

Social protection responses to COVID-19 in Kenya

Synthesis report

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e-Pact is a consortium led by Oxford Policy Management and co-managed with Itad

Preface

Oxford Policy Management (OPM) has been engaged by the UK Foreign, Commonwealth, and Development Office (FCDO) as the monitoring, evaluation, and knowledge (MEK) partner for the Hunger Safety Net Programme (HSNP) Phase 3. The primary aim of the UK's support to the HSNP Phase 3 is to build capacity within the Government of Kenya to fully take over the management, leadership, and coordination functions required to deliver the HSNP, and to invest in disaster risk financing and approaches to economic inclusion. The MEK component comprises four workstreams: operational monitoring, capacity assessment, process review, and impact evaluation. In addition, the MEK component is designed to provide useful, relevant, and timely outputs to FCDO, the World Bank and government stakeholders. For this purpose, the MEK component has a budget for several 'deep dive' studies to be used flexibly to address evidence gaps or answer new questions as they emerge.

For this 'deep dive' study, FCDO requested OPM to review and synthesise lessons learned from the social protection response to COVID-19 carried out by state and non-state actors in Kenya. The findings from this review will be presented to the Sectoral Group for Social Protection and used by the Government of Kenya and Development Partners to strengthen routine and shock-responsive social protection programming.

Acknowledgements

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This report was authored by Alexandra Doyle.

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Executive summary

The COVID-19 pandemic has had devastating impacts in Kenya. The restrictions put in place to limit the spread of the virus have had profound negative effects on many households' livelihoods in the nearly two years since the onset of the pandemic. The pandemic also triggered an unprecedented expansion of social protection programmes in Kenya in response to the shock, with many innovations in relation to how programmes are delivered.

This report summarises and synthesises the evidence generated from the social protection interventions carried out by state and non-state actors in response to COVID-19 between March 2020 and June 2021. The report examines the factors that enabled or constrained a successful response to draw policy implications to enhance the shock responsiveness of the Kenyan system.

Programme relevance and impact

Evidence suggests that the provision of emergency, time-bound cash transfers were relevant for the target population and mitigated some of the short-term impacts of the pandemic. Households used their cash transfers to meet priority needs such as purchasing food or paying rent during the pandemic and were found to reduce the use of (negative) coping strategies. The receipt of cash also had a positive effect on access to food and food security levels. Finally, sequencing and layering messaging on top of the cash transfer was found to help comprehensively address risks that households and individuals faced during the pandemic.

Policy

The responses covered in this review were funded using budget reallocations or new donor funding rather than contingency budget lines. While the Government of Kenya (GoK) was swift to make large reallocations to the social protection response, due to the scale of the shock, this strategy likely reduced the financing available for other government activities and may ultimately affect the financing available for future, routine social assistance programmes.

The social protection response to COVID-19 has shown the importance of having timely access to high-quality data and the ability to share data in order to reach vulnerable people quickly. Existing social protection databases did not have sufficient coverage of the populations most affected by the pandemic to be used in the response. While existing data could be used to implement vertical expansions, the process of accessing existing data was time-consuming and users faced issues with the quality of the data. In the absence of social registry data, some responses drew on alternative, existing data sources but data quality remained an issue. Finally, the Single Registry was unable to support coordination and de-duplication of the response, and non-state actors developed innovative means of bilaterally sharing data for de-duplication in line with data protection requirements.

The absence of an institutional framework to govern the response resulted in GoK responses implemented outside of the social protection sector. The lack of guiding framework for response also contributed to the proliferation of programmes that provided differing levels of support even when targeting the same people. This was exacerbated by weak coordination of the response by the Social Protection Secretariat (SPS). Outside of SPS, the Kenya Cash Working Group (KCWG) took the lead on coordinating responses in the humanitarian sector.

Programme design

Across responses, the eligibility criteria were not always closely linked to an understanding of who would be most affected by COVID-19 and only some responses gave explicit consideration to issues of gender and inclusion. Targeting criteria were, in many cases, loosely defined, which made it difficult to apply them equitably or transparently.

