



MINISTRY OF PUBLIC SERVICE,  
GENDER, SENIOR CITIZENS  
AFFAIRS AND SPECIAL  
PROGRAMMES

# Midline Impact Evaluation of Kenya's Inua Jamii 70 Years and Above Cash Transfer Programme

## Main Report

July 2022

## Foreword

The Government of Kenya has been committed to guarantee the right to social security for all, as enshrined in the Constitution. Social protection programmes have been coordinated under a common framework, the National Safety Net Programme, which currently includes the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), the persons with Severe disabilities Cash Transfer (PwSD-CT), the Hunger Safety Net Programme (HSNP) and the Older Persons Cash Transfer programme (OPCT).

The latter was expanded in 2017 to reach all Kenyans aged 70 years and above, representing a crucial step towards the realisation of universal social protection for older persons in the country, and the first example of a universal social protection system in the region. The scheme provides all eligible older persons individually with a monthly allowance that not only enables them to cover their basic needs but also empowers them to a more dignified role within their household, community, and country.

A baseline study was conducted in 2018 to draw a picture of the existing situation of older persons before the rollout of the programme, with the intention to reassess their conditions once older persons had started receiving the cash transfers. Four years later, this study resurveyed a sample of older citizens and investigated the effect that receiving the transfers has had on their standards of living and wellbeing.

This midline impact evaluation of the Inua Jamii 70 Years and Above Cash Transfer Programme highlights the crucial role of social protection for Kenya's elderly. It provides an assessment of the impact that the programme has had since it was implemented as a pension-tested cash transfer, and the challenges to be addressed going forward in order to achieve the best outcomes for the beneficiaries, their households, their communities, and the country at large. Lessons learned from this study will provide an important contribution to policy making in Kenya and beyond.

Significant efforts have been put into identifying and re-interviewing participants to the baseline study, and to further engage them in interviews and focus group discussions. This would not have been possible without the support provided by the World Food Programme, the collaboration of the State Department for Social Protection, and the technical team at Development Pathways and PARS.

This midline impact evaluation report demonstrates the importance and the potential benefits of addressing lifecycle risks through social protection instruments such as the Inua Jamii 70 Years and Above Cash Transfer Programme.

## **Acknowledgements**

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Finally, we wish to express our acknowledgments to all the people who accepted to participate in the quantitative survey, the in-depth interviews, and the focus group discussions. Without their commitment and patience this study would not be possible.

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## List of abbreviations

ATET	Average Effect of The Treatment on The Treated
BWC	Beneficiary Welfare Committee
CCTP MIS	Consolidated Cash Transfer Programme Management Information System
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DCS	Department Of Children's Services
DID	Difference In Differences
DSA	Directorate Of Social Assistance
DSD	Department Of Social Development
ESR	Enhanced Single Registry
FGD	Focus Group Discussion
FIES	Food Security Experience Scale
HH	Household
HSNP	Hunger Safety Net Programme
IDI	In-Depth Interview
IPRS	National Population Registry
KII	Key Informant Interview
KES	Kenyan Shilling
MIS	Management Information System
NHIF	National Hospital Insurance Fund
NSNP	National Safety Net Programme
OLS	Ordinary Least Squares
OPCT	Older Persons Cash Transfer Programme
PCK	Postal Corporation of Kenya
PIN	Personal Identification Number
POS	Point Of Sale
PSM	Propensity Score Matching
PSP	Payment Service Provider
PwSD-CT	Persons with Severe disabilities Cash Transfer
RDD	Regression Discontinuity Design
SAU	Social Assistance Unit
SDO	Social Development Officer
SE	Standard Error
SPS	National Social Protection Secretariat
UHC	Universal Health Care
UN DESA	United Nations Department of Economic and Social Affairs
USD	United States Dollar
WHO	World Health Organisation

# 1 Introduction

In Kenya, older persons face significant challenges, as their physical ability to work gradually decreases, due to increasing disabilities and health concerns. Without an independent source of income, older persons become more dependent on their families and communities for support. However, many families can struggle to provide for older members due to high poverty rates and the need to provide for the younger generations. Consequently, without an independent source of income and access to adequate care, older persons can experience an increase in social exclusion. Tran, Kidd and Dean (2019) have found that many older persons struggle to live autonomously, partly because their traditional care networks have broken down, and partly because their contributions are no longer as respected and appreciated as in the past. In addition, many older persons—especially women—are caregivers themselves and may find it difficult to provide.

In recognition of the challenges that older persons in Kenya experience, in 2017, the Government of Kenya expanded the poverty-targeted Older Persons Cash Transfer programme (OPCT)<sup>1</sup> to make it universal.<sup>2</sup> Now, all older persons who are aged 70 years who are not in receipt of a civil service pension are entitled to receive KES 2,000 a month. The Inua Jamii 70 years and above (IJ70+) programme, which is completely funded by the Government, forms an important milestone in Kenya's development and expansion of the social protection sector and is a significant step towards the government's progressive realisation of the right to social security, as enshrined in the Constitution of Kenya. The IJ70+ has already proven to provide invaluable support to the older persons of Kenya and their households. Not only has it brought greater income and food security, but it has enabled Kenyans to engage in income generating activities, access local investments opportunities, buy clothing, purchase school items for their grandchildren and create jobs within their community.<sup>3</sup>

Between the end of March and the beginning of April 2018, the Government of Kenya, with support from development partners, conducted a first baseline survey of persons entitled to receive the cash transfer aged 70 to 75, together with a control group of persons aged 65 to 69 years. The aim of the baseline was to assess the socio-economic situation of the individuals involved before the start of the transfer disbursement, and to predict the potential impacts and outcomes of the programme. The purpose of this midline evaluation is to estimate the impacts that the IJ70+ Programme has had on beneficiaries and their households on a range of indicators. The main research questions that the evaluation seeks to answer are related to the impact of the IJ70+ Programme on older women and men who receive the social pension; its impact on beneficiaries' households including working-age

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<sup>1</sup> The programme is known by different names. In particular, the name 'Inua Jamii 70+ Programme' (IJ70+) and 'Older Persons Cash Transfer' (OPCT) are sometimes used interchangeably. Unless otherwise specified, this report refers to the 70+ social pension component as the 'IJ70+ Programme'.

<sup>2</sup> The IJ70+ is not strictly universal but rather pension-tested. Universal coverage is achieved when also considering contributory social security (civil service pensions). Prior to this, the OPCT was a poverty-targeted household benefit available to older persons aged 65 years and above.

<sup>3</sup> Tran, Kidd and Dean (2019)



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adults and children co-residing with beneficiaries; and programme implementation and design in terms of accessibility, adequacy, and accountability.

The report is structured as follows: Chapter 2 outlines the approach and methodology for the study, discussing the quantitative and qualitative research components, respectively. Chapter 3 provides an overview of the main characteristics of the research population, including the treatment and control groups. Chapter 4 analyses the findings on lessons learnt regarding the implementation of the programme. Chapter 5 answers the main research question, regarding the impact of the IJ70+ Programme on beneficiaries and their households. Finally, conclusions and key recommendations are presented in Chapter 6.

## 2 Approach and Methodologies

The Midline Evaluation builds on a conceptual framework and theory of change initially established during the baseline phase. The original framework distinguished the potential impacts that may result from a pension for both individuals and their households. The ability of a pension beneficiary to cover their basic needs may allow the family to shift some household funds to other needs, while pensions may also enable older persons to be a contributor to family income<sup>4</sup>. However, it should be recognised that the linkages between individual and household-level impacts are often intertwined. Individual feelings of dignity or empowerment may derive from an enhanced ability to provide for others or being cared for in the family. Indeed, older persons are both active contributors as well as active beneficiaries of their own development. This emphasises the importance of studying the impacts of old age pensions within a paradigm that recognises the importance of relationships and support among and between family members.<sup>5</sup> In addition, older persons' social connections extend beyond the family, to wider relationships with members of the community, while pension impacts can also be derived from feelings of connectedness to a perceived nation state and a stronger social contract.

Therefore, this study is guided by an expanded theory of change in comparison to that of the baseline study, inspired by the established policy framework for 'active ageing'<sup>6</sup> as well as existing literature on the impacts of social pensions. WHO (2002) defines active ageing as *"the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age."* For policies and programmes to contribute to an active ageing framework, they should also promote participation in *"social, economic, cultural, spiritual and civic affairs."* This includes, for example, continued contributions to community events and care work, while recognising that older persons may have a reduced ability to be physically active and participate in the labour force. Whereas the baseline study considered two dimensions—individual and household-level impacts—the midline impact evaluation considers four dimensions: 1) individual; 2) household; 3) community; and 4) national. However, rather than considering each of these dimensions to be distinct, it is recognised that they may overlap and be interlinked. Figure 2-1 visualises the theory of change based on the four dimensions through which impacts can be derived of the pension.

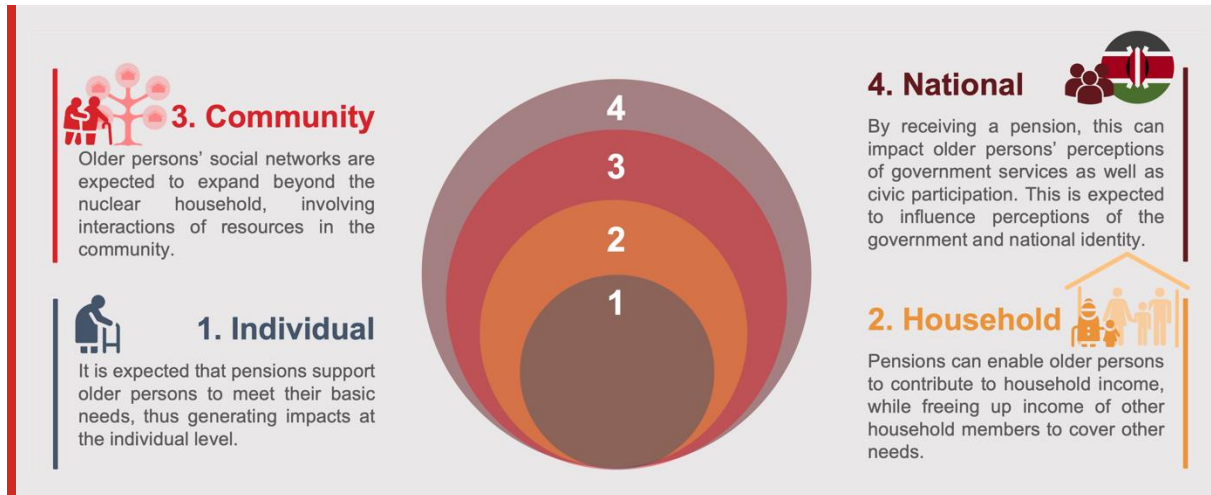
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<sup>4</sup> Ministry of Public Service, Gender, Senior Citizen Affairs and Special Programme (2020)

<sup>5</sup> WHO (2002)

<sup>6</sup> Ibid.

Figure 2-1: Theory of change for the study of impacts of old age pensions



Source: Authors' creation building on Theory of change of social pensions in (Ministry of Public Service, Gender, Senior Citizen Affairs and Special Programme, 2020).<sup>7</sup>

Through a mixed-methods approach, this study considers the impacts that may result from different forms of social interactions and civic engagement, in addition to the established framework in the baseline phase. In other words, indicators for the quantitative analysis of direct and indirect impacts of the programme are complemented by in-depth qualitative research into subjective aspects, considering social and political dynamics, including power relations.

For the quantitative component of the midline impact evaluation, indicators identical to ones used in the baseline study is considered.<sup>8</sup> Overall, covering both quantitative and qualitative approaches, the indicators are grouped into six broader impact domains visualised in Figure: 1) material wellbeing; 2) subjective wellbeing; 3) economic security; 4) care and support; 5) health; and 6) citizenship and the social contract. Furthermore, the midline impact evaluation has a core gender and disability focus, which cuts across the six domains.

<sup>7</sup> Icons accessed through Freepik, available at [www.flaticon.com](http://www.flaticon.com).

<sup>8</sup> The full list of quantitative indicators is presented in Annex 1.

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Figure 2-2 Impact domains



Source: Authors' creation.<sup>9</sup>

## 2.1 Research questions

Following the conceptual framework and theory of change for analysing the impacts of social pensions, the main research questions that the midline impact evaluation seeks to answer are:

### What is the impact of the IJ70+ on beneficiaries and their family members?

- Does the IJ70+ increase older women and men's income and enable them to smoothen their consumption?<sup>10</sup>
- Does the IJ70+ increase household income and enable consumption smoothing?
- Does the IJ70+ reduce poverty levels?
- Does the IJ70+ affect household consumption levels?
- Does the IJ70+ reduce household food insecurity and increase diet diversity?
- Does the IJ70+ reduce food insecurity of older women and men?
- Does the IJ70+ affect the psychosocial wellbeing of older women and men?
- Does the IJ70+ affect labour participation of older women and men?
- Does the IJ70+ affect labour participation of household members?
- Does the IJ70+ affect support from family members to older women and men?
- Does the IJ70+ affect support from older women and men to family members?
- Does the IJ70+ affect older women and men participation in household decision-making?

<sup>9</sup> Icons accessed through Freepik, available at [www.flaticon.com](http://www.flaticon.com).

<sup>10</sup> 'Consumption smoothing' indicates the extent to which beneficiaries of a social protection transfer are able to balance their spending and savings over time in order to consistently maintain an adequate standard of living.

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- Does the IJ70+ affect older women and men status in the family and in the community?
- Does the IJ70+ affect the health of older women and men?
- Does the IJ70+ reduce violence, neglect and abuse against older women and men?
- To what extent does the IJ70+ enable access to the NHIF and how can the link between IJ70+ and NHIF be strengthened?
- Does the IJ70+ affect household wealth accumulation?
- Does the IJ70+ alter perceptions of the government, and government services?

### **How well is the IJ70+ implemented?**

- Is the IJ70+ accessible throughout the implementation cycle (from communication to registration, selection, and payments)?
- Is the transfer level of the IJ70+ adequate?
- Is the IJ70+ accountable?

## **2.2 Mixed-methods approach**

To understand the extent to which the IJ70+ can positively impact the wellbeing of older persons and their households, the Government of Kenya together with development partners have designed a quantitative and qualitative impact evaluation.

### **2.2.1 Quantitative research design**

Impact evaluations aim to establish a causal link between an intervention and observed outcomes. The gold standard for impact evaluation is random assignment of the treatment. If assignment is truly random, the group receiving it (treated) and the group not receiving it (control) are similar in all aspects except receipt of the treatment, and the observed differences between the two groups can be attributed to the intervention.

In the context of social sciences, however, random assignment of interventions such as cash transfers poses a series of challenges, both ethical and practical. The next best option to random assignment is identifying a comparison group with characteristics as close as possible to the treated. That is ultimately the aim of causal inference, to establish a valid counterfactual to what is being observed (i.e., what would have happened to the same people, had they not received the transfer).

Programmes like Kenya's IJ70+ lend themselves to the use of a quasi-experimental approach known as regression discontinuity design, due to the presence of a clear exogenously imposed cut-off—70 years of age. The method relies on the assumption that older persons just below 70 (control group) and just above 70 (treatment group) are similar in all respects, except that one group receives the transfer and the other one does not.

While the original setup was designed to apply the RDD approach, the impact estimates from this approach do not display results consistently. Checks on the assumptions also suggests that age could have been manipulated which translates into sample selection bias. Furthermore, a number of older persons under the age of 70 reported being registered in the

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programme. To this effect, the results presented in Chapter 5 are for the difference-in-differences approach combined with propensity score matching, which was also elicited as a potential research approach during the design of the evaluation. The RDD results are, however, still presented in Annex 4.

The difference-in-differences (DID) methodology compares changes in the outcomes of the treated and control groups before and after the start of the IJ70+. This is done by taking the difference in outcomes for the IJ70+ beneficiaries before and after receiving the benefit and subtracting the difference in outcomes for the control group before and after the cash transfer is disbursed. The DID estimator accounts for both time-trend confounding effects and permanent differences between these two groups. This means that the DID is able to control for differences between the two groups that existed before the IJ70+ started and for trends over time (e.g., economic shocks due to COVID-19).

The key underlying assumption is that unobserved differences between treatment and control groups remained the same over time before treatment (parallel trend assumption). The treatment and control groups do not necessarily need to have the same preintervention conditions. But for the DID estimator to be valid, the comparison group must accurately represent the change in outcomes that would have been experienced by the treatment group in the absence of the IJ70+.

The DID estimates of the average effect of treatment on the treated (ATET) may be obtained through OLS regression analysis that include controls for a range of household pre-intervention factors and sub-county or location fixed effects to account for unobserved time-invariant location heterogeneity. According to the baseline, across a range of outcomes and background characteristics, there are very little differences between the groups. However, to strengthen the counterfactual and assure the groups are similar across as many observable variables as possible, matching techniques to construct a control group which is comparable with the treatment group are applied. Propensity score matching assigns individuals and households in the treatment group with comparable counterparts in the control group based on a propensity score. This is constructed based on observable characteristics from the baseline sample and determines the likelihood of participating in the IJ70+. Annex 5 provides more detail about the propensity score applied.

### **Treatment group and control group**

For the DID approach (and throughout the report, unless otherwise specified), the treatment group is composed of older persons who are registered in the IJ70+ scheme and have received at least one payment in the past twelve months, regardless of reported age. The control group is composed of older persons younger than seventy at the time of the baseline survey who are not registered in the programme or have not received any payments in the past twelve months.

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### **Limitations**

**Spill-over.** Data was collected for treatment and control groups which reside in the same geographical areas. Although this approach has the advantage of making the control and the treatment groups more comparable and being less resource-intensive, the respondents in the control group are more likely to be within the same social network of a beneficiary of the programme, benefitting indirectly from it. This spill-over effect is likely to bias the impact estimates downwards, as the control group are also likely to be benefiting from the programme.

**Validity.** As the sample represents a sub-population falling within a narrow bandwidth around the eligibility threshold (65-75 years), it may not be representative of the entire population or even of the programme beneficiary population. Therefore, generalisation of the effect on different age groups is limited. This poses a concern when the treatment group, which is very close to the age-eligibility cut-off, is different from the broader programme beneficiaries' group, especially those older than 75.

**Timing of data collection.** The quantitative survey was conducted in November 2021 and the qualitative data collection was conducted in January 2022. During this time, a catch-up registration campaign was conducted, and transfers were disbursed for the first time since June. This gave rise to discrepancies between the quantitative and qualitative data. Additionally, surveying respondents after five months since their last payment prevented from robustly quantifying the impact of the IJ70+ as a regular cash transfer.

**Sample size.** The original design of the study involved interviewing non-beneficiaries aged 65-69 and beneficiaries aged 70-75 at the time of the baseline. Given the eligibility threshold of 70 years of age, at the time of the midline evaluation, the group of non-beneficiaries would have reduced by three age cohorts (who – in theory - moved to the beneficiaries' group). On top of that, sample size was also reduced by attrition, as it was not possible to trace and re-interview all of the baseline respondents (Annex 2). Limited sample size reduces the statistical power of quantitative methods, especially if the impacts considered are small. In other words, small differences between the treatment and the control group that would have been statistically significant given a larger sample size may not be detected due to the small sample size.

**Bias from other sources.** Other relevant sources of bias include measurement error and inaccuracy of self-reported data, as is often the case in large household surveys. Selection bias may have played a role whereby respondents to either the quantitative or the qualitative survey were identified based accessibility.

### **2.2.2 Qualitative research design**

The qualitative research provided further insights into operational processes, and the impacts that the pension has had on beneficiaries' autonomy and dignity, as well as their familial and community relations. The main activities for the qualitative research included in-depth semi-structured interviews, focus group discussions, and key informant interviews.

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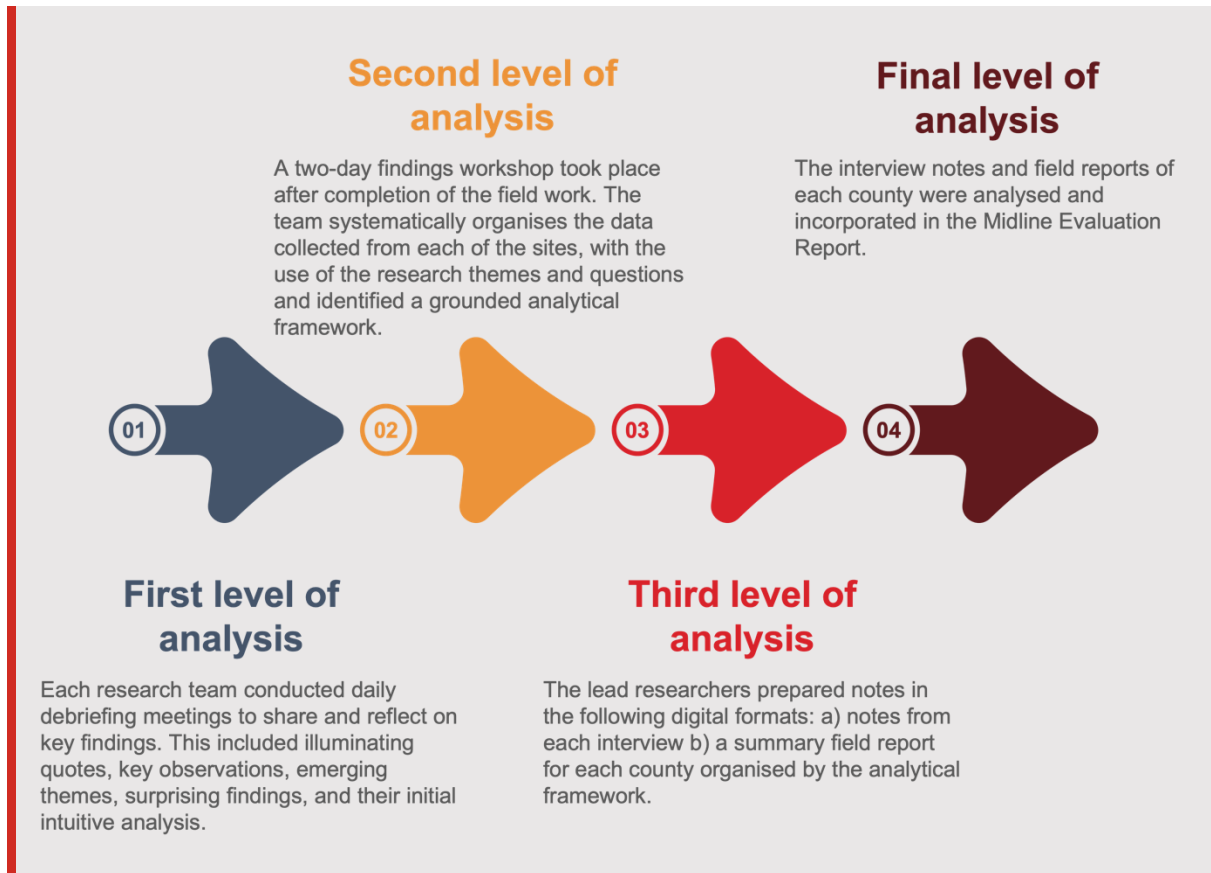
Qualitative data was collected across three counties and six locations (two locations in each county). Each county was visited by a research team consisting of one lead researcher and one field researcher, in addition to field mobilisers. In addition, a range of key informant interviews were completed at the national level. A detailed overview of the research activities undertaken in each location can be found in Table 2-1.

**Table 2-1: Overview of qualitative research sample**

County	Location	In-depth interviews with beneficiaries	In-depth interviews with household member	Focus group discussions	Key informant interviews
Bungoma	Bukembe	9	5	2	6
	Sitikho	8	6	3	4
	Kanamker	8	6	2	5
Turkana	Turkana Central	8	6	3	3
Muranga	Kihumbuini	8	6	2	5
	Muguru	8	7	3	5
National		-	-	-	11
Total		49	36	15	39

Findings derived through the qualitative research activities were collated according to the multi-level framework visualised in Figure 2-3. Through this multi-level approach, it was ensured that comprehensive information was captured during the research activities and conveyed through writing. At the first level of analysis, the researchers developed the initial basis of an analytical framework for the structuring of qualitative data, by discussing the issues and themes that are emerging from the interviews. The researchers also recorded any challenges encountered during the field work and drew lessons learned on the research with older persons. Subsequently, at the second level of analysis, all project team members – including remote participation of the team leader and qualitative leads – collectively reviewed the findings through in-depth participatory discussions. Conducting this level of analysis as a collective unit was essential for quality assurance and validation of findings from the three different counties and identifying issues of convergence and divergence. It allowed the team to identify a grounded analytical framework for the subsequent third level of analysis, which included the processing of interview notes and writing of reports to summarise key findings. The above-mentioned levels of analyses were culminated in the writing of this report.

Figure 2-3 Multi-level analysis of qualitative data



Source: Authors' creation.

### 2.2.3 Data triangulation

Collection and analysis of both quantitative and qualitative data allowed to draw a more comprehensive picture in relation to the impacts of the programme. Even though only programme beneficiaries participated in the qualitative study (i.e., no qualitative data was collected for non-beneficiaries or control group), findings from the interviews and focus groups complemented the quantitative analysis, providing a more meaningful interpretation of the numerical findings, and improving the validity of the research. To this end, for each impact area investigated, Chapters 4 and 5 intertwine results from the quantitative survey and from the qualitative interviews.

### 3 Characteristics of the midline sample

This chapter describes the characteristics of the midline quantitative survey sample. The survey was conducted between 3<sup>rd</sup> and 24<sup>th</sup> November 2021. The aim for the midline survey was to track and re-interview the baseline survey respondents. Therefore, the purpose of the midline survey was to re-interview as many households as possible who participated in the baseline survey, and no replacement was done to achieve the same sample size. Of the 2,852 baseline households, 747 were not located<sup>11</sup> and 75 did not participate due to different reasons (Annex 1). As for the individual respondents, of the 2,910 participants to the baseline survey, 1,817 were traced and consented to be re-interviewed. Information was also recorded for 15 additional individuals.<sup>12</sup>

Of these 1,832 respondents, 841 (46 per cent) are male and 991 (54 per cent) are female. Similar to the baseline study, most respondents are from Muranga (1,039 or 57%), followed by Bungoma (563 or 31 per cent) and Turkana (230 or 12 per cent). Table 3-1 provides a breakdown of the respondents by location and sex.

**Table 3-1 Geographic distribution of respondents**

County	Sub-County	Locations	Male	Female	Total
Bungoma	Kanduyi	Bukembe	87	57	144
		Kibabii	48	63	111
	Webuye West	Bokoli	60	88	148
		Sitikho	81	79	160
Muranga	Gatanga	Ithanga	78	108	186
		Kihumbuini	126	106	232
	Kangema	Muguru	181	224	405
		Rwathia	96	120	216
Turkana	Loima	Loima	10	16	26
		Lorengeppi	4	11	15
	Turkana Central	Kerio Delta	46	71	117
		Kanamkemer	24	48	72

Source: Analysis of the midline sample

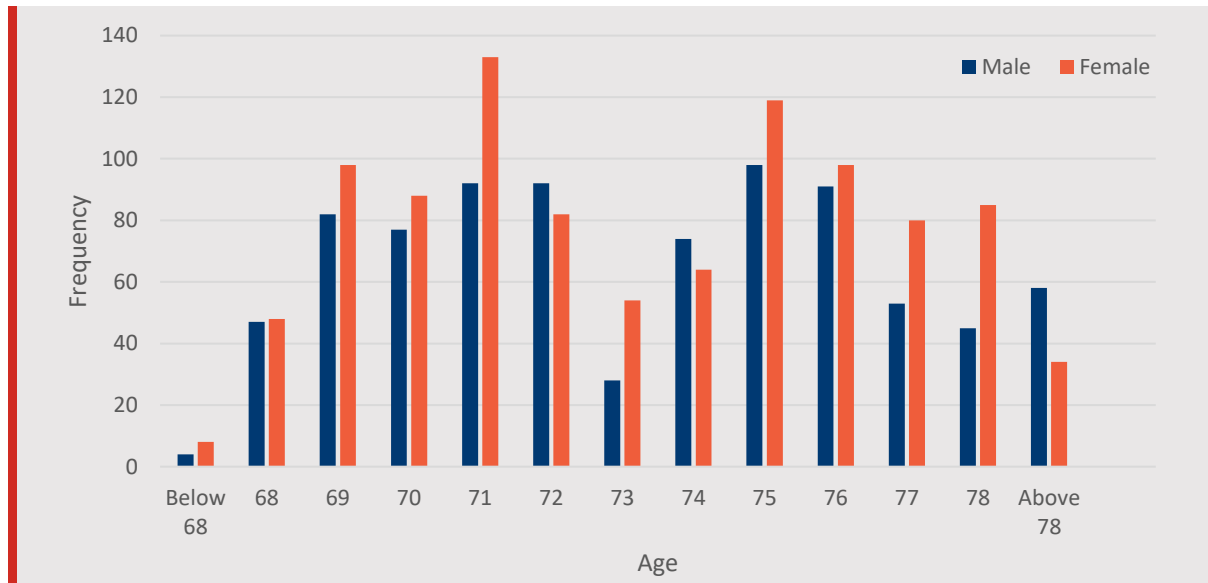
<sup>11</sup> When baseline survey respondents were not located, this was because their phone number could not be reached, their names were not recognised by community members, or they had changed their place of residence. The exact reasons for why respondents could not be located was not often clear. At least 117 baseline survey respondents were known to be deceased.

<sup>12</sup> It is unclear why additional interviews took place with individuals who had not taken part to the baseline study.

### Characteristics of the midline sample

As expected, most of the respondents are aged between 68 and 78 (65 to 75 at baseline) but a number of respondents reported (or was recorded as) being younger or older<sup>13</sup>. Inconsistent instances are also observed in relation to sex, while variation in any other individual and household characteristic (e.g., location) can be attributed to genuine changes experienced by the respondents (e.g., relocation). For the purpose of the panel data analysis (Chapter 5), age and sex at baseline will be considered fixed. Figure 3-1 shows the age distribution by sex in the midline sample, which broadly reflects the one observed at baseline.

**Figure 3-1 Recorded age at midline by sex**

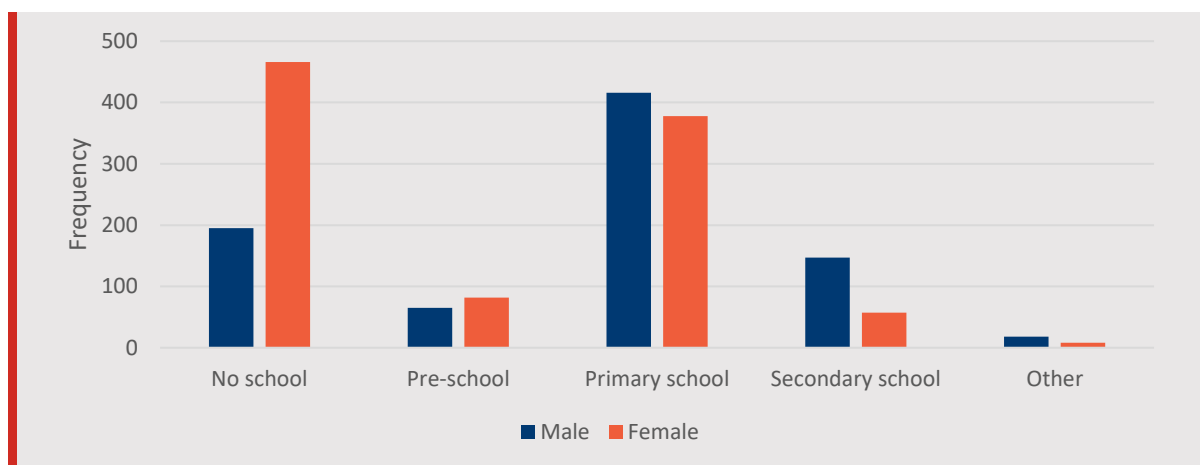


Source: Analysis of the midline sample

In the midline sample, female respondents were generally found to have a lower education level than their male counterparts. This was also observed in the baseline survey. In the midline sample, 47 per cent of the female respondents had not received any formal education, compared to 23 per cent of the male respondents (Figure 3-2). Of those with secondary schooling, 147 are male and 57 are female.

<sup>13</sup> Confirming the presence of measurement error in midline and/or baseline data.

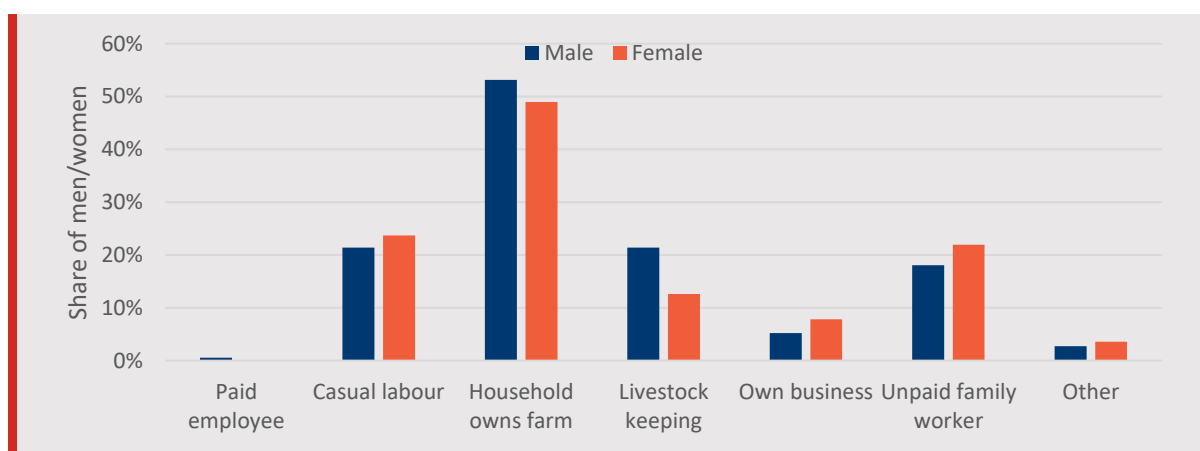
**Figure 3-2 Education level by sex**



Source: Analysis of the midline sample

Respondents earned on average KES 3,020 per month, mostly from work. In fact, 43 per cent of male respondents and 34 per cent of female still work (engaged in income generating activities in the past 7 days), earning on average KES 3,257 per month (KES 4,176 for men, KES 2,250 for women). Given the respondents’ age, those who work would most likely be engaged in informal labour. In fact, among those who reported to be working, the majority would be engaged in farming and/or casual or unpaid labour<sup>14</sup> (Figure 3-3).

