



ESPII

Synthesis of findings from

Reality Check Approach

2017

Summary

This report is a **synthesis of the findings from the first Reality Check Approach (RCA)** study, conducted mid 2017. As the programme is already underway in all study areas, it represents a snapshot of the situation rather than a true baseline but will be used to compare changes over the next few years. It is complemented by a more detailed account of the perspectives and experiences of old people which provides an understanding on what being old means in the current context as well as insights on gendered aspects of their experience. (see Perspectives and Experiences of Old People in Uganda, 2017).

This qualitative evaluation using the Reality Check Approach (RCA) sits within an Evaluation Framework developed for ESP II. The RCA has been selected as a qualitative method of choice because it is **informal** and **relaxed** and involves RCA researchers **living in the homes of senior citizens and gathering insights on their day to day lives, choices, behaviour and experience through conversations, shared experience and observation**. It is regarded as an especially appropriate approach for senior citizens with limited mobility and voice.

RCA studies always adopt an emic (insider) perspective whereby the **voices of people are privileged** over external opinion and interpretation. This means that **the evaluation criteria which matter to people themselves** become the focus for any evaluation. Both the criteria and the assessment of these criteria emerge from multiple conversations with the beneficiaries, their families and communities in multiple locations through a grounded theory approach.

The RCA is designed to look at both the **formative** and **summative** aspects of the programme from the perspectives of the beneficiaries, their families and communities. Following this initial study, further RCA studies will be carried out annually throughout implementation of the current phase of the programme (2016-2020).

The RCA research team members met **165 Senior Citizen Grant (SCG) beneficiaries** and actually lived with **26 of them** for five days and four nights across eight rural districts in Northern, Eastern and Central Uganda where SCG is currently delivered. They interacted with a further **139 SCG beneficiaries** who were neighbours or lived in the same community. In addition, they had conversations with a further **1085 people** in the communities.

Old people described **three categories of elderly**; (i) the **'active'** who are still able to work and can move around easily; (ii) the **'frail'** who are too weak to work and (iii) the **'sickly'** who are completely dependent on others for care. They also made distinctions based on whether they were cared for or provided care for others, lived alone or lived with support from others. They told us this categorisation was important in assessing the efficiency and effectiveness of the SCG because the different categories had different needs and experiences.

During conversations with elderly people, we examined what was key for them to live **a dignified and healthy life** (a key goal of the ESP II). All three categories noted **good healthcare, freedom from pain, enough varied food, adequate housing and being debt-free**. The 'frail' and 'sickly' noted **'not being lonely'** as important and both the 'frail' and 'active' noted the importance of being **independent**. 'Active' elderly also see this in terms of being able to actively contribute to others' futures, something the 'frail' also aspire to if they can. However, the 'sickly' sought spiritual and emotional support, not to feel a burden and to receive kindness.

Nineteen **impact indicators** emerged from conversations as being significant for old people and on which they would judge the success of the ESP programme. **Overall satisfaction with the programme was moderate to good**. The indicators most often felt to have been **met** were that (i) they can contribute to **children's /grandchildren's education and well-being**, (ii) they were able to **buy occasional 'treats'** (favourite food, items of clothing etc) and (iii) they **feel less marginalised, less forgotten, less disrespected and have more voice**. The high scores for this latter indicator (iii) highlight the importance of the grant in helping to restoring dignity and respect

where, old people shared, these have been eroding in recent years. In environments where old people told us they feel the younger generation is increasingly disrespectful and even rude to their elders the grant indicates that they are not forgotten and that they matter. Very importantly people shared that having the SCG made them **feel less of a burden to others** as they could contribute to expenses of their care and could employ others to work on their farms. They also rated the fact that the grant helped them to **smooth their cashflow** (accessing credit/advances on the strength of the SCG; being able to pay instalments; being able to make savings) although those who were 'sickly' or 'frail' were less likely to mention this.

Partially met impact indicators included that the cash helped the elderly to **meet social obligations** thereby preserving dignity but also with a view to being able to benefit themselves (reciprocity) and a **'life with less pain'** as a result of being able to buy (full courses of) medicine and/or being able to pay for transport to health services. 'Active' old people indicated a satisfaction with being able to invest in **income generating activities** (both long term/short term) but this is not something the 'frail' or 'sickly' envisage. Similarly, there is a difference across categories in relation to the cash helping them to **remain independent** and delaying moving in with others with 'active' old people indicating that the grant helps them to do this. Old people also feel that it can help **maintain access to church/mosque for emotional and spiritual support**. Many shared that they were able to **buy sugar occasionally**. Being able to purchase sugar (5000 UGX/kg) is important to many older people as it means they can take tea (and offer it to visitors) and add it to porridge. It is more likely that they will spend some of the SCG on sugar than on meat, milk or eggs.

Unmet impact indicators mean old people continuing to **ignore/suppress/delay their health needs due to lack of cash**. There seem to be two main reasons for a reluctance to spend on medical treatment (i) even if the SCG comes in bulk amounts (accumulated over several months) it is still not enough to cover major health costs and (ii) old people shared that this expenditure was **'wasteful'** and instead prioritised the wellbeing of younger generations (often this notion of wastefulness was endorsed by their families, who while wanting to make their elderly relatives comfortable in old age did not support the huge investment in their medical care). The grant has, more often than not, not been enough to provide for **weatherproof houses** (block walls, good condition, non-leaking roof). In 100 Club areas this has been because beneficiaries are older and more likely to put the money into their healthcare. But where it has been used for housing improvements (Kumam Rural universal), old people shared that their offspring likes to see them in better homes, especially with roofs which do not leak and that they felt good about being able to pay for this themselves rather than waiting on their children to do it for them. Old people also shared that the grant **had not stopped them feeling stressed and worried** about finances especially related to funeral costs, concern for the wellbeing of those left behind and being able to provide for future generations. Nor had it stopped them **feeling hungry**. As older people become less able to cultivate for themselves they shared they have a greater need to buy food. Significant numbers in all categories of old people ('sickly', 'frail' and 'active') shared that they feel hungry whether they were in chronic food insecure locations (Karamoja) or not. This may be a result of the prolonged dry season this year. Conversations suggested that older people often voluntarily reduce their food intake in favour of others who are engaged in manual work or children. A recurring theme throughout the study is older people **foregoing their own needs** for younger people.

Seventeen **process indicators** (describing the implementation of the programme) were identified as significant for SCG beneficiaries. Those indicators scoring well included (i) **knowledge of the grant** and what is it supposed to do and (ii) old people feeling they could make **their own choices about spending the SCG** and not feeling they have to give in to the demands of others.

However, the programme does badly in terms of (i) **predictability and regularity of payments**, (ii) **costs associated with collecting the grant** (e.g. transport, loss of earning time for themselves or others, (iii) **lack of clarity over what happens to payments after the death of the beneficiary** (how replacements are added and how waiting lists work in 100 Club areas, (iv) an **unsatisfactory system to designate alternative recipients** to collect the SCG and (v) **dissatisfaction with complaints handling**. Problems also are noted with (vi) **the bad behaviour of service providers and security personnel**, (vii) **time taken, inconvenience and security issues around collecting the SCG**, (viii) **understanding of the process, documentation and money due by the elderly themselves** and (ix) **lack of perceived fairness and transparency in the registration process**.

Also of concern but less so are (x) **people remain unaware of the criteria for entitlement for SCG**, especially in 100 Club areas (xi) those who know the criteria feel they are **not fair**, (xii) people do not know exactly **when SCG will be disbursed or the frequency of payments** and (xiii) **payments are not on time at critical, but predictable periods** such as when there is food shortage or when school fees need to be paid.

In terms of improving effectiveness clear priorities lie in (i) mobilisation and data cleaning so that some old people who currently miss out on the SCG are included, (ii) implementing a more regular and reliable payment schedule, (iii) providing more easily understood documentation by functionally illiterate old people, (iv) improving behaviour and communication at point of service, (v) testing of possibilities to provide choice to old people on frequency and size of payments, (vi) improving accessibility (reduced transaction costs, opportunity costs, reduced inconvenience and discomfort when receiving the payments) and (vii) improving complaints mechanisms.

Among the wider community, those in universal areas knew more about the programme than in 100 Club areas probably because of the newness of the latter and the small numbers benefitting in any community. While people know that the grants are for the elderly, the range of needs and range of contexts for the elderly mean that people are not so clear about whether it is intended for basic needs, healthcare or income generation. Mostly people we chatted to **supported the idea of Government grants for elderly**, seeing this as a respectful and significant help. Young people (teens and twenties) sometimes indicated they thought it was wasteful to give cash to old people. Others were vocal about old people simply using the money to buy alcohol and they had no responsibilities and *'so no real need'* for the money and still others felt that this money would be better given to those with HIV/AIDs, many of whom struggle as single parents or specifically targeted to grandparents caring for orphaned grandchildren.

Beyond efficiency and effectiveness the report reviews other **OECD indicators** and finds that in terms of **relevance** the RCA underscores the importance of distinguishing the differing context and differing needs of elderly people. Those in Karamoja face very different circumstances than elsewhere and the grant is seen as a **safety net** in the face of extreme food insecurity. Elsewhere for 'active' old people the grant is in **addition to their income earning activities and can be invested**. The 'frail' and 'sickly' say that the grant gives them a **sense that they can contribute and feel less of a burden to others**. The grant is small but enough to provide sugar, salt, soap and paraffin for about half the month or it can be used to pay for day labour to cultivate their farms when they no longer can manage this. But the small size does not make a dent on large health costs and old people choose to forego treatment in favour of spending the money on basics and/or contributing to the schooling costs of their grandchildren.

The RCA indicates that on the whole **old people like cash transfers** and, given their very diverse circumstances, the opportunity this provides to **decide themselves how the money will be spent**. The 'frail' and 'sickly' shared that on the whole they could not manage asset transfers such as

livestock or means of production. Other asset transfer programmes such as provision of roofing, house building materials would not be universally needed. We did not specifically chat about other support such as mobility aids (wheel chairs, crutches), spectacles, hearing aids or comfortable bedding/seating but, again distribution of such support is needs specific and likely to be administratively difficult. Having cash, however, contributes greatly to their **self-esteem as they feel they are less of a burden to their families**, can buy what they want for themselves and secure some sort of sense of independence and dignity from this. Health insurance for old age would also be valued but the widespread commitment of the elderly to the welfare of future generations means that they prefer to be able to lessen the burden on their families as well as actively contribute to education costs with the SCG money. If old age poverty is correlated to denial of a *dignified and healthy life*, then the cash grants contribute well to reducing indignity and to some extent contribute to a '*life with less (albeit not without) pain*'.

Importantly, the outcome of contributing to *dignified and healthy lives* is viewed by the elderly as more important than economic benefits alone. Their altruism contributes significantly to their sense of wellbeing, preserves a sense of independence and dignity derived from feeling like a net contributor to family finances rather than a burden.

1. Introduction

This report is a synthesis of the findings from the first Reality Check Approach (RCA) study, conducted mid 2017. It cannot strictly be regarded as a baseline as the senior citizen grants programme is active in all of the study areas (in Universal grant areas for as much as three years) but rather as a snapshot of current perceptions and experience of the programme. As such, it will be used as the basis to compare changes and improvements over the life of the second phase of the Expanding Social Protection Programme (ESP II).

A more detailed and wider account of the perspectives and experiences of old people accompanies this synthesis and provides more context on the current lived experience and lives of the elderly, as well as insights on gendered aspects of their experience¹. This is also where more detail of the RCA methodology and its limitations can be found (see Perspectives and Experiences of Old People in Uganda, 2017).

The Senior Citizen Grants programme has been implemented in response to the mandate outlined in the Uganda Vision 2040 to provide universal pension for older persons as part of the Government of Uganda's social protection system. The National Development Plan 2015/16–2019/20 highlights social protection as a key strategy for transforming Uganda to a modern and prosperous middle-income country. It recognizes that social protection contributes to human capital development by promoting inclusive growth. The 2015 National Social Protection Policy emphasises a need to strengthen the national social protection system and delivery of social protection services. It within these frameworks that the second phase of the ESP (ESP II) provides Senior Citizen Grants.