All responses covered in this study provided cash to households, which was widely considered the most appropriate form of support. The transfer levels were designed in a context of uncertainty and, in some cases, were informed by indicators of population needs. Further, there was a clear tension between following humanitarian principles and alignment with the social protection sector when setting transfer values resulting in variation in the level of support provided by different actors. Most responses provided household level support and all of the responses were designed as emergency programmes comprising one-off or time-bound transfers, despite the longer term socio-economic impacts of the pandemic.

Programme implementation and operations

Overall, few responses piggy-backed on existing routine social protection delivery mechanisms to deliver the COVID-19 support, undermining the efficiency of the response. However, when used, the GoK's administrative systems slowed down the roll-out of programmes.

In the absence of registry data, new registration efforts were carried out which slowed implementation. In many cases, registration was done manually, requiring digitisation and reducing the quality of data which also hampered the timeliness and inclusivity of the response. Most responses sought to identify eligible recipients through registration activities, while the *Kazi Mtaani* was the only response to implement an on-demand approach to registration.

The use of M-Pesa to pay recipients of COVID-19 response programmes was a key innovation and characteristic of the response in Kenya. In general, there were high levels of satisfaction amongst recipients and implementers with the use of M-Pesa for payments. Some recipients faced issues with payments being automatically redirected towards repayment of loans. While M-Pesa has very high coverage in Kenya, sole reliance on this platform in most programmes is likely to have led to the exclusion of some vulnerable groups.

Outreach strategies were found to be most effective when combining multiple channels of communication. Responses implemented by the GoK relied on traditional mechanisms for outreach and communications. Across the responses, weaknesses in the outreach and communications strategies undermined the effectiveness of implementation.

Overall, the GoK-implemented responses lacked investment in functional accountability mechanisms. The accountability of responses that used the Inua Jamii's grievance mechanism was constrained by existing weaknesses in that system. The transparency of the GoK's response was undermined by a lack of monitoring and reporting.

Recommendations

On the basis of the findings outlined above, lessons for the GoK and development partners follow.

Strengthen the policy environment

In order to strengthen the policy environment in which shock-responsive social protection interventions are implemented, the GoK should look to increase harmonisation and coordination amongst actors (government and non-government) involved in shock-response, establish contingency financing that can be used to respond to a range of shocks, broaden the data ecosystem available for shock responsive programming, and extend coverage of the social security system. Specific recommendations for the GoK follow:

- Ratify the updated National Social Protection Policy (NSPP) in order to formalise the vision and mandates for shock-responsive social protection.
- Develop an institutional framework to guide large-scale responses to shock that covers guidance related to the design and delivery of shock responsive programmes.
- Determine a single government institutional mechanism to coordinate shock-responsive social protection.
- Develop a risk-financing strategy, comprising a set of funding instruments, which can be used to fund responses to shocks, including less predictable shocks.
- Develop and document protocols for accessing data in the Single Registry and Enhanced Single Registry (ESR) that promote ease of access and use.
- Identify and map the existing administrative databases that could be used for targeting social protection responses during times of shock.
- Develop a strategy to extend the coverage of social security and formalise the workforce.

Improve the design of shock-responsive programmes

The way in which shock-responsive programmes are designed can be improved by stipulating principles for programme design in advance of a shock. The shock-responsive institutional framework (see above) developed by the GoK should:

- Provide guidance on how to identify and assess the needs of populations affected by a shock to determine the eligibility criteria for support.
- Stipulate principles to guide how sources of marginalisation and inclusion can be incorporated into the design of programmes, in terms of who is targeted and programme delivery.
- Outline principles for setting transfer values and the duration of support.
- Detail strategies to link vulnerable groups of people to complementary social services when social risks may be exacerbated or access to basic services may be limited.

Strengthen programme delivery

The GoK should develop processes and protocols along the delivery chain that will support rapid identification, enrolment, and delivery of support to households during times of shock. This could include:

- Develop and document protocols for registration, verification, and enrolment of recipients during times of shock.
- Negotiate agreements that outline ways of working and the terms of engagement with mobile money and other payment service providers in advance of shocks.
- Develop processes for exception handling (or accepting other forms of identification) to enhance the inclusion of those people without national IDs in responses.