**Figure 3-3 Type of work by sex**



Source: Analysis of the midline sample

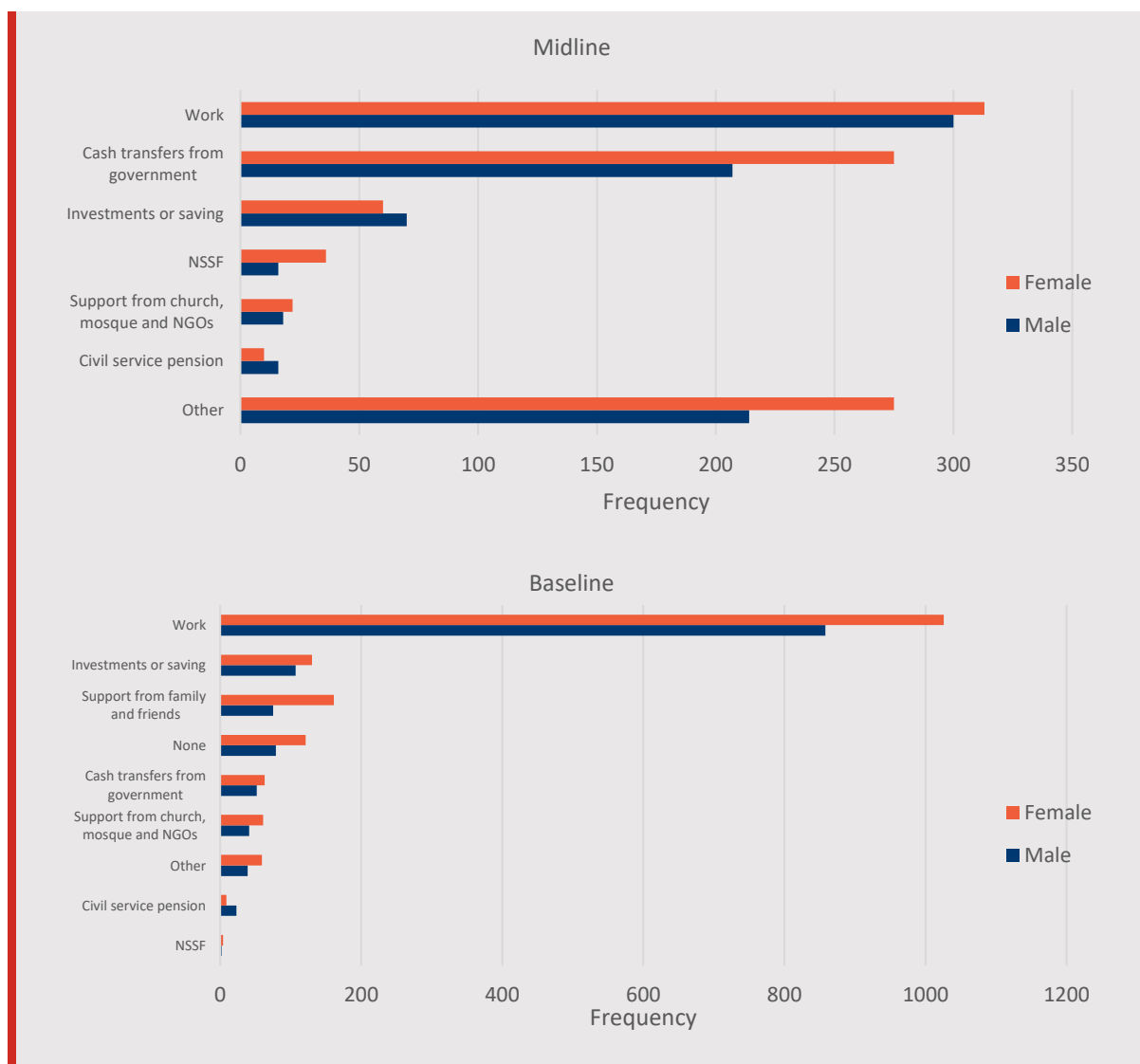
Figure 3-4 shows the main source of income for female and male respondents. For 26 per cent of the respondents, cash transfers from the government represent the main source of income. A relatively high number of respondents selected “other” as their main source of income, either incorrectly or to reflect not having a main source of income or to relying on their family (or on the family farm) for support. Whereas at midline it was not possible to

<sup>14</sup> Respondents could select more than one answer.

### Characteristics of the midline sample

recode these answers, the baseline survey may provide additional insights in relation to income sources.

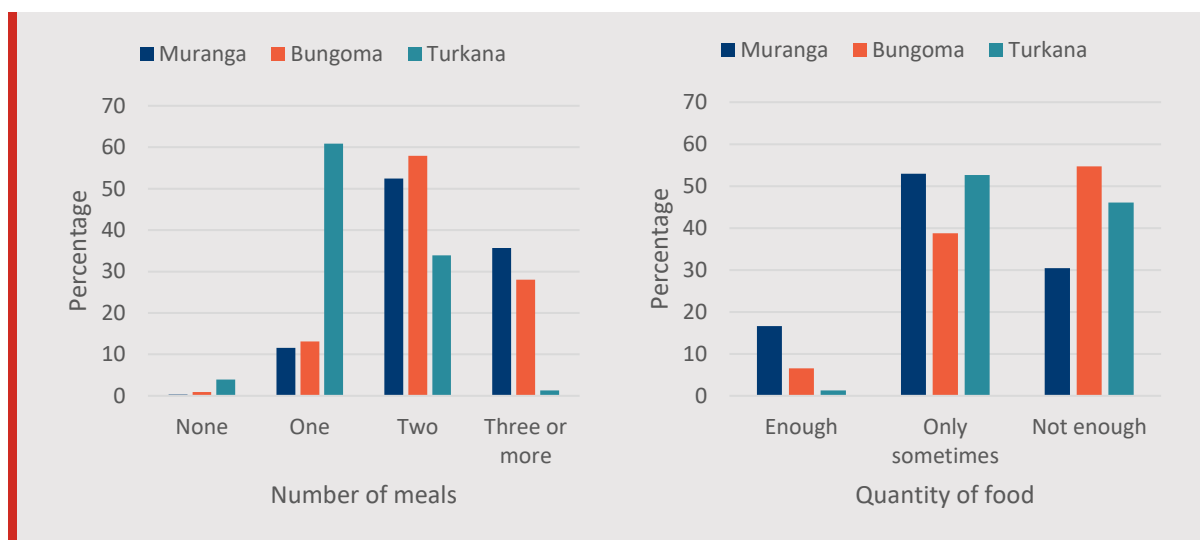
**Figure 3-4 Main source of income by sex, midline vs baseline data**



Source: Analysis of the midline sample and the baseline sample

Most respondents reported eating two meals per day, although only 12 per cent would say they have enough to eat *most of the time* (48 per cent has enough to eat *only sometimes*, 40 per cent does not have enough to eat most of the time). Significant regional differences are observed in relation to both frequency of meals and quantity of food (Figure 3-5).

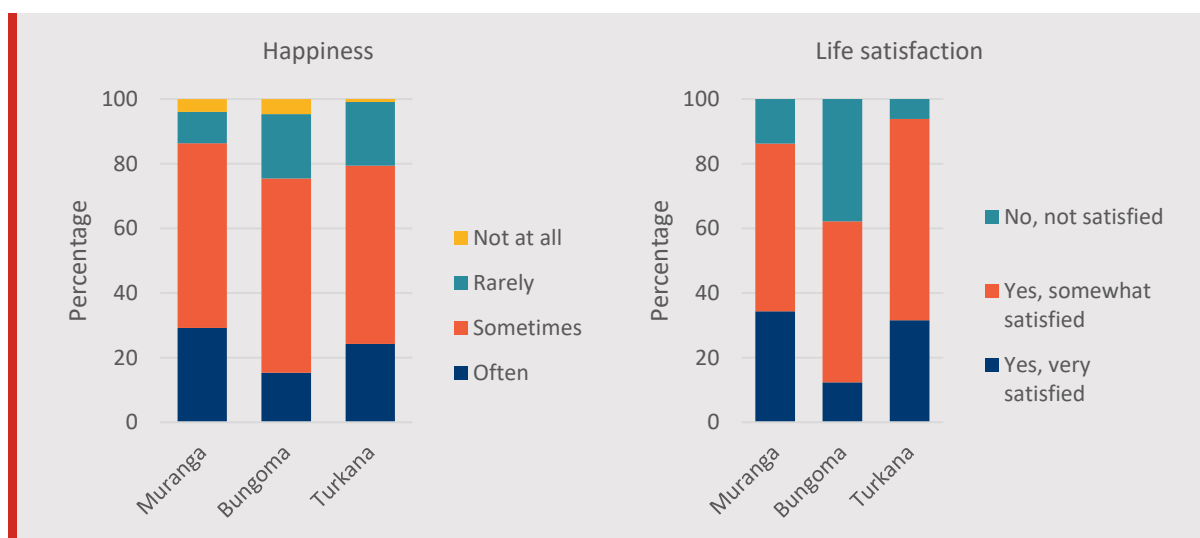
**Figure 3-5 Number of meals and quantity of food by county**



Source: Analysis of the midline sample

Happiness and life satisfaction are generally high among respondents and follow a consistent pattern across the three counties. Most respondents, both male and female, reported to be *somewhat satisfied* with life and *sometimes happy* in the previous seven days (Figure 3-6). In Turkana, less than one per cent reported not being happy at all and just above six per cent reported not being satisfied with their life. In Muranga, less than four per cent is unhappy and less than 14 per cent unsatisfied with life. Finally, in Bungoma, less than five per cent is unhappy while 38 per cent is not satisfied with life.

**Figure 3-6 Self-reported happiness and life satisfaction by county**



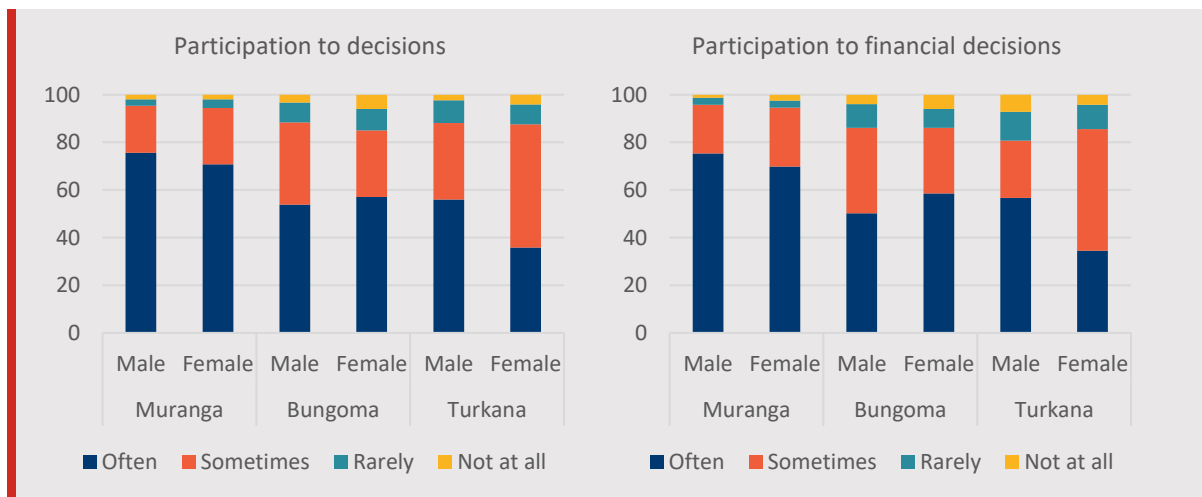
Source: Analysis of the midline sample

Across counties, around 64 per cent of respondents often participate in household decisions and 63 per cent participate in financial decisions. In fact, participation to general decisions and in relation to financial matters broadly follow the same pattern across counties and gender. Frequent participation is highest in Muranga (76 per cent for males, and 71 per cent

## Characteristics of the midline sample

for females), followed by Bungoma, where there are more women participating often (57 per cent) compared to men (54 per cent), but there are also more women never participating (6 per cent). The share of older persons often participating in household decisions seem to be lowest in Turkana, at 56 per cent for men and only 36 per cent for women (Figure 3-7).

**Figure 3-7 Participation to household decisions and financial decisions by sex and county**



Source: Analysis of the midline sample

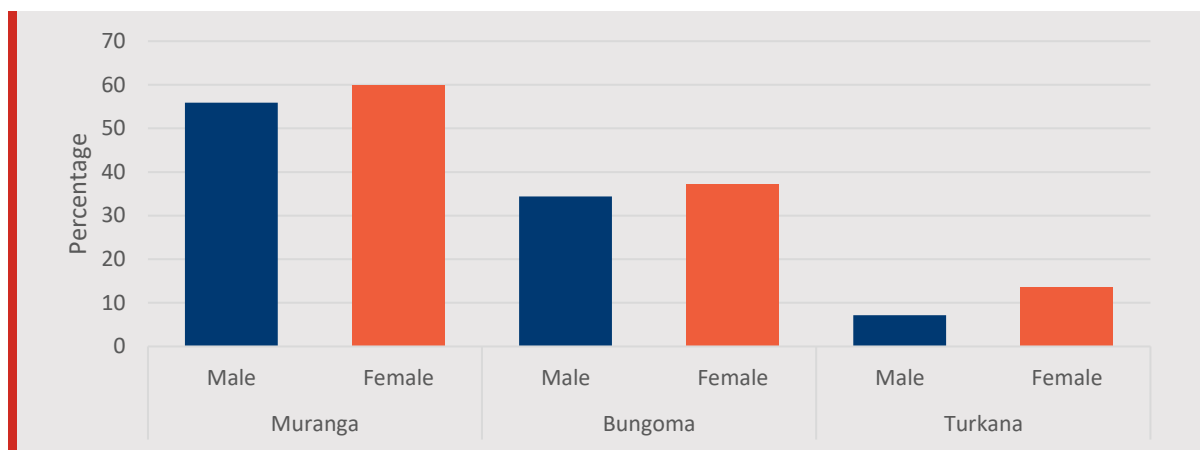
Twenty per cent of female respondents and 18 per cent of male said they received support in the previous 30 days. Among those who reported the amount they received (339 respondents), women received on average KES 4,336 and men received KES 2,050.

Respondents in Bungoma are the most likely (24 per cent) to receive support (compared to 17 per cent in Muranga and Turkana). On the other hand, the average amount received in Bungoma was the lowest (KES 1,780, compared to KES 4,114 in Muranga and KES 5,411 in Turkana).

Participation in community groups<sup>15</sup> is generally higher among women and varies significantly by county, whereby 58 per cent of respondents from Muranga takes part in community groups, compared to 11 per cent in Turkana (Figure 3-8).

<sup>15</sup> Differences in participation across counties may also be driven by a different understanding of the idea of “community groups”, which could refer for example to informal saving groups and networks.

**Figure 3-8 Participation in community groups by sex and county**

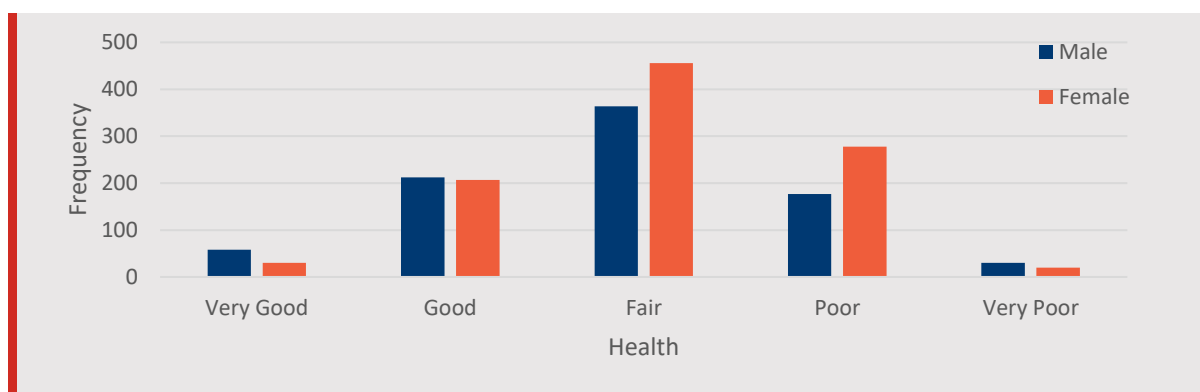


Source: Analysis of the midline sample

Only about seven per cent of respondents (7.7 per cent of men and 7.2 per cent of women) reported providing support to anybody in the previous 30 days. Among those who provided a monetary amount (128 respondents) the average was KES 3,372. Fifteen per cent of respondents from Bungoma reported providing support, compared to four per cent in Muranga and three per cent in Turkana.

Most respondents rated their physical health as “fair” (see Figure 3-9 for a breakdown by sex): 44 per cent reported to have a chronic illness, and 37 per cent indicated they had been sick or injured in the last 30 days. Among those who were not sick or injured, 36 per cent still requires regular medical care.

**Figure 3-9 Self-reported health by sex**



Source: Analysis of the midline sample

The majority of respondents pay for their own medical costs: the share of respondents covering their own medical expenses is as high as 85 per cent in Muranga and 82 per cent in Bungoma, while it is lower in Turkana, at 58 per cent.

The average monthly health expenditure across the sample is KES 2,069, although this includes zero answers and extremely high values (KES 50,000 and above) recorded in Muranga. Turkana stands out as the county with the lowest individual expenditure on

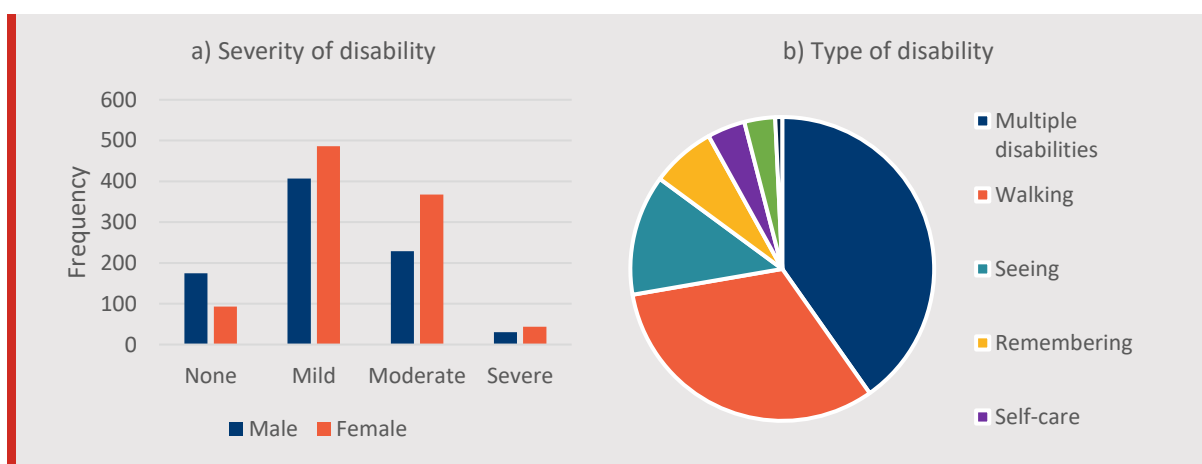
### Characteristics of the midline sample

medication at KES 389 per month on average, compared to KES 2,564 in Muranga and KES 1,834 in Bungoma.

Twenty per cent of respondents (24 per cent of men and 17 per cent of women) reported being covered by health insurance, with large variations across counties: 29 per cent of Muranga respondents have health insurance, while in Bungoma less than 12 per cent are covered and virtually none (less than one per cent) of the respondents in Turkana reported having health insurance, although this may reflect their lack of awareness more than actual coverage.

The incidence of disability (37 per cent across the sample) is higher for female respondents (412 out of 991 or 42 per cent) than for male (259 out of 841 or 31 per cent). Figure 3-10a shows the incidence of mild, moderate and severe disability by sex: 85 per cent of respondents reported at least some mild functional impairments, mostly justified by the advanced age. Most persons with disabilities reported experiencing limitations in multiple functional domains (40 per cent), with mobility issues being the most common type of impairment (Figure 3-10b).

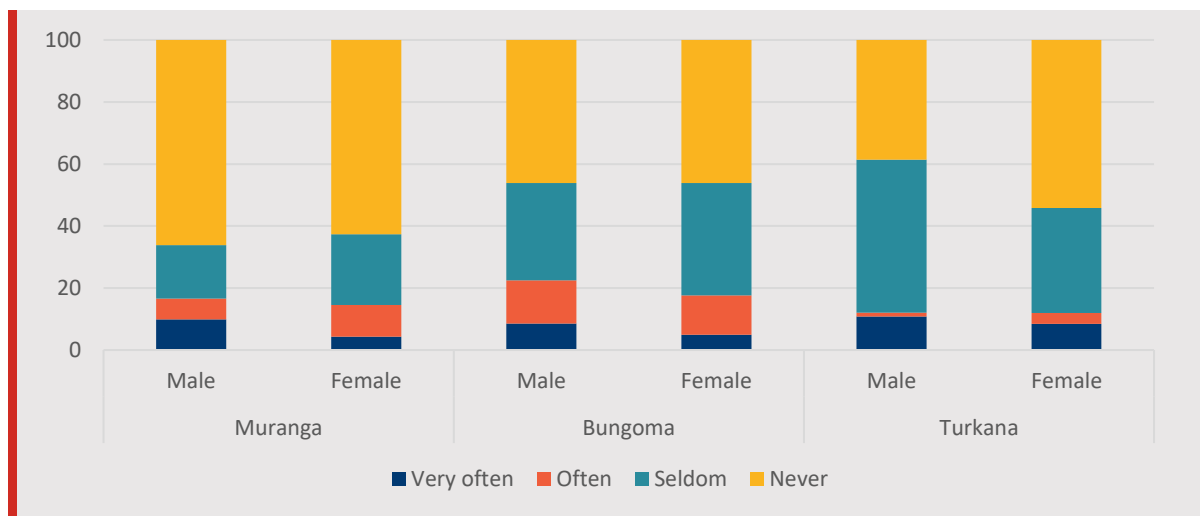
**Figure 3-10 Severity of disability by sex and type of disability**



Source: Analysis of the midline sample

Overall, the vast majority of respondents reported always being in good relationships with their family (73 per cent), and never experiencing violent disagreements (56 per cent). Figure 3-11 shows the reported frequency of violent disagreements by county and sex, showing that men are more likely to report disagreements taking place *very often*, especially in Turkana county. Respondents in Bungoma are most likely to experience violent disagreements *often* or *very often*.

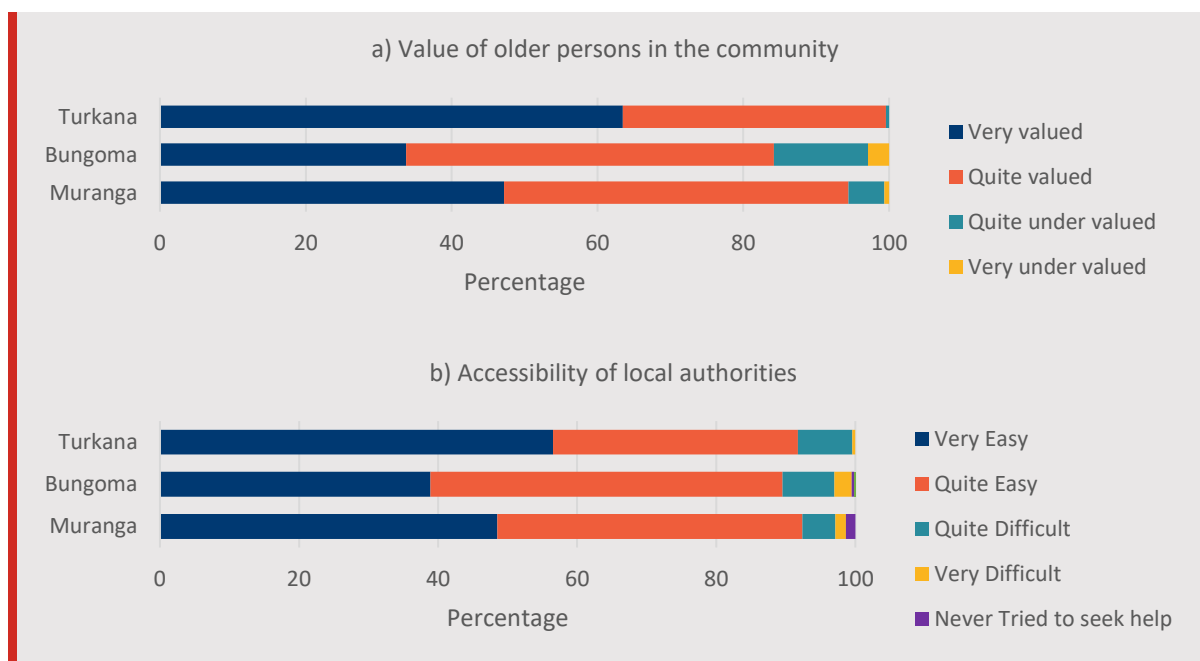
**Figure 3-11 Frequency of violent disagreements with family in the past 30 days by county and sex**



Source: Analysis of the midline sample

On average, respondents felt that older persons are valued in their community, and that their local authorities are easy to access. Figure 3-12 summarises their responses by county, showing that older persons feel most valued in Turkana, followed by Muranga and Bungoma, where respondents were more likely to report feeling undervalued within their community (panel a). Overall, less than eight per cent of respondents perceives their local authorities as difficult to access, the percentage being slightly higher in Bungoma (ten per cent, panel b).

**Figure 3-12 Perception of value of older persons in the community (a) and accessibility of local authorities (b) by county**



Source: Analysis of the midline sample

### **Subsample for qualitative research**

Potential candidates for the qualitative interviews were identified based on the quantitative survey to make sure interviews would be conducted with the respondents themselves (not with proxies) and only with persons of at least 73 years of age and registered for the Inua Jamii 70+ cash transfer programme. Two locations per county were selected based on the number of respondents to the quantitative survey. Selection of the potential candidates was randomised ensuring an equal number of respondents for each location, gender and disability status.

The final subsample of qualitative interviews consisted of 17 respondents from Bungoma, 16 from Turkana and 16 from Muranga. Their characteristics (as recorded in the quantitative survey) were compared to those of the broader treatment group<sup>16</sup>, and no significant differences were recorded across most of the impact indicators, except in few instances<sup>17</sup>. Differences in health outcomes are likely to be driven by the fact that, unlike the broader quantitative sample, the qualitative sample was selected to meet a quota of 50 per cent persons with disabilities.

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<sup>16</sup> Only 29 of the 47 qualitative interview respondents were matched back to their quantitative survey answers due to their name being misspelled in the baseline data and then amended at midline either during the quantitative or the qualitative interview. Most instances of mismatched names were recorded in Bungoma.

<sup>17</sup> Qualitative subsample less likely to need regular care, more likely to have been sick in the past month, less likely to have a chronic illness, more likely to have a caregiver, eating less meals on average, having lower education level.

## **4 Lessons learnt on implementation of the Inua Jamii 70+ programme**

The Government of Kenya has made significant strides in the modernisation of its social protection system, with regard to the mechanisms for its coordination and implementation. The Inua Jamii 70+ programme has been implemented within the context of substantial shifts in the Kenyan policy landscape. The Inua Jamii 70+ programme is one of the four social protection programmes implemented under the consolidated National Safety Net Programme (NSNP), also known as “Inua Jamii”. Other schemes implemented under this framework include the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), the persons with Severe disabilities Cash Transfer (PwSD-CT), and the Hunger Safety Net Programme (HSNP). The NSNP provides a common operating framework to harmonise the delivery of Kenya’s tax-financed social protection schemes.<sup>18</sup> However, in contrast to the other three schemes which are poverty-targeted household-based programmes, the IJ70+ registered all older persons aged 70 years and above during its initial rollout. This implies a simplification in the administrative processes required to implement the scheme, since its eligibility is determined through citizenship status, age and whether the potential beneficiary is not covered by any other pension scheme.

The notable achievements in implementing the IJ70+, including its challenges, will serve as an example for the region, as well as any country in the world that is in the early incremental stages of designing inclusive social protection systems. Furthermore, as the Government of Kenya continues to strengthen its systems, the lessons learnt on the implementation of the IJ70+ will serve as a future guiding framework to ensure the programme’s effectiveness and sustainability. This chapter provides an overview of the administrative processes underpinning the IJ70+ and assesses its effectiveness, based on its perceived degree of accessibility and accountability by citizens and programme implementers.<sup>19</sup> The key administrative processes examined in this study include awareness raising, registration and enrolment, change management, payments, and complaints and grievance mechanisms (see Figure 4-1).

This will further take into account the systems and management arrangements underpinning the implementation of the programme. These include institutional and human resource arrangements, the programme operations manual, management information system, communications strategy, and financial management. A number of systems are the key underpinnings to the programme’s implementation and will be discussed in detail throughout this chapter:

- The Consolidated Cash Transfer Programme Management Information System (CCTP MIS) facilitates the digital management of key operational processes of the IJ70+,

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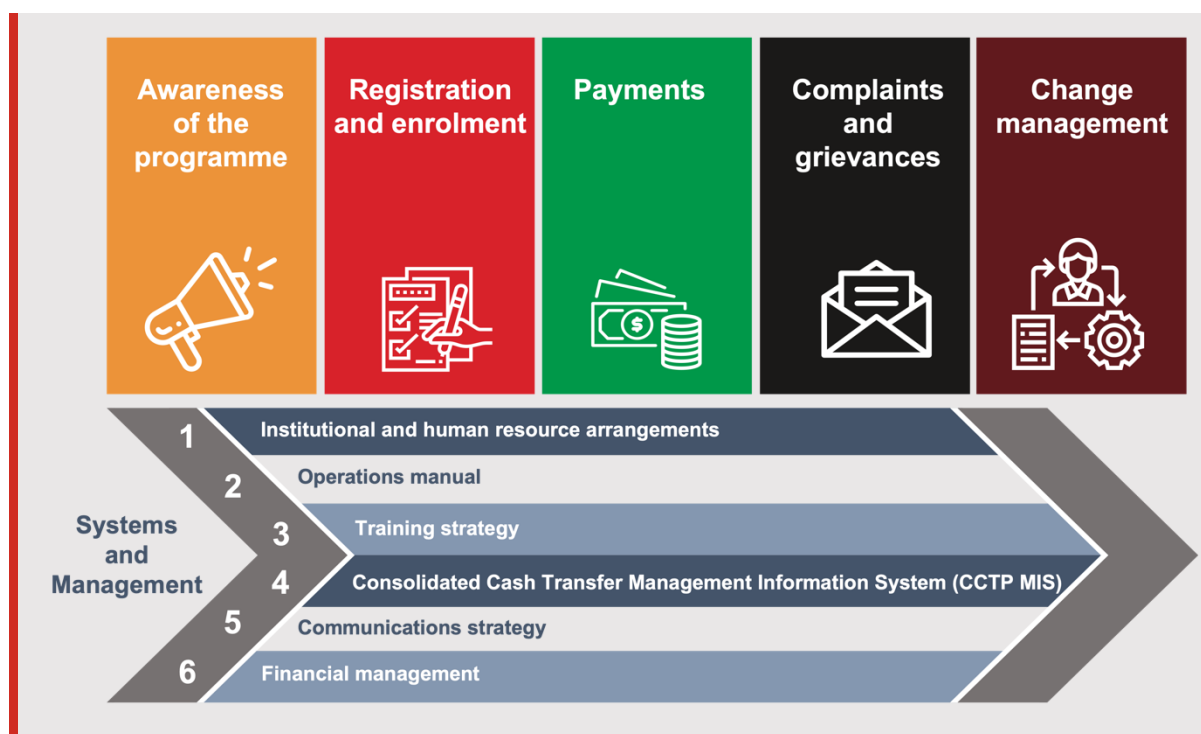
<sup>18</sup> Ministry of Public Service, Gender, Senior Citizen Affairs and Special Programme (2019); Kramon (2019).

<sup>19</sup> Note that results presented in this section from both the quantitative and qualitative interviews reflect respondent’s perceptions and, as such, may not be accurate. There was no formal follow-up to the statements collected such that the allegations of irregular practices did not lead to investigations and/or any formal complaints to the programme administration.

alongside the CT-OVC and PwSD-CT, including household and individual registration, eligibility assessment, enrolment, payment and reconciliation, case management, grievance management, monitoring and financial management and accounting.<sup>20</sup>

- The Single Registry is a central depository—or information warehouse—that links all individual programme MISs, with the aim of providing a real-time monitoring tool to enable effective oversight and inform social protection policy formulation.<sup>21</sup> Therefore, it enables monitoring of beneficiary enrolment across programmes, verification of accuracy of beneficiary details against the National Population Registry (IPRS) database, timely payment disbursements and whether complaints and grievances are resolved within established timeframes.<sup>22</sup> An Enhanced Single Registry is under development at the time of this evaluation, with the aim of enhancing the Single Registry’s responsiveness to shocks by enabling linkages to complementary programme, and harmonising the targeting of beneficiary households. This will include a social registry component, which is different from a single registry as it collects socio-economic data of a sub-selection of the population to facilitate the selection of beneficiaries for poverty-targeted schemes.<sup>23</sup>

**Figure 4-1: Administrative processes of the Inua Jamii 70+ programme**



Source: Authors’ adaption of operational cycle discussed in (Barrett & Kidd, 2015).

<sup>20</sup> (S. D. Kidd, 2021)

<sup>21</sup> Chirchir & Barca (2020)

<sup>22</sup> Chirchir & Farooq (2016); S. D. Kidd, (2021); The Social Protection Secretariat (n.d.)

<sup>23</sup> Chirchir & Farooq, (2016); Wamicha & Ndoka, (2021)

After providing a brief overview of the institutional actors, and their roles and responsibilities pertaining to the implementation of the IJ70+, each of the five aforementioned administrative processes will be discussed in turn.

## **4.1 Institutional arrangements underpinning the Inua Jamii 70+ programme**

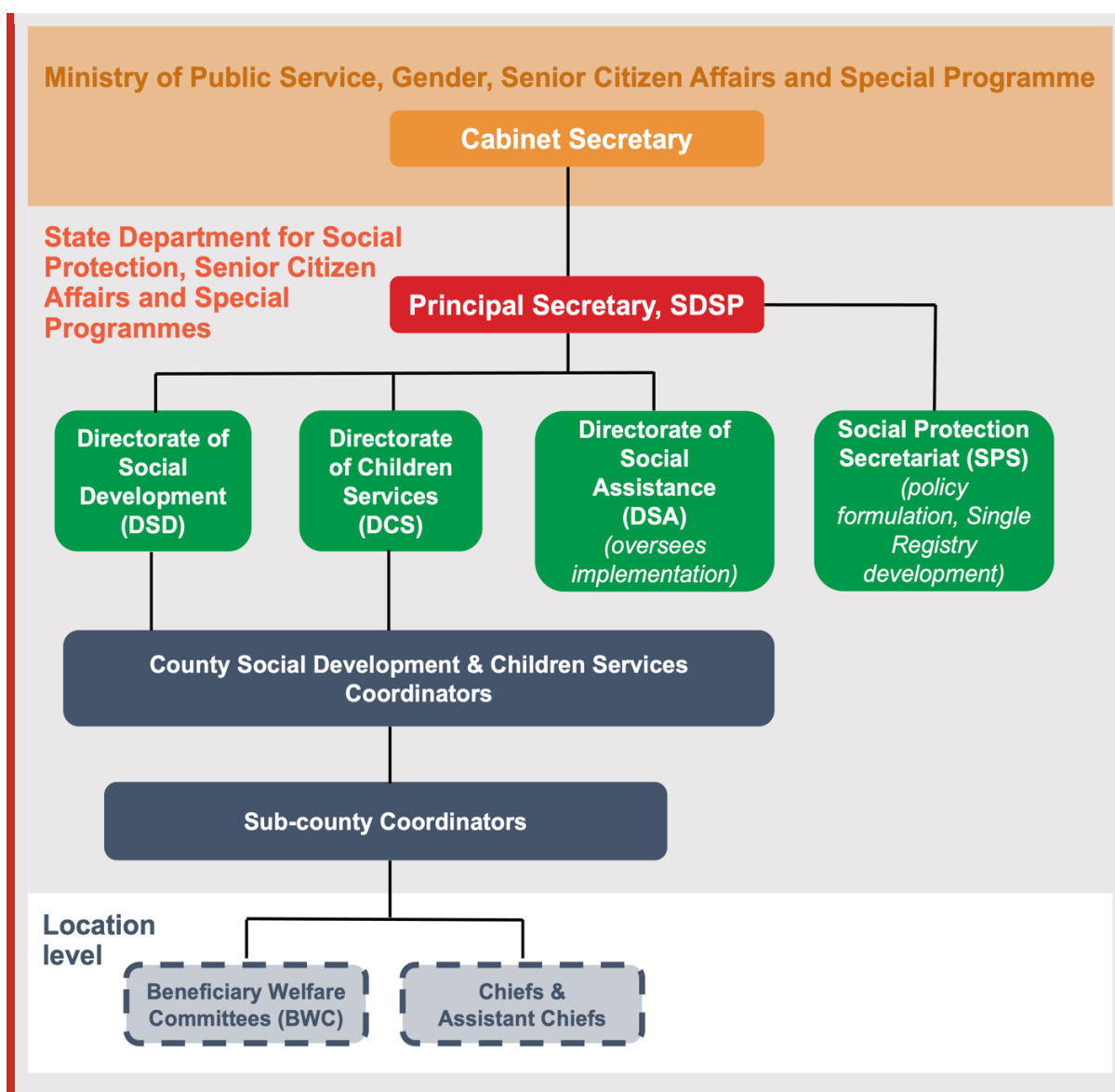
At the National level, the National Social Protection Secretariat (SPS) is responsible for strategic direction, technical support, policy development and inter-agency coordination of the IJ70+. The Directorate of Social Assistance (DSA) is responsible for operational management. At the County and Sub-County level, Sub-County Officers from Social Development and Children Services are responsible for implementation of the programmes.<sup>24</sup> Coordination between the DSA and management at the County and Sub-County level includes several reporting lines. County coordinators have performance contracts with their parent departments, the Department of Social Development (DSD) and Department of Children's Services (DCS). At each sub-location, Chiefs and Assistance Chiefs assist programme implementers. At the community level, the Beneficiary Welfare Committee acts as a link between programme implementers and beneficiaries. The committee comprises of beneficiaries themselves, who facilitate the mobilisation for registration, enrolment, and payments.<sup>25</sup> Figure 4-2 visualises the roles and responsibilities governing the IJ70+.

