. Quantitative data were collected using structured questionnaires while qualitative data were obtained through interviews with relevant stakeholders. Seventy-nine questionnaires were distributed and 68 were fully completed, producing an 86% response rate. Quantitative data were analysed using descriptive statistics, Pearson correlation and multiple regression while qualitative information was analysed thematically. The findings showed a strong positive relationship between community-based assistance and standard of living ($r = .731, p < .001$). Multiple regression analysis showed that cash transfer programmes ($\beta = .328, p < .001$), healthcare support programmes ($\beta = .442, p < .001$) and community-based assistance ($\beta = .221, p = .001$) were significant positive predictors of standard of living. The model explained 72.1% of the variance in standard of living (Adjusted $R^2 = .721$). Qualitative findings complemented the quantitative results by indicating that cash transfers supported food, healthcare and income-generating activities while community organisations, churches and village savings groups provided complementary social and material assistance. However, payment delays, limited coverage, resource constraints and information gaps constrained programme effectiveness. The study concludes that social assistance can contribute substantially to the standard of living of elderly persons when financial support is complemented by accessible healthcare and community-based support systems. Strengthening the timeliness, adequacy, coverage and coordination of social protection interventions is therefore important for improving elderly welfare in rural Uganda.

KEYWORDS: Social protection, SAGE, cash transfers, healthcare support, community-based assistance, standard of living, elderly persons, Uganda, Kanungu District.

1. INTRODUCTION

Population ageing is increasingly becoming an important social and economic policy issue across the world. Improvements in life expectancy, declining mortality and demographic transitions have increased the number and proportion of older persons. Although population ageing represents progress in human development, it also creates increased demand for income security, healthcare, social support and other services for older persons. The challenge is particularly important in low-income countries where formal pension coverage remains limited and older persons often depend on informal family and community support.

Older persons are frequently exposed to multiple and overlapping forms of vulnerability. Reduced physical capacity may limit participation in productive activities while chronic health conditions may increase expenditure on healthcare. At the same time, household poverty, widowhood, limited savings and dependence on family members can reduce economic security. Consequently, social protection has become an important policy mechanism for reducing poverty and improving welfare among older populations. Social assistance programmes, particularly non-contributory cash transfers, have expanded across developing countries as governments seek to provide minimum income security to vulnerable groups. Social pensions are particularly relevant to older persons because they do not require previous contributions to formal pension schemes. Leisering (2018) observes that social pensions have expanded substantially across the Global South and have increasingly become part of national approaches to old-age income security. Their significance is not limited to income. Cash transfers may also influence food consumption, healthcare utilisation, social participation and household economic behaviour.

In sub-Saharan Africa, cash transfer programmes have been associated with outcomes extending beyond direct monetary support. A review of cash transfer programmes in the region found evidence of effects across financial poverty, nutrition, social capital and



utilisation of health services, although effects differ according to programme design and context (Owusu-Addo et al., 2018). This suggests that social assistance can affect living standards through several pathways rather than through income alone. Uganda introduced the Social Assistance Grants for Empowerment (SAGE) programme as part of the Expanding Social Protection Programme. The Senior Citizens Grant (SCG), which forms the elderly component of SAGE, was designed to provide minimum income security to older persons. Government initially piloted SAGE in selected districts before progressively expanding the Senior Citizens Grant. The programme's stated objectives include reducing old-age poverty and providing minimum income security to older people (Ministry of Gender, Labour and Social Development [MGLSD], 2024). The Government of Uganda reports that the programme was initially piloted between 2010 and 2015 and subsequently expanded to additional districts before the decision to roll it out nationally.

The early SAGE evaluation provides important evidence regarding the programme's intended mechanisms. The evaluation examined whether the programme reduced material deprivation, increased economic security, reduced social exclusion and increased access to services. The evaluation was based on multiple rounds of household data collected between 2012 and 2014 in pilot districts. This evidence established an important foundation for understanding SAGE, but district-specific research remains necessary because the effectiveness of social assistance can vary according to local socioeconomic conditions, service availability and household support systems.

The relevance of financial assistance to healthcare is particularly important among older Ugandans. Qualitative evidence from older persons in Uganda indicates that financial resources influence the ability to obtain medicines and use private healthcare services when public facilities are constrained by shortages or long queues. The same research reported that older persons receiving SAGE funds in Kiboga were able to use some of their resources to access healthcare.

