

## **UTAFITI SERA ON SOCIAL PROTECTION**

### **MAPPING OF EXISTING STUDIES ON SOCIAL PROTECTION IN KENYA**

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## List of Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AIHD	African Institute for Health and Development
ASAL	Arid and Semi-Arid Lands
CBO	Community Based Organization
CDF	Constituency Development Fund
CSO	Civil Society Organization
CT	Cash Transfer
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
CT-PWSD	Cash Transfer for People with Severe Disabilities
DFID	Department for International Development
FAO	Food and Agricultural Organization
FBO	Faith Based Organization
GoK	Government of Kenya
HELB	Higher Education Loans Board
HIV	Human Immunodeficiency Virus
HSNP	Hunger Safety Net Program
ILO	International Labour Organization
INCLUDE	Inclusive Development
KANU	Kenya African National Union
KNBS	Kenya National Bureau of Statistics
MEACL&SP	Ministry of East African Community, Labour and Social Protection
M&E	Monitoring and Evaluation
NARC	National Rainbow Coalition
NDMA	National Drought Management Authority
MoDP	Ministry of Devolution and Planning
NHIF	National Health Insurance Fund
NSAA	National Social Assistance Authority
NSPP	National SP Policy
NSSF	National Social Security Fund
OVC	Orphans and Vulnerable Children
OPCT	Older Persons Cash Transfer
PASGR	Partnership for Social Governance and Research
PILU	Programme Implementation and Learning Unit
PWSD	Persons with Severe Disability
SP	Social Protection
UN	United Nations
UNICEF	United Nations Children Fund
VCi	Vegetation Condition Index
WB	World Bank
WEF	Women Enterprise Fund
WFP	World Food Program
YEDF	Youth Enterprise Development Fund

## Executive summary

### Background

The Partnership for African Social and Governance Research (PASGR) and the Knowledge Platform on Inclusive Development (INCLUDE) are supporting various studies on SP in Kenya aimed at informing and influencing policy uptake. The two organizations have established *Utafiti Sera*, which represents a community of researchers and policy actors that work together to ensure that appropriate policy actions and uptake occur either through programmes, legislation, policies or administrative and other actions around an issue for which research has provided evidence, in this case social protection (SP) in Kenya. The African Institute for Health and Development (AIHD) is supporting PASGR to implement activities under Utafiti Sera as a *'process'*, *'space'*, *'platform'*, *'forum'* and a *'vehicle'* to inform and influence policies and programmes on SP in Kenya. This report focuses on mapping of existing studies on SP in Kenya.

### Objectives of the mapping exercise

The mapping exercise pursued the following four objectives: (i) identify research and other evidence relevant to SP policy; (ii) document the current status of knowledge on SP in Kenya; (iii) identify policy-related gaps in SP in Kenya; and (iv) make recommendations on policy, research and programming.

### Methodology

The information used to generate this report was collected by use of secondary data. Review of studies on SP in Kenya (both published and unpublished), policies, guidelines, strategies and relevant project documents was undertaken through use of in-house reports/materials and web platforms (online searches).

### Outcome of the mapping exercise

Below are some of the key results from the mapping exercise.

#### 1. Legislation and SP System in Kenya

- i. The country has policies and mechanisms that guide the implementation of SP. The development of a national SP framework in 2011 was informed by international instruments, regional commitments (e.g. the African Union), constitutional provisions and national development plans.
- ii. SP policies and mechanisms are derived in different ways but most importantly they are informed and shaped by prevailing political and donor interests. The inherent risk is the change in government and donor interests and priorities.
- iii. Policy formulation adopts a top-down approach; consequently the involvement of beneficiaries or community members is limited.
- iv. Although there are plenty of policies relevant to SP in place, a gap exists between policy formulation, research and implementation.
- v. Different policies, guidelines, action plans and strategies have provisions for monitoring and evaluation (M&E) that include developing monitoring indicators for every activity, establishing evaluation structures, producing and disseminating reports on a regular basis and reviewing the respective policies. However, these mechanisms and structures are weak and limited resources are allocated to these functions by the Government and other implementing partners.

- vi. Enactment of policies is not necessarily related to improved services. Major requirements and provisions of the laws and policies have not been enforced fully. In addition, structures to implement legal frameworks are still weak.

## **2. Social protection programmes in Kenya**

- i. *High fragmentation in SP programmes:* Firstly, while implementing SP programmes, different initiatives are addressed through different sectors of the economy. These programmes are therefore fragmented with a high probability of duplication. Secondly, different SP sectors select their priority areas, increasing the probability of exclusion of beneficiaries who could be vulnerable and extremely deserving. Thirdly, for those programmes that do not have a national reach, the implementation sites are at times directed by the donor or funding organizations, thus the resources may not be proportionately invested both geographically and according to sectors.
- ii. *Lack of comprehensive approach to SP:* Although the National Social Protection Policy (NSPP, 2011) outlines a variety of instruments for supporting poor and vulnerable households, the most commonly used instrument in the country is cash transfers. Moreover, most of the funds received by households are directed to education yet the main aim of cash transfers (CTs) is smoothing consumption.
- iii. *Poor targeting of beneficiaries:* Although poverty targeting is being employed as one of the criteria for disbursing social assistance benefits within the country, levels of vulnerability and poverty call for the need to expand coverage and move towards universal coverage instead of targeted approaches.
- iv. *Inadequate coordination of SP Programmes:* The Government lacks adequate coordination and information sharing mechanisms between actors, inadvertently leading to duplication of effort.
- v. *Lack of sufficient evidence on the progress of the implemented SP Programmes:* Trend data on SP as a whole are more readily available than data on specific SP programmes around safety nets or contributory schemes.
- vi. *Lack of effective exit and graduation mechanisms:* Most of the programmes do not have graduation mechanisms. For instance, is not clear what happens to children who reach 18 years and above but are still in primary or secondary school.
- vii. *Inadequate engagement of the media on SP:* SP initiatives are not adequately publicized to the citizenry, therefore information and learning is limited to the institutions undertaking specific programmes.
- viii. *Financing:* There is inadequate financing in relation to the huge demand for social assistance in the country.

## **Conclusion**

The various studies and documents reviewed show that SP has the potential to play an important role in the promotion of equity, economic and social rights for all Kenyans. It is clear that effective implementation of existing SP initiatives is hampered by: weak coordination; duplication; poor M&E of the multi-sectoral programmes; limited data; lack of complementarities; and limited financial and human resources. Different scholars in SP have emphasized the urgent need to enhance efficiency in the implementation of SP programmes by: concentrating resources; defining roles and responsibilities; linking policy formulation and implementation, programming and

research; and facilitating the coordination of SP programming between different government ministries, development partners and civil society organizations (CSOs).

#### *Recommendation*

The following is a summary of key recommendations based on the findings of the mapping exercise:

#### **Legislation:**

- i. Policy-making being government-led should be informed by evidence. This would require the government to work with partners, including CSOs, to generate the relevant evidence for policy formulation and reforms.
- ii. Resource allocation should be aligned to the policy provisions and commitments made by the Government in its national plans.
- iii. The national and the county governments should review the targeting, coordination and implementation guidelines of SP programmes to align them with the current needs and capacities.
- iv. There is a need for political, financial and technical support from other government ministries and development partners to build institutional capacity of a central unit to coordinate national SP interventions.
- v. It is important to put in place a broad legal framework that recognizes the implementation of SP interventions as a right by individuals, groups and communities.

#### **Programming**

- i. Given the increase in cost of living and variations of poverty levels by county, there is need for review of the budget allocated by the Government to the CT programmes as well as the types of CTs, coverage of the interventions, and ultimately the amount of funds transferred directly to beneficiaries.
- ii. There is need for better coordination between CTs and other forms of social assistance programmes such as provision of assistive devices for PWDs or nutritional programmes for infants and pregnant mothers.
- iii. The implementing agencies should roll out an intensive well-coordinated public education programme to sensitize the communities, administrators and all other stakeholders of the objects, purpose, value and processes of implementation of CT programmes.
- iv. A comprehensive, practical participatory framework should be developed to provide communities with a platform for participating in the programmes.

### **III. Exit and graduation mechanisms**

#### *Exit*

On attainment of 18 years and based on the fact that the household still requires assistance, beneficiaries should be linked to other social assistance/complementary programmes.

- i. Continuous capacity building for beneficiaries, caregivers and implementers is necessary.

## *Graduation*

- i. The Government should develop a framework for linking the beneficiaries to other service providers and interventions.
- ii. Create awareness and support for the programme teams through local exchange visits among other strategies.
- iii. Encourage beneficiaries and caregivers to form groups for social economic activities depending on their abilities and interests.
- iv. Link beneficiaries to markets to increase their opportunities for income generation.
- v. Create a fund to boost productive economic activities of the beneficiaries and caregivers.

## **IV. Sustainable Financing**

- i. Expand sources of funding for SP to include the private sector, community members, CSOs and FBOs.
- ii. Social Protection should be viewed as central rather than peripheral to national development. This would help to overcome concerns about cost.
- iii. There is a need for a multi-annual fund which would guarantee support to beneficiaries on a continuous basis.
- iv. Enhance budget coordination and awareness among the concerned government departments and development partners.