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<sup>24</sup> Kidd (2021)

<sup>25</sup> Ministry of Labour and Social Protection (2020b).

Figure 4-2: Institutional architecture for the implementation for the IJ70+



Source: Adapted from Ministry of Public Service, Gender, Senior Citizen Affairs and Special Programme (2019) and (S. D. Kidd, (2021).

The organogram visualised in Figure 4-2 reflects the roles of institutional actors as indicated by operational guidelines governing the implementation of the IJ70+. In reality, several additional actors at the local level are found to have a significant role in the on-the-ground implementation of the programme. There is significant reliance on traditional authorities and community-based representation to manage on-the-ground interaction between rights-holder and duty-bearers. Relevant actors include the Beneficiary Welfare Committees (BWC), Chiefs and Assistance Chiefs, but also Village Elders, Community Older Persons Associations, and Lay Volunteers and Councillors (LVCs) – also referred to as “community volunteers”. However, many of these actors do not have a formal role in the programme’s implementation process and are thus omitted from the overview in Figure 4-2.

There are a number of risks to the programme’s accountability related to the lack of clear roles and responsibilities. As indicated in a study on the governance of social protection in

Kenya, the lack of clearly defined roles and responsibilities contributes to a degree of vertical fragmentation in the system.<sup>26</sup> Different reporting lines for County and Sub-County coordinators limit the effectiveness of the DSA in providing oversight of the implementation processes. Furthermore, the reliance on community volunteers, including BWCs and LVCs, and traditional local level structures indicates that significant elements of the programme's on-the-ground implementation of the IJ70+ occur outside of the scope of programme implementers. Indeed, qualitative findings highlighted that there was not always a clear understanding of the roles of different actors in the implementation of the programme. In Bungoma, LVCs and BWCs covered much of the day-to-day interactions of the programme. In several locations, Chiefs and Assistant Chiefs reported feeling very confused about the responsibilities of the BWC in comparison to their own role in the programme's implementation.

*“There are no clear guidelines [setting out] the roles and responsibilities of the BWC and local administrators. Here, the BWC are referred to as volunteers. Personally, I have failed to understand how they work... The volunteers have more information than me. I say this because many times I get information from the volunteers way before the Social Services Department relays it to me. Those outside the system are more informed compared to us who are in the system.”* – KII in Bungoma County.

Whereas BWCs were prominent actors in the implementation processes across Bungoma and Muranga, findings from Turkana indicate that volunteers, church leaders as well as Nyumba Kumi representatives – a government-instated community policing initiative – would commonly assist local chiefs with awareness-raising and grievance management for the IJ70+. Here, the BWCs were found to have either limited or no presence in each location visited.

While there is a training manual in place for implementing actors of the Inua Jamii Cash Transfers, including for BWCs to support the programme roll out, several key informants reported challenges related to the (limited) availability of adequate training. Challenges pertaining to vertical coordination were widely perceived to be associated with limited training and support, and lack of financial compensation for local level structures (including for airtime and transportation). Challenges related to the availability of training were mostly relevant to horizontal coordination, as local implementing actors often reported not knowing what the reporting lines were, or what the responsibilities were of other implementing stakeholders. The findings indicated several reports of BWCs and LVCs requesting “fees” from citizens in exchange for support or information, as a means to receive compensation for the services they provide.

On paper, programme implementing officers are meant to undergo training by the DSA – including training of trainers – to support the programme's implementation at County and Sub-County levels.<sup>27</sup> However, no clear training strategy for BWCs has been developed since the consolidation of programmes under the CCTP framework<sup>28</sup>. Overall, reports of the

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<sup>26</sup> (S. D. Kidd, (2021)

<sup>27</sup> (Ministry of East Africa Community, Labour and Social Protection, 2017)

<sup>28</sup> Key informant interview with DSA official.

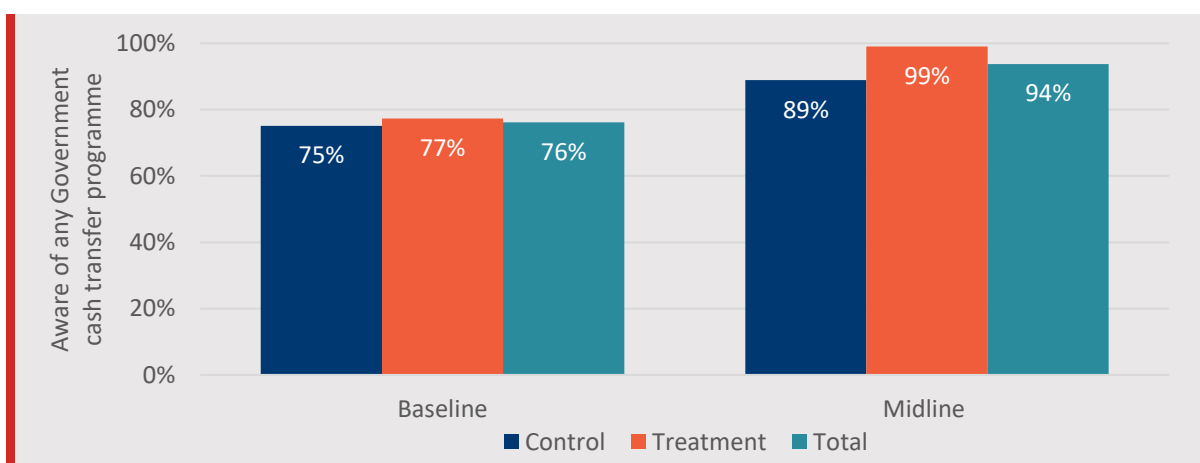
training strategy for BWCs were inconsistent and appeared to be largely ad-hoc processes. However, there were several reports of training processes taking place. In one instance, an SDO in Turkana County explained that they train the BWCs themselves based on the training that they have received from the DSA. Similarly, one SDO in Muranga County, reported that “[the BWC] get some training on how they can inform us in case there is an issue regarding the payments or any complaints or when we have any exercise.”

## 4.2 Awareness

An effective communications strategy is critical to raise public awareness of the programme, its eligibility criteria, and its operations. By communicating the objectives of the programme, awareness creation is important for building broad public and political support and ensuring that policy makers and citizens are aware of the benefits of the scheme<sup>29</sup>. Importantly, awareness creation is an essential element of a programme’s accountability mechanisms, as it should aim to raise awareness among citizens of their rights and entitlements. This includes awareness of the mechanisms available to citizens to make claims when an entitlement is not provided by the duty bearer (see Section 4.5 for further discussion)<sup>30</sup>. This chapter focuses on lessons learnt regarding the general accessibility for citizens to information about the IJ70+. Awareness creation on the registration process, payments, and complaints and grievance mechanisms are further discussed in the following chapters.

When asked about awareness of any cash transfer programmes by the Government, virtually all individuals in the treatment group (99 per cent) and the vast majority of the control group (89 per cent) confirmed to be aware. This represents a noteworthy improvement since the baseline, where only about three quarters of respondents said to be aware (77 per cent of the treated and 75 per cent of the control group, Figure 4-3).

**Figure 4-3: Awareness of any cash transfer programmes by the Government among the sampled population**



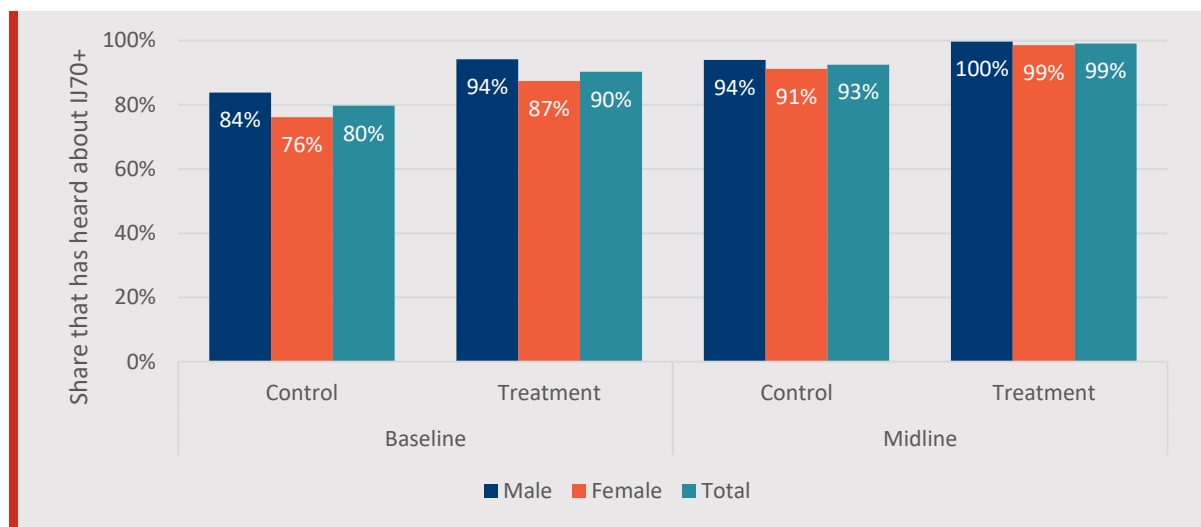
Source: Analysis of the baseline and midline balanced samples

<sup>29</sup> (Barrett & Kidd, 2015)

<sup>30</sup> Sepúlveda & Nyst, (2012) as cited in (S. D. Kidd, 2021).

Overall, results confirm the effectiveness of the IJ70+ communication strategy and efforts to raise awareness around the programme among beneficiaries. When enquiring specifically about the 70 years and above Cash Transfer Programme, 99 per cent of the treatment group and 93 per cent of the control group confirmed having heard of it. Again, awareness has improved since the baseline, where 90 per cent of treatment and 80 per cent of control group reported having heard about the programme<sup>31</sup>. Awareness of the programme is still slightly lower among women, although the potential information gap seems to have reduced since the baseline survey (Figure 4-4).

**Figure 4-4 Awareness of the IJ70+ by sex**



Source: Analysis of the baseline and midline balanced samples

The Government of Kenya uses a variety of communication channels to create awareness about the programme. This includes mainstream media channels, such as television and radio, as well as posters and booklets. Indeed, a large information campaign took place prior to registration for the IJ70+, however older citizens were likely less able to access popular media channels due to limited literacy levels and would rather rely on younger family members to relay information.

Due to the limitations in literacy of the potential beneficiaries of the IJ70+, public barazas and word of mouth were the most likely channels through which information regarding the programme would reach potential beneficiaries. Chiefs and Assistant Chiefs, Village Elders, BWC, community volunteers and church leaders all actively mobilise beneficiaries. As an illustrative example, the Village Elder of a location in Muranga County recalled the process of raising awareness about the registration for the IJ70+ in 2017 as follows: *“I did this through village barazas that we attend once in a while. Other times I do it by word of mouth...this is how the information flows – a clerk from the social services department*

<sup>31</sup> This result seems at odd with the lower baseline awareness of Government cash transfer programmes; however, it may suggest that some baseline respondents aware of the IJ70+ did not recognise it as a Government cash transfer programme (or interpreted awareness as a stronger notion relative to *having heard*).

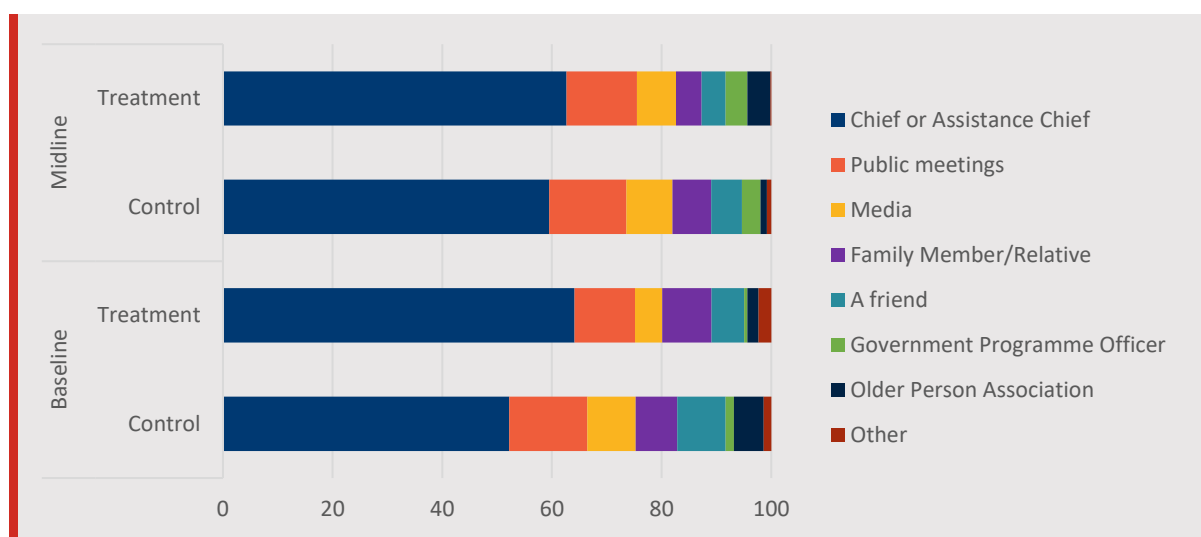
*informs the chief that people need to get registered, the chief communicates to the assistance chief who informs me on what to do.”*

Similar to the challenges described in Section 4.1, due to capacity and resource limitations of implementing officers at County and Sub-County levels, awareness creation activities rely heavily on the capacity of local administrative officials and community officials, including Village Elders, the BWC and volunteers. Therefore, information dissemination about the IJ70+ is dependent on local actors' own understanding of the programme's objectives and eligibility criteria, as well as the resources available for communications activities. Findings from the qualitative research indicate that local administrative officials did not always have awareness themselves of the different objectives of the NSNP programmes, in particular the distinct design of the IJ70+ as a scheme that does not include a poverty targeting exercise, but rather, registered all older persons aged 70 years and above during the initial registration. For example, in Turkana, several implementing actors described the registration as a community-based ranking exercise, while others assumed that the IJ70+ had replaced the other cash transfer programmes (CT-OVC and PwSD-CT).

As a result, information flows were mainly reliant on local structures with limited guidance provided through a formal communication strategy. For example, in Bungoma, a shortage of meetings and interactions between Sub-County implementing officers and BWCs and local administrators was attributed to financial constraints. Indeed, community volunteers were found to fill capacity gaps in local administrative capacity in the Bungoma locations, which resulted in inconsistencies in the information provided to citizens, as these actors were not part of the formal administrative structure. In the Turkana locations, BWCs and community volunteers were significantly less involved in awareness raising activities, yet this leads to further challenges in information coverage. Public barazas, organised by traditional authorities, and word of mouth were the main methods of communication found in Turkana, with the risk that citizens from remote areas were left out of the communication channels entirely.

These findings are confirmed by the quantitative survey, in which respondents were asked about the source from which they first heard about the IJ70+ programme. About 60 per cent of the sampled individuals (59 per cent of control, 63 per cent of treatment) mentioned their chief (or assistant chief), followed by public meetings (13 per cent), media (8 per cent), and other sources, including family, friends and OPAs (Figure 4-5).

**Figure 4-5 Source of information on the IJ70+ programme**

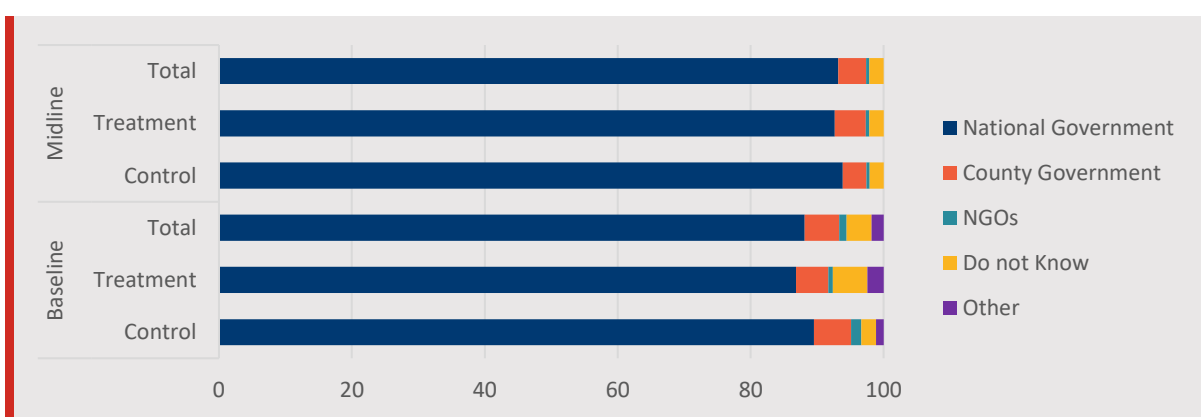


Source: Analysis of the baseline and midline balanced samples

The lack of formalised communication channels limited beneficiaries’ understanding of the programme’s objectives, in particular concerning the role of Government in providing the pension and their own entitlement to the transfer. As one female beneficiary in Turkana North (Turkana County) exclaimed: *“I always hear that information in the neighbour’s radio that NGOs are well-wishers, and they are the ones giving out money.”*

In fact, when asked about the programme’s funding, about 35 per cent of respondents reported not knowing where the funds were coming from<sup>32</sup>. Among those who reported knowing about the source of funding, over 90 per cent (94 per cent of control, 93 per cent of treatment) correctly identified the National Government, while a minority mentioned the County Government (4 per cent) and very few respondents mentioned NGOs (less than one per cent, Figure 4-6).

**Figure 4-6 Source of funding of the IJ70+**



Source: Analysis of the baseline and midline balanced samples

<sup>32</sup> Forty-four per cent of the control group did not know, compared to 26 per cent of the treatment group.

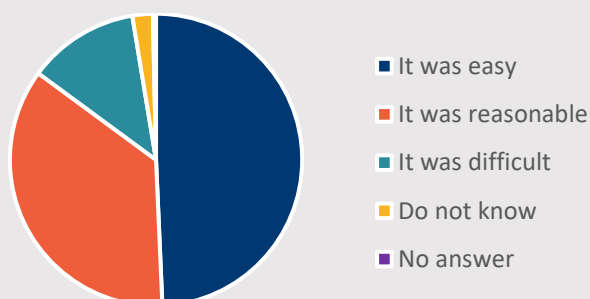
Nonetheless, as will be discussed in the following Section 4.3, the design of the IJ70+ contributed to a widespread awareness of the programme's objective and its eligibility criteria, given the registration was undertaken of all older persons aged 70 years and above.

### 4.3 Registration and enrolment

Registration for the IJ70+ was conducted in 2017, when all citizens aged 70 years and above, who were not in receipt of another pension, were mobilised across Kenya to be registered for the programme. In line with the awareness creation channels available, programme staff disseminated key messages to ensure that potential applicants were informed about the eligibility criteria and the documentation required for registration.

#### **Box 1 Experience registering for the IJ70+ Programme (baseline)**

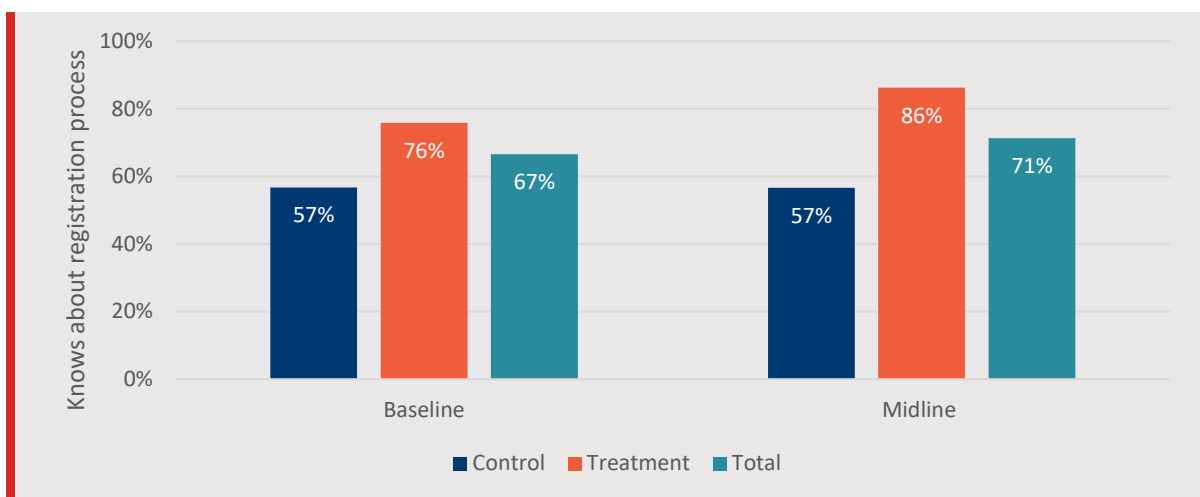
About 85 per cent of the respondents to the baseline survey stated that the registration process was easy or reasonably easy, while only about 12 per cent found it difficult.



In comparison to the poverty-targeted household-based transfers provided under the NSNP framework (CT-OVC, PwSD-CT and the former OPCT), by registering all older persons aged 70 years and above during the rollout, the IJ70+ had significantly reduced administrative challenges and barriers to registration and enrolment. The household-based schemes rely on the availability of socio-economic data to rank households based on their poverty status. In contrast, the IJ70+ merely required individual citizens to prove their eligibility based on age, by showing their national ID. The Government of Kenya's decision to design this scheme to register all older persons aged 70 years or above who are not in receipt of another pension significantly enhances inclusivity and accessibility of the implementation process. Nevertheless, several challenges were perceived by citizens, resulting in administrative barriers to the scheme.

Figure 4-7 summarises findings from the quantitative survey: on average, 71 per cent of the midline respondents (67 at baseline) were clear about the registration process. As expected, awareness was higher among the treatment group (86 per cent at midline, 76 per cent at baseline).

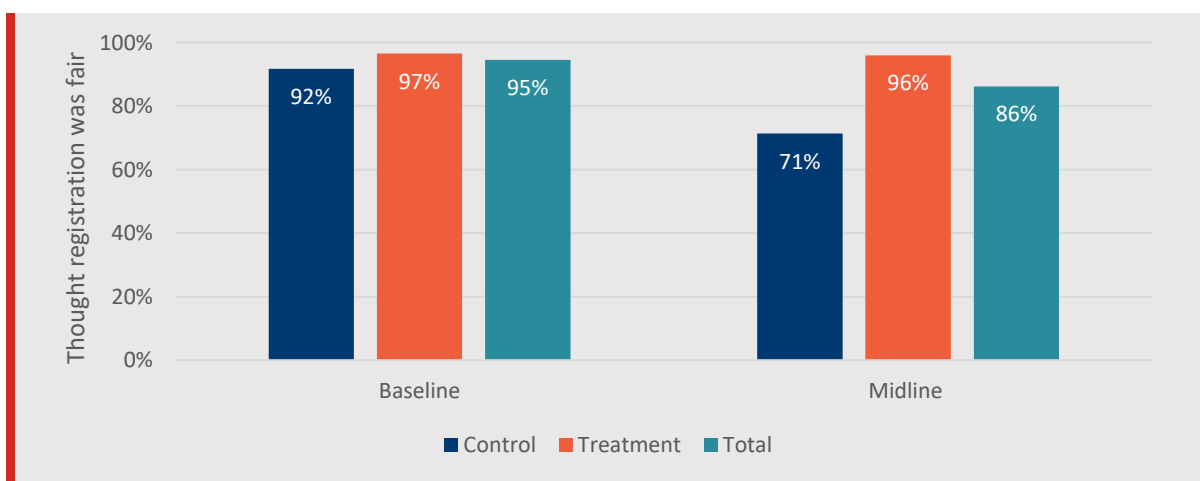
**Figure 4-7: Knowledge of registration process**



Source: Analysis of the baseline and midline balanced samples

Among those who said to be aware of the registration process, 86 per cent believed the process was fair. Perception of fairness seems to have deteriorated compared to the baseline, where 95 per cent of respondents were satisfied with the registration process (Figure 4-8). The difference is driven by a shift in perception among those identified as the control group: while perception has not significantly changed among beneficiaries, it has significantly dropped—from 92 to 71 per cent—among those *not registered or not receiving benefits*. This group would include eligible persons not yet enrolled or—potentially—individuals that are enrolled but have not received any payments in the past 12 months.

**Figure 4-8: Perception of fairness of the registration process among those who were aware of it**



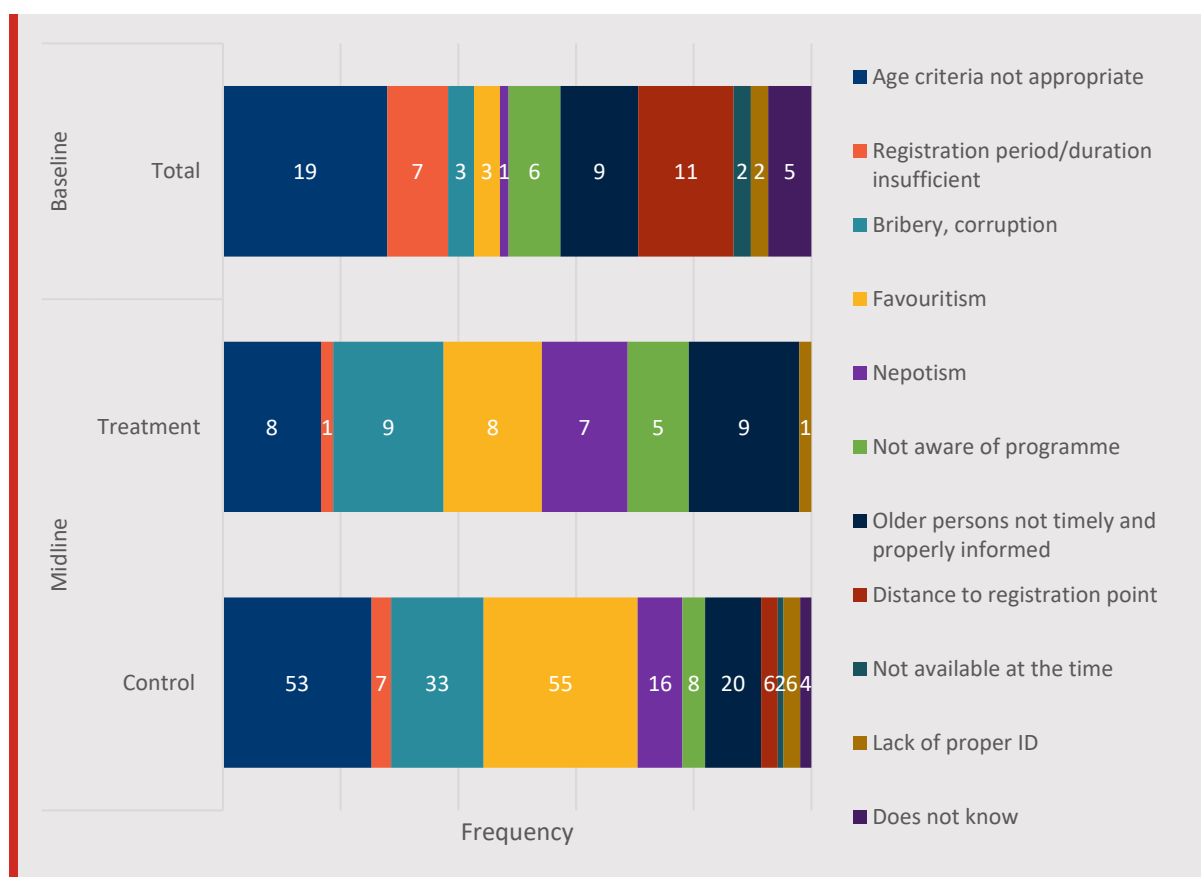
Source: Analysis of the baseline and midline balanced samples

Looking at the reasons provided in relation to why the registration process is perceived as not fair, favouritism was the one most frequently cited<sup>33</sup> by the control group at midline (55

<sup>33</sup> Survey respondents could select multiple reasons.

occurrences), followed by the age criteria not being appropriate (cited 53 times). Other reasons frequently provided relate to the presence of corruption or bribery (33), older persons not being properly informed and timely to get registered (20), and potential nepotism (16). These findings are, at first, surprising given all older persons aged 70 years and above not in receipt of a pension were mobilised for the initial registration. However, perceived ‘favouritism’ and ‘age criteria not being appropriate’ is likely to be related due to two notable challenges with the programme’s registration process. Firstly, a significant number of eligible older persons were missed out during the initial registration process. Secondly, older persons who turned 70 after the initial registration process have subsequently not been registered for the programme. Both stakeholders’ and beneficiaries’ perceptions of these challenges are further discussed in the following chapters. Nonetheless, it should be noted that the majority of respondents (86 per cent) still perceived the registration process to be fair.

**Figure 4-9 Reasons behind perceived unfairness of registration process by occurrence of answers**



Source: Analysis of the baseline and midline balanced samples

### Absence of follow-up registration processes

Since 2017, no follow-up registration exercise has taken place due to budget constraints. As a result, older citizens who have turned 70 years since the initial registration process have not yet been registered and enrolled onto the programme. Understandably, this has widely caused concerns among existing beneficiaries and other community members. Indeed, the

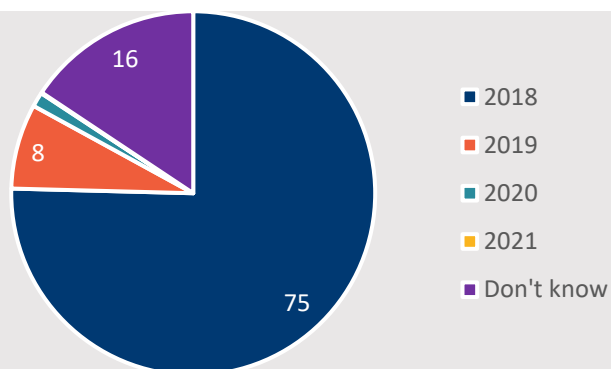
majority of existing beneficiaries participating in the qualitative research expressed a wish to “register the other older people aged 70” who were missed out by the registration. Of particular concern is that eligible citizens were known to be excluded during the initial registration process.

Several challenges have been associated with the exclusion of eligible beneficiaries during the initial registration process. Cases were reported where eligible citizens had attended the registration and supplied the required documentation and biometric data but were not properly enrolled. Furthermore, concerns have been raised by programme implementers that the registration process in 2017 was wrongfully perceived to be politicised due to taking place during election periods, deterring citizens from attending the initial registration process.

Since 2017, limited numbers of citizens have been enrolled the programme (mostly during November 2021) in an effort to rectify the above-mentioned errors. During this time, a registration window was opened to capture beneficiaries who were entitled to the programme during its implementation phase but missed the initial registration in 2017. This also enabled beneficiaries to change their PSP. As one Sub-County SDO in Muranga County indicated: “Those claiming to have been registered last year maybe had issues with their bank account when they had to change to the electronic mode of payment.” Furthermore, key informant interviews with the PSPs indicate that this also included many beneficiaries whose ID information had been captured, but due to errors, they were not successfully enrolled and have not received payments. However, several reports from beneficiaries and caregivers indicated that while eligible citizens had their registration details corrected at a later time, they were not compensated for the missed payments.

### Box 2 Year of registration to the IJ70+ programme

When asked about the year they were first registered into the programme, 75 per cent of midline respondents recounted being enrolled in 2018, 16 per cent did not know, less than 8 per cent was registered in 2019 and very few people reported enrolling either in 2020 or 2021.



### Registration of caregivers

During the initial registration process, eligible beneficiaries could nominate a proxy – known as ‘caregiver’ – to accompany them to collect the payment on their behalf. Caregivers would then also be registered by providing their national ID and biometrics. This is an important feature of the programme’s registration process to ensure that the scheme is accessible to beneficiaries with mobility issues or who, for other reasons, require assistance when collecting the payment. In practice, most caregivers would accompany the beneficiary to collect the payment, rather than collecting it on their behalf.

However, several respondents experienced challenges due to the caregiver being registered on behalf of two beneficiaries at the same time. For example, one female caregiver who had been registered on behalf of her mother, also registered as a caregiver for her own husband. Having been registered as a caregiver for a second time, this resulted in her mother's pension payments being discontinued. The issue was later resolved after raising a complaint to the programme implementers. Nonetheless, the inability to register as a caregiver twice is likely to result in further challenges for families with multiple vulnerable older persons who require support in accessing the pension.

### **Accessibility of the registration process for persons with disabilities**

Limited provisions were available to adapt the registration process for vulnerable citizens, including women and persons with disabilities. While it varied across registration offices, most respondents indicated that there was generally no availability of tents, chairs, or food and water, despite long waiting times. In several locations, BWCs as well as Assistant Chiefs reportedly visited older persons' homestead if they knowingly were unable to attend the registration in person. This was largely dependent on local structures and operated outside of formal guidelines outlining the registration processes.

### **Linkages with the NHIF**

The initial design of the IJ70+ included a "cash-plus" component, through which beneficiaries of the programme would be enrolled into the National Hospital Insurance Fund (NHIF) at no cost. This included eligibility for the NHIF Super Cover, which covers up to 80 per cent of medical bills, with the costs of the monthly premiums covered by public funds from the Treasury. The IJ70+ cash-plus component was designed to build on the prior linkage between the OPCT and the NHIF, which provided approximately 250,000 beneficiaries aged 65 years and above with coverage of medical care. However, the initiative was scaled down in 2017, reducing the number of existing beneficiaries with access to the NHIF to 42,000.

Therefore, the directive issued to scale up coverage of the NHIF for older persons again, would cover approximately half a million beneficiaries of the IJ70+, indicating a significant increase in coverage in comparison to the previously poverty-targeted OPCT. Due to the unavailability of funds from the Treasury, the number of beneficiaries accessing free NHIF coverage has not increased beyond 42,000. Both programme implementers and citizens had limited awareness of the registration process for the NHIF. While a limited number of beneficiaries of the IJ70+ covered the costs of the premium themselves – facing a reduction in the real value of the transfer – many respondents felt disadvantaged that their premiums for the NHIF were "no longer" covered, indicating that many were under the impression that this was an initiative once implemented but discontinued. The Government of Kenya is undertaking a strategy to implement Universal Health Care (UHC). However, there is no strategy as of yet to include IJ70+ beneficiaries under the UHC initiative.

The ESR is planned to enhance horizontal coordination across public sectors and schemes, which will facilitate cash-plus initiatives.<sup>34</sup> However, this initiative currently targets

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<sup>34</sup> (S. D. Kidd (, 2021).

households in the ESR's social registry component who have been assessed as eligible for the poverty-targeted programmes based on socio-economic characteristics.