Recent evidence also indicates that SAGE remains relevant to food security and quality of life among older persons. A 2026 study of older SAGE beneficiaries in Kampala found that the grant was a major income source for more than half of participants and that beneficiaries used the funds for household utilities, support to grandchildren and healthcare needs. Such findings reinforce the importance of examining social assistance as a multidimensional intervention rather than treating cash transfers as an isolated income variable.

Within this context, the present study examined the relationship between social assistance grants and the standard of living of elderly beneficiaries in Kanungu District. The study considered three dimensions of social assistance: cash transfer programmes, healthcare support programmes and community-based assistance. Standard of living was assessed through income stability, healthcare access, food security and housing conditions.

2. LITERATURE REVIEW

2.1 Concept of Social Protection and Social Assistance

Social protection refers broadly to policies and programmes designed to reduce poverty, vulnerability and exposure to economic and social risks. Devereux and Sabates-Wheeler (2004) conceptualise social protection beyond simple relief by distinguishing protective, preventive, promotive and transformative functions. This perspective is useful for understanding elderly social assistance because older persons may require immediate protection from poverty while also needing support that enables them to maintain productive and socially meaningful lives.

Social assistance constitutes a major component of social protection. Unlike contributory social insurance, social assistance is generally financed through public resources and targeted at persons considered vulnerable or poor. Cash transfers are among the most widely used forms of social assistance. For older persons, non-contributory pensions can provide a predictable source of income where formal employment and contributory pension systems are inaccessible.

The importance of social pensions has increased in developing countries because many older persons spend their economically active years in informal employment. Consequently, they reach old age without sufficient savings or formal pension entitlements. Leisering (2018) notes that social pensions have become an important component of old-age security arrangements in the Global South. Their potential benefits include income security, increased autonomy and stronger recognition of older persons as rights-bearing citizens.

The SAGE programme reflects this approach within Uganda. The Senior Citizens Grant was designed to provide a minimum level of income security to older persons and reduce old-age poverty. Uganda's Ministry of Gender, Labour and Social Development describes the SCG as an intervention designed to reduce old-age poverty by providing minimum income security to older people.

2.2 Social Protection and the Standard of Living

The relationship between social protection and standard of living can be understood through several pathways. First, cash transfers directly increase disposable resources. Beneficiaries can use the funds to purchase food, clothing, medicines and other necessities. Second, financial support may reduce the need to sell assets or rely heavily on family members during periods of economic stress. Third, social assistance may increase access to services such as healthcare.



The original SAGE evaluation was explicitly designed to examine material deprivation, economic security, social exclusion and access to services. This multidimensional evaluation framework is consistent with the present study's conceptualisation of standard of living.

The impact of cash transfers may also extend beyond the individual beneficiary. Where older persons contribute to household expenditure, their transfers may benefit grandchildren and other household members. The UNICEF discussion of Uganda's Senior Citizens Grant identifies income security for older persons and reduction of intergenerational poverty as important objectives of the intervention.

However, the magnitude of these effects depends partly on the adequacy of the transfer relative to household needs and prices. The value of a fixed transfer can decline over time when inflation increases. An IMF review of Uganda's social protection programmes noted that the real value of the Senior Citizens Grant had declined substantially over the preceding decade. This creates an important policy concern: programme participation may remain beneficial while the purchasing power of the transfer becomes insufficient to meet the expanding needs of beneficiaries.

2.3 Cash Transfer Programmes and Elderly Welfare

Cash transfers are particularly important for older persons because income-generating capacity generally declines with age. The absence of regular income can increase vulnerability to food insecurity, inadequate housing and inability to afford healthcare. A predictable cash transfer may therefore provide a basic economic foundation for elderly households.

Evidence from Uganda's SAGE programme suggests that cash transfers have influenced household economic behaviour and access to basic needs. The early SAGE evaluation examined outcomes including material deprivation, economic security, social exclusion and access to services. Research on the Senior Citizens Grant has also examined its effects on livelihood activities and capabilities among beneficiaries.

The capabilities perspective is particularly relevant. An older person may receive money but the welfare effect depends on the person's ability to convert resources into valuable outcomes. Health status, household structure, market access and availability of services can affect this conversion process. Consequently, cash transfers should be examined alongside healthcare and community support.