Development partners' support to the GoK

Many of the recommendations outlined above may be of relevance to development partners. In addition, it is recommended that development partners:

- Support the GoK to implement some of the above-mentioned recommendations to build the shock-responsiveness of the social protection system and foundational systems in advance of the next shock.
- Participate in the development of an institutional framework that can be used to guide the design and delivery of shock-responsive programmes.
- Support the GoK during shock-response by complementing efforts by the government rather than implementing separate programmes with distinct objectives.
- Participate in coordination fora to improve alignment and harmonisation of shock-responses between government and non-state actors and between non-state actors themselves.

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List of abbreviations

CCTP	Consolidated Cash Transfer Programme
CNIC	Computerised National identity Card
DSA	Directorate of Social Assistance
ESR	Enhanced Single Registry
FCDO	Foreign, Commonwealth, and Development Office
GoK	Government of Kenya
GRM	Grievance Redress Mechanism
HSNP	Hunger Safety Net Programme
HTT	Harmonised Targeting Tool
IPRS	Integrated Population Registration System
KCWG	Kenya Cash Working Group
KSH	Kenyan Shilling
MEB	Minimum Expenditure Basket
MEK	Monitoring, Evaluation, and Knowledge
MIS	Management Information System
MLSP	Ministry of Labour and Social Protection
NCPWD	National Council for Persons with Disabilities
NGO	Non-governmental organisation
NSNP	National Safety Net Programme
NSPP	National Social Protection Policy
OPM	Oxford Policy Management
SDSP	State Department for Social Protection
SGSP	Sectoral Group for Social Protection
SPS	Social Protection Secretariat
UNICEF	United Nations Children’s Fund
WFP	World Food Programme

1 Introduction

1.1 Background

The COVID-19 pandemic has had devastating impacts across the world. In response to the pandemic, the GoK implemented a range of stringent containment measures, including restrictions on movement, a nationwide curfew, and closing schools for most of 2020. These restrictions have had profound negative effects on many households' livelihoods in the nearly two years since the onset of the pandemic. As a result of the containment measures and the global recession, the World Bank (2021) estimates that Kenya's economy contracted by 0.3% in 2020, with COVID-19 also estimated to have increased poverty in Kenya, resulting in 2 million newly poor women, men, and children (World Bank, 2020).

The pandemic also triggered an unprecedented expansion of social protection programmes in Kenya in response to the shock, with many innovations in relation to how programmes are delivered. The social protection response in Kenya presents a unique opportunity to learn from the different ways in which the GoK and development partners responded to the shock and to examine the factors that enabled or constrained success to draw policy implications to make the Kenyan system more shock responsive.

1.2 Objective of this study

The objective of this synthesis report is to summarise the social protection interventions carried out by state and non-state actors in response to COVID-19, synthesise the evidence that has been generated between March 2020 and June 2021 from these interventions, and provide lessons for future routine and shock-responsive programming by the GoK and development partners.

1.3 Methodology

1.3.1 Scope of the review

We developed a long list of social protection responses that were implemented in Kenya in response to COVID-19. This was based on other research conducted by OPM,¹ information from the Sectoral Group for Social Protection (SGSP), as well as a mapping completed by the KCWG of their members' cash programming that took place in 2020.

The list of responses to consider in this review was determined on the following basis:

- Programme was designed to respond to COVID-19;²
- Programme was implemented between March 2020 and June 2021;
- Programme supported at least 1,000 recipients (individuals or households); and
- Programme was linked to the social protection sector.

Applying these criteria, Table 1 summarises the programmes that are included in this review.

¹ See Doyle and Ikutwa (2021)

² The KCWG data indicated that some non-state actors implemented programmes to respond to the desert locust infestation and the flooding in 2020. Responses implemented purely for these reasons are not within the scope.

