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World Food Programme

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Impact Evaluation of the Economic Inclusion Programme in Kenya:

Baseline Report for Cohort 2

Kibrom Abay, Hailemariam Ayalew, Daniel Gilligan, Melissa Hidrobo, Sally Kimathi, Katrina Kosec, and Yalew Mekonnen

Introduction



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Graduation and economic inclusion programs complement cash or food transfers with multisectoral investments in asset building, income generation, skill training, and access to financial services and markets to strengthen resilience and opportunity for households who are poor (Andrews et al., 2021). Compared to classic social assistance programs that offer regular cash or food transfers to ensure minimum consumption levels, these programs aim to enable beneficiaries to invest in assets and skills that can make them more productive. Following promising results from initial studies on multiple economic and social outcomes (e.g., Banerjee et al., 2015; Bandiera et al., 2017; Banerjee et al., 2021), these graduation and economic inclusion programs are increasingly being taken up by governments to complement their national social assistance programs. In 2019 the Government of Kenya's (GoK) State Department of Social Protection and Senior Citizen Affairs, Directorate of Social Development, initiated the Kenya Social and Economic Inclusion Programme (KSEIP). The KSEIP is designed to complement and build on the flagship National Safety Net Programme (NSNP) and target those being served by it, moving beyond cash transfers to an integrated Social Protection system to enhance social and economic inclusion services and shock-responsive safety nets for poor and vulnerable households. The KSEIP is expected to contribute towards Kenya's Vision 2030 and the United Nations' Sustainable Development Goals.

As part of the KSEIP, the Kenyan government launched the Economic Inclusion Programme (EIP) and it is currently in its second pilot phase (spanning May–December 2024), with GoK envisioning to scale-up the program in the next stages. The EIP focuses on enabling extreme poor households to participate in social and economic activities by increasing their access to skills, productive inputs, assets, finance, and economic opportunities. To inform the GoK and its partners on the effectiveness of the EIP program, the International Food Policy Research Institute (IFPRI), in partnership with the World Food Program, is conducting an impact evaluation of the second cohort of EIP.

Study Objectives and Research Questions

The objective of the impact evaluation is to generate novel evidence about the effects of the EIP on extreme poor households in Kenya. In particular, we examine the following research questions:

1. What are the impacts of the EIP program on economic outcomes (consumption, income generating activities, financial inclusion, and assets) as well as other welfare (e.g., food security, diets, gender equity) and psychosocial outcomes (e.g., mental health, self-efficacy, aspiration, and trust)?
2. How do the impacts of the EIP program vary by sociodemographic characteristics like gender, age, being a member of a vulnerable or marginalized group, and whether households participate in the NSNP?

Description of Intervention

The EIP program, under Cohort II implementation, is structured to run for eight months (May-December 2024) and includes several key interventions to enhance the livelihoods of vulnerable households not already targeted in Cohort I. The first primary component is **Consumption Support**, which targets both households participating in the NSNP and poor households not included in the NSNP. Non-NSNP households receive a monthly stipend of KES 2,000 for eight months, distributed via the Inua Jamii payment platform and the Consolidated Cash Transfer Program Management Information System (CCTPMIS). NSNP households do not receive this additional support since they already benefit from a regular KES 2,000 monthly transfer under the existing NSNP framework.[1] This financial support is intended to stabilize household consumption.

The second component, **Asset Transfer/Seed Capital**, provides a financial grant to participants to kick-start economic activities tailored to their local context, individual or household needs, and abilities. Each beneficiary will receive a total of KES 30,000, disbursed in two stages: KES 20,000 in October 2024 and KES 10,000 in November 2024 with the latter serving as a progress grant. This intervention is critical for empowering households to establish and sustain income-generating activities, thereby enhancing their economic resilience.

The third core component is **Skills Training and Mentorship**, which is mandatory for all program participants. This intervention is designed to equip participants with the necessary skills to successfully manage and grow their enterprises. Over a three-month period, participants will undergo training in both technical and life skills, covering essential areas such as managing productive assets, savings, and small enterprises. This training is complemented by ongoing mentorship, delivered by mentors who

[1] Due to delays, the first transfer was made on the 30th of September 2024 as a lumpsum of three months (May, June and July), the second transfer will be made in October 2024 covering another two months (August and September) and will continue until December, 2024.

are local residents. Each mentor guides 50 participants within their village or village cluster, and a mentor supervisor oversees 15 mentors. The mentorship continues throughout the program (until December 31, 2024), with mentors expected to visit each participant weekly, ensuring sustained support and guidance.

