# Comments on the Operational and Impact Evaluation of the Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC), Kenya

Carolyn Heinrich

University of Wisconsin-Madison

# CT-OVC Impact Evaluation Focus

- Phase 2 of CT-OVC, evaluated 2007-2009
  - Added 4 additional districts to original 3
    - Kisumu, Homa Bay, Migori, Suba, Garissa, Kwale and Nairobi
  - Program refinements and increase in benefit amount to Ksh 1,500 (fixed amount per household)
  - Ongoing expansion in enrolment during evaluation period (to 100,000 households by 2012)
  - Cash transfer with conditions for caregivers and children, but not necessarily conditional
  - Automatic exit after 5 years (time-limited) or before if OVC ages out, failure to comply with conditions, benefits not collected, or household no longer poor

# Evaluation Components

- Targeting and operational effectiveness
- Programme impacts on household consumption, expenditure and poverty, education, health and nutrition, child labour and birth registration
  - Qualitative and quantitative (nonexperimental) methods
- Programme costs
- Impact or incentive effects of imposing conditions with penalties on recipients

# Impact Evaluation Challenges

- Some variability in implementation of cash transfer intervention
  - Case management limited and communication of program rules weak
  - Delayed implementation of conditions with penalties
- Nonrandom attrition of households from baseline to follow-up survey
  - 2759 HH with baseline data, 2255 at follow-up
- Nonrandom differences between treatment and control group households

# Comments on Basic Design

- Impact evaluation is quasi/nonexperimental
  - 4 locations chosen randomly in each of 7 districts for evaluation (*of how many total possible locations*?)
    - Introduces an exogenous source of variation but does not serve to create statistically equivalent treatment and control groups
      - Better to use term “comparison group”
      - “Crude” difference-in-difference impact estimate more appropriately a descriptive statistic of observed differences
    - “Reassuring” comparability of treatment and “control” groups on observable characteristics does not necessarily imply comparability on unobservables
      - Similarly, comparability of crude vs. model-adjusted impacts is reassuring only if unobservables are unimportant

# Calculation of Differences-in-Differences Impact Estimates

- Cross-sectional models and cohort models use different samples and estimation strategies
  - Cohort model calculates differences in differences only for cases with baseline and follow-up data
  - Cross-sectional models compare same age groups but different children over time
    - Results are often different between these two types of models, and within these types, between alternative specifications (as shown in appendix)
    - It's not entirely clear in report—"model" estimates reported with "crude" estimates in main tables are cross-sectional models? (Variability in impact estimates under-stated in main report text?)

# Choice of Nonexperimental Estimator

- Propensity scores are calculated to use in trimming distribution (eliminating treatment and control group members in tails)
  - Result is analytical sample that is 57% of original sample
  - It does not appear that propensity score matching techniques were used—why not?
    - Different algorithms for matching might lead to differences in common support

# Implications of Fixed Benefit Amount

- Fixed CT-OVC benefit amount implies widely varying per capita benefits
  - Analyses computed for households <=6 or >6 members (median HH size) show important differences in impacts (larger for smaller households)
    - Potential to examine treatment measured as dose (per capita or per eligible child in HH) to determine more precisely threshold at which benefits turn positive and better inform program design changes in ongoing expansion

# Programme costs

- Understanding program costs critical to administrative decisions related to expansion and programme improvement
  - Concern in evaluation that administrative costs were relatively high—attempted to distinguish start-up (one-time) programme costs from other administrative costs
- Ideally, evaluation would look at start-up costs (for a new programme), but also distinguish fixed administrative costs from variable (per beneficiary) administrative costs, separately from variable (e.g., cash transfer) programme costs

# Other comments

- Convincing analysis of impact of conditions not possible due to implementation problems
  - Incomplete implementation, lack of understanding on part of beneficiaries imply inconclusive results
- Possible to look at differences between orphans:
  - no bio parents, 1 caregiver (HH head); 1 bio parent/caregiver; no bio parents, 2 caregivers heading household (e.g., grandparents)?
- Important to include sample sizes in all tables
  - Are sample sizes in estimation consistent within main types of modeling (e.g., cross-sectional, cohort) or do missing data vary across analyses of different outcomes?
- Findings from baseline qualitative study should not be described as *impacts*