## **V. Universalism of Cash transfers to senior citizens and persons with severe disabilities (PWSD)**

- i. Increase Government ownership of programmes.
- ii. The Government should explore other avenues of obtaining additional revenue in the country such as debt relief, curbing illicit financial flows and corruption, responsible borrowing and prudent use of funds.
- iii. Strengthen and scale up local persons with disability (PWD) and senior citizen programmes.
- iv. Economically empower PWDs through training and access to credit, and support the programmes that are being implemented through the various government and other key agencies.

## **Vi. Research needs:**

- i. Research evidence should reach those with decision making authority, the community members who can build demand and the people who are affected directly or indirectly by the findings.
- ii. The linkages between research organizations, think tanks and lobby groups should be strengthened in order to improve the chances of research-policy uptake.
- iii. There are several research issues that need to be addressed:
  - a. The cost-effectiveness of SP instruments.
  - b. Appropriate mechanisms of linking safety nets to social health insurance and social security.
  - c. The effectiveness of different graduation models.
  - d. The viability of resource mobilization from other sectors, such as the private sector and communities.
  - e. The lifecycle approach to SP.

## 1. INTRODUCTION

### 1.1 The Concept of *Utafiti Sera*

The *Utafiti Sera* is an initiative of the Partnership for African Social and Governance Research (PASGR) with support from the Knowledge Platform on Inclusive Development (INCLUDE) and other national and international organizations that work on social protection (SP) in Kenya. The initiative represents a community of researchers and policy actors that work together to ensure that appropriate policy actions and uptake occur either through programmes, legislations, policies or administrative and other actions around an issue for which research has provided evidence, in this case SP, in Kenya. As such, *Utafiti Sera* is a “process”, “space”, “platform”, “forum” and a “vehicle” for transforming research evidence-based knowledge for policy uptake.

Under this initiative, a series of activities are planned to inform and influence policy on SP. They include: packaging of new and existing relevant research evidence on SP to inform policy makers and practitioners; organizing forums on topical issues on SP; developing a 20-minute television documentary on the impact of SP programmes at the local level; developing policy briefs and infographics; organizing breakfast meetings with parliamentary select committees; providing a virtual platform for active knowledge exchange on SP issues in the country; and creating spaces for policy advocacy and uptake.

The *Utafiti Sera* initiative aims to:

- i. Sustain a vibrant research-policy community on SP in Kenya through well planned programme activities;
- ii. Generate new research evidence and synthesize existing relevant research evidence on SP and make it available to policy makers and practitioners using policy briefs, newspaper articles, and video documentary, among other forms of communication; and
- iii. Engage key policy makers and practitioners through direct contact, policy advocacy and use of issue champions during breakfast meetings, policy debates and workshops.

### 1.2 The Context of Social Protection

Social protection (SP) interventions have been used in Africa as a means of mitigating risks and substantially reducing chronic poverty and vulnerability without producing significant distortions or disincentives for many decades. In Kenya, SP has been implemented for many years in various forms that include both non-contributory and contributory schemes (NSPP, 2011). However, coverage of the social insurance schemes and safety net programmes has tended to be low and their effectiveness limited. Consequently, poverty and vulnerability remain high in the country with the rate of poverty standing at 47 percent in 2005/2006 (RoK, 2012). Furthermore, poverty has a female face and largely affects the young and the elderly (NSPP, 2011). Vulnerability of female-headed households to poverty is approximately 14 percent compared with 5 percent for male-headed households (RoK, 2012). Economic disparity contributes largely to poverty among women, since they are the primary producers of food and their reproductive and caregiver roles are not allocated economic value. In addition, women are excluded from decision-making on economic issues; they have limited access to the means of production including land, capital and technology; they work on farms as free family labourers; and their work is both undervalued and under-paid (Nzioka and Mwasijaji, 2012).

Although SP interventions have significantly reduced extreme poverty and helped households escape from generational poverty in Kenya, no comprehensive analysis has been undertaken of the SP sector as a whole, with existing studies having confined themselves to looking only at safety nets or contributory schemes. Moreover, there is no comprehensive picture of how safety net programmes and contributory schemes are performing, either individually or as a set of



programmes to address the vulnerability of the Kenyan population throughout the lifecycle (RoK, 2012).

A wide range of safety net interventions exist in Kenya, but in the absence of a coherent approach, they lack the capacity to offer an integrated response to the needs of the poor. For example, while the ongoing and repeated distribution of food to poor families in arid and semi-arid lands (ASALs) was keeping people alive, it was not contributing to a sustained reduction in poverty (RoK, 2012). According to a report by Abdulla *et al.* (2011), although the Government has initiated a number of SP programmes to address poverty in the country, most of the programmes have a rural focus and few cover the urban areas. In addition, progress in developing comprehensive SP programmes that involve cash transfers in some parts of the world, notably Africa has been poor (UNICEF, 2007).

### 1.3 Linking policy, programming and research

Social protection (SP) does not operate in a vacuum but rather it draws from a multiplicity of interventions. The legislative components (both international and local) of SP are rooted in policy direction (Hakijamii, 2014). Arguably, the most important policy in Kenya is the National SP Policy (NSPP) of 2011. Research on the other hand provides evidence on the implemented SP programmes e.g. current status of the programmes. There is therefore need to link policy, programming and research to address the following issues:

- i. *Limited scope of SP programmes:* There are huge gaps in the coverage of Kenyan social assistance, social security and health insurance systems. This is the result of the narrow coverage provided for in the current legal framework, which is largely limited to formal sector workers. Therefore, informal sector workers and those living in rural and remote areas have inadequate access to SP (NSPP, 2011).
- ii. *Low quality and inequality of SP programmes:* Despite the fact that the GoK has initiated a number of SP programmes to address poverty in the country, most of them have a rural focus and few cover the urban areas. For example, despite free primary education's (FPE) national coverage, access by children in urban slums is still limited by structural and policy issues. Specifically, the inadequate number of public schools to serve the slum populations has led to the mushrooming of private schools registered as non-formal schools within the Ministry of Education (MoE) and hence not eligible for government support under the FPE policy (Abdulla et al, 2011).
- iii. *Aid analysis and prioritization of public expenditures and public policy choices:* The linkage between SP and broader social policy is important to the allocation and prioritization of public expenditures and public policy choices. Particularly, in poorer countries, difficult choices need to be made in relation to the capacity of the state and the need to direct financial, institutional and human resources at different fields, such as health, education and water as well as SP. In addition, it is important not to see SP as a field that deals only with residual problems of human welfare, but as a form of policy which liberates human potential and promotes equality of opportunity as well as outcome (Norton et al, 2001).
- iv. *Limited availability of data on SP programmes:* Data on SP spending especially on non-contributory social assistance are difficult to obtain. Therefore, it is difficult to assess per country exactly what type of SP is budgeted for within which category of expenditure. A key effort is to mainstream SP programmes in the normal budget process and to institutionalize systems that guarantee assistance for the very poor and protect the vulnerable from livelihood risks and social discrimination (PASGR, 2012).

- v. *Establishing nationally owned programmes and scaling up pilot programmes:* These two elements are far from easy. Within governments, there still are negative attitudes towards SP while programmes supported by donors and non-governmental organizations (NGOs) leave little or no space for the development of nationally owned programmes. In addition, there is lack of awareness (on the part of both governments and donors) about the role that civil society organizations (CSOs) and the public should play in demanding for SP. There are also problems of lack of technical expertise in the design and implementation of SP programmes, as well as limited funding (APSP, 2012).

#### **1.4 Objectives of the mapping exercise**

The mapping exercise pursued the following three objectives:

- i. Identify research and other evidence relevant to SP policy
- ii. Document the current status of knowledge on SP in Kenya;
- iii. Identify policy-related gaps in SP in Kenya; and
- iv. Make recommendations on policy, research and programming.

## 2. METHODOLOGY

This section covers the approach used in accessing the reviewed documents:

### 2.1 Sources of information on mapping

The mapping exercise involved in-depth desk reviews of existing studies, both published and unpublished, on SP in Kenya. The documents reviewed included Government reports/documents, studies supported by PASGR and INCLUDE and other key stakeholders. In total 132 documents - 60 published and 72 unpublished documents have been reviewed. These documents were mainly sourced from the Internet (online searches). However, a total of 10 hard copies of in-house reports and documents on SP were included in the mapping exercise (see *Annex II*). In addition to reviewed documents, the background and findings of this report are informed by work of different authors/scholars which are acknowledged and referenced under the reference section.

### 2.2 Key search words

Key search words used in the mapping exercise included, but not limited to: *SP, Cash transfer, Social Assistance, Social Insurance, Social Security, Social transformation, Social policy, synergies, exit and graduation* in Kenya.