## **4.4 Payments**

The payment process for social protection schemes in Kenya is undergoing significant developments. Whereas the initial programmes implemented under NSNP operated a manual payments system, all social protection transfers in Kenya now include electronic payments. As highlighted by a study on governance of the social protection system in Kenya, *“Electronic payments are an essential aspect of good governance as they increase transparency, improve traceability and real-time reconciliation, and reduce ‘leakage’ and ‘ghost’ beneficiaries (through more stringent identification documentation).”*<sup>35</sup>

With the implementation of the IJ70+, the Government of Kenya implemented a ‘choice model’, which allowed beneficiaries to choose from four payment service providers (PSPs). Each of these four PSPs provide the beneficiaries with a debit card and bank account. This enables the beneficiaries to withdraw their payment from a bank agent or ATM on a time and date of their choice. It also enables beneficiaries to accumulate savings in their bank account. However, there are limits to the accumulation of savings as beneficiary’s accounts are considered to be dormant when no activity has taken place within six months. One local official in Turkana County expressed the concern: *“maybe when the beneficiary is thinking of leaving the money to accumulate so as to sort maybe school fees it backfires.”*

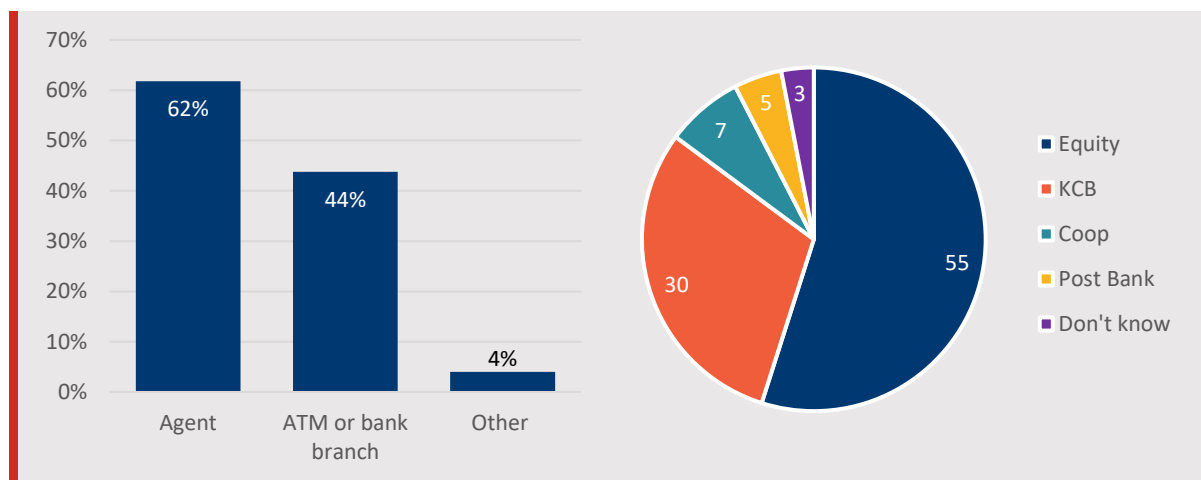
According to the midline survey, most programme beneficiaries withdraw their transfers from an agent (62 per cent) or from a bank branch or cash point (44 per cent)<sup>36</sup>. Equity Bank and KCB represent the most popular payment service providers. As shown in Figure, just under 55 per cent of the sampled beneficiaries received their transfers through Equity Bank, 30.2 per cent through KCB, 7.3 per cent through Co-op, 4.5 per cent through Post Bank. Around three per cent of beneficiaries in the sample were not sure which one was their service provider.

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<sup>35</sup> (S. D. Kidd, 2021)

<sup>36</sup> Percentages do not add to 1 because respondents could select multiple options.

**Figure 4-10 Place of withdrawal and payment service provider among midline respondents**



Source: Analysis of the midline sample

Since 2022, the choice model has been expanded to include six PSPs. To date, the PSPs do not include providers specialising in mobile money service provision. However, the Government of Kenya intends to explore possibilities of mixing debit card and bank accounts with mobile money provision, in order to allow for greater flexibility for beneficiaries to collect their funds.

Table 4-1 summarises key components of the evolution of the payment mechanism, starting from the pilot phase of the previously poverty-targeted OPCT to the current choice model implemented for the IJ70+. As part of the choice model, a fee structure was designed to encourage competition between different PSPs. The fee structure is based on a geographic division of three zones in Kenya, which apply different fee rates for urban (Zone A), peri-urban (Zone B) and remote (Zone C) areas. In total, the fee rates amount to 3.5 per cent of the payment provided to beneficiaries.<sup>37</sup> The majority of these fees are covered by the government and paid to PSPs after payments have been disbursed to beneficiaries in order to encourage timely payments.

<sup>37</sup> McKay & Mdluli (2020)

**Table 4-1: Evolution of payment mechanism employed for the OPCT**

	<b>Pilot (Phase 1) 2004 - 2010</b>	<b>Phase 2 (2010 – 2012)</b>	<b>Phase 3 (2012 – 2017)</b>	<b>Phase 4 (2018 – 2022)</b>	<b>Phase 5 (2022 – present)</b>
Description	Government of Kenya officers disburse cash	Government of Kenya single-source contracting of Postal Corporation of Kenya to deliver benefits, largely manual	Government of Kenya competitive procurement; selects two providers	Government of Kenya competitive procurement; selects four providers. Offers customer choice	Government of Kenya competitive procurement; selects six providers. Offers customer choice
No. providers	0 (Government of Kenya District Treasuries)	1 (PCK)	2 (KCB, Equity)	4 (CO-OP, Equity, KCB, Post Bank)	6 (CO-OP, Equity, KCB, Post Bank, National Bank of Kenya, Kenya Women Finance Trust)
Fees	No applicable (0 KES)	60 KES per month (120 KES per cycle)	Equity: 100 KES, with annual increment of 5%  KCB: 2% of benefit (80 KES per cycle)	Approx. 3.5% of cash transfer value  Tiered: Zone A = 120 KES; Zone B = 132 KES; Zone C = 154 KES	Approx. 3.5% of cash transfer value  Tiered: Zone A = 120 KES; Zone B = 132 KES; Zone C = 154 KES.  Fee rates differ by PSPs, with the lowest fees reported

*Lessons learnt on implementation of the Inua Jamii 70+ programme*

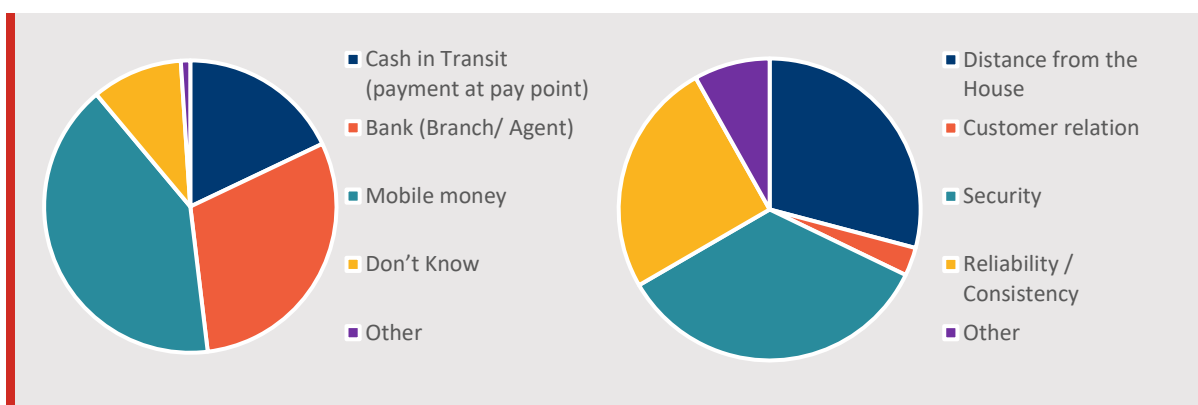
					as follows: Zone A = 110 KES; Zone B = 120 KES; Zone C = 120 KES.
No. access points/agents	Not applicable	All post office payment points where beneficiaries were located	Equity: 4,977 KCB: 1,089	CO-OP: 12,674 Equity: 41,579 KCB: 18,485 Post Bank: 822	CO-OP: 16,139 Equity: 40,066 KCB: 2,328 Post Bank: 575 KWFT: 143 National Bank: 504
Payment instrument	Cash	Cash	Prepaid card	Bank account	Bank account
Identity	National ID	National ID + Signature/Manual thumbprint	National ID + Biometric	National ID + Biometric (proof of life every 6 months)	National ID + Biometric (proof of life every 6 months)

*Source:* Adapted from McKay et al (2020) and Kidd, S. D. (2021). *Note:* Zone A refers to Urban areas; Zone B refers to peri-urban areas; Zone C refers to rural areas.

### Access to information about the payment disbursement

At the time of the baseline survey, sampled respondents were asked a series of questions related to payments. The majority of respondents did not know when they would be paid (94 per cent), how much (89 per cent), how often (92 per cent), or how (95 per cent). Among those who said they knew how much they would be paid per month (6 per cent), 85 per cent correctly identified KES 2,000 as the transfer amount. On the other hand, among those who reported being aware of the frequency of payments (8 per cent), only 29 per cent answered “every two months”, while 67 per cent believed payments would be monthly. Finally, when asked about their preferred payment method, 41 per cent chose mobile money, 30 per cent preferred being paid through a bank branch or agent, and 18 per cent preferred being paid through cash in transit. Figure 4-11 shows the mix of payment methods and the reasons for preferring a payment mechanism over the other.

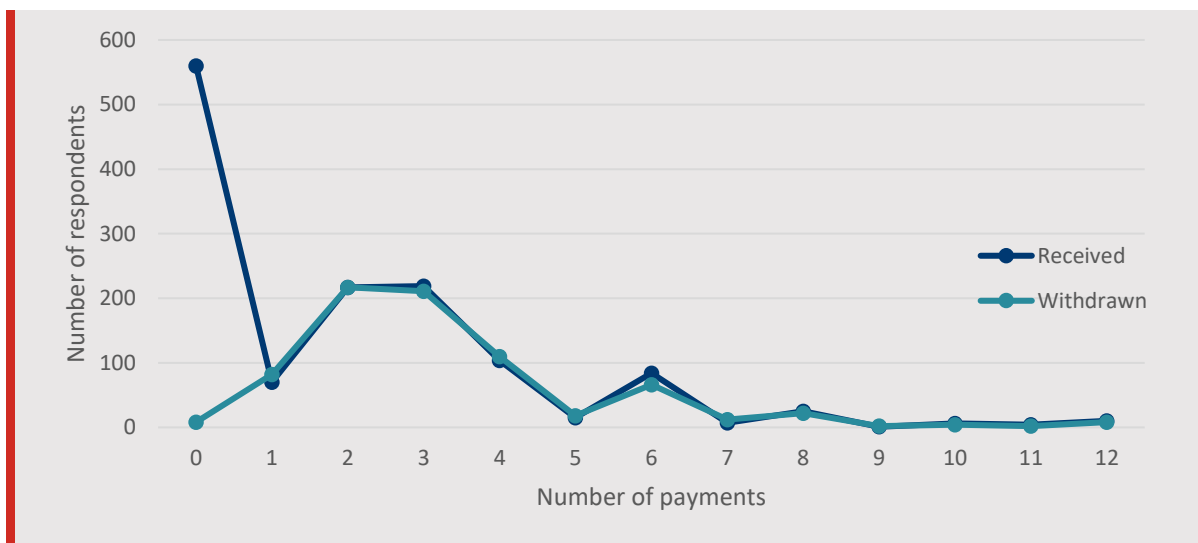
**Figure 4-11 Preferred payment mechanism and reason behind the choice at baseline**



Whereas beneficiaries are able to withdraw funds at a time and date of their choice, most would collect their pension shortly after a payment has been disbursed. In line with the awareness creation channels described in Section 4.2, citizens are informed every time the government has disbursed a new payment. Beneficiaries often described that they would come and wait to meet their bank agents upon a new payment disbursement, implying that there is a lack of knowledge that the payment can be withdrawn at any time.

Figure 4-12 confirms this by showing how the number of payments received broadly corresponds to the number of payments withdrawn. Almost all (99 per cent) of respondents reported withdrawing the full amount of the transfer at their last withdrawal.

**Figure 4-12 Number of payments received and withdrawn among midline survey respondents**



Various key informants described the process as running on a “*first come first serve basis*”, as beneficiaries reportedly start arriving at pay points at 8am, only to wait for bank agents to arrive at midday. As a result, there are many reports of overcrowding at pay points. Since bank agents are unable to facilitate withdrawals for all beneficiaries on the first day, many would be requested to come back to the pay point on a later date. In certain locations, local officials described that they would encourage beneficiaries to withdraw their funds on different dates in order to avoid overcrowding by staggering their communications according to the Wards in their Sub-County. However, awareness raising about the payment disbursement differed across locations and were not based on pre-determined guidelines. One Sub-County DSD officer in Muranga County explained the process as follows:

*“We liaise with assistant county commissioners and deputy county commissioners to pass information to chiefs, subchiefs and village elders that the money has been disbursed so that they can, in turn, inform the beneficiaries. We pass this information according to Wards – we wouldn’t want all of them to come at the same time and crows the banking halls.”*

However, broader public communication channels – including press briefings – are also used to disseminate information regarding the payment disbursement. Whereas this enhances information access for citizens, one SDO in Muranga County argued that “*it’s very hard to plan the payments per location as all will have information on the day payments check in.*” For the beneficiaries and their family members, however, these channels were not always available and word-of-mouth communication is still often relied on in order to access information regarding the payment disbursement:

*“The [bank] agent informs us when the cash is available. He calls my number. When there is so much delay, I have to ask from other beneficiaries in the village. It is a wild chase. You never get the direct information”*

– IDI with male caregiver of female beneficiary, Bukembe (Bungoma County).

During the COVID-19 pandemic, social distancing measures were enforced during the payment cycles due to the significant health risks for older persons. However, such

measures have no longer been enforced since restrictions related to social distancing have eased in Kenya.

*“During this corona period sometime last year, we used to sit down then the payment agents came to where we are seated and pay us. That was a good move, but now we have to queue up for long hours before receiving our pay.”*

– IDI with male beneficiary, Sitikho (Bungoma County)

Beneficiaries are entitled to one free withdrawal from their account once every month. After the first withdrawal, beneficiaries are charged with a transaction fee if they withdraw more money during the same month. Qualitative interviews indicate that beneficiaries are not fully informed of these transaction fees, exposing them to a risk of inadvertently reducing the real value of the benefit.

As part of ongoing upgrades of the CCTP MIS, there are plans to enable beneficiaries to be notified by SMS when a payment has been disbursed and the funds have arrived in their accounts. This is likely to increase efficiency of communication channels, however it is essential that beneficiaries are also adequately informed of the options to withdraw their money at different times, as well as potential transaction fees.

Related to the challenges of overcrowding, several beneficiary respondents and key informants reported liquidity challenges, which created barriers for accessing the payments. Indeed, several informants described experiences similar to that described by one female participant in a FGD in Bukembe (Bungoma County) as follows: *“if you are not lucky, the cash flow runs out before your turn, and you have to plan to go to the main bank. Kulipwa ni bahati (to be paid is a matter of luck)”* After having travelled to a bank agent, beneficiaries were often told to return on a different date or visit the main bank branch because the PSP agents had run out of cash. One key informant in Bungoma County reported several issues, which resulted in beneficiaries not being paid the amount that they are entitled to:

*“Agents also come with less money, so after a while they stop paying because they have run out of cash. Other times they give a beneficiary a receipt which does not match with actual money received.”*

### **Challenges related to irregularity of payments**

The main challenges perceived by both beneficiaries and implementing stakeholders relate to the timeliness of payment disbursements. Whereas beneficiaries are meant to receive their transfer every two months, in reality, budgetary constraints have resulted in payment delays. For example, a six-month gap in payment disbursements has occurred between June 2021 and January 2022, when the last payment was disbursed at the time of this evaluation.

Both quantitative and qualitative findings during the baseline and midline surveys, indicate that there is limited awareness among old age respondents on the timeliness of the payment disbursements. In the baseline survey, the majority of respondents (92 per cent) did not know how often they would be paid. Therefore, it is likely that respondents during the midline survey similarly still have limited awareness of the timeliness of the payments. In the midline survey, around eight in ten sampled beneficiaries (78 per cent) reported delays in payments,

which was similar across all three counties. The remaining 22 per cent did not report delays, despite challenges with payment irregularity having occurred across Kenya. Possible explanations may include unawareness of what would constitute a “delay” in the payment delivery. In the qualitative research, several respondents expressed that they wished to “*receive the payment every three months*”, which would be more regular than the current timing of the payments.

The irregularity of the payments compromises the reliability of the IJ70+ as beneficiaries are less able to plan their finances. One respondent in Kihumbuini (Muranga County), a caregiver of a beneficiary, expressed the opinion “*better 10 shillings you’ve been given than 100 shillings you’ve been promised*”, highlighting their frustration with having to wait for a payment without knowledge of when it would arrive. Moreover, beneficiaries who had purchased assets with the money received through the IJ70+ would often be forced to re-sell their assets before receiving the next payment:

*“This has seen her (the beneficiary) sell off the chicken and goats she has bought to meet her food [needs] and other necessities. Isn’t this undoing the good that this fund already created among these elderly people?”*

– IDI with male care giver of female beneficiary in Bukembe, Bungoma County.

As a result of the irregularity of the payments, many beneficiaries covered basic needs by purchasing food and other items on credit. The IJ70+ resulted in older people being perceived as more ‘credit-worthy’, a clear positive impact derived from the pension. However, the need to borrow funds in order to purchase food was not always perceived to be positive by beneficiaries, as it can create more animosity between beneficiaries and shopkeepers whilst the act of borrowing may be deemed undignified. For example, one beneficiary expressed:

*“We are now seven months without receiving the pensions. We’re too hungry. We’ve borrowed too much from the shops until now that they don’t accept debts anymore. Those whose relatives are not working are not emaciated and almost dying due to starvation. The one beneficiary still alive is the one burning charcoal.”*

– IDI with male beneficiary, Turkana County.

After a delay in payments, the funds would automatically cumulate and beneficiaries would receive a backdated payment, to cover the whole period in between payment cycles. However, several beneficiaries had made complaints to their local officials that the backdated payment would not always cover the full period in between payment cycles. For example, in the period between June 2021 and January 2022, several beneficiaries reported only to have received a payment covering four out of the six months. One of the local administrative officials in Turkana County similarly described: “*when the beneficiary doesn’t collect her pension for a period of three months and expect to come and get in the next month, he or she only gets for one month upon asking you are told the money has been returned.*” Similar concerns were raised by other key informants, referring to general perceptions surrounding the programme’s accountability. While beneficiaries were known to have raised complaints with local officials, this study has been unable to determine the extent to which these cases have been followed up on through the complaints and grievances mechanism.

## Authentication challenges

Significant challenges were experienced by beneficiaries due to the authentication mechanism. Biometrics (fingerprints) and ID cards are used for identification, which requires beneficiaries to physically collect the payments themselves. Furthermore, beneficiaries are required to submit proof of life every six months. While the use of electronic payments has significantly improved access to payments in comparison to the previously paper-based system, there are still a number of operational challenges which created barriers for citizens to access the scheme.

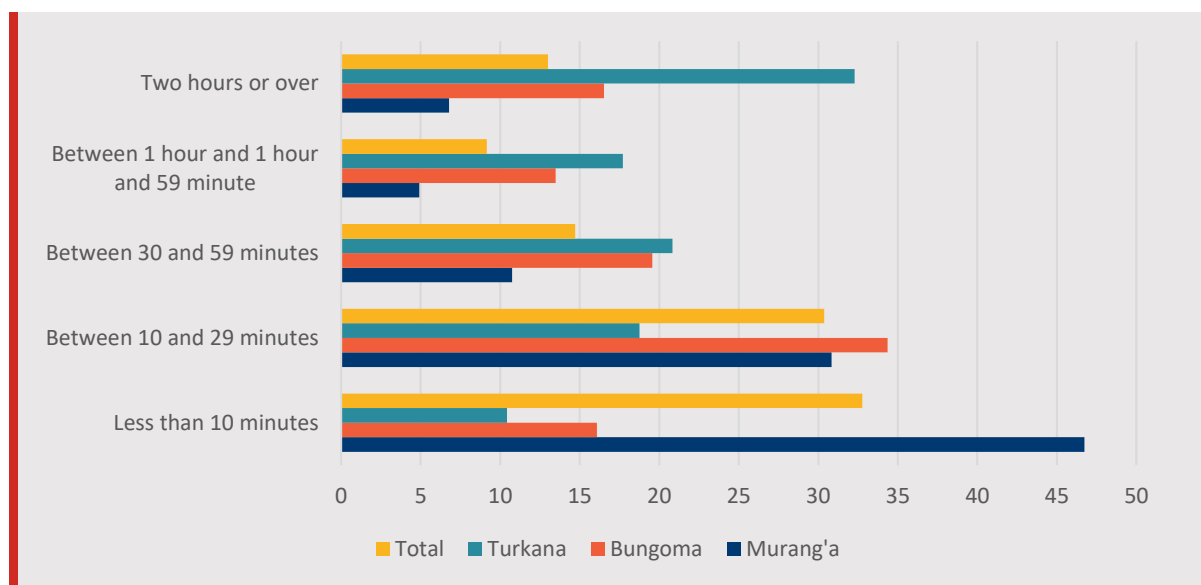
In the qualitative research, a significant number of respondents indicated that they were required to present themselves physically at the main bank branch when the POS device was unable to register their fingerprint. This was found to create challenges for older persons with mobility challenges, in particular because this implied longer travel times and longer waiting times at the bank. While beneficiaries with mobility issues would often be assisted by a caregiver or other family member or friend to access payments, respondents indicated that caregivers were not able to resolve the issue on the beneficiaries' behalf. About a third of beneficiaries interviewed at midline said they received help from family members or friends to withdraw their transfers, although this was not necessarily linked to having a caregiver. In total, 13 per cent respondents in the quantitative survey reported receiving help from a caregiver, 12 per cent had a caregiver but did not receive help, and 20 per cent reported receiving help from someone else.

For example, one caregiver of a beneficiary in Dhengelwa (Bungoma County) reported that the beneficiary had to travel to the main bank several times due to failures in the biometric authentication, which created difficulties whenever she experienced illness and needed the money for medication. The same caregiver also recalled a more severe case, where one of the beneficiaries being served was denied access to the money due to biometric failure and died whilst waiting to receive their money.

*“One of the elders passed on in the queue while waiting to be served. It was a disturbing scene since they had really pleaded that his caregiver receives the money so that the old man would be rushed to the hospital, but the bank declined.”*

Waiting times at the pay points add to the cost of accessing the transfers. These vary significantly across counties (Figure 4-13). According to the quantitative survey findings, in Muranga, almost 47 per cent of beneficiaries are able to receive their payment in less than ten minutes, 31 per cent reported waiting between 10 and 30 minutes, and only about one fifth (22 per cent) had to wait longer. Waiting times are generally longer in Bungoma, where only about half of the beneficiaries gets their payment in 30 minutes or less. Finally, waiting times appear particularly long in Turkana, where 32 per cent of beneficiaries waits for 2 hours or more for their payment, 18 per cent waits between one and two hours, 21 per cent waits between half an hour and an hour, and 29 per cent gets their payment in 30 minutes or less. It is likely that longer waiting times at pay points were linked to the need to travel to the main bank branch and wait for issues with the payment mechanism to be resolved.

**Figure 4-13: Time spent by beneficiaries on waiting at pay points, by county**



Source: Analysis of midline sample

However, the biometric authentication mechanism was not consistently used across all locations visited. For example, respondents from the qualitative research describe that certain PSPs were “*stricter*” than others in the use of biometric authentication. In Turkana, biometric systems were reportedly not available in all locations, resulting in beneficiaries consistently being told to travel to the main bank. The biometric failures, and the way in which this was handled, often led to suspicions of corrupt practices among PSPs being expressed by beneficiaries such as that of one male participant in an FGD in Kanamkemer (Turkana County) who stated: “*my fingerprint was not working that forces me to travel to the bank. I feel it is not accessible; the bankers question us a lot and I feel some of them are corrupt in the way they work out OPCT issues.*”

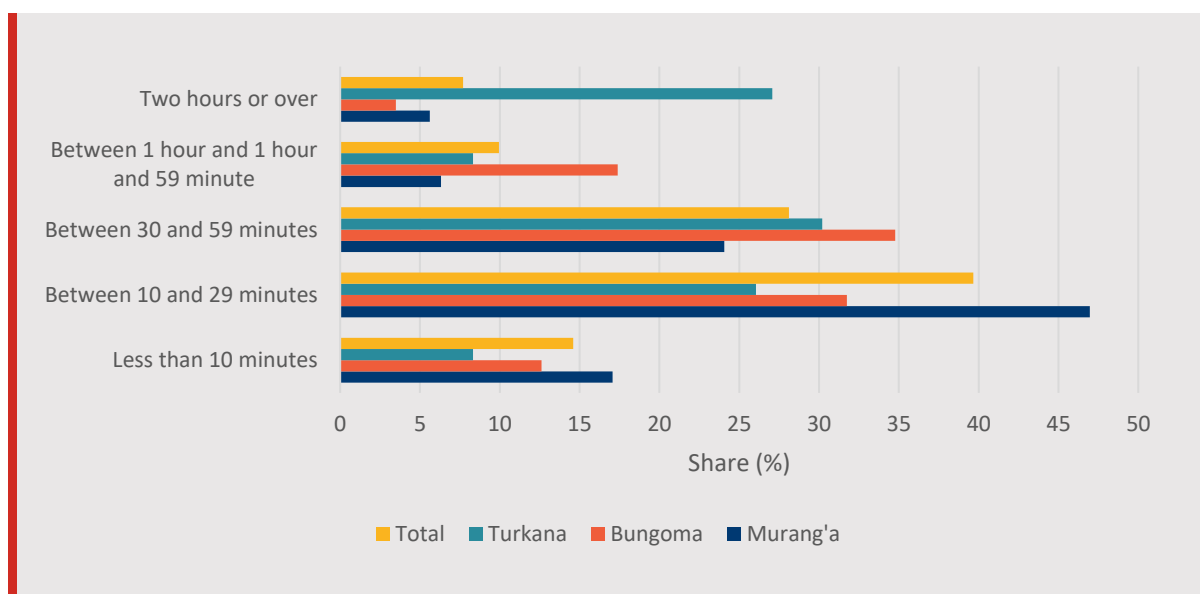
Officially, the PSPs also enable PIN authentication, yet the Government of Kenya discourages its use for the IJ70+. Therefore, PSPs prioritise the biometric authentication at the Point of Sale (POS) as the preferred method, in line with the government’s guidance. Indeed, there were several reports of beneficiaries and their caregivers that they feared the PIN would be too difficult to remember or increase the risk of fraud.

A further challenge to the payment process since November 2021 has been the onboarding of new beneficiaries onto the payments mechanism which now requires evidence of proof of life. This has been perceived by PSPs as a new “*condition*” that needs to be enforced in order to place new beneficiaries onto the payroll, yet with limited time to implement this system and conduct tests to verify that beneficiaries are properly onboarded. Indeed, the enrolment process for the IJ70+ is said to be “*rushed*”, as more responsibilities for the verification of beneficiary lists are placed with the PSP in comparison to other programmes under the NSNP, where the government would provide the final list of beneficiaries to the PSP for enrolment. One PSP representative explained that they were merely given instructions to implement these systems within a matter of weeks after having been contracted by the government: “*We raised the issues, and our views were not incorporated. But because we had signed the contract we had to comply.*”

### Distance to pay points

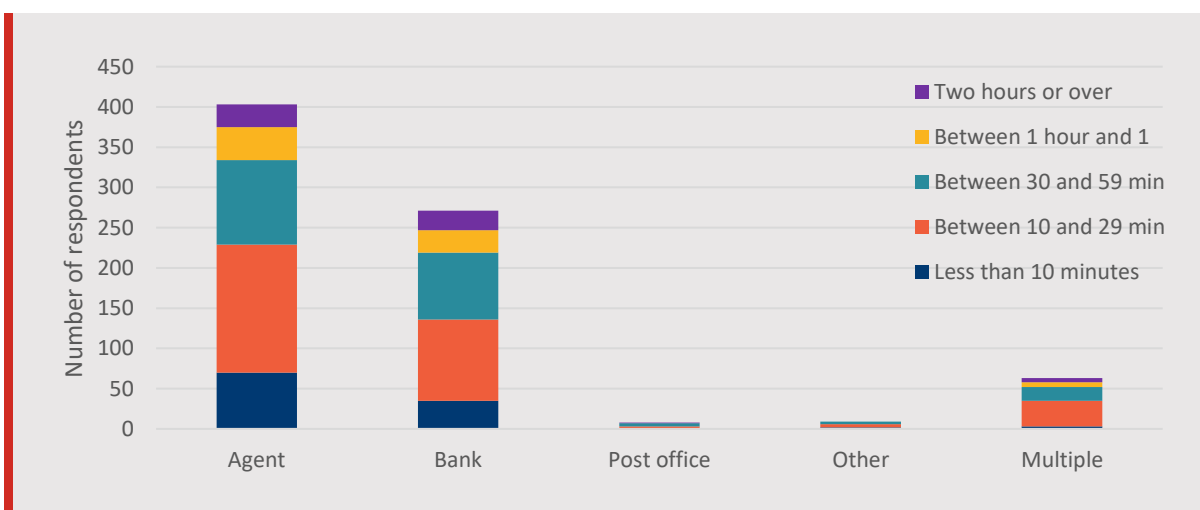
Figure 4-14 shows the time that beneficiaries surveyed at midline spent travelling to pay points. Most beneficiaries reported spending less than 30 minutes to arrive at the pay point. Still, a significant share (45.8 per cent) spends more than 30 minutes to travel to the pay point. Furthermore, when looking separately at Bungoma and Turkana, there the average time spent travelling to pay points are reported to be over 30 minutes for more than 55.6 per cent of beneficiaries in Bungoma and 65.6 per cent in Turkana. In fact, in Turkana, around 27 per cent of the sampled beneficiaries travelled for more than two hours to the pay points.

**Figure 4-14: Time spent by beneficiaries on travelling to pay points, by county**



Source: Analysis of midline sample. Note how respondents from Murang'a account for 57 per cent of the sample, while Bungoma respondents represent 30 per cent of the sample and only about 13 per cent of the sample is from Turkana county.

**Figure 4-15 Travel time by usual place of withdrawal**



On average, a significant proportion of the transfer is spent on transport, which substantially reduces the real value of the transfer for beneficiaries. Evidence from the midline survey,

where sampled beneficiaries were asked to quantify how much they spend to withdraw their pension, confirms this: 74 per cent of respondents pay for transportation, spending on average KES 348. Sixteen per cent have to pay for somebody to accompany them to withdraw the pension, which costs them on average KES 448. Fifteen per cent reports paying bank fees, spending on average KES 98. Other costs included accommodation (6 per cent of respondents, spending on average KES 214), payments to authorities (2 per cent of respondents, spending on average KES 196), and other unclassified costs (mentioned by 4.5 per cent of respondents, accounting for KES 235 on average).

Indeed, three quarters of respondents in the midline survey reported spending money on transportation. Whereas the guidelines for PSPs indicate that beneficiaries should travel no more than six kilometres, in practice, beneficiaries are commonly required to travel to bank branches – located only in larger towns – significantly increasing the actual distances travelled to collect payments. This is often described as a cumbersome experience for older persons, given their old age. For example, one male beneficiary from Kanamkemer (Turkana County) described this process as following in an FGD: *“It (the bank) is far in Lodwar town; it is not accessible, there is overcrowding, no water, no social distance maintained and no toilets available. I propose they bring a bank near our place.”*

The most common reason requiring beneficiaries to travel to the main bank branch is when the biometric authentication method did not work, or in other words, when beneficiaries’ thumbprints could not be read by the POS device with the bank agent. However, beneficiaries were also required to travel to bank branches during several other occurrences. For example, in December 2021, all beneficiaries with accounts at Equity Bank had to travel to the main bank branch because all cards had expired.

From the qualitative research sample, the costs incurred for transportation were most significant in remote areas of Turkana County. In one location, the average distance to a payment collection point was estimated at 35 km. However, also in other counties, distances to the bank often implied a significant cost, as one of the local officials in Bungoma County described: *“They end up using a lot of money on transportation. Someone is going to receive two thousand Kenyan shillings and he or she has used one thousand on transportation”*

The costs for transportation were a particular concern for beneficiaries who required assistance from a caregiver. As explained in Section 4.3, caregivers would usually travel together with the beneficiary to collect the payment. One male caregiver of a female beneficiary in Bukembe (Bungoma County) expressed: *“If I have to accompany her (the beneficiary) to the pay-point, in which case she is not well and does not want to be strained at the lines then the cost doubles. This can be very expensive, especially when we have to borrow the money from neighbours.”*

Older persons with mobility issues often require more expensive forms of transportation:

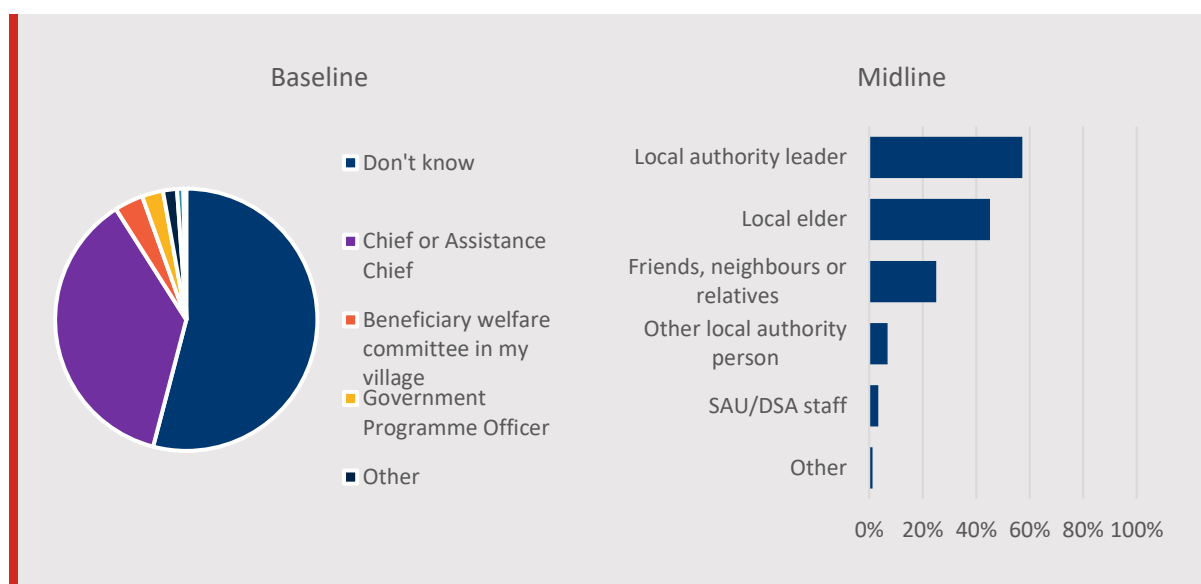
*“When we (the caregiver and beneficiary) would go to Bungoma town to the main bank, we would hire a taxi which comes to around KES 1,000. This is expensive considering the amount of money they are receiving but we have to do this because she cannot board a motorcycle. If you think about this keenly, it really drains the little savings they could make from the pension money”*

– IDI with male caregiver of female beneficiary, Nzoia sub-location, Bungoma County.

## 4.5 Grievance and redress mechanisms

As part of the baseline survey, respondents were asked who they would ask for help to obtain information on the programme or if they had a grievance. Over half of respondents (54 per cent) did not know who to ask, while 37 per cent identified their local chief or assistant chief as their first point of contact. Similarly, midline respondents were asked who they would ask for help or advice if they had a question or complaint: 57 per cent would reach out to their local authority leader, 45 per cent would ask a local elder, 25 per cent would seek help from friends, neighbours or relatives<sup>38</sup> (Figure 4-16).