The goal of the first (pilot)phase of ESP (ESP I) was to reduce chronic poverty and improve life chances for poor men, women and children in Uganda through policy support and provision of cash transfers to people over the age of 65 years² (Senior Citizen Grant (SCG)) and to vulnerable (defined as labour-constrained) families (Vulnerable Family Grant (VFG)). These two programmes were collectively referred to as Social Assistance Grants for Empowerment (SAGE). Grants were set at UGX 25,000 per month³ and provided using MTN Mobile Money services in 15 pilot districts.

Evaluation of ESP I indicated that;

the SAGE pilot has provided ample evidence that well designed cash transfers can support Uganda's social protection and poverty reduction priorities. For example, increased expenditure on items such as food and clothes were reported to have positively affected elderly beneficiaries' self-esteem by reducing their dependence on others and their need to 'beg', enhancing their status and dignity, improving their capacity to fulfil basic needs, and increasing their ability to share and thus access reciprocal support networks.

source: **Expanding Social Protection (ESP) Programme: Draft Phase II Project Document, July 2015 – June 2020, 17 May 2016**

In 2016, the ESP programme was extended for a second phase (ESP II) to consolidate the achievements noted above and support the transition from a pilot programme largely funded by development partners to a nationally-owned social protection system financed by the Government of Uganda. As the VFG pilot, provided to more than 13,000 beneficiary households, proved less successful than the SCG during ESP I it was phased out in 2015. ESP II therefore focuses

¹ This synthesis report comments less on gender than we would have liked, partly because the self categorisation of old age trumped gender issues in many cases, but more importantly because old people experiences varied so widely , we felt it was inappropriate to draw conclusions. However, further issues for research are flagged and will be reviewed in more detail in future RCAs.

² Over 60 years in Karamoja

³ Increased from UGX 23,000 originally established in 2011

on the roll out of the SCG to an additional 40 districts, while maintaining SCG services in the existing 15 pilot areas. The roll out strategy addresses short-term affordability concerns and ensures political and social acceptability through changes to the eligibility criteria. In roll out areas, only the oldest 100 eligible senior citizens in each sub-county are enrolled initially with the intention to increase coverage after 2021 to achieve full universal and national coverage.

Other key changes under ESP II include;

- Transferring responsibility for procurement and management of the payment service provider to the Government of Uganda.
- Strengthening staff capacity at national, regional and district levels to effectively implement the SCG programme.
- Adapting and strengthening operational procedures, training and monitoring and evaluation systems to accommodate the national coverage of programme.
- Strengthening of referral and support services for beneficiaries with complementary services, including but not limited to social care services.

The goal of ESP II is to contribute to inclusive development by reducing poverty and socio-economic inequalities, which in turn will help build a society where individuals are secure and resilient to socio-economic risks and shocks.

It has pledged to deliver the following outputs by June 2020:

- **Output 1:** Government of Uganda capacity strengthened to lead, coordinate and implement inclusive social protection policy
- **Output 2:** Greater public understanding of an accountable social protection system
- **Output 3:** 226,085 senior citizens receive regular, predictable direct income support

2. Purpose of this evaluation

This qualitative evaluation using the Reality Check Approach (RCA) sits within an Evaluation Framework developed for ESPII. This framework draws on the findings and recommendations from an evaluability assessment conducted in 2016 based on a desk review of programme documents; consultations with key stakeholders including programme staff, government ministries and agencies, development partners and selected NGOs; and a field visit to a Regional Technical Support Unit. It seeks to achieve an appropriate balance between three purposes;

- (i) evaluation processes should generate **credible evidence on the impacts** of SCGs, to help justify expenditures and inform policy dialogue.
- (ii) provision of timely feedback to programme management so that **programming can be adjusted if needed**
- (iii) assessment of the **political and institutional readiness** of the Government of Uganda to take over the full management of the social transfers systems and to inform donors' decision making on potential support after 2020.

Significant investment was made in research and evaluation of the pilot ESP I in order to inform the future programme. This involved a quasi-experimental impact evaluation of the cash transfer schemes using control and treatment households in a three year long panel survey in eight districts as well as an assessment of operational effectiveness and beneficiary satisfaction, and surveys on the public's understanding of poverty and social protection. With the recognition that there was no further need to invest to this level in assessing the impact of the programme but rather a need to understand the process of roll out and the capacitation efforts, a different form of evaluation was proposed.

The evaluation comprises a **mix of quantitative and qualitative methods** and **maximises the use of secondary data** (programme monitoring data and national household surveys).

The main **quantitative** evaluation methods include;

- (i) *Follow-up panel survey with SCG recipients:* (up to 990 households in pilot households⁴ from ESP1)
- (ii) *Quasi-experimental analysis of national household surveys:* (construction of a statistical comparison group for pilot areas using data from the 2016/17 Uganda National Household Survey (UNHS) and other national household surveys),
- (iii) *Pay point exit surveys:* (interviews to assess effectiveness of payment services, beneficiary satisfaction and use of their cash transfers)
- (iv) *Budget monitoring* (tracking of resource allocation by Ministry of Finance to the SCG and the social protection sector)
- (v) *Survey polls on knowledge and attitudes:* general public surveys to monitor knowledge, attitudes and perceptions of social protection issues.

The **qualitative** evaluation methods include;

- (i) **Reality Check Approach (RCA):** (immersion-based informal interactions with beneficiaries, their families and communities to gather insights into lived experience of the SCGs)
- (ii) *Media tracking:* (tracking media coverage of social protection issues and the Senior Citizens Grant changes over time),
- (iii) *Key informant interviews:* (interviews with key stakeholders (programme staff, civil servants, policy makers),
- (iv) *Bellwether methodology:* (determination of where a policy issue is positioned on the policy agenda and providing an indication of political will)
- (v) *Policymaker ratings:* (gauging political support among policy makers for the national roll-out of the SCG).

The RCA has been selected as a qualitative method of choice because it is **informal** and **relaxed** and involves RCA researchers living in the homes of senior citizens and gathering insights on their day to day lives, choices, behaviour and experience through conversations, shared experience and observation. It is regarded as an especially appropriate approach for senior citizens with limited mobility and voice⁵.

The RCA is designed to supplement the findings of the panel survey in pilot areas (conducted through one additional round in 2017) by providing **more depth and breadth** to the findings and continuing to inform the programme as it moves towards universalisation in roll out areas. After 2017, the RCA will become the key primary data source for the pilot areas as the panel survey will not continue. The RCA is also the key primary data source for understanding the perspectives and experiences of the SCG beneficiaries in roll out areas apart from the annual rounds of pay point exit interviews, which by virtue of the short interview times and limitations in scope (e.g. only capturing the views of those able to collect the grants themselves) and the well documented intrinsic bias of point of service interviews may, the programme acknowledges, only provide broad brush assessments.

RCA studies always adopt an emic (insider) perspective whereby the **voices of people are privileged** over external opinion and interpretation. This means that **the evaluation criteria which matter to people themselves** become the focus for any evaluation. Both the criteria and the assessment of these criteria emerge from multiple conversations with the beneficiaries, their

⁴ The comparison group (counterfactual) will not be included due to validity concerns, but will be replaced by the alternative described in (ii) .

⁵ Especially in 100 Club areas

families and communities in multiple locations through a grounded theory approach.

The RCA is designed to look at both the **formative** and **summative** aspects of the programme from the perspectives of the beneficiaries, their families and communities. It will be carried out at fixed points⁶ throughout implementation of the current phase of the programme (2016-2020)

Summative aspect

Summative evaluation is intended to evaluate the impact of the programme on the target group (and indirect beneficiaries) and is consequently **outcome focused**. The summative component of this evaluation aims to assess the impact of the SCG on SCG beneficiaries, their families and wider communities primarily using **indicators identified by the beneficiaries themselves as significant for them**. It will track progress against these indicators over time and provide an assessment of these achievements at the end of the current period of programme implementation (2016-2020) which will help to inform the subsequent expansion phases.

Formative aspect

Formative evaluation is intended to help programme policy makers and implementors **improve the design and performance** of the programme while it is ongoing. It is intended that the RCA provide helpful insights into **process** -understanding if the processes and approaches of cash transfer/service delivery meet the needs of senior citizens and their families, highlighting the improvements that could be made to the operations guidelines to improve the access and usefulness of the grants, and review the effectiveness from users' perspectives of innovations and iterations quickly and effectively so that timely and appropriate adjustments can be made.

In the context of this evaluation, the formative aspect has three key functions

- **Monitoring:** tracking the efficiency and effectiveness of the programme activities.
- **Learning:** enabling those involved in the programme to make adaptations and improvements which enhance the programme outcomes and are more responsive to people's needs and the changing contexts in which the programme is being rolled out.
- **Flagging up;** identifying unintended consequences, areas requiring further research, including positive deviance, issues of special concern.

While the SCG programme itself is a relatively simple programme involving direct cash transfer to older persons, the range of old people, range of needs, their situation and the context in which they live are complex and have profound effects on their experience of the SCGs.

3. Evaluation questions:

Evaluation questions have been derived from a number of sources; (i) the OECD/DAC evaluation criteria, (ii) intended programme outputs, (iii) intended programme impacts.

(i)OECD/DAC evaluation criteria

The Evaluation Framework recommends a particular focus on the OECD/DAC evaluation criteria based on the evaluability assessment of ESP II and envisaged that as the evaluation process unfolds, these core evaluation questions may be refined and sub-questions will need to be developed through a consultative approach.

The following table taken from the original concept note shows how RCA can provide an **emic**

⁶ Annual studies are proposed in the Evaluation Framework in order to provide timely insights for the formative evaluation

perspective on these OECD/DAC criteria which will be essential in assuring that the programme remains valued by people themselves.

Table 1: Evaluation questions derived from OECD/DAC criteria (source: Concept Note)

OECD/DAC criteria	Research question proposed (see ESP II evaluation framework)	Emic perspectives to be explored by the RCA
Appropriateness (relevance)	To what extent was the design of ESP II suitable in meeting the capacity building needs of the MGLSD and other core stakeholders	This position on 'relevance' does not consider the need to continue to gather insights into the continuing relevance of the programme to people themselves (particularly senior citizens). As the programme expands and evolves does it really meet the needs (changing needs) of senior citizens? Within their day to day contexts, is this programme relevant? To what extent is cash transfer the best mechanism to address old age poverty? What is the public perception of the programme?
Effectiveness	To what degree were the ESP II programme and its strategies implemented as planned? If they weren't, why not? What is the quality of the operational systems in place- including management information and payment systems – to ensure timely delivery of cash transfers at minimal fiduciary risk?	Senior citizens view of the quality of service provision are key to understanding uptake and what works and why. The RCA can gather their views and experience of the mechanisms, staff attitudes and behaviour, timeliness and adequacy of payments
Efficiency	How well is the PMU coordinating and supporting the implementation of the National Social protection Policy and the PPI?	ESP is developing a number of models to improve the systems for transferring funds to senior citizens. It is important to understand the user perspective in terms of efficiency of the systems. Their feedback is key to improving and adjusting the efficiency of the system.
Impact	What are the impacts of the Senior Citizen Grants on beneficiaries and their households? And what is known about the heterogeneity of impacts (by sex, disability status etc) What is the impact of the Senior Citizen Grant on local economies and communities (in those communities where SCG was provided on a universal basis)?	The quality and value of the programme ultimately rests with how senior citizens access, use and value the cash transfers. Their insights based on what change(s) the transfers have made to their lives (both intended and unintended, positive and negative, direct and indirect) are key to understanding the effectiveness of the programme. RCA is particularly suited to gathering multiple perspectives and can be used purposively to explore the heterogeneity of impacts. RCA can explore the views and experiences of recipients and their families on universal versus means-tested transfers. As RCA takes a context –specific lens and embraces complexity and systems thinking, it is especially good at exploring the changes (intended and unintended beyond direct beneficiary level). Furthermore the changing local context over the 4 years of the programme needs to be understood and factored into understanding and

		interpreting impact
Sustainability	<p>To what degree did ESP II build support for a national social protection system among government, parliament and the general public?</p> <p>To what degree are effective institutional structures in place for the oversight, coordination and delivery of the national social protection system</p> <p>To what extent has the government of Uganda put in place sustainable financing for the Senior Citizens grant</p>	<p>RCA research takes place within communities and can usefully provide insights into the attitudes and perceptions of the general public on the cash transfer system.</p> <p>The emic perspective of sustainability needs also to be considered- to what extent do senior citizens and their families see value in the continuation of the scheme, what aspirations and suggestions do they have to ensure its sustainability.</p> <p>If revenue is to be raised by taxes, the RCA can extend the gathering of insights among the general population to understanding their perspectives on the efficacious use of tax revenue.</p>

(ii) programme outputs

In addition to the OECD/DAC criteria, the evaluation is intended to address achievement of the programme outputs. Table 2 lists these (taken from project documents) and explains the insights which the RCA study intends to gather.