Table 1: Summary of responses included in this review

Response	Target caseload	Implementing agency	Coverage
Government-led responses³			
Multi-agency COVID-19 cash transfer	669,000 households	Ministry of Interior	47 counties
National Council for Persons with Disabilities (NCPWD) cash transfer	33,333 households	NCPWD	47 counties
<i>Kazi Mtaani</i> (urban public works)	296,000 youths	State Department for Housing and Urban Development	34 counties
Non-state actors' responses			
World Food Programme (WFP)	94,500 households	WFP	Nairobi, Mombasa
UK-funded response	52,700 individuals	GiveDirectly ⁴	Nairobi, Mombasa
EU-funded consortium	~30,000 households and 10,400 women and girls	A consortium of Kenya Red Cross Society, Oxfam, Concern Worldwide, ACTED, IMPACT, the Centre for Rights Education and Awareness, Wangu Kanja Foundation	Nairobi, Mombasa
Vertical Expansion of the National Safety Net Programme (NSNP)	9,700 households	UNICEF	Garissa, Kajiado, Kilifi, Kakamega, Migori
Horizontal Expansion of the NSNP to children returning from institutions	3,000 households	UNICEF	Garissa, Kilifi, Kisumu, Turkana
Horizontal Expansion of the NSNP to children with malnutrition	1,342 households	UNICEF	Kilifi, Kajiado

1.3.2 Approach to synthesis

This study uses the conceptual framework developed for the Maintains study *Towards shock-responsive social protection* (Beazley *et al.*, 2020) to look at the policies, design features, and operational procedures behind the social protection responses to understand how the chosen response was operationalised. Specifically, the framework focuses on how the policies, systems, and operational procedures used along the delivery chain were developed and/or adjusted for the implementation of the responses, to understand how effective the response was in practice and which factors enabled or constrained it.

Using this framework, we developed an analysis matrix to compare features of each programme identified for this review. The matrix contained cells related to programme design features, and

³ For a detailed description of the GoK-led responses, see Doyle and Ikutwa (2021).

⁴ This does not include individuals and households support by GiveDirectly through other funding sources. We do not include GiveDirectly's other COVID-19 cash transfers in this review as they were implemented outside of the social protection sector.

operational procedures. Drawing on existing literature shared by development partners, we populated each cell with a description of each aspect of the response and also any features that enabled or constrained an effective response to learn lessons for future programming. This matrix was used to identify information gaps where follow up key informant interviews were needed. This matrix formed the basis of our cross-programme analysis, allowing us to identify similarities and differences across responses, as well as enabling and constraining factors.

2 Programme relevance and impact

In this section, we draw on findings from the impact evaluations of the UK-funded cash transfer implemented in Nairobi and Mombasa, and the EU-funded response implemented in Nairobi, to assess the relevance and impact of the social assistance response to COVID-19 in Kenya.⁵ While there is insufficient evidence to comprehensively assess the relevance and impact of the social protection response to COVID-19 in Kenya as a whole, the findings from these two evaluations suggest that the provision of emergency, time-bound cash transfers were relevant for the target population and mitigated some of the short-term impacts of the pandemic.

Across the country, households were negatively affected by the COVID-19 pandemic.

Programme evaluations and findings from the World Bank's High-Frequency Phone Survey⁶ show that people's employment became less secure and as a result, their income was reduced due to the lockdown restrictions. Consequently, many households faced food insecurity and/or had to skip meals and had to resort to the use of (negative) coping strategies such as borrowing money, deferring rent payments or purchasing items on credit to deal with the economic effects of the pandemic.

The cash transfers received by households were used to meet priority needs during the pandemic. Households used the money to purchase food and pay rent as well as to purchase soap and water and pay for medical expenses. The evaluation of the UK-funded response found that households also used the money to pay for education-related expenses as the timing of the final payment coincided with the re-opening of schools in early 2021.

The provision of emergency cash helped households to deal with the short-term economic consequences of the shock by reducing the use of (negative) coping strategies. Evaluations of the UK-funded response and the EU-funded response found that receipt of the cash transfer reduced the use of negative coping strategies including the sale of household assets and begging. The UK-funded transfer was also found to reduce borrowing money, skipping rent payments and using savings, while the EU-funded response reduced whole household migration.