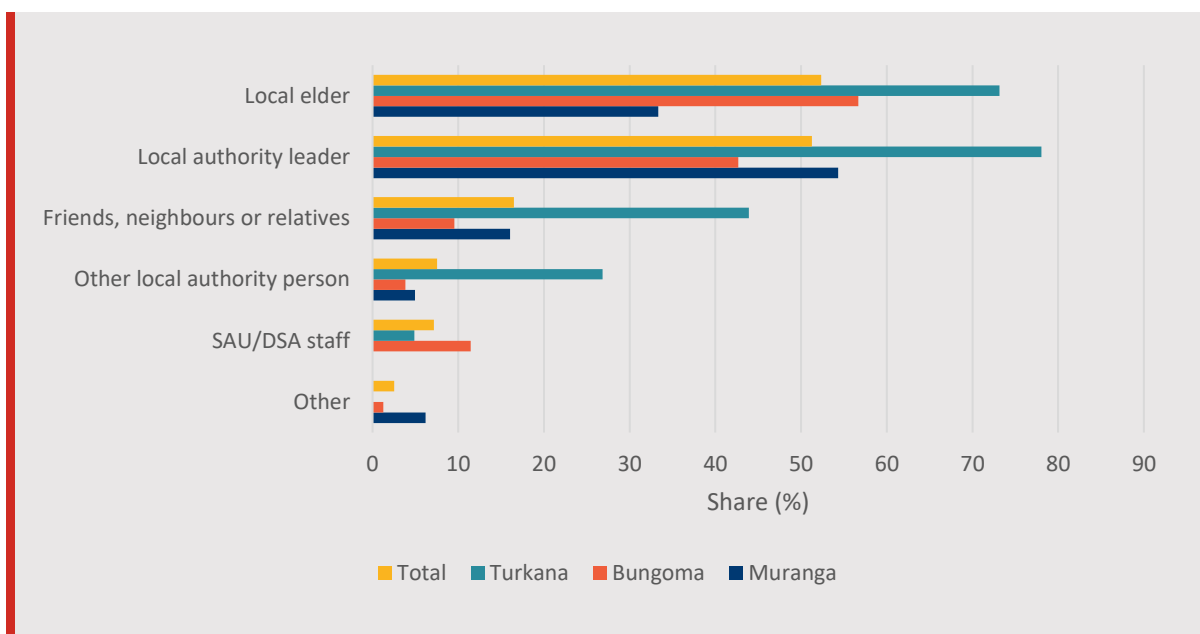
**Figure 4-16 First contact point for advice relative to the programme**



In the information presented in Figure 4-16, no distinction is made between formal or informal queries and complaints, which was not captured by the survey. Therefore, while 57 per cent of beneficiaries indicated that a local authority leader was their first contact point for advice, this does not necessarily imply that they consulted the official complaints and grievances mechanism. Similarly, Figure 4-17 shows a breakdown by county of who respondents tried to contact in relation to a query or complaint, which is likely to include either formal or informal complaints. It should be noted that each respondent may have directed their query to more than one subject. Twenty-one per cent of the respondents enrolled in the programme reported having actually tried to raise a problem, query, or complaint (31 per cent of Bungoma respondents, 20 per cent of Turkana respondents, 13 per cent of Muranga respondents). Qualitative findings, which are discussed further below, provide further insights on the accessibility of formal grievances and complaints mechanism.

<sup>38</sup> Percentages do not add to 1 because respondents could provide multiple answers

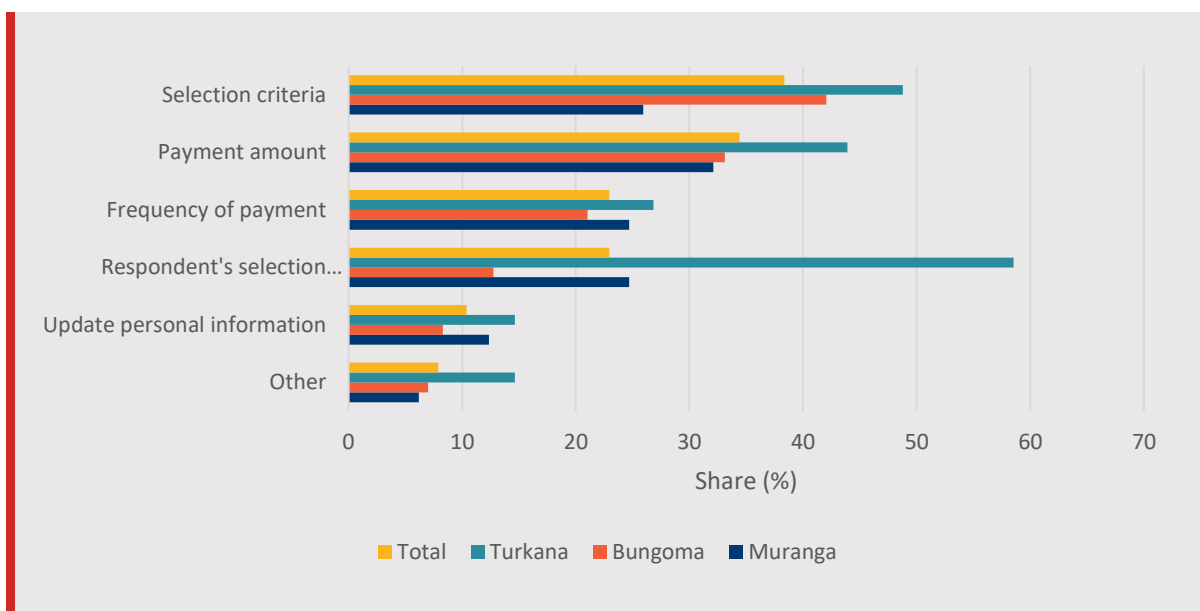
**Figure 4-17 Share of queries by county and person/organisation contacted**



Source: Analysis of midline sample

Figure 4-18 shows the range of issues raised by beneficiaries through their (formal or informal) queries or complaints. Again, the same query could cover more than one type of issue. Thirty-eight per cent of the queries concerned the programme’s selection criteria, 34 per cent related to the payment amount, 23 per cent to the frequency of payment, 23 per cent enquired about their own enrolment into the programme, 11 per cent reached out to have their personal information updated.

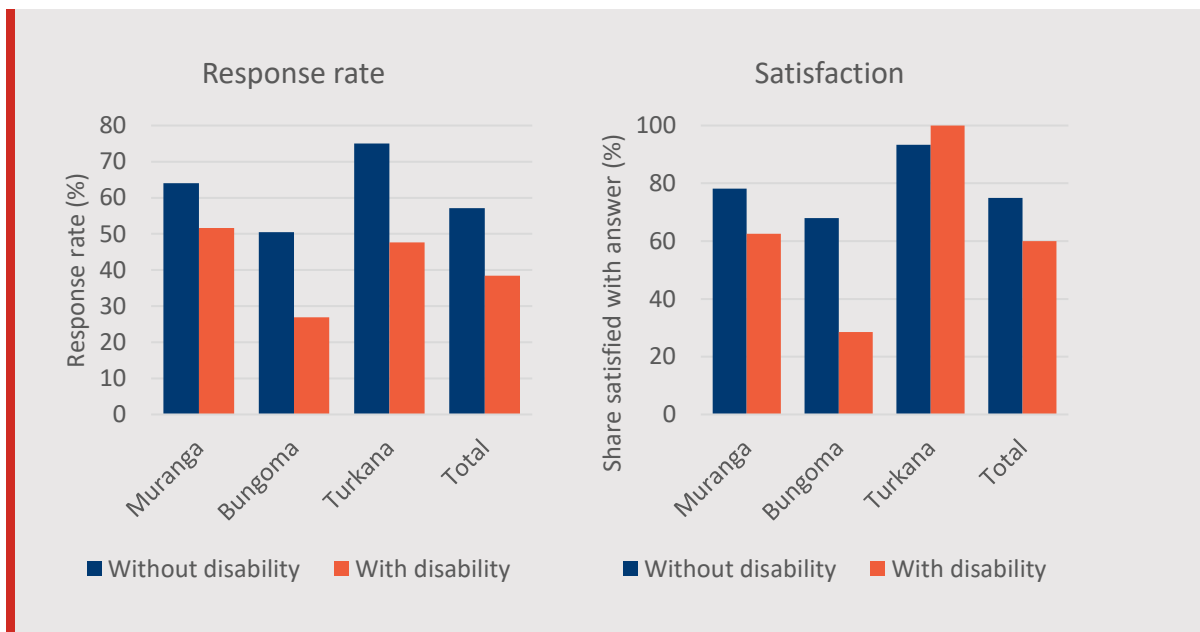
**Figure 4-18 Share of queries by county and topic**



Source: Analysis of midline sample

About half of the respondents who raised queries received an answer: response rate was lower in Bungoma (43 per cent) compared to Turkana (61 per cent) and Muranga (59 per cent), as shown in Figure 4-19. Among those who received an answer, over 70 per cent found it satisfactory: satisfaction with the answer received was highest in Turkana (96 per cent), followed by Muranga (73 per cent) and Bungoma (60 per cent).

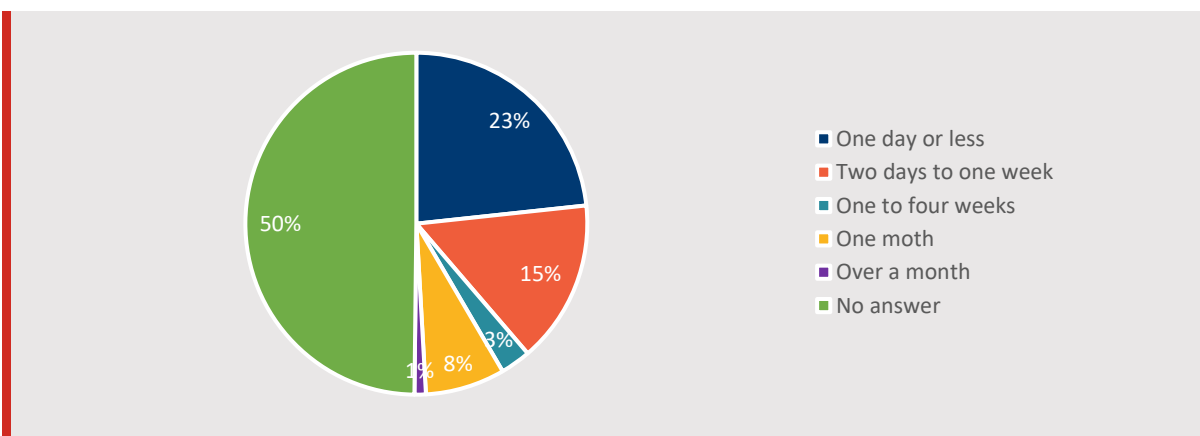
**Figure 4-19 Response rate and satisfaction with answers by county**



Source: Analysis of midline sample

Among those who received an answer to their query, 43 per cent received it from a local elder, 39 per cent from a local authority leader, 11 per cent from SAU/DSA staff, 6 per cent via mobile phone or SMS. In terms of response time, 23 per cent of those who raised a query received an answer in a day or less, 15 per cent received an answer in a week or less, while 3 per cent had to wait between a week and a month, 8 per cent received an answer after a month (Figure 4-20).

**Figure 4-20 Queries response time**



Source: Analysis of midline sample

In terms of formal complaints, there are a range of channels through which citizens can report grievances. The most common channel is to raise a complaint with a local administrator, such as the Chief or BWC. There are also several digital channels through which citizens can raise a complaint, including through social media or email. In rare cases, complaints are lodged in written form at the DSA, Ministry, or level of the Permanent Secretary, either directly or through the ombudsman. The DSA operates a call centre, where citizens can leave a recorded message. The call centre is being enhanced to facilitate day-to-day handling of complaints and grievances through phone calls during the 2022/2023 financial year.

Complaints and grievances are officially recorded by the DSA for tracking purposes. At the time of initial registration for the programme, these were processed manually by the subcounty offices. Each complaint or grievance was lodged in a form, which was physically sent to the headquarters for approval and resolving of each issue. Significant staff shortages resulted in backlogs in complaints. Since 2018, the process has been partly digitised through the CCTP MIS, as forms are scanned and electronically monitored through the system. While it varies depending on the severity of the issue, the majority of cases are to be resolved within a timeframe of 30 days, with the aim of addressing each issue in time before the next payroll is issued. The CCTP MIS has therefore also facilitated a decentralisation process since the programme is now also managed at the county and sub-county level.

For complaints related to payments, beneficiaries are referred to the PSPs who may resolve them directly. Issues that are resolved directly by the PSPs are not monitored in the CCTP MIS. PSPs are able to escalate issues with the Sub County programme officers and refer beneficiaries to programme officers to resolve issues when these cannot be addressed by the PSPs themselves.

In practice, however, beneficiaries rarely have knowledge of the different channels through which a complaint or grievance can be raised. Nonetheless, local administrative officials and volunteers (including the BWC) would often be assumed to have a role in the grievance management process. Most respondents, however, reported not to know how to raise a complaint. Other times, beneficiaries or their caregivers are aware of the ability to raise a grievance at the social development office, but the distance is deemed too far to travel to raise a complaint. In the event that respondents recalled having raised a complaint, this was found to be resolved in a timely manner.

*“A majority of beneficiaries do not know where to lodge their complaints and end up at the area chief’s office. There are people who do not even come to complain. We really need a location-level coordinator to help these elderly people with their problems in regard to pension. The current situation presents overreliance on village managers (elders) and chiefs to give feedback on the complaints, yet this group is not sufficiently informed.”*

– Female caregiver of female beneficiary, Dhengelwa sub-location, Bungoma County.

## **4.6 Change management**

Change management includes the updating of the list of those enrolled onto the programme, including programme exit and replacement processes. The main cause for a programme exit to be initiated is when the beneficiary is deceased. Subsequently, replacement of the

beneficiary takes place once a beneficiary has exited from the programme, in order to ensure that the programme reaches its full quota per location<sup>39</sup>. While change management is conducted continuously, there is no automatic process for the replacement of beneficiaries which requires official approval from the DSA. Local structures, such as the BWCs assist the programme implementers with change management of beneficiaries.

However, qualitative findings indicate that the change management process – in particular the replacement of beneficiaries – was not clearly understood by the communities and deemed untransparent. For example, in key informant interviews in Bungoma County, the involvement of community volunteers was described as a “*convoluted*” process which undermined the programme’s transparency. There is said to be a lack of communication between LVCs and local administrators, as one local administrative official in Bungoma County expresses: “*Volunteers have corrupted the OPCT programme. There are a lot of brokers and middlemen.*” Among local administrators, the involvement of voluntary roles in change management was perceived to undermine the legitimacy of the programme, as one key informant in Bungoma County argued: “*We end up with the wrong people receiving the pension because the social office has privatised the recruitment but made the payment a public affair.*” Similarly, beneficiary respondents also argued that the change management process enabled “*favouritism*”, similar to perceptions of the previous poverty-targeted scheme (as discussed in Section 5.5). For example, one male beneficiary in Turkana County expressed: “*when [they] get the chance to do the registration replacements, they do it in favour of those they know or [are] related to*”, although it was unclear which authority this respondent was referring to.

Another exit mechanism employed in the IJ70+ is the suspension of accounts which have been dormant for three consecutive payment cycles, or six months. Subsequently, if no proof of life is submitted after a further six months, it is assumed that the beneficiary is deceased, and the funds are clawed back by the Government.

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<sup>39</sup> Ministry of Labour and Social Protection (2020b).

## 5 Impacts of the Inua Jamii 70+ programme on beneficiaries, families, and their community

This chapter reports the results of the midline evaluation of the IJ70+ programme in relation to five main impact areas: material wellbeing and economic security, subjective wellbeing, care and support, health, and perceptions of citizenship. For each theme, the effect of the cash transfer programme on a set of impact indicators is investigated using econometric techniques, and the quantitative results are complemented by the qualitative findings.

### Box 3 How to read the tables in this chapter

For each set of impact indicators (variables of interest), a table shows the observed trend among the IJ70+ beneficiaries (treatment group) and the estimated impact of the programme (treatment). The first group of columns reports the average value of the indicator, as observed at baseline and at midline, respectively, among individuals in the treatment group.<sup>40</sup> The difference in average is tested for statistical significance<sup>41</sup> and the results reported in the form of asterisks.<sup>42</sup> These simple before-after differences are illustrative of trends but do not capture the impact of the intervention because they do not account for the counterfactual (what would have happened in absence of the intervention). In other words, similar trends could potentially be observed among the control group and be caused by other factors besides the IJ70+. The second group of columns reports the coefficients and standard errors from the difference-in-differences analysis. Each coefficient represents the difference in means between baseline and midline for the treated after taking away the difference in means between baseline and midline for the control group. The PSM and DID models used include pre-determined set of controls (sex, level of education, household size, number of children and location fixed effects). The number of observations in the model equals 2,941. Similar to the simple difference, the statistical significance of the double difference is indicated by three, two, one or no asterisks.

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<sup>40</sup> Balanced sample of 762 individuals.

<sup>41</sup> P-test with clustering by location.

<sup>42</sup> Three asterisks indicate 0.01 significance level (p-value below 0.01), two asterisks correspond to 0.05 significance level, one asterisk to 0.10 significance level, while no asterisks indicate that the difference is not statistically different from zero (virtually no change between baseline and midline).

## 5.1 Material wellbeing and economic security

### Income, consumption, and poverty

While the quantitative data suggests that income has significantly increased for beneficiaries during the midline compared to the baseline, the impact estimate is not statistically significant. That is, once the changes in income for the treatment group are compared to those for the control group, there are no clear indications that income would not have increased without the IJ70+. Furthermore, the data indicates no changes in monthly household consumption, or a change in poverty measures (Table 5-1).

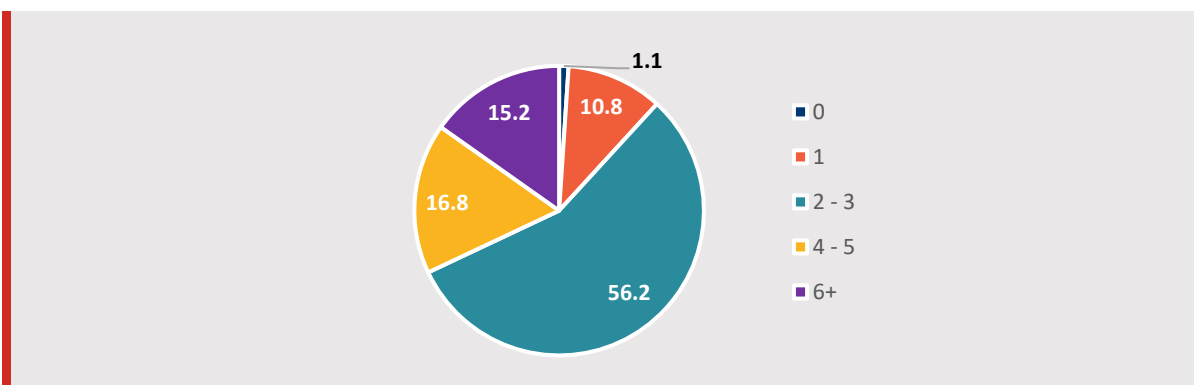
**Table 5-1: Impact estimates on income**

Outcome	Trend among treated		Impact estimate	
	Baseline	Midline	DID estimate	Standard error
Income from all sources in the past 30 days (in 2021 KES, logs)	6.427	7.216***	0.167	(0.308)
Household income per adult equivalent on an average month (in 2021 KES, logs)	5.871	6.465*	0.368	(0.227)

Source: Analysis of baseline and midline samples. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

In contrast, findings from the qualitative research overwhelmingly indicate that beneficiaries of the IJ70+ were able to enhance their consumption, which contributed to them feeling more income secure. Importantly, by accessing cash, this enabled greater choice over the type of investments that could be made. The provision of cash was therefore found to contribute to their financial security, and thus perceived as a more sustainable form of support than other in-kind support mechanisms in Kenya. As one male beneficiary in Kerio (Turkana County) expressed in an FGD: *“this benefit of a pension which comes in terms of money is more important than the maize the relief which was given to us once and it disappeared.”*

**Figure 5-1 Distribution of sampled beneficiaries by number of withdrawals in the past 12 months**



Source: Analysis of midline sample. Note: the majority of those who reported 6+ times reported exactly 6 times, which suggest some confusion in number of payments with number of withdrawals.

The difference in findings from quantitative and qualitative sources are likely linked to the payment disbursement in addition to the timing of the research activities. Unfortunately, the quantitative results likely reflect the fact that payments had been significantly delayed in 2021. Indeed, as described in Chapter 4, no transfers were disbursed between July 2021 and January 2022. This meant that for most beneficiaries interviewed during the midline survey, more than four months had passed since they had received a payment. This has likely resulted in discrepancies between the quantitative and qualitative findings, as the data collection for the latter component partially coincided with the January 2022 payment disbursement. Further, when asked in the midline survey about the number of withdrawals in the past twelve months, most responded said that they were only able to withdraw two to three times in the past 12 months. Almost all respondents (99 per cent) reported withdrawing the full amount in their last withdrawal.

The irregularity in payment in 2021 has also likely impacted the levels of household consumption. As shown in Table 5-2, the quantitative data suggests that there are no meaningful changes in the total amount consumed by households as well as in the consumption-based poverty measures. Point estimates suggest that the poverty rate for the treatment group has remained high at around 43 per cent, and similarly, the average poverty gap has remained at around 18 per cent.

**Table 5-2 Impact estimates on consumption and poverty**

Outcome	Trend among treated		Impact estimate	
	Baseline	Midline	DID estimate	Standard error
Monthly household consumption expenditure per adult equivalent (in 2021 KES, logs)	8.452	8.447	-0.0895	(0.0634)
Households below poverty line	0.428	0.437	0.0339	(0.0407)
Poverty gap	0.177	0.185	0.0355	(0.0259)

Source: Analysis of baseline and midline samples. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

Despite the limited results in terms of impact, the IJ70+ has significantly increased in importance as a source of income for older persons, as discussed in Chapter 3. As beneficiaries increasingly rely on transfers as their main source of income, they are severely affected by delays in disbursement. In fact, the delays experienced by beneficiaries at the time of the midline survey have somewhat countered the programme's impact and may have prevented from detecting significant changes in living standards.

The qualitative findings further provide possible explanations for the limited impacts found through the quantitative data. The extent to which the IJ70+ was found to promote greater income security also depends on pre-existing credit constraints in the household as well as the relationship with other family members. Whereas these nuances could be observed through qualitative interviews, they are less likely to be captured by the quantitative data. Therefore, it is important to consider the interaction of the IJ70+ programme with care and

support roles in the family and community. Those findings are further discussed in Section 5.3.

For example, beneficiaries who were caring for dependents and/or lived in credit-constrained households would be more likely to use their transfer to contribute to family income. Indeed, beneficiaries of the IJ70+ would often use the transfer to purchase food for the entire household, and many also prioritised school fees and household items. The IJ70+ therefore generated positive spill-over effects for family members, and thus contributed to greater income and food security for non-beneficiaries. Furthermore, for the majority of respondents who participated in the qualitative research, consumption mostly increased directly after a payment collection, which meant that the IJ70+ did not always consistently enable beneficiaries to increase their overall level of consumption during the months that no payments were received.

*“It has an impact on food security because when they collect the pensions, it is directly channelled to wholesale traders and food stuff purchases. The pensions have really helped a lot because that particular day they collect the pensions is the only day they balance the diet; at least buy meat. The remaining is shared among the family members.”*

– Village Elder, Turkana County.

Nonetheless, in IDIs and FGDs, it was clear that some beneficiaries were able to smooth their consumption through different mechanisms that allowed them to secure consistent access to food and basic necessities. As discussed in Chapter 4, even with the irregularity of the payments, in between payment cycles, beneficiaries and caregivers often reported purchasing food and basic items on credit and repaying the local shopkeepers once they would receive the next payment.

*“Our dietary diversity has slightly changed, and this is because we occasionally can afford to buy eggs, milk, and meat, but rarely. We have never slept hungry so I can say we have some food security, but in any chance that we run out of food, we could borrow and pay when the pension money pays out.”*

– IDI with female caregiver of female beneficiary, Kihumbuini, Muranga County.

The design of the IJ70+ as a scheme that reaches a wide range of older citizens significantly contributed to older persons being regarded as more “*credit-worthy*”, given that there was a general acknowledgment in communities that all older persons accessed an income. Therefore, even when payments were delayed, there was a common reassurance that all older people would at some point receive funding again to pay off their debts.

*“If the money delays the way it has happened this time around, I send my son to go to the shop and get sugar and mandazis. They can never refuse to give him because they know I have some money from the government and when I am paid, I will clear my debts.”*

– IDI with male beneficiary, Sitikho, Bungoma County.

Many beneficiaries considered this process dignified, as it allowed them to consistently access food, such as a female beneficiary in Turkana County, who explained: *“At least now I can decide what food I eat. I can eat milk and meat and pay my debts and sort someone to do things in life...I live a dignified life because I am able to share and manage the resources among my family and my friends. I buy enough food to cater for the whole family.”* However,

others felt that the accumulation of debt resulted in a vicious cycle, in which beneficiaries consistently had to use the funds after every payment cycle to repay their debts. For example, a female beneficiary in Kihumbuini (Muranga County) explained during a FGD that “even if you buy a goat or chicken during the bulk payments you end up selling it to repay debts once the payments delay indefinitely.” The accessibility of credit is likely to differ based on beneficiaries’ accessibility to markets and social connections to local shopkeepers.

### **Food security and nutrition**

Similar to the impact estimates found on income, measures of food security have increased for respondents during the midline, yet no statistically significant impact was detected. Despite the absence of meaningful changes to consumption expenditure, more beneficiaries feel that they have enough to eat and that the number of meals has increase slightly. However, once compared to the control group it is not clear whether this may be attributed to the programme. Furthermore, other measures of food security do not indicate such positive changes. In fact, the average treatment effect estimate for dietary diversity is negative, indicating that changes observed in the control group—which did not benefit from the scheme—are larger than what was observed among the treatment group.

**Table 5-3 Impact estimates on food security**

Outcome	Trend among treated		Impact estimate	
	Baseline	Midline	DID estimate	Standard error
Number of meals eaten in the day before the survey	2.978	3.115**	0.00930	(0.0678)
In general, have enough to eat most of the time?	0.076	0.126***	-0.00491	(0.0174)
HH with 'severe' food insecurity as measured by the FIES	0.458	0.442	0.0473	(0.0731)
Food Consumption Score	49.145	46.953	-2.210	(1.894)
Reduced Coping Strategy Index	12.297	11.490	-0.214	(1.389)
Dietary Diversity Score	6.672	6.819	-0.488*	(0.262)
Food Expenditure Share	0.776	0.795	-0.0318	(0.0181)

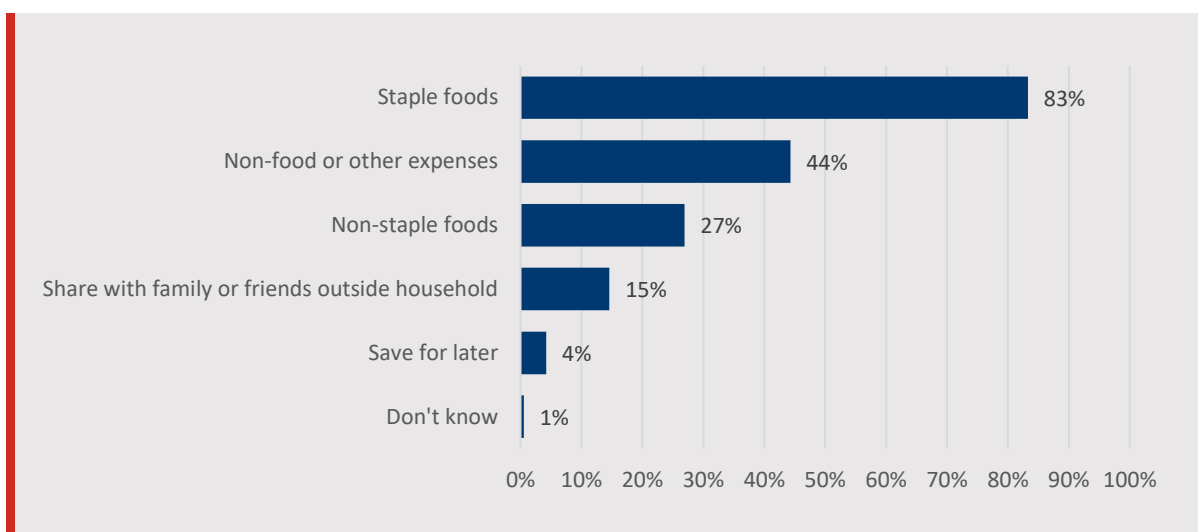
Source: Analysis of baseline and midline samples. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

Nonetheless, food items were the most prioritised expenditure with the IJ70+ transfer. When directly asked about how the transfer was used<sup>43</sup>, 83 per cent of the sampled beneficiaries reported using the money to purchase staple foods, 44 per cent used some used it to buy non-food items and to cover other expenses, 27 per cent spent some of the transfer money

<sup>43</sup> Respondents could select multiple options

on non-staple food, 15 per cent shared it with family or friends outside the household, and only 4 per cent reported setting aside some of the transfer money as savings (Figure 5-2).

**Figure 5-2 Reported use of transfer money**



To access a consistent supply of food, some programme beneficiaries would still need to access credit or savings. Therefore, the perceived adequacy of the transfer to cover food needs was dependent on beneficiaries' socio-economic context. For some beneficiaries, the IJ70+ was predominantly used to purchase food for themselves and their family members, yet the transfer amount was not considered enough to cover all their food needs. In this context, the IJ70+ was not deemed sufficient to enhance their dietary diversity and promote more nutritious food habits. Many beneficiaries, however, could use the transfer to purchase more food of better quality, enhancing their food security and dignity. Therefore, also for beneficiaries from less credit-constrained households, the IJ70+ significantly contributed to accessing more and better food.

### **Gender and financial decision-making**

Financial decision-making interacts with the context of gender and power dynamics in the household, wider family, and community. Gender norms shape roles within society, in terms of the status that men and women should have within their families and communities, including their care roles, and the economic behaviour that is associated with it. Therefore, the type of investments made with the IJ70+ transfer was significantly influenced by gender norms associated with certain expenditure priorities.

Decision-making in regard to food purchases was most likely reported to be a joint process among different household members, including husband and wife. However, whereas men would traditionally be perceived to be the 'household head' – i.e., the main decision-maker – in practice, the responsibility of household maintenance, including care for family members, was the domain of women. Therefore, women were most likely to budget for the household, and plan which food purchases to make based on the amount that was received. Indeed, male beneficiaries would often indicate that *"purchases are made by our spouses who are in charge of what we eat."*

Women were therefore most likely to understand the needs of other household members, children in particular. This includes expenditures on food and household items, but also school fees, uniforms, and school materials, which would most likely be prioritised by women. Both male and female informants indicated that the purchase of school fees, and other expenditures on children, were the domain of women. Indeed, one male beneficiary in Kerio (Turkana County) acknowledged in a FGD that *“Women are their [own] banks. She knows most needs and saves money at [the same] time.”* Several men did indicate that they would invest their income on grandchildren, but that this was a more distant role, as they would delegate these responsibilities to women. In a FGD with male beneficiaries in Sitikho (Bungoma County), one participant argued that *“the women always take care of the grandchildren, but we support.”*

Overall, men invested the income from the IJ70+ across fewer types of expenditure items since they were less likely to purchase food and basic household items. Instead of providing multiple responses related to their expenditures, male beneficiaries would more often suggest that the transfer amount is too small to cover various needs, including statements such as *“Is this money not only for food?”*. Female respondents were more likely to list a detailed overview of expenditures. Moreover, there were common perceptions among female respondents that *“women are more expected to share their income”* and, therefore, *“women’s money is so spread in terms of its usage”*. One female beneficiary argued during a FGD in Kihumbuini (Muranga County): *“Normally all household expenditure is huge. We would suggest that women’s pensions be slightly larger than that of men”*.

Importantly, since the transfer was not provided to the household, both older men and older women were entitled to the IJ70+ if they lived in the same household. This was transformative for women’s material and economic wellbeing, since they could also make claims over their own transfer without necessarily needing to consult a male household member. This also generated positive impacts for shared decision-making among households with older couples present. Indeed, one male beneficiary in Sitikho (Bungoma County) acknowledged in a FGD *“My wife has to be there. She is my sight, and this joint decision helps us bond better”*. In households where two spouses benefited from the programme, the fact that both husband and wife could receive a transfer was positively perceived.

*“The government planned and did well to consider both men and women in the programme. My wife enrolled and we both receive pension money. When we put it together, we do so much with it. If only one of us was receiving it, it would not have been enough.”*

– IDI with male beneficiary, Sitikho, Bungoma County.

## Housing and productive assets

As indicated in Table 5-4, the quantitative data suggests that there are no meaningful changes in household ownership or type of housing—i.e., the use of ‘block’ or ‘cement’ instead of mud to construct walls—or the total amount of livestock owned by beneficiaries.

**Table 5-4: Impact estimates on housing and productive assets**

Outcome	Trend among treated		Impact estimate	
	Baseline	Midline	DID estimate	Standard error
Household owns the house they live in	0.966	0.984	0.0281	(0.0171)
Household with 'block' or 'cement' exterior walls	0.280	0.313	-0.0139	(0.0270)
Household owns livestock	0.799	0.767	-0.0106	(0.0274)

Source: Analysis of baseline and midline samples. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

However, according to responses in the qualitative survey, livestock purchases were common, in particular after a payment disbursement when beneficiaries received a larger backdated payment. The purchasing of livestock was considered an essential savings mechanism. This also meant that livestock would often be sold at a later stage when the beneficiary or a family member required money to cover their needs. For example, the livestock would be re-sold in the event of illness, when the beneficiary would need to cover the costs of medication or hospitalisation. Often, livestock would be sold simply due to other income running out when long delays in the payment cycles were experienced. Therefore, whereas beneficiaries commonly used the IJ70+ transfer to purchase livestock, it did not necessarily increase asset holding.

## Gender and assets

Social norms prescribed economic activity of men and women and the types of assets to be owned by men and women. Livestock was deemed an important asset that men should own, as it is associated with being “wealthy” and with land ownership, which was typically managed by men. Therefore, livestock and productive assets that were to be used on the land could be regarded as cultural assets that were the domain of men. For example, in Turkana, “large livestock” but also “spears” were the domain of men, whereas women should own “household items”. Therefore, decision-making over the IJ70+ transfer on large asset purchases would traditionally be regarded as the domains of men.

Goats were the most common asset prioritised with the pension. However, women would also often be found to have decision-making over the purchase of goats and other forms of livestock. When a goat is purchased as a savings mechanism, to be re-sold during “emergencies”, the goat would need to cater to the needs of the whole family, and therefore, the asset would sometimes be viewed to be owned by both men and women. In addition, if an individual is given their own money or is “gifted” livestock, this could be regarded as

being owned by individual men and women, respectively. As a result, in households with a female beneficiary of the IJ70+, if the beneficiary would choose to purchase livestock, it would be regarded as their decision, and other household members, or the husband, would not necessarily be able to claim it. Moreover, if a female beneficiary were a widow, she would not often consult other household members over the purchase of livestock. Widows were more likely to experience significant vulnerabilities and would be perceived to be among the most vulnerable and excluded older persons. However, the absence of a husband would often indicate that widows faced less restrictions due to social norms, on how they would invest their funds obtained through the IJ70+:

*“We have more power to make decisions, plan and ensure that quality of life is better. Mostly I have full access and control of all my money as my sons are not around and my husband passed on three years ago.”*

– Female participant in FGD, Kihumbuini Location, Muranga County.

Hence, widows would often be free to purchase livestock. As similarly found in a qualitative evaluation of the IJ70+ in Nandi County, *“women most able to cross into the male sphere were widows”*. Here, widows were more likely to be an exception among female beneficiaries among whom it was socially acceptable to own cows, an important cultural asset traditionally claimed by men.<sup>44</sup> Several women interviewed as part of the qualitative research component of the midline evaluation also reported purchasing a cow as a savings mechanism during payment cycles, while many purchased goats. Similar to many others, a female beneficiary in Bukembe (Bungoma County) reported: *“I bought goats which reproduce and so I can sell at any time to help with school fees.”*

### **Labour participation and income generation**

As indicated in the baseline study, existing literature on the impacts of old age pensions on labour inputs provides mixed results. As older persons' physical ableness declines, the income transfer from a pension can allow them to reduce physically strenuous and undignified work. However, a pension can also enable old persons increase their productivity by using the pension to invest in income generating activities. Indeed, as other studies based on the IJ70+ in Kenya as well as other old age pensions in East Africa have shown, despite the increased risk of disability and illness, many older persons continue to be economically active throughout their old age<sup>45</sup>. Recognising that ageing is associated with a reduced ability to be physically active, in the qualitative research, old age respondents still preferred to have an active role in managing their household, assets, and incomes. To illustrate this, a male beneficiary in Kihumbuini (Muranga County) argued how it was important to remain active to receive respect in society: *“the society views us as providers and we often get neglected if we are not able, so we strive to work even when we are frail and faint.”*

Indeed, many beneficiaries continued their income generation in old age. However, the ways in which older persons remained active changed because of the pension. For example, by

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<sup>44</sup> (Tran et al., 2019)

<sup>45</sup> (S. Kidd & Tran, 2018; Kuss et al., 2018; Tran et al., 2019)

operating a business or hiring a labourer, older persons were able to reduce their working hours as well as the amount of physical work that they would need to contribute themselves in order to generate income.