Table 2: Evaluation questions around the programme outputs

Outputs	comments	Emic perspectives to be explored by the RCA
Output 1: National capacity of MoGLSD strengthened to lead, coordinate and implement social protection policy	This component of ESP largely relates to building the Government of Uganda's capacity. It is assumed that as a result the systems in place to deliver social protection for the elderly will be efficient and effective, fair and responsive to people's needs. The intentions specified in the programme document suggest that it will also include innovations to strengthen management information systems (including enhanced registration services)	To what extent do beneficiaries, their families and the general public feel that the delivery of SCGs are transparent, efficient, fair and effective?
Output 2: Greater public understanding of an accountable social protection system	ESPII works with civil society partners to advance its communication and advocacy, which in turn is informed by its own and global experience. It also assumes that state provided social protection systems will be open to public scrutiny and accountability. It also intends to improve its grievance management systems	<p>To what extent do beneficiaries and their families as well as the general public understand the entitlements to SCGs and support this programme as an effective means of social protection?</p> <p>To what extent is service provision responsive to the needs and demands of users?</p>
Output 3: 226,085 senior citizens receive regular, predictable direct income support		To what extent are cash payments regular and predictable?

(iii) programme impact indicators

The impact indicators provided by the programme also generate evaluation questions as Table 3 provides

Table 3: Evaluation question derived from Programme impact indicators

Impact indicators	ESP means of verification	RCA unpacking	RCA report on change
Reduction in proportion of persons living on less than a dollar per day (gender disaggregated)	Panel survey in pilot areas. RCA roll out areas	What does living on \$1 (UGX 3,600) per day mean for a senior citizen? Significance of the SCG in meeting daily needs. Do senior citizens have control over their own money?	minimum cost to feel OK (by people's disaggregated categories)
Percentage of surveyed beneficiaries reporting increased consumption expenditure and food consumption (gender disaggregated)	Panel survey in pilot areas. RCA roll out areas	This is a proxy for measuring income (=consumption and savings). What does consumption (generally) and food consumption mean for a senior citizen? Where do they use/invest their money? (savings) Insights into what food senior citizens generally take, can afford and what they aspire to take to feel better. Analysis of food groups in diet.	diversity of expenditures expenditure on (i) food, (ii) medicine (iii) asset accumulation (iv) savings (v) improved living condition (vi) others/future
Average change in district-level indicators attributable to the SCG, by type and gender disaggregated (meals per day, anthropometric measurements, school attendance, wages, employment)	<i>Quasi-experimental analysis of national household surveys:</i> Using data from the 2016/17 UNHS and other national household surveys, this method will construct a statistical comparison group using a propensity score matching difference-in-difference methodology to examine district-level impacts of the SCG	What district-level indicators are relevant and important for senior citizens as beneficiaries of SCG? Which ones do senior citizens feel contribute to their wellbeing and dignity ? (to provide information on which ones to focus on in the UNHS analysis) e.g. number of meals per day may not an appropriate indicator	RCA team to work with those involved with this analysis to identify indicators which people themselves regard as significant.

All of these questions are designed to understand the process and impacts of delivery of the SCGs.

Contribution of the RCA to overall process evaluation (formative) and impact evaluation (summative)

Scriven (1994)⁷ coined the phrase 'black box' evaluation which focuses on outcomes with little, explanation or understanding of how these outcomes might have been produced. This '*over-simplified model of assessment provides little information about the effectiveness of complex interventions within uncontrolled, context-rich settings and may be insufficient to inform future implementation efforts*'. Pawson and Tilley (1997) developed the first realist evaluation approach, although other interpretations have been developed since. Pawson and Tilley argued that in order to be useful for decision makers, evaluations need to identify '*what works in which circumstances*

⁷ Scriven M. The fine line between evaluation and explanation. American Journal of Evaluation.1994;15:75–77

and for whom?, rather than merely *'does it work?'* The RCA studies intend to unpack the 'black box' and address the questions raised in realist evaluation by trying to understand people's own perceptions and experiences of the SCG within different contexts.

The RCA study was not designed to provide generalizable data for the entire SCG population and comparison non-beneficiaries but does nevertheless add value to the overall evaluation, as intended in the ESPII Concept Note on Evaluation, by providing **in depth insights into change that matters to people**.

4. Findings

4.1. Setting the analytical framework

People's own categorization of old age

The RCA methodology did not predetermine categories of elderly but researchers recognised there would be a need to disaggregate elderly people because of their different contexts, needs, capabilities and aspirations. It very soon became clear that old people themselves had ways of doing this and explained needs along clear and universal lines. They distinguished three categories (i) active, (ii) frail and (iii) sickly. The following table combines their definitions of each of these;

Table 4: Peoples own categorisation of old age;

active	frail	Sickly
Old people who are still able to work, tending their own gardens and sometimes taking on waged work or actively engaged in trading; generally finding it easy to move around	Old people who feel too weak to work and mostly spend their days sitting around the compound	Sometimes completely bed-ridden and not able to move around without the help of others and were very much dependent on family members to feed, clean and care for them

A further sub-categorisation related to their responsibilities and included whether they were

- (iv) caring for others,
- (vi) being supported by others,
- (vii) cared for by others
- (viii) on their own

While these are very important sub-categories, the small numbers included in this study (165 old people) did not lend itself to further analysis, although the more detailed report which accompanies this synthesis sheds light on these key differences.

People's own indicators

The ESP II logframe states that ESP II will contribute to '*Poverty reduced and life chances improved for poor women, men and children in Uganda*', which in turn contributes to the NSPC goal '*Reduce poverty and socio-economic inequalities for inclusive development by 2020*' stated in the Theory of Change. Other documentation talks about the importance of the SCG specifically providing the means to a **dignified life for old people**. In very deprived areas or ones experiencing catastrophic events such as severe drought, the grant serves as a **social safety net** and needs to be assessed as such

During conversations with elderly people, we examined what was key for them to live **a dignified and healthy life** (a key goal of the ESP II). Table 5 summarises the key findings and shows that the definition is nuanced for different categories of old age.

Table 5 People's parameters essential for *dignified and healthy life*

sickly	frail	active
Good healthcare (enough money to access minimum requirement of healthcare)		
Free of pain and suffering		
Enough and varied food		
Adequate housing		
Debt –free and able to meet emergencies		
Thoughtful caring (not feeling a burden to others, receiving kindness)	Being independent	

Not lonely		Active participation in communal life
Spiritual, emotional comfort	Included in family life Being able to contribute to the family where possible	Actively contributing to others' future

Reviewing the RCA findings also led to identifying the most significant elements of the programme from the perspectives of the old people themselves. The frequency and significance of statements made during conversations, enabled the team to aggregate these into 'people's indicators' as follows;

Anticipated (and experienced) benefit/impact of SCG as noted by people themselves

- Not feeling hungry
- To be able to buy sugar occasionally
- To be able to buy eggs, milk, fish or meat occasionally
- Buy medicines/pay for transport to health centres (feeling better, life without pain, completing courses of treatment)
- Not ignore/suppress/delay their health needs due to lack of cash
- Have a weatherproof house (block walls, good condition, non-leaking roof)
- Feeling of well-being (less feeling marginalised, forgotten, disrespected, more voice)
- Social safety net (being able to buy food) in climate affected or specially deprived areas
- Not being a burden –contributing to household finances, own health costs, own food etc
- Maintaining independence for as long as possible, delaying moving in with others
- Beneficiaries making own choices about spending the SCG
- Being a net contributor to children/grandchildren's education/children's wellbeing
- Investing in income generating activities (long term/short term).
- Maintaining social obligations (dignity) with a view to being able to benefit (reciprocity)
- Income smoothing (being able to get credit/advances on strength of the SCG regularity, financial planning e.g. paying in instalments, savings)
- To be able to feel less stressed, less worried (funeral costs covered, knowledge those leaving behind will be cared for, sufficient investment for their future, inheritance)
- To be able to buy occasional 'treat' (favourite food, item of clothing etc)
- Maintaining access to church/mosque for emotional and spiritual support
- General public understands and supports the SCG (old people do not feel they have to justify their benefits)

Formative/process indicators as defined by people themselves

- Know criteria for entitlement for SCG
- Know intention and source of SCG
- Know exactly when the SCG is to be disbursed/frequency
- Improvements and transparency of registration (reducing numbers entitled to get but who are not getting the SCG includes having right documentation e.g. dob, regular updates/data cleaning)
- Accountability to beneficiaries simplified and becomes easier to understand by themselves
- Payments regular and predictable
- Payments at 'high cash demand times' (food shortage, school fee time) particularly on time
- Clarity around what happens after death of beneficiary/replacements/waiting list in 100 Club areas
- Time, inconvenience and security in getting SCG improved
- Minimal financial cost to access their SCG

- Behaviour of service providers and security personnel improved
- Designated alternative recipient system getting clearer/working better
- Increasingly responsive grievance mechanism
- Increasing freedom from demands of others

Findings in this synthesis report are presented in a series of tables;

- (i) Findings 1: Assessment of people's impact indicators
- (ii) Findings 2: Assessment of people's process indicators
- (iii) Findings 3: Assessment of perceptions of the general public
- (iv) Findings 4: RCA insights on the OECD/DAC criteria
- (v) Findings 5: RCA insights on the evaluation questions derived from project intended outputs
- (vi) Findings 5: RCA insights on the evaluation questions derived from project intended impact indicators

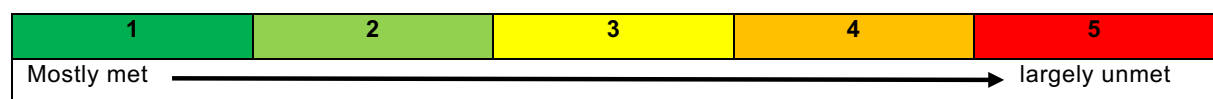
Note on the scoring system used in Findings 1-3

People's indicators emerged from analysis of the raw findings (i.e. conversations with old people and their families shared in the RCA research team post immersion de-briefing process). These represent what old people themselves saw as important in assessing success/achievement of the programme. Each researcher was subsequently asked to review these indicators and make scores based on their insights from their interaction with all categories of old people. They could choose four ways to score;

- Not applicable = this indicator is not significant of this category of old person
- Red= most old people met (in this category) felt this indicator had not been met yet
- Yellow= about equal numbers of old people met (in this category) had been met/not met or people generally felt it had been partially met
- Green= most old people met (in this category) felt the indicator had already been met

Researchers were reminded to be aware of their own biases and value judgment and assign the scores purely on what they heard and observed.

Following receipt of all the scores, these were compiled and a five point Likert-like scale using colour (and numbers) was used to describe the range of answers. Using this system comparisons will be able to be made in subsequent RCA rounds.



Notes on the Achievement scoring exercise

All 20 RCA researchers were asked to complete scoring matrices. They drew on their interactions with 203 Senior Citizenship Grant (SCG) beneficiaries, of whom 26 belonged to hosting households.