The final key intervention component is the establishment of **Village Savings and Loans Associations (VSLAs)**. A VSLA typically consists of 10 to 25 program participants who regularly come together to save money and provide loans to one another from their collective savings. Members of the VSLAs are drawn from both individual participants and business group members within the program. The group's operations, including how savings and loan profits are distributed, are governed by a constitution agreed upon by its members. Each mentor is tasked with overseeing up to three VSLAs, which were formed by the support of mentors in July after participant enrollment. This intervention promotes financial inclusion and a culture of saving, and provides mutual financial support among participants.

Methods

Study Population

The target group of the EIP is extremely poor households across five counties: Kisumu, Marsabit, Makueni, Murang'a and Taita Taveta. Within these counties, the GoK and partners selected 10 sub-counties to be included in the EIP program (2 from each county).[2] The selection of counties and sub counties was done in a participatory process with relevant stakeholders based on agreed selection criteria that aimed to ensure representation across various agro-ecological and geographical regions, and taking into account poverty levels and vulnerabilities. This process was conducted through a collaboration between national and county governments. Although the EIP program is delivered in all 10 sub-counties, the impact evaluation is conducted in 4 of the 5 counties (and 8 of the 10 sub-counties). Marsabit is excluded from the impact evaluation due to logistical issues around study design, data collection, and budget constraints.

In each sub-county, the government and implementing partners identified a list of potentially eligible villages (or village clusters) using geographic targeting criteria based on populations and poverty. Within each village or village cluster, the EIP program aimed to reach about 50 eligible households. Villages which are small and hence with a limited number of potential beneficiaries were merged to create a village cluster that includes about 50 eligible households. The GoK and implementing partners identified several criteria reflecting poverty and vulnerability to identify eligible households, using the Enhanced Single Registry (ESR) database. The ESR includes data on household characteristics (such as education level, and occupation), asset endowment (for example, roof type, wall type, whether the household owns cars, tractors, etc.), and livestock. These indicators were used to undertake Proxy Means Tests (PMTs) to determine poverty status. Households deemed eligible according to the ESR database underwent community validation. The community validation process involved conducting community meetings (Barazas) to confirm whether the targeted households were still residing in the intervention areas and whether their economic situation had improved (which would lead them to no longer be eligible for the program). Once the community validation approves and identifies the list of potential beneficiary households, potential beneficiaries go through household-level eligibility and validation process,

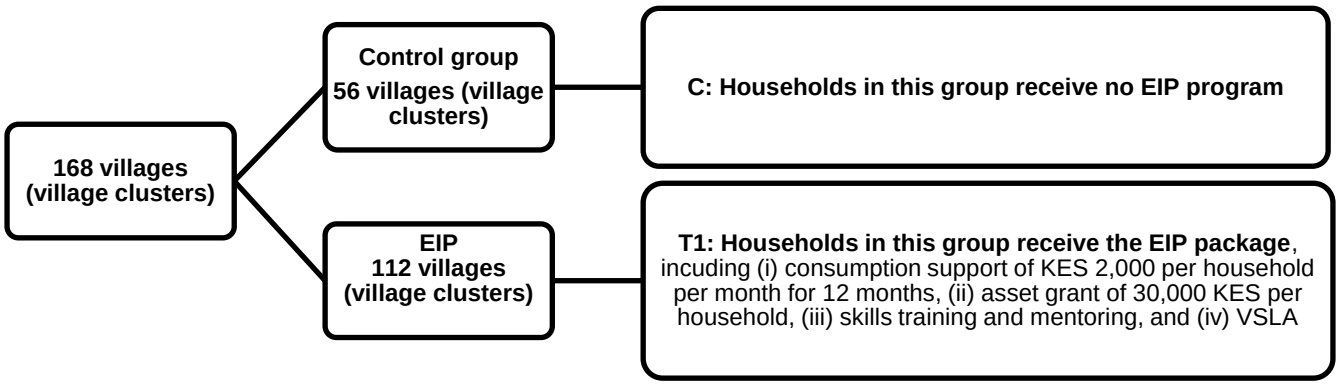
[2] The 10 sub-counties include: Maragwa, Kiharu, Mbooni, Kibwezi, Saku, North Horr, Kisumu West, Nyando, Taveta, and Mwatate.

which involves assessment of participants' preference and ability and potential to conduct a business effectively.