Table 5-5 provides impact estimates on key measures of labour participation and decision-making. Despite not necessarily engaging more in income generating activities, income from work in the past 30 days appears to have increased among the sampled beneficiaries because of the programme. The total amount of income from work in the past 30 days among the sampled beneficiaries has increased 25 per cent since the baseline when compared to the control group.

**Table 5-5: Impact estimates on measures of labour participation**

Outcome	Trend among treated		Impact estimate	
	Baseline	Midline	DID estimate	Standard error
Participated in income generating activities in the past 7 days	0.400	0.323	-0.0342	(0.0380)
Income from work in the past 30 days (in 2022 KES, logs)	6.666	7.285**	0.257*	(0.126)

Source: Analysis of baseline and midline samples. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

The qualitative findings support the quantitative results in Table 5-5, and further illustrate how the IJ70+ has had an important role in promoting active ageing, by enabling older persons to continue generating income by choosing less labour-intensive work. Prominent examples include beneficiaries explaining how they used the transfer to open up businesses which did not require them to engage in physically strenuous work. A female beneficiary in Turkana North explained how she had been able to run her tobacco selling business despite her limited mobility: *“I am just staying inside the house since all my legs are weak. I am just able to sell my tobacco where the other community members are able to come to me and buy tobacco and in the process, they [tell stories] and you realise time has gone. I am able to [reduce] my stress and depression, and that is why I am grateful to the pension. I am able to run a business.”*

As earlier described, female beneficiaries were less likely to purchase large livestock. However, smaller forms of livestock such as chicken were, in fact, more likely to be purchased by women in comparison to men, as a business investment. For example, one female beneficiary in Kihumbuini (Muranga County) explained: *“I have purchased a number of chickens which continue to increase. I sell some if I have pressing needs and I also eat the eggs.”*

Other examples included beneficiaries who would hire workers on their farm to help with their production, without having to engage in physical activities on the farm directly themselves. One male beneficiary in Sitikho (Bungoma County) explained: *“I cannot participate in any labour activities. Am too old, weak and sick. Even [when] walking [I] have to be assisted. However, with the help of my wife and my son, I assign people to till the land for me, then I pay them some money when I receive my pension.”*

Therefore, the IJ70+ enabled many older persons to remain active in a more dignified way, by providing older people with more choice to invest their income in the way that they seemed fit in their old age. While some may not choose to purchase productive assets directly with the transfer, they could invest the money in a different way to enhance their business. A male beneficiary in Sitikho (Bungoma County) described that: *“So far, I cannot say I have bought any asset with pension money. But it boosts me in other ways that enables me to buy assets. For example, I can use the money to cultivate land, buy seeds and fertiliser, after harvesting, my wife will sell that maize and from that money we can buy things like tables and blankets.”* Another female beneficiary in Bukembe (Bungoma County) who was a widow, indicated *“I bought wheat which I resell at a profit. It has provided the money (capital) for my business.”*

However, for some, the impact of the transfer was still limited as the income from the scheme was deemed insufficient: For example, one female beneficiary described: *“We are hardly able to engage in manual works as our bodies are frail. [We] sometimes spare something little from the remittances to pay for farm hand to help in our farms. However, since it is hardly adequate, we have been forced to abandon chunks of our farms while others are leasing the same to supplement the income from the pension.”* Others would argue that the need to pool their income from the IJ70+ to cover the needs of family members prevented them from starting a business, such as one female beneficiary in Kihumbuini (Muranga County) who explained in an FGD: *“We cannot even begin businesses or income generating activities since we mainly work to feed us and our dependents.”*

Among different respondents, including beneficiaries, caregivers, and key informants, it was reported how cash has become important to maintain economic security as many older persons did not own as much livestock in the past, while inflation had become more common. Many reported that life had become *“expensive”*, and the prices of food and assets is too high. In particular, in Turkana, death of livestock was viewed as a common risk as a result of more frequent droughts, making pastoral livelihoods more difficult to maintain. One caregiver explained that: *“...livestock has reduced. They used to eat meat and drink milk but now they need money to change their lifestyle and prepare themselves for old age.”*

The economic contributions of the IJ70+ were also widely recognised by stakeholders. Indeed, the IJ70+ was known to provide a local stimulus to markets, as beneficiaries would either invest it in their own businesses or spend the money, promoting the activity of other businesses. A local administrative official in Nadoto (Turkana County) explained: *“It helps, for example, if the community is pumped with KES 1 million. It helps grow the economy of the individuals living in that particular area. Those in business will get the money indirectly through the good and services they sell.”*

## **5.2 Subjective wellbeing**

This evaluation examines the extent to which the IJ70+ has had an impact on subjective wellbeing, which may include positive emotions such as happiness, positivity and feeling externally supported. Furthermore, impacts on subjective wellbeing also relate to greater participation in decision-making processes, which can enhance feelings of empowerment, autonomy, and dignity. For example, in their review of studies on the *“unintended effects of*

*social transfer*” programmes, Samuels & Jones (2018) explain how income poverty and vulnerability is strongly connected to subjective notions, such as ‘frustration’ or ‘shame’ while wellbeing is associated with feelings of ‘autonomy’ and ‘self-respect’, as well as having confidence in the future. For older persons, subjective wellbeing is closely connected to the concept of ‘active ageing’ which guides the theoretical framework for this study, as it relates to older persons’ own perceptions of quality of life in old age. It should be emphasised that subjective notions are complex to measure and not likely to be made apparent solely through the quantitative data, which captures subjective emotions at a certain point in time without asking further in-depth questions about the motivations for these emotions. As a result, the quantitative data is more sensitive to emotions influenced by recent events, whereas qualitative interviews can capture more in-depth findings on overall levels of satisfaction with life. Therefore, this chapter draws significantly from findings of the qualitative research component.

As shown in Table 5-6, the quantitative data suggests that satisfaction with present life among the sampled beneficiaries increased by nearly 12 percentage points during the midline when compared to the baseline. Over 82 per cent of the sampled beneficiaries expressed feeling happy ‘sometimes’ or ‘often’ in the seven days prior to the midline survey, a 4.6 percentage point increase compared to the baseline. However, treatment group individuals have not become any happier or satisfied with present life than the control group in the past seven days. Therefore, no statistically significant impacts on measures of subjective wellbeing are observe.

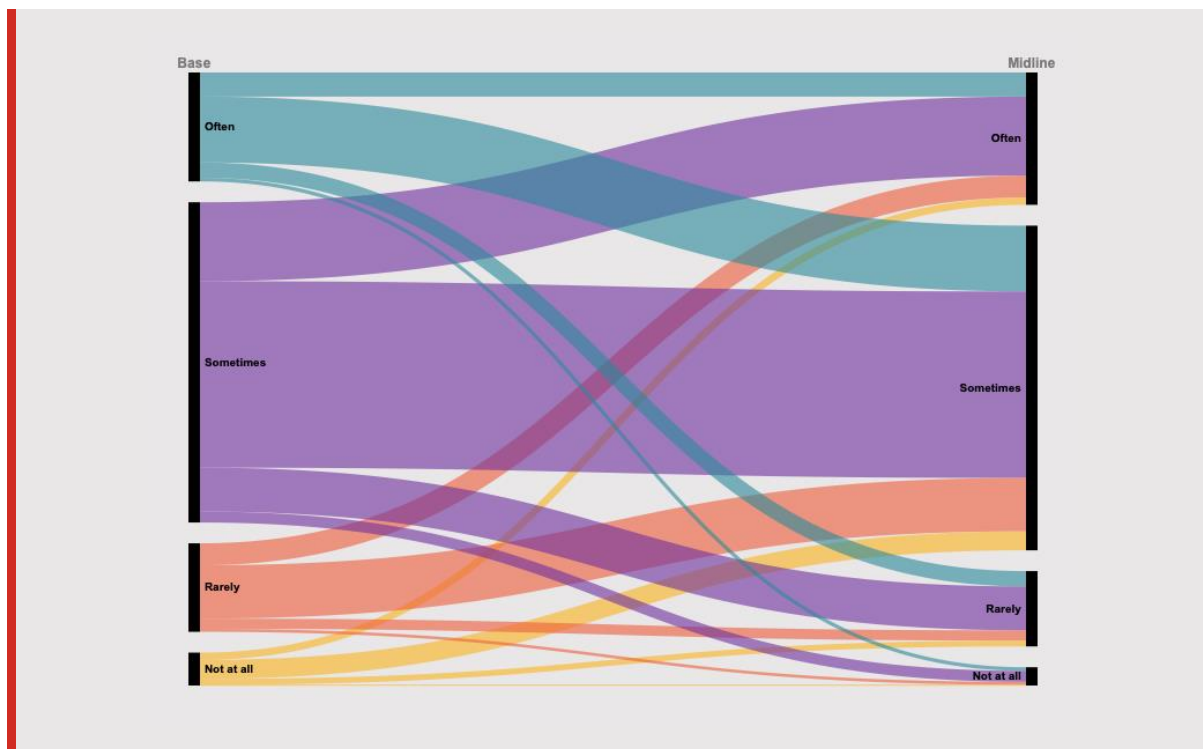
**Table 5-6: Impact estimates on measures of subjective wellbeing**

Outcome	Trend among treated		Impact estimate	
	Baseline	Midline	DID estimate	Standard error
Expressed feeling happy ‘sometimes’ or ‘often’ in the past 7 days	0.777	0.823**	0.0537	(0.0477)
Satisfied with their present life in the past 7 days	0.699	0.816***	0.00560	(0.0543)

Source: Analysis of baseline and midline samples. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

Figure 5-3 shows the change in the level of happiness among the sampled beneficiaries from the baseline to the midline. While close to a third of the sampled beneficiaries declared that they felt ‘sometimes’ happy both in the baseline and in the midline, it is clear from the figure that the biggest change occurred from beneficiaries feeling ‘sometimes’ happy in the baseline to then feeling ‘often’ happy in the midline survey (around 14 per cent). The biggest negative change occurred from those who felt ‘often’ happy in the baseline, with many then feeling ‘sometimes’ happy in the midline.

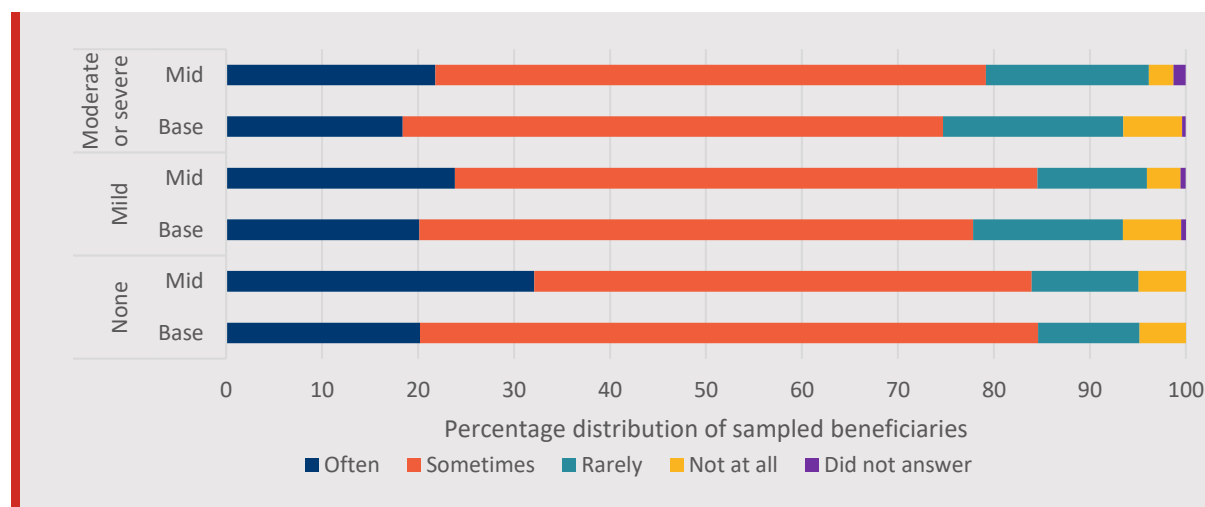
**Figure 5-3: Change in level of happiness from baseline to midline among sampled beneficiaries**



Source: Analysis of baseline and midline balanced samples.

Figure 5-4 shows the percentage distribution of sampled beneficiaries by their level of happiness by disability. Generally, compared with beneficiaries without disabilities, the sampled beneficiaries with disabilities were likely to feel happy less often in the seven days preceding the midline survey interviews. However, there were positive changes in the level of happiness of persons with disabilities from the baseline to the midline interview.

**Figure 5-4: Distribution of sampled beneficiaries by level of happiness in the seven days prior to interview by disability severity and survey round**



Source: Analysis of baseline and midline balanced samples. Notes: Mid = Midline survey; Base = Baseline survey.

Findings from the qualitative research component consistently noted improvements in subjective wellbeing after receiving the IJ70+, in comparison to the years before the scheme was implemented. However, the extent to which the pension was found to enable older persons to live dignified lives varied. While many achieved a greater sense of wellbeing and dignity, many also indicated that the pension amount was not enough for them to live a dignified life. This depended on the share of basic necessities that the transfer amount allowed beneficiaries to cover, and on whether they could use the money for expenses that matched their notion of ‘dignified’. For example, one male beneficiary indicated that the pension was not enough to achieve a more dignified life, because it would just cover “maize flour, soap, cooking oil and sugar.” Nonetheless, in such cases, the IJ70+ was still deemed an important contributor to feeling less stressed about finances as people were able to cover their needs. Others were able to purchase more varieties of food, and invest larger back payments into meat, and more expensive food.

The ability to purchase non-essential items, such as those catering to leisure and enjoyment, was a good indicator of how the pension could contribute to older persons’ subjective wellbeing. For example, one female beneficiary in Bukembe (Bungoma County) indicated in an FGD: “I bought a radio from the money I received, and I get to listen to news every day. At least the house is lively, and I am now informed”. The woman was a widow, and this purchase was said to contribute greatly to her feeling less lonely.

### **Maintaining a role as provider in old age**

An important measure of older persons’ subjective wellbeing, or their quality of life, is the extent to which they feel as active contributors whilst maintaining their own autonomy. As indicated in Table 5-7, beneficiaries are not statistically more likely to be participating in household decision-making activities compared to the start of the programme. Nonetheless, qualitative findings suggest that the IJ70+ strongly contributed to older persons’ feeling of ownership over the money.

**Table 5-7: Impact estimates on measures of decision-making within the household**

Outcome	Trend among treated		Impact estimate	
	Baseline	Midline	DID estimate	Standard error
Often participates in household decision making in the past 7 days	0.718	0.621*	-0.0646	(0.0634)
Often participates in household decision making regarding financial issues in the past 7 days	0.688	0.609	-0.0570	(0.0576)

Source: Analysis of baseline and midline samples. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

Interviews with both beneficiaries and caregivers indicated that the programme was widely perceived as support for older people, rather than a household benefit. By accessing the transfer, this contributed to older persons being able to make purchases that were associated with a more respected role within the family and community. Therefore, whereas

no statistically significant increase is observed in the level of decision-making of older persons within the household, the choice that they have over their own money has made important contributions to their quality of life. For example, for men, the ability to purchase livestock with the IJ70+ significantly contributed to them being able to feel like productive members of society despite their older age:

*“I must be active as a man, I’m a herdsman, I do that for my children; it cares for school expenses. I used to do work for pay but I left it now that I’m old. The pensions have changed my life since I can now buy a goat and this has really helped me a lot.”*

– Male participant in FGD, Kanamkemer Location, Turkana County.

It also contributed to the men’s traditional role as a ‘village elder’, which encompassed community leadership and offering advice to younger generations:

*“The respect [in the community] is the same [as] in the family; a man is the head of the household and even in the public meetings I do make decisions and give directions. I’m the head of the ‘nyumba kumi’.*

– Male participant in FGD, Kanamkemer Location, Turkana County.

Older men would traditionally even be perceived to have a role in civic affairs as one male beneficiary in Sitikho (Bungoma County) described: *“we do a lot of voluntary work. Even advising chiefs and assistants while adjudicating of civil cases.”*

Within the household, men are traditionally perceived to be the ‘household head’ and the lead decision-maker. However, as explained in Section 0, the situation was often different in reality as women would have the most knowledge about the needs of the household. Therefore, the ideal roles of older men in the household embodied more authoritative, breadwinner roles, which would be limited when households were living on low incomes. The IJ70+ thus contributed to men being more able to live up to the ideal role of a “provider” as illustrated by a male beneficiary in Bukembe (Bungoma County) during an FGD: *“There is a change; you can decide who the real friends are because the pensions have made me have a good relationship with my neighbours. My wife also respects my decision because I’m providing for the household.”*

## **Women’s empowerment**

In contrast to other programmes in Kenya, the IJ70+ is not provided to the household head, but older men and older women alike could access the scheme. This is particularly transformative for women, who otherwise may not have had access to any other source of cash income at all. For example, one female beneficiary in Bukembe (Bungoma County) explained that the IJ70+ enabled her with greater decision-making power in the family over her assets: *“The money has enabled me to live a very dignified life. My children wanted to sell my piece of land claiming they want the money to buy cows for milking to enable them to have some income. I stopped them and told them I will cater for that. When I got my pension money, I bought calves and gave 2 to my sons.”*

Indeed, as previously discussed, the IJ70+ provided widows with greater financial autonomy:

*“...my life has really changed since I can decide on how to spend my money and on what. No one can dictate me. My husband has died, and I remained a widow and the only person I trust in the process is my last born who I nominated to be my proxy since I am not able to move freely.”*

– IDI with female beneficiary, Turkana Central, Turkana County.

### **Feeling less stressed about finances**

An important indicator of older persons' quality of life is the extent to which beneficiaries express feelings of 'happiness' as opposed to feeling 'stressed'. Many older persons indicated how they would often have feelings of stress, and 'desperation' prior to receiving the IJ70+ due to having to worry about money. For example, a female beneficiary from Bukembe (Bungoma County) described: *“before I stated receiving the money, I was desperate, I was stressed, I was overwhelmed, and I did not know what to do. The money was very little, and the wants were very many. My stress level was always up.”*

The IJ70+ has brought about significant material change by enabling older persons to access constant income and food security. The same beneficiary highlighted how the IJ70+ brought about a sudden change in her stress levels: *“Now that I get the pension money, I am extremely happy. I laugh a lot because I am able to cater for my needs, I get treated when I am sick, I can buy meat and eat other things that I desire to eat without limitations.”*

The financial independence experienced by many was transformative for their subjective wellbeing, as they were no longer required to borrow, or beg, for money:

*“The money has enabled me to live well. I do not face embarrassment because I do not have to borrow from anyone. I use this money to buy seeds and fertiliser. When I harvest, I keep the food for own consumption. I do not beg like a pauper.”*

– IDI with female beneficiary, Bukembe, Bungoma County.

By accessing an income transfer, this not only brings about material change but also social and emotional change. Indeed, for older persons, subjective wellbeing is strongly linked to their social network, and social isolation or feelings of loneliness are associated with an increase in significant health risks, such as non-communicable diseases and depression.<sup>46</sup>

*“Before getting this money, I used to work for people, I was desperate, I was the laughing stock because the very people you work for used to say I am old and I should stay in my house, I was stressed. Now that I am getting this money, I am so relieved. I stay in my house and organise for things to be done the way I want. My stress level has gone down. Even though most of the money goes on medication, I am still grateful. If it was not for that money, maybe I would not be here today.”*

– IDI with female beneficiary, Bukembe, Bungoma County.

Having a constant source of income can contribute to feeling more respected and less lonely, as a result of having the confidence and the means to provide for others, and host visitors at home. Indeed, one caregiver of a male beneficiary in Sitikho (Bungoma County)

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<sup>46</sup> (WHO, 2021, p. 202)

described happiness as a result of the IJ70+ as follows: *“He is happy and always talks about this money as a blessing. He is never worried about being alone or even missing a meal when he gets the money. He will tell you his home is well equipped, and he can host his visitors. That is a sign of a happy person in old age.”*

### **Reduced dependency**

As highlighted in the conceptual framework (Chapter 1), by enabling older persons to cover their own basic needs, the IJ70+ may allow family members to shift a proportion of household income to other needs<sup>47</sup>. These shifts in intra-household allocations of both financial and physical contributions to older person’s needs has important implications for care and support for older persons, as will be discussed further in Section 5.3. At the same time, this reduced need to rely on other family members can enhance older persons’ subjective well-being as a result of having to feel less ‘dependent’ on others to cover their basic needs. For example, a female beneficiary from Sitikho (Bungoma County) described how her relationship with her adult children improved due to not having to rely on them for money: *“I don’t force money out of my children’s pockets like before, now we respect each other and live in harmony.”* Similarly, in a FGD with female beneficiaries in Kihumbuini (Muranga County) there was unanimous agreement that the aim of the transfer is to ensure longer life of the aged persons, and to ease the burden of caregiving for the working populations.

Caregivers also reported feeling pleased that their older parents or family members were now more independent, as that this also reduced their workload and financial stress, in particular for female caregivers. For example, one female caregiver explained that while she still provides a substantial amount of physical care for her mother, the IJ70+ has reduced the need for her to do other physical work such as working on the family’s land: *“Help from family members has reduced since my mum started receiving the pension...She is now working less than before since she can afford to pay someone to work in the shamba. I also work less since I do not go to work in the shamba too. The care I provide for her is cooking, fetching water, going to the shop, washing her clothes, and cleaning the compound. As for the house, she fixes it herself. Sometimes she pays someone to work on the farm to plough and clear the shamba, and I am satisfied that she is able to do this with the pension money.”*

Whereas the programme enabled older persons to achieve more control over their money which reduced their dependency on other family members, there were significant limitations due to the irregularity of the transfer. For example, one female beneficiary in Kihumbuini (Muranga County) reported: *“we severely have to depend on our sons due to the delays of disbursement hence it is impossible to attain independence and autonomy.”*

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<sup>47</sup> In addition, see conceptual framework set out in (Ministry of Public Service, Gender, Senior Citizen Affairs and Special Programme, 2020).

## 5.3 Care and support

According to the quantitative data, all outcomes of interest indicate that the level of care and support to and from the sampled beneficiaries has decreased significantly (Table 5-8). In the midline less than 20 per cent of the sampled beneficiaries received support from family members, and less than seven per cent provided any support to family members. Compared to the baseline estimates, these are significantly smaller shares of beneficiaries who receive and provide support. Furthermore, the changes can be partly attributed to the IJ70+ scheme according to the DID model.

While it is expected that the receipt of material support from family members would decrease once the programme started, it is surprising to see that support to family members have also decreased. The latter contrasts with findings described in Section 0, which suggests that food shared among household members, as well as school fees, are some of the most common types of expenditure with the IJ70+ transfer. Because the question asked about support to and from in the last 30 days, these estimates are also likely to be influenced by the fact that payment had been significantly delayed at the time of the midline survey. Without necessarily having received any cash in the past four months would likely reduce the possibility of older persons receiving the IJ70+ to support other family members.

**Table 5-8: Impact estimates on measures of care and support**

Outcome	Trend among treated		Impact estimate	
	Baseline	Midline	DID estimate	Standard error
Receives material support from family members	0.336	0.197***	-0.111*	(0.0533)
Total support received monthly (in 2022 KES, logs)	2.141	1.289***	-0.723**	(0.317)
Provides material support to family members	0.213	0.068***	-0.0990**	(0.0412)
Total support provided monthly (in 2022 KES, logs)	1.275	0.375***	-0.609**	(0.210)
Receives support from caregiver(s)	0.411	0.245**	-0.0290	(0.0397)

Source: Analysis of baseline and midline samples. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

The findings in Table 5-8 are also influenced by the interpretation of the questionnaire, and the concept of ‘material support’. Care and support are highly fluid concepts, which may be interpreted differently by the respondent depending on the type of associations that these concepts evoke. Therefore, the measurement of these concepts through quantitative approaches alone implies certain limitations, as respondents are likely to indicate only cash and in-kind support from family members through direct reporting.

The qualitative research allows for a more in-depth examination of the types of care networks available to older persons, and to which extent the IJ70+ stimulates the support to,

and support from, older persons. The qualitative interviews therefore aimed to extend beyond material support, but also capture forms of physical support (e.g., household tasks undertaken for older persons) or emotional support (e.g., ensuring that older persons do not feel lonely and have others to depend on when in need).

Moreover, older persons themselves – in particular older women – were found to be carers themselves. Among the sample of beneficiaries who participated in the qualitative research, they were found to be carers themselves in the following circumstances:

- Older persons lived in close proximity of younger family members and cared for grandchildren whose parents lived on low and/or unreliable incomes;
- Older persons caring for grandchildren born out of wedlock were left in the care of grandparents; or
- Grandchildren were brought under the care of grandparents when one, or both parents, had deceased.

*“Majority of women my mother’s age have dependents left to them by their children who are either deceased or out in search of active employment. The pension has enabled them to have a decent life and even pay school fees for the little ones.”*

– IDI with male caregiver of female beneficiary, Muranga County.

However, older persons would also often have care responsibilities in more common scenarios where adult children needed support with balancing childcare and work. One female beneficiary in Kanamkemer (Turkana County) explained: *“We are the housewives for the children; we take care of the babies for our children as they go look [out] for themselves.”*

As a result, beneficiaries would often be required to invest their income to care for dependents. Moreover, even if care for grandchildren was not the direct responsibility of older persons, investments in their education was still a common expenditure item among female beneficiaries. Indeed, many stated how investing in their grandchildren’s education made them feel more respected by family members. In this context, respondents who are responsible for the care of dependents themselves may not necessarily report the material support that they are providing to others, as they may take their own circumstances for granted.

Care and support are also inherently reciprocal. In other words, the level of care and support received by older persons is likely to depend on their existing care network, and the extent to which they are providing support to others themselves. While old age pensions are sometimes perceived to crowd out traditional, family-based support for older persons, in contrast, they can strengthen care for older people in a more dignified way by enabling older persons to be a more active contributor within their care network.<sup>48</sup>

For example, older men would emphasise that a husband should be respected within the family, but that this should be mutual among him and his family members. A male beneficiary in Kanamkemer (Turkana County) explained that: *“The husband has to respect his family by maintaining a good relationship with the spouse, and the children will respect*

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<sup>48</sup> See, for example, (Gorman, 2004).

*him. If he quarrels with the wife, children will start [to] disrespect [him].”* In fact, it was inherently viewed as part of cultural norms that older people should be helping others – including family as well as the community – as explained by one male beneficiary in Bukembe (Bungoma County): *“If other people have more difficulties than me and they came to ask for help, I cannot refuse help. That is not an African culture. We were not raised like that; we have to be our brothers’ keepers. I also help in funeral contributions and buying books and pens for my grandchildren.”*

This reciprocity of care was perceived to be intergenerational, as one female caregiver of a beneficiary in Kihumbuini (Muranga County) described: *“We need to return the favour the way they raised us and now it is time to take care of them”*. This was similar to other statements made by both beneficiaries and caregivers, emphasising that care and support is to a great extent contingent on the level of care that adult children received from their parents when they were younger. This was explained by the same female caregiver as follows: *“The old should be taken care of by their family and government since it is our time to repay them for taking care of us when we were small.... Some of them are respected by their families but it all depends on how they brought up their children.”*

Thus, as a result of their provision for others with the money received through the IJ70+, beneficiaries and caregivers reported that care for older persons had increased. One male caregiver of a beneficiary in Bukembe (Bungoma County) indicated: *“her grandchildren and myself support her, in return she ensures we eat good food [meat] when she gets her pay and also takes care of other needs.”* Similarly, another male caregiver of a beneficiary in Turkana County explained how the provision of labour inputs to support the beneficiary had increased due to the IJ70+: *“The children are working more alongside my wife. This was influenced by the introduction of the OPCT”*. In addition, a female beneficiary in Turkana County highlighted how her children had started helping her more with household activities: *“my children can nowadays build a hut for me and do household chores too just because I can now provide for them due to the pensions. They cook and fetch water for me after school time.”*

In some cases, family care relations had broken down for older persons who were not able to provide for their family members. For example, it was explained that *“Those who don’t respect them (older persons) is because they see that these people are old and helpless and cannot help anyone”* (IDI with female caregiver of beneficiary, Kihumbuini, Muranga County). As a result, appearing frail and ‘dependent’ could have a negative effect on older persons’ access to care and expose them to abuse and neglect. There were reports that *“abuse due to financial matters”* was not uncommon, which was linked to *“the family that disrespects its older people due to misunderstandings in the household.”* While there were no direct reports of these cases, several respondents indicated that among family relationships where there was animosity, the caregiver could claim the IJ70+ and not spend it in a manner that benefited the beneficiary.

Importantly, the increase in care both provided and received by older persons not only had a positive impact on family relations, but enabled them to be more respected within their community, due to status associated with elders who are well cared for and supported by their family. This type of support is less predictable and therefore difficult to be captured through quantitative data, yet it can be transformative for older persons’ dignity. By

accessing an income through the IJ70+, older persons were also better able to make contributions to the community, either financially, or through social participation in community events:

*“The care and support I provide to others has increased. Before I started receiving this money, I was very poor. I did not have the capacity to help anyone, now that I receive that money, I help people around. I have two in-laws whom I help, I give them some money to go and buy books for their children. This money has given me some status in the society. Before the pension, I would just receive money and aid from people, but now I receive with one hand and give out with the other hand.”*

– IDI with female beneficiary, Bukembe, Bungoma County

As discussed in Section 0, older persons were perceived to be more credit-worthy as a result of the IJ70+ programme. During the delays experienced in between payment cycles, older persons could often access food and basic needs through credit at the local shops. Similarly, the wide coverage of the pension meant that older persons were also more likely to support others within the community. Due to the common knowledge that all older persons could access the scheme all were treated with respect in return. While older persons were perceived to be more credit-worthy, they were also seen as potential sources for credit by other community members, as one male beneficiary in Sitikho (Bungoma County) expressed that: *“they (the community) honour me because they even come over to borrow from little savings, they have to pay back though. Some motorcycle riders even ferry you for free because you occasionally get to help them.”* Rather than being the ones required to ask for support themselves, some beneficiaries would express that they could now be in the position of providing income support to others – such as through hiring labour – who were more in need of support than themselves:

*“Now I feel more useful to this community because I am also able to help others who are more needy than me. This is all because of the pension. People who help me on the farm are not necessarily my relatives, so when the money comes, I give them fifty shillings, hundred shillings and they appreciate so much. That is why they keep coming back to assist me. The people around here like me so much.”*

– IDI with female beneficiary, Bukembe, Bungoma County.

One female beneficiary in Sitikho (Bungoma County) described: *“People don’t even know I have issues, because the moment I receive my pension, I solve whatever problem is at hand and other pending issues. I feel so fulfilled. Some people assume I have more and so they come to me for assistance...They trust us, so we get goods from the shops and pay later when we receive the money.”* Some beneficiaries also reported purchasing gifts for others in the community, in return for the support that they were given during the delays in payments:

*“The very people who support me in seasons of delay...I also buy them gifts during the payment of the pensions. Therefore, we live in harmony, unity, and love.”*

– Female participant, Kihumbuini Location, Muranga County.

Providing support to the community is an important aspect of cultural norms associated with older men and women. Therefore, respondents often reported that they would use the IJ70+ to contribute financially to the church, and that this would provide them with respect. One female beneficiary in Bukembe (Bungoma County) said that she had become a treasurer for

her local church, and she explained that this was because “people trust you with positions knowing you have a source of income.” Another female beneficiary in Sitikho (Bungoma County) expressed: “This money has given me a comeback to society. I am entrusted as an advisor to couples in church. They see me as being stable and organised.” Likewise for older men, the IJ70+ enabled many to contribute more to their community in a traditional authoritative role, as one male caregiver told of one of the beneficiaries in Sitikho (Bungoma County): “He currently advises members of his clan on matters of tradition and helps with dispute resolution. This money gives him even more power to speak. He is seen as a person with means and that earns him the respect to adjudicate.”

The IJ70+ has also enabled many older persons – predominantly women – to contribute more to family- and community-based savings groups such as “merry-go-rounds”, as one female beneficiary in Bukembe (Bungoma County) described: “I belong to [a] women group (chama/mganda). I am able to make my contribution through the pension scheme. People see you as an active member and they can even loan you the group money.”

## 5.4 Health

The quantitative data suggest that there have been changes in health outcomes for the treatment group, although they are not necessarily attributable to the IJ70+ scheme (Table 5-9). In fact, at the time of the midline, the (surviving) beneficiaries -who have aged since the baseline- were more likely to have a chronic illness. This is expected, as the increase in longevity in Kenya brings with it challenges such as the rapid growth of noncommunicable diseases (NCDs) as well as an increased likelihood of living with a disability<sup>49</sup>. Overall, however, respondents did not rate their health any worse than in the baseline. The sampled beneficiaries during the midline were also less likely to be sick or injured in the past 30 days than they were during the baseline survey but – crucially- were more likely to seek healthcare treatment if sick or injured. Compared to the baseline, beneficiaries were also more likely to be covered by a health insurance and spending more on medication per month, despite being less likely to be pay for their own medical costs. In fact, according to the DID model, the increase in medical cost is attributable to the IJ70+ scheme. In conclusion, the quantitative analysis suggests that health seeking behaviour has improved as a result of the IJ70+, and that this change is statistically significant.

**Table 5-9: Impact estimates on measures of health**

Outcome	Trend among treated		Impact estimate	
	Baseline	Midline	DID estimate	Standard error
Rated their physical health as 'poor' or 'very poor' at the present time	0.311	0.312	-0.00414	(0.0678)

<sup>49</sup> (WHO, 2002)

Has a chronic illness	0.325	0.482**	0.0284	(0.0294)
Sick or injured in the past 30 days	0.465	0.367*	-0.0136	(0.0351)
Sought healthcare treatment in the past 30 days, if sick or injured	0.763	0.875***	0.0442	(0.0605)
Requires regular medical care, if not sick or injured in the past 30 days	0.449	0.351*	-0.0429	(0.0712)
Paid for own medical costs	0.869	0.807***	0.0294	(0.0255)
Amount spent on regular medication per month (in 2022 KES, logs)	3.271	6.204***	1.008***	(0.305)
Currently covered by health insurance	0.121	0.197*	0.0389	(0.0398)

Source: Analysis of baseline and midline samples. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

The qualitative findings confirm the quantitative results, as beneficiaries indeed reported significant expenses to cover medical costs. Overall, this indicates a positive change, as the transfer provided by the IJ70+ enabled many beneficiaries to cover medical expenses, who would otherwise be less likely to seek health care. Indeed, beneficiaries and caregivers would indicate that the IJ70+ had a role in enabling them to pay for medical treatment:

*“At her (the beneficiary) advanced age, she is vulnerable to diseases, so she uses this money to get medical treatment or pay her hospital bill.”*

– Male caregiver of female beneficiary, Bukembe, Bungoma County.

Linked to the increase in access to health, many reported that the programme had a role in enabling people to “live longer lives” or “increase their longevity”. For example, one female beneficiary in Kanamkemer (Turkana County) expressed: “I think the government thought about us that we can no longer work so they help us to avoid us dying early.”

The IJ70+ also increased the likelihood that beneficiaries were covered by health insurance—through the NHIF—resulting in a downwards trend of payments for own medical costs in the quantitative data. As explained in Section 4.3, the initial design of the scheme included free coverage by the NHIF, yet this has not been implemented. As a result, many beneficiaries indicated using the IJ70+ transfer to pay for the NHIF due to the significant health costs faced by older persons, of whom a high proportion live with a disability, arthritis, or a form of chronic disease, and are more likely to require medical treatment.<sup>50</sup> One female beneficiary in Bukembe (Bungoma County) indicated that she uses the money to “pay for NHIF monthly” and explained: “When I got the lump sum, I paid for NHIF in arrears so that when I go to the hospital, I am able to get treatment.” Therefore, for older persons, given that

<sup>50</sup> The premium cost of the NHIF is KES 6,000 (USD 55) per annum, or KES 500 (USD 4.70) per month for ‘self-employed’ workers, which is applicable to all members of the NHIF who are not in public service or in formal employment.

the average costs of health care are substantial, the real transfer provided by the IJ70+ is effectively lower in comparison to the model which was designed to provide free coverage of the NHIF. Among beneficiaries who could not afford the NHIF costs or chose not to pay for the NHIF coverage because they did not require medical care routinely, they would face out-of-pocket health costs. However, due to the limited availability of medication in public health facilities, members of the NHIF still faced extra costs for medication due to having to purchase this “*over the counter*” at private health facilities, pharmacies, and shops.