They were instructed to review the 21 impact indicators (17 referring to SCG beneficiaries and three to the general public) and 17 process indicators. All these indicators emerged and were recorded from conversations the team had with 203 beneficiaries and others in the communities. They were identified and aggregated into '**people's indicators**' based on the frequency and significance of the statements made.

The researchers were instructed to go through each indicator carefully, consult their field diaries and record a score for each SCG beneficiary category. They were further asked to aggregate the scores according to the 4 categories noted above.

These score sheets were then collated into 'universal grant' or '100 Club' categories. In order to give finer details to the scoring, two additional intermediary score categories were introduced (similar to a Likert scale) and decisions on the final scores were based on comparison of percentage scores that had been allocated to red, yellow or green categories; an example is provided below.

Scores for indicator '*SCG beneficiaries invest income generating activities*' received from researchers:

Category	Red	Yellow	Green
Sickly	80%	10%	10%
Frail	77%	8%	15%
Active	16 %	50%	34%

Final display of scores using only colours and a scale 1-5:

Category	Red	Orange	Yellow	Pale Green	Green
Sickly	5				
Frail	5				
Active				2	

These **indicative scores** provide an easily understood 'traffic light' graphic for the programme to reflect on.

Researchers have records of the individual scores they made which they can refer to during subsequent rounds of RCA study to specifically ask participants **whether positive/negative change** has happened in the meantime. However, the nature of the grant means that we would anticipate a high attrition rate and new beneficiaries may become host households.

Findings 1: Assessment of people's Impact indicators

People's indicators	Achievement by category			
Overall satisfaction				
		Universal	100 Club	
Beneficiary overall satisfaction with the programme	sickly	3	2	
	frail	3	2	
	active	3	2	
	On the whole, SCG beneficiaries shared they are happy with the SCG and laud the current Government and President Museveni, in particular, for it. Old people felt that it indicated a sense of societal respect and care (e.g. <i>'Somebody cares for us. Now I feel special'</i> (woman, Luganda Rural universal). People mostly like that it is cash so they can choose how to spend it (especially, as they pointed out to us, context and needs vary so much). Some 'active' old people indicated that they would prefer 'in kind' help such as asset transfer livestock but otherwise cash was preferred. The main issue for all categories is the size of the grant, e.g. <i>'I am glad the money is there but it's too small. It only helps a little'</i> and <i>'We are not complaining, but if it is more it is better'</i> . Paying off debt accrued in local shops or other loans means that the grant is often used up on the day it is received.			
The 100 Club beneficiaries appear to be a little more satisfied overall than the Universal grant recipients. Further probing of this is needed but it may be related to the newness of the 100 Club programme (in areas previously not covered by the Universal grant and therefore reflecting a 'honeymoon effect') or because it is targeted at the oldest who are not considering investing in income generation or other large scale savings and investments, are perhaps less likely to be supporting others and more likely to be being supported by others and see the grant as enabling them to contribute to their care and being viewed less as a burden to others (a key aspect for this category of elderly person of a <i>dignified and healthy life</i> as noted in Table 4)				
Food and nutrition				
		Universal	100 Club	
Beneficiaries do not feel hungry	sickly	4	4	
	frail	4	4	
	active	4	4	
	Fulfilling daily needs, especially purchasing food to supplement their subsistence farming as well as purchase of condiments and cooking oil is the most often shared use of the SCGs. As older people become less able to cultivate for themselves they shared they			

	<p>have a greater need to buy food (e.g. <i>I am now very old and weak and with grandchildren to feed we cannot grow enough food.... whenever I receive the grant I buy cassava from neighbours and dry it and then get it milled</i> (woman , 84 Lugbararti Periruban, universal). Old people indicated that they would generally eat twice per day <i>'if we can afford it'</i> and active old women in particular continue to cook for their families. Nevertheless, significant numbers in all categories of old people (sickly, frail and active) shared that they feel hungry whether they were in chronic food insecure locations (Karamoja) or not. This may be a result of the prolonged dry season this year. Conversations suggested that older people often voluntarily reduce their food intake in favour of others who are engaged in manual work or children. A recurring theme throughout the study is older people foregoing their own needs for younger people.</p> <p>In Karamoja (rural Universal) people shared that they could go all day without eating a meal and survived on <i>kwete</i> (a local brew of fermented maize, sorghum or millet) which was regarded as cheaper than buying food and could be consumed without investment in cooking utensils, fuel or time. This was also to ensure that they could avail any income earning opportunities when they arose. There is a stark difference between Karamoja rural Universal and the Karamoja 100 Club location where people are able to earn and buy food in the market but also where relief activities are much more prevalent. The neglected Karamoja rural Universal location, by comparison, suffers severe shortage of local job and casual work opportunities and very little NGO support. Old people here talked about the big difference that access to regular cash through the SCG had made for them (<i>'if it was not for the money, we would be dead by now'</i>) whereas those in Karamoja periurban 100 Club complained the money was too little compared to what they were able to earn or receive in donations. However, we also observed men and women consuming large quantities of other stronger forms of alcohol than <i>kwete</i> (e.g. vodka) in the Karamoja locations, partly as a means to pass the day and, we feel, to mitigate hunger pangs and stress. Across both Karamoja locations, people shared concerns about critical food shortage anticipated for the next dry season as there had been severe drought and insect infestations in their crops earlier in 2017.</p>		
Beneficiaries are able to buy eggs, milk, fish or meat occasionally	sickly	4	5
	frail	4	5
	active	4	4
	<p>Although some older people indicated that they did use SCG to buy protein rich foods occasionally, this is rare across all categories (a whole chicken costs a minimum of 20,000 UGX, nearly equivalent to one month SCG, an egg costs 400 UGX and may be purchased occasionally but is not traditional). Old people told us they prefer to chew on meat (even in the absence of their own teeth) if they are going to eat animal protein as they liked the flavour and were more accustomed to this. In none of the study locations was much fresh or dry fish consumed, mostly because it was considered too costly. A few shared that they might buy some meat in the market on receipt of the SCG to share as a treat for the family. Sickly old people were often provided with milk or eggs bought with the SCG to encourage them to eat, as soft foods which are easily swallowed and to provide a <i>little pleasure</i> in their latter years.</p> <p>In Karamoja, traditional pastoralists, who have now been banned from this livelihood option, struggle with diets which no longer include meat/blood and shared how their previous pastoralist lives had been better and they had been healthier and stronger. Unaccustomed to cultivating land to grow food, they mostly buy food, explaining their preference for <i>kwete</i>, which is easy to acquire</p>		

	and consume. Spending proportionally more on basic food than others means that there is none left to spend on meat, eggs or fish (except for those active old people with alternative cash incomes from, for example, road work schemes, cross border trade etc)			
Beneficiaries are able to buy sugar occasionally	sickly	3	4	
	frail	3	4	
	active	2	4	
	Being able to purchase sugar (5000 UGX/kg) is important to many older people. It means they can take tea (and offer it to visitors) and add it to porridge. It is more likely that they will spend some of the SCG on sugar than on meat, milk or eggs. Local shops are said to be happy to sell sugar (and salt) on credit because they know that they will be repaid as soon as the SCG payment is made (<i>‘They give me whatever I want up to a limit of 25,000 UGX. The moment I get my grant I repay the debt. That is how I survive’</i> (woman Alur periurban universal)). It is well known that older people’s taste faculties deteriorate with age and the desire for sugar and salt as they explained <i>‘to make the food more tasty’</i> is understood in this context. People shared with us that the sickly and frail may become more choosy about food and adding sugar (and salt), they feel, improves their appetite. The scoring also indicates that active older people are more likely to have surplus cash from other sources enabling them to spend the SCG on sugar (rather than medication, for example) and want to be able to do this (e.g. to maintain social interaction). It is less likely that recipients in Karamoja will spend on sugar as they are more likely to have other priorities relating to being food insecure.			
Health				
		Universal	100 Club	
Beneficiaries do not ignore/suppress/delay their health needs due to lack of cash	sickly	4	4	
	frail	4	3	
	active	3	3	
	Health expenses are regarded as the most significant expense for the elderly and old people themselves shared that they often could not afford either the treatment costs or the transport to access health treatment. Despite ‘free’ treatment at Government facilities, lack of medicine supplies at these facilities forces patients to have to buy medicines from private pharmacies and medicine sellers. Old people shared that free medicines were often unavailable at Government clinics and so they would <i>‘come home without filling the prescription’</i> . Similarly, they share that although there are often private health service available in their locality, the costs are prohibitive. Unofficial costs (especially ‘speed money’) at public health facilities were also noted as a problem which made medical costs unaffordable.			

	<p>When medical expenses are predicted to be high (over 200,000 UGX is considered very high), many of the old people we interacted with shared that they would rather forego this. While people were prepared to allocate small amounts for ongoing treatment, painkillers, diabetic treatments, simple antibiotics etc, they were not prepared to spend larger sums on operations or expensive courses of treatment. Old people shared that they had terminated courses of treatment because of the costs. There seem to be two main reasons for a reluctance to spend on medical treatment (i) even if the SCG came in bulk amounts (accumulated over several months) it was still not enough to cover major health costs and (ii) old people shared that this expenditure was '<i>wasteful</i>' and instead prioritised the wellbeing of younger generations (often this notion of wastefulness was endorsed by their families, who while wanting to make their elderly relatives comfortable in old age did not support the huge investment in their medical care). Those who had availed expensive treatment were all provided with financial support for this by relatives, in particular those who had migrated for work. Old people shared that they try to ignore their pain, resign their fate to God (e.g '<i>Life has no meaning, I have left it to God</i>' (man 72, Karamoja periurban 100 Club) or turn to local remedies and healing. Many shared it was '<i>my time to go</i>'.</p>		
Beneficiaries can feel better (less pain) as a result of being able to buy (full courses of) medicine, being able to pay for transport to health services	sickly	3	4
	frail	3	3
	active	3	3
	<p>The slightly better scoring than on the previous indicator refers mostly to being able to afford simple painkillers and other generic medicines (such as antacids). Transport costs to local facilities range from 2,000 UGX to, as much as, 15,000 UGX and the most common mode of transport is <i>boda boda</i>. However, <i>boda boda</i> drivers will often charge more than the usual rate because they may have to carry additional carers, have to drive slowly or may be required to wait. Old people and their families shared that they will forego treatment if the transport costs and discomfort are considered too great.</p>		
Beneficiaries able to feel less stressed, less worried (because funeral costs covered, have knowledge those they leave behind will be cared for, sufficient investment for their future, inheritance)	sickly	4	4
	frail	4	4
	active	3	4
	<p>The sickly, in particular but also other categories, told us that they made efforts to put money aside for their own funerals to avoid being a burden to their families. The active elderly shared that they ensure that they attend other people's funerals to ensure the needed reciprocity and cost sharing when it comes to their own, again to reduce the financial burden to their own families.</p> <p>The frail often shared that their condition was emotional rather than physical and they worried about the future.</p> <p>However, those who felt (in their words) '<i>ready to die</i>' shared that they would rather spend money on future generations than themselves and that doing so imbued a sense of contribution to the family and satisfaction in being able to help the younger generations. (e.g. '<i>I think they will be Ok when I go to the next life</i>' (active man, 90, Alur periurban universal). Investing in education is</p>		

	the most often cited contribution but some old people gifted money directly, invested in livestock or tree planting for their children and grandchildren’s futures. However, it should be noted that when this was done out of choice then old people shared they did feel less stressed but that some old people had no choice as they have ended up as sole caregivers to grandchildren (missing middle generations due to early deaths or migration for work) or have had to take responsibility for offspring (and /or their children) who have returned home following (people say, the increasing trend of) breakdown of marriages and relationships. In these cases, the SCG is important but does little to relieve the stress of this responsibility. (for more on this see below)			
Housing				
		Universal	100 Club	
Beneficiaries have a weatherproof house (block walls, good condition, non-leaking roof)	sickly	3	4	
	frail	3	5	
	active	3	4	
	This indicator covers a very wide range of answers and so the scoring is less valuable than with other indicators. Active old people shared that the continued to strive to get their own house in good condition as something their offspring could inherit, as a way to secure the future of their children. Most of the SCG beneficiaries we stayed with live in mud and grass thatch homes although a few are in the process of building brick and corrugated iron sheet roofed buildings within the compound. In Karamoja, families live in <i>manyattas</i> and the houses within these tended to be in less good condition than those houses lived in elsewhere. In Kumam Rural universal, there was a strong sense of pride associated with living in a better house and many shared they had used SCG to complete their more permanent houses. Old people shared that their offspring likes to see them in better homes, especially with roofs which do not leak and that they felt good about being able to pay for this themselves rather than waiting on their children to do it for them.			
	The difference between universal and 100 Club scores reflects the older age range of 100 Club beneficiaries and their need to put money into health and choice to support of younger generations rather than for their own needs. The worse position for frail compared to sickly may be related to the fact that at least some of these live on their own whereas those who are sickly are nearly always taken care of by others.			