Experimental Design

The study is designed as a cluster Randomized Control Trial (cRCT) whereby villages (or village clusters) are randomly assigned to either a control or treatment group. A cRCT design generates exogenous variation in receipt of the EIP that will allow the study to causally quantify the impact of the EIP on outcomes of interest. Using the process and criteria described above, the Ministry of Labor and Social Protection and partners identified a total of 168 eligible villages or village clusters in the eight sub-counties that form the study villages (or village clusters) for this evaluation. As Figure 1 illustrates, the 168 selected villages (or village clusters) were randomly assigned to two groups: (i) control group (1/3 of villages), and (ii) treatment group (2/3 of villages)[3] that receives the EIP package, including consumption support, asset transfer, skills training and mentoring, and VSLA. The randomization was stratified at sub-county level, so that in each sub-county, the randomization process led to the same 1/3 control – 2/3 treatment ratio.

Figure 1: Random assignment of villages across treatment and control arms



Outcomes of Interest

The study's outcomes of interest are those related to the goals of the program and in particular economic outcomes that include consumption, income, financial inclusion, assets, and enterprise profits. While the first four are indicators obtained from a household survey (described in more detail below), the last one is obtained from a village-level enterprise survey. In addition, we are interested in outcomes that include other measures of welfare (such as food security, dietary diversity, mental health, gender equity, and social cohesion) and potential pathways through which EIP could improve economic outcomes (such as individuals' knowledge and skills, aspirations, and time and risk preferences). Table 1 provides more detail on the list of outcomes by domain.

[3] The GoK wanted to reach larger numbers of villages and households, motivating us to assign 2/3 to treatment.

Table 1: Outcomes of interest

Domain	Measure
Economic outcomes	
Economic (HH level)	Value of monthly household consumption
	Financial inclusion (credit, savings)
	Assets
	Income
Economic (village level)	Enterprise profits
Other welfare outcomes	
Food security and diets	Food security-FIES
	Dietary diversity
Mental health	Anxiety (General anxiety disorder)
	Stress (Perceived stress score)
Psychosocial skills	General self-efficacy
	Locus of control
	Grit
Preferences and aspirations	Aspiration index
	Time and risk preferences
Knowledge	Enterprise knowledge
Social cohesion	Social cohesion
	Trust in local governance
Gender Equity	Women's decision-making
	Gender equitable attitudes
	Intimate partner violence

Sample Size

Although the EIP aims to reach about 50 beneficiaries in each village or village cluster, we do not need to sample all beneficiaries in the study villages (or village clusters). For defining the sample size, we conducted statistical power calculations to determine the needed number of households for the study. We compiled mean and standard deviation for the economic outcomes described above as well as minimum detectable effects (MDEs) for each outcome using data and evidence from previous studies.[4] We computed the number of households needed for detecting an MDE on the economic outcomes, by fixing the total number of villages or village clusters and by imposing the ratio of treatment to control group assignment. Given that we have several economic outcomes, we computed the number of clusters and associated sample size needed for each economic outcome separately. We then selected the

[4] These studies include Egger et al. (2022) and Banerjee et al. (2023), which provide important empirical evidence on the impact of slightly related graduation programs and interventions in Kenya.

sample size needed to detect impacts across most of these outcomes. This statistical power calculation exercise shows that with 168 villages (or village clusters), we need about 20 households per village (or village cluster) to detect meaningful impact on the economic outcomes.

Sampling Process

From the original 168 village clusters, we excluded 4 for the following reasons: one village assigned to the control group was subjected to treatment procedures by the government, hence contaminating it; one was part of the ongoing evaluation for EIP Cohort 1; one was part of another village cluster; and one was not in the sampling activities conducted by GoK.

Within the 164 included village clusters, we aimed to sample 22 eligible households. We aimed to sample 10 percent more than needed according to the power calculations in order to account for attrition across rounds and the fact that not all eligible households will participate in the program. In order to identify the potentially eligible households in both treatment and control villages, we asked mentors to follow similar steps in both the treatment and control villages up to the community validation process. Once community validation occurred, we assembled the list of validated households eligible for the program. However, these lists are still long and include households which would not end up receiving the EIP. To identify those households who will likely end up benefiting from EIP, we sort households based on their PMT score and exclude those ranked above 50 in each village (or village cluster) because we know that the maximum quota for each village (or village cluster) is 50 households. We then randomly selected 22 households in each village (or village cluster).[5]

In addition to household data, we collected enterprise data in each study village. All enterprises in study villages were sampled. Enterprises from the main markets (not part of study villages) were also sampled; in small markets with 40 or less enterprises, enumerators conducted a census of all enterprises. In large markets with more than 40 enterprises, enumerators randomly sampled up to 40.