Table 1: Summary of the key documents referenced for this mapping exercise

Topic	Number reviewed	No. published in peer-reviewed journals	No. unpublished
Policy	10	0	10
Social assistance	7	2	5
CT-OVC	9	3	6
HSNP	8	0	8
OPCT	5	1	4
CT-PWD	8	0	8
Social Security	5	0	5
Social Health Insurance	7	3	4
Synergy	4	0	4
Exit and Graduation	4	0	4
Financing	4	0	4

### 2.3 Key challenges encountered during the mapping exercise

- i. *Limited data on specific SP programmes:* Many studies exist on SP in Kenya. However, when reviewing these studies, it was challenging to get in-depth data on specific SP programmes especially on contributory schemes. To counter this problem, the team reviewed a few studies that met the objective of the mapping exercise.
- ii. *Assessing study quality:* This was critical since different studies employ different methodologies and approaches some of which are not scientifically sound, impacting negatively on their findings. To deal with this problem the team had to examine in a systematic manner the methods used in primary studies, and investigate potential biases in those studies and sources of heterogeneity between study results.
- iii. *Difference in terminologies used in SP studies:* There is no harmonization of terminologies used by different players implementing SP in Kenya. For instance, the term social assistance may mean different things to different authors and implementers.

### **3. KEY OUTCOMES OF THE MAPPING EXERCISE**

This chapter looks at various studies on key thematic areas: i) political economy of SP programmes in Kenya; ii) traditional SP systems in Kenya; iii) Legislation and SP systems in Kenya; iv) SP components in Kenya; v) enhancing synergies in SP delivery; vi) exit and graduation approaches to SP programming; and vii) Financing SP Initiatives in Kenya.

#### **3.1 Political economy of SP programmes in Kenya**

Under this section, 3 documents were reviewed (see annex 2A)

The evolution of SP in Kenya can be traced back to the social movements that were initiated by opposition politics advocating for equal distribution of national resources and elimination of inequalities that were evident during and immediately after colonial rule. The opposition movements, premised on the notion of expanding democratic space, had been spearheaded by civil society advocacy groups with slogans such as ‘basic needs are basic rights’ and the demand for the change of the constitution as a means of mounting pressure on the government to take the responsibility of ensuring that mechanisms are put in place to guarantee that part of the national resources are channelled to cater for the basic needs of the poor and vulnerable citizens (Wanyama and Nyambedha, 2014).

Notably, the degree to which SP can contribute to the reduction of inequality and poverty is to a large extent anchored in the politics of development in Kenya. The whole mark of Kenyan politics since independence has been personal rule that has spawned the culture of patronage, in which people participate in politics in exchange for rewards in the form of resources and services they receive from leaders. In this mode of politics, the president and his close associates control access to state resources to the exclusion of the wider citizenry as a means of assuring their hold onto power (Wanyama and Nyambedha, 2014).

The expansion SP in Kenya especially the initiation of cash transfer programmes, followed the change of government in Kenya in 2002, when the former opposition politicians and civil society activists formed National Rainbow Coalition (NARC) to defeat Kenya African National Union (KANU). The key features in NARC manifesto for the 2002 elections was to provide free primary and day secondary education to the Kenyan people and the enactment of a new constitution that would institutionalize SP mechanisms and ensure redistribution of resources to benefit the vulnerable sections of the Kenyan citizenry (Wanyama and Nyambedha, 2014).

In summary, the current CT schemes in Kenya are a product of the sustained pressure on the government by various key actors which resulted in SP being institutionalized in Kenya through the 2010 Constitution. There is evidence of growing institutionalization of SP as opposed to forms of patronage in addressing the needs of vulnerable populations in the country that were characterized by the president distributing foodstuffs to sections of starving Kenyans during state-organized political rallies to buy political support (Wanyama and Nyambedha, 2014).

#### **3.2 Traditional SP systems**

For the purpose of this mapping, 5documents were reviewed (see annex 2A).In the past, traditional and pre-colonial systems of SP were based on the traditional (extended) African family and the clan. Many communities relied on family, clan or communal systems for ensuring SP for all generations that is for children, the disabled and the very old (Barya, 2011).Social rights and entitlements in Africa are more often grounded within the informal domains of social relationships and cultural norms in which the family play prominent roles than the state (PASGR, 2012).

In Kenya, there is a range of formal and informal SP providers. Community based organizations (CBOs) are an important informal SP provider in Kenya and are registered under social  
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development departments at the local district or county level. They encompass a wide range of organizations such as self-help, women and youth groups and savings and loan organizations, some of which may not be registered. Registered CBOs can be categorised as self-help mixed groups, i.e. groups with men, women and youth members and mostly clan based; women groups; youth groups; local NGOs and faith based organizations (FBOs) (Okwany and Ngutuku, 2015).

Informal SP providers have contributed tremendously to the growth of SP sector. For example, most SP programmes implemented by the informal providers are transforming the lives of poor women and empowering them, particularly the programmes focusing on income generation, access to credit and savings, skills training and civic education and leadership skills (Nzioka and Mwasiaji, 2012).

In summary, although the government is the largest source of SP financing, informal SP providers such as NGOs are present and active in the sector on a large scale and play a pivotal role in providing safety nets (RoK, 2009).

### **3.3 Legislation and SP systems in Kenya**

Social protection in Kenya gets direction from policy prescriptions that seek to address poverty, sustainable development, cohesion, food security, health care benefits, among others. These are drawn from both local and international recommendations that inform the development agenda. Under this section, 10 documents were reviewed (see annex 2A)

The international agreements on SP include: the Universal Declaration of Human Rights (1948), which recognizes SP as a fundamental human right for all citizens of the world. This is reinforced by several United Nations (UN) and International Labour Organization (ILO) conventions as well as regional agreements including the African Charter on Human and Peoples' Rights (1981) and the East African Community Common Market Protocol. Additionally, the UN/ILO Social Protection Floor Initiative (SPF) guarantees a universal minimum package of social transfers and services within a lifecycle approach to SP (NSPP, 2011).

Locally, SP is mainly guided by the following legislation:

- i. *The Constitution*: All laws or policies in Kenya, including those touching on SP are consistent with the Constitution. The Constitution (2010) provides for basic rights to health, education, and decent livelihoods and is the legislative cornerstone for SP in Kenya. Specifically, Article 43 of the Constitution states, "Every person has the right to the highest attainable standard of health....., to accessible and adequate housing..., to be free from hunger ....., to social security and to education" (RoK, 2010). Article 21 commits the state to working towards the gradual realization of the social and economic rights of its citizens so as to ensure equity. Article 53 addresses Children's rights, Article 54 makes reference to persons with disability, Article 55 speaks of the youth, Article 56 of minorities and marginalized groups while Article 57 looks at older persons (RoK, 2010).
- ii. *The Vision 2030*: This Vision is based on three "pillars" namely; economic, social and political. In particular, the social pillar seeks to build "a just and cohesive society with social equity in a clean and secure environment" (RoK, 2007). This pillar of Vision 2030 speaks to investing in people to improve their quality of life. This links directly with SP goals geared towards creating opportunities, capacity among others. Generally, the Vision aims at steering Kenya to a middle income economy which is anticipated to improve the standard of living for its citizens.

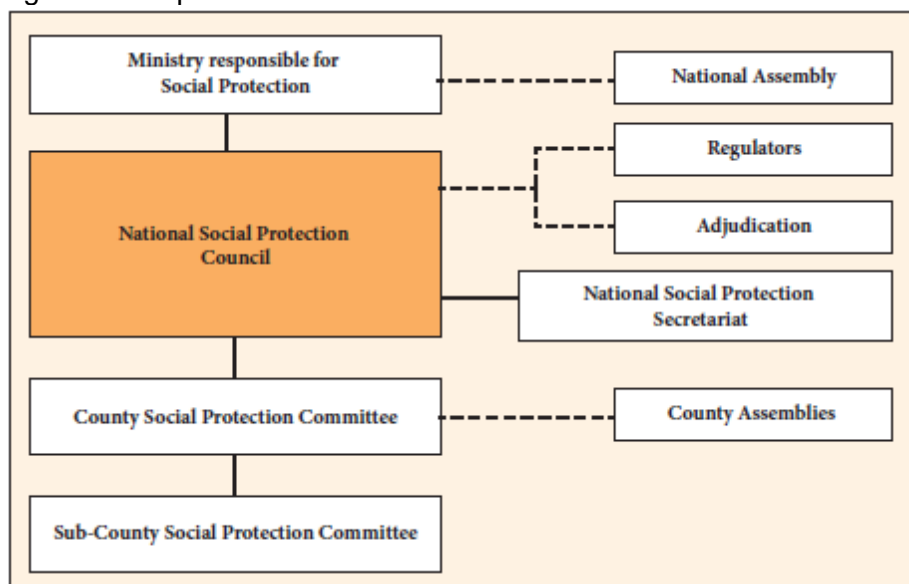
iii. *The National Social Protection Policy:* The government has formulated and passed the National SP Policy (2011) as part of its efforts to reduce poverty and the vulnerability of its population to economic, social and natural shocks and stresses. The Policy aims at helping individuals and households to reach a better balance between care-giving and productive work responsibilities. Notably, the policy attempts to coordinate the different SP interventions which were previously run by different ministries such as education, health and agriculture. The policy states, “The Government shall establish a National Social Protection Council (NSPC) to coordinate and oversee the development, implementation, and integration of social protection strategies, programmes and resources”.

