Maintains

Research supporting social services to adapt to shocks

Towards shock-responsive social protection: lessons from the COVID-19 response in Kenya

Research report

Alexandra Doyle with support from Nivea Ikutwa

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About Maintains

This five-year (2018–2023) operational research programme is building a strong evidence base on how health, education, nutrition, and social protection systems can respond more quickly, reliably, and effectively to changing needs during and after shocks, whilst also maintaining existing services. Maintains is working in six focal countries—Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda—undertaking research to build evidence and providing technical assistance to support practical implementation. Lessons from this work will be used to inform policy and practice at both national and global levels.

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List of abbreviations

BWC	Beneficiary Welfare Committee
Cat DDO	Catastrophe Deferred Drawdown Option
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
ESR	Enhanced Single Registry
EU	European Union
FCDO	Foreign, Commonwealth and Development Office
GESI	Gender Equality and Social Inclusion
GoK	Government of Kenya
HSNP	Hunger Safety Net Programme
IMF	International Monetary Fund
IPRS	Integrated Population Registration System
KCWG	Kenya Cash Working Group
KISIP	Kenya Informal Settlement Improvements Project
KRCS	Kenya Red Cross Society
KNBS	Kenya National Bureau of Statistics
KES	Kenyan Shillings
Maintains	Maintaining Essential Services After Natural Disasters
MD&ASAL	Ministry of Devolution and the Arid and Semi-Arid Lands
MEB	Minimum Expenditure Basket
MFB	Minimum Food Basket
MIS	Management Information System
MLSP	Ministry of Labour and Social Protection
NCPWD	National Council for Persons with Disabilities
NDMA	National Drought Management Authority
NDRF	National Disaster Risk Finance
NGAO	National Government Administration Officer
NGO	Non-Governmental Organisation

NHIF	National Hospital Insurance Fund
NSNP	National Safety Net Programme
NSSF	National Social Security Fund
OP-CT	Older Persons Cash Transfer
OPM	Oxford Policy Management
PWSD-CT	Persons with Severe Disabilities Cash Transfer
SDSP	State Department for Social Protection
SGBV	Sexual and Gender-Based Violence
SPACE	Social Protection Approaches to COVID-19 – Expert advice helpline
SPS	Social Protection Secretariat
WFP	World Food Programme

1 Introduction

1.1 Purpose of this study

In response to COVID-19, around 200 countries/territories have adapted their social protection systems in order to support households and mitigate the economic impact of the pandemic. The ways in which social protection systems have been adapted have differed widely and included both the development of new social protection programmes and the expansion and adaptation of existing programmes (Gentilini *et al*., 2020).

All of the countries in which Maintains is active (Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda) have announced adaptations of their social protection system, albeit of varying degrees of comprehensiveness. Given the many reforms and initiatives currently being implemented as part of the COVID-19 response, the current crisis presents a unique opportunity to learn across different countries and better understand how exactly social protection is used to respond to shocks and what implications this has for investments in shock-responsive social protection systems going forward.

This study aims to:

- document the social protection responses in all six Maintains countries and, in particular, the use of social protection delivery mechanisms[1] and information systems;[2]
- assess these responses in terms of adequacy, coverage, and comprehensiveness;[3] and
- draw out lessons for future responses and investments in shock-responsive social protection systems.

This report presents the findings from the Kenya case study and is part of a series of case studies across the six Maintains countries. The findings from this report will also be used to feed into a cross-country synthesis report.

1.2 Overview of the social protection landscape

Over the last 10 years, the Kenyan social protection sector has evolved and expanded into a relatively mature social protection system. The 2011 National Social Protection Policy (NSPP) introduced a vision of increasing coverage, improving coordination, and bringing about greater integration of programmes and services (Government of Kenya (GoK), 2011). The draft 2019 policy takes this further, moving toward a lifecycle approach to social protection: from interventions targeting pregnancy and early childhood, through school age, youth, working age, and old age. Spending on social protection (including social assistance and social security) has grown slightly as a percentage of GDP, increasing from 0.38% in 2017 to 0.42% of GDP in 2018/19 (GoK, 2017; World Bank 2019).

[1] The mechanisms in place for delivering cash or in-kind assistance to social protection beneficiaries and/or people affected by shocks (e.g. targeting mechanisms, payment mechanisms, etc.).
[2] Socioeconomic, disaster risk, and vulnerability information to enable decision-making before and after a shock, including social registries and beneficiary registries, disaster risk management information systems, etc.
[3] For definitions of key concepts see O'Brien *et al*. (2018).

Social protection in Kenya is currently structured along the three main pillars of social assistance, social security, and health insurance (GoK, 2017). Prominent among these is the National Safety Net Programme (NSNP) or *Inua Jamii*, under the social assistance pillar, which consists of three cash transfer programmes implemented by the Social Assistance Unit (SAU)[4]: the Older Persons Cash Transfer (OP-CT), which is slowly being replaced by the cash transfer for 70+,[5] the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), and the Persons with Severe Disabilities Cash Transfer (PWSD-CT). The Hunger Safety Net Programme (HSNP) is the fourth GoK cash transfer, which is implemented by the National Drought Management Authority (NDMA) in the four northern counties.[6]

The GoK directly finances 100% of the four cash transfers, which collectively reach 1.23 million households, the majority of whom reside in rural areas. Over the last decade the trend in social assistance spending has largely been flat as a proportion of GDP and as a proportion of government spending; however, spending on cash transfers by the GoK has risen significantly, displacing mainly general food distribution as a core approach to social assistance (GoK, 2017).

Coverage of social security programmes is limited. The National Social Security Fund (NSSF) is designed to provide social security to all workers in Kenya in both the formal and informal economy and participation in the scheme is compulsory. However, there are significant gaps in coverage in terms of numbers and types of benefits, with only 6.8% of formal and 3% of informal workers covered (Kenya National Bureau of Statistics (KNBS), 2019). There is a need to better understand the reasons for these gaps and how they can be addressed, particularly within the informal economy, which accounts for 84% of the workforce (KNBS, 2019). In terms of health insurance, the National Hospital Insurance Fund (NHIF), Kenya's primary public health insurance scheme, reached 7.7 million members in 2017/18. While most members are from the formal sector, where membership is compulsory, the NHIF has been working to extend coverage to other Kenyans, including informal workers and beneficiaries of the *Inua Jamii* and by providing free maternity services to pregnant women (GoK, 2017).

Improving the shock-responsiveness of the safety net system is also a priority for the GoK. Kenya is prone to experiencing climate-induced shocks, most commonly severe droughts and floods, which negatively affect mostly vulnerable, rural populations (Tongruksawattana, 2013). The HSNP is designed as a shock-responsive cash transfer programme, with its scalability framework enabling the programme to rapidly scale-up coverage from 100,000 to more than 270,000 households with the onset of drought or other climatic shocks. Beyond this, as part of the GoK's activities to transform the NSNP into a responsive, harmonised social protection programme, an Enhanced Single Registry (ESR) – a *de facto* social registry – is being developed that will cover at least 50% of the population. The ESR, which will begin roll-out in 2021, will allow the Ministry of Labour and Social Protection (MLSP), as well as other governmental and non-governmental programmes, to use its data to target

[4] This has subsequently changed to the Directorate of Social Assistance. However, at the time of research, the main implementing body for social assistance was the SAU.
[5] In 2017, the universal pension scheme for everyone aged 70 years and over – the *Inua Jamii* Senior Citizens' scheme – was introduced as the first individual entitlement social protection scheme in the country.
[6] In some cases, the HSNP is also considered as part of the *Inua Jamii*. However, as the HSNP is implemented by a separate government institution, for the purposes of this report we consider the HSNP separately to the three cash transfer programmes implemented by the SAU.

vulnerable and poor Kenyans during normal times as well as during shocks. The ESR will be central to coordinating shock-responsive programming once it has been rolled out.

The GoK is also working to improve the enabling environment for shock-response. To this end, the GoK has approved the National Disaster Risk Management Strategy and the National Treasury has adopted Kenya's first National Disaster Risk Finance (NDRF) strategy. The NDRF strategy seeks to enhance the ability of national and county governments to respond to shocks and will ring-fence funds to expand social protection programmes during times of shock. In addition, the GoK has set up the National Drought Emergency Fund (which is yet to be capitalised) and established a number of innovative financing mechanisms, including adoption of a US$ 200 million (£150 million) Catastrophe Deferred Drawdown Option (Cat DDO), which can rapidly disburse funds when emergencies are triggered.

1.3 COVID-19 in Kenya

The first case of COVID-19 was confirmed in Kenya on 13 March 2020 and, since then, more than 86,300 cases and 1,500 deaths have been confirmed (or 2.92 deaths per 100,000 people).[7] While COVID-19 cases have been confirmed across the country, in the early stages of the outbreak more than 75% of the cases were found in Nairobi and Mombasa (World Bank, 2020a). By November 2020, data released by the Ministry of Health indicated that almost 40% of the confirmed cases were found in Nairobi, followed by Mombasa (7%) and Kiambu (5%) counties.[8]

In response to the outbreak, on 15 March 2020 the GoK declared a state of emergency and implemented a range of containment measures. These measures included instructing non-essential public and private sector workers to work from home, banning large social gatherings including weddings, church gatherings, congregating at malls etc., closing bars, restricting restaurants to providing take-away services, and imposing a nationwide curfew. Following this, all schools and learning institutions were closed and, although subsequent announcements confirmed they would remain closed for the remainder of 2020, some schools for certain year groups began to re-open in October. A ban on international passenger flights was introduced until August 2020. Furthermore, movement in and out of the five most affected counties, known as the lockdown counties, was curtailed between April and June (for Kilifi and Kwale) and April and July (for Nairobi Metropolitan area, Mombasa, and Mandera).[9]

Kenya's economy contracted by 0.4% between January and June 2020, compared to growth of 5.4% during the same time in 2019. COVID-19 and the mitigating measures that were introduced are expected to have the most severe impacts on the urban poor, particularly in Nairobi and Mombasa where, initially, cases were highest and lockdown measures most stringent. The Kenya Economic Update (World Bank, 2020a) reports that the unemployment rate has almost doubled compared to its pre-COVID-19 level and the labour force participation rate has decreased. Among wage workers, between February and June 2020,

[7] Correct as at 4 December 2020. See Johns Hopkins Coronavirus Resource Centre for more information and up-to-date statistics: https://coronavirus.jhu.edu/data/mortality.
[8] See https://opendata.rcmrd.org/datasets/be00cde34b0346cb98491176939074d8 for county-level statistics.
[9] See www.kenyacovidtracker.org/.

average hours worked fell by 18% for men and 30% for women. In addition, one in three household run businesses have closed. Overall, the World Bank (2020a) reports that earnings have significantly decreased for wage earners and especially those in the informal sector.[10] Moreover, the reduction in earnings was found to be much greater for women (who saw a 46 percent decline in earnings between February and June) than for men. Remittance earnings have also been found to significantly decrease (KNBS, 2020; World Bank, 2020a).

A food security assessment conducted by the Kenya Red Cross Society (KRCS) and Concern Worldwide in July 2020 showed that less than 1% of households in 10 of Nairobi's informal settlements were food secure (Oxfam, 2020). Extrapolated to the 2.6 million residents of Nairobi's informal settlements, an estimated 1.45 million people were unable to meet their food needs in July. In addition, COVID-19 is estimated to increase poverty in Kenya by about 4 percentage points resulting in 2 million 'newly' poor Kenyans (World Bank, 2020a). These newly vulnerable households are different to households traditionally supported by poverty-targeted social assistance programmes in Kenya: they are predominantly urban with younger and better-educated household heads, have smaller household sizes and, with more working-age household members.

Aside from the impact of COVID-19, Kenya has also been dealing with the impacts of flooding and locusts in 2020. At least 26 counties have faced a deadly invasion of locusts, which have destroyed crops, impacted livestock production, and damaged assets, threatening food security and livelihoods for farmers, herders, and rural households (World Bank, 2020b). In addition, in 36 of the 47 counties, severe flooding in April and May affected more than 233,000 people, including over 116,000 who were displaced by the floods (OCHA, 2020).

[10] KNBS (2019) finds that 83.6% of total employment in Kenya is in the informal sector. This data is not disaggregated by gender.