Data Collection

A Kenyan survey firm (REMIT) conducted the fieldwork in close collaboration with the study team, administering the baseline survey from 18th April, 2024 -31st May, 2024. The treatment group households were administered the baseline survey first due to the need to start the EIP activities as soon as possible. The enterprise survey was administered from 3rd May, 2024 to 29th June, 2024. The endline survey is scheduled to be launched in the first quarter of 2025. The targeted timing for the endline survey is about 2 months following intervention conclusion.

The baseline household survey collected information on the outcomes of interest.[6] In addition, it collected demographic information as well as prior exposure to other programs and shocks. The enterprise survey focused on non-agricultural enterprises as we collected agriculture information from household surveys.

All surveys were administered in local languages using Computer Assisted Personalized Interviews (CAPI) implemented via SurveyCTO. The household survey took approximately 2 hours to complete while the enterprise census survey took approximately 30 minutes each. Ethical clearance was obtained from the Institutional Review Board (IRB) of IFPRI (approval number: PGI-24-0313), the National

[5] In some smaller villages, we did not reach the target of 22 households.

[6] We did not collect baseline information on IPV or enterprise knowledge.

Commission for Science, Innovation and Technology (NACOSTI/P/24/34472) and the IRB of Strathmore University Institutional scientific and Ethical review Committee (approval number SU-ISERC2154/24). Table 2 shows the number of households and enterprises surveyed by subcounty. In total, 3,251 households and 3,518 enterprise owners were surveyed.

Table 2: Number of households and enterprises surveyed in each county and sub-county

County	Sub-county	Households sampled	Enterprises sampled
Kisumu	Kisumu West	541	857
Kisumu	Nyando	323	680
Makueni	Kibwezi	326	192
Makueni	Mbooni	310	376
Murang'a	Kiharu	362	291
Murang'a	Maragua	308	333
Taita Taveta	Mwatate	475	353
Taita Taveta	Taveta	606	436
Total		**3251**	**3518**

Descriptive Statistics and Balance Test

Household Survey

We compare key indicators across our intervention arms to understand how well the randomization process balanced baseline characteristics across groups. If randomization worked well, then households across the treatment and control arms should be on average statistically similar at baseline. For each table we present the means of the study arms and test whether the difference in means is significantly different from zero, adjusting standard errors for the sample design. Table 3 provides households' baseline demographic and socioeconomic characteristics. On average households comprise about five members and this appears to be comparable across control and treatment groups. About half of the households are female-headed and this is also comparable across groups. The age of the household head is identical in both groups, with an average of 54 years. Table 3 also includes variables specific to the potential individual chosen to be the main prospective beneficiary for EIP. These include: age, gender, marital status and educational background of the target EIP beneficiary. Designated EIP beneficiaries are younger than household heads and most (70 percent) are women, which is consistent with the EIP's requirement to attract younger individuals and women. About 8 percent of the sampled households are members of the NSNP. Overall, the results in Table 3 show that the distribution of demographic and socioeconomic characteristics of households is well-balanced across the control and treatment groups, which validates that our randomization worked well. The only imbalances appear to be time living in village and PMT scores. On average, the control group households have been living in their villages about 2 more years than the treatment group households. For PMT scores, the differences between treatment and control are small in magnitude.

Table 3: Household demographic characteristics

Variables	Number of obs.	Mean control group	Mean treatment group	Differences (P-value)
Household size	3251	4.90	5.10	0.17
Gender of household head(1=male)	3251	0.54	0.56	0.46
Age of household head	3251	54	54	0.48
Household head has secondary or above education level	3251	0.66	0.65	0.68
Marital status of household head (1=married)	3251	0.65	0.66	0.54
Age of EIP beneficiary	3133	45	45	0.71
Gender of EIP beneficiary(1=male)	3133	0.30	0.29	0.57
Marital status of EIP beneficiary (1=married)	3251	0.59	0.62	0.17
EIP beneficiary has secondary or above education level	3251	0.72	0.71	0.72
The household head's primary occupation is crop production	3251	0.35	0.39	0.22
Household willing to participate in EIP	3251	0.99	0.99	0.21
Household (members) belong to Indigenous/Marginalized group	3251	0.10	0.10	0.70
Any member of a household has a disability	3251	0.27	0.27	0.84
A household is an NSNP household	3251	0.08	0.08	0.67
Number of years living in this village	3250	34	32	0.06*
PMT Score	3251	8.36	8.29	0.06*

Note: Standard errors, clustered at village level, are given in the appendix. *** p<0.01, ** p<0.05, * p<0.1.