Economic				
		Universal	100 Club	
Beneficiaries feel they are less of a burden to their families because they are able to contribute to household finances, own health costs, own food etc	sickly	3	3	
	frail	3	2	
	active	1	2	
	People in the community sometimes share that <i>'old people are the richest in the community'</i> (e.g. Karamoja rural universal) because of the cash grant. The concept of being <i>'less of a burden'</i> is pervasive, especially around illness. Young people shared that they felt old people were a burden e.g. <i>'When they fall sick it's a burden'</i> (youth in Kakwa rural 100 Club area), <i>'now they are no use ...now they grow old and can't think well and we have to take care of them'</i> (youth in Karamoja rural universal), <i>'growing old is a punishment- you become a burden to others'</i> (youth in Karamoja peri urban 100 Club) and older people shared they are very conscious of trying to do anything to avoid this. So being able to pay at least something towards health and upkeep costs is very important for self esteem. The scores suggest that the provision of the SCG is contributing quite well to this indicator that is so significant to old people			
Beneficiaries contribute to children's /grandchildren's education and well-being	sickly	2	2	
	frail	2	2	
	active	1	1	
	<p>The scoring here makes it clear the most cited and most significant achievement from beneficiaries' point of view is their capacity to contribute to the education costs of younger generations. Especially active old people shared that their main motivation is to ensure that their children and grandchildren have a better life which entails being better educated (than they themselves were), having good marriages and able to inherit. Being active means that they are less likely to need this money for their own health and food needs and can contribute larger sums towards education costs than other categories. Often old people shared how they see good education as a guarantee for a better life. Mostly this seems to be an altruistic ambition but some shared that by paying for education they were also securing future care for themselves.</p> <p>The NUTEC RCA study completed earlier in 2017 found that ranking second in people's perception of being poor (second to <i>'not having enough food to eat'</i>) was <i>'inability to pay school fees'</i> and that this was regarded as a <i>'pressure every day'</i>. Primary school fees amount to 6,000-30,000 UGX per child per term but many schools also require contributions in kind (e.g. 3-20kg maize, beans and sometimes sugar). Costs for senior school are around 50,000- 60,000 UGX per child per term plus many other associated expenses such as school supplies, school bags and uniforms. Increasingly, families worry about the cash fines imposed by local governments for not sending</p>			

	their children to school. Cash is especially short in February and May which represent two periods when school fees are due and the SCG provides a very important source of cash for these payments.		
Beneficiaries are able to smooth their cashflow (accessing credit/advances on strength of the SCG; being able to pay instalments; being able to make savings)	sickly	2	3
	frail	2	5
	active	1	3
	<p>The scoring is very mixed on this indicator. In the 100 club areas, the recipients are older and more likely to be facing health-related costs, less likely to be saving and less likely to be mobile enough to avail credit at local shops. The differences among the sickly and frail may also link to their relatively old age and risks inevitably associated with giving them /or wanting to take loans. It may also be a feature of the newness of the programme and local service providers not yet feeling reassured that they can provide credit on the strength of guaranteed repayment as well as the small numbers of the 100 Club recipients in any one location. The frail in 100 Club areas view this as an unmet need more than others possibly because they are more likely to be living on their own than those who are sickly and unable to earn for themselves as those who are active can.</p> <p>Savings schemes started in universal areas to rotate the SCG have had limited success because of the irregularity of payments. The collapse of other savings schemes have been due to mistrust and fraud.</p>		
Beneficiaries able to invest in income generating activities (both long term/short term).	sickly	5	3
	frail	5	3
	active	2	1
	Investment in income earning activities is clearly linked to being active in both 100 club and Universal areas. For the less old but active, bulk payments are often preferred so that they can be invested, especially in livestock (it is only this group which indicates that asset transfer might even be preferable to cash payments). For older active old people the investment may be in trees or long term (low upkeep) investments for their children and grandchildren. Sickly and frail cannot manage income earning and would tend to have different priorities for the SCG.		
Beneficiaries able to employ others to help them	sickly	1	2
	frail	3	2
	active	3	3

	The scoring suggests that this is an important achievement of the SCG across all the categories. The ‘yellow (3)’ score for active old people indicates more that they do not need the help rather than limited achievement. A typical daily wage for day labourer is 5,000 UGX.			
Beneficiaries able to buy occasional ‘treat’ (favourite food, item of clothing etc)	sickly	2	1	
	frail	2	2	
	active	1	2	
	The predominance of ‘green (1 and 2)’ scores here indicates that not only is this important but that it is widespread. These treats vary from ‘special foods’ (soft bread, meat, milk) and snacks to shawls, skin creams and batteries for radios. Old people shared how they like to treat others too and derive enhanced self-esteem this way. The concept of treats is also correlated to the notion that this grant is a ‘gift’ or ‘free money.’			
empowerment				
		Universal	100 Club	
Beneficiaries feel less marginalised, less forgotten, less disrespected and have more voice	sickly	2	2	
	frail	2	2	
	active	1	2	
	The scores for this indicator are also high and explain the importance of the grant in helping to restoring dignity and respect where, old people shared, these have been eroding in recent years. In environments where old people told us they feel the younger generation is increasingly disrespectful and even rude to their elders the grant indicates that they are not forgotten and that they matter. Across most study locations except Bantu Rural Club 100 where, we were told, the strong Bantu culture of respect for elders remains, old people felt disregarded and marginalised (e.g. ‘This generation doesn’t consult elders when making decisions.... They just do as they wish’ (man, Karamoja peri urban club 100) ‘Young people are no longer interested in getting close to old people’ (woman, Karamoja peri-urban Club 100) ‘Youth don’t care, do not have time to listen’ (man, Bantu rural)			
Active old people unsurprisingly feel more connected with the community at large and many we met were still active as village elders or in Church/mosque committees while frail and sickly could feel quite disconnected (‘I sit here helpless and I used to be so active ‘ (woman , 78, Karamoja peri urban 100 Club)				

Beneficiaries can maintain their independence for as long as possible and delay moving in with others	sickly	4	3	
	frail	4	4	
	active	2	2	
	Maintaining independence was much heralded by old people. All categories of elderly value this and especially being able to take care of themselves such that those who no longer could look after themselves felt this loss acutely, (e.g. <i>‘As long as I am still strong I want to be independent’</i> (man ,65 Karamoja Rural universal). Those we talked with all preferred to live on their own compound rather than that of their offspring (<i>‘We have our own ways... I must be in my home where I can be myself and make my own decisions’</i> (man, 80). Active old people shared a dread of when they might have to lose their independence (<i>‘It will be like self-imprisonment’</i> (man, Luganda rural Universal). Even though frail old people may feel disconnected with the wider community largely due to mobility issues, they still indicated that they would prefer to stay in their own house rather than move in with their children. As Table 5 indicates maintaining independence is a key element of a <i>dignified and healthy life</i> for active and frail old people and is only replaced with the notion of not being a burden and needing thoughtful care when they become sickly.			
Social capital				
		Universal	100 Club	
Beneficiaries maintain social obligations (dignity) with a view to being able to benefit (reciprocity)	sickly	3	3	
	frail	3	5	
	active	2	2	
	As noted above, reciprocity is important and contributing to weddings and funerals is an essential element of ensuring this will be reciprocated for you and your family. Clearly, active old people are more able to do this both from the point of view of their mobility but also from having surplus to be able to make cash and kind contributions. The ‘red (5)’ score for frail people in 100 Club areas may relate to their living on their own and lack of mobility whereas the sickly who have moved to live with their families rely on other members of the family to meet these obligations.			
Beneficiaries maintain access to church/mosque for emotional and spiritual support	sickly	4	3	
	frail	3	5	
	active	2	3	

	<p>It seems that for many as they age their interest in religion strengthens and many shared the importance of prayer (<i>'It is the best thing in life'</i> (man, 67. Luganda rural Universal). Voluntary contributions to church and mosques can be quite high (5,000 UGX) but are more often 100-500 UGX per week. People assured us that there is no pressure to contribute. Once again mobility issues affect the access to this kind of support and active old people find it easier to maintain contact rather than it necessarily being a cash issue (contributions or transport) but religious services on the radio were a source of support for many. There is a felt need shared by many to be able to access more spiritual support. Once again the frail 100 Club recipients stand out as different and, as explained above, this may be due to limited mobility while we observed the sickly often receiving visitors including religious teachers.</p>
--	--

Summary of met/unmet impact indicators

Met		Partially met			Unmet
Beneficiaries contribute to children's / grandchildren's education and well-being	Beneficiaries able to buy occasional 'treat' (favourite food, item of clothing etc)	Beneficiaries feel they are less of a burden to their families because they are able to contribute to household finances, own health costs, own food etc	Beneficiaries able to employ others to help them		Beneficiaries able to buy eggs, milk , fish, meat occasionally
Beneficiaries feel less marginalised, less forgotten, less disrespected and have more voice		Beneficiaries are able to smooth their cashflow (accessing credit/advances on strength of the SCG; being able to pay instalments; being able to make savings)			Beneficiaries do not feel hungry
		Beneficiaries maintain social obligations (dignity) with a view to being able to benefit (reciprocity)			Beneficiaries able to feel less stressed, less worried (because funeral costs covered, have knowledge those they leave behind will be cared for, sufficient investment for their future, inheritance)
		Beneficiaries able to invest in income generating activities (both long term/short term).	Beneficiaries can maintain their independence for as long as possible and delay moving in with others	Beneficiaries can feel better (less pain) as a result of being able to buy (full courses of) medicine, being able to pay for transport to health services	Beneficiaries have a weatherproof house (block walls, good condition, non-leaking roof)
		Beneficiaries maintain access to church/mosque for emotional and spiritual support		Beneficiaries able to buy sugar occasionally	Beneficiaries do not ignore/suppress/delay their health needs due to lack of cash