The main objectives of the policy include:

- Protecting individuals and households from the impact of adverse shocks to their consumption that is capable of pushing them into poverty or into deeper poverty.
- Supporting individuals and households to manage these shocks in ways that do not trap them in poverty by reducing their exclusion and strengthening their ability to graduate from social assistance and to become financially self-sufficient.
- Cushioning workers and their dependants from the consequences of income-threatening risks such as sickness, poor health, and injuries at work as well as from the threat of poverty in their post-employment life.
- Promoting key investments in human capital and physical assets by poor and non-poor households and individuals that will ensure their resilience in the medium term and that will break the intergenerational cycle of poverty.
- Promoting synergies and integration among social protection providers as well as positive interactions among stakeholders for the optimal functioning of this Policy.

The NSPP provides for the coordination structure of SP in Kenya as presented in figure 1.

Figure 1: Proposed administration structure of SP



iv. *The Social Assistance Act:* The Social Assistance Act of 2013(section 1) is meant to give effect to Article 43 (1) (e) of the Constitution of Kenya. The Act aims at meeting three main objectives that is; to establish the National Social Assistance Authority (NSAA) and to provide

for the rendering of social assistance to persons in need and for connected purposes (RoK, 2013). The Act provides for social assistance in the form of financial assistance and social services. Its overarching aim is to ensure that people are in the right footing when it comes to social economic development.

However, the government has been sceptical about implementing the provisions of the Act as it contradicts the already existing SP policy in the following ways:

- Whereas the policy puts the administration and management of SP programmes under the National Social Protection Council (NSPC), the Act proposes the establishment of a National Social Assistance Authority (NSAA) to play this role.
  - Whereas the policy envisages the NSPC to comprise of “representatives of the Government ministries engaged in SP and of NSA such as the private sector, employers, workers, development partners, community groups, and voluntary organizations”, the Act makes NSAA relatively autonomous with a management board chaired by a competitively recruited person that is appointed by the Minister in charge of social security and services.
  - The NSAA has the power to establish its branches in the country and raise funds for SP while the SP Policy stipulates the management structure that runs from the NSPC and a SP Secretariat hosted by the ministry in charge of social security and services to administrators and committees at county and sub-county levels.
- v. *Social protection systems in Kenya:* The Government has established various mechanisms to ensure coordinated implementation of SP programmes. The National Safety Net Programme (NSNP) has established a single registry to harmonize and consolidate the current range of fragmented SP schemes by building synergy across programmes. This has furthermore enhanced the ability of the programmes to maintain and access information and scale-up operations in response to crisis. A common monitoring and evaluation (M&E) framework has been developed for cash transfer programmes. The main aim of the framework is to ensure harmonized targeting, enrolment and beneficiary recertification methodologies. A common targeting Proxy Means Test (PMT) tool for the cash transfers has been formulated to streamline the targeting process. In addition, biometric registration of beneficiaries along with an electronic payment system have been implemented to enhance transparency; efficiency and accountability in cash delivery; support financial inclusion of poor households by encouraging savings; and to ensure harmonized complaints, grievance and feedback mechanisms (RoK, 2015).

### **Key emerging issues on legislation**

- i. Most laws and policies that initiate SP schemes were developed prior to the enactment of the current Constitution and the development of the Vision 2030;
- ii. SP policies and mechanisms are derived in diverse ways but most importantly they are informed and influenced by the prevailing political and donor interests. The inherent risk is the change in government and donor interests and priorities.
- iii. Policy formulation adopts a top-down approach, thus the involvement of beneficiaries or community members is limited.
- iv. Different policies, guidelines, action plans and strategies have provisions for monitoring and evaluation (M&E) that include developing monitoring indicators for every activity, establishing evaluation structures, producing and disseminating reports on a regular basis and reviewing the respective policies. However, the mechanisms and structures for M&E are weak and very limited resources are allocated to these functions.
- v. Structures to implement legal frameworks are still weak, for example, major requirements and provisions of the laws and policies have not been enforced fully.

- vi. Policies and legal frameworks that guide safety net provision are not aligned with the changing social, political and economic context in Kenya. The fact that the impetus to draft the various legal frameworks is driven by specific sectors and actors tends to limit the capacity and/or willingness of sectoral policymakers to cross-reference legislation in other sectors. For instance, poverty among older people and the vulnerability of children are closely linked, yet some of the connections are not sufficiently recognized in current legislation (RoK, 2012).
- vii. Insufficient capacity in the ministries and agencies to implement a coordinated and harmonized SP system. Capacity gaps are related to the lack of sufficient staffing and infrastructure and the fragmented nature of current SP programmes.

#### **Key recommendations on legislation**

- i. Although the country has a NSPP, it is vital to translate the policies provisions into practice, ensuring target populations benefit from the policies meaningfully.
- ii. There is need for political support from other ministries as well as technical and financial support from development partners to build the institutional capacity of a central unit to coordinate national SP interventions, partly by integrating their management and information systems.
- iii. The recognition of SP measures as a right in the Constitution is a basis for individuals, groups, and communities to hold the government to account, including by taking legal action if they feel aggrieved. SP stakeholders including CSOs and the public in general should be aware of the provisions of the Constitution as it relates to SP in order to be able to ensure that the government meets its obligations.

### **3.4 Social protection components in Kenya**

SP as defined by the Kenyan government comprises of three distinct elements; social assistance, social security and social health insurance.

#### **3.4.1 Social Assistance**

The NSNP puts all the four CT programmes under one coordinating agency which is the National SP Secretariat (NSNP). The cash transfer (CT) programmes implemented by the Government with support from donor community include: the CT for Orphans and Vulnerable Children (CT-OVC) of 2004, the Hunger Safety Net Programme (HSNP) of 2007, Older Persons Cash Transfer (OPCT) of 2006 and Cash Transfer for Persons With Severe Disabilities (CT-PWSDs) of 2010.

This section focuses on the key emerging issues on the four cash transfers. There are however other safety net programmes implemented by other Ministries and partners including *Njaa Marufuku*, food for assets by World Food Programme (WFP), that are listed in the Kenya Social Protection Sector Review (ROK, 2012).

**I. CT-OVC:** It is evident from the mapping exercise that a lot of research has been carried out on CT-OVC programme. However, for purposes of this study about 9 documents were reviewed (see annex 2F).

Key findings from studies reviewed indicate that the CT-OVC programme has led to improved nutritional status of children, increased enrolment and retention of children in schools, reduced the incidence of both paid and unpaid child labour in beneficiary households, and improved the



economic status of caregivers ((UNICEF, 2009; DFID, 2013; and Save the Children 2015). Despite these advances, a Joint Statement on Child-Sensitive Social Protection (2009) by UNICEF and other partners calls for SP programming to maximize benefits and avoid adverse consequences for children. Specifically, the Joint Statement urges for special provisions to reach children who are particularly vulnerable and excluded, including children without parental care, and those who are marginalized within their families or communities due to their gender, disability, ethnicity or other factors.

### **Key emerging issues of the CT-OVC programme**

- i. *Poor coordination:* CT-OVC services are provided by many providers, but they are not coordinated at all levels including at the community level. The capacity to regulate the proliferation of OVC programmes is not sufficient given that the quality of services is often low, and service provision is not uniform (Pfleiderer and Kantai, 2010; Were et al, 2013).
- ii. *Poor targeting:* The CT-OVC programme uses a complex targeting process to identify the poorest OVC households. In essence, its targeting mechanism is based on a PMT methodology which has significant in-built errors and relatively arbitrary choices. This may therefore, lead to exclusion of poor deserving households while including undeserving households.
- iii. *Limited Coverage:* Existing interventions only support small proportion of OVC (Were, et al, 2013).
- iv. *Lack of exit and graduation mechanisms:* There is lack of regulation on the duration a service provider should support a beneficiary (Pfleiderer and Kantai, 2010 and Were et al, 2013).

### **Key Recommendations on CT-OVC**

- i. Recognize the role played by local community leaders such as chiefs in administering the programme and provide them with adequate support.
- ii. Consideration needs to be given to introducing robust audit, monitoring and grievance processes in OVC interventions.
- iii. As the programme grows, it will need to find a means of simplifying its targeting process and aligning it to the real administrative capacity of the Government.
- iv. Activities to ensure graduation from extreme poverty and eventual exit from the programme need to be scaled up to minimize overdependence. This calls for engagement of other stakeholders and linkages with other related interventions to hasten improvement in livelihoods (Mathiu P. and Mathiu K., 2012).

**II. Hunger Safety Net Programme:** This is a targeted unconditional cash transfer programme operating in four counties: Mandera; Marsabit; Turkana; and Wajir in Northern Kenya. For purposes of this mapping 8 documents were reviewed (see Annex 2C).