Table 4 compares the distribution of the outcomes of interest across the control and treatment group households. The average value of daily consumption per capita is 169 KES for the control group and 186 KES for the treatment group.[7] Based on current exchange rates, this translates to 1.3-1.4 USD, far below the international poverty line. The median consumption is about 120 KES, which is less than one USD. These average values translate to monthly per capita consumption of 5070 KES-5580 KES, or assuming 5 members per household, 25,350 -27,900 KES household monthly consumption. The consumption support that is part of the EIP is 2,000 KES, which is equivalent to about 8 percent of monthly household consumption in our sample. Table 4 also shows that between 56-66 percent of households have a saving account and about one in 5 households have borrowed money from a formal institution. The household dietary diversity score is about 6, meaning that households ate on average about 6 out of 12 food groups in the last 24 hours.

Table 4: Outcome variables of interest

Primary and secondary outcomes of interest	Number of obs.	Control group	Treatment group	Differences (P-value)
Value of daily consumption per-capita (KES)	3251	168.52	185.95	0.20

[7] We computed consumption values using self-reported median prices of food items.

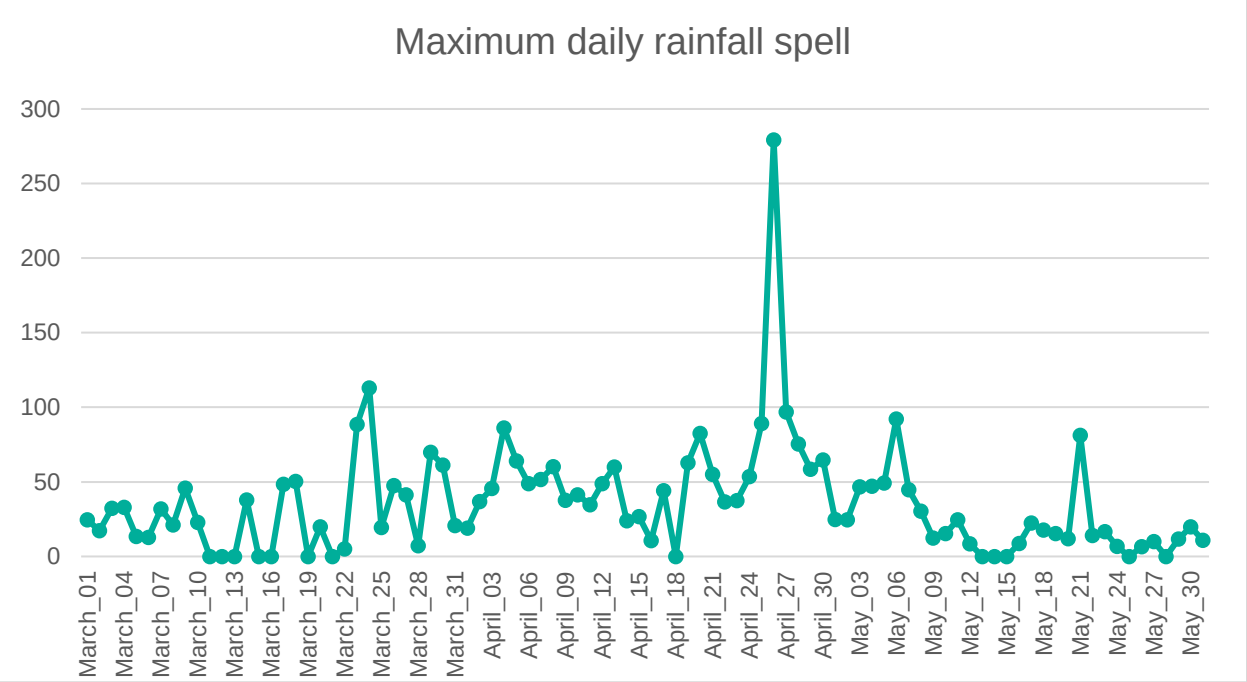
Household has savings account in any financial institutions	3251	0.56	0.66	0.00***
Total amount of saving in any financial institutions (KES)	3251	4446	6851	0.12
Household borrowed from formal institutions	3251	0.18	0.20	0.46
Amount borrowed from financial institutions in the last 12 months (KES)	3251	3933	3920	0.99
Household annual income (KES)	3251	70052	73075	0.75
Total asset value of the household (KES)	3251	47752	57321	0.05**
Level of food insecurity	3251	5.91	5.43	0.02**
Household dietary diversity score	3251	6.27	6.22	0.72
Total anxiety score	3250	6.30	6.07	0.47
Perceived Stress Scale (PSS)	3251	18.02	17.38	0.02**
Aspiration index	3251	0.05	0.04	0.46
Total self-efficacy	3251	31.92	31.98	0.82
Total grit scale	3251	37.63	37.86	0.46
Standardized values of locus of control (PCA)	3251	-0.04	0.02	0.38
Household has information about self-employment activities	3251	0.17	0.19	0.37

