



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

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Introduction

The Maintains programme is studying how Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda have adapted and expanded their social protection systems in order to support households and mitigate the economic impact of COVID-19. This study aims to identify policy actions to better prepare national social protection systems to respond to future crises. Based on a [conceptual framework](#), the study analyses data from literature reviews, key informant interviews, and microsimulations. This brief presents findings from the [Kenya case study](#).

As at 4 December 2020, Kenya had reported more than 86,300 cases and 1,500 deaths. In response to the outbreak, the Government of Kenya (GoK) implemented a range of stringent containment measures, including restrictions on movement, a nationwide curfew, and closing most schools and learning institutions until January 2021. As a result of the containment measures and the global recession, the [World Bank estimates](#) that Kenya's economy contracted by 0.4% between January and June 2020, compared to growth of 5.4% during the same period in 2019. COVID-19 is estimated to have increased poverty in Kenya, resulting in 2 million newly poor women, men, and children.

How did the social protection system respond to the pandemic?

The GoK implemented three new social assistance programmes (see Table 1) to help cushion vulnerable Kenyans against the negative economic effects of COVID-19: 1) the multi-agency COVID-19 cash transfer; 2) the National Council for Persons with Disabilities (NCPWD) cash transfer; and 3) the Kazi Mtaani National Hygiene Programme (an urban public works programme). In addition, the GoK developed guidelines to minimise disruptions to routine delivery of the Inua Jamii, the flagship cash transfer programme, 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. As a result of the number of actors involved, the social protection landscape comprised overlapping cash-based responses offering varying packages of support.

How well designed were these responses in mitigating the impact of the pandemic?

Shock-responsive social protection requires: (a) **expanding coverage** to those made vulnerable by the crisis; (b) **adequacy** of benefit levels that will address the new needs; and (c) **comprehensiveness** of benefits linked to longer-term rehabilitation and recovery. Given resource constraints to meet the scale and range of needs, no single response can meet all three criteria simultaneously while guaranteeing **inclusion**, resulting in difficult trade-offs. For example, although the GoK made large budgetary allocations to social protection responses, the scale of the shock

resulted in the GoK reducing the wage rate for the Kazi Mtaani in order to expand the programme's coverage.

- **Coverage:** The World Bank's [microsimulations](#) estimate that there will be 2 million newly poor Kenyans as a result of COVID-19, predominantly in urban areas. Through new social protection programmes, the GoK is expected to provide support to more than 700,000 households and almost 300,000 youths across the country. While

this coverage is impressive, the programmes are nationally implemented rather than targeted geographically at areas most affected and may not reach those directly affected by the crisis.

- Adequacy:** The multi-agency cash transfer and Kazi Mtaani offer generous benefit levels in relation to regular cash transfers (200%+ of the Inua Jamii transfer value). However, in relation to the household minimum expenditure basket both cover less than 35% of a household's monthly needs. While the multi-agency cash transfer provides support for four months, the Kazi Mtaani and NCPWD cash transfer provide support for one month, which is unlikely to be adequate given the duration of the crisis.
- Comprehensiveness:** Responses were limited to subsistence support, without linking to interventions that address additional risks that vulnerable households might face.
- Inclusion:** Issues of gender and inclusion were considered in the eligibility criteria for each programme. However, some of the design features and operations may undermine this objective. For example, by only enrolling beneficiaries 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, ethnic minorities, and marginalised people.

Table 1: Extending support to new beneficiaries in response to COVID-19

Programme	Targeted coverage	Eligibility criteria	Benefit size
The multi-agency COVID-19 cash transfer <i>State Department for the Interior</i>	669,000 households (national)	Households not enrolled in the Inua Jamii and 'impacted by COVID-19' with vulnerable household members including the chronically sick, persons with disabilities, labourers, casual workers, etc.	KSH 1,000 (£7) per week for four months, a total of KSH 16,000 (£104)
NCPWD cash transfer <i>NCPWD</i>	33,333 households (national)	Households not enrolled in the Inua Jamii and that have a member with a disability	KSH 2,000 (£13) per month for three months (in practice, this was paid as a one-off payment of KSH 6,000 or £39)
Kazi Mtaani <i>State Department for Housing and Urban Development</i>	Phase 1: 26,000 youths (in eight lockdown / urban counties)	Predominantly youths (aged 18 to 34) in selected informal settlements whose prospects for daily/casual work have been disrupted by COVID-19; household must not be part of any GoK cash transfer programme; one youth per household	Phase 1: KSH 600 (£4) per day for 22 days per month for one month, up to a total of KSH 13,400 (£87)
	Phase 2: 270,000 youths (in 34 counties)		KSH 455 (£3) per day for 11 days per month for one month, up to a total of KSH 5,005 (£33)

Note: currency conversion correct as of 22 February 2021 using 1 KSH = 0.0065 GBP

How effective was the delivery of the response in practice?