2 Methodology

2.1 Conceptual framework

To assess the different aspects of the social protection system in each of the Maintains countries, and how this was adapted in the COVID-19 response, we developed a conceptual framework (Beazley *et al*., 2020). Our framework focuses the analysis of shock-responsive social protection on three dimensions:

- **Response type:** This focuses on three broad options for response: i) undertaking measures to ensure system resilience; ii) adapting programmes through vertical and/or horizontal expansion and/or launching temporary new programmes; and iii) humanitarian assistance that piggy-backs on or aligns with the social protection system.
- **Policies and operational procedures**: This examines how the response is operationalised, including how the policies, systems, and operational procedures used along the delivery chain are developed and/or adjusted for the implementation of the responses.
- **Outcomes:** This provides an assessment of the outcomes of each social protection response in terms of adequacy, coverage, comprehensiveness, timeliness, and long-term implications.

Although social insurance, labour market or employment policies, and social assistance programmes are covered by this framework, our focus is on the latter, which includes both in-kind and cash transfers, and where the response interacts in some way with the social protection system.[11]

Using this framework, we developed a detailed set of research questions that were used to guide the research in each of the Maintains countries, and to ensure that data collection across countries was consistent. The conceptual framework and detailed research questions provide a comprehensive framework to guide the assessment and, in each country, we have focused on answering the most salient questions based on the country's existing social protection system, the way in which responses are implemented, and the data available for this assessment.

2.2 Data collection and analysis

The initial stage of data collection for the Kenya case study comprised a mapping of the social protection sector in general and the social protection responses to COVID-19 specifically. The literature review focused on key documents on shock-responsive social protection as well as a more thorough investigation of relevant laws, reports, and policy documents related to the social protection response. In order to gather more in-depth information, we also conducted a series of key informant interviews with relevant government officials, development partners, NGOs, humanitarian actors, and other stakeholders at the national level involved in the COVID-19 response. A full list of key

[11] Social assistance responses that are entirely implemented in parallel to the government's social protection systems are beyond the scope of this study.

informants is provided in Annex A. Further, we worked closely with Social Protection Approaches to COVID-19 – Expert advice helpline (SPACE)[12] country focal points to draw on their experiences, share data collected, and reduce the burden on key stakeholders.

To assess the adequacy and coverage of the social protection response in Kenya, we drew on the results of a microsimulation study conducted by the World Bank (2020a) – see Box 1. While we had initially planned to conduct the microsimulation ourselves, the methodology used by the World Bank in Kenya was very close to our methodology and, therefore, in the interests of time and efficiency, and to reduce duplication, we draw on their findings in this report.

Box 1: Microsimulation approach

Economic hardship experienced by families because of the global pandemic and resulting economic downturn is expected to increase poverty, especially among more vulnerable groups. In the short term, households will be affected by the shock through multiple channels: income from labour is likely to decrease; non-labour income (including remittances and public transfers), is likely to change; and consumption expenditure will be affected by price changes (World Bank, 2020d).

To construct the baseline scenario for the microsimulations, consumption and poverty were forecast to 2019 using the Kenya Integrated Household Budget Survey 2015/16 data, and projected consumption growth. The size of the potential welfare impact, due to COVID-19, across the population was then estimated using microsimulations by modelling the impacts on consumption through three channels: 1) the direct loss of labour earnings due to illness, 2) the indirect loss of labour earnings, and 3) a reduction in remittances. The final impact estimation was adjusted using real-time data collected by the World Bank to adjust the size of the impact. Poverty rates were then derived from the post-COVID-19 consumption estimates. These microsimulations estimate the short-run changes in consumption only, with the objective of indicating which households are worst-affected to provide recommendations for targeting. For the short-term scenario, this approach aligns with the approach used by Maintains in Sierra Leone, Pakistan and Bangladesh.

The microsimulations estimate that COVID-19 will increase poverty in Kenya by 4 percentage points (equivalent to 2 million ‘newly’ poor Kenyans). Prior to the pandemic, Kenya’s poor population was predominantly rural and less well educated. However, the demographic characteristics of ‘newly’ poor Kenyans are different: they tend come from smaller, urban households with younger, better-educated household heads and a larger share of working-aged individuals (World Bank, 2020a).

2.3 Limitations

This study is designed to be a rapid appraisal of the initial phases of the ongoing social protection response to COVID-19. The study has the following limitations:

- Due to widespread travel restrictions, we have not been able to conduct in-country primary data collection at the household level. Therefore, this study does not assess fully how these social protection responses were implemented in practice, but rather focuses on the design features of the chosen response options and – as far as possible – the reasons for choosing a given response.
- Access to key stakeholders was a challenge during the pandemic and details on some operational aspects of the three programmes that are the focus of this paper is at times

[12] SPACE is a multi-disciplinary ‘ask-the-experts’ service offered to government departments working to deliver social protection responses to COVID-19. SPACE provides independent and unbiased, practical and actionable advice drawing on up-to-date global evidence, relevant experience, tailor-made tools, and a suite of thematic briefing papers to support effective and inclusive decision making.

constrained, especially in relation to the Ministry of the Interior's multi-agency COVID-19 cash transfer (see Section 3.2.1). While this limits the depth of analysis, we hope the study provides insights on the early response as well as directions for future research.

- For the Kenya country case study, we did not conduct our own microsimulations. We draw on the results from other microsimulations and acknowledge that our discussion is limited to results that are publicly available.

We welcome future research that examines various aspects of the response more comprehensively. This could include research with stakeholders involved in implementing the response at the county/sub-county/location level, as well as beneficiary households, to understand the effectiveness and appropriateness of programme operations, given the COVID-19 context, and perceptions of the quality of service delivery.

2.4 Quality assurance

The study design, methodology, and resulting reports have been subject to a rigorous process of quality assurance. The methodology has received inputs from colleagues at SPACE and external quality assurance has been provided by experts selected specifically for this assignment. All outputs from this study have also been subject to a thorough process of review, with each report internally peer reviewed by a senior social protection expert and the study Team Leader prior to submission to external quality assurance.

3 Overview of social protection responses

This section provides an overview of the main social protection responses to COVID-19 that were implemented in Kenya. These are summarised in Table 1.

3.1 Maintaining operational continuity of the *Inua Jamii* during COVID-19

As outlined in the conceptual framework, the first dimension of the social protection response to COVID-19 encompasses strategies to minimise disruptions to routine delivery of benefits and services. While the focus of this case study is on responses implemented to cover *new* vulnerabilities (see Section 3.4), it is equally important to acknowledge that the pandemic could have potentially impacted the timely delivery of benefits and services to *existing* beneficiaries under the *Inua Jamii*.

On 25 March 2020, the Presidency announced that funds previously committed to the *Inua Jamii* would be released and that payments would go ahead with small tweaks to operations to encourage adherence to hygiene standards.[13] From late April, beneficiaries received KES 8,000 (approx. £57) to cover the period January to April 2020 (to cover two payment cycles as the payment cycle in February had been missed). A second tranche of KES 4,000 (approx. £28) was disbursed at the end of June to cover May and June 2020. However, the payments due at the end of August did not take place. It is often the case that the August payment is paid in arrears as it is the first payment of the fiscal year.

Integrating mobile money into the payment mechanism

Payments to *Inua Jamii* beneficiaries are paid on a two-monthly basis into beneficiaries' bank accounts with one of four partner banks. While the programme has continued to make payments through these partner banks, in order to reduce crowding and encourage cashless transactions the SAU made special arrangements with the banks to facilitate beneficiaries' access to their payments using mobile money. This meant that, in addition to collecting payments at a bank branch or through roving bank agents, beneficiaries could request that the bank automatically forward their cash transfer payments to their mobile money account. It is not clear to what extent this has been taken up.

Development of payment guidelines and hygiene protocols

In order to protect vulnerable households, in particular elderly beneficiaries, and minimise the risk of spread of COVID-19 during the collection of payments, the SAU developed the '*Inua Jamii* payment guidelines and hygiene protocols' (MLSP, 2020). These guidelines encourage banks to adhere to the Ministry of Health's guidelines on social distancing, sanitising, and wearing masks. They also stipulate that the dates for community payments should be staggered to avoid large gatherings and, where possible, should take place in large open spaces outside with crowd management, proper queuing, and arrangements to prioritise serving the elderly or to allow for the caregivers of elderly beneficiaries to collect

[13] The Presidency announced that previous commitments of KES 13 billion (approx. £92.5 million) in the 2019/20 fiscal year would be honoured to ensure that regular payments were able to continue during the crisis.

the payment. Finally, the SAU asked that banks provide facemasks to beneficiaries as part of their corporate social responsibility activities.

3.2 Adaptation to address new vulnerabilities

The second dimension of the response is system adaptation, i.e. how governments adapted to address new vulnerabilities arising from the crisis. In Kenya, this involved two strategies: i) extending coverage to new beneficiaries via new programmes; and ii) increasing benefit levels to existing beneficiaries (i.e. vertical expansion) recognising their increased vulnerability.

3.2.1 Extending support to new beneficiaries through new programmes

The multi-agency COVID-19 cash transfer

On 25 March 2020, the Presidency announced KES 10 billion (approx. £71 million) would be allocated for social assistance measures to cushion poor and vulnerable households from the effects of COVID-19. The social assistance response was implemented by a multi-agency team, led by the State Department for the Interior, between April and October 2020. The response took the form of a weekly cash transfer of KES 1,000 (approx. £7) targeted at newly vulnerable households (i.e. not otherwise enrolled in the *Inua Jamii*) for a period of four months, targeting a total of 669,000 households (SAU, 2020). Households enrolled in the programme received a total of KES 16,000 (approx. £114) over a four-month period paid through Safaricom's mobile money platform, M-Pesa. By August 2020, 341,958 households had been enrolled in the programme.[14]

Initially, phase one of the response enrolled 85,300 households in four of the lockdown counties (Nairobi, Mombasa, Kilifi, and Kwale). This was followed by phase 2, which enrolled 180,800 households in 17 additional counties, and later phase 3, which sought to scale-up to all counties.

National Council for Persons with Disabilities (NCPWD) cash transfer

On 16 April 2020, the Presidency announced an allocation of KES 500 million (approx. £3.5 million) to the NCPWD, an agency within the MLSP, to cushion vulnerable persons with disabilities against the negative effects of the pandemic. Of this, KES 300 million (approx. £2.1 million) was used to pay beneficiaries of the PWSD-CT who had outstanding regular payments due to them. In most cases, this was because some PWSD-CT beneficiaries were temporarily taken off the *Inua Jamii* payroll as a result of the migration of beneficiaries to full bank accounts that took place in early 2019.[15] The NCPWD identified 3,072 PWSD-CT

[14] Further data on the final number of beneficiaries was neither known to key informants within MLSP nor publicly available.
[15] In 2018/19, the SAU undertook a process of opening full bank accounts for all beneficiaries of the *Inua Jamii*. This process of migrating beneficiaries to the new payment platform took place in several phases throughout 2019. However, not all programme beneficiaries were successfully migrated to the new payment system, for various reasons, resulting in their temporary exclusion from the payroll.

households with outstanding payments on their accounts, verified their information, and disbursed the full amount in arrears due to them.

The remaining KES 200 million (approx. £1.42 million) was used to extend support to vulnerable persons with disabilities in households that are not part of the *Inua Jamii* or did not receive the multi-agency COVID-19 cash transfer. Households with multiple vulnerabilities (i.e. that include multiple persons with disabilities or chronic illness) were prioritised. Households were initially going to receive monthly payments of KES 2,000 per month (approx. £14 – in line with *Inua Jamii*) for three months. However, the transfer was eventually paid as a single lump-sum of KES 6,000 (approx. £43) in July 2020 via M-Pesa.

The *Kazi Mtaani* National Hygiene Programme

The National Hygiene Programme, known as the *Kazi Mtaani*, is a new labour-intensive public works programme implemented to cushion the most vulnerable but able-bodied citizens living in urban informal settlements from the effects of the COVID-19 containment measures. The programme is structured as a local economic recovery programme, which seeks to restore disrupted economic activity in informal settlements, while creating a public good. The programme is implemented by the State Department for Housing and Urban Development and is designed to create sustainable public goods in urban areas through activities such as street and drainage cleaning, fumigation, and garbage collection.