Note: Standard errors, clustered at village level, are given in the appendix. *** p<0.01, ** p<0.05, * p<0.1.

While most of the outcomes reported in Table 4 are balanced at baseline, some outcomes are statistically unbalanced across the control and treatment group households. For example, control group households report higher levels of food insecurity and stress than the treatment group. The treatment group households are also more likely to have a saving account in a financial institution and higher value of assets than the control group. Other than random coincidence, there are two contextual explanations that may explain these differences. First, the survey time coincided with a major flood that devastated many parts of Kenya, including some of the study counties and villages. Throughout Kenya, this flood killed 294 people while affecting 101,132 (Kenya Red Cross, 2024). This flood happened in late April and early May, about 1-2 weeks after the start of the data collection. As shown in Figure 2, the maximum daily rainfall in study sites was realized on April 26, 2026. The slight difference in the timing of survey between the treatment and control group means that most households in the treatment group (about two-thirds) were administered the survey before the outbreak of the flood while most control households were administered the survey after the outbreak of the flood. If this explains the difference, then conditional on the variation in exposure to flooding, these two groups should be statistically comparable. To test this, we estimate a regression characterizing treatment assignment as a function of the outcomes listed in Table 4 along with a binary indicator for the survey being conducted after the flood and self-reported exposure to flood. As shown in Table 5, once we control for an indicator variable for post-flood survey, we do not see any statistical differences in the outcomes of interest across the treatment and control households. We also conducted joint significance tests by regressing the treatment dummy on the list of outcomes listed in Table 5 using randomization inference (Imbens and Rubin, 2015; Mckenzie, 2017; Heb, 2017; Kerwin et al., 2024), and as shown by the p-values at the bottom of

Table 5, we cannot reject the null hypothesis that all coefficients associated with these outcomes are jointly zero.[8]

Figure 2: Extreme (maximum) rainfall spells during the survey data collection



[8] We use the randomization inference because recent studies demonstrate that the conventional F-test of joint orthogonality over-rejects the null (Kerwin et al., 2024).

Table 5: Characterizing the distribution of outcome variables, conditional on survey timing

Primary and secondary variables of interest	1	2	3
Consumption expenditure per-capita	0.000	0.000	0.000
	(0.000)	(0.000)	(0.000)
Households have savings accounts in any financial institutions	0.187**	0.095*	0.100*
	(0.072)	(0.054)	(0.055)
Total amount of savings HH have in any financial institutions	0.000	0.000	0.000
	(0.000)	(0.000)	(0.000)
Household borrowed from formal institutions	0.012	0.011	0.014
	(0.027)	(0.022)	(0.022)
HH participates either in credit or saving	-0.089	-0.041	-0.046
	(0.075)	(0.057)	(0.058)
Household annual income	-0.000	-0.000	-0.000
	(0.000)	(0.000)	(0.000)
Total asset value of the household	0.000	0.000	0.000
	(0.000)	(0.000)	(0.000)
Measure of level of food insecurity	-0.013***	-0.003	-0.002
	(0.004)	(0.003)	(0.003)
Household dietary diversity score	-0.018***	-0.009	-0.009
	(0.007)	(0.006)	(0.006)
Total anxiety score	0.001	0.002	0.001
	(0.003)	(0.002)	(0.002)
Perceived Stress Scale (PSS)	-0.005**	-0.002	-0.002
	(0.002)	(0.002)	(0.002)
Household aspiration that would like to achieve in life	-0.018	-0.001	-0.002
	(0.014)	(0.011)	(0.011)
Total self-efficacy	0.001	-0.000	-0.000
	(0.002)	(0.001)	(0.001)
Standardized values of locus control (PCA)	0.000	-0.012	-0.012
	(0.010)	(0.008)	(0.008)
Household have information about self-employment activities	0.024	0.014	0.014
	(0.028)	(0.020)	(0.020)