Despite the maturity of the social protection sector in Kenya, the GoK's social protection response failed to utilise or piggy-back on existing capacity or processes developed for the routine programmes. The two largest COVID-19 social protection programmes were designed and implemented outside the social protection sector.

Due to a strong commitment from the Presidency to cushion the effects of COVID-19 on the most

vulnerable using social assistance, the GoK was able to rapidly mobilise funds for the response from the national budget. However, the need to undertake new registration, targeting, and enrolment activities ultimately undermined the **timeliness** of the response. The multi-agency cash transfer made the first payments in April 2020 but had not reached its caseload target by August 2020; the NCPWD paid beneficiaries a one-off payment (rather than three monthly payments) in July 2020 due to delays in

implementation; and the Kazi Mtaani was implemented between May and June 2020 (phase 1) and from July 2020 for phase 2.

Key enablers and constraints to timely and effective implementation included the following:

- In the absence of the Enhanced Single Registry (ESR) – a **social registry** planned to be rolled out from 2021, with data on potential beneficiaries – programmes needed to undertake outreach, registration, and enrolment activities. This involved paper-based data collection, followed by data digitisation and verification (both time-consuming processes) before households were enrolled. An estimated 65% of data was discarded due to errors and mismatches during the digitisation and verification stages.
- Registration teams comprising community structures were able to rapidly identify and register large numbers of potentially eligible households. However, the **registration and targeting** process did not include checks and balances to verify eligibility, which allowed the registration teams to exercise a high degree of discretion in determining which households were eligible.
- An innovation of the social protection response has been the widespread use of **mobile money**

to deliver cash to new populations. This enabled cash to be disbursed quickly to households, once enrolled, and minimised the number of interactions required to access and use the cash.

- **Coordination** of the response largely took place in an ad hoc manner, with limited involvement from the Social Protection Secretariat, resulting in different programmes delivering support in the same areas and likely in some duplication of households. Efforts to avoid duplication should have been facilitated through the Single Registry, which allows for a two-way flow of data. However, the protocols and processes that govern access to the Single Registry were not fit for purpose. In practice, coordination relied on bilateral partnerships between implementing agencies, which was complicated due to data protection requirements.
- The GoK was able to **finance** the response through large budgetary reallocations to social protection from the national budget. This swift action was enabled by the state of emergency and scale of the crisis but does not guarantee that funding would be available for future shocks of this nature. While a number of disaster risk financing mechanisms are in place in Kenya, most could not be used for the response as they are designed to be triggered by climatic shocks, lacking the flexibility to respond to unprecedented shocks such as COVID-19.



Preparedness actions toward a shock-responsive social protection system

The GoK was able to reach a large number of households through new social assistance programmes in response to COVID-19. While there were considerable successes in the response, there are a range of actions required to ensure that systems are well placed to respond next time (for full details, see the [main report](#)):





- The fragmented social protection response has demonstrated the importance of a strong **coordination mechanism**, including between the Social Protection Secretariat and National Drought Management Authority as well as non-state actors, with sufficient capacity to lead a response of this scale.
- A shock-responsive **institutional framework** should be developed to improve preparedness, facilitate swift decision-making during times of shock. This should articulate coordination structures, protocols and principles to guide alignment in the design and implementation of programmes. Principles for how to incorporate issues of **inclusion** and sources of marginalisation (e.g. gender, ability, ethnicity) in the design of programmes should be outlined.
- The response has shown the importance of having **accessible, high-quality data** available to facilitate rapid response. As the ESR is rolled out, 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. Further, the GoK must ensure that data is relevant, current, accessible, and accurate, and also that protocols for ensuring data protection and privacy are in place.
- The COVID-19 crisis has indicated that the way in which **vulnerability** is understood should be broadened beyond exposure to climatic shocks. At present, the ESR's roll-out plans do not prioritise achieving high coverage of the populations in urban areas.
- Further, the crisis has also shown that there is a need for social protection mechanisms to **protect the urban poor**. Consideration should be given to the role of the contributory social protection system, in particular, in protecting urban informal workers, a higher proportion of whom are women.
- The GoK needs to **develop a risk-financing strategy**, 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 Hunger Safety Net Programme, to ensure that funds are able to flow during crises, including non-climatic shocks such as the COVID-19 pandemic.

About Maintains

Maintains is a five-year (2018–2023) operational research programme 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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