The *Kazi Mtaani* targets workers whose prospects for daily or casual work have been disrupted by the containment policies, in particular youth (aged 18 to 34) residing in urban informal settlements. The first phase of the *Kazi Mtaani* was implemented as a pilot in April 2020 and recruited approximately 26,000 youths from the five lockdown counties as well as Kiambu, Nakuru, and Kisumu, all of which have large urban populations. The second phase began in July 2020 and is expected to cover 34 counties targeting a further 270,000 youth. Those engaged by the programme earn KES 600 per day[16] (approx. £4) and are paid weekly via M-Pesa. In phase 1, youth could work up to 22 days per month (Monday to Friday, 8 hours per day), while in phase 2 this will be capped at a maximum of 11 days per month in order to expand the programme's coverage.

3.2.2 Increasing the adequacy of benefits to existing beneficiaries

In this section, we present two examples of vertical expansions that temporarily increased the level of support to a sub-set of *Inua Jamii* beneficiaries by providing cash top-ups to the regular transfers they receive.[17]

A European Union (EU)-funded consortium, led by KRCS and Oxfam, is providing monthly cash top-ups of KES 5,668 (approx. £40) for three months to all *Inua Jamii* beneficiaries residing in informal settlements in Nairobi and Mombasa. A total of 1,966 beneficiaries were identified in Nairobi. The purpose of the top-up is to enhance the adequacy of the transfer received by *Inua Jamii* beneficiaries and to ensure that it covers 50% of the urban minimum

[16] In Nairobi, Kisumu, and Mombasa, workers earn a daily wage of KES 653.10 per day. However, for phase 2 of implementation, the daily wage was reduced to KES 455 in order to increase the coverage from 200,000 to 270,000 youths. See Section 5.2 for more details.
[17] Note that the study was not able to find information through desk research and limited KIIs on other cases of vertical expansion. However, this does not necessarily imply that other there are not other vertical expansions.

expenditure basket (MEB) (see Box 3). The top-up is delivered in parallel to the *Inua Jamii* regular payments using M-Pesa.

UNICEF is providing two monthly cash top-up payments of KES 2,000 per month to all *Inua Jamii* beneficiaries with children under the age of 10 residing in Garissa, Kajiado, Kilifi, Kakamega, and Migori. A total of 9,700 households were identified for this expansion. Payments were made through the GoK's partner banks in September and October 2020 and the top-up amount was determined in order to align the total transfer value with the multi-agency response.

3.3 Humanitarian assistance that leverages social protection systems, and vice versa

The third dimension of the response is focused on how non-state actors responded to address new vulnerabilities arising from the crisis. A number of emergency, time-bound cash-based interventions have been implemented by non-state actors in order to complement the GoK's social protection response. In some cases, humanitarian agencies have implemented these responses, while development partners have implemented others.[18] The principal responses are briefly described below.

3.3.1 Piggy-backing to leverage elements of the social protection system's administrative capacity

To complement the vertical expansion described in Section 3.2.2, the EU-funded consortium is also providing KES 7,668 per month for three months from April 2020 to almost 29,400 vulnerable households (117,760 people) in urban informal settlements in Nairobi and Mombasa that are not receiving other cash-based support (including the *Inua Jamii*).[19] In addition, the programme is specifically targeting 10,400 women and girls who are survivors or at risk of sexual and gender-based violence (SGBV). The consortium has coordinated its targeting approach with the SPS by drawing data from the Single Registry to check that there is no overlap (duplication) between their response and the *Inua Jamii*. Further, for the purposes of registration and targeting, the consortium adapted the SPS's harmonised targeting tool[20] to align their data collection with the data collection efforts of the MLSP for the *Inua Jamii*. This data is intended to be fed back into the Single Registry.

The World Food Programme (WFP) sought to complement the GoK's COVID-19 emergency response by providing cash support to 70,500 households (279,000 people) in Nairobi's informal settlements and 24,000 households (approximately 96,000 people) in Mombasa's informal settlements for three months starting in July 2020.[21,22] Each household will receive KES 4,000 each month – an amount intended to cover half of the total food and nutrition

[18] We follow the actor-oriented approach in identifying responses considered humanitarian assistance.
[19] As at 29 October 2020, 22,104 vulnerable households had been reached (Oxfam, 2020).
[20] The harmonised targeting tool was developed to ensure consistency amongst data collection efforts and can be used to collect geographic, demographic, and socio-economic data as well as contact and identification information.
[21] See www.wfp.org/news/wfp-supplements-government-support-poor-families-kenya-hit-covid-19.
[22] See https://reliefweb.int/report/kenya/wfp-and-kenya-government-launch-cash-transfers-families-impacted-coronavirus-mombasa.

needs for a family of four. Payments are made via M-Pesa. The WFP worked closely with the GoK to leverage data contained in the Single Registry and collected by the multi-agency COVID-19 cash transfer (see Section 4.3.3) to de-duplicate their caseload. Further, they used the Single Registry to access the Integrated Population Registration System (IPRS) (see Box 2) in order to verify the national ID numbers of potential beneficiaries.

3.3.2 Aligning the transfer value with other social assistance responses

In addition to the top-up payments (see Section 3.2.2), UNICEF has piloted a cash transfer in Kilifi and Kajiado counties that is targeting 1,500 households with malnourished children, working in partnership with health facilities. The programme is providing a monthly cash transfer of KES 2,000, in line with the routine monthly transfer provided to a beneficiary household of *Inua Jamii*, for a period of two months (September and October 2020).

The UK’s FCDO is supporting a cash transfer programme targeting 50,000 individuals in urban informal settlements in Nairobi and Mombasa. The programme will be implemented by GiveDirectly, working in partnership with local community-based organisations, and will provide KES 4,000 per month for three months via M-Pesa starting in October 2020. The transfer value was set based on the urban food poverty line (KES 3,557) calculated using the Kenya Integrated Household Budget Survey (2015/16) and inflated to align with the multi-agency COVID-19 transfer value.

Table 1: Summary of social protection responses

Response	Caseload	Geographic coverage	Eligibility[1]	Transfer value	Implementing agency	Link to social protection sector
System resilience						
Inua Jamii	1.09 million households	National	CT-OVC, OP-CT, PWSD-CT	KES 4,000 every two months	MLSP	Regular cash transfer
Adaptation: New programme						
Multi-agency cash transfer	669,000 households	National	Poor, vulnerable households with: chronically sick members, widow(er)s, child-headed households, orphans, elderly members, persons with disabilities, or new vulnerable members affected by the pandemic	KES 1,000 per week for four months	State department for the Interior	None
NCPWD cash transfer	33,333 households	National	Vulnerable persons with disabilities	KES 6,000, lump-sum	NCPWD	Outreach using PWSD-CT structures; de-duplication and verification through Single Registry
Kazi Mtaani	Phase 1: 26,000 youths; Phase 2: 270,000 youths	34 counties	Youth (aged 18 to 34) residing in urban informal settlements	KES 600 for 22 days; KES 455 for 11 days	State Department for Housing and Urban Development	None
Adaptation: Vertical expansion						
EU consortium top-up	1,966 households	Nairobi, Mombasa	*Inua Jamii* beneficiaries residing in informal settlements	KES 5,668 per month for three months	Consortium of KRCS, Oxfam, Concern Worldwide, ACTED, IMPACT, the Centre for Rights Education and Awareness, and the Wangu Kanja Foundation	Targeting through Single Registry

UNICEF top-up	9,700 households	Garissa, Kajiado, Kilifi, Kakamega, Migori	*Inua Jamii* beneficiaries with children under 10	KES 2,000 per month for two months	UNICEF	Targeting through Single Registry; payments using GoK partner banks
Humanitarian assistance: Piggy-backing						
EU consortium	~30,000 households and 10,400 women and girls	Nairobi, Mombasa	Vulnerable households in urban informal settlements in Nairobi and Mombasa	KES 7,668 per month for three months	As above	De-duplication through Single Registry; use of SPS's harmonised targeting tool
WFP	94,500 households	Nairobi, Mombasa	Vulnerable households in urban informal settlements	KES 4,000 per month for three months	WFP	De-duplication through Single Registry
Humanitarian assistance: Alignment						
UNICEF	2,000 households	Kilifi, Kajiado	Households with children with severe acute malnutrition	KES 2,000 per month for two months	UNICEF	Alignment of transfer value with *Inua Jamii*
FCDO	50,000 individuals	Nairobi, Mombasa	Reside in urban informal settlements	KES 4,000 per month for three months	GiveDirectly	Alignment of transfer value with multi-agency cash transfer

Notes: [1] The eligibility criteria for all new programmes and humanitarian assistance (piggy-backing or aligned) also stipulate that the household should not be receiving any other cash-based support from another programme.

3.4 Focus of this paper

This paper focuses on the social protection responses led by the GoK as these responses are most prominent and/or interact most directly with the social protection system. In particular, this paper focuses on: i) the multi-agency COVID-19 cash transfer; ii) the NCPWD's COVID-19 cash transfer; and iii) the *Kazi Mtaani* National Hygiene Programme. However, for completeness and where appropriate, we also describe and draw on lessons learned from the full set of programmes described in Table 1 as these are important parts of the wider social protection response to COVID-19 in Kenya. However, we do not delve into the operational aspects of these responses.

Finally, it is worth noting that in addition to the social assistance programmes and humanitarian assistance described above and outlined in Table 1, a number of other official measures have been put in place to help cushion vulnerable Kenyans against the negative economic impacts of the COVID-19 pandemic (ILO, 2020):

- The GoK implemented a broad set of tax interventions, including 100% tax relief for low-income earners as well as a reduction of the VAT rate from 16% to 14% from 1 April 2020. The GoK also reduced the turnover tax rate from 3% to 1% for all micro-, small- and medium-sized enterprises.
- The Central Bank of Kenya directed banks and telecommunications providers to waive mobile money transaction charges on all transactions under KES 1,000 from March 2020 to help shield vulnerable Kenyans, support small businesses, and reduce the physical exchange of currency in light of the pandemic. This was initially mandated for 90 days but was later extended by a further six months.
- To support the creative economy, the GoK earmarked KES 200 million (approx. £1.42 million) and established a framework to support artists during the pandemic. The Ministry of Sports, Culture and Heritage availed an additional KES 100 Million from an existing sports fund to support artists, actors, and musicians during the pandemic.
- The GoK increased budget allocations to cushion small-scale farmers and horticulture exporters by making provisions for subsidised farm inputs and securing access to international markets (Star, 2020).
- Machakos county waived all water bills for households in the county between May and December 2020.
- Members of the Kenya Cash Working Group (KCWG) implemented a number of other cash-based responses that are not described in this report. The KWCG has mapped these responses and a summary is available here.

4 Policy

In this section, we discuss how the GoK's social protection response to COVID-19 is operationalised, focusing on: financing of responses; relevant legislation, policies, and strategies; and governance and mandates with regards to social protection and coordination of the overall social protection response, including coordination with non-state actors.

4.1 Financing

The GoK's social protection response to COVID-19 has been financed from the national budget, with the first budgetary commitments announced days after the first confirmed COVID-19 case in Kenya in March 2020. The budget for the social protection response was made available through the second supplementary budget gazetted in May 2020, the third supplementary budget, and the 2020/21 national budget. These commitments include:

- KES 10 billion (approx. £71 million) for the multi-agency COVID-19 cash transfer committed to the State Department for Social Protection (SDSP);
- KES 500 million (approx. £3.5 million) allocated to the NCPWD for payments in arrears and the new cash transfer;
- KES 342 million (approx. £2.37 million) for the *Kazi Mtaani* phase 1 from existing allocations under the State Department for Housing and Urban Development's budget;[23]
- KES 10 billion for *Kazi Mtaani* phase 2 in the 2020/21 fiscal year, and
- KES 1 billion (approx. £7.1 million) to enhance cash transfers through economic stimulus activities in the 2020/21 fiscal year.

