



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

## Summary Report

September 2022

# 1 Introduction

The Inua Jamii 70 years and above (IJ70+) cash transfer programme represents the first building block towards a universal social protection system in Kenya<sup>1</sup>. It entitles all Kenyans aged 70 or older who are not already in receipt of a civil service pension to receive KES 2,000 per month (disbursed every two months). The programme is completely funded by the Government and represents an important milestone for Kenya's social protection sector and a significant step towards the realisation of the right to social security, as enshrined in the Kenya's 2010 Constitution.

In 2018, a baseline study was conducted to assess the socio-economic situation of older persons before the start of the transfer disbursement. Eligible older persons aged 70 to 75 were surveyed and their characteristics compared to those of persons aged 65 to 69. For the purpose of the midline study, between November 2021 and January 2022, quantitative and qualitative data was collected from the same respondents of the baseline survey. The purpose of the midline evaluation was to estimate the impact of the IJ70+ programme on older persons, their families, and communities, and to assess the programme's implementation and design in terms of accessibility, adequacy, and accountability.

The theory of change for the study was inspired by the *active aging* policy framework<sup>2</sup> and considered programme impacts across four interlinked dimensions: individual, household, community, and national (Figure 1a). Receiving the cash transfer, older persons are able not only to cover their own basic needs but also to contribute to their household's income. They become more involved in their family and community and develop a stronger sense of social contract and national identity.

The conceptual framework for the study identified six impact domains, investigated with a cross-cutting focus on gender and disability (Figure 1b). The research questions related to changes in older persons' material wellbeing, economic security, health, care and support, subjective wellbeing, citizenship, and social contract as a result of the IJ70+ programme.

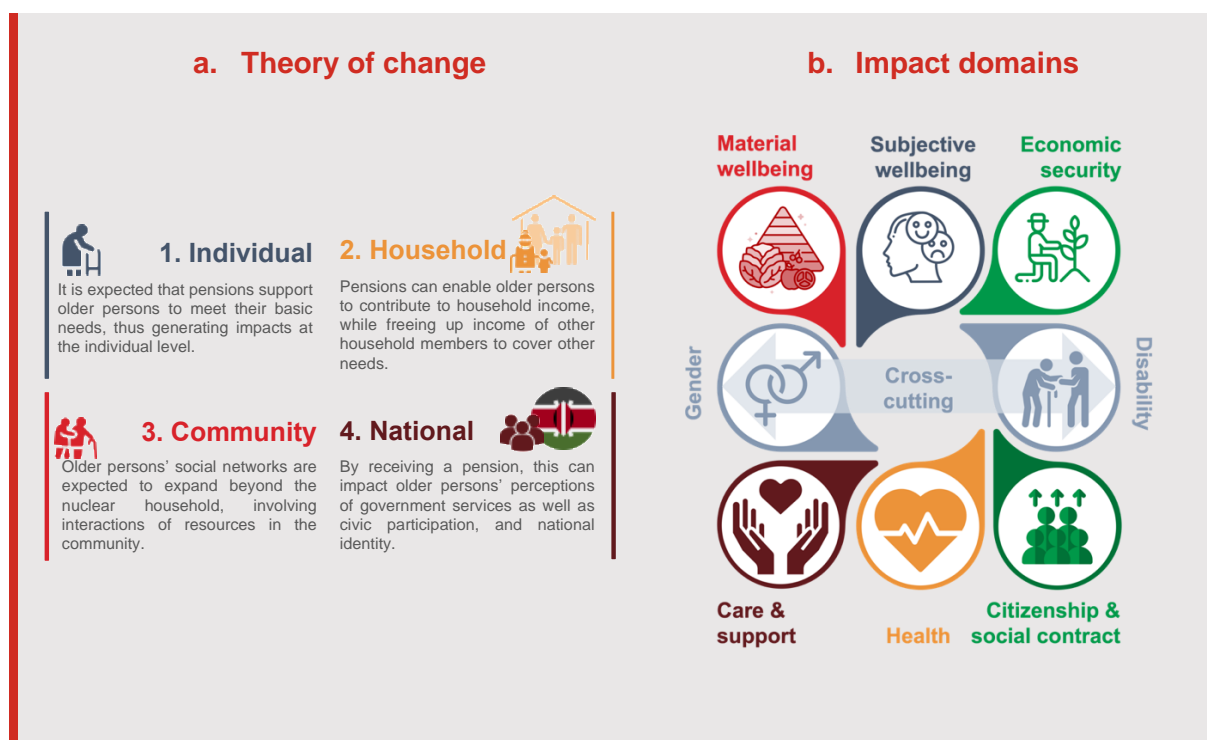
This summary report highlights the key findings and recommendations from the IJ70+ midline evaluation study.

