# RESULTS ON OPERATIONAL IMPACT EVALUATION OF THE CASH TRANSFER FOR ORPHANS AND VULNERABLE CHILDREN (CT-OVC) PROGRAM IN KENYA.

**A PRESENTATION MADE DURING THE**

**IMPACT EVALUATION WORKSHOP AT ACCRA IN GHANA, 24TH -28TH MAY 2010**

**BY**

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# BACKGROUND INFORMATION

- The Pilot for the CT-OVC Program started in November 2004 within three districts( Nairobi, Kwale and Garissa).
- Total beneficiaries were 500 and received Ksh 500 per month.
- The implementing agency was the Department of Children's services with technical and financial support from UNICEF Kenya Country.
- However in 2005 DFID agreed to support Four districts in Nyanza namely: Kisumu, Homabay ,Migori and Suba making a total of 7 districts under CT-OVC Program by December 2006 under Development Partners support.
- The Government of Kenya allocated ksh 48 million during 2005/2006 financial year. These funds were used to target beneficiaries in the additional 10 districts.

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# IMPLEMENTATION OF THE CT-OVC PROGRAM PILOT

- In 2006 Unicef and DFID provided Technical support through hiring of a consultant(AYALA Firm of Consultants)who worked with the OVC secretariat to produce Program design and the operational manual.
- The operational manual provided a theoretical framework on which Impact evaluation was based.

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# NEED FOR EVIDENCE BASED EVALUATION

- Kenya as country needed evidence to show that cash transfers can work in a third world country.
- The evidence needed to be provided by an independent evaluators if the results were to be objective.
- UNICEF and DFID provided financial and technical assistance through hiring of Oxford Policy Management(OPM) to conduct the Impact Evaluation.

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# SPECIFIC OBJECTIVES OF THE OPERATIONAL IMPACT EVALUATION

- (i).To evaluate the impact of the Programme on recipient households.
- (ii). To assess the operational effectiveness of the program implementation systems
- (iii) To assess the impact of imposing conditions (penalties)
- (iv) To assess the cost of the Program in the light of its effectiveness.

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# EVALUATION PERIOD

- Baseline survey was conducted between March to August 2007.
- Follow up survey done between March and July 2009.
- Qualitative data collection was undertaken in 2008 and in 2009.
- A costing study was undertaken in 2009.

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# EVALUATION METHODOLOGY

- The evaluation took place in seven districts namely;Garissa,Kwale,Nairobi,Kisumu,HomaBay, Migori and Suba.
- In each evaluation district two locations were selected as Treatment and two locations as control.
- Two locations from each of three evaluation districts(Kwale,Kisumu and HomaBay) and one sub location in Nairobi were selected to test the effectiveness of imposing penalties to conditions.

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# METHODOLOGY CONT,

- A total of 2,759 households were interviewed during the baseline while 2,255 were Interviewed during the follow up study.
- Treatment locations had 1778 and 1513 respondents interviewed for baseline and follow up study respectively.
- Control locations had 981 and 742 respondents for baseline and follow up surveys respectively.
- Impact was measured interns of the difference in change observed in the program areas and the change observed in the change areas-difference –in – difference estimates.

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# EVALUATION RESULTS-TARGETING

- The Program is reaching 51% of the OVC households in the Program locations
- That 96% of the beneficiary -households are meeting the CT-OVC Program eligibility criteria as contained in the operational manual.
- However, the program targeting criteria excludes 43% of the poorest OVC households in the program locations.
- The Program does not have mechanism of re including new OVC who were created after the previous targeting exercise.

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# EVALUATION RESULTS-GENDER SENSITIVITY

- The results show that 78% of the main care givers are women while 22% are women.
- Women caregivers are empowered with more money to spent.
- No fundamental changes reported in relation to the household power elations in the benefiting households.

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# TRANSFER VALUE

- The findings show that the transfer value has been reduced by inflation over time to an extent that is worth 2/3 of the baseline.
- The transfer value is not sensitive to the size of the household hence little impact to large households.
- In relation to transport cost in average caregivers were found to spent 5% of the transfer on transport while in Garissa on average beneficiaries spent Ksh 1500 on transport and other associated cost to access the transfer although they are given ksh 1000 compensation.

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# BENEFICIARIES AWARENESS LEVEL ON PROGRAM OPERATIONS.

- The level of awareness among beneficiaries on
- Program operations was found to be too low.
- The evaluation team identifies the communication between the OVC secretariat and the implementing districts as the weakest part of the Program.
- Complementary services were not offered in a systematic way and were restricted to awareness creation.

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# IMPOSITION OF CODITIONS /PENALTIES

- There was no enough data to assess the impact of conditions or penalties.
- The evaluation design on conditions had limitations because the areas to impose conditions were not randomly selected neither was the awareness and implementation properly done.
- It is not conclusive to make statement about conditions or penalties.

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# IMPACT OF THE PROGRAM ON POVERTY REDUCTION.

- Preliminary findings shows that Cash Transfers from the program have increased the real household consumption levels of recipient house holds by ksh 274 per adult equivalent.
- The result is a reduction of Poverty levels by 13 % .
- However, the benefit of increased consumption is concentrated in smaller households since the value of transfer is diluted in larger households

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# IMPACT OF THE PROGRAM ON POVERTY REDUCTION cont

- Increased food expenditure and dietary diversity ,significantly increasing the frequency of consumption of five food groups namely; Meat, Fish, Milk, Sugar, and Fats by 15% from the baseline.
- However there is no evidence of increased livestock holdings.
- The proportion of beneficiaries receiving assistance from other sources has declined by 10%.

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# IMPACT ON EDUCATION

- The proportion of secondary school enrolment in treatment areas increased by 6% higher than in the control areas.
- However, there has been no increase on primary school enrolment. This could be attributed to high levels of school enrolment in the country.

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# IMPACT ON HEALTH

- The evaluation did not find adequate evidence on improvement of health indicators like immunization, Vitamin A supplement.
- However

  There is evidence on reduced frequency of illnesses and consulting an appropriate source of care when sick.

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# IMPACT ON BIRTH CERTIFICATES AND NATIONAL ID CARDS FOR CARE GIVERS

- The program has increased the acquisition of birth certificates by 12% points in the treatment areas over the control areas.
- However,there is no evidence of the increase on the acquisition of the National ID cards.

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# IMPACT ON CHILD LABOUR

- The program appears to have reduced the extent of Child labor for those children between 6-12 years by 3%.
- The average amount of time spent on unpaid work is also reduced by an average of almost four(4) hours per week for all OVC across the board within the treatment area.

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# IMPACT ON RETENTION OF OVC WITHIN THE HOUSEHOLD

- The retention of OVC within the extended family and the community is based on societal norms and values.
- There was no significant relationship between the retention of the OVC within the family and the Cash Transfer because the process was found to be taking place in both the treatment and the control areas.

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# LESSONS LEARNED

- The value of the Transfer depreciates rapidly due to inflation hence the need for periodic reviews.
- The impact of Cash Transfer program is influenced by: (i)Family size (ii)Transfer Value.
- Targeting the most vulnerable groups requires proper supervision and adequate resource allocation.
- Implementation of conditional cash transfers require simple integrated approaches.

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# LESSONS LEARNED

- Cost of designing and implementing Cash Transfers go down with time.
- Cash Transfers do not cause dependency as previously believed.
- Cash transfers can be used to stem out corruption because they are easy to quantify.
- With proper Targeting, Cash Transfer can replace some of the free interventional programs.

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