### **Key Emerging issues on HSNP**

- i. *Resource constraints:* The areas of operation are vast with very poor infrastructure. This coupled with transport and communication constraints inevitably lead to delays in registration and enrolment.
- ii. *Design challenges:* In phase I, inclusion and exclusion errors were inherent in the design of HSNP methodologies. Furthermore, mixed migration patterns and beneficiary absenteeism had a degree of negative impact (Beesley, 2011). In phase II, the accuracy of vegetation Condition Index (VCI) and PMT methodologies as well as the acceptability of the allocation formula were in question. HSNP formula was perceived to be top-down and lacks a participatory element (NDMA et al, 2016).

- iii. *Technological challenges*: The malfunctioning of databases and inadequate resources has affected the speed and efficiency of implementation of the programme (Beesley, 2011).
- iv. *Payments challenges*: The protracted production of smartcards and issues regarding smartcard management has affected the timeliness of payments to the beneficiaries. Some beneficiaries have been forced to travel to pay points further than the stated 20 kilometre limit. In Phase II use of biometric cards for payment was introduced. Some of the payment challenges raised during this phase include; beneficiaries travelling long distances to pay points, long queues and liquidity constraints during scale-up months (Beesley, 2011; NDMA et al, 2016).
- v. In phase II, a clear strategy for monitoring of emergency drought scale-up payments was not yet in place (NDMA et al, 2016).

### **Key recommendations on HSNP**

- i. The need for better communication of the current targeting procedures due to the fact that targeting is complex and requires a strong effort over a long time to reach a point where it is well understood by citizens (NDMA et al, 2016).
- ii. Development partners supporting HSNP need to agree on a more recipient choice on how to transfer payments to beneficiaries. Cash transfers could be received via an equity account and payment or via a mobile technology such as *M-Pesa* (NDMA et al, 2016).
- iii. Although technological improvement is evident in phase II, there is need for capacity to make the HSNP system function properly across wide and remote areas.
- iv. There is a need for Equity branches to put in place plans to transport cash to remote locations in anticipation of demand generated by scale-ups.
- v. National Drought Management Authority (NDMA) should consider a review of existing data collection systems to ensure they can be used to monitor drought-induced scale-ups. In addition, Programme Implementation and Learning Unit (PILU) and donors need to support piloting the use of cell phone (or other) instant reporting systems.

**III. Older Persons Cash Transfer (OPCT)**: Older persons are some of the poorest in Kenya with no means of income and support. Many of them did not save for their old age, hence the poverty situation that they find themselves in (KNCHR, 2009). The OPCT programme is the only national SP programme that serves the non-pensionable and aged Kenyans, who are not formally employed (Mathiu P. and Mathiu K., 2012). Under this topic a total of 5 documents were reviewed (see annex 2 D).

### **Key emerging issues on OPCT programme**

- i. *Limited coverage and inadequacy of the transfers*: Although Kenya has tremendously increased financial support towards older people; the review of the poverty status of this age group highlights the inadequacy of the OPCT programme in supporting the absolute and hard core poor, who constitute 78.6% of people aged 65 years and above. The OPCT programme covers a mere 2.5% of all older persons and 3.2% of the 78.6% extremely poor elderly persons (Mathiu P. and Mathiu K., 2012; Kakwani et al, 2006).<sup>1</sup>
- ii. *Inadequate M&E mechanisms*: Since the pilot phase, there hasn't been a comprehensive published monitoring report of the OPCT programme thus, it is not clear how the OPCT programme has contributed to human capital development or a comparative analysis of the milestones achieved across the districts. Despite the rapid increase in financing the OPCT programme, there has been no report available in the public domain to show-case

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<sup>1</sup>Note that all the CT programmes have expanded in the last 3 years. The figures quoted by some of the authors are out-dated.

the impact of the programme in terms of contribution to poverty reduction and other welfare indicators (Mathiu P. and Mathiu K., 2012).

- iii. *Delays in disbursement of funds:* There have been subsequent delays in disbursement of additional funds by treasury when the Ministry of East African Community, Labour and Social Protection (MEACL&SP) liquidity levels are not enough (Mathiu P. and Mathiu K., 2012).
- iv. *Lack of clear exit and graduation mechanisms:* Although an exit criterion was set, there has been no report of exit of a beneficiary from the programme, begging the question “Is the OPCT programme building the capacity of beneficiaries or their caregivers to improve livelihoods and hence graduate from extreme poverty? (Mathiu P. and Mathiu K., 2012).

#### **Key recommendations on OPCT programme**

- i. The government should increase the funding of OPCT programme to avoid delays in the implementation of the programme due to dependence on donor funding (Mbugua and Gachunga, 2015).
- ii. Payment needs to reflect the changes in urban food poverty levels and rural basic needs poverty level especially considering the escalating food prices. A cash-based transfer is appropriate when food markets work and access to food is the root cause of hunger (Mathiu P. and Mathiu K., 2012).
- iii. The country should engage other Government departments in programme planning and implementation to hasten strengthening of capacity to improve livelihoods.
- iv. It is necessary to have a clear exit strategy to reduce dependence and burden of the programmes (Mathiu P. and Mathiu K., 2012).

#### **IV. Persons with Severe Disability Cash Transfer (CT-PWSD) programme**

This programme targets households with persons with disability; extremely poor households, non-recipients of pension or reasonable regular income, and non-receipts of other cash transfer services. Under this topic a total of 8 documents were reviewed (see annex 2E).

#### **Key emerging issues on CT-PWSD programme**

- i. *Limited coverage:* The programme is currently limited in coverage due to scarce resources. For instance, in some locations, only four to eight PWSDs are benefitting from the programme, which leaves out a large pool of people who qualify for support (Oddsdottir, 2014; NCAPD and KNBS 2008)
- ii. *Fraud and misinformation about the programmes:* People who are nominated to collect the funds on behalf of beneficiaries demand compensation. In some instances, the caretaker may collect the benefits without informing the beneficiary. Furthermore, due to low literacy and numeracy levels among some beneficiaries, caretakers may not tell them the truth about the value of the transfer and pocket the rest of the money. The Post office workers (where benefits were collected in the past) may collaborate with caretakers to defraud the beneficiary (Oddsdottir, 2014; KNCHR, 2007).<sup>2</sup>
- iii. *Favouritism:* According to a study by Oddsdottir (2014), some of the community members claimed that favouritism determined the selection of beneficiaries. Favouritism may be perceived from the fact that in cases some community members choose to hide their disability and end up being left out of the programme.

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<sup>2</sup>Note that all cash transfers are currently being paid either through Kenya Commercial Bank or Equity Bank.  
Report on mapping of SP studies in Kenya (August 2016)

### **Key recommendations on CT-PWSD programme**

- i. Strengthen and scale up local disability programmes.
- ii. Set aside special funds in the national budget to support the development of PWDs.<sup>3</sup>
- iii. Economically empower PWDs through training and availability of credit, and support the programmes that are being implemented.

### **Summary of the key emerging issues from social assistance programmes**

- i. *Fragmentation and lack of coordination:* While implementing SP programmes, different initiatives are addressed through different sectors of the economy. The programmes are therefore fragmented with a high probability of duplication. In addition, the implementation sites are at times directed by the donor or funding organizations, consequently resources may not be proportionately invested both geographically and according to sectors.
- ii. *Lack of comprehensive approach to SP:* Although the NSPP outlines different instruments for supporting poor and vulnerable households, the most commonly used instrument in the country is cash transfers. Food distribution and food for assets are also implemented however comprehensive coverage of vulnerable households is yet to be achieved.
- iii. *Poor targeting:* According to a report by NGECC (2014), some of the beneficiaries of the SP programme were not as needy as prescribed in the guidelines. The recipients failed to meet one or more of the critical parameters used in the recruitment process pointing to emerging weaknesses in the targeting, identification of qualifying households or dishonesty in the management of the programme.
- iv. *Lack of adequate training and sensitization on the programmes:* The results of the NGECC audit indicate that only 61 beneficiaries (30%) had received training about their rights and entitlements since they joined the programme. A majority of those trained were recipients of the CT-OVC. Some of the beneficiaries were not aware of the amounts payable to them, frequency of payment and eligibility criteria. Lack of adequate sensitization of beneficiaries and care givers about the fundamental principles and provision of the CT programmes explains these low levels of awareness and understanding (NGECC, 2014).
- v. *Poor engagement in the programmes by the community:* Lack of clarity about the identification and recruitment of beneficiaries may be an outcome of inadequate levels of engagement of the beneficiaries in the implementation of the programme or lack of adequate community sensitization about the intervention.
- vi. *Delays in providing the transfers and provision of funds in bulk:* According to a report by NGECC (2014), all beneficiaries complained that the transfers of funds were not consistent and that they had never been informed of changes in the bi-monthly payment schedules. Beneficiaries complained of delays ranging between 1 - 4 months from the expected payment date. Such delays and inconsistencies increase predictable vulnerability of this population and interfere with planning and budgeting at the household level.