Cash transfers can also affect dignity and independence. Where older persons previously depended entirely on children or relatives for basic needs, an independent source of income may increase their ability to make decisions about consumption. The dissertation findings support this interpretation, with respondents reporting that cash transfers improved independence and reduced reliance on family members.

Nevertheless, cash transfers are not automatically sufficient to eliminate poverty. The timing of payment is important because delays may disrupt consumption planning. The dissertation identified administrative bottlenecks, technical payment-system failures and logistical challenges as factors affecting payment regularity.

2.4 Healthcare Support and Elderly Standard of Living

Healthcare is a central component of elderly welfare because ageing is often accompanied by increased prevalence of chronic conditions and functional limitations. Poor access to healthcare can therefore reduce quality of life and increase household financial pressure.

In Uganda, older persons face barriers including cost, distance, availability of medicines and quality of services. Qualitative research involving older persons in public and private health facilities found that financial resources were important for purchasing medicines and accessing healthcare, particularly where public facilities experienced shortages or long queues.

Social assistance may improve healthcare access directly and indirectly. Directly, beneficiaries can use cash transfers to purchase medicines and pay for transport. Indirectly, increased food security and improved household resources may contribute to better health.

The present study conceptualised healthcare support using accessibility, affordability, availability of essential medicines and distance to health facilities. These dimensions reflect the reality that having a health facility within a district does not necessarily mean that older persons can effectively use it.

The dissertation's empirical results indicated strong agreement that healthcare support contributes to physical health and quality of life, with a mean score of 4.31 (SD = 0.68). Preventive healthcare recorded a mean of 4.45 (SD = 0.62), indicating particularly strong agreement among respondents.



These findings are consistent with the broader understanding of healthy ageing, in which access to appropriate health services is essential for maintaining functional ability. They also demonstrate why social protection for elderly persons should not be conceptualised solely as income support.

2.5 Community-Based Assistance and Elderly Welfare

Formal social protection programmes operate within existing family and community systems. In rural Uganda, elderly persons commonly rely on family members, religious organisations, community-based organisations, savings groups and neighbours for additional support.

Community-based assistance can take several forms, including food support, informal care, companionship, emergency borrowing, social participation and assistance with household tasks. These forms of assistance may be especially important where formal government transfers are insufficient to cover all household needs.

The literature on cash transfers in sub-Saharan Africa indicates that social assistance can influence social capital and community-level relationships in addition to economic outcomes (Owusu-Addo et al., 2018). This suggests that the effects of social protection can extend into social inclusion and community participation.

In Uganda, studies of the Senior Citizens Grant have also considered its implications for household and community economic behaviour. The spillover-effects research associated with Uganda's SCG examined changes in livelihood activities, asset accumulation, coping with shocks, access to credit and local economic activity.

The present study extends this perspective by explicitly considering community-based assistance as a separate dimension of support. This is important because elderly beneficiaries do not receive assistance from government in isolation. Rather, formal and informal support systems interact.

2.6 Theoretical Perspective

The study was guided primarily by Social Protection Theory. The theory provides a framework for understanding how interventions such as cash transfers, healthcare assistance and community support can reduce vulnerability and improve welfare.

The theory assumes that individuals exposed to socioeconomic risks can experience improved welfare when appropriate mechanisms of protection and support are available. For elderly persons, these mechanisms can include income transfers, healthcare services, food assistance and social networks.

Social Protection Theory therefore provides a direct connection between the independent variables and the dependent variable in the present study. Cash transfers provide financial protection, healthcare support reduces health-related vulnerability while community-based assistance provides social and material protection.

However, the theory also has limitations when applied to rural elderly populations. It may assume that interventions are consistently available and effectively implemented. In practice, elderly persons may experience delayed payments, inadequate benefit levels, transport barriers and shortages of healthcare resources. The study therefore treated implementation conditions as important contextual factors.

2.7 Empirical Gap

Previous research has generated important evidence on SAGE in Uganda. The national pilot evaluation established that the programme was designed to reduce material deprivation, increase economic security, reduce social exclusion and increase access to services.

However, several gaps remain. First, much of the early evidence was generated during the programme's pilot phase and therefore does not necessarily capture later implementation conditions. Second, national or multi-district studies may conceal differences in local socioeconomic conditions. Third, some studies have focused primarily on cash transfers without integrating healthcare and community-based support.