Primary and secondary variables of interest	1	2	3
Standardized values of Trust (PCA)	-0.035***	-0.015**	-0.015**
	(0.010)	(0.007)	(0.007)
Total grit scale	-0.000	0.001	0.001
	(0.002)	(0.001)	(0.001)
Sub-county	Yes	Yes	Yes
Survey conducted after flood	No	Yes	Yes
Self-reported flood exposure	No	No	Yes
R-squared	0.03	0.43	0.43
Observations	3185	3185	3185
Joint F-test (P-Value) from Randomized inference	0.004	0.36	0.26

Note: Standard errors, clustered at village level, are given in the appendix. *** p<0.01, ** p<0.05, * p<0.1.

Enterprise Survey

In total 3,518 enterprise owners were interviewed at baseline. Given that some owners had more than one enterprise, the total number of enterprises for which data was collected is 3,835. Figure 3 shows the distribution of enterprises across business categories. The most common enterprises are fruits and vegetables stores followed by grocery stores or corner stores.

Figure 3: Enterprises and list of business categories

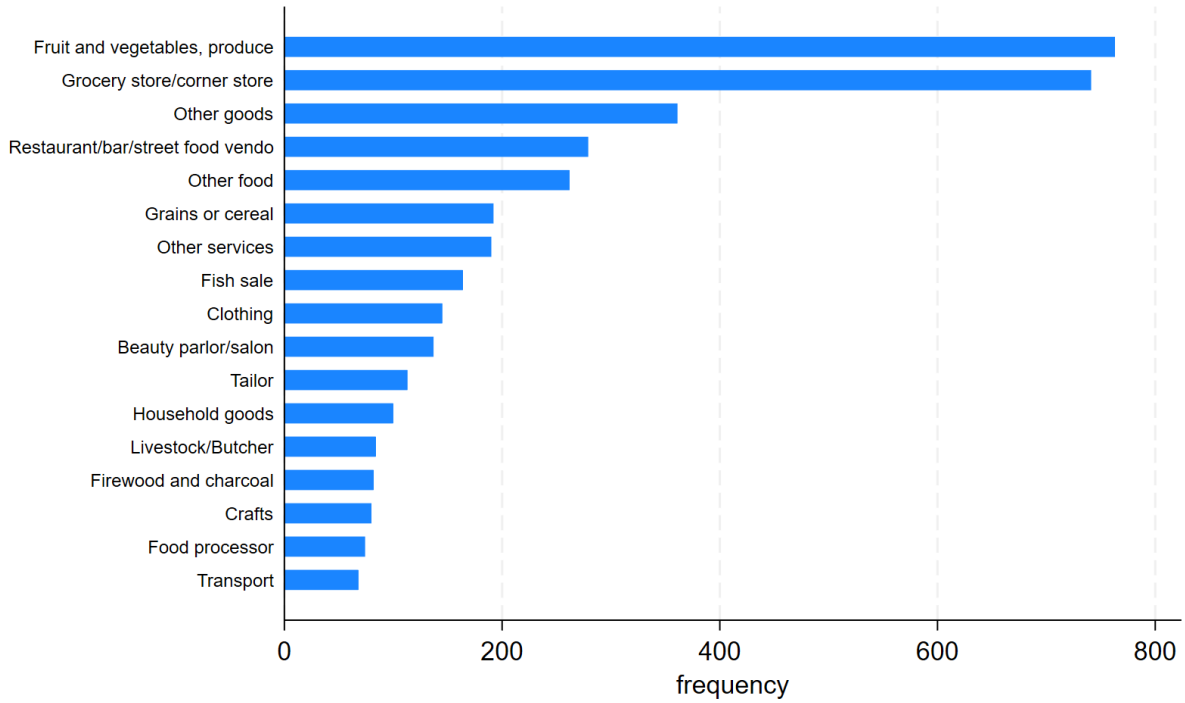


Table 6 provides descriptive statistics on the 3,835 enterprises by their treatment status. Most enterprise owners are female (77 percent), with a mean age of 43 years. Between 37-40 percent of owners have more than 8 years of education. In terms of the enterprises, few have license registration (less than a quarter), although they have been operating for an average of 7.4-8 years. The enterprises have been open for an average of 10.4 months over the last 12 months. In terms of sales, the average value of sales in the last month is between 14,727 -15,789 KSH. However, after all costs are taken into account, the average take-home profit is between 4,745-5,001 KSH. Consistent with the number of months the enterprise is open, the average number of months without a profit is 2 months. In terms of differences across the treatment and control groups, we find only one significant difference at the 5 percent level (on the number of other, similar businesses that are in this village), suggesting that in general, randomization was successful.

Table 6: Baseline characteristics of enterprises

	N	Mean control group	Mean treatment group	Differences (P-value)
Owner is female	3,835	0.77	0.77	0.87
Owner's Age	3,835	43.06	43.20	0.70
Owner has more than 8 years of education	3,835	0.37	0.40	0.51
Years of operation	3,835	8.01	7.38	0.15
Months during the last 12 months did this business operate	3,835	10.39	10.46	0.65
Does business have a license registration	3,835	0.24	0.22	0.97
How many other similar businesses are there in this village	3,834	5.25	7.28	0.04
Hours worked by owner in a typical day	3,835	7.84	8.10	0.22
Total value of sales in last month	3,814	14,726.89	15,789.10	0.36
Total profits in last month	3,812	4,745.45	5,001.18	0.43
Months without profit	3,835	2.06	1.99	0.91

Note: P-values are reported from Wald tests on the equality of means of control and pooled treatment for each variable. Standard errors are clustered at the village level.

Discussion of findings