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<sup>1</sup> Universality would be achieved by the combination of non-contributory social pension (IJ70+) and contributory civil service pension.

<sup>2</sup> WHO defines active ageing as 'the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.' WHO. (2002). Active Ageing: A Policy Framework (Report Prepared for the Second United Nations World Assembly on Ageing). World Health Organization.

Figure 1 Midline evaluation framework



Source: Authors' creation.<sup>3</sup>

## 2 Approach

The midline impact evaluation of the IJ70+ programme employed a mixed-methods approach, whereby both quantitative and qualitative data was collected and analysed, allowing to draw a more comprehensive picture of the programme's implementation and impacts.

### Quantitative analysis

The objective of the impact evaluation is to establish a causal link between programme and observed outcomes quantitatively. 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. This method is known as difference-in-differences and accounts for pre-existing differences between the two groups compared and for changes that may affect both groups.

To strengthen the counterfactual and assure the groups are similar across as many observable variables as possible, propensity score matching was used to construct a comparable control group for the treatment group. This method assigns individuals and

<sup>3</sup> Icons accessed through Freepik, available at [www.flaticon.com](http://www.flaticon.com).

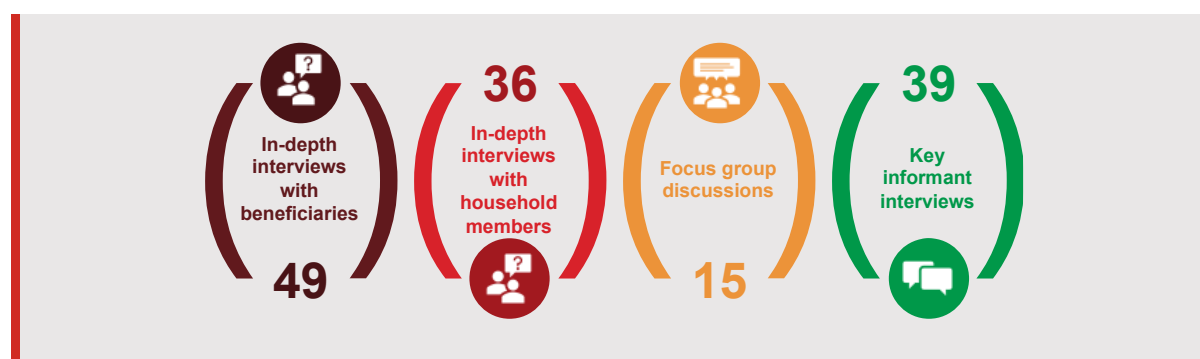
households in the treatment group with comparable counterparts in the control group based on a propensity score, which is constructed based on observable characteristics from the baseline sample and determines the likelihood of participating in the IJ70+.

### Qualitative analysis

A subset of the programme beneficiaries that participated in the quantitative survey was selected and invited to participate to in-depth semi-structured interviews and focus group discussions. The qualitative research provided further insights into operational processes, and the impacts that the IJ70+ has had on beneficiaries' autonomy and dignity, as well as their familial and community relations.

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, as well as field mobilisers. A range of key informant interviews were also completed at the national level. Figure 2 provides an overview of the qualitative research activities undertaken.

**Figure 2 Overview of qualitative research sample**



Source: Authors' creation.<sup>4</sup>

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.

### Limitations of the study

Two key challenges affected the research design and outcomes. First, due to misreporting and inconsistencies detected in relation to respondents' age, it was not possible to follow the original regression discontinuity design, which involved comparing beneficiaries aged 70-75 and non-beneficiaries aged 65-69. A difference-in-difference approach was used instead.

Secondly, the irregularity of payments prevented from quantifying the impact of the IJ70+ as a regular cash transfer, as the quantitative survey was conducted about five months after the last disbursement. Qualitative analysis, conducted around the time of the following

<sup>4</sup> Icons accessed through Freepik, available at [www.flaticon.com](http://www.flaticon.com).

disbursement, provided useful insights in relation to interpreting the quantitative findings and uncovering aspects otherwise difficult to investigate based solely on quantitative methods.