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<sup>3</sup>The Government operates two funds through the National Council for Persons with Disability: National Persons with Disability Fund and National Disability Fund for Persons with Disability.  
Report on mapping of SP studies in Kenya (August 2016)

### **Key recommendations from social assistance programmes**

- i. During recruitment, the cash transfer programme should consider assessing the number and category of dependents to determine and recommend additional programmes useful to the target households or additional social security initiatives required.
- ii. Given the increase in cost of living and variations of poverty levels by county, there is need for review of the budget allocated to the cash transfer programme, types of cash transfers, coverage of the intervention, and ultimately the amount of funds directly to beneficiaries. The intensity, coverage and type of programme could vary significantly by county.
- iii. For CTs to be more effective there is need for better coordination with other forms of social assistance programmes such as provision of assistive devices for PWDs or nutritional programmes for infants and pregnant mothers. A multi-faceted CT programme is likely to have a broad-based impact on the lives of beneficiaries compared to a stand-alone programme.
- iv. The implementers of the programmes need to fully operationalize the principles of equality and inclusion in all stages and components of the programme. This will reduce inequities and increase the impact of the interventions among the vulnerable populations.
- v. The implementing agencies should roll out an intensive, well-coordinated public education programme to sensitize the communities, administrators and all other stakeholders of the objectives, value and processes of implementation of CT programmes. Additionally, public education needs to be regular and with consistent messages.
- vi. Establishment of exit and graduation mechanism: These mechanisms will enable beneficiaries to wean themselves off social assistance programmes and schemes and become financially self-sufficient wherever possible.

### **3.2.2 Social Security**

Social Security in Kenya is governed under the National Social Security Fund (NSSF) Act, 2013. It is notable that the Act is read together with other provisions such as the Retirement Benefits Act, Pensions Act and Employment Act among others. Of particular interest is Section 4 (a) of the NSSF Act which commits “*To provide basic social security for its members and their dependents for various contingencies ...*” (RoK, 2013). Under this topic a total of 5 documents were reviewed (see annex 2G).

#### **Key emerging issues on social security**

- i. *Limited coverage*: The Kenyan pension system is estimated to cover about 15 percent of the labour force. The NSSF is designed to cover all formal sector workers in firms with five or more employees. Therefore, it does not include the mainstream public servants (Kakwani *et al*, 2006).
- ii. *Challenges to universal and affordable access to social security*: These challenges include: high poverty levels, changes in the country’s demography represented by an increase in the population of older people, spread of diseases such as HIV/AIDS and the resultant burden on existing social security arrangements, global migration patterns resulting in a high non-national labour force, refugee crisis, changing family structures and values, among others. As stated by the ILO, it requires the adoption of a “comprehensive policy response” (HakiJamii Trust, 2007; Chitembwe, 2007).
- iii. *Lack of a good policy or legislative environment*: First, the Constitution of Kenya recognises the right of every Kenyan to social security. However, the Government has not domesticated the provisions of international treaties and conventions on the right to

social security. Second, Kenya does not have an official or independent policy on social security. This means that the existing legislative or institutional interventions don't flow, emanate or derive from a clear, central, coordinated policy locus (HakiiJamii Trust, 2007; Kakwani *et al*, 2006).

- iv. *Poor coordination of the security schemes:* Social security schemes are underfunded especially in the public sector leading to poor returns for members. Further, there is misappropriation of scheme funds due to members' lack of adequate awareness, poor administration and record keeping (HakiiJamii Trust, 2007).
- v. *Political interference:* Although the NSSF was, for many years, the only national social security provider in the country, its efficacy in promoting the realisation of the right to social security was undermined by (allegations of) operational malpractice including political interference in its management, nepotism in the hiring of fund staff, corruption and embezzlement of funds, among other concerns (HakiiJamii Trust, 2007; Kakwani *et al*, 2006).
- vi. *Inadequate fund:* According to a paper presented by Chitembwe (2007) on the role of NSSF in the Welfare Development of the Kenyan Society, there is only one lump sum payment which is made to the retiree-the lone payment is inadequate.

### 3.2.3 Social Health Insurance

#### **Key recommendations on Social Security**

- i. The Government should put in place measures to ensure that the Constitution of Kenya review process is revived and concluded since the draft bill of rights contains the right to social security.
- ii. The Government of Kenya should put in place a policy framework that would recognize and provide for the right to social security for all Kenyans especially the poor, women, the vulnerable workers, the unemployed, older persons, PWD, refugees and other marginalised groups.
- iii. There is need to put measures that will ensure all the laws on social security and other SP components are coherent and consistent.
- iv. The Government should reform the laws that discriminate against the unemployed and other vulnerable groups that need SP.
- v. The government should strive to ensure accountability and guarantee that social security institutions effectively implement laws towards social security

Social health protection systems are mechanisms that countries use to address the challenges related to providing access to health care services to their citizens, especially the poor segments of the population. Under this topic a total of 7 documents were reviewed (see annex2H).

#### **Key emerging issues on social health insurance**

- i. *Limited coverage:* Only about 20 percent of Kenya's populations are covered by some form of health insurance. From that figure about 85 percent are covered by the National Hospital Insurance Fund (NHIF) making it the principle insurance scheme for Kenyans (Deloitte, 2011). Therefore, a small proportion of poor people and those from the informal sector are enrolled in the programme (Kimani *et al*, 2012).
- ii. Absence of a legislative framework to support decentralization (Hakijamii, 2014 and Muga *et al*, 2005).
- iii. Lack of a well-articulated, prioritized and costed strategic plan (Hakijamii, 2014).
- iv. Inadequate consultations amongst Ministry of Health (MoH) staff themselves and other key stakeholders involved in the provision of health care services (Hakijamii, 2014).

- v. Lack of institutional coordination and ownership of the NHIF strategic plan leading to inadequate monitoring of activities (Hakijamii, 2014 and Muga *et al*, 2005).

#### **Key recommendations on Social Health Insurance**

- i. The Government should create a pool of funds to enable universal access of health care based on the principles of equity and affordability, at the highest achievable standard.
- ii. Extend and diversify the range of benefits offered by the NHIF.
- iii. Overhaul the NHIF from a hospital to a social health insurance fund.
- iv. Explore alternative financing mechanisms to increase funding in the health sector.
- v. Ensure Universal Health Coverage (UHC) for all Kenyans.

### **3.3 Enhancing synergies in SP delivery**

SP measures should be linked in order to bring synergy and coordination in delivery while facilitating graduation and exit from the programmes. This section looks at complementarities in SP programmes and exit and graduation mechanisms.

#### **3.3.1 Complementarity in SP programmes**

Linking SP interventions with other complementary investments in health, education, agriculture and other productive sectors has been recognized as a quick and flexible way to improve poverty outcomes in times of crisis or when reforms in other social sectors are materializing at a slow pace (RoK, 2015). Under this topic a total of 4 documents were reviewed (see annex 2 I).

#### ***Key emerging issue on complementarity***

According to the Draft Consolidated Strategy and Action plan for CTs by MEACL&SP (2016), there are currently limited measures to provide complementary services to beneficiary households. However, great potential exists to build and strengthen linkages with:

- i. The National Health Insurance Fund (NHIF).
- ii. Collaboration with the MoH for the provision of free treatment for cancer, tuberculosis and anti-retroviral therapy (ART), fee waivers for beneficiary households.
- iii. The National Development Fund for PWDs extending its services and providing other services such as skill building and access to supportive devices.

#### **3.3.2 Exit and graduation approaches to SP programming**

#### ***Key recommendations on complementarity***

- i. Link CT beneficiaries with programmes such as Wings to Fly and other education bursaries.
- ii. Provide linkages with institutions that provide various forms of subsidies and services, such as fertilisers, certified seeds, food for work, Food for Assets (FFA), Beyond Zero and devolved funds, e.g. Constituency Development Fund (CDF).
- iii. Create linkages within the MEACL&SP.
- iv. Train a cadre of social workers to provide additional support to beneficiary households including psychosocial support, financial literacy and counselling on need basis.
- v. Link CT-OVC beneficiaries that qualify to the Education Bursary being implemented by the MEACL&SP

Under this topic a total of 4 documents were reviewed (see annex 2B).

**Exit:**

All SP programmes have exit strategies which include but not limited to: attainment of 18 years and there being no other child below 18 years in the same household; if beneficiary's economic status improves; relocation from original location of targeting; if found to have given false information contrary to the eligibility criteria; failure to collect stipend for three consecutive payment cycles; willingly leaves the programme; if beneficiaries or caregivers misuse the benefits; and if the beneficiary dies. In case of death of the beneficiary in the OPCT and CT-PWSD programmes, the household remains in the programme for six months. In addition, there is a benevolent payment which is given to an OPCT and CT-PWSD household after the death of the beneficiary (programme operations manuals).

**Key emerging issues on exit**

- i. The current monitoring and evaluation mechanisms are weak.
- ii. It is not apparent what happens to children in CT-OVC programme when they reach 18 years and above but are still in primary and or secondary school.