Recent studies continue to show the importance of examining SAGE from different dimensions. For example, research among older SAGE beneficiaries in Kampala has examined nutritional status and quality of life, while research in other Ugandan districts has examined livelihood improvement and material deprivation.

The dissertation therefore identified a contextual and methodological gap concerning the combined relationship between cash transfers, healthcare support, community-based assistance and the standard of living of elderly beneficiaries specifically in Kanungu District. The study addressed this gap through a mixed-methods approach integrating statistical analysis with beneficiary and stakeholder experiences.



3. METHODOLOGY

3.1 Research Design

The study adopted a convergent parallel mixed-methods design. Quantitative and qualitative data were collected concurrently and analysed separately before being integrated during interpretation.

The quantitative component was used to establish the statistical relationships between cash transfer programmes, healthcare support programmes, community-based assistance and standard of living. The qualitative component provided contextual explanations concerning beneficiaries' experiences and the implementation of social assistance programmes.

The mixed-methods approach was appropriate because statistical relationships alone could not fully explain how elderly persons experienced social assistance in their daily lives. Triangulation also enabled the researcher to compare survey findings with information from interviews and documentary sources.

3.2 Study Area

The study was conducted in Kanungu District in southwestern Uganda. The district borders the Democratic Republic of Congo to the west, Rukungiri District to the north and east, Rubanda District to the southeast and Kisoro District to the south.

The district context was relevant because many elderly persons depend on informal livelihoods and family support. The study focused on elderly SAGE beneficiaries and stakeholders involved in social protection and elderly welfare.

3.3 Study Population and Sample

The target population consisted of 235 registered elderly SAGE beneficiaries aged 65 years and above. The study also involved key informants drawn from institutions involved in implementation, monitoring and support of elderly persons.

The dissertation reports a total sample of 148 respondents, comprising 79 elderly SAGE beneficiaries and 69 key informants. The sample was determined using Yamane's formula.

For the quantitative survey, 79 questionnaires were distributed and 68 were fully completed and returned. This produced an 86% questionnaire response rate. Interviews were conducted with relevant local government officials, SAGE programme personnel and healthcare/community development stakeholders.

3.4 Data Collection

Structured questionnaires were used to collect quantitative data from elderly beneficiaries. The questionnaire captured information on cash transfer programmes, healthcare support, community-based assistance and standard of living.

Interviews were used to collect qualitative data from key informants. Documentary sources were also consulted to obtain contextual information about social assistance and programme implementation.

3.5 Measurement of Variables

Cash transfer programmes were measured through regularity of payments, adequacy of transfer amounts, coverage and timeliness. Healthcare support programmes were assessed through accessibility of healthcare, affordability, availability of essential medicines and distance to health facilities.

Community-based assistance was assessed using family support systems, community welfare initiatives, social inclusion and informal care networks.

Standard of living was measured using income stability, healthcare access, food security and housing conditions.

3.6 Data Analysis

Quantitative data were analysed using descriptive statistics, Pearson correlation and multiple regression analysis. Pearson correlation was used to examine the strength and direction of relationships between individual dimensions of social assistance and standard of living.

Multiple regression analysis was used to determine the combined contribution of cash transfers, healthcare support and community-based assistance to standard of living.

Qualitative data were analysed thematically. Information from interviews was compared with quantitative findings to identify areas of convergence and divergence.



4. RESULTS

4.1 Response Rate

Of the 79 questionnaires distributed, 68 were fully completed and returned, resulting in an 86% response rate. The response rate provided an adequate basis for the quantitative analysis conducted in the study.

4.2 Cash Transfer Programmes and Standard of Living

The findings indicated generally positive perceptions of the contribution of cash transfers to elderly welfare. Promotion of independence and reduction of dependency on family members recorded a mean of 4.52 (SD = 0.61). Predictable income that improved the ability to meet basic needs recorded 4.48 (SD = 0.67).

Financial support that improved access to healthcare recorded a mean of 4.41 (SD = 0.69). Participation in social and economic activities recorded 4.38 (SD = 0.70) while psychological wellbeing recorded 4.29 (SD = 0.76).

These results suggest that respondents perceived cash transfers as contributing to both material and non-material dimensions of welfare. The qualitative findings reinforced this interpretation. Beneficiaries described the support as useful for food, healthcare, clothing and small income-generating activities.