### 3 Midline quantitative survey

Quantitative data was collected in November 2021 across twelve locations in the counties of Bungoma, Muranga, and Turkana. Researchers traced and re-interviewed as many of the baseline survey respondents as possible,<sup>5</sup> which resulted in a total of 1,817 valid interviews.<sup>6</sup> As expected, most of the respondents were aged between 68 and 78 (65 to 75 at baseline). Below are some key highlights of the socio-economic characteristics of the midline respondents, which provide context to the findings presented in Sections 4 and 5.

**Table 1 Geographic distribution of respondents**

| County      | Sub-County      | Locations   | Male | Female | Total |
|-------------|-----------------|-------------|------|--------|-------|
| Bungoma 31% | Kanduyi         | Bukembe     | 87   | 57     | 144   |
|             |                 | Kibabii     | 48   | 63     | 111   |
|             | Webuye West     | Bokoli      | 60   | 88     | 148   |
|             |                 | Sitikho     | 81   | 79     | 160   |
| Muranga 57% | Gatanga         | Ithanga     | 78   | 108    | 186   |
|             |                 | Kihumbuini  | 126  | 106    | 232   |
|             | Kangema         | Muguru      | 181  | 224    | 405   |
|             |                 | Rwathia     | 96   | 120    | 216   |
| Turkana 12% | Loima           | Loima       | 10   | 16     | 26    |
|             |                 | Lorengeppi  | 4    | 11     | 15    |
|             | Turkana Central | Kerio Delta | 46   | 71     | 117   |
|             |                 | Knemkemer   | 24   | 48     | 72    |

Source: Analysis of the midline sample

#### Education

- Female respondents were generally found to have a lower education level than their male counterparts. This was also observed in the baseline survey.
- Close to half of the female respondents had not received any formal education (47 per cent), compared to one-quarter of the male respondents (23 per cent).

#### Health

- Most respondents rated their physical health as 'fair'.
- Around 44 per cent reported to have a chronic illness.
- Thirty-seven per cent indicated they had been sick or injured in the last 30 days.

<sup>5</sup> No replacement for individuals not traced.

<sup>6</sup> 1,832 including additional interviews that did not match baseline records.

- Among those who were not sick or injured, 36 per cent still requires regular medical care.
- Most respondents pay for their own medical costs: the average monthly health expenditure across the sample was KES 2,069.
- 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.

### **Food security**

- 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 were observed in relation to both frequency of meals and quantity of food.

### **Disability**

- The incidence of disability (37 per cent across the sample) is higher for female respondents (42 per cent) than for male (31 per cent).
- Most of respondents reported at least some mild functional impairments, mostly justified by the advanced age (85 per cent).
- Most persons with disabilities reported experiencing limitations in multiple functional domains (40 per cent), with mobility issues being the most common type of impairment.

### **Income and employment**

- Respondents earned on average KES 3,020 per month, mostly from work.
- Around 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: among those who reported to be working, the majority would be engaged in farming and/or casual or unpaid labour.
- For 26 per cent of the respondents, cash transfers from the government represent the main source of income.

### **Subjective wellbeing and other characteristics**

- 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.
- Across counties, around 64 per cent of respondents often participate in household decisions and 63 per cent participate in financial decisions.

- 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.
- Participation in community groups is generally higher among women and varies significantly by county.
- Only about seven per cent of respondents reported providing support to anybody in the previous 30 days. Among those who provided a monetary amount, the average was KES 3,372.
- 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).
- On average, respondents felt that older persons are valued in their community, and that their local authorities are easy to access.