The increases in government spending across all sectors, alongside reductions in tax revenue, are projected to result in a large fiscal deficit, which will be financed by net external financing and net domestic borrowing according to the Budget Estimates for 2020/21. The GoK has announced a number of measures to create fiscal space for this increased expenditure (e.g. reallocating domestic and international travel budgets).[24]

In addition, external financing, either through new credit lending or additional donor funding, has been used to finance the response:

- **International Monetary Fund (IMF):** On 6 May 2020, the IMF approved the disbursement of US$ 739 million (approx. £560 million) to support the GoK's response to the COVID-19 pandemic. The funds can be drawn under the Rapid Credit Facility.[25,26]

[23] This includes technical and financial support from the World Bank through the Kenya Informal Settlements Improvement Project (KISIP)
[24] See the Presidential address from 25 March 2020: www.president.go.ke/2020/03/25/presidential-address-on-the-state-interventions-to-cushion-kenyans-against-economic-effects-of-covid-19-pandemic-on-25th-march-2020/.
[25] See www.imf.org/en/News/Articles/2020/05/06/pr20208-kenya-imf-executive-board-approves-us-million-disbursement-address-impact-covid-19-pandemic#:~:text=AddThis%20Sharing%20Buttons-,IMF%20Executive%20Board%20Approves%20a%20US%24739%20Million%20Disbursement%20to,of%20the%20COVID%2D19%20Pandemic&text=The%20IMF%20approved%20the%20disbursement,to%20the%20COVID%2D19%20pandemic.
[26] The IMF's Rapid Credit Facility provides rapid concessional financial assistance with limited conditionality to low-income countries facing an urgent balance of payments need.

- **World Bank:** On 20 May 2020, the World Bank announced that the Kenya Inclusive Growth and Fiscal Management Development Policy Financing, a US$1 billion (approx. £742 million) loan under discussion prior to the onset of the pandemic, had been approved. The budget support aims to fill the financing gap created by the shock, recreate fiscal buffers over the medium term, and crowd in private investment. Although not specifically for COVID-19, the approval was timely and the financing complements the US$50 million (approx. £37 million) Kenya COVID-19 Emergency Response Project, which focuses on the public health response. Interviews with the World Bank suggested that additional disbursements specifically for social protection could have been made through the ongoing NSNP project. However, given that the multi-agency COVID-19 cash transfer response was implemented outside the existing social protection system, this was not approved.
- **EU:** On 8 August 2020, the EU announced a €65 million (£58.3 million) grant to Kenya to address the socio-economic impact of the COVID-19 pandemic, helping Kenyans at risk of hunger and strengthening measures to prevent the spread of COVID-19.[27]

It is worth noting that financing of the COVID-19 response did not take place through disaster response mechanisms (see Section 1.2), with the exception of the Cat DDO. Through the Cat DDO, a drawdown of US$ 130 million (£97.4 million)[28] was disbursed within 48 hours of the request to support the rapid mobilisation of a social and economic response to the crisis. However, other disaster risk management and financing mechanisms are designed to prepare for and respond to climatic shocks (such as droughts and floods), which are endemic to the country and largely affect rural populations. For example, the HSNP's scale-up is triggered by changes in the Vegetation Condition Index.[29] However, a shock such as the COVID-19 pandemic, which disproportionately affects urban populations, was unexpected and unprecedented, and the existing disaster risk management and financing mechanism triggers were not fit-for-purpose.

4.2 Legislation, policies, and strategies

At present, there is neither legislation in place nor an institutional framework to standardise shock-responsive social protection in Kenya.

In general, the response to COVID-19 was considered to be a matter of national security. This is reflected in the Public Order Act, which was invoked by the President on 25 March in light 'of the serious threat posed to national security and public order by the spread of the COVID-19 pandemic'. As the crisis was framed as a matter of national security, implementation of the social protection component of the response fell within the remit of the Ministry of the Interior and Coordination of National Government. This is reflected in the

[27] See https://eeas.europa.eu/delegations/kenya/80518/covid-19-eu-support-kenyans-increases_en for more details.
[28] The Cat DDO is now fully disbursed. The first disbursement (US$ 70 million) supported the GoK's response to severe flooding in 2019. See www.worldbank.org/en/country/kenya/brief/faster-access-to-better-financing-for-emergency-response-resilience-kenya for more details.
[29] The index uses satellite data to assess the impact of drought on vegetation and provide information on the onset, duration, and severity of drought by noting vegetation change.

decision to implement the flagship social protection response – the multi-agency COVID-19 cash transfer – through the State Department for the Interior rather than through the SDSP.

4.3 Governance and coordination

4.3.1 Governance

The governance of the social protection sector has been significantly strengthened in the last decade with the establishment of the Social Protection Secretariat (SPS) in 2010, the establishment of the SDSP within the MLSP in 2015, and the creation of SAU in 2016 (GoK, 2017). The SPS has the mandate to coordinate, integrate, and harmonise the social protection sector,[30] while the SAU manages the implementation of the CT-OVC, OP-CT, and PWSD-CT, with the latter undertaken in collaboration with the NCPWD. The Ministry of Devolution and the Arid and Semi-Arid Lands (MD&ASAL), through the NDMA, is responsible for implementing disaster response. This is usually in relation to droughts, although their remit has expanded to cover other climatic shocks in recent years. In addition, the NDMA has a social protection function as it is the implementing agency of the HSNP, the country's flagship shock-responsive cash transfer programme.

While the NCPWD led the design, implementation, and disbursements for the cash transfer targeted at persons with disabilities, in line with their mandate, the two largest GoK social assistance programmes – the multi-agency response and the *Kazi Mtaani* – were implemented outside of the MLSP, by the State Department for the Interior and the State Department for Housing and Urban Development, respectively. The State Department for the Interior is mandated to keep the country safe and secure, with one of its key functions being the coordination of disaster and emergency response. As the GoK considered the COVID-19 response a matter of national security, this was used as a justification to deliver the GoK's multi-agency COVID-19 cash transfer through the State Department for the Interior rather than the MLSP. Although declaring the COVID-19 pandemic a matter of national security resulted in swift budgetary reprioritisation, including toward social protection, this also side-lined many of the actors usually involved in social protection and disaster response.

The State Department for Housing and Urban Development led the *Kazi Mtaani* response. The department does not have a social protection mandate, but one of its strategic objectives is 'to improve the livelihoods of people living and working in slums and informal settlements'. Interviews with key informants in the MLSP suggested that the MLSP had limited awareness of the *Kazi Mtaani* response.

4.3.2 Coordination

The social protection response in Kenya has been implemented by a range of state and non-actors (see Table 1). Key informant interviews indicated that there was almost no coordination between the MLSP and the State Department for Housing and Urban

[30] See www.socialprotection.or.ke/about-sps/social-protection-secretariat for more details.

Development (leading the *Kazi Mtaani*). For this reason, the rest of this section focuses on coordination of the unconditional cash transfer responses.

The SPS is the core government agency responsible for coordinating the social protection sector and houses the Single Registry, an integrated beneficiary database, which is designed to increase harmonisation and enhance the shock-responsiveness of social protection (see Box 2 and Section 4.3.3). The SPS has also developed other tools to facilitate the harmonisation of social assistance programmes, including a harmonised targeting methodology and tool to unify the various elements of the targeting criteria and processes under the *Inua Jamii* and for use by complementary programmes.

The SPS was expected, by a number of stakeholders, to take the lead on coordinating the social protection response to COVID-19, in line with its mandate. However, as the SPS was not closely involved in coordinating the flagship multi-agency cash transfer, some stakeholders felt that its role as lead coordinator was undermined. Despite this, the SPS reported trying to provide a platform for coordination of all other social protection assistance responses to COVID-19 but, ultimately, most coordination took place bilaterally between implementing partners and the respective government agency/ies and on an *ad hoc* basis. For example, UNICEF and WFP (as UN agencies) set up a working group with the Department of Children's Services, SPS, and SAU in order to coordinate their response, while other cash actors reported working through the SPS to access data housed in the Single Registry.

In terms of the design of the cash-based responses by non-state actors, the SPS did not provide guidance on aspects such as the transfer amount, frequency, or modality, or on eligibility criteria, conditionalities, and targeting. This was said to be due to the lack of legislation and institutional framework around social protection or guidelines to inform social assistance. This has resulted in a high degree of variation in the transfer amount and frequency between the different responses as well as overlaps in terms of geographic areas of support (e.g. informal settlements). In addition, it almost certainly led to duplications in the caseloads. For example, as discussed further in Section 6.2, the NCPWD did not compare its enrolment lists with the multi-agency beneficiary lists.

Outside of the SPS, several mechanisms have been used to coordinate responses in both the social protection and humanitarian sectors.

First, the KCWG, co-chaired by the NDMA and KRCS, took the lead on coordinating responses in the humanitarian sector.[31] The KCWG is charged with promoting the harmonisation of standards and approaches to cash transfer programming in emergency response to support coordinated and collaborative action. The KCWG took the lead on developing the urban MEB guidelines (see Box 3), which were designed to align the level of support between cash actors. However, these were only finalised in July 2020 by which time a number of responses had already been implemented. The KCWG also coordinated a joint letter written to the Ministry of the Interior to request the sharing of data on the multi-agency

[31] The SPS attends the KCWG on an *ad hoc* basis.

response to facilitate de-duplication of beneficiaries. Finally, the KCWG produced a mapping of the cash-based responses.[32]

In Mombasa, a separate cash working group has been set up to coordinate social protection and humanitarian responses within the county between the cash actors (see Table 1) and the Mombasa county government. In addition to ensuring support is not duplicated, the county-level working group will also discuss communication issues, which have been complicated by the variation in support provided by each of the cash transfer programmes.

Finally, the MLSP's social protection working group, which is attended by GoK and development partner representatives, has also met and discussions have centred on the coordination of responses in urban areas and coordination with the humanitarian sector.

Overall, most stakeholders felt that coordination of the social protection responses had been poor, resulting in a piecemeal response and duplication of beneficiaries. In the absence of SPS's leadership, the KCWG became the primary coordination body for non-state actors. However, by this time, many responses had already been designed and had begun implementation. The absence of any guidelines around how to distribute caseloads, or benchmarks to set the transfer value and duration, also contributed to the fragmentation of the overall response.

This lack of alignment among the responses has complicated communication, as responses with different design features are implemented in the same areas and with similar target groups (i.e. targeting vulnerable households residing in urban informal settlements). Further, this variation in the value of support and instances of duplication undermine the equity of the overall response, as some households received more support than others by virtue of the programme they were enrolled in rather than on the basis of vulnerability (see Section 7.2 for a discussion on adequacy of the response).

4.3.3 Data sharing, protection, and privacy

The Single Registry is the principal means of data sharing within the social protection sector (see Box 2). The Single Registry contains data on beneficiaries of the GoK's four cash transfer programmes, as well as non-beneficiaries in the HSNP counties, which can be used for targeting complementary programmes to existing beneficiaries or to check that support is not duplicated. In addition, through the complementary module, data on additional support provided to existing beneficiaries or data on new beneficiaries can be uploaded into the system.

In general, stakeholders reported that the Single Registry has not been functioning efficiently to facilitate rapid access to data and that they had been unable to upload data to the system.

In terms of accessing data in the Single Registry, the process is known to be bureaucratic and time-consuming, with stakeholders reporting turnaround times of several weeks during the pandemic.[33] SPS also reported that those requesting data on the *Inua Jamii* beneficiaries, either for vertical expansion or to avoid duplication in implementing new

[32] The KCWG's 5W mapping was published in December 2020 and is available here.
[33] For further details on the Single Registry, data quality and its use in shock-response, see Gardner *et al*. (2020).

programmes, were being redirected to the programme MIS at the SAU as the Single Registry is undergoing updates in preparation for the roll-out of the ESR.

Those stakeholders that did access the data reported that there are issues with quality, which affects usability (e.g. incomplete records, missing or incomplete telephone numbers, and data currency). Such issues either reduced the number of beneficiaries they could reach or slowed down their response.

Box 2: The Single Registry and the complementary module

The Single Registry is a platform designed to manage and provide oversight of the principal cash transfer programmes in Kenya, including the *Inua Jamii*. Since its establishment, the purpose of the Single Registry has evolved in line with the social protection policy framework in Kenya to serve two objectives:

- to provide increased harmonisation and consolidation of fragmented schemes; and
- to enhance the responsiveness of social protection initiatives to increase their capacity to quickly scale-up in response to rapid-onset crises.