However, the qualitative findings also identified delays in payment. Administrative bottlenecks, technical failures and logistical challenges were reported as factors affecting payment regularity.

4.3 Healthcare Support and Standard of Living

Healthcare support was positively perceived by respondents. Physical health and overall quality of life recorded a mean score of 4.31 (SD = 0.68). Preventive healthcare recorded 4.45 (SD = 0.62). These were high scores, indicating strong agreement that healthcare interventions contribute to elderly welfare.

Qualitative findings indicated that government health facilities provided consultations and essential medicines, enabling elderly persons to obtain healthcare without always incurring direct consultation costs.

The results suggest that healthcare support contributes to standard of living through disease prevention, treatment, improved physical functioning and reduced health-related financial pressure.

4.4 Community-Based Assistance and Standard of Living

The qualitative findings showed that community-based assistance complemented formal government support. Churches, community-based organisations and village savings and loan associations provided food, care, companionship and emergency financial assistance.

Pearson correlation analysis showed a strong positive relationship between community-based assistance and standard of living: $r = .731$, $p < .001$, $N = 68$.

The result indicates that higher levels of reported community-based assistance were associated with higher levels of reported standard of living.

The finding is important because it demonstrates that elderly welfare is not determined by government cash transfers alone. Family and community systems provide additional resources that may help beneficiaries manage economic and social vulnerabilities.

4.5 Multiple Regression Analysis

A multiple regression model was estimated using cash transfer programmes, healthcare support programmes and community-based assistance as predictors of standard of living.

The model produced $R = .856$, $R^2 = .733$ and Adjusted $R^2 = .721$. Thus, the three predictors jointly accounted for 72.1% of the variance in the reported measure of standard of living.

Table 1: Multiple Regression Coefficients

Predictor	B	Standardised β	t	p
Cash transfer programmes	0.315	.328	4.375	< .001
Healthcare support programmes	0.421	.442	6.191	< .001
Community-based assistance	0.218	.221	3.354	.001
Constant	0.412	—	3.296	.001

Dependent variable: Standard of living of elderly persons

Source: Primary Data, 2026.

All three predictors had positive statistically significant coefficients. Cash transfer programmes had $\beta = .328$ ($p < .001$), healthcare support programmes had $\beta = .442$ ($p < .001$) and community-based assistance had $\beta = .221$ ($p = .001$).



The results indicate that each of the three dimensions of social assistance was positively associated with standard of living within the regression model. Healthcare support had the largest standardised coefficient in the reported model, followed by cash transfers and community-based assistance.

Importantly, these coefficients should be interpreted as statistical associations within the study model rather than as definitive causal effects. The study design was not a randomised experiment and therefore cannot establish that changes in each programme component alone caused the observed changes in standard of living.

5. DISCUSSION

5.1 Cash Transfers and Standard of Living

The findings demonstrate a positive association between cash transfers and elderly standard of living. Respondents reported that financial support increased independence, improved the ability to meet basic needs and reduced dependence on family members. This finding is consistent with the economic rationale underlying social pensions. Older persons who have limited productive capacity require a predictable source of income to meet basic consumption needs. In this sense, the SAGE transfer provides a minimum level of financial protection.

The findings are also consistent with the objectives of Uganda's SAGE programme, which include reducing material deprivation and increasing economic security. The original SAGE evaluation explicitly assessed the programme against these objectives.

The finding on independence is particularly important. Elderly persons may experience reduced autonomy when they have no independent source of income and must rely entirely on adult children or other relatives. A cash transfer can therefore have a welfare effect that extends beyond the monetary value of the payment.

However, the study also found that delayed payments constrain programme effectiveness. This finding highlights an important distinction between programme availability and effective programme implementation. A cash transfer that is irregular may be less useful for planned consumption than a transfer received predictably.

The issue of benefit adequacy is also important. The IMF has noted that the purchasing power of Uganda's Senior Citizens Grant has declined over time relative to household consumption and living costs. This implies that even when the programme contributes positively to living standards, the magnitude of its contribution may be constrained when benefit levels fail to keep pace with prices. The findings therefore support the continuation and strengthening of income support while also highlighting the importance of payment reliability and adequacy.

5.2 Healthcare Support and Standard of Living

Healthcare support was positively associated with standard of living. Respondents particularly recognised preventive healthcare and improvements in physical health and quality of life.