Findings 2: Assessment of people's process indicators

People’s indicators	Achievement by category			
Knowledge and understanding				
		Universal	100 Club	
People know the criteria for entitlement to SCG	sickly	3	5	
	frail	3	5	
	active	2	2	
	Beneficiaries and their families in Universal grant areas mostly knew that the SCG is intended for all old people aged 65 years and above (60 years and above for Karamoja area) and had been informed through meetings or home visits by Local Council members, although the purpose of listing them was not necessarily clear (e.g. ‘the Government just wants to list the old people’ (woman) ‘An NGO is coming to help neglected old people’ (Karamoja universal). Those who were less aware of the entitlement, tended to have mobility issues and/or less social interaction. Those who were not direct beneficiaries were less clear than beneficiaries and their families and some older people complained about their non-inclusion often offering their own explanations (e.g.‘I am able and so am not a beneficiary’ (man, 64). Some of the confusion arises from the mass communication of the original SAGE programme which also provided grants to vulnerable families. There is much less clarity in 100 Club area. Only small numbers (one or two) are registered in each village and people found it very difficult to explain the eligibility criteria based on these. There were very elderly (in their 90s) met in each location who were not registered and this fuels speculation about eligibility criteria (e.g. ‘so many names written randomly but few picked’; ‘There are discrepancies in the names provided from ‘up’’). Some confusing information was provided (e.g. MP announcing the grant was for everyone over 65, Local Council members using 84 as the cut-off age). Even those who did share that eligibility was based on oldest still found it difficult to understand how this was decided.			
Beneficiaries know the source of the grant and what it is supposed to do	sickly	2	2	
	frail	1	1	
	active	1	1	
	On the whole, beneficiaries in Universal and 100 Club areas know that this is a Government grant and amounts to 25,000 UGX per month (some called it ‘the Government’s salary’). It was strongly associated with President Museveni and lauded as his initiative. They			

	did not refer to it as senior citizens grant or mention ESP, although some people in Universal areas continue to refer to it as SAGE,. Unsurprisingly, those who knew less were in the sickly category.		
Beneficiaries understand by themselves the process, the documentation and the money due	sickly	4	5
	frail	4	5
	active	4	4
	<p>Confusion exists when the disbursements are irregular and monies owed accumulate or, as sometimes seems to happen, there is a shortfall in the money due. Financial literacy skills are often lacking and illiteracy is also an issue for many old people. While they know they must keep their documentation safe, most needed help to explain it. The changes in service provider from MTN to Postbank in Universal areas have created further problems. People also shared that they received less than they expected and found it very difficult to make calculations when they were told it would be adjusted in the future. Shortfalls in payment are also blamed on the transition from MTN to Post Bank but there was hope that this would ameliorate.</p> <p>The 'red (5)' scores in 100 Club areas are partly because this is a relatively new programme but also reflect the older age of recipients who are less likely to understand paperwork and tell us that they are easily confused.</p>		
Beneficiaries know exactly when SCG is to be disbursed/the frequency of payment	sickly	4	4
	frail	3	4
	active	3	4
	<p>In all locations we stayed in nobody was quite sure about the disbursement schedule. Were payments supposed to be monthly or quarterly or even semi-annual? Without a pattern emerging, many shared they were confused about payments schedules. Waiting periods between payments could be as long as 10 months. While the transition from MTN payments to Post Bank in Universal areas created some of this delay, people particularly disliked the lack of information about delays. For example, in Luganda Rural Universal elderly people asked the CDO for information about the delays but she did not have this information either (<i>'if the delay is too long, we might die'</i>) and in Bantu Rural 100 Club area the Post Bank officials could not provide any indication of the date of the next payment <i>'we will inform you next time'</i>. Rumours proliferate where information is lacking although people felt secure that they would get payments eventually and tended to be indulgent of the delays <i>'it depends on the Government'</i></p>		

Beneficiaries, their families and wider community are clear about what happens to payments after death of the beneficiary/how replacements are added to lists/how waiting lists work (in 100 Club areas)	sickly	5	5	
	frail	5	5	
	active	4	4	
	In Universal areas, names get read out at the point of service and people note these often include those who have died. The fact that their names are still read out fuels speculation about what happens to the money which they presume has been allocated (is it returned? pocketed?). Some shared ‘if you die that is the end of it’ but in Alur periurban people said they had been told they were entitled to three month’s further grant. In both Universal and 100 Club areas, families of recently deceased members feel that they should be entitled to any money which was owed prior to the death. Others go further and feel the money should continue to be given to the bereaved family to cover the costs of funerals and care for orphans. Registering death and filling in the forms needed to secure owed amounts were considered difficult and some gave up in frustration.			
Fairness				
Beneficiaries know the criteria for entitlement to the SCG but do not think it is fair	sickly	3	4	
	frail	3	4	
	active	3	4	
	The ‘fairness’ of the SCG is perceived more favourably in Universal areas than 100 Club areas. Less suspicions have been aroused in Universal grant areas than in 100 Club areas. In 100 Club areas where there are limited grants (perhaps 2-4 per villages) people feel that, while it is accepted that the oldest people are more likely to be in need (unable to fend for themselves), age should not be the only criteria as there are extremely vulnerable old people residing in the community who are more deserving of assistance. (e.g. ‘We don’t know why they were left out while others were getting’ (Karamoja 100 Club); ‘It gets so hard for us to look after this woman (78 and alone) and we are really stretched’ (Bantu 100 Club). We met twice as many people who others thought should benefit from the SCG than those receiving it in all the 100 Club villages. They were assessed by the community as being in critical need and many of them exceeded the 84 years old ‘rule of thumb’ for registration but who were not getting the grant.			
Beneficiaries think the registration is fair and transparent	sickly	4	5	
	frail	4	4	
	active	4	5	

	<p>There was dissatisfaction in both Universal and 100 Club areas to the extent that people shared that it was a lottery <i>‘if your name comes up’</i> and suggesting that therefore there could not be a system for deciding eligibility but simply that <i>‘some get and others don’t’</i>. Lists in ESP 1 were said to be developed through local dialogue and verification on the ground. But, more recently and since lists have relied more on official documentation (birth certificates, national ID, voters’ ID) people feel there is more chance of mistakes as these mistakes are less likely to be challenged by village officials who know the community. Significant numbers of old people, and especially those with mobility issues, have not got national IDs (e.g. <i>‘the waiting line was too long’</i>; <i>‘we did not realise how important this was’</i>, <i>‘distrusted the purpose’</i> or could not physically attend the registration office). In some areas, people shared that registration updates happened in five yearly cycles making it, in their view, unfair for those who were just underage in earlier registration rounds as they might have their grants delayed by 4 years. Others suggested that only those over 67 were registered the first time around.</p> <p>In both Universal and 100 Club areas those with ID cards have found inaccuracies in these documents. People explain these in three main ways (i) in the absence of birth documentation, ages have been <i>‘guessed’</i> (e.g. <i>‘young people who registered had poor understanding of key historical dates’</i>; and often age was assessed by appearance only, <i>‘they looked at our faces and decided who was old or not’</i>, <i>‘I was missed out because I do not have grey hair’</i>, <i>‘I was doubted because I look too young’</i>) (ii) registration officials were impatient with the elderly people and wrote down ages without proper probing and (iii) some old people deliberately understated their ages (habituated to being excluded from other benefits by exceeding cut-off ages (e.g. for farmer groups, labour groups)) or wishing to seem younger when they sought a spouse and having stuck with this pretence. Many shared that they rued their action on (iii) and wished they could correct their data. There was also some evidence of some people falsifying their ages as older in order to benefit. Even where cards have been issued or people told they were enlisted, some people shared they still could not get the grant at the point of service (e.g. they were required to prove they were born in Uganda, had to prove their age or <i>‘our names disappeared...’</i>(from the computer) or <i>‘the computer swallowed our names’</i>)</p> <p>When there is a lack of clarity, people speculate. We heard much blame on Local Council members for favouritism towards relatives and those they know. But most blame lies, according to people, with the lack of ground-truthing the <i>‘lists from up’</i>.</p> <p>Two problems predominate in the 100 Club areas (i) the misunderstanding of the eligibility criteria and (ii) the oldest who are eligible for 100 Club grants also have a higher chance of being inadequately documented due to mobility issues (<i>‘old people should be treated equally and there should not be a system where some get and others get left out’</i> (man , 85, 100 Club)</p>			
Regularity/predictability				
Beneficiaries indicate the SCG payments are predictable and regular.	sickly	5	5	
	frail	5	5	
	active	5	5	
	In all locations people were unsure of the disbursement schedule (noted above) and were confused about the irregularity of payments. On the whole people regularly had to wait for months (as much as 10 months) before payments were made and told us they received			

	no information about what to expect or why the money was delayed. People could not explain why people got different amounts over different time periods and some got less than they expected. They said Post Bank officials were evasive (and sometimes rude), telling those with perceived shortfalls that it would be adjusted in subsequent payments or that they would be informed later. People in Universal grant areas blamed transition from MTN to Post Bank for the delays and shortfalls and hoped it would improve <i>‘as things settled down’</i>			
	Late or reduced payments have made it difficult for people to belong to savings groups or plan their finances. People <i>‘felt bad’</i> if they accumulated too much credit with local food stores. Delayed payments lead to delays in seeking medical treatment (and reliance on local remedies)			
	There were diverse views on the preferred frequency of disbursements with those who faced food shortages or regular food expenses preferring monthly payments and those who had large medical expenses or were able to invest money preferring bulk payments after 5-6 months. However, all indicated that what was most important was certainty of payment.			
Payments are made on time at times when there is high cash demand (e.g. food shortage, school fee time)	sickly	4	4	
	frail	4	4	
	active	3	4	
	The traditional dry season from December to February has, people say, become less predictable and recent extended dry seasons have added hardship. Active old people traditionally engage in off-farm income generating activities at this time (brewing, making bricks, craft work) but others are struggling more. People cope by taking less food and say they <i>‘go to bed hungry’</i> , they also cut out sugar and salt and boil food instead of frying it to save the cost of cooking oil. Sometimes families have to take their children out of school because they cannot pay. School fees are due in February, May and September. February is a month which can be one of the worst for people as it is towards the end of the dry season and food stocks are depleted. On time payments in February and September would be specially valued.			
Costs (financial and opportunity)				
		Universal	100 Club	
The time taken, inconvenience and security issues around collecting the SCG are acceptable	sickly	4	4	
	frail	4	5	
	active	4	5	

	<p>Distances to collect grants can be long (4km from homes). Those with poor mobility face particular problems and require help from relatives (e.g. <i>'the Government brings the money in a car but expects us to go to them'</i>) and feel this is a burden and may occasion opportunity costs</p> <p>Old people who go alone to collect their grants shared that they felt vulnerable as their reason for being on the road was public knowledge and they were worried about being robbed or cheated. In both Alur periurban and Kumam Rural, old people have decided to go together to collect their grants for protection (e.g. <i>'now we go and come back in a group of four or five because we are afraid they will take our money'</i>).</p> <p>Old people shared they often went hungry and thirsty while waiting to collect their grants and the process could take all day and was considered taxing.</p>		
The costs associated with collecting the SCG (e.g. transport, loss of earning time for themselves or others) are considered acceptable	sickly	5	5
	frail	5	5
	active	4	4
	As mentioned above distances to collect grants may be long and the elderly who are expected to go in person have to hire <i>boda bodas</i> (as much as 18,000 UGX return trip (<i>'three quarters of the money is gone'</i> (CDO, Karamoja 100 Club)) <i>Boda boda</i> drivers and food and drink hawkers are said to inflate their prices on the days when grants are distributed. (In Karamoja rural, we were told that in the past people were paid to help them access their grants and regretted that this assistance was no longer available)		
Beneficiaries are aware of different ways (cost effective) of accessing their SCGs	sickly	5	5
	frail	5	5
	active	5	5
	This indicator is included in this first round of evaluation for the sake of completeness but is obviously scored 'red (5)' throughout as there currently is only one means of accessing SCGs		
The system to designate alternative recipients to collect SCG (e.g. in case of immobility of beneficiary) is working well	sickly	5	4
	frail	5	5
	active	4	5

	Some people in Universal grant areas noted that when disbursements were made by MTN, their officials would sometimes make house visits to pay grants where people were unable to collect for themselves. The registration of alternate recipients was also said to be easier than it is now with Post Bank. It involved a simple form to be verified by the Parish Chief and took no more than one month to complete compared to at least three months since Post Bank took over. The system to appoint an alternative recipient is said to exist in the Universal grant areas, Lugbarati peri-urban, in some villages in Kumam (not all) and one 100 Club area (Kakwa rural). We found only one recipient in Lugbarati peri –urban who had actually successfully registered an alternate recipient. The intention is widely appreciated although people did worry about the designated alternative keeping part or all of the money collected on their behalf. In the other two 100 Club areas, the system has only just been introduced and had not yet taken off. In Alur periurban people have registered alternate recipients but are still required to go in person which has allegedly led to illness and even death (four people cited) due to these journeys (<i>‘it’s inhumane’</i> ; <i>‘the ill person actually died just five metres from the pay point.... He picked up his funeral money’</i>). As a result some families have decided to opt out of collecting the grant rather than putting their elderly relatives at risk, <i>‘I am not going to let my sister die because of that money’</i> .			
Behaviour of service providers				
		universal	100 Cub	
The behaviour of service providers (those who deliver the SCG) and security personnel is good	sickly	5	4	
	frail	4	4	
	active	3	5	
	There is some evidence of prioritization of the oldest, weakest and those who have travelled furthest for SCG service in some locations and this is appreciated (Luganda rural, Alur peri-urban). However, the prevailing view is that old people are not treated as well or respected as they would expect. Post Bank was criticised for their lack of punctuality (especially in comparison with MTN in Universal areas). Long waiting times and perfunctory answers to their questions were other common complaints. Old people said that Post Bank staff can be rude and did not explain things well or respond to complaints. Shortfalls in payments were often dismissed with comments like <i>‘you either take it or leave it’</i> . There was also concern about the behaviour of police drafted in to keep order. Old people felt intimidated by the guns they carry and their shouting.			
		Universal	100 Club	
Beneficiaries do not feel that they have to give in to the demands of others	sickly	4	3	
	frail	3	3	
	active	2	2	