The Single Registry draws data from the management information systems (MIS) for five cash transfer programmes operating in Kenya. This includes the SAU's consolidated cash transfer programme MIS, which is an integrated system containing data from the CT-OVC, OP-CT (including the 70+ cash transfer), and PWSD-CT; and the HSNP MIS, managed by the NDMA, which contains data on HSNP beneficiary households and the majority of non-beneficiary households in the four counties for emergency scale-up. In addition, data from the WFP's *Jenga Jamii* cash transfer is also available in the Single Registry. The Single Registry is also linked to the Kenyan IPRS at the Ministry of Interior and Coordination of National Government, which is used to verify the identity of the cash transfer recipients.[34]

To facilitate coordination in the social protection sector, the Single Registry also has a complementary module. The purpose of the complementary module is to analyse the characteristics of NSNP beneficiaries who may be eligible for complementary services provided by state and non-state partners (e.g. NHIF). To achieve this, the complementary module should facilitate two-way information sharing, but this feature was not fully functional during the pandemic. The complementary module facilitates household-level data access for actors in the social protection sector wishing to target the NSNP beneficiaries to provide services or additional support through vertical expansions. It is expected that, in turn, data users should feed back data collected on the beneficiaries to the Single Registry via the module.

The coordination function of the Single Registry was further undermined by the fact that none of the key informants interviewed had been able to feed their data back into the Single Registry at the time of the research (October 2020). While most interviewees were willing to share their data with the Single Registry and had obtained informed consent from beneficiaries for this purpose, data uploads had not been possible.

In the absence of an up-to-date registry, non-state actors reported trying to coordinate bilaterally with each other to share data and avoid duplication of caseloads. However, concerns around consent for data sharing, data privacy when sharing personally identifiable information, and issues related to GDPR made this challenging. Where consent had been obtained, some stakeholders reported using innovative means to check for duplication. For example, they created anonymised, unique identifiers comprising a sub-set of digits from

[34] See 'The Single Registry for Social Protection' at http://mis.socialprotection.go.ke:20307/.

telephone numbers and national ID numbers that could be shared with other partners to cross-check against their data.

Finally, interviewees also raised issues around the type of data collected to feed back into the Single Registry and its quality. Key informants indicated that most implementing agencies (see Table 1) had developed their own registration and targeting tools based on their eligibility criteria for the purposes of their response and only the EU-funded consortium reported that they had adapted the SPS's harmonised targeting tool for use in their registration exercise. This is likely to reduce the comparability between datasets, and cash actors should be encouraged to use the harmonised targeting tool when possible. Key informants also stressed that, to be usable by others in the future, the data that is shared needs to be clean, complete, and of sufficient quality.

5 Design

5.1 Eligibility criteria

Table 2 outlines the eligibility criteria for the social protection responses reviewed by this study.

Table 2: Eligibility criteria for selected programmes

Programme	Eligibility criteria
Multi-agency COVID-19 cash transfer	• Poor and vulnerable households impacted by the COVID-19 pandemic that include: chronically sick members, widow(er)s, child-headed households, orphans, elderly members, persons with disabilities, or newly vulnerable members affected by the pandemic (e.g. labourers, hawkers, casual workers, and needy children in institutions) • Household not enrolled in any *Inua Jamii* cash transfer programme • The registered beneficiary (household head) needs to have a Kenyan national ID number, Safaricom SIM card, and M-Pesa account
NCPWD cash transfer	• Household has a member with a disability[35] • Households with multiple vulnerabilities (i.e. multiple persons with disabilities or chronic illness) prioritised • Household not enrolled in any *Inua Jamii* cash transfer programme or the multi-agency COVID-19 cash transfer programme • The registered beneficiary or nominated caregiver needs to have a Kenyan national ID number, Safaricom SIM card, and M-Pesa account
Kazi Mtaani	• Vulnerable, able-bodied citizens residing in selected informal settlements (29 informal settlements in phase 1 and 1,405 in phase 2) whose prospects for daily/casual work have been disrupted by COVID-19 • Predominantly youths (aged 18 to 34) with a preference for those who have a certificate of primary or secondary school completion. In some areas, the age criterion is relaxed so that older people may also enrol • Household not enrolled in any GoK cash transfer programme • The registered beneficiary needs to be 18 years or older, have a Kenyan national ID number, Safaricom SIM card, and M-Pesa account • One worker per household

The details of how the registration, verification, and enrolment processes were conducted to implement the targeting strategy for each programme are described in Section 6.2.

5.2 Transfer modality, amount, frequency, and duration

The GoK was quick to decide to provide cash-based support rather than in-kind support or food assistance, which may have been the preferred response a decade ago. This commitment was articulated in the Presidential address (23 May 2020) in which the benefits of distributing cash were reiterated.

[35] In contrast to the PWSD-CT, which targets persons with severe disabilities, the NCPWD's eligibility criteria did not necessitate a disability being classified as severe.

We were unable to firmly establish how the transfer value for the multi-agency response was set, although key informants indicated that resource availability and the desired coverage were certainly considerations. Payments were made using Safaricom's mobile money platform M-Pesa and, in light of the mobile money fee waiver (see Section 3.4), the choice to make weekly payments of KES 1,000 (rather than larger payments on a less frequent basis) may have been taken to avoid incurring transaction fees.

On the other hand, the NCPWD's transfer value was set to align with the *Inua Jamii's* monthly transfer value. However, due to delays in registration and enrolment, the majority of payments were eventually made as a one-off lump-sum payment of KES 6,000 via M-Pesa in July 2020.[36]

The transfer amount for the *Kazi Mtaani* was initially set in line with the Minimum Wage Order of 2018. Those working in Nairobi, Kisumu, and Mombasa were paid a daily wage of KES 653.10, while workers in other municipalities earned KES 600 per day. In phase two, however, the daily wage was lowered below the minimum wage so as to increase the coverage and set at KES 455 for workers and KES 505 for supervisors. Despite this, news reports suggest that the daily rate paid to youths has been even lower, with some youths being paid KES 2,275 for 11 days work (equivalent of KES 206.80 per day) instead of KES 4,950 (Nation, 2020).

Wages are paid once per week via M-Pesa. The programme chose to pay workers on a weekly basis to ensure that money could begin to circulate quickly in local economies, which had also suffered due to the impact of COVID-19 containment measures.

Table 3: Transfer values across programmes

Programme	Amount	Frequency	Duration
Multi-agency COVID-19 cash transfer	KES 1,000	Weekly	Four months (16 weeks)
NCPWD cash transfer	KES 2,000	Monthly (in practice, this was paid as a one-off payment of KES 6,000)	Three months (in practice, one month)
***Kazi Mtaani* phase 1**	KES 653.10 (Nairobi, Mombasa) or KES 600 (elsewhere) per day	Weekly	Maximum of 22 days per month for one month
***Kazi Mtaani* phase 2**	KES 455 per day	Weekly	Maximum of 11 days per month for one month

[36] For households whose data had been flagged as containing errors during the verification process, a follow-up process took place and payments took place on a later date.

6 Implementation and operations

This section discusses the implementation processes underlying the social protection responses reviewed by this study.

As a starting point, it is useful to clarify the administrative structures that support the operational processes of the *Inua Jamii*. The key actors are as follows:

- County coordinators provide administrative support to sub-county offices.
- Sub-county officers from SDSP, including children's services officers and social development officers, support programme implementation and beneficiary engagement.
- Chiefs and assistant chiefs act as Inua Jamii ambassadors. They regularly hold *barazas* (public meetings) to provide information on the cash transfer programmes and handle basic grievance and case management issues.
- The Beneficiary Welfare Committee (BWC) is a group of beneficiary representatives from all constituent programmes at the location level. The BWC acts as a link between beneficiaries and programme officers. It organises meetings/information sharing sessions and acts as the first contact point for beneficiaries if they seek information, have complaints, or need to update their records with the cash transfer programme.

6.1 Outreach and communication

The multi-agency cash transfer used open meetings led by community leaders (*barazas*) to communicate to households that the registration exercise would be taking place. However, limited details on the approach to outreach and communication were publicly available or known to key informants.

The NCPWD worked closely with disabled persons' organisations and networks as part of its outreach strategy, structures already engaged in outreach as part of the PWSD-CT. The council also worked through its officers based in the counties to communicate with known persons with disabilities that are not part of these networks. The launch of the cash transfer and information about the registration exercise was advertised on social media channels and on local radio in some counties. However, despite some attempts at ensuring proper sensitisation took place, there were reports of people refusing to share their correct information (e.g. phone number) as they were suspicious of the purpose of the registration activities.

The *Kazi Mtaani* Operations Manual (GoK, 2020) does not contain any detail on the outreach and communication strategy.

6.2 Beneficiary registration, verification, and enrolment

6.2.1 Multi-agency COVID-19 cash transfer

The multi-agency COVID-19 cash transfer was targeted at newly vulnerable households that are not enrolled in the *Inua Jamii* programmes. As such, there is no pre-existing registry or data source that could have been used to identify eligible households and deliver support to beneficiaries. Therefore, a full registration process needed to be conducted.[37] Data collection took place in person through community structures including chiefs, assistant chiefs, and Nyumba Kumi leaders.[38] These community structures were selected due to their proximity to the community and their knowledge of household circumstances. However, the Nyumba Kumi are not involved in the delivery of routine social protection.

Registration data was collected using paper registration forms. The registration forms were designed specifically for the programme and allowed enumerators to collect basic household information (e.g. household size, number of children aged below five, females above 12, and persons with special needs) and data used for delivery (e.g. household head's national ID number and mobile phone number). However, the registration form did not collect data on household vulnerability, sex of the beneficiary, or the categorical targeting criteria.

The registration and targeting processes took place simultaneously. Registration teams were tasked to identify households that met the eligibility criteria and collect data from only those households deemed eligible. This resulted in the registration teams exercising a high degree of discretion in determining which households were eligible, with limited checks and balances in place as data on the eligibility criteria was not collected and community-based validation did not take place. In addition, application of the 'poor and vulnerable' eligibility criterion and identification as to who was 'impacted by the crisis' was subject to interpretation by these teams.

To complement the registration exercise, lists of vulnerable households were also gathered from other government departments (e.g. information on vulnerable children in institutions was obtained from the Department of Children's Services). However, due to lack of data on programme beneficiaries, it is not clear whether any of these households have been enrolled in the programme.

In order to verify the data against existing databases and enrol households in the programme, the paper registration forms were sent to Nairobi and digitised by the MD&ASAL. Once digitised, the data was verified against the IPRS, to validate the beneficiaries' national ID number, and against Safaricom's M-Pesa database to ensure that the telephone number, national ID number, and beneficiary name matched the mobile money account details in their database. The data was not compared to the Single Registry to check for overlap with the *Inua Jamii* as it was assumed that the registration teams had not listed households enrolled in the *Inua Jamii*. Households that successfully passed the verification processes were then enrolled in the programme.

While chiefs and assistant chiefs are important structures in the implementation of the *Inua Jamii*, the Nyumba Kumi have a community policing role and are not structures that have traditionally been involved in social protection. Despite this, most key informants felt that the Nyumba Kumi and other community leaders had done well to identify the most vulnerable

[37] As discussed in Box 2, the Single Registry contains data on households already receiving regular cash transfers as well as non-beneficiaries in the four northern counties where the HSNP operates (Turkana, Marsabit, Wajir, and Mandera). The MLSP is currently designing the ESR, which will contain data on a large portion of the vulnerable population in Kenya, but data collection is only scheduled to take place from 2021.
[38] The Nyumba Kumi is a community policing initiative that was gazetted in 2013. It provides a framework that anchors community policing at the household/basic level. The concept is aimed at bringing Kenyans together in clusters defined by physical locations, felt needs, and the pursuit of a common ideal of a safe, sustainable, and prosperous neighbourhood.

households and that these were the right structures to conduct registration as they are most familiar with households and their circumstances. However, the effectiveness of the Nyumba Kumi varies across communities and most key informants acknowledged that, in some communities, there were certainly deliberate inclusion errors, including duplication between the *Inua Jamii* and multi-agency cash transfer, where local structures were weaker or compromised.