## **4 Programme implementation**

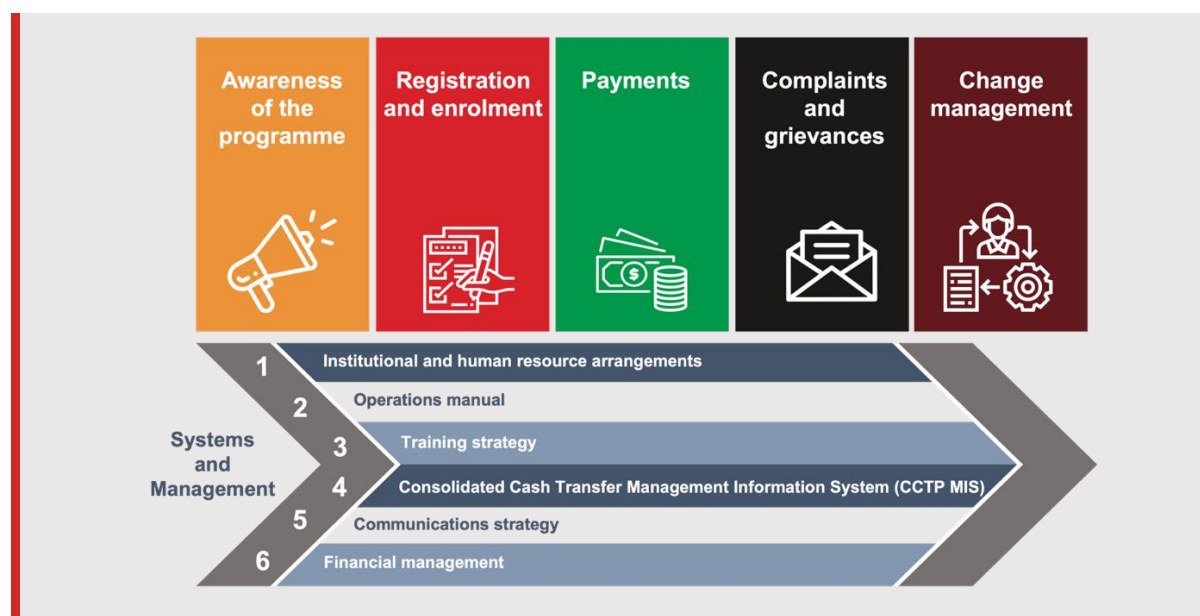
The Inua Jamii 70+ programme is one of the four social protection programmes implemented under the National Safety Net Programme (NSNP).<sup>7</sup> Unlike the other three programmes, which are poverty-targeted and household-based, the IJ70+ is a universal individual entitlement, for which all persons aged 70 or older who are not in receipt of another pension are eligible. Such design not only implies a simplification in the administrative processes required to implement the scheme but is also generally perceived as fairer.

Figure 3 shows the key administrative processes examined in this study, and the systems and management arrangements underpinning the programme implementation.

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<sup>7</sup> 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).

**Figure 3 IJ70+ administrative processes**



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

At the National level, the National Social Protection Secretariat (NSPS) 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 the Directorates of Social Development (DSD) and Directorate of Children Services (DCS) are responsible for implementation of the programmes.<sup>8</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 DSD and 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. In addition to the roles indicated by the programme’s operational guidelines, 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.’

There are a number of risks to the programme’s accountability related to the lack of clear roles and responsibilities. Different reporting lines for County and Sub-County coordinators limit the effectiveness of the DSA in providing oversight of the implementation processes.

<sup>8</sup> Kidd, S. D. (2021). Global research on governance and social protection: Kenya case study. UN DESA and ILO.

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. 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 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.

### **Awareness**

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. It also represents an essential element of a programme's accountability mechanisms, as it should aim to raise awareness among citizens of their rights and entitlements.

Overall, awareness of the IJ70+ programme is very good, and virtually all participants to the study reported having heard about the programme (99 per cent of the treatment group and 93 per cent of the control). Compared to the baseline, awareness of the IJ70+ and of government programmes at large has improved, confirming the effectiveness of the communication strategy. This included mainstream media channels (television and radio), posters and booklets, but also public barazas and word of mouth, with Chiefs, Assistant Chiefs, Village Elders, BWC, community volunteers and church leaders actively mobilising beneficiaries.

However, 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, and their own understanding of the programme's objectives and eligibility criteria. As these actors are not part of the formal administrative structure, this can result in inconsistencies in the information provided to citizens.

The lack of formalised communication channels limited beneficiaries' understanding of the programme's objectives, concerning the role of Government in providing the pension and their own entitlement to the transfer.

### **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. Registration merely required individual citizens to prove their eligibility based on age, by showing their national ID, which significantly reduced administrative challenges and barriers to enrolment compared to poverty-targeted

household-based NSNP programmes. Nonetheless, some challenges were still experienced by citizens, preventing some to access the transfers.