**Key recommendations on exit**

- i. On attainment of 18 years of age and based on the fact that the household still requires assistance, beneficiaries should be linked to other social assistance/complementary programmes, e.g. High Education Loans Board (HELB), Youth Enterprise Development Fund (YEDF), Women Enterprise Funds (WEF), financial institutions, National Disability Fund, among others. In addition, intra-programme movement should be considered.
- ii. Put in place a legal framework for SP programmes.
- iii. Ensure continuous capacity building for beneficiaries, caregivers and officers managing the SP Programmes for example, staff under M&E, finance and programme management.
- iv. Carefully consider the administration of the Benevolent Fund or discontinue it when the Consolidated CT Programme is established.

**Graduation**

The Draft Consolidated Strategy and Action plan for cash transfer by MEACL&SP (2016) notes that none of the SP programmes in Kenya is implementing a graduation process for its beneficiaries unless beneficiary households chose to exit voluntarily based on their own assessment of improved circumstances or access to other form of support.

**Key recommendations on Graduation**

- i. Develop a framework for linking the beneficiaries to other service providers.
- ii. Create awareness and support capacity building for programme teams through local exchange visits among other strategies.
- iii. Encourage beneficiaries and caregivers to form groups for social economic activities depending on their abilities and interests.
- iv. Link beneficiaries to markets.
- v. Create a fund to boost productive economic activities of the beneficiaries and caregivers.

**3.6 Financing SP Initiatives**

Under this topic a total of 4 documents were reviewed (see annex 2B).

SP programmes need secure long-term financial support to avoid uncertainty. The African Platform for Social Protection (APSP) calls for ownership of SP programmes by Governments to Report on mapping of SP studies in Kenya (August 2016)



ensure sustainability (APSP, 2012). In line with this, the Kenyan Government regards SP as an investment and one of the most important aspects of its national social development agenda (NSPP, 2011). Although the Government is the main financier of the CTs, it is supported by Non-State Actors (NSAs). The range of NSAs in Kenya includes non-governmental organizations (NGOs), foundations, trusts, faith-based organizations (FBOs), community-based organizations (CBOs) and a plethora of small-scale community-based associations (Okwany and Ngutuku, 2015).

The Government's support on SP includes: multi-year budget commitments based on periodic social budgeting and ring-fenced funding to finance cross-sectoral and coordinated SP programmes. The Kenya SP sector review gives a breakdown of the Government's expenditure on SP between the years 2005-2010. As a percentage of GDP, SP spending has varied between a high of 2.5 percent in 2009 and a low of 2.11 percent in 2008. Levels of spending on SP increased between 2005 and 2010. In 2005, SP expenditure amounted to Ksh 33.4 billion and by the end of the decade it increased to Ksh 57.1 billion.

The total financing on SP between the year 2005 and 2010 amounted to approximately Ksh. 75 billion with the Government being the largest financier. The contributory schemes's financing was equivalent to 22 percent of total financing on average while the development partners (bilateral and multilateral) funding for SP amounted to roughly 22 percent of all financing on average throughout this period (RoK, 2012).

According to the budget (2016), the safety net programmes in form of CTs were enhanced as follows: Ksh 34.5 billion for National Government CDF; Ksh 2.1 billion for Affirmative Action for Social Development; KSh 6 billion for the Equalization Fund; Ksh 7.9 billion for OVC; Ksh 7.3 billion for elderly persons; Ksh 1.5 billion for persons with disabilities; Ksh 0.4 billion for street families rehabilitation; Ksh 0.4 billion for Children Welfare Society; and Ksh 0.4 billion for the Presidential Secondary School Bursary Scheme.

### ***Key emerging issues on financing SP***

- i. Despite evidence that SP programmes contribute significantly to reducing poverty and vulnerability, most low-income and middle-income countries are reluctant to invest in them, citing cost as the main obstacle (APSP, 2012).
- ii. Some government funded safety net programmes don't receive financing regularly and on a timely basis e.g. the CT-OVC programme (RoK, 2012).
- iii. SP financing faces major challenges as government revenues are typically contractual. As tax revenues and social security contributions decline, the demand for support increases.
- iv. There is large dependence on external funding for social safety net programmes (SNPs). The reliance on international donors for the operations of cash transfers portends lack of sustainability. If the donors pull out all the investments and gains made would be eroded.
- v. Delay in release of funds by the exchequer affects programme implementation and contributes to low absorption capacity for GoK funds.
- vi. Low absorption of donor funds, which is attributed to the complicated procurement processes.

### ***Key recommendations on Financing***

- i. The budget vote-heads could be retained and managed from a central point (one AIE holder) for effective management, reporting, compliance with international instruments and in the event of Government reorganization.
- ii. Expand sources of funding for social protection to include the private sector, community members, CSOs and FBOs. This would reduce reliance on international donor partners while expanding the scope for the national programme.
- iii. SP should be viewed as central rather than peripheral to national development. This will help to overcome concerns about cost (APSP, 2012).
- iv. There is need for a multi-annual fund to ensure support to beneficiaries is continuous. A multi-annual, predictable fund would enable government to exercise more control over management of food security responses and facilitate more joined-up decision making across relevant government ministries and departments (Omiti and Nyanamba, 2007).
- v. Funding programmes across the continent (including Kenya) is mainly donor driven which begs the question of ownership of programmes by the governments across the continent. Ownership should not only mean funding by the state but also input from citizens.
- vi. Explore the value and feasibility of reclassifying safety net expenditures as personnel emoluments rather than general expenses in the national budget. The delay in the flow of funds through government systems to safety nets is caused by the fact that even though Government funding is budgeted for, it can only be transferred on request and subject to availability of the funds. Reclassifying safety net expenditure as personnel emoluments would reduce these delays.
- vii. Enhance budget coordination and awareness among the concerned government departments and development partners. This would ensure that the government's financial management, budgeting procedures, and timelines are appreciated and understood by all. It would further facilitate proper planning and the allocation of adequate resources to the SP programmes.
- viii. Adopt innovative reconciliation and approval processes to reduce the delays caused by the manual processes both in the flow of funds to programmes and in the payment cycle to beneficiaries. Automation of the reconciliation process supported by appropriate technology will greatly enhance the timeliness and efficiency of payments.

## 4. CONCLUSION AND RECOMMENDATIONS

### 4.1 Conclusion

Kenya is seen as a pacesetter on SP within the region since it is the only country in the East Africa Community (EAC) with a NSPP in place. Although other countries within the region are actively involved in developing their own policies, the Kenya example shows that challenges abound in the implementation of SP programmes. It is not just a question of establishing policy direction, but also operationalizing the policy through legislation that creates institutions and mandates that subsequently ensure the enjoyment of SP rights. In addition, political will is an essential catalyst to the fulfilment of SP benefits. Governments of the day determine where SP falls on the priority list but by creating a demand for SP from the grassroots one ensures that it becomes not just a political agenda but also a regime agenda. SP by design fosters social justice and equity thereby ensuring peace and legitimacy within a state. Overarching structures such as the Universal Declaration of Human Rights and Africa Union Social Policy Framework provide an entry in the appreciation of SP provisions through which to benchmark current and future interventions.

The various studies and documents reviewed show SP plays an important role in the promotion of equity, economic and social rights for all Kenyans. The mapping exercise established that the effective implementation of existing SP initiatives is hampered by several factors, including: weak coordination; duplication; poor monitoring and evaluation of the multi-sectoral programmes; limited data; lack of complementarities; limited financial and human resources; among others. Furthermore, contributory schemes constitute the majority of SP interventions which are dominated by the formal sector, leaving out a sizeable number of beneficiaries occupied in the informal sector.

In response to the above limitations, social security and social health insurance reforms are critical and these should focus on sustainable financing and flexible contributions that accommodate irregular incomes from informal sector workers. Different scholars in SP have emphasized the urgent need to enhance efficiency in the implementation of SP programmes by: concentrating resources; defining roles and responsibilities; and facilitating coordination of SP programming between different government ministries, development partners and CSOs. Moreover, community involvement is vital and it could be achieved through developing a robust communication strategy and facilitating community members to engage in designing, implementing and monitoring SP interventions.

### 4.2 Recommendations

Based on the mapping several recommendations have been generated clustered under the following categories: legislation; programming; exit and graduation mechanisms; sustainable financing; universalism of cash transfers for senior citizens and persons with severe disabilities (PWSD); and research.

#### ***I. Legislation***

- i. Policy-making being Government-led should be informed by evidence. This would require the government to work with partners, including CSOs, to generate the relevant evidence for policy formulation and reforms.
- ii. Resource allocation should be aligned to the policy provisions and commitments made by Governments in their national plans. Investing in the social wellbeing of people should be given weight and should not be considered subservient to economic investment.
- iii. The national and county governments should review the targeting, coordination and implementation guidelines of SP programmes. These reviews should consider principles of devolution and provisions of recent legislation frameworks such as the Social

Assistance Act of 2013 to inform the scale up phase and establishment of a comprehensive, affordable and sustainable social safety net programmes at both national and county levels.

- iv. There is need for political support from other ministries as well as technical and financial support from development partners to build the institutional capacity of a central unit to coordinate national SP interventions, partly by integrating their management and information systems.
- v. The recognition of SP measures as a right in the Constitution is a basis for individuals, groups, and communities to hold the government to account, including by taking legal action if they feel aggrieved. SP stakeholders including CSOs and the public in general should be aware of the provisions of the Constitution as it relates to SP in order to be able to ensure that the government meets its obligations.