Key informant interviews indicated that significantly more households were registered than ultimately enrolled in the programme, in part due to the poor quality of the data collected. According to one key informant, the great majority of the data collected (approx. 65%) was unusable. Household records were removed from the database during the process of digitisation (where data collected on the paper forms was unusable) and verification (due to mismatches with the IPRS and/or Safaricom database). There was no follow-up process to correct data that was incorrectly entered during registration or during the digitisation process. This is likely to have resulted in the exclusion of many of the most vulnerable households who may have incorrectly supplied important registration details such as mobile phone number and national ID number or might have had their name incorrectly spelled. Further, only households that have a member with a national ID number, Safaricom SIM card, and mobile phone were enrolled in the programme. While national ID coverage is relatively high in Kenya, with 88% of citizens over the age of 18 having an ID card, marginalised ethnic groups and women and girls face exclusions from the system (Caribou Digital, 2019). Further discussion on the gender equality and social inclusion (GESI) aspects of this approach are discussed in Section 7.1.1.

6.2.2 NCPWD COVID-19 cash transfer

The NCPWD also conducted a national registration exercise in order to identify eligible households. It determined constituency-specific caseloads, which were passed on to the registration teams. Registration took place between 1 and 6 June 2020 using multi-agency teams comprising officers from NCPWD and SDSP, as well as chiefs, assistant chiefs, Nyumba Kumi leaders, and representatives from disabled persons' organisations. The registration teams used paper data collection forms to collect basic information on the beneficiary including geographic data, name, sex, national ID number, phone number, nature of disability, and disability registration number.[39] For persons with disabilities requiring a caregiver, basic identification and contact information on the caregiver was also collected. The data was digitised by the NCPWD.

As part of the verification process, the NCPWD validated the data collected using the IPRS and against Safaricom's database. However, in order to guard against duplication with the *Inua Jamii*, data was also cross-checked by SAU with the data stored in the programme MISs. There was no formal process of cross-checking the data against the multi-agency beneficiary list and it was assumed that, because chiefs and Nyumba Kumi were involved in the targeting process for both responses, duplication would be avoided.

The NCPWD found about 79% of the data collected to be usable. In cases where data quality was poor, incorrect information was supplied/collected (see Section 6.1) and

[39] The data collection form is available here.

mismatches were found during the verification process, the registration teams returned to communities to correct the data in order to enable all households identified as eligible to enrol in the programme.

6.2.3 The Kazi Mtaani

The *Kazi Mtaani*'s approach to registration is akin to an on-demand programme. According to the programme's Operations Manual (GoK, 2020), interested workers are asked to register interest through their local national government administration officer's (NGAO) office (i.e. either the chief's office or county commissioner's officer). NGAOs are asked to keep a database of interested workers.

A selection committee is then responsible for verifying that the identified beneficiaries meet the eligibility criteria and selecting suitable workers for each project. The committee comprises leadership from the informal settlement, the Settlement Executive Committee (where operational), Nyumba Kumi leaders, and the NGAO. In each informal settlement, the committee should comprise people who are familiar with the area and communities and are, therefore, considered well placed to identify which youths are the most vulnerable and are qualified to undertake the agreed projects. The selection committee is also tasked with ensuring that equal numbers of men and women are enrolled in the programme.

It is not clear whether any formal process of cross-checking and verifying of the registration data provided takes place against databases held by Safaricom or the IPRS or any other databases that include beneficiary information on GoK cash transfer programmes prior to enrolment. However, reports that youths were not paid on time due to mismatches between the programme's registration data and data held by Safaricom suggests this has not taken place systematically, if at all, prior to enrolment (Kenya News, 2020). Further, interviews with the MLSP suggest that de-duplication with the *Inua Jamii* through the Single Registry did not take place and it seems that the requirement of not receiving other GoK cash transfers is verified through a personal declaration and by the selection committee.

6.3 Payment and delivery systems

6.3.1 Payment systems

All three of the GoK's social protection responses used Safaricom's mobile money platform, M-Pesa, to pay beneficiaries. M-Pesa has the largest coverage of Kenya's mobile money providers: with more than 30 million users and almost 200,000 pay-agents across the country, M-Pesa's market share stands at 98.9% (Communications Authority of Kenya, 2020). Accounts are relatively easy to set up using a Safaricom SIM card and a national ID number. In addition, mobile money can be used to pay for goods and services from registered vendors without requiring the handling of cash or incurring fees on transactions below KES 1,000 due to the COVID-19 fee waiver.

However, the exclusive use of M-Pesa by these programmes is likely to lead to exclusion of certain groups. First, M-Pesa does not have full coverage of the Kenyan population, with other providers of mobile money platforms also serving sizeable populations. Second, elderly household members might struggle to trust or use mobile money accounts. Third, households without a national ID number, SIM card, or mobile phone cannot be reached through mobile money and are likely to be some of the most vulnerable households, including households headed by women (see Section 7.1.1 for further discussion).

There have also been reports that beneficiaries' cash transfers or wage payments were automatically redirected to repaying mobile money loans or interest on overdraft facilities. In the case of the *Kazi Mtaani* and in response to this issue, Safaricom waived the automatic recovery of *Fuliza* loans (Safaricom's mobile money overdraft facility) and offered beneficiaries a 48-hour grace period during which they could withdraw their wages (PD Online, 2020a).

Beneficiaries of the *Kazi Mtaani* faced some challenges with the payment system, as verification of M-Pesa details did not take place prior to enrolment. Specifically, in phase 1 some problems with payments were encountered where the national ID number or name used to register for the programme did not match the details registered with Safaricom. Other workers faced issues if their phones were inactive or if they did not have an M-Pesa account (The Star, 2020b).

6.3.2 *Kazi Mtaani* delivery of public works projects

During phase one of the *Kazi Mtaani*, projects were focused on activities such as garbage collection and bush clearing. However, during phase two the programme focus shifted to longer-term projects that would provide lasting benefits to communities. For example, projects under consideration include the construction of access roads in informal settlements using cobblestones, upgrading public sanitation facilities, and creating pocket parks for children, among others. These types of projects were selected on the basis of being labour intensive, using locally sourced materials, and creating a public good. The final project selection in each community involves county governments and municipalities to align the projects to urban development plans.

The Operations Manual details the on-site works process for phase two. Each day, the County Implementation Committee holds a mobilisation meeting. Youth workers assemble at the project space for this meeting during which roll-call is taken, targets are set, etc. Youth are monitored three times each day using the *Kazi Mtaani* mobile application and biometric data. At the end of the day, a daily dismissal meeting is held to record targets, acknowledge issues, and fill in daily work status reports. The County Implementation Committee is then responsible for reporting back to the national-level secretariat on a daily basis.

Finally, project supervisors are recruited from the National Youth Service[40] or youth officers from the informal settlement. Each supervisor oversees 15 youth workers who are assigned tasks in sub-teams of five, led by a selected representative from the group. The supervisors ensure that activities take place following the work plans, and to the expected quality standards. They are also responsible for reporting.

[40] The National Youth Service is a voluntary work and education programme designed to train and mentor Kenya's youth (aged 18–22) in various skills (e.g. paramilitary, engineering, fashion and design, business management, catering, agriculture, secretarial, plant operation, construction, driving). See https://www.nys.go.ke/ for more details.

6.4 Complaints and appeals

Key informant interviews suggested that a dedicated grievance mechanism had not been set up for any of the programmes under review. Interviews with the MLSP confirmed that should beneficiaries try to lodge a grievance using the *Inua Jamii's* grievance mechanism, referrals would not made to the relevant ministry. The NCPWD noted that grievances could be lodged either through their national or county-level officers but that they do not have officers in the sub-counties. It is not clear whether and how grievances through these channels are addressed.

6.5 Case management

We did not find any documented evidence of referrals and linkages for the multi-agency cash transfer or the *Kazi Mtaani*. However, one of the NCPWD's COVID-19 task force strategies includes referring persons with disabilities to appropriate government departments in case of emergency or enquiries about COVID-19. Further details on how this would take place or the departments to which people would be referred were not available.

6.6 Monitoring and evaluation

In general, most key informants did not consider the multi-agency response to be transparent, with little information around design decisions (e.g. eligibility criteria, targeting, etc.) or implementation progress publicly available. While the Ministry of the Interior is tracking implementation progress for the multi-agency COVID-19 cash transfer (media reports indicate that, by August 2020, 341,958 households had been enrolled), we were unable to access any monitoring data as part of this review (PD Online, 2020b). Further, key informants within the MLSP had not received any data related to the response (e.g. on number of beneficiaries by county/vulnerability, etc.).

The NCPWD has undertaken basic monitoring of the response, including tracking the number of beneficiaries enrolled, payments made, etc., but a more thorough evaluation of the response has not yet taken place. However, this has been recognised as a gap and is due to take place once all payments had been completed.

The *Kazi Mtaani* Operations Manual (GoK, 2020) provides some detail on the monitoring, evaluation, and reporting strategy of the programme. The focus of the monitoring and evaluation activities will be on monitoring the progress of projects and assessing the process of programme and project implementation in order to identify any gaps or weaknesses and the need to take corrective action. In addition, a management tool will be used to assess and review the outcomes of each project.

At the beneficiary level, the programme will document testimonials from beneficiaries about the programme's process and impact on their lives and their communities. The primary purpose of this data collection will be for external communications and promotion of the project.

7 Assessment of the response

In this section, we provide an assessment of the overall social protection response against various dimensions, taking into account the adaptations that were implemented, including new programmes, vertical and horizontal expansions, and humanitarian assistance responses.

7.1 Coverage

The assessment of coverage is limited by the data that is available. At the time of writing, the GoK had not released any data on the final beneficiary numbers for the social protection response to COVID-19. This assessment is based on target caseload.

Table 4: Coverage of GoK responses

Programme	Geographic coverage	Target caseload
Multi-agency COVID-19 cash transfer	National	669,000 households
NCPWD cash transfer	National	33,333 households
***Kazi Mtaani* phase 1**	29 informal settlements in eight counties, i.e. the five lockdown counties and Kiambu, Nakuru, and Kisumu, which have large urban populations	26,000 youths
***Kazi Mtaani* phase 2**	1,405 informal settlements in 34 counties	270,000 youths

Through new social protection programmes, the GoK is expected to provide support to more than 700,000 households and almost 300,000 youths (see Table 4), while continuing to provide regular support through the *Inua Jamii* and HSNP to 1.23 million households. The GoK's response is complemented by cash transfer programmes implemented by non-state actors. It is unclear exactly how many households will be covered by these additional responses (described in Table 1), as the final caseloads will depend on the amount of funding available, but they are likely to cover at least another 150,000 additional households.

The World Bank's (2020a) microsimulations predict a 4 percentage point increase in poverty, equivalent to more than 2 million newly poor individuals. The effect is estimated to be particularly acute in urban areas. In relation to these estimates, the coverage of new social assistance programmes implemented by the GoK is impressive. However, apart from the *Kazi Mtaani*, the programmes are not geographically targeted, which could limit the extent to which the newly vulnerable, predominantly residing in urban areas, are reached by the response. In addition to the newly poor, the 2019 Kenyan Census indicates that there are more than 5 million unemployed youths in the country and 16 million Kenyans living in poverty (Business Daily, 2020). This implies that a large proportion of the vulnerable population, especially those newly vulnerable (informal workers and informal business owners), will not be reached by the response.

In terms of geographic coverage, it is worth noting that the programmes under review cover all 47 counties and are not specifically targeted at urban areas. For the multi-agency COVID-19 response, it is not clear why the decision was taken to roll out the programme nationally when the most stringent lockdown measures were implemented in five counties. However, it is possible that the cash transfer also sought to provide support to households affected by flooding and locust invasions, which affected large parts of the country. The NCPWD's cash transfer also covered all 290 constituencies, with each constituency allocated a caseload of 100 households and some constituencies receiving a higher caseload where lockdown measures had been more stringent (e.g. Nairobi, Mombasa, Kilifi, and Kwale), households had been badly affected by flooding, or the county is highly populated. Finally, the *Kazi Mtaani* was initially implemented in the lockdown counties, as well as counties with large urban populations, but will roll out to 34 counties in phase 2.

7.1.1 GESI considerations

The social protection response has sought to target newly vulnerable groups, as well as traditionally vulnerable groups. The NCPWD's cash transfer was specifically targeted at persons with disabilities. In contrast to the PWSD-CT, which targets persons with severe disabilities, the NCPWD's eligibility criteria did not necessitate a disability being classified as severe; this was done in recognition of the additional barriers to accessing healthcare and additional vulnerabilities faced by all persons with disabilities (WHO, 2020).