Among those who said to be aware of the registration process, 86 per cent believed the process was fair. However, compared to baseline, perception of fairness has deteriorated among those yet not registered or not receiving benefits (e.g., because they missed the registration window or encountered issues with registering), who mentioned favouritism and inappropriate age criteria as the main reasons. This 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.<sup>9</sup>

Additional challenges relate to the accessibility of the registration process for vulnerable citizens, including persons with disabilities, and the role of caregivers. 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. As for caregivers, it is possible for beneficiaries to nominate a proxy to collect the transfer on their behalf.<sup>10</sup> This is an important feature of the programme to guarantee accessibility to beneficiaries with mobility issues or unable to collect the payment in person. In practice, most caregivers would accompany the beneficiary to collect the payment, rather than collecting it on their behalf. Moreover, several respondents experienced challenges due to the caregiver being registered on behalf of two beneficiaries at the same time.

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. However, the initiative was scaled down in 2017. 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.

## Payments

The payment process for social protection schemes in Kenya is undergoing significant developments, with all social protection transfers now including electronic payments. For the IJ70+, the government implemented a 'choice model', which allowed beneficiaries to choose from four (now six) payment service providers, providing them with a debit card and bank account. This enables the beneficiaries to withdraw their payment on a time and date of their

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<sup>9</sup> Since 2017, limited numbers of citizens have been enrolled the programme (mostly during November 2021)

<sup>10</sup> They would have to register by providing their ID and biometrics.

choice and to accumulate savings in their bank account.<sup>11</sup> 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).

Despite the possibility to withdraw from the account at any time, most beneficiaries seem to collect the transfer shortly after disbursement.<sup>12</sup> This leads to overcrowding at the pay points and beneficiaries having to go back at a later date. Awareness raising in relation to payment disbursement differs across locations and does not appear to be based on pre-determined guidelines.

The main challenge in terms of payments relates to their timeliness: while beneficiaries are meant to receive their transfer every two months, in reality, budgetary constraints have resulted in payment delays. The irregularity of payments undermines the purpose of the transfer as a predictable source of income, preventing beneficiaries to plan their finances and forcing them to sell assets or purchase on credit in between payments. On the other hand, the programme resulted in older people being perceived as 'credit-worthy' within their community. Finally, issues have been recorded of backdated payments not covering the full period in between payment cycles.

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.

Issues with authentication result in beneficiaries having to travel to the main bank branch or being denied the payment. 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. However, the biometric authentication mechanism does not seem to be used consistently across locations, with certain PSP being 'stricter' than others, and biometric systems reportedly not available in some locations.<sup>13</sup> Indeed, availability and efficacy of authentication devices and practices affect waiting times at the pay point.

Travelling to the pay point, especially having to travel to the main bank branch, involve significant costs for the beneficiaries, who would spend a significant proportion of the transfer on transport. Travelling to the pay point can be a cumbersome experience for older persons, involving even higher costs to cater for mobility issues and for a caregiver to accompany them.

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<sup>11</sup> Fees apply after the first withdrawal each month, of which beneficiaries may not be aware.

<sup>12</sup> Disbursement happens at the same time for all beneficiaries, who are informed through different channels, often word-of-mouth.

<sup>13</sup> Compared to the other NSNP programmes, where the government provides the PSPs with the list of beneficiaries, the IJ70+ requires PSPs to collect evidence of proof of life to onboard new beneficiaries.

## **Grievance and redress mechanisms**

The midline study asked participants who they would ask for help or advice if they had a question or complaint in relation to the IJ70+ programme. Most respondents mentioned local authority leaders and local elders, followed by friends, neighbours and relatives. Twenty-one per cent of the surveyed beneficiaries reported having raised a problem, query, or complaint, either formally or informally.

Formally, 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. The DSA also operates a call centre, where citizens can leave a recorded message. 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.

## **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. 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. Qualitative findings indicate that the change management process is not clearly understood by the communities and deemed untransparent. 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.

## 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

## 5 Programme Impacts

Impacts of the IJ70+ were investigated based on the quantitative and qualitative data collected between November 2021 and January 2022. Due to the significant gap between time of the last transfer (June 2021) and data collection, quantitative analysis showed very limited impacts of the programme on beneficiaries' material and subjective wellbeing, support, health, and perceptions of citizenship. Qualitative data provided valuable insights which complement the quantitative analysis.

### Material wellbeing and economic security

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. 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.

Despite the limited results in terms of impact, the IJ70+ has significantly increased in importance as a source of income for older persons. However, 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. Indeed, the extent to which the IJ70+ can promote greater income security also depends on pre-existing credit constraints in the household as well as the relationship with other family members. 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.

For most respondents, consumption levels only increased directly after a payment collection, rather than increasing consistently. Nonetheless, some beneficiaries were able to smooth their consumption through different mechanisms, such as purchasing food and basic items on credit and repaying the local shopkeepers once they would receive the next payment. While many considered this process dignified, 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.