The result is theoretically consistent with Social Protection Theory because illness constitutes a major source of vulnerability among older persons. Healthcare support reduces the risk that elderly persons will experience worsening health without access to treatment. The finding is also consistent with qualitative evidence from Uganda. Older persons have reported that lack of money affects their ability to purchase medicines and obtain services from facilities where public-sector resources are limited.

The relationship between healthcare and income is therefore bidirectional. Cash transfers can help older persons pay for transport, medicines and other health-related costs while better health enables them to participate more actively in household and community activities.

The result also suggests that social protection policies should not isolate cash transfers from healthcare systems. An elderly person may receive a regular cash transfer but still experience poor living conditions if essential medicines are unavailable or health facilities are too distant.

5.3 Community-Based Assistance and Standard of Living

Community-based assistance demonstrated a strong positive relationship with standard of living. The finding supports the argument that social protection for older persons should be understood within the wider social environment in which they live.

In rural communities, formal government programmes coexist with informal systems of care. Family members may provide food and accommodation, churches may provide material support, community groups may offer emergency assistance and village savings groups may provide access to small loans.

These forms of assistance can fill gaps left by formal social protection. They may be especially important when cash transfers are delayed or inadequate.



The finding also aligns with evidence that cash transfer programmes can influence social capital and social inclusion. Owusu-Addo et al. (2018) found that cash transfer interventions in sub-Saharan Africa may affect social determinants of health through several pathways, including social capital and access to services.

The qualitative evidence from the present study reinforces the quantitative relationship. Churches, community-based organisations and VSLAs were identified as sources of food, care, companionship and emergency financial support.

This finding demonstrates the importance of strengthening linkages between formal social protection and community-based structures. Government programmes may provide the financial foundation while community organisations provide complementary social and practical support.

5.4 Joint Contribution of Social Assistance

The regression results showed that cash transfers, healthcare support and community-based assistance jointly explained 72.1% of the variance in standard of living.

This is an important finding because it supports the multidimensional nature of elderly welfare. Income alone does not determine living conditions. Healthcare access, social support, food security and housing interact in determining whether older persons can live with dignity and security.

The relatively strong model fit also suggests that social assistance variables are important components of the living-standard equation for elderly persons in the study setting. However, 27.9% of the variance remained unexplained, indicating that other factors also influence elderly living standards.

These may include household size, health status, assets, education, marital status, housing characteristics, local economic opportunities, family relationships and broader economic conditions. Since these factors were not all included in the regression model, the findings should not be interpreted as suggesting that social assistance alone determines elderly welfare.

The results nevertheless provide evidence supporting an integrated social protection approach. Rather than viewing SAGE only as a cash transfer programme, policymakers may benefit from considering how income support interacts with healthcare and community systems.

6. POLICY IMPLICATIONS

The findings have several implications for Uganda's social protection policy.

First, the effectiveness of cash transfers depends on timely and predictable payment. Administrative and technological challenges that delay payments can undermine the value of income support. Strengthening payment systems, monitoring and beneficiary communication is therefore important.

Second, benefit adequacy deserves continued policy attention. A fixed cash transfer may lose purchasing power as prices increase. Periodic assessment of the real value of the Senior Citizens Grant would help determine whether the benefit remains sufficient to contribute meaningfully to minimum income security.

Third, social protection should be more closely linked to healthcare services for older persons. Cash assistance can support access to healthcare, but financial assistance cannot compensate for shortages of medicines, distant facilities or inadequate geriatric services.

Fourth, policy should recognise the role of families and community organisations. Churches, community-based organisations, VSLAs and informal caregivers provide important complementary support. Government and district authorities can strengthen coordination with such structures while ensuring that informal support does not become a substitute for public responsibility.

Fifth, programme implementation should incorporate elderly-sensitive mechanisms. Older persons may face mobility, communication and documentation challenges that affect their ability to access services. Programme design should therefore consider accessibility and beneficiary support throughout the payment and service-delivery process.

7. CONCLUSION

The study examined the relationship between social assistance programmes and the standard of living of elderly beneficiaries in Kanungu District, Uganda.