Data on the coverage of the GoK's social protection response by gender is not publicly available and had not been shared with the MLSP at the time of writing. Further, the multi-agency cash transfer did not collect data on sex of the beneficiary as part of the registration form (see Section 6.2). It is therefore not possible to assess the extent to which women were enrolled in the programmes.

However, as discussed in Section 5, some of the design features of the programmes may reduce the extent to which the most vulnerable households are reached in practice. For example, the multi-agency cash transfer, which is targeted at households, registered the household head as the beneficiary. It is likely that, given the structure of households in Kenya, this approach could lead to predominantly male beneficiaries being enrolled in the programme.

Further, only those households with a valid national ID number and Safaricom SIM card were registered in all GoK programmes. While a high proportion of the Kenyan population do have national IDs and SIM cards, those without national ID numbers are most often women or minority ethnic groups (Caribou Digital, 2019). GSMA (2020) find that a small gender gap also exists in terms of adult mobile phone ownership, with 91% of men and 86% of women owning a mobile phone in Kenya. However, in terms of mobile internet usage, the gap is much larger, with 49% and 32% of men and women using mobile internet, respectively. These differences are likely to affect the extent to which men and women are covered by social protection programmes that use mobile money to deliver payments. In vulnerable households, female household members are least likely to have a SIM card and mobile phone registered in their name and therefore cannot be registered as the beneficiary.

Finally, it is likely that the make-up of registration teams, for the multi-agency cash transfer in particular, comprised predominantly men. This could lead to the exclusion of women and other marginalised groups. In addition, the lack of checks and balances in place in the registration, targeting, and enrolment processes (see Section 6.2) could lead to marginalised groups being excluded from the response. Media reports indicate that the lack of transparency in the registration process for the *Kazi Mtaani* left people feeling that selection had been political and that marginalised ethnic groups had been excluded (The Star, 2020a).

7.2 Adequacy

We judge adequacy by reference to the household MEB guidelines, which were developed by the KCWG to guide cash-based actors in setting the transfer value in urban areas (see Box 3). The KCWG recommends that cash transfers provide a minimum level of support equivalent to 50% of the MEB for three months. These guidelines were only finalised in July 2020, after the multi-agency response and many other responses had begun implementation, and therefore adherence has been limited.[41] However, the guidelines do provide a benchmark against which adequacy of the response can be assessed.

Box 3: Household MEB

The KCWG developed the urban MEB guidelines, in consultation with its members, in order to provide a reference for setting the transfer value and to encourage alignment between responses by different cash actors in response to COVID-19.

Previous MEB guidelines have focused on responses in rural areas. However, urban and rural expenditure patterns are distinct. For example, urban dwellers might spend a greater proportion of their income on rent, and may incur other costs such as food and water. The different characteristics of urban settings, as well as unique expenses related to COVID-19 (e.g. purchase of masks), necessitated the construction of a separate benchmark for setting the level of cash and voucher assistance provided by government and humanitarian actors in response to the pandemic.

The MEB is constructed by considering typical monthly costs related to food, energy, water and sanitation, communication, transportation, health, education, shelter, and COVID-19 expenses. The food basket component (i.e. the minimum food basket (MFB)) adheres to the minimum energy requirements and nutritional needs. The KCWG calculates the MFB and MEB as follows:

- The MFB is set at KES 2,006 per person or KES 6,017 per household of three, per month.
- The MEB is set at KES 8,385 per person or KES 14,185 per household of three, per month.

To set the transfer value, the KCWG drew on the findings from the Food Security Report (April 2020) conducted by the Urban Early Warning Early Action consortium. These show that 80% of families living in Nairobi's largest informal settlement, Kibera, earn an average disposable income of KES 2,188. Therefore, ideally transfers would cover at least 85% of the full value of the MEB to meet the spending gap. However, limited resources and the extent of the vulnerable population resulted in the recommendation that COVID-19 cash transfers cover at least 50% of the total cost of the basket for three months, at which point an assessment should be made on whether further support is required.

The KCWG recommends that the MEB is updated every three months based on market monitoring data and household-level data, particularly on urban consumption patterns where data is lacking.

Source: KCWG (2020)

[41] Only the KRCS response has followed these guidelines in setting the transfer value.

In general, the majority of responses described in Table 1 follow the MEB guidelines to provide support for three months,[42] with the multi-agency cash transfer providing support for four months. The NCPWD cash transfer was designed to be paid in three monthly tranches but was ultimately delivered as one lump-sum payment. Given the protracted nature of the pandemic, it is unlikely that the three-month period of support will be adequate to mitigate the negative economic effects of the crisis. At the time of research, the GoK had announced further commitments to continue providing cash transfers to vulnerable households through an economic stimulus package but details of the level of support and targeting were not yet known.

In terms of amount, almost all programmes described in Table 1 have set the transfer value below 50% of the urban MEB. The multi-agency response, targeted at households, provides double the amount of money provided to beneficiaries of the *Inua Jamii*. Similarly, in comparison to GDP *per capita*, however, the multi-agency cash transfer is relatively generous at an amount equivalent to 47% of GDP *per capita* compared to a global average of 26% (Gentilini *et al*., 2020). However, despite this relatively high transfer value, the multi-agency response only covers 28% and 66% of the MEB and MFB in urban areas, respectively. This is lower than recommended by the KCWG and key informants admitted that the transfer amount was likely inadequate to meet all needs.

The NCPWD's cash transfer is aligned with the *Inua Jamii*'s transfer value and therefore covers only 14% of the urban MEB.

It is worth noting that the transfer value for both the multi-agency response and the NCPWD's transfer are set uniformly regardless of whether the household resides in an urban or rural area. For households in rural areas, the adequacy of the transfer is likely to be greater. Similarly, the transfer amount does not account for inter-household variation, for example, by providing different levels of support to women-headed households, households with greater numbers of children or elderly members, etc.

The first phase of the *Kazi Mtaani* provided a generous package of support. For example, workers in Nairobi who were able to work all 22 days could earn a total of KES 14,368.20 (approx. £101), which exceeds the full urban MEB for a household. However, in phase 2, in order to increase the coverage of the programme, the maximum possible earnings per month was reduced to KES 4,950 (approx. £35) per month. This is below 50% of the urban MEB and therefore unlikely to be adequate to meet the needs of a household.

7.3 Comprehensiveness

Beyond the negative impacts of the COVID-19 containment measures on livelihoods and food security discussed in Section 1.3, vulnerable individuals have faced additional risks as a result of the pandemic. Women and girls, in particular, are found to be more likely to face job losses and unemployment (World Bank, 2020c), face increasing care work within households and communities, and are facing increased risk of SGBV (Oxfam, 2020). The GoK found an increase of 42% in domestic and sexual violence cases between 13 March,

[42] This is in line global trends in social protection responses to the pandemic. The average duration of COVID-19 cash transfer programmes is 3.3 months (Gentilini *et al*., 2020).

when Kenya recorded its first COVID-19 case, and mid-April (Nation Africa, 2020). People with disabilities also face additional difficulties, with one survey in Kenya finding that 45% of persons with disabilities faced disruptions to support vital to independent living (I2I, 2020).

The GoK's response has focused on providing only cash support to vulnerable households. While the provision of cash gives households autonomy to use the money to address their most pressing needs, due to the level of support provided the cash transfer is unlikely to be able to address all needs (see Section 7.2).

The GoK responses have not linked beneficiaries to other social services that might address other emergent needs such as health needs or psychosocial support, especially for vulnerable women and girls facing SGBV, for example. The NCPWD noted that it was exploring how beneficiaries could be linked to complementary activities and programmes to provide additional support, especially as the cash transfer was a one-off payment. Specifically, one of the NCPWD's COVID-19 task force strategies includes referring persons with disabilities to appropriate government departments in case of emergency or enquiries about COVID-19. It is not clear to what extent this has been implemented. In addition, even for beneficiaries of the *Inua Jamii*, there is no comprehensive linkages and referral framework in place that can facilitate referrals to appropriate complementary services.

The programmes of non-state actors (described in Table 1) that have leveraged the social protection system have sought to address the multi-dimensional needs of beneficiaries, including some encouraging examples of support for women and girls. For example, WFP is providing nutrition support to treat malnutrition among 16,000 children under five, 700 pregnant women and breastfeeding mothers, and 6,800 elderly people in urban informal settlements. The consortium led by the KRCS is targeting 10,400 women and girls who are survivors or at risk of SGBV and who are known to NGOs providing support to these women and girls.

7.4 Timeliness

The GoK announced the appropriation of an additional KES 10 billion to cushion vulnerable households from the adverse economic effects of the COVID-19 pandemic 12 days after the first confirmed case.

The multi-agency cash transfer programme commenced rapidly but has been slow to roll out more broadly. The first payments as part of the multi-agency cash transfer were made in April 2020. Given that this was a new programme, requiring a full registration, verification, and enrolment exercise, the GoK did well to rapidly identify new beneficiaries, in areas with limited coverage of social protection programmes, and make the first disbursements within four to six weeks of the initiative being announced. In addition, beneficiaries in the lockdown counties (apart from Mandera) were prioritised where the impacts of the mitigation measures were likely to be most acute. However, by August 2020 just over 50% of the target beneficiaries had received support and the move to full roll-out of the programme has been much slower than intended, resulting in much of the support being disbursed after the most severe economic impacts of the lockdown were likely to have been felt.

The NCPWD's cash transfer was slower to implement. Registration took place in the first week of June and around 80% of payments were made by the end of July 2020. Similarly, the first phase of the *Kazi Mtaani* took place in May and June while the most stringent restrictions were in place in the lockdown counties, with the second phase beginning in July for a period of 6.5 months.

Overall, rapid social protection responses, by all actors, have been hindered due to a lack of system preparedness in general (including strong governance structures and coordinating mechanisms), as well as a lack of data that would facilitate reaching newly vulnerable populations in particular. In addition, the GoK's data collection processes took place using paper-based registration forms, and the digitisation and verification process certainly delayed the speed at which the response could be rolled out.

7.5 Long-term implications

Both the multi-agency response and NCPWD's cash transfer are temporary responses that are unlikely to be absorbed into the social protection system or extended beyond the current period of support. The GoK has announced that further cash transfers would be disbursed as part of the economic stimulus package in the 2020/21 fiscal year. However, at the time of writing it was not clear whether this support would be targeted at new beneficiaries or continue to support those initially targeted by the multi-agency and NCPWD cash transfers.

In both cases, the responses were implemented without using the existing social protection system or delivery mechanisms despite the GoK's large investments and progress in strengthening the social protection system and shock-responsive approaches to delivery over the past decade.

In registering new beneficiaries, a large amount of data has been collected on vulnerable households not traditionally targeted by the GoK's cash transfer programmes. Most key informants expressed that they would be interested in feeding this data back into the Single Registry (or ESR once it is rolled out). As the ESR roll-out is planned to take place using a staggered approach, this data can be used for government and non-government programming in the interim.

An interesting innovation of the social protection response has been the widespread use of M-Pesa to deliver cash quickly to new populations. However, key informants in the MLSP suggested that it is unlikely that the GoK will adopt mobile money as the delivery modality for *Inua Jamii*'s regular cash transfers, citing several reasons such as full bank accounts providing greater financial inclusion to beneficiaries and better security. Despite this, the response has indicated that there is certainly a role for mobile money platforms in regular and shock-responsive programming.

8 Conclusions and recommendations

8.1 Conclusions

The stringent lockdown measures and global economic slowdown are likely to have a large impact on poverty in Kenya, with an estimated 2 million additional people falling into poverty. This is estimated to be most acute in urban areas. In addition to the impact of COVID-19, Kenya is also dealing with the negative impacts of the locust invasion in April 2020 and the flooding in May 2020.

Within days of the first confirmed case of COVID-19, the GoK initiated its response to the pandemic, announcing large financial commitments, through budgetary reallocations, to help cushion vulnerable Kenyans against the negative economic effects of COVID-19. The GoK implemented three new social assistance programmes that target newly vulnerable households. These include 1) the multi-agency COVID-19 cash transfer; 2) the NCPWD cash transfer; and 3) the *Kazi Mtaani* urban public works programme. In addition, the GoK developed guidelines to minimise disruptions to routine delivery of the *Inua Jamii*, which included integrating mobile money into the payment mechanism to facilitate cashless transactions and staggering payment dates to avoid crowding at physical payment sites. Outside of the GoK, development partners and NGOs also implemented large emergency cash transfer programmes (mostly targeting urban informal settlements in Nairobi and Mombasa), which piggy-backed on the *Inua Jamii*, aligned with the GoK response, or provided top-up payments to beneficiaries of the *Inua Jamii* to increase the adequacy of their benefits in light of increased needs during the pandemic.