## 5.5 Perceptions of citizenship and the social contract

Government services are a form of representation of the Government in front of citizens. Therefore, social protection schemes can impact on the visibility of the government and its legitimacy among citizens and communities. The implementation of social protection programmes, ranging from awareness raising to the delivery of payments, influences citizens’ opinion of the government as a duty bearer. However, the design of the programme also influences government perceptions. For example, how eligibility criteria are understood by citizens and the extent to which eligible beneficiaries can claim their entitlements based on meeting the eligibility criteria will impact how government services are perceived. When citizens have trust in their government as a legitimate duty bearer that maintains their living standards in return for their contributions to society, this can strengthen the social contract on the basis of social rights and entitlements.<sup>51</sup>

Results from the quantitative analysis indicate that the IJ70+ scheme has changed how beneficiaries think about the value of older persons in the community (Table 5-10). Close to 94 per cent of the sampled beneficiaries in the midline believed that older persons are either ‘quite’ or ‘very’ valued in their community, compared to 83 per cent in the baseline. Furthermore, most of this change can be statistically attributed to the IJ70+ scheme. Despite the delays in payments, the analysis also indicates that more beneficiaries found local authorities ‘very’ or ‘quite’ accessible after the start of the programme, despite the sense of accessibility of local authorities already being quite high (94 per cent) in the baseline. Finally, the analysis suggests that the treatment group is not any more likely to be participating in community groups than the control group.

**Table 5-10: Impact estimates on measures of citizenship**

Outcome	Trend among treated		Impact estimate	
	Baseline	Midline	DID estimate	Standard error
Participates in at least one type of community group?	0.370	0.437	-0.0438	(0.0425)
Thinks older persons are 'quite' or 'very' valued in their communities	0.832	0.938**	0.104***	(0.0285)

<sup>51</sup> (S. Kidd et al., 2020)

Finds local authorities/community support 'very' or 'quite' easily accessible	0.938	0.944	0.0645**	(0.0214)
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Source: Analysis of baseline and midline samples. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

### Comparison between the previously poverty-targeted OPCT and the IJ70+

Registering all older persons aged 70 years and above who were not in receipt of another pension during the initial registration significantly enhanced transparency of the programme and its eligibility criteria. The previously poverty-targeted OPCT, which was a household benefit, was deemed to be less transparent, as eligibility for the programme was perceived to be more based on 'patronage' rather than 'social rights'<sup>52</sup>. Beneficiaries who participated to the qualitative research overwhelmingly reported a lack of understanding of the previous selection process for the poverty-targeted OPCT, which impacted on their views of the programme's treatment of potential beneficiaries. Respondents were more likely to perceive the previous registration process for the OPCT to include unfair treatment or fraudulent practices including "favouritism" and "discrimination". The concept of 'poverty-targeting' was viewed to be too subjective and exclusionary by several respondents. In contrast, the IJ70+ was deemed "fairer" due to the knowledge that everyone aged 70 years or above was meant to be eligible. For example, one male beneficiary in Kihumbuini (Muranga County) argued:

*"OPCT is better because you can prove you are 70+ using your ID, but [for] the other programme...you cannot prove clearly whether those registered are actually poverty stricken. Anyone can be branded as poor and registered while in real sense they aren't poor"*

Similar to many other respondents, one female beneficiary in Turkana North exclaimed: *"the poverty-targeted [scheme] has division but universal is fair and just"*, highlighting how the scheme created animosity within the community. Issues around "favouritism" explained by a lack of trust in the discretion of local authorities to influence the selection process:

*"...universal is free and fair, because I had to [provide] the ID only and I got registered and am receiving the pension, unlike the poverty-targeted design which involves chiefs, council of elders and village elders, who when such a thing comes up, they end up registering their family members, acquaintances, and the real vulnerable are left out of the registration."*

Similar perceptions were also held by several programme implementers, who argued that the discretion left to local level authorities would bias the selection process. For example, one official at the Sub-County level in Bungoma County explained the perceived fairness of the IJ70+ in comparison to the other schemes under the NSNP: *"Other poverty targeting schemes are discriminatory and full of favouritism. If they say the poor should be registered, the chiefs and village elders will register their children. It is the children of village elders and the chiefs who will get that money."* Many beneficiaries also expressed their happiness about being able to receive the IJ70+, after having been excluded from other programmes. One female beneficiary in Bukembe (Bungoma County) referred to the CT-OVC, indicating that she had heard that this scheme also used to target widows, yet she was not eligible for the scheme despite being a widow: *"Before this programme for the old persons, there was*

<sup>52</sup> See (Hickey, 2011) for a discussion on different social contract approaches in social protection provision.

*another one where widows were being registered to receive some aid from the Government. I was never registered yet am a widow. I don't know how they were selecting the widows yet to my knowledge a widow has the same meaning – that is anyone whose husband has died”* Subsequently, she indicated that the IJ70+ was simpler, because the eligibility criteria were more clearly understood and applied in practice: *“I am more comfortable with the Inua Jamii [70+] programme as opposed to the programme that were targeting widows and orphans....was selective and most needy people did not benefit ”*

Despite its former programme's objective of registering older persons living in poverty, it was perceived by many to disadvantage vulnerable members of society, rather than supporting them. For example, one female beneficiary in Bukembe (Bungoma County) with a disability did not receive the OPCT (nor did she receive the PwSD-CT) but felt strongly that she should have qualified: *“The poverty targeting programme had a lot of favouritism. I was equally very poor and disabled but I was not registered...I like this one for the 70+ because everybody is free to register no matter the status, as long as you have attained the age of 70 years.”*

### **Perceptions of entitlement**

Notions of 'rights' and 'entitlements' can be difficult to measure as respondents may not have knowledge of the relevant policy and legislative frameworks in which social protection programmes are implemented. Nonetheless, the extent to which beneficiaries express a sense of ownership over the programme or whether they perceive it as a 'gift' or 'charity' provides an indicator of whether the programme is perceived to be an entitlement.

*“We are all old and vulnerable...we are all entitled irrespective of gender”*

– IDI female beneficiary, Bukembe, Bungoma County.

As Section 5.2 discussed, an important contributor to beneficiaries' enhanced subjective wellbeing was the sense of ownership of the IJ70+ and that the money was “for the older persons”. Therefore, decision-making over how the IJ70+ transfer should be spent was primarily viewed to be that of older persons themselves. Similarly, beneficiaries also exhibited a sense of ownership over the pension by expressing that the money should be provided to all older persons equally. Many beneficiaries complained of other older persons being missed out of the registration, which was a good example of older persons feeling a sense of entitlement over the pension. Indeed, this resulted from an understanding that all older persons should receive the IJ70+, and those who did not receive it were excluded by mistake which respondents felt should be rectified. For example, in a FGD with female beneficiaries of the pension in Kihumbuini Location, Muranga County, participants unanimously agreed that older persons should be given an equal transfer and expressed happiness over the equal treatment received by the government. Therefore, they requested that a new registration is conducted to factor in those persons who are eligible but not yet beneficiaries of the programme. As explained by a female beneficiary in Turkana North, those who missed out on the IJ70+ were perceived as “vulnerable” due to their exclusion from the programme: *“To me [the] pension looks like a God sent a child who got employed and [now] at least I know every month I receive something. I am not vulnerable like those other old people who missed the registration and enrolment of the OPCT. When I receive*

*the pension, I buy my personal shopping for food and soap so that on a weekend I call my school-going granddaughter to come and wash clothes for me.”*

However, many beneficiaries still perceived that the IJ70+ was not an entitlement but rather, that this was a “gift” and that they should be happy to receive any income support at all. For example, one female beneficiary in Bukembe (Bungoma County) expressed during an FGD: *“I am just happy because they are giving us this money and we have no understanding where the money comes from, so we are grateful.”* A lack of feeling entitled over the IJ70+ could often be attributed to a lack of empowerment to make claims over the programme or limited access to information. Indeed, similar to the beneficiary’s comment above, a significant proportion of persons did not understand that the IJ70+ was provided by the government. Moreover, as most beneficiaries were not aware of proper channels to raise a complaints or grievance, and how these would be resolved (see Section 4.5), many also did not feel they could complain about the transfer out of fear that it might be taken away from them. For example, a female beneficiary in Bukembe (Bungoma County) expressed: *“I have never complained to anyone. It is free money from the government. If I complain about the OPCT, they can strike my name out of the register.”*

### **Understanding of citizenship and the social contract**

Most respondents during the qualitative research regularly (correctly) referred to the government as a provider of the IJ70+. As a result, the quality of the IJ70+ perceived by beneficiaries also shaped their view of the government, and whether they thought its actions were positive or negative. A key informant interview with one of the administrative officials in Bungoma County explained that when beneficiaries started receiving the first IJ70+ transfer, older persons expressed that *“the government likes its people.”* Hence, there was less resistance to the government, and they would associate themselves with the governments, as he explained that *“they used to say ‘our government’”*. However, when delays are experienced in between payment cycles, more beneficiaries would argue that *“the government is stealing our money”*.

A key aspect of a citizenship-based social contract is that citizens themselves feel that their contributions to their county and society are remunerated, by accessing good quality public services<sup>53</sup>. Under such a social contract approach, the provision of a pension in old age is regarded as a form of remuneration for citizens’ contributions to the society and economy during working age, by enabling them to maintain an adequate living standard throughout the remainder of their lives. Beneficiary respondents as well as stakeholders would, indeed, often speak of older persons past contributions to society. One SDO in Muranga County, for example, argued that *“The elderly feel like this is a gift to them for fighting for Kenya’s independence.”* This view was echoed by different beneficiaries, such as one male beneficiary in Kanamkemer (Turkana County), who expressed during an FGD: *“I feel it is a sign of respect to the old citizens. The government is taking care of us because they know we have to live to tell history to the younger generations.”*

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<sup>53</sup> S. Kidd et al. (2020)

Likewise, younger respondents – most of whom caregivers – also expressed a feeling that they should access the IJ70+ in their old age. A male caregiver of a beneficiary in Sitikho (Bungoma County) expressed: *“I am highly waiting for that moment because I already love seeing what my mother is going through. You know in the old age, you do not work so you need sources of money that can keep you going such as purchasing food, medical expenses and clothing.”* Therefore, it was perceived that everyone should access this transfer in their old age because of the decline in working capacity. Another female caregiver in Turkana County explained: *“the purpose of the pension is to help the old people because they have no energy to work. I also deserve to be given the pension when I attain the age of 70 because I will also have less energy to work.”* Similarly, a female beneficiary in Turkana Central described how older persons *“deserve”* to receive a pension based on their contributions during working age: *“the old deserve the pension since they have been working all years long but now they are ageing.”*

Perceptions of the IJ70+ were thus overwhelmingly positive, despite its implementation challenges and barriers to accessing the scheme. In fact, one female beneficiary in Kihumbuini (Muranga County) argued that *“the government and the president should ensure that the pensions are made into law to ensure future payments”*.

Overall, the policy decision to provide all older persons with income support signalled to the beneficiaries that the government recognises the challenges that all citizens face in their old age.

*“We are all old, we are in the same government. To me it is just good that we are all given the same...the government did a good thing. It saves all of us”*

– IDI with female beneficiary, Bukembe, Bungoma County.

## 6 Conclusions and recommendations

The purpose of this midline evaluation was to assess the impacts of the IJ70+ programme on older persons and their families and communities across a range of outcomes. The study employed a mixed-methods approach, whereby both quantitative and qualitative data was collected and triangulated. Respondents to the 2018 baseline survey, including IJ70+ beneficiaries (treatment group) and non-beneficiaries (control group), were traced and re-interviewed, and outcomes were compared between treatment and control groups before (baseline) and after (midline) receiving the cash transfer. Results from the quantitative analysis were complemented and interpreted in light of the findings from in-depth interviews with beneficiaries and carers, focus group discussions and key informant interviews.

For programme beneficiaries, the cash transfers became a key source of income, despite most older persons continuing to engage in labour, either paid, domestic on their own account. Income from the transfers immediately translates into higher consumption but did not appear to help smoothing consumption patterns. In fact, the money is immediately used to buy better quality food, repay debt, cover medical costs, and buy livestock, then beneficiaries would likely go back to their normal consumption pattern in between payments. Uncertainty around payments prevents from achieving any significant changes in consumption behaviour and sustained improvements in food security and poverty reduction.

Interestingly, partial consumption smoothing is achieved by purchasing on debt, as the shop owners would know that the person is an IJ70+ beneficiary and would consider them credit-worthy. Despite the irregularity of payments, other positive impacts were detected in terms of beneficiaries' subjective wellbeing. Having the IJ70+ as a source of income allowed older persons, especially women, to be less dependent on others and more valued within their household and their community. The programme mitigated the stress from financial insecurity and increased beneficiaries' sense of purpose and satisfaction from being able to help others as opposed to only receiving help.

### Programme implementation

Awareness of the IJ70+ programme is virtually universal across the sample, and beneficiaries expressed satisfaction with its design. The universal nature of the transfer is perceived as fair, and eligibility based on age is easy to demonstrate and implement, and avoids vulnerable older persons being left out by targeting processes. The fact that the transfer is aimed at older persons individually rather than their household is also perceived positively, empowering beneficiaries (especially women) with greater financial autonomy and, ultimately, dignity.

Respondents showed a good understanding of the IJ70+ eligibility criteria and source of funding (central Government) but seemed to lack awareness in relation to specific aspects of the programme's design, such as frequency of payments and grievance mechanism. In fact, it is not clear whether beneficiaries are fully aware of the formal grievance mechanism and who to contact to raise queries and complaints. Thus, it is recommended that these aspects are better socialised, together with the notion of the programme as an entitlement rather than a gift, which would empower beneficiaries to make claims over it if needed.

## *Conclusions and recommendations*

Besides programme awareness, a number of implementation issues emerged, which can undermine trust in relation to the programme. Limited registration windows are likely to miss some of the eligible individuals and prevent those that become eligible outside of the registration windows to enrol immediately after turning 70 years old. Therefore, it is recommended that the registration process is made open and accessible, allowing people to register (or finalise their registration, or rectify their personal information) at any time, and making sure that eligible people who cannot reach the registration point get correctly registered, too.

A related issue concerns the role of caregivers, who can register to be paired with one beneficiary and access the transfer on their behalf. In practice, most beneficiaries would still go and withdraw the transfer in person despite the advanced age and impairments, perhaps accompanied by the caregiver, adding to the cost of the trip. Issues were detected in relation to registering the same caregiver for more than one beneficiary, and with identification of both beneficiaries and caregivers. It is recommended to improve awareness about the possibility of appointing a person (caregiver) to collect the transfer on behalf of the beneficiary, and to review the process and infrastructure to smooth any issues with identification or authentication. These may prevent beneficiaries to access the payments and/or make the withdrawal process unnecessarily burdensome (e.g., having to return on a different day or travel to the main branch of the bank). To this end, it will be important to liaise with payment service providers to ensure agents are not only aware of the procedures but also prepared to facilitate transactions and minimise burden for beneficiaries.

Indeed, inconsistencies were observed in the understanding of the programmes' operational details among those involved in its implementation at the local level. Therefore, it is recommended to intensify the efforts in developing and delivering training specific to the IJ70+ cash programme to county and sub-county officers and coordinators, chiefs and assistant chiefs and other relevant actors in relation to the programme's operations.

Another issue was detected in relation to crowding at the points of payment and availability of cash on payment days. To prevent crowds (and insufficient cash on busy days) it is recommended to insist on communicating that withdrawals can be made at any time, not necessarily on the day of the disbursement.

The existing transfer value of KES 2,000 per month, which has not changed since the introduction of the OPCT programme in 2007, is perceived by many beneficiaries as inadequate to cover all their food needs and basic expenditure. Therefore, it is recommended that the transfer level is increased to account for inflation and maintain purchasing power. More importantly, however, a key implementation issue which needs to be addressed relates to the timeliness of payments, as it has not taken place every two months following the programme's design. This undermined the purpose and objectives of the programme, preventing beneficiaries to receive a predictable and reliable source of income.

## Recommendations on programme implementation

### Registration and enrolment

Guarantee coverage of all older persons aged 70 and over

- Develop a dynamic registration mechanism for all persons who turn 70 to organically transit into the programme
- In case they lack a National ID, use circumstantial evidence to enrol eligible persons into the scheme (e.g., peer and local administration authentication)
- Promote the provision of a national ID for all citizens to enable them to access the IJ70+ as well as other social protection schemes

### Payments

Regularise the bi-monthly payments in order to

- Enable beneficiaries to plan their income and expenditure
- Reduce indebtedness

Increase the transfer amount to account for inflation and maintain purchasing power

- Develop a mechanism to maintain transfer values in line with economic growth, inflation, and beneficiaries' basic needs

Minimise authentication issues for beneficiaries and caregivers

- Improve biometric authentication infrastructure, especially in remote areas
- Provide an alternative for beneficiaries to access the transfer in case biometric authentication fails or is not available

Ensure that caregivers can effectively support beneficiaries in accessing the transfers

- Strengthen standard operating procedures
- Monitor compliance

Ensure that beneficiaries can access transfers within a 2 km radius

- To reduce travel costs for beneficiaries
- Enforce and monitor compliance

### Awareness of the programme

Improve beneficiaries' outreach and awareness-raising strategy

- Government to lead on the design and delivery of training for Social Development Officers (and other relevant parties involved in the programme's implementation), potentially with support from partners such as WFP and UNICEF who have extensive experience with cash-based transfers to vulnerable groups

- Amplify awareness raising efforts by training volunteers at the sub-county level and engaging local and national media

#### Grievance and redress

Promote perception of entitlement over the programme through the beneficiaries' outreach strategy

- Encourage beneficiaries to come forward if they cannot access their transfers
- Train and empower the BWC to handle the cases with the assistance of Sub-County DSA officers
- Ensure continued refresher trainings for sub county officers and beneficiary welfare committees on new improvements within the Management Information System to fast-track the process of case management for programme beneficiaries

#### Change management

Regularly update beneficiaries' information

- Remove deceased beneficiaries from the programme's payroll
- Strengthen periodic monitoring and evaluation of the programme

### Policy and advocacy

The implementation of the IJ70+ programme represents a milestone towards achieving a universal lifecycle social protection system in Kenya. This experience provides valuable insights from an operational perspective but also in terms of the potential positive impacts. Lessons learnt could inform the implementation or expansion of other universal cash transfer programmes.

An important first step would be to develop a comprehensive social protection legislation that entrenches regular financing of the IJ70+. This would guarantee the survival of the programme beyond the lifespan of the current government and prevent from losing the progress that has been achieved.

To address older persons' access to health care, the Government of Kenya should provide universal coverage by health insurance (NHIF). This would preserve the value of IJ70+ cash transfers as beneficiaries would not need to use the transfer money to pay NHIF fees or indeed medical expenses that the NHIF would cover. Ultimately, universal health insurance would reduce poverty and credit constraints among older persons and their families.<sup>54</sup>

Finally, the National Policy on Older Persons and Ageing (2018) could be updated with the objective of better aligning public policies to promote active ageing. Insights gathered during this study could feed into the policy, which extends beyond social security addressing old

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<sup>54</sup> There is a plan to facilitate Universal Health Coverage (UHC) through the Enhanced Single Registry (ESR), but because the ESR currently only identifies households based on vulnerability there is a high likelihood many older persons will be excluded through this process.

## *Conclusions and recommendations*

persons' access to health care, employment, housing, food security, public services, and their participation to the community.

### **Further research**

This study's limitations largely depended on issues with the programme implementation, primarily the delay in payments and imperfect coverage at the time of the survey. Challenges were also encountered in relation to the original evaluation design. It is recommended to conduct another impact evaluation at a later stage, once operational constraints are addressed.

Further research would not necessarily have to be linked to the present one (i.e., aiming to reinterview the same individuals). There could be more value in resampling both treatment and control groups. In terms of methodology, the original regression discontinuity design could be revisited, providing a way to establish causality using only cross-sectional data. For the evaluation to capture the impact on living standards of the IJ70+ programme as it was intended (i.e., bimonthly cash transfer to all persons aged 70+ not in receipt of other pensions) it would be crucial for coverage to be as close as possible to universal and for beneficiaries to have received their payments regularly and predictably for a reasonable amount of time before the evaluation.

Alternatively, a cheaper option for further quantitative analysis could be exploiting data from the Kenya Integrated Household Budget Survey or other household surveys conducted regularly by the Kenya National Bureau of Statistics. More detailed quantitative analysis could be conducted after adapting the existing the questionnaire and sampling framework to include questions on the IJ70+ programme and make sure the data is representative of older persons aged 70 and over.

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## Annex 1 Impact indicators

Table A. 1 Individual level impact indicators

Domain	Area of impact	Quantitative indicator
Material wellbeing	Income	Mean income from all sources in the 30 days before the survey (in KES)
	Food security	Mean number of meals eaten in the day before the survey
		Share who in general have enough to eat most of the time
Subjective wellbeing	Positive affect	Share of respondents who expressed feeling happy/positive/supported “sometimes” or “often” in the 7 days before the survey
		Share of respondents who are satisfied with their present life in the 7 days before the survey
Economic security	Labour participation	Share of respondents who participated in income generating activities in the 7 days before the survey
		Mean income from work in the 30 days before the survey (in KES)
		Share of respondents who are satisfied with their present life in the 7 days before the survey
	Decision-making	Share of respondents who “often” participate in household decision making in the 7 days before the survey
Share of respondents who “often” participate in household decision making regarding financial issues in the 7 days before the survey		
Care and support	Support received	Share receiving material support to family members
		Mean total support received in the last 30 days

		Share participating in at least one type of community group
	Support provided	Share providing material support to family members
		Mean total material support provided to family members
	Caregiver support	Share receiving support from caregiver(s)
Health	Health status	Share who rated their physical health as 'poor' or 'very poor' at the present time
		Share who has a chronic illness
		Share who was sick or injured in the 30 days before the survey
	Disability	Share with at least mild functional limitations
		Share with at least moderate functional limitations
		Share with at least severe functional limitations
	Access to health services	Share of those sick or injured in the 30 days before the survey who sought healthcare treatment
		Share of those not sick or injured in the 30 days before the survey who require regular medical care
		Share of respondents who paid for own medical costs
		Mean spending on regular medication per month
Share who is currently covered by health insurance		
Violence, abuse and neglect	Violence and abuse	Share who 'often' or 'very often' experienced violence in the 30 days before the survey
		Share who has 'often bad' or 'always bad' relationships, or 'no bonds' with their families

	Community neglect	Share who thinks older people are 'quite' or 'very' valued in their communities
		Share who finds local authorities/community support 'very' or 'quite' easily accessible

**Table A. 2 Household level impact indicators**

Domain	Area of impact	Quantitative indicator	
Material wellbeing	Income	Mean household income per adult equivalent on an average month (in KES)	
	Consumption expenditure	Mean monthly household consumption expenditure per adult equivalent (in KES)	
	Poverty		Share of households below local poverty line
			Mean poverty gap (as proportion of poverty line)
	Food security		Share of households with 'severe' food insecurity as measured by the Food Security Experience Scale (FIES)
			Share of households with 'poor', 'borderline' or 'adequate' Food Consumption Score
			Mean reduced Coping Strategy Index (rCSI)
			Mean Dietary Diversity Score
			Food Expenditure Share
	Economic security	Labour participation	Share of household members aged 18 years or older who worked in the 30 days before the survey
Asset ownership		Share of households that own the house they live in	
		Share of households with 'block' or 'cement' exterior walls	

		Share of households that own livestock
		Mean wealth index (z-score of the first component of a principal component on households' ownership of selected assets)
Access to services	Education	Share of school aged children living in the household enrolled in school

**Table A. 3 Implementation of the IJ70+**

Area of impact	Quantitative indicator
Accessibility	Main source of information about IJ70+
	Share of respondents who know the benefit level
	Share of respondents who know how often they will be paid
	Share of respondents who know how often they will be paid
Adequacy	Transfer as share of income/consumption
Accountability and grievance mechanisms	Share of respondents who know who to contact in case of a problem with the IJ70+

## Annex 2 Attrition

As part of the baseline survey, 2,910 individuals were interviewed across 2,852 households. The objective of the midline study was to recontact the baseline respondents. Of the 2,852 baseline households, 747 were recorded as not located at midline and 75 as refusing to participate (Table A. 4), hence the final number of households interviewed was 2,030.

**Table A. 4 Reasons for refusing to participate to the household survey**

Reason	Frequency
Not located/Moved	25
Not home/Not available	6
Deceased	9
Sick/Hospitalised/Unfit for interview	17
Refused	13
Other	5
Total	75

At the individual level, it is not clear how many baseline respondents were actually identified as no unique individual identifiers were used in the baseline, which affected the data processing. After removing observations with missing and duplicate name (44 and 188, respectively) and noting that 30 midline interviews were conducted with participants that were not in the baseline sample, 2,685 (out of 2,910) midline respondents were matched to their baseline records. Of these, 868 are recorded as not having consented to the interview (Table A. 5), resulting in 1,817 valid interviews.

**Table A. 5 Reasons for refusing to participate to the individual survey**

Reason	Frequency
Not located/Moved	626
Not home/Not available	43
Deceased	117

## Annex 2 Attrition

Sick/Hospitalised/Unfit for interview	43
Refused	35
Other	4
Total	868

Table A. 6 shows the number of households and individuals that participated to the baseline but not to the midline study, by study location.

**Table A. 6 Baseline to midline attrition by location**

County	Sub-County	Locations	Households not located	Households no consent	Individual no consent
Bungoma	Kanduyi	Bukembe	49	2	59
		Kibabii	54	1	69
		Other*			2
	Webuye West	Bokoli	65	2	76
		Sitikho	61	5	74
Muranga	Gatanga	Ithanga	109	4	106
		Kihumbuini	70	5	79
		Other*			2
	Kangema	Muguru	162	16	172
		Rwathia	57	11	75
		Other*			1
Turkana	Loima	Loima	16	2	18

## Annex 2 Attrition

		Lorengeppi	4	6	7
		Other*			5
	Turkana Central	Kerio Delta	54	1	55
		Knamkemer	46	20	67
		Other*			1
Total			747	75	868

Note: \* Individuals recorded in one of the two subcounty locations at baseline and in the other one at midline

Regression analysis has been conducted using baseline data to confirm that there were no systematic differences between the group of baseline respondents that were not identified at midline and the rest of the sample. A binary indicator of whether the baseline observation was not matched to midline records (0 = matched with midline, 1 = dropped at midline,) was used as the dependent variable of a logistic model that included the following characteristics: age, sex, education, whether work is the main source of income, whether the respondent has enough to eat, whether they receive material support, whether they provide material support, disability status and household consumption, as detailed in Table A. 7.

**Table A. 7 Regression results comparing the attrition group to the matched midline sample**

	Coefficient	SE
Age	0.0182	(1.35)
Female	-0.214*	(-1.91)
Pre-school	-0.308**	(-2.47)
Primary school	-0.198	(-1.60)
Secondary school	-0.412**	(-2.21)
Other	0.0314	(0.11)
Household size	0.0258	(1.31)

## Annex 2 Attrition

Main source of income = work	0.200	(1.30)
Not enough food	0.210***	(2.59)
Receives material support	0.0198	(0.20)
Provides material support	-0.177*	(-1.90)
Disability	0.0621	(0.72)
Consumption	-1.93e-08	(-0.02)

Source: Analysis of the baseline sample. Notes: Logistic model. N = 2685. Clustered standard errors by location in parentheses. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

Significant differences were recorded in relation to the gender composition of the sample (more males in the attrition group than in the matched sample), and education level (more people without any formal education in the attrition group than in the matched sample). Significant differences were also recorded in relation to food security (attrition group more likely to report not having enough food) and provision of material support to others (attrition group less likely to provide support).

## Annex 3 Full list of impact estimates

Table A. 8 DID/PSM point estimates

Outcome of interest	DID estimate	Standard error
Income from all sources in the past 30 days (in KES)	0.167	(0.308)
Number of meals eaten in the day before the survey	0.00930	(0.0678)
In general, have enough to eat most of the time?	-0.00491	(0.0174)
Expressed feeling happy 'sometimes' or 'often' in the past 7 days	0.0380	(0.105)
Satisfied with their present life in the past 7 days	-0.0474	(0.0939)
Participated in income generating activities in the past 7 days	-0.0342	(0.0380)
Income from work in the past 30 days	0.257*	(0.126)
Often participates in household decision making in the past 7 days	-0.0646	(0.0634)
Often participates in household decision making re financial issues in the past 7 days	-0.0570	(0.0576)
Receives material support from family members	-0.111*	(0.0533)
Total support received monthly (KES)	-0.723**	(0.317)
Participates in at least one type of community group?	-0.0438	(0.0425)
Provides material support to family members	-0.0990**	(0.0412)
Total support provided monthly (KES)	-0.609**	(0.210)
Receives support from caregiver(s)	-0.0290	(0.0397)

Annex 3 Full list of impact estimates

Rated their physical health as 'poor' or 'very poor' at the present time	-0.00414	(0.0678)
Has a chronic illness	0.0284	(0.0294)
Sick or injured in the past 30 days	-0.0136	(0.0351)
Has at least mild functional limitations	0.0517	(0.0364)
Has at least moderate functional limitations	0.0986*	(0.0505)
Has at least severe functional limitations	0.0224	(0.0174)
Sought healthcare treatment in the past 30 days, if sick or injured	0.0442	(0.0605)
Requires regular medical care, if not sick or injured in the past 30 days	-0.0429	(0.0712)
Paid for own medical costs	0.0294	(0.0255)
Amount spent on regular medication per month	1.008***	(0.305)
Currently covered by health insurance	0.0389	(0.0398)
Has 'often bad' or 'always bad' relationships, or 'no bonds' with their families	-0.0156	(0.0143)
Thinks older people are 'quite' or 'very' valued in their communities	0.104***	(0.0285)
Finds local authorities/community support 'very' or 'quite' easily accessible	0.0645**	(0.0214)
Household income per adult equivalent on an average month (in KES)	0.368	(0.227)
Monthly household consumption expenditure per adult equivalent (in KES)	-0.0895	(0.0634)

### Annex 3 Full list of impact estimates

Households below poverty line	0.0339	(0.0407)
Poverty gap	0.0355	(0.0259)
HH with 'severe' food insecurity as measured by the FIES	0.0473	(0.0731)
Food Consumption Score	-2.210	(1.894)
Reduced Coping Strategy Index	-0.214	(1.389)
Dietary Diversity Score	-0.488*	(0.262)
Food Expenditure Share	-0.0318	(0.0181)
Household owns the house they live in	0.0281	(0.0171)
Household with 'block' or 'cement' exterior walls	-0.0139	(0.0270)
Household owns livestock	-0.0106	(0.0274)
wealth index (z-score)	0.345	(0.876)
Number of observations	2941	

Source: Analysis of baseline and midline samples. Notes: Trend estimates show mean of outcome for the treatment group during the baseline and the midline surveys. The trend estimates are based on the balanced sample of 762 treated older persons. Significance in the difference between means are represented by asterisks in the midline mean estimate. Impact estimates are based on a DID/PSM model with pre-determined controls (sex, level of education, household size, number of children and location fixed effects). The number of observations in the model equals 2,941. Clustered standard errors by location in parentheses. \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

## Annex 4 Regression discontinuity design

In this Annex, we provide the results from the RDD approach. The regression discontinuity design is an impact evaluation method that can be used for programmes that have a continuous eligibility index with a clearly defined cut-off score to determine who is eligible and who is not. To apply a regression discontinuity design, two main conditions are needed (Gertler et al., 2011):

1. A continuous eligibility index with a clearly defined cut off point, that is, a point on the index above or below which the population is classified as eligible for the program.
2. No discontinuity in potential outcomes in the cut-off

The IJ70+ programme fulfils the first condition as the eligibility is determined by age—individuals aged 70 and above are eligible to receive the pension. Individuals in the control group can be identified by taking a random sample of individuals who are not eligible for the programme but are near the eligibility threshold (in this case, near the age of 70), on the assumption that eligible individuals with scores just above the cut-off are likely to be very similar to ineligible households with scores just below the cut-off.

Two internal validity checks have been conducted to validate the applicability of the RDD approach. First, it is important to test the continuity of observable characteristics at the threshold. Similar to the baseline study, Figure A. 9 tests the Continuity of observable characteristics on key pre-determined covariates. Across a number of pre-determined observable characteristics (e.g., sex, household size, number of sons or daughters), in the midline there are no clear discontinuity at the age threshold.

**Table A. 9 Placebo tests on pre-determined/exogenous covariates**

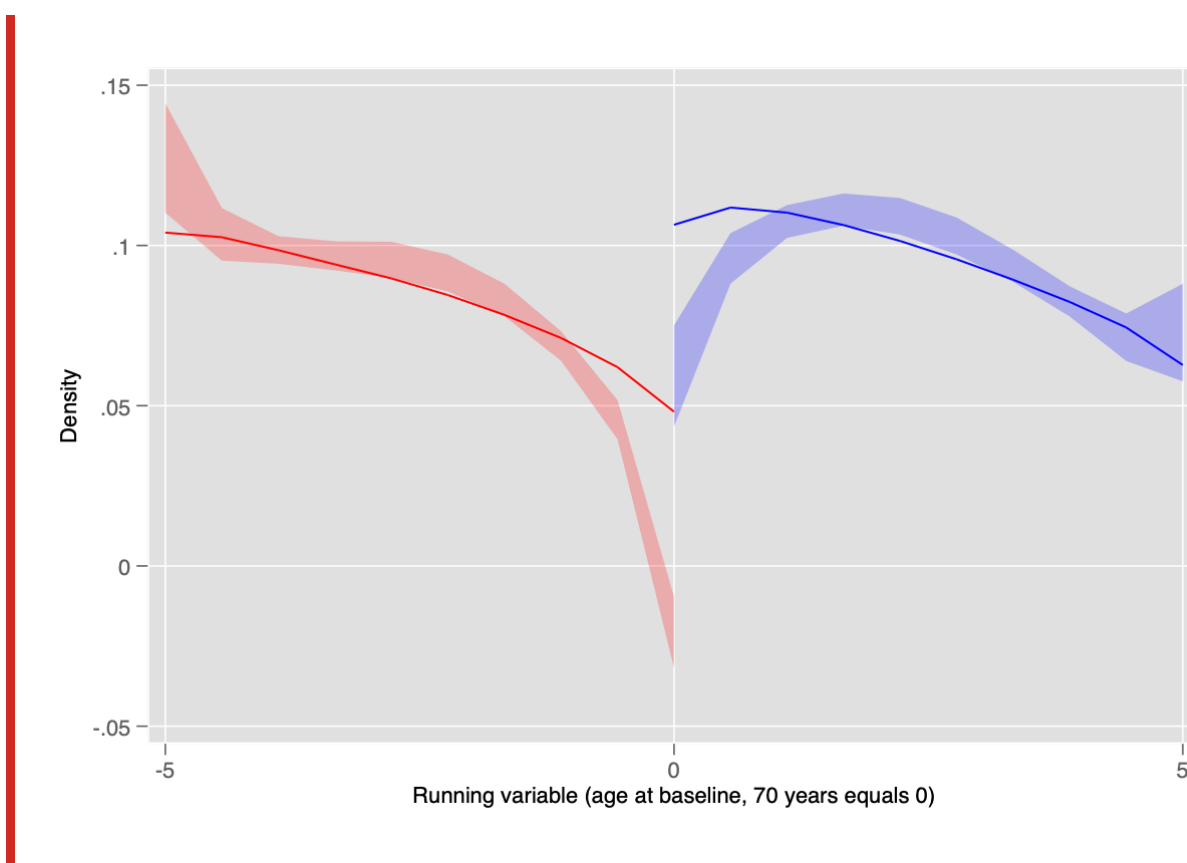
Variable	Sharp RD Point estimate	T-stat
Sex	-0.0328	(-0.34)
Household size	0.285	(0.81)
Has children	-0.0592	(-1.94)
Number of sons	0.299	(0.82)
Number of daughters	0.117	(0.31)
Has no schooling	0.0139	(0.18)

Has some schooling	-0.0139	(-0.18)
Has secondary education or higher	-0.120	(-1.78)

Source: Analysis of the midline sample. Note: \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

The second test entails investigating whether there is any reason to believe people are manipulating their age. This is a potential source of distortion because of self-selection bias, as it can demonstrate that non-beneficiaries (older persons just below 70) are manipulating their age to receive the transfer. This is likely to occur whereby the programme’s age eligibility criteria is widely known and based on self-reported age rather than registries (e.g., because birth registration is low). To understand whether there is any indication of age manipulation in the midline sample, Figure A. 1 show density plots of the running variable (age at the baseline). The plots are based on the local-polynomial–based density estimation methods, and clearly suggests a discontinuity at the age cut-off. Indeed, the manipulation test—the bias-corrected statistic proposed with the *rddensity* Stata command—suggests that statistically the null hypotheses of discontinuity at the threshold cannot be rejected.