The findings show that cash transfer programmes, healthcare support programmes and community-based assistance are positively associated with the standard of living of elderly persons. Cash transfers were associated with improved ability to meet basic needs,



greater independence and reduced reliance on family members. Healthcare support was associated with better physical health, preventive care and quality of life. Community-based assistance provided complementary food, financial, social and care support. The statistical results provide further evidence of these relationships. Community-based assistance had a strong positive correlation with standard of living ($r = .731$, $p < .001$). The multiple regression model showed that cash transfers, healthcare support and community-based assistance jointly accounted for 72.1% of the variance in standard of living. All three predictors were statistically significant in the reported model.

The findings therefore suggest that improving elderly welfare requires more than cash transfers alone. A comprehensive approach that combines predictable income support, accessible healthcare and strong community support systems is more consistent with the multidimensional nature of elderly living standards.

At the same time, reported delays, resource constraints and limitations in programme coverage indicate that the existence of social assistance does not automatically guarantee adequate welfare outcomes. Programme effectiveness depends on the adequacy, reliability, accessibility and coordination of services.

8. RECOMMENDATIONS

Based on the findings, the study recommends the following:

8.1 Strengthen the timeliness of cash transfers

The responsible authorities should strengthen payment systems to minimise delays. Beneficiaries should receive clear information regarding payment schedules and procedures for reporting payment-related problems.

8.2 Review the adequacy of transfer amounts

The real purchasing power of the Senior Citizens Grant should be periodically reviewed against changes in prices and the cost of basic household needs. This would help ensure that the grant continues to provide meaningful minimum income security.

8.3 Strengthen elderly-friendly healthcare

Health facilities serving communities with substantial elderly populations should improve availability of essential medicines, preventive healthcare and chronic disease management. Healthcare planning should also consider transport and mobility challenges experienced by older persons.

8.4 Strengthen community support mechanisms

District authorities should work with community-based organisations, churches, VSLAs and other local structures to strengthen food assistance, social participation, informal care and emergency support for vulnerable older persons.

8.5 Improve coordination

SAGE should be implemented in closer coordination with healthcare, community development and local government programmes. Integrated approaches can help address the multidimensional needs of elderly beneficiaries.

8.6 Improve beneficiary information

Older persons should receive accessible information about eligibility, payment schedules, complaints mechanisms and complementary services. This could reduce information gaps and strengthen beneficiary participation.

9. LIMITATIONS OF THE STUDY

The study had several limitations. First, some elderly respondents were reluctant to disclose information concerning their income, healthcare access and benefits because they feared that their responses could affect their programme benefits. The researcher addressed this by assuring respondents of confidentiality and anonymity.

Second, some official programme records and detailed implementation documents were not readily accessible. The researcher therefore supplemented available documentary evidence with primary data and interviews.

Third, qualitative interpretation involved potential researcher subjectivity. Triangulation across questionnaires, interviews and documentary sources was used to improve credibility.

Finally, because the quantitative component was cross-sectional, the reported relationships should not be interpreted as definitive causal effects. Longitudinal or experimental studies would provide stronger evidence concerning changes in living standards attributable specifically to SAGE.

10. CONTRIBUTION TO KNOWLEDGE

The study contributes to knowledge in three principal ways.



First, it provides district-level evidence concerning elderly social protection in Kanungu District. Much of the earlier SAGE evidence was generated from pilot districts or broader national analyses. The present study provides contextual evidence from southwestern Uganda.

Second, the study adopts a multidimensional conceptualisation of social assistance by examining cash transfers, healthcare support and community-based assistance together rather than treating financial transfers as the only intervention.

Third, the study combines quantitative and qualitative evidence. The statistical findings establish the strength and significance of relationships while the qualitative findings provide explanations concerning how beneficiaries experience social assistance in their everyday lives.

11. AREAS FOR FURTHER RESEARCH

Future research could examine the long-term effects of SAGE participation using longitudinal data. Such research would help establish whether improvements in living standards are sustained over time.

Further studies could also compare SAGE beneficiaries with eligible non-beneficiaries or examine differences across districts in Uganda. This would help identify how geographical, socioeconomic and service-delivery conditions influence programme outcomes.

Research could also investigate the adequacy of the Senior Citizens Grant relative to household consumption needs and the cost of living. Such analysis would provide evidence for determining whether the current benefit level is sufficient to achieve minimum income security.

Finally, further research should investigate the interaction between SAGE and healthcare utilisation among older persons, including access to medicines, chronic disease management and preventive services.

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