Despite the GoK's commitment, and progress, over the past decade to investing in building a shock-responsive social protection sector, the two largest COVID-19 social protection programmes were designed and implemented outside the social protection sector. These were led by the State Department for the Interior and the State Department for Housing and Urban Development. Neither of these agencies are traditionally mandated to deliver social protection nor involved in the coordination or delivery of routine social protection programmes. While the State Department for the Interior has the mandate to respond to matters of national security (including the COVID-19 pandemic), the exclusion of the MLSP from the response undermined the GoK's ability to build on existing systems to deliver the new programmes. While reasons for MLSP's exclusion are not known, one key informant speculated that this could be because the existing coordination mechanisms are not well known by other departments or not considered sufficiently robust to rapidly deliver a response of this scale.

While the SPS tried to play a role in coordinating the various government and non-government responses (through the Single Registry), coordination largely took place in an *ad hoc* manner, resulting in a fragmented response. Efforts to avoid duplication between GoK and non-state actors should have been facilitated through the Single Registry, which allows for a two-way flow of data, but in practice relied on bilateral partnerships between implementing agencies. The protocols and processes that govern access to the

Single Registry were not functional during the response and did not facilitate data access.[43] Further, in the absence of an institutional framework for shock-response, and guidance from SPS, the KCWG took the lead in facilitating alignment by developing the urban MEB guidelines, which were expected to be used to align the level of support provided for cash transfer programmes by non-state actors. While these were agreed by members of the working group, in reality there was a lot of variation in terms of the level and duration of support provided to beneficiaries by different programmes. This led to confusion among beneficiaries regarding entitlements and undermined any attempts at providing equitable support to households.

The majority of responses that were implemented sought to target new vulnerable populations that have not typically been covered by the social protection system, which predominantly supports rural households. This posed a challenge for timely shock-response as the newly vulnerable target population differs from those considered traditionally vulnerable and targeted by existing major social assistance programmes – including the *Inua Jamii* and the shock-responsive HSNP, both of which have large rural caseloads. Therefore, rapid registration and targeting exercises were undertaken in order to reach beneficiaries and implement their programmes.

Overall, the GoK response failed to utilise or piggy-back on existing capacity or processes developed for the routine programmes, undermining the efficiency and timeliness of the response. For example, all three programmes undertook fresh registration and enrolment activities to identify beneficiaries. However, the registration and targeting process did not include checks and balances to ensure that only those eligible were enrolled. Registration teams exercised a high degree of discretion in determining which households were eligible and these decisions were not (and could not be) subject to any verification process (e.g. community-based verification or cross-check against the Single Registry) as data was not collected on household eligibility. Further, the use of paper-based registration resulted in a high degree of errors at the point of data collection and data digitisation, and key informants remarked on the low proportion of households who could be registered based on the poor quality of the data collected. This also resulted in a much slower process of registration as the data had to be sent to Nairobi to be digitised manually.

In addition, the GoK did not leverage the existing grievance mechanism, nor was a dedicated grievance mechanism set up for the response, and did not implement any systematic monitoring and evaluation of the response. The latter has resulted in a response that is not transparent, as final beneficiary numbers are neither publicly available nor known to GoK stakeholders. Further, the lack of grievance mechanism undermines programme accountability, especially in the face of weaknesses in the registration processes, as discussed above.

An innovation of the social protection response has been the widespread use of mobile money to deliver cash to new populations. Mobile money is not currently used in the provision of routine support, through the *Inua Jamii* or HSNP, despite the maturity of the system in Kenya. However, mobile money was used to make payments in all three GoK

[43] For a full discussion of issues related to data access through the Single Registry, see Gardner *et al.* (2020), here.

responses and was temporarily integrated into the *Inua Jamii* to reduce the extent to which beneficiaries were required to travel to access cash and facilitate cashless payments.

There is a mixed picture when assessing the social protection response against coverage, adequacy, and comprehensiveness. A detailed assessment of actual coverage was not possible due to lack of data on the GoK's response. While the response was designed to reach a large number of households and individuals, as a whole, it is unlikely to cover all 'newly' poor households as the programmes were not geographically targeted, but rather have national coverage. In terms of adequacy, the multi-agency cash transfer value is generous in relation to regular cash transfers (at 200% of the *Inua Jamii* transfer value) but still only covers less than 30% of the urban household MEB. Finally, the response has focused on the provision of cash, which provides households with flexibility but is unlikely to be able to meet all needs. It is important for the GoK to consider how beneficiaries can be linked to other support that will cushion them once the transfers end and/or that will address additional needs they may have and that have arisen as a result of the pandemic (e.g. health needs, psychosocial support, etc.).

Although the response was designed to consider issues of gender and inclusion by targeting newly vulnerable groups, as well as traditionally vulnerable groups, some of the design features and operations may undermine this objective. For instance, as all programmes were only able to enrol individuals or households that have a national ID number, Safaricom SIM card, and mobile phone, it is likely that the most vulnerable groups of people have not been reached, including women and ethnic minorities. In addition, registering the household head as the beneficiary could result in a response skewed toward male beneficiaries. Further, data on gender (and other indicators of inclusion) was not collected as part of the registration activities of the multi-agency COVID-19 cash transfer.

8.2 Implications for policy

The findings of this research suggest a number of implications for policy for routine social protection and to strengthen the shock-responsiveness of the sector in Kenya, in terms of institutional arrangements, delivery mechanisms and financing.

Institutional arrangements

The fragmented social protection response to COVID-19 in Kenya has demonstrated the importance of a **strong coordination mechanism**, including between SPS and NDMA as well as non-state actors, with sufficient capacity to lead a response of this scale. The SPS's mandate to coordinate social protection needs to be recognised and understood by inter-governmental departments and the SPS needs to have sufficient institutional capacity to act on this. The SPS also needs to play an active role in other coordination fora, including the development partner's roundtable, to input into decision-making and facilitate coordination.

A shock-responsive **institutional framework** should be developed to improve preparedness and facilitate swift decision-making during times of shock. This should articulate coordination structures, and protocols and principles to guide alignment in the design and implementation of programmes.

- In relation to **policy design**, such a framework could include considerations for setting the benefit level such as linking the transfer value to a rationale around meeting household needs and maintaining resilience during the shock, to ensure that the transfers are adequate in relation to their objectives.
- Similarly, principles for how to incorporate issues of **inclusion** and sources of marginalisation (e.g. gender, ability, ethnicity) in the design of programmes should be articulated. For example, explicit consideration should be given to which household member is registered as the beneficiary in each household (rather than simply registering the household head), in line with the objective of the programme. In terms of operations, responses that require households to have a valid national ID number risk excluding marginalised ethnic groups or vulnerable women and girls. Similarly, delivering the support exclusively via mobile money is likely to exclude very vulnerable households without a mobile phone or individuals without a SIM card registered in their name.
- To facilitate **coordination**, this framework should make the roles and responsibilities of different actors in coordinating responses explicit, outline data access and sharing protocols (including issues such as data privacy and protection), and provide guidelines to harmonise data collection when new registration activities are undertaken (e.g. using the harmonised targeting tool).

Delivery mechanisms

The response has shown the importance of having **accessible, high-quality data** available to facilitate rapid response. In the short term, the data that has been collected by the GoK and non-state actors should be cleaned and uploaded into the Single Registry in order to increase its coverage. This will facilitate coordination going forward and the targeting of complementary programmes in the recovery phase of the crisis or future shock-responses.

The MLSP has begun preparations for the **roll-out of the ESR (a social registry)**, which is expected to collect data on at least 50% of Kenya's population, focusing on vulnerable households. However, the COVID-19 crisis has indicated that the way in which vulnerability to shocks is understood should be broadened to include those who are vulnerable to non-climatic shocks (e.g. potential conflict, economic, and health shocks), including individuals and households residing in urban areas. At present, the ESR's roll-out plans do not prioritise achieving high coverage of the populations in urban areas. Further, the COVID-19 crisis and response raise a number of key considerations for the roll-out of the ESR:[44]

- First, the ESR will potentially be a useful tool to coordinate routine social protection, as well as to target and coordinate shock-response. However, to achieve this, the GoK will need to **invest in the functionality of the system** (beyond software and hardware), learning from the challenges of the Single Registry, and develop protocols and processes that are fit for purpose and that enable people to access and use the data. For example, the roles and responsibilities, including for maintenance of the database and updating the data, need to be documented, as do protocols for accessing data that take issues of data protection and privacy into account.

[44] A full discussion on considerations for the design and roll-out of the ESR can be found here in Gardner *et al.* (2020).

- Second, data stored in the ESR needs to have adequate **coverage** of newly vulnerable households that have not traditionally been targeted by social protection such as the urban poor, if responses are to be implemented quickly.
- Third, **data for delivery** of cash-based assistance, including accurate data on national ID numbers, bank accounts, and mobile money accounts, needs to be collected as well as data on which of these modes of payment is preferred. Ideally, this should be validated against the IPRS and other databases as part of the data cleaning process to identify and correct errors immediately and pre-empt these processes ahead of shocks.
- Fourth, the design of the ESR should **allow two-way information flow** to encourage governmental and non-governmental actors to feed information into the system quickly in order to facilitate de-duplication.
- Fifth, all agencies involved in collecting registration data need to ensure that **full informed consent** is obtained from individuals or households so that data can be shared in efforts to coordinate responses or provide complementary services.
- Finally, to improve comparability between datasets, both state and non-state actors should be encouraged to use the **harmonised targeting tool** for future registration and targeting exercises, when possible.

The GoK has developed processes and systems for operating during and responding to shocks, through the *Inua Jamii* and HSNP. To ensure that the GoK leverages this capacity in future shock responses, the MLSP should **advocate for and build awareness** of the systems and capability of SPS and SAU. The MLSP could use the sector wide M&E framework to produce an annual report demonstrating cost, coverage and capability of the system to advertise the capabilities of the sector to other parts of government.

Consideration should be given to **the role of mobile money payments** in the payments strategy of the *Inua Jamii*. To prepare for future shock-response, the SAU (either directly or through partner banks) could engage with mobile money providers to establish memoranda of understanding and ways of working during times of shock to facilitate rapid payment disbursement. This could include protocols to verify data against the provider’s database or agreements on reduced, subsidised or waived transaction fees for emergency cash transfers.

The COVID-19 crisis has also shown that there is a need for social protection mechanisms to **protect the urban poor**. The Census results show that in 2019 31.2% of the population was living in urban areas (KNBS, 2020) and by 2050, almost half of the population is expected to reside in cities, with the majority of people likely to be working in the informal economy (Babijes, 2016). The existing social protection system in Kenya has traditionally focussed on rural poverty. However, to support the resilience of the urban poor, consideration should be given to the role of the contributory social protection system in protecting informal workers, a higher proportion of whom are women. Developing the contributory pillar of social protection will support the development of a more sustainable sector, reducing the burden on the exchequer to support vulnerable households and/or respond to shocks through non-contributory social assistance programmes.

Financing

The GoK needs to **develop a risk-financing strategy**, comprising a set of funding instruments, which can be used to fund responses to different types of shocks. This strategy should also specify the financing mechanisms that would be available for shock-responsive social protection, beyond the HSNP, to ensure that funds are able to flow during crises such as the COVID-19 pandemic. While the GoK is working to design and implement mechanisms that would make disaster risk financing available, these are skewed toward responding to climatic shocks and consideration should be given to how these mechanisms could also be used to respond to other types of shock.

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Annex A Stakeholders interviewed

Organisation	Type
SPS	Government
SAU	Government
NCPWD	Government
World Bank	Development partner
FCDO	Development partner
UNICEF	Development partner
WFP Kenya	Development partner
WFP Regional Office	Development partner
EU Delegation	Development partner
ECHO Regional Office	Development partner
Oxfam	NGO
Give Directly	NGO