In terms of food security, despite food items were the most prioritised expenditure with the IJ70+ transfer, some programme beneficiaries would still need to access credit or savings to access a consistent supply of food. This suggests that the adequacy of the transfer to cover food needs is dependent on beneficiaries' socio-economic context and may not be sufficient to cover their food needs.

The type of investments made with the IJ70+ transfer was significantly influenced by gender norms. Whereas men would traditionally be perceived to be the main decision-maker, in practice, the responsibility of household maintenance, including care for family members, is the domain of women. Therefore, women are most likely to budget for the household, and plan purchases of food and household items, but school fees and supplies for children, based on the amount received. The fact that both older men and older women were entitled to the IJ70+ if they lived in the same household is transformative for women's material and economic wellbeing, as they can make claims over their own transfer without necessarily consulting a male household member.

### **Subjective wellbeing**

The evaluation examined the extent to which the IJ70+ has had an impact on subjective wellbeing, including positive emotions such as happiness, positivity and feeling externally supported. Subjective wellbeing may also relate to greater participation in decision-making processes, which can enhance feelings of empowerment, autonomy, and dignity. For older persons, subjective wellbeing is closely connected to the concept of 'active ageing' which guided the theoretical framework of the midline evaluation, as it relates to older persons'

own perceptions of quality of life in old age. The findings on subjective wellbeing draw mostly from the qualitative analysis.<sup>14</sup>

Quantitative data suggested 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 were observed.

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'.

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. Qualitative findings suggest that the IJ70+ strongly contributed to older persons' feeling of ownership over the money. 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. This was particularly transformative for women, who otherwise may not have had access to any other source of cash income at all.

Another 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."*

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) 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"*

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<sup>14</sup> 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.

*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.”*

As highlighted in the conceptual framework, 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>15</sup> 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.

### 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. 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 and can be 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. 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

The qualitative research allowed 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 or emotional support.

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

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<sup>15</sup> In addition, see conceptual framework set out in (Ministry of Public Service, Gender, Senior Citizen Affairs and Special Programme, 2020).

- Grandchildren were brought under the care of grandparents when one, or both parents, had deceased.

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.

Care and support are also inherently reciprocal. 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. 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. 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.

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.

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.”* 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.”*

## Health

While the quantitative data indicated there have been changes in health outcomes for the treatment group between the baseline and midline, they are not necessarily attributable to the IJ70+ scheme. 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. 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, which suggested that health seeking behaviour has improved as a result of the IJ70+, and that this change is statistically significant.

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. 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 **Error! Reference source not found.**, 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>16</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 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.

### 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.

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<sup>16</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.

Results from the quantitative analysis indicate that the IJ70+ scheme has changed how beneficiaries think about the value of older persons in the community. 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.

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. Beneficiaries who participated in 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.

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.

As discussed above, 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.

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. 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. Moreover, as most beneficiaries were not aware of proper channels to raise a complaints or grievance, and how these would be resolved, 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."*

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”*.

Perceptions of the IJ70+ were thus overwhelmingly positive, despite its implementation challenges and barriers to accessing the scheme. 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.

### Recommendations on policy and advocacy

An important step towards the realisation of the right to social security for older persons in Kenya would be to **develop a comprehensive social protection legislation that entrenches regular financing of the IJ70+ beyond the lifespan of the current government.**

Secondly, in order to address older persons' access to health care it is recommended to **provide universal coverage by the National Health Insurance Fund (NHIF).** This would help preserving the value of IJ70+ cash transfers as beneficiaries would not need to use part of 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.

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

### Further research

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 questionnaires and sampling framework to include questions on the IJ70+ programme and ensuring the data is representative of older persons aged 70 and over.

## **6 Conclusions**

The purpose of the 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 results from the quantitative analysis were complemented and interpreted in light of the qualitative data collected.

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.

For programme beneficiaries, the cash transfers have become a key source of income, despite most older persons continuing to engage in labour. Income from the transfers immediately translates into higher consumption but does 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 likely go back to their normal consumption pattern in between payments. Uncertainty around regularity of payments prevented beneficiaries from achieving any significant changes in consumption behaviour and sustained improvements in food security and poverty reduction. Partial consumption smoothing is achieved by purchasing on debt, as shop owners know that the person is an IJ70+ beneficiary and consider them credit-worthy.