	Old people shared that they felt that officials told them what they should spend their money on (to look clean and smart (Karamojoa Rural), ‘invest in garden buy goats and food’ (Alur peri urban), and rather than taking this as advice they took it as instructions. Old people also shared that family members and neighbours might be quite demanding of treats and loans and it was difficult to not give in to these demands. Some young people shared with us that they did see their beneficiary grandparents as a source of money and entitled to demand gifts and loans.			
Complaints/grievance mechanisms				
		Universal	100 Club	
Beneficiaries know how to raise complaints and are satisfied that their complaints are dealt with	sickly	4	5	
	frail	5	5	
	active	4	5	
	The key problem noted was that people felt they might be branded as a trouble maker if they complained and this, in turn, might compromise their access to future benefits. People felt that they should be grateful even though they felt the grant was too small. They do not feel they have a right to complain about a gift (e.g. being told by village officials ‘its money from a friend, so you should not complain’)			
People feel unable to complain because they do not know to whom to complain or how and anyway, felt it was fruitless. Very few instances were shared of successful resolution of complaints.				
		Universal	100 Club	
Beneficiaries make their own choices about spending the SCG	sickly	2	2	
	frail	3	1	
	active	1	1	
	Although a few old people did not receive the full amount of the payment from relatives (who had collected or took care of the SCG on their behalf) or felt excluded from decision making, the majority (irrespective of the category of old person) felt they have control over the use of the SCG. Some men indicated that they choose to give their SCGs to their wives as they are the ones making decisions over small amounts of money and daily expenses. In some cases they handed over money and decision making to their daughters, (‘to buy whatever she thinks we need’ (man, Karamoja peri urban 100 Club). There is some evidence that project officers influence what people spend their money on and some old people shared that they felt they had to justify the expenditures to the project staff (e.g. buying soap and new clothes ‘to look clean and smart when we pick up the grant’ (Karamoja Rural Universal and ‘I had to prove I bought a goat’ (Alur peri-ruban universal), ‘ Now the CDO will not bother me anymore as she has seen I have bought a pig with the money’			

	(Luganda rural Universal). As noted above, others told us how neighbours and relatives may exert pressure on them to loan the money or pay for treats as this <i>'is free money anyway'</i> .
--	---

Met	Partially met	Unmet			
Beneficiaries know the source of the grant and what it is supposed to do	Beneficiaries do not feel that they have to give in to the demands of others	Beneficiaries indicate the SCG payments are predictable and regular.			
Beneficiaries make their own choices about spending the SCG	Beneficiaries know the criteria for entitlement to SCG	Beneficiaries know how to raise complaints and are satisfied that their complaints are dealt with	The system to designate alternative recipients to collect SCG (e.g. in case of immobility of beneficiary) is working well	The costs associated with collecting the SCG (e.g. transport, loss of earning time for themselves or others) are considered acceptable	Beneficiaries, their families and wider community are clear about what happens to payments after death of the beneficiary/how replacements are added to lists/how waiting lists work (in 100 Club areas)
Beneficiaries do not feel that they have to give in to the demands of others	Beneficiaries know the entitlement for SCG but do not think it is fair	Beneficiaries think the registration is fair and transparent	The time taken, inconvenience and security issues around collecting the SCG are acceptable		Beneficiaries understand by themselves the process, the documentation and the money due
		The behaviour of service providers (those who deliver the SCG) and security personnel is good			
		Payments are made on time at times when there is high cash demand (e.g. food shortage, school fee time)			
		Beneficiaries know exactly when SCG is to be disbursed/the frequency of payment			

Findings 3: Perceptions of the general public

Knowledge and understanding				
		universal	100 Club	
The general public (in study communities) know about the SCG		2	3	
	The difference in perception between people in Universal and 100 Club areas can largely be attributed to the newness of the latter and the small numbers benefitting in any community. We came across people in 100 Club areas who had never heard of the programme, so the 'yellow (3)' score implies a wide range of 'no knowledge' whatsoever to others knowing about the SCG.			
		Universal	100 Club	
The general public (in the study communities) understand the intention of the SCGs		3	3	
	While people know that the grants are for the elderly, the range of needs and range of contexts for the elderly mean that people are not so clear about whether it is intended for basic needs, healthcare or income generation.			
Support for the scheme				
		Universal	100 Club	
The general public (in the study communities) supports SCG (think it is a good thing and good in comparison to other grants that could have been made by Government)		2	2	
	Mostly people we chatted to supported the idea of Government grants for elderly, seeing this as a respectful and significant help. But others did question this, especially young people (teens and twenties) ('why is the Government wasting money on people who will die tomorrow?' (youth); 'youth are complaining that they should stop wasting money on old people and give to the youth' (man, 67, Karamoja Periurban 100 Club); 'Youth see old people as useless and see the money is wasted' (woman , 48, Karamoja, Periurban 100 Club). Others were vocal about old people simply using the money to buy alcohol and they had no responsibilities and 'so no real need' for the money. There were also those who felt that this money would be better given to those with HIV/AIDS, many of whom struggle as single parents or specifically targeted to grandparents caring for orphaned grandchildren.			

Findings 4: RCA Insights on the OECD/DAC criteria

OECD/DAC criteria	Research question proposed in the ESPII Evaluation Concept Note	Type of evaluation	RCA Insights
Appropriateness (relevance)	To what extent was the design of ESPII suitable in meeting the capacity building needs of the MGLSD and other core stakeholders?	summative	<p>The RCA study extended the idea of relevance to the beneficiaries, their families and the wider community rather than just the MGLSD and sought to find out if this programme was felt to be appropriate and relevant.</p> <p>Does the programme really meets the changing needs of senior citizens?</p> <p>Old people across study locations feel it is harder to be old these days compared to the past, (i) because they eat less healthily (more sugar and fried food) and take less exercise (<i>'we used to walk far.... to get water, to farm'</i>) (ii) often have to work longer into old age and may have the responsibility of grandchildren and (iii) feel they are less well cared for than in the past and may themselves be the carers. The RCA underscores the importance of distinguishing the differing context and differing needs of elderly people. Those in Karamoja face very different circumstances than elsewhere and the grant is seen as a safety net in the face of extreme food insecurity. For active old people the grant is in addition to their income earning activities and can be invested. The frail and sickly say that the grant gives them as sense that they can contribute and feel less of a burden to others. For them in particular the grant is not sufficient to cover major health expenses.</p> <p>Is the programme is relevant to their day to day contexts?</p> <p>Across locations (with the possible exception of Karimoja peri-urban) old people are happy with the SCG. It does ease the cash flow and the certainty of receipt (albeit usually, in their experience to date, delayed) enables them to take goods on credit in the local markets meaning they can buy food and medicines when necessary. The grant is small but enough to provide sugar, salt, soap and paraffin for about half the month or it can be used to pay for day labour to cultivate their farms when they no longer can manage this. But the small size does not make a dent on large health costs and old people choose to forego treatment in favour of spending the money on basics and/or contributing to the schooling costs of their grandchildren. The current requirement to collect SCG payments in person often entails high transport costs and critically reduces the effectiveness of the grant for old people, although it arguably positively impacts the local economy.</p> <p>To what extent are cash transfers the best mechanism to address old age poverty?</p> <p>The RCA indicates that on the whole old people like cash transfers and, given their very diverse circumstances, the opportunity this provides to decide themselves how the money will be spent. The frail and sickly shared that on the whole they could not manage asset transfer such as livestock or means of production. Other asset transfer programmes such as roofing, house building materials would not be universally needed. We did not specifically chat about other support such as mobility aids (wheel chairs, crutches), spectacles, hearing aids or comfortable bedding/seating but, again distribution of such support is needs specific and likely to be administratively difficult. Having cash, however, contributes greatly to their self-esteem as they feel they are less of a burden to their families, can buy what they want for themselves and secure some sort of sense of independence and dignity from this. Health insurance for old age would also be valued but the widespread commitment of the elderly to the</p>

			<p>welfare of future generations means that they prefer to be able to lessen the burden on their families as well as actively contribute to education costs with the SCG money. If old age poverty is correlated to denial of a <i>dignified and healthy life</i>, then the cash grants contribute well to reducing indignity and to some extent contribute to a '<i>life with less</i> (albeit not without) <i>pain</i>'.</p> <p>What is the public perception of the programme?</p> <p>As noted in the table above (Findings 3: perception of the general public), the SCG is widely supported, although some young people see it as wasteful. Future RCAs will probe more the efficacy or channelling funds through the SCG to ultimately support children's education and local economy (markets, local day labour, transport etc)</p>
Effectiveness	What is the quality of the operational systems in place- including management information and payment systems – to ensure timely delivery of cash transfers at minimal fiduciary risk?	formative	<p>What are Senior citizens' views and experience of the quality of service provision -key to understanding uptake and what works and why including the mechanisms, staff attitudes and behaviour, timeliness and adequacy of payments?</p> <p>These insights have been mostly captured in Findings 2; Assessment of people's process indicators, where comparisons have been made between the Universal grant and 100 Club. At present there is only one mechanism for accessing the grant but as the project proceeds, different <i>modus operandi</i> will be piloted and early feedback on these gathered through annual RCA studies.</p>
Efficiency	How well is the PMU coordinating and supporting the implementation of the National Social protection Policy and the PPI?	formative	<p>What feedback on models developed by ESP to improve the systems for transferring funds to senior citizens, in order to improve and adjust the efficiency of the system?</p> <p>The insights captured in Findings 2 provide a 'start point' for tracking change, adjustments and improvements to the systems. Clearly priorities lie in (i) mobilisation and data cleaning so that some old people who currently miss out on the SCG are included, (ii) implementing a more regular and reliable payment schedule , (iii) providing more easily understood documentation by functionally illiterate old people , (iv) improving behaviour and communication at point of service, (v) testing of possibilities to provide choice to old people on frequency and size of payments, (vi) improving accessibility (reduced transaction costs, opportunity costs, reduced inconvenience and discomfort when receiving the payments) and (vii) improving complaints mechanisms.</p>
Impact	<p>What are the impacts of the Senior Citizen Grants on beneficiaries and their households? And what is known about the heterogeneity of impacts (by sex, disability status etc.)</p> <p>What is the impact of the Senior Citizen Grant on local economies and</p>	summative	<p>How do senior citizens access, use and value the cash transfers, including what change(s) the transfers have made to their lives (both intended and unintended, positive and negative, direct and indirect)?</p> <p>These insights have been captured in Findings 1 and are based on what matter to people themselves.</p> <p>What are the views and experiences of recipients and their families on universal versus means-tested transfers?</p> <p>The RCA finds that the rationale for and the perceived fairness of Universal grants is greater than the 100 Club. The communication of the 100 Club <i>modus operandi</i> has not been as good as it could be and the felt lack of transparency about the process of selecting recipients, the perception of widespread inaccuracies in the data on which these selections are made, the lack of community verification of proposed recipient lists and lack of clarity about how replacements are made contribute to people feeling this system is less fair.</p>

	communities in those communities where SCG was provided on a universal basis?		
Sustainability	<p>To what degree did ESP II build support for a national social protection system among government, parliament and the general public?</p> <p>To what degree are effective institutional structures in place for the oversight, coordination and delivery of the national social protection system</p> <p>To what extent has the government of Uganda put in place sustainable financing for the SCG?</p>	summative	<p>What are the attitudes and perceptions of the general public on the cash transfer system? See above</p> <p>To what extent do senior citizens and their families see value in the continuation of the scheme, what aspirations and suggestions do they have to ensure its sustainability? The SCG is appreciated by senior citizens and their families, but they feel that the small size and lack of regular payments limit its effectiveness. Clearly, improvements to reducing costs to access the payments and improvements to user-friendliness (especially given that the elderly are often poorly literate, often unfamiliar with dealing with cash and say they need thoughtful and patient communication as well as the need for payments to be made at specially cash critical times (e.g. February, May)) will ameliorate these issues to some extent</p> <p>What are the perspectives of the general population on the efficacious use of tax revenue - if revenue is to be raised by taxes? This issue was not discussed during this round of the RCA but will become an area for conversation in subsequent rounds</p>