**Figure A. 1 Manipulation test**



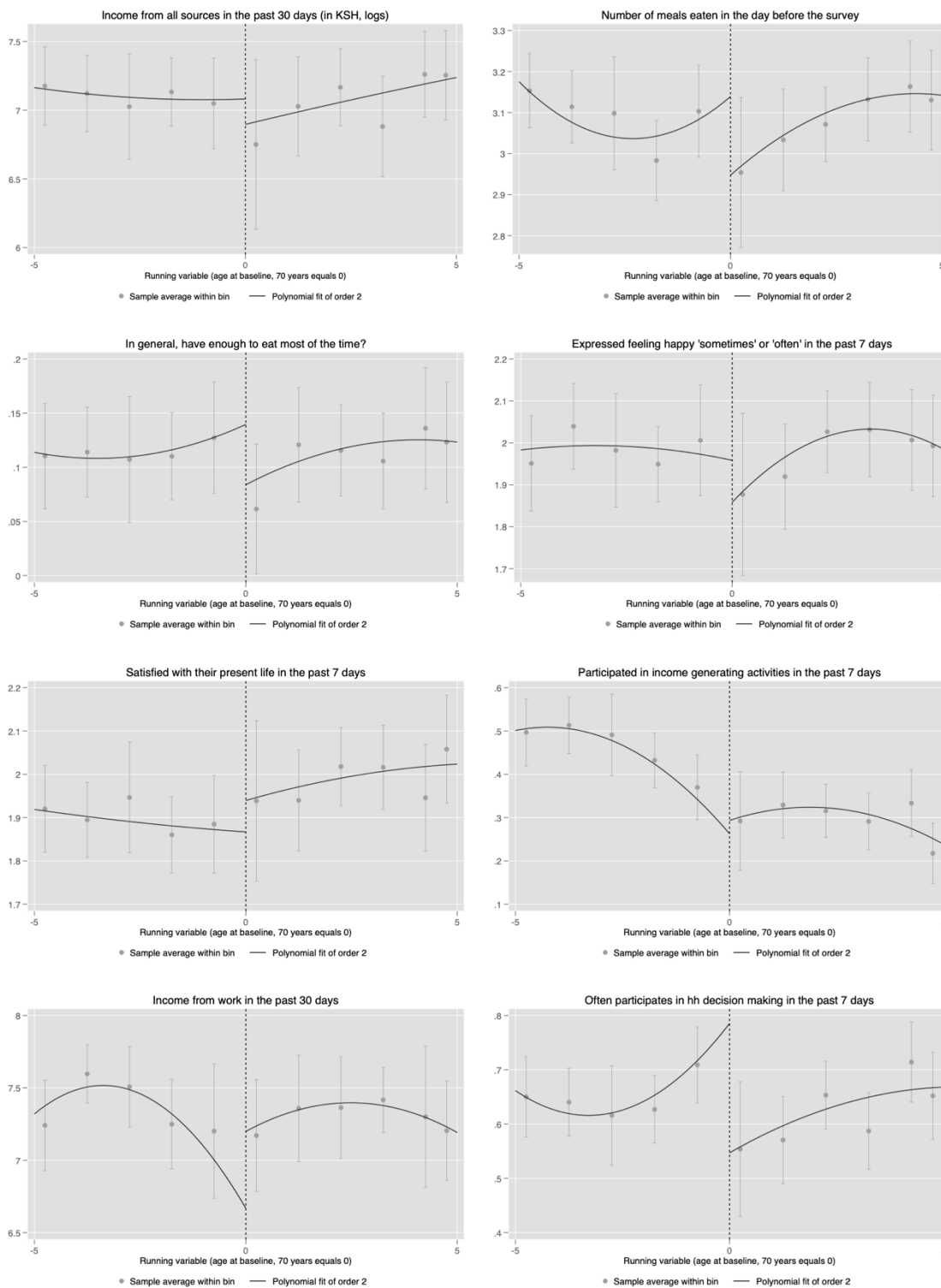
Source: Analysis of the midline sample

Despite the statistical suggestion of age manipulation at the age cut-off, the RD impact estimates are still presented below. Figures A. 2 – A.3 display the regression discontinuity

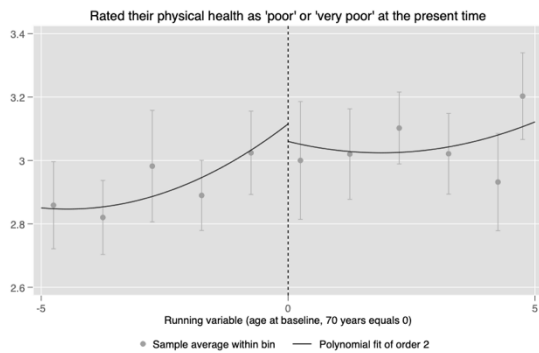
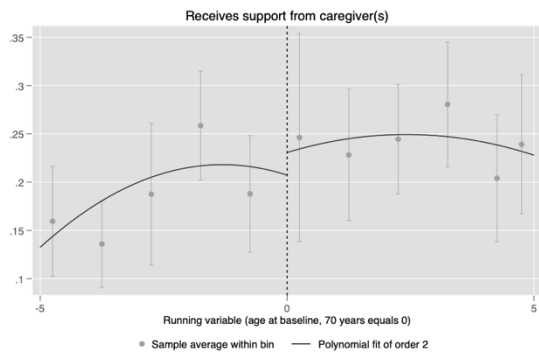
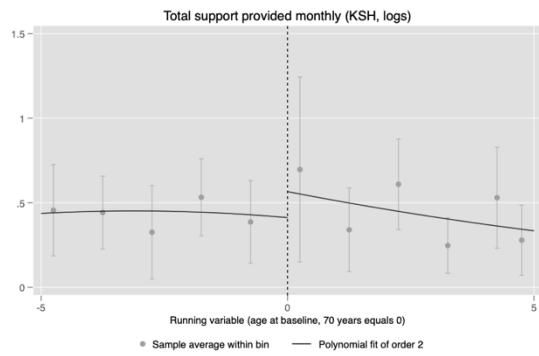
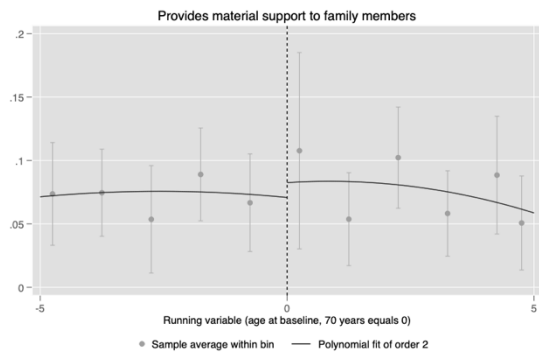
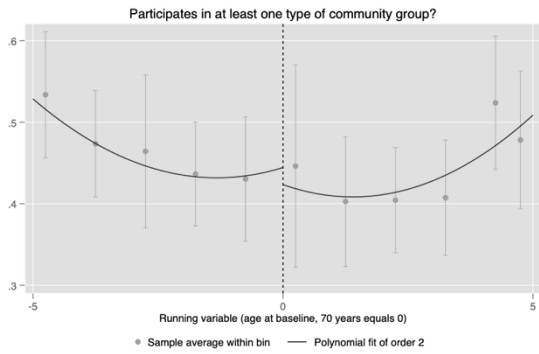
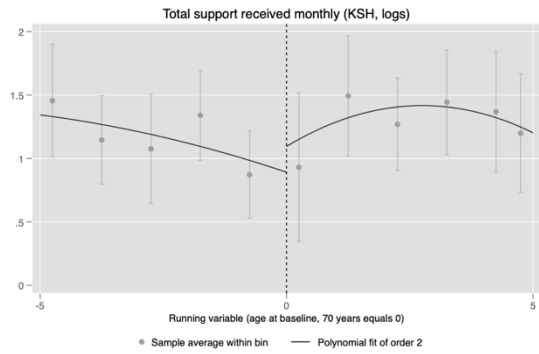
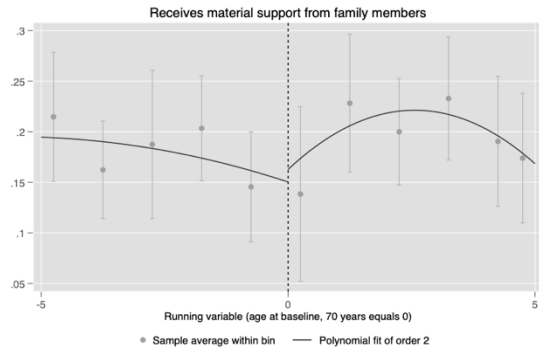
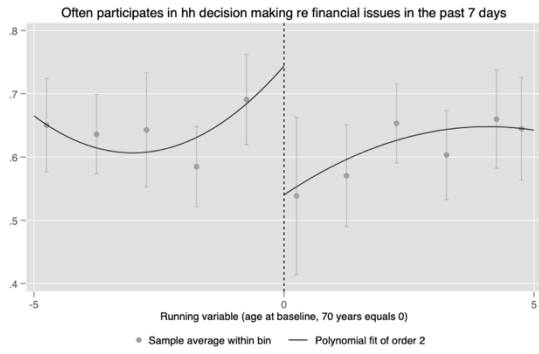
## Annex 4 Regression discontinuity design

plots for the two types of outcomes (individual and household level outcomes), and Table A.10 the RD point estimates.

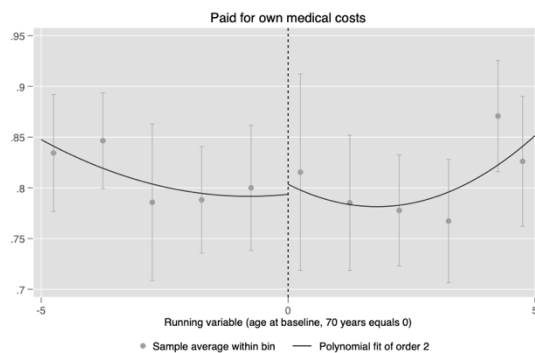
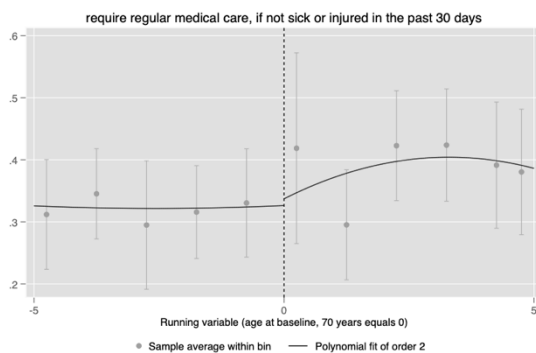
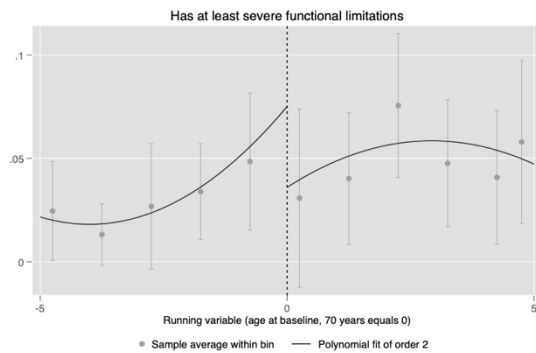
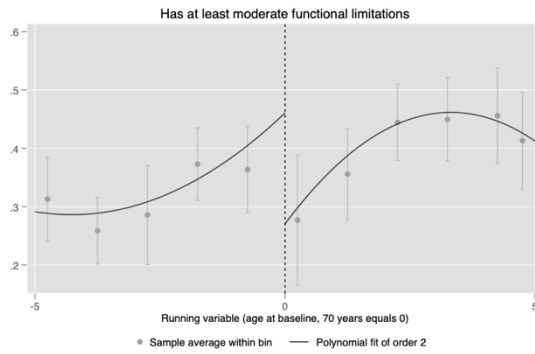
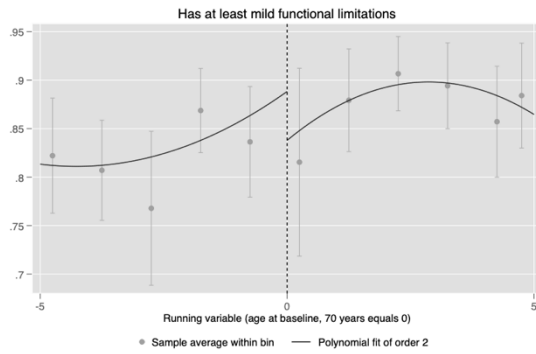
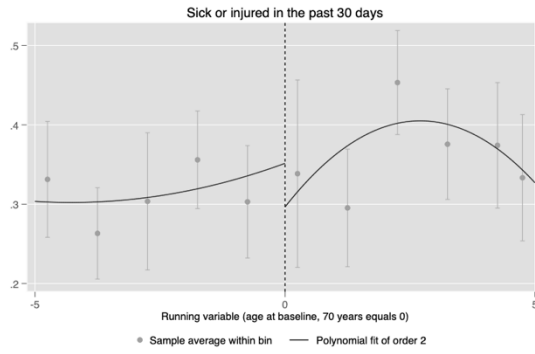
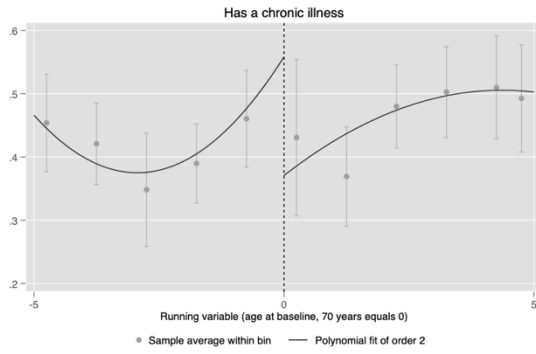
### Figure A.2 Regression discontinuity plots for individual level outcomes



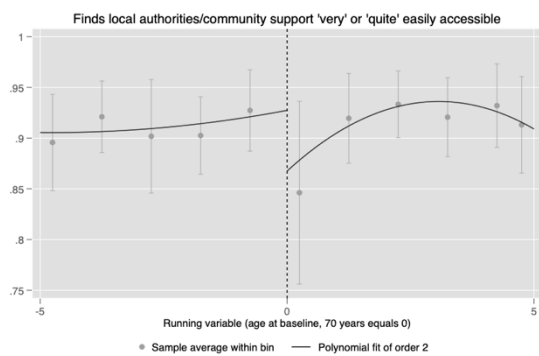
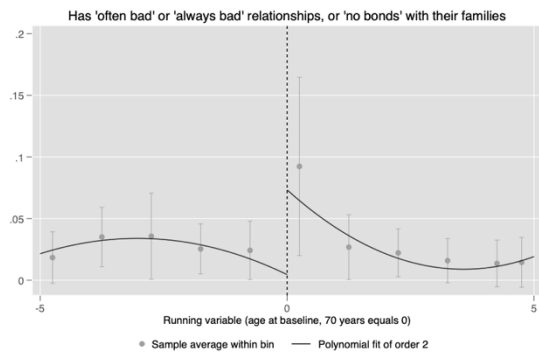
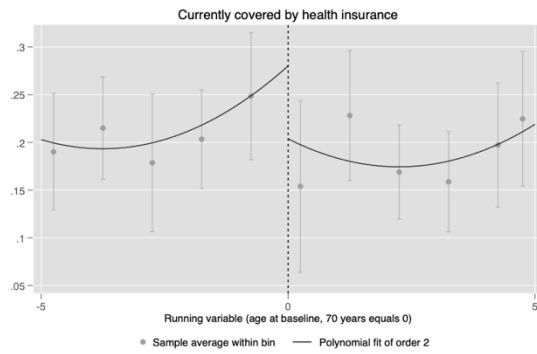
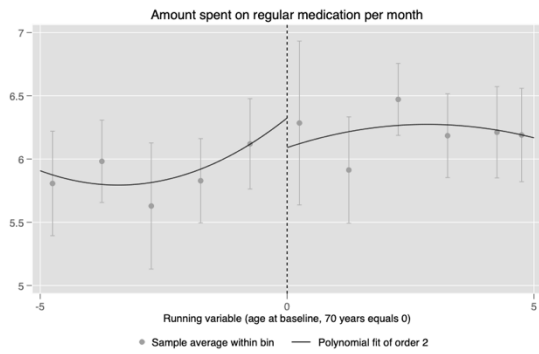
# Annex 4 Regression discontinuity design



# Annex 4 Regression discontinuity design

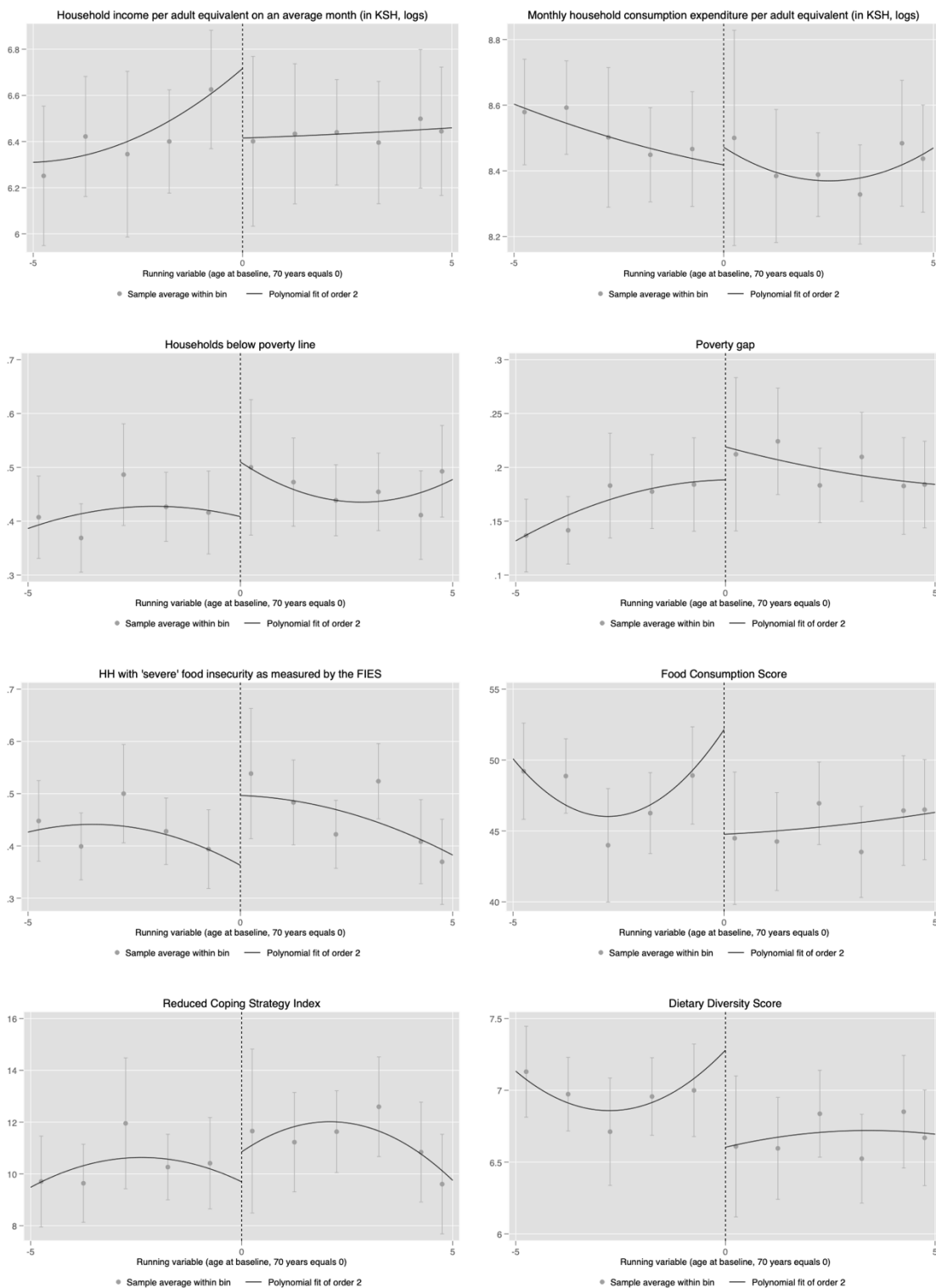


## Annex 4 Regression discontinuity design

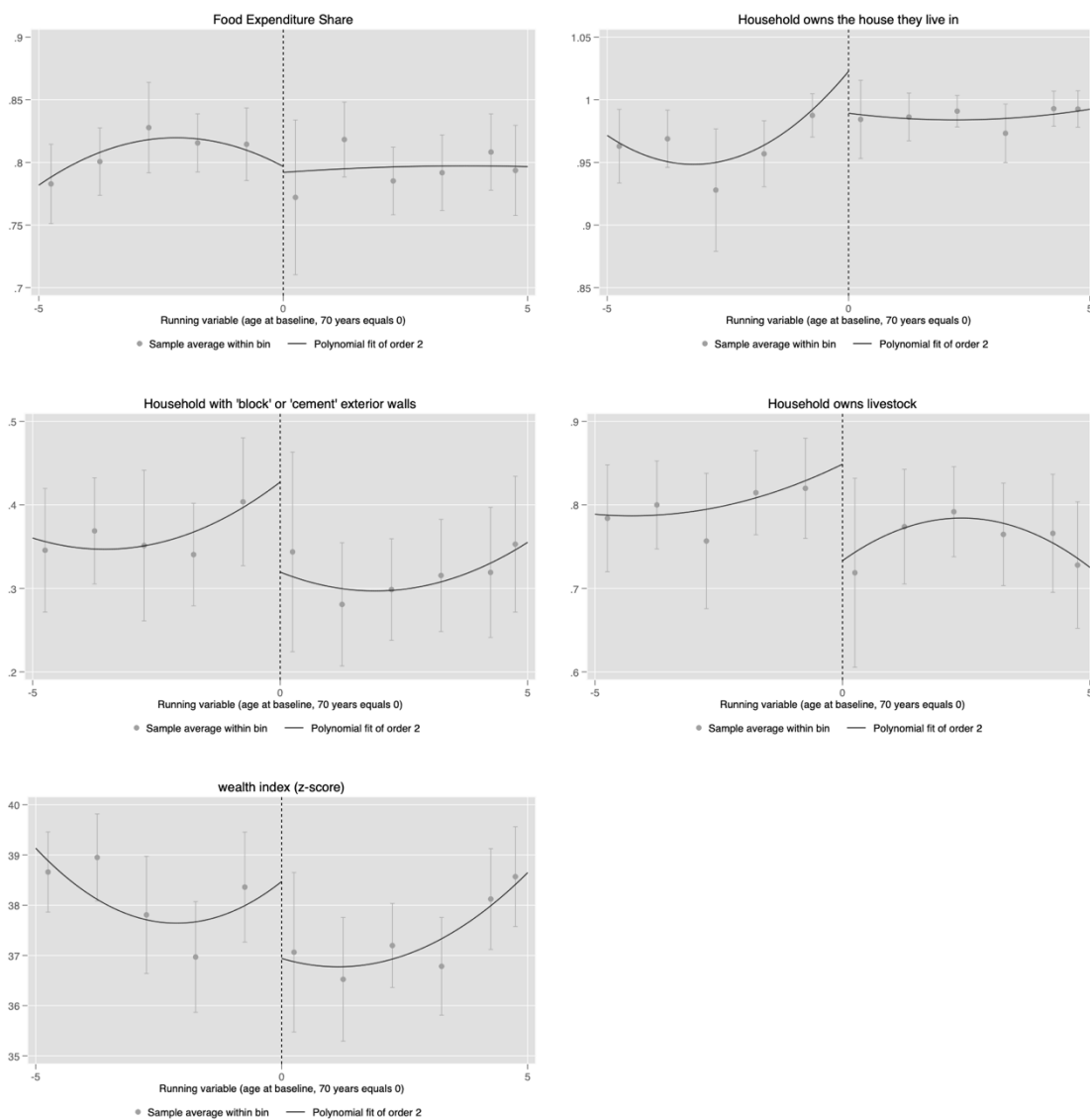


Source: Analysis of the midline sample

Figure A. 3 Regression discontinuity plots for household level outcomes



## Annex 4 Regression discontinuity design



Source: Analysis of the midline sample

Table A 10 presents the impact estimates from the RDD approach. Because the data suggests that not all older persons 70 years and above are registered in the programme and that some older persons younger than 70 are registered, results are presented both for a sharp RDD and for a fuzzy RDD. In a fuzzy RDD, the characteristic which will determine whether an individual falls into the treatment or the control group will not be directly their age but the probability of them receiving the transfer given their age.

Table A. 10 Regression discontinuity point estimates

Outcome of interest	Sharp RD Point estimate	T-stat	Fuzzy RD Point estimate	T-stat
Income from all sources in the past 30 days (in KES)	-0.0343	(-0.08)	-0.289	(-0.42)
Number of meals eaten in the day before the survey	-0.0854	(-0.68)	-0.00821	(-0.04)
In general, have enough to eat most of the time?	-0.0493	(-0.83)	-0.0421	(-0.42)
Expressed feeling happy 'sometimes' or 'often' in the past 7 days	-0.113	(-0.72)	-0.265	(-1.04)
Satisfied with their present life in the past 7 days	0.0592	(0.44)	-0.00559	(-0.02)
Participated in income generating activities in the past 7 days	0.0561	(0.60)	-0.0551	(-0.35)
Income from work in the past 30 days	0.781	(1.69)	0.414	(0.80)
Often participates in household decision making in the past 7 days	-0.201*	(-2.21)	-0.299	(-1.88)
Often participates in household decision making re financial issues in the past 7 days	-0.152	(-1.66)	-0.146	(-0.93)
Receives material support from family members	-0.000370	(-0.01)	0.104	(0.81)
Total support received monthly (KES)	0.0994	(0.21)	0.868	(1.00)
Participates in at least one type of community group?	0.0486	(0.53)	0.0791	(0.52)

Annex 4 Regression discontinuity design

Provides material support to family members	-0.000698	(-0.01)	-0.0645	(-0.77)
Total support provided monthly (KES)	0.0893	(0.28)	-0.317	(-0.57)
Receives support from caregiver(s)	-0.0109	(-0.15)	-0.0414	(-0.32)
Rated their physical health as 'poor' or 'very poor' at the present time	-0.0954	(-0.59)	-0.217	(-0.80)
Has a chronic illness	-0.169	(-1.81)	-0.0585	(-0.38)
Sick or injured in the past 30 days	-0.0849	(-0.94)	0.0871	(0.56)
Has at least mild functional limitations	-0.0707	(-0.99)	0.0398	(0.35)
Has at least moderate functional limitations	-0.217*	(-2.39)	-0.104	(-0.66)
Has at least severe functional limitations	-0.0473	(-1.24)	-0.0340	(-0.50)
Sought healthcare treatment in the past 30 days, if sick or injured	-0.0424	(-0.38)	0.121	(0.56)
Requires regular medical care, if not sick or injured in the past 30 days	-0.0252	(-0.23)	0.0400	(0.24)
Paid for own medical costs	0.0468	(0.61)	-0.0331	(-0.26)
Amount spent on regular medication per month	-0.0820	(-0.18)	0.201	(0.26)
Currently covered by health insurance	-0.0602	(-0.80)	-0.165	(-1.29)
Has 'often bad' or 'always bad' relationships, or 'no bonds' with their families	0.0665	(1.86)	0.0461	(0.81)
Thinks older people are 'quite' or 'very' valued in their communities	0.0564	(0.96)	0.224*	(2.25)

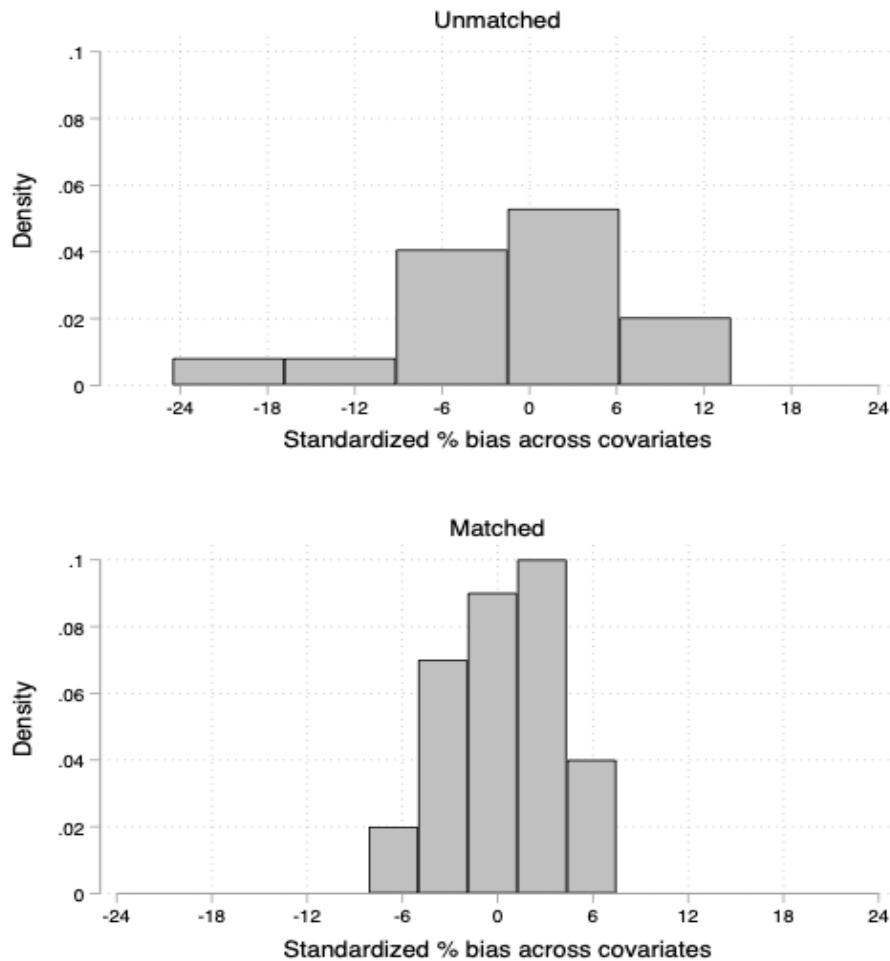
#### Annex 4 Regression discontinuity design

Finds local authorities/community support 'very' or 'quite' easily accessible	-0.0443	(-0.79)	-0.0152	(-0.16)
Household income per adult equivalent on an average month (in KES)	-0.194	(-0.59)	-0.399	(-0.72)
Monthly household consumption expenditure per adult equivalent (in KES)	0.199	(1.04)	0.0503	(0.16)
Households below poverty line	0.0384	(0.45)	0.00212	(0.01)
Poverty gap	-0.00771	(-0.19)	0.0162	(0.23)
HH with 'severe' food insecurity as measured by the FIES	0.0638	(0.75)	0.239	(1.67)
Food Consumption Score	-4.968	(-1.37)	-1.818	(-0.30)
Reduced Coping Strategy Index	0.253	(0.12)	2.708	(0.74)
Dietary Diversity Score	-0.512	(-1.46)	-0.543	(-0.90)
Food Expenditure Share	-0.00174	(-0.05)	-0.0633	(-0.99)
Household owns the house they live in	-0.0357	(-1.27)	0.0267	(0.57)
Household with 'block' or 'cement' exterior walls	-0.0370	(-0.45)	-0.190	(-1.37)
Household owns livestock	-0.125	(-1.61)	-0.155	(-1.17)
wealth index (z-score)	-0.177	(-0.25)	-2.215	(-1.67)
Number of observations	1786			

Source: Analysis of the midline sample. Note: \*  $p < 0.10$  \*\*  $p < 0.05$  \*\*\*  $p < 0.01$ .

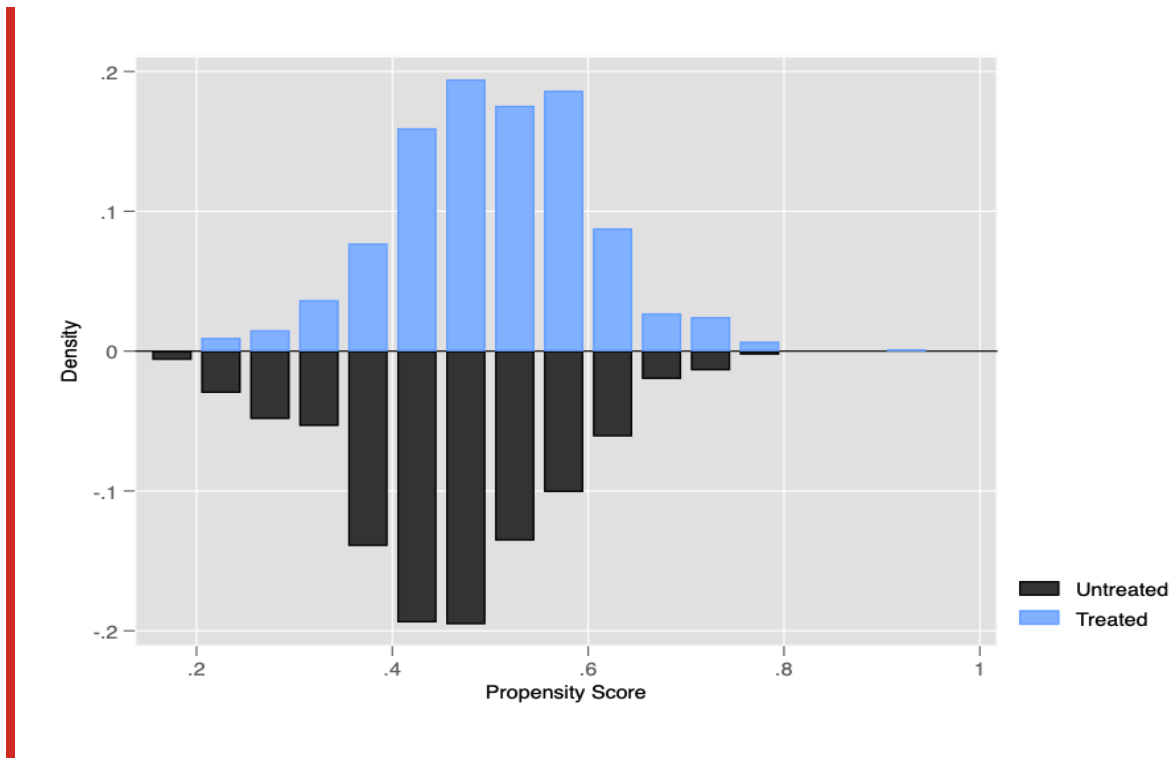
# Annex 5 Propensity score matching

Figure A. 4 Covariate imbalance testing



Source: Analysis of the baseline and midline balanced samples

Figure A. 5 Propensity score histogram



Source: Analysis of the baseline and midline balanced samples.