This report provides an overview of the EIP program, summarizes the impact evaluation design, and describes the main outcome variables in the study as well as many other contextual variables that will contribute to our understanding about the project's impacts. In addition, this report summarizes a series of balancing tests of the difference in means of key outcomes and contextual variables across treatment and control arms to explore the extent to which the randomized assignment to treatment yielded similar treatment and control groups, making the control group an effective counterfactual. The reasonably balanced observable characteristics of households across the treatment and control group offers an important foundation for a successful impact evaluation of the EIP. The endline survey, which is planned for the first quarter of 2025, will enable us to track and compare the progress of households

randomized to receive the EIP program and those not randomized to receive the program before and after the introduction of the EIP.

The data and descriptive evidence described in the last few sections also offer important insights into the context and living conditions of households and business enterprises before the launch of the EIP program. First, households in our sample are generally poor as reflected in their consumption expenditure and the landscape of social protection systems. Second, households face multiple shocks, such as the large flood that occurred during the field work. These weather shocks necessitate exploring the protective role of the EIP program. Third, the program was delivered later than expected which could alter households' behavior or trust in institutions. These are important observations and patterns that will likely affect the impact of the EIP and provide more nuance to our findings.

ABOUT THE AUTHORS

Kibrom Abay (K.Abay@cgiar.org) is a Senior Research Fellow in the Development Strategies and Governance Unit at the International Food Policy Research Institute (IFPRI).

Hailemariam Ayalew (H.Tiruneh@cgiar.org) is a Research Fellow in the Development Strategies and Governance Unit at IFPRI.

Daniel Gilligan (d.gilligan@cgiar.org) is the director of the Poverty, Gender and Inclusion unit at IFPRI.

Melissa Hidrobo (m.hidrobo@cgiar.org) is a Senior Research Fellow in the Poverty, Gender and Inclusion unit at IFPRI.

Sally Kimathi (sally.kimathi@cgiar.org) is a Research Officer at the Development Strategies and Governance Unit at IFPRI.

Katrina Kosec (k.kosec@cgiar.org) is a Senior Research Fellow in the Poverty, Gender and Inclusion unit at IFPRI.

Yalew Mekonnen (yalew.mekonnen@cgiar.org) is a Research Officer at the Development Strategies and Governance Unit at IFPRI.

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1201 Eye Street, NW, Washington, DC 20005 USA | T. +1-202-862-5600 | F. +1-202-862-5606 | Email: ifpri@cgiar.org | www.ifpri.org | www.ifpri.info

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