Table 5: RCA insights on the project intended outputs

Outputs	comments	Emic perspectives to be explored by the RCA	RCA insights
Output 1: National capacity of MoGLSD strengthened to lead, coordinate and implement social protection policy	This component of ESP largely relates to building the Government of Uganda's capacity. It is assumed that as a result the systems in place to deliver social protection for the elderly will be efficient and effective, fair and responsive to people's needs. The intentions specified in the programme document suggest that it will also include innovations to strengthen management information systems (including enhanced registration services)	To what extent do beneficiaries, their families and the general public feel that the delivery of SCGs are transparent, efficient, fair and effective?	<p>Findings 2 provides insights on to how people view fairness. The scores indicate dissatisfaction in both Universal and 100 Club areas. Reliance on official documentation for selecting recipients should be, in principle, more transparent but is currently seen as sub-optimal because of documentation errors, especially prevalent among the older population. Old people and their families share frustration when they are not believed and cannot easily correct mistakes. With widespread experience of documentation errors (nearly all spoke of errors in their own or (had heard about) errors in others' documentation), people speculate and become suspicious. Particular problems for the 100 Club areas include (i) the misunderstanding of the eligibility criteria and (ii) the oldest who are eligible for 100 Club grants also have a higher chance of being inadequately documented. People feel that a return to ground-truthing to complement the 'from up' lists would reduce exclusion.</p> <p>Findings 2 provides insights into how people view efficiency with the main problems being the (i) irregularity and unpredictability of payments and (ii) time required and inconvenience of collecting payments.</p> <p>Findings 1 provides insights into the effectiveness of the SCG and notes that effectiveness needs to be assessed very differently for each self-determined category of old person. Healthy life outcomes are largely defined by people as <i>a life without pain</i>. A dignified life is one where they feel they can remain <i>independent</i> for as long as possible, are <i>not a burden</i> to others and, where possible, allows elderly to <i>continue to contribute</i> to the family.</p>
Output 2: Greater public understanding of an accountable social protection system	ESPII works with civil society partners to advance its communication and advocacy, which in turn is informed by its own and global experience It also assumes that state provided social protection systems will be open to public scrutiny and accountability. It also intends to improve its grievance management systems	To what extent do beneficiaries and their families as well as the general public understand the entitlements to SCGs and support this programme as an effective means of social protection?	Findings 3 suggest that the general public within SCG recipient communities support the SCG as a significant recognition of the needs of elderly. There is less clarity on the intention of the scheme, probably because these needs are diverse and life-cycle related. Overall, people are happy with the grant but its small size and irregularity are problematic. People point out that to optimise its usefulness payments at key times in the year when cash is most needed would make a difference as would predictability so that they can participate in savings schemes and avail credit optimally

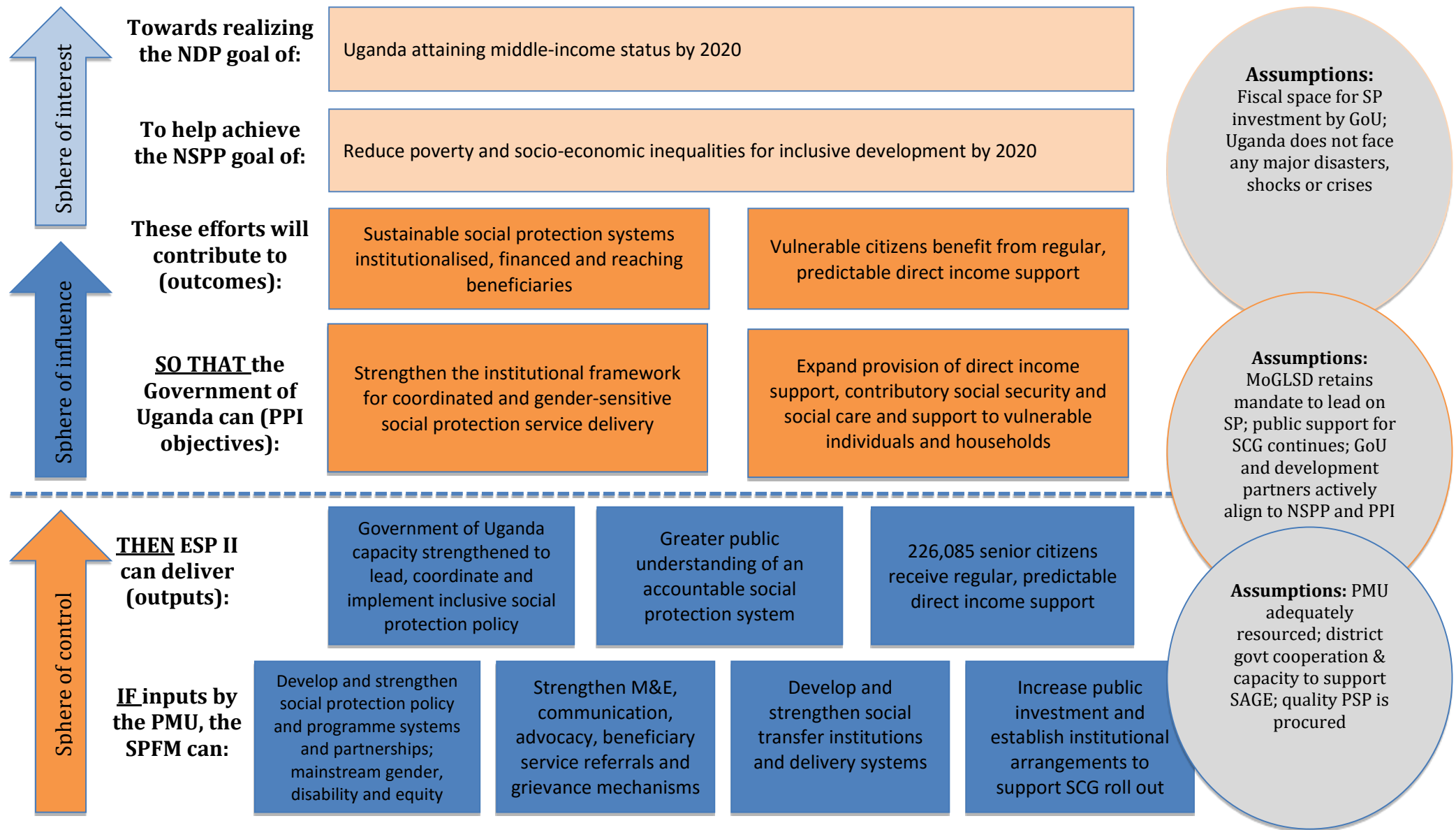
		To what extent is service provision responsive to the needs and demands of users?	
Output 3: 226,085 senior citizens receive regular, predictable direct income support		To what extent are cash payments regular and predictable?	Findings 2 discuss these issues and, currently, regularity and predictability are problematic.

Table 6 RCA insights on evaluation questions derived from Programme impact indicators

Impact indicators	ESP means of verification	RCA unpacking of indicator	RCA insights
Reduction in proportion of persons living on less than a dollar per day (gender disaggregated)	Panel survey in pilot areas. RCA roll out areas	What does living on \$1 (UGX 3,600) per day mean for a senior citizen? What is the minimum cost to feel OK? Significance of the SCG in meeting daily needs. Do senior citizens have control over their own money?	The RCA study has found that this indicator has little value for the majority of old people. The exception is for Karamoja, where families are former pastoralists and subsistence farming is not traditional, where drought has anyway made farming very difficult and where food purchase is the number one priority. Here old people indicated that they spent 1000 UGX per day on a jug of <i>kwete</i> (local brew) as their only food and so exceed the amount provided by the SCG. People here indicated that, in addition, they also like to spend on tobacco and stronger spirits for social and stress-relief reasons and generally shared they spend around 400-600 UGX per day on these. But the grant across study areas, is often not used for the recipients themselves but is used for children's education and to provide treats or contributions for the wider family, especially younger generations. The SCG is therefore primarily contributing to people's dignity and self-worth. Old people do, on the whole, have control over their own money and choose to spend it largely on others. Future RCAs will look more closely at how they decide the split between their own needs and those of others.
Percentage of surveyed beneficiaries reporting increased consumption expenditure and food consumption (gender disaggregated)	Panel survey in pilot areas. RCA roll out areas	This is a proxy for measuring income (=consumption and savings). What does consumption (generally) and food consumption mean for a senior citizen? Where do they use/invest their money? (savings) Insights into what food senior citizens generally take, can afford and what they aspire to take to	The RCA finds that old people continue to feel hungry despite having cash to buy food. They say their families also feel hungry and this relates more to recent poor harvests. Those less able shared that they can pay for day labour to cultivate on their behalf. Being able to purchase food instead of growing it themselves is important but this represents substitution (for inability to grow) rather than a net increase in food consumption. Purchasing sugar and salt are a priority when they have money left over from meeting other demands. These, arguably, contribute to older people enjoying their food more and may,

		feel better. Analysis of food groups in diet.	<p>as they tell us, stimulate their appetites. Some insights were gathered about use of the SCG for food <i>treats</i> for themselves (e.g the occasional egg, soft bread, meat) but little evidence of improvements in day to day diets. A few, for example, indicated they when the grant money comes they may purchase an egg every day (400 UGX/day or equivalent to half the monthly grant). As apparent across this study, old people on the whole forgo their own ‘wants’ for others.</p> <p>Expenditure on medicines and health care (including indirect costs of transportation, waiting time etc) people tell us is increased but across all study locations they say that the grant is too small to help with major health costs and SCG are often used for palliative care.</p> <p>Apart from active old people who anyway manage their day to day basic needs, investments in income generation, long term savings beyond contributions to education are rare.</p>
Average change in district-level indicators attributable to the SCG, by type and gender disaggregated (meals per day, anthropometric measurements, school attendance, wages, employment)	<i>Quasi-experimental analysis of national household surveys:</i> Using data from the 2016/17 UNHS and other national household surveys, this method will construct a statistical comparison group using a propensity score matching difference-in-difference methodology to examine district-level impacts of the SCG	What district-level indicators are relevant and important for senior citizens as beneficiaries of SCG? Which ones do senior citizens feel contribute to their wellbeing and dignity ? (to provide information on which ones to focus on in the UNHS analysis) e.g. number of meals per day may not an appropriate indicator	<p>The RCA insights have highlighted two key elements for analysis of national household survey data</p> <ul style="list-style-type: none"> (i) Given that needs vary widely, the elderly should be categorised as suggested by old people themselves (active, frail and sickly) and the indicators disaggregated accordingly (ii) The outcome of contributing to <i>dignified and healthy lives</i> is viewed by the elderly as more important than economic benefits alone. Their altruism contributes significantly to their sense of wellbeing, preserves a sense of independence and dignity derived from feeling like a net contributor to family finances rather than a burden. When selecting indicators for analysis, there is a need to be cognisant of this.

ESP II theory of change



The second phase of the Expanding Social Protection Programme (ESP II) is implemented by the Ministry of Gender, Labour and Social Development, funded by the UK Department for International Development and Irish Aid, and managed by Maxwell Stamp in association with Development Pathways.