## **II. Programming**

- i. Given the increase in cost of living and variations of poverty levels by county, there is need for review of the budget allocated to the cash transfer programmes, types of cash transfers, coverage of the interventions, and ultimately the amount of funds transferred directly to beneficiaries. The intensity, coverage and type of programme could vary significantly by county and by household needs.
- ii. For cash transfers to be more effective there is need for better coordination or linkages between CTs with other forms of social assistance programmes such as provision of assistive devices for PWD or nutritional programmes for infants and pregnant mothers. A multi-faceted cash transfer programme is likely to have a broad-based impact on the lives beneficiaries compared to stand alone programmes.
- iii. The implementing agencies should roll out an intensive well-coordinated public education programme to sensitize the communities, administrators and all other stakeholders on the objectives, value and processes of implementation of CT programmes.
- iv. A comprehensive, practical participatory framework should be developed to provide communities with a platform for participating in the programmes. This should include mechanisms and structures for public engagement in the design, recruitment and vetting of the administrators and beneficiaries, performance of fiscal audits, and benefit evaluation of the intervention.

## **III. Exit and graduation mechanisms**

### **Exit**

- i. On attainment of 18 years and based on the fact that the household still requires assistance, beneficiaries should be linked to other social assistance/complementary programmes, e.g. High Education Loans Board (HELB), Youth Enterprise Development Fund (YEDF), Women Enterprise Funds (WEF), financial institutions, National Disability Fund, etc. In addition, intra-programme movement should be considered.
- ii. Continuous capacity building for beneficiaries, caregivers and officers managing the Programme.

### **Graduation**

- i. Develop a framework for linking the beneficiaries to other service providers.
- ii. Create awareness and support capacity building for the programme teams through local exchange visits among other strategies.
- iii. Encourage beneficiaries and caregivers to form groups for social economic activities depending on their abilities and interests.
- iv. Link beneficiaries to markets.
- v. Create a fund to boost productive economic activities of the beneficiaries and caregivers.

#### **IV. Sustainable Financing**

- i. Expand sources of funding for SP to include the private sector, community members, CSOs and FBOs. This would reduce reliance on international donor partners while expanding the scope for the national programme.
- ii. SP should be viewed as central rather than peripheral to national development will so as to overcome concerns about cost.
- iii. There is need for a multi-annual fund which would mean that support can be provided to the vulnerable on a continuous basis. A multi-annual, predictable fund would enable government to exercise more control over management of food security responses and facilitate more joined-up decision making across relevant government ministries and departments
- iv. Funding programmes across the continent is mainly donor driven which begs the question of ownership of programmes. Ownership should not only mean funding by the state but also input from citizens.
- v. Explore the value and feasibility of reclassifying safety net expenditures as personnel emoluments rather than general expenses in the national budget. The delay in the flow of funds through government systems to safety nets is caused by the fact that even though government funding is budgeted for, it can only be transferred on request and subject to availability of the funds. Reclassifying safety net expenditure as personnel emoluments would reduce these delays.
- vi. Enhance budget coordination and awareness among the concerned government departments and development partners. This would ensure that the government's financial management, budgeting procedures, and timelines are appreciated and understood by all. It would further facilitate proper planning and the allocation of adequate resources to SP programmes.

#### **V. Universalism of Cash transfers to senior citizens and persons with severe disabilities (PWSD)**

- i. Increase government ownership of programmes.
- ii. The Government should explore additional avenues of obtaining additional revenue in the country such as debt relief, curbing illicit financial flows and corruption, responsible borrowing and prudent use of funds.
- iii. Strengthen and scale up local disability programmes.
- iv. Set aside special funds in the national budget to support the development of PWDs.
- v. Economically empower PWDs through training and availability of credit and support of the existing programmes.

#### **VI. Research needs:**

- i. Research evidence should reach those who have the power to decide on the results, the community members who can build demand for implementing the findings and the people who are affected directly or indirectly by the evidence collected. Research findings have to be packaged in a concise manner that is easy for policy makers to interpret and defend at parliamentary hearings. When policy makers lack strong evidence for their policy recommendations, social policy issues such as poverty and social protection programmes are treated as peripheral.
- ii. Linkages between research organizations, think tanks and lobby groups should be strengthened in order to improve the chances of research-policy uptake. Researchers should be trained in coalition building and be encouraged to participate in national, regional and global networks.
- iii. There are several research issues that need to be addressed which include:
  - a. The cost-effectiveness of SP instruments.

- b. Appropriate mechanisms of linking safety nets to social health insurance and social security.
- c. The effectiveness of different graduation models.
- d. The viability of resource mobilization from other sectors (such as the private sector and communities).
- e. The lifecycle approach to SP.

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## 6. ANNEXES

### Annex 1: Glossary of Key Terms

*Cash transfers:* According to Kenya Integrated Budget Survey (KIHBS) 2005/2006 transfers are defined as “transactions in which an individual, household or institution provides good, service or asset to another individual, household or institution without counter compensation”. Cash transfer on the other hand, consists of payments of currency or transferable deposit by one unit to another without any counterpart. A transfer in kind consists transfer of ownership of a good or assets, other than cash, or provision of service without any counterpart.

*Complementary:* involves designing and implementing social protection programmes that link/complement other existing programmes within social protection and across other government interventions focused on helping poor households graduate out of poverty.

*Exit:* This is the process by which households registered in the CT Programme as beneficiaries are removed from the registry of beneficiaries and from the programme payroll (CT-OVC programme operation manual, 2013).

*Graduation:* Refers to the point when people exit from a social protection programme, such as cash transfers or food aid, once it is considered that the participant no longer needs this support (McCord, 2009a).

*Poverty:* Business dictionary defines poverty as “the condition where people’s basic needs for food, clothing and shelter are not being met”. It categorizes poverty as absolute-occurs when people cannot obtain adequate resources to support a minimum level of physical health and relative-occurs when people do not enjoy certain minimum level of living standards as determined by a government.

*Social assistance:* Social assistance can be either formal or informal. Formal safety nets are those that legally guarantee individuals access to economic or social support, whereas informal safety nets provide livelihood support to individuals to help them rise up to or remain above the designated minimum standard of living but with no legal guarantee. Social assistance can be defined as non-contributory transfers to those deemed eligible by society on the basis of their vulnerability or poverty. In Kenya, this term is used to refer to non-contributory transfer programs aimed at preventing the poor or those vulnerable to shocks from falling below a certain poverty level (Kenya SP Sector Review, 2012).

*Social cash transfer:* Programmes that transfer cash to eligible people or households, including child grants, social pensions, conditional and unconditional cash transfers, and social pension programs. Payments are often based on economic criteria aimed at providing minimum SP or smoothing consumption for people excluded from formal SP systems.

*Social equity:* According to the National SP Policy (2012), social equity consists of measures put in place to protect people against discrimination or abuse. This requires setting and enforcing minimum standards in the workplace and legislation and enforcement of a broader set of rights such as land rights, racial discrimination and gender equality.

*Social insurance:* National SP Policy defines Social Insurance as “benefits or services extended to individuals and households in recognition of their contributions to an insurance scheme. These services typically include provision for retirement pensions, disability insurance, and survivor and employment benefits”.

*Social policy:* Refers to guidelines, principles, legislation and activities that affect the living conditions conducive to human welfare, such as a person's quality of life. The Malcolm Wiener Centre for Social Policy at Harvard University describes social policy as "public policy and practice in the areas of health care, human services, criminal justice, inequality, education, and labour".

*Social security:* National SP Policy (2012) defines social security as, "Provisions for the economic security and social welfare of workers and their dependents, especially in the case of income losses due to unemployment, work injury, maternity, sickness, old age, and death". This provision can be made through public or private contributory schemes or other arrangements. The ILO defines social security more broadly to encompass all measures providing benefits, whether in cash or in kind, to protect the population.

*Social Protection Floor:* According to National SP Policy (2012), SP Floor is a set of basic social rights, services and facilities that the global citizen should enjoy. International Labour Organization (ILO) defines SP Floor as "a set of basic social security guarantees that should ensure, as a minimum that, over the life cycle, all in need have access to essential health care and to basic income security which together secure effective access to goods and services defined as necessary at the national level".

*Social protection:* The National SP Policy (2012) defines SP as "policies and actions including legislation measures that enhance the capacity of and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods and welfare that enable income earners and their dependents to maintain a reasonable level of income through decent work and ensure access to affordable healthcare, social security and social assistance".

*Targeting:* The programme manual for CT-OVC (2013) defines targeting is a process used to identify individuals or households that are eligible for a safety net programme according to specific criteria. Targeting is a process that entails registration of the households, administering the household questionnaire, applying the PMT (as appropriate) and community validation.

*Vulnerability:* The National SP Policy (2012) defines vulnerability as "the likelihood of suffering from future deteriorations in standard of living, which may result in socially unacceptable outcomes such as the state of poverty or inability to meet basic needs such as food".

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