The receipt of cash had a positive effect on access to food and food security levels. The evaluation of the UK-funded transfer found that receiving the cash transfer reduced household food insecurity as well as the probability of experiencing severe food deprivation. Similarly, the evaluation of the EU-funded response found that households perceived their food security to improve after receiving the cash transfer.

Sequencing and layering messaging on top of the cash transfer was found to help comprehensively address risks that households face. Coupling the EU-funded cash transfer with messaging on the prevention of gender-based violence improved access to complementary services amongst programme recipients. The evaluation found that most study respondents felt better able to access resources to prevent, mitigate and respond to protection risks. Anecdotal evidence from key informant interviews with UNICEF also indicate that integrating nutrition, disability, public health etc. messages with cash transfers can improve access to complementary services.

⁵ See Binci *et al.* (2021) and Ochieng *et al.* (2021).

⁶ For further information, see the World Bank's dashboard: <https://www.worldbank.org/en/country/kenya/brief/monitoring-covid-19-impact-on-households-and-firms-in-kenya>

3 Policy

This section focuses on policy relating to financing, information systems, and governance and coordination and the extent to which these enabled or constrained the response.

3.1 Financing

None of the responses were funded using contingency budget lines. The GoK's social protection response to COVID-19 was financed from the national budget, with the first budgetary commitments announced in March 2020. While the GoK was swift to make large reallocations, due to the scale of the shock, they did not have pre-determined contingency funding which could be triggered to fund the social protection response. Similarly, responses implemented by non-state actors were either donor funded or funded through budget reallocations. Budget reallocations will reduce financing available for other government activities and there is a risk that this may ultimately affect the financing available for future, routine social assistance programmes and indeed other policy areas (e.g. health, education). This remains an area for future research.

Almost all non-state actors disbursed funds outside the government system. Only UNICEF used the Inua Jamii bank accounts to make top-up payments to existing recipients as part of the vertical expansion. Other non-state actors implemented their responses outside of the GoK's social protection delivery system (see Section 5 for further discussion).

3.2 Information systems and data sharing

3.2.1 Access to data

Existing social protection databases did not have sufficient coverage of the populations expected to be most affected by the pandemic to be used in the response. The Consolidated Cash Transfer Programme (CCTP) Management Information System (MIS) contains data on recipients of the routine cash transfer programmes, the majority of whom reside in rural areas. The ESR will contain comprehensive socio-economic and delivery data (e.g. bank account information, contact information) on 50% of households across Kenya, with a focus on the most vulnerable households, and will be expected to be used for registration and enrolment in future shock-responses, but this had not been rolled out at the time of the pandemic.

The CCTP MIS enabled vertical expansions to be implemented, but users faced some issues with the quality of the data. UNICEF and the EU-funded consortium used the CCTP MIS to identify Inua Jamii recipients for their vertical expansions. While data for delivery were available and enabled UNICEF and the EU-funded consortium to deliver cash to recipients, both agencies reported that demographic data were not sufficiently current to accurately implement their categorical targeting. Household data is not updated frequently and changes to household composition (e.g. births or deaths) are neither reflected in the system nor reported by households. Other issues with data quality (e.g. incomplete records, missing or incomplete telephone numbers) either reduced the number of recipients that could be reached or slowed down disbursing the cash as follow-up visits were required to clean the data.

The process of accessing MIS data was bureaucratic and time-consuming.⁷ The time taken from requesting data to receipt of data was reported to take several weeks, which is especially long in a crisis context.

In relation to data protection, there are no mechanisms in place to ensure that users adhere to the data protection clauses. Accessing the data held in the Single Registry or CCTP MIS requires the user to sign a data sharing request form which includes a data confidentiality agreement. Although this agreement states that once the data retention period has lapsed, users should dispose of the data, key informants reported that adherence to this clause largely depends on the individual who is accessing the data.

3.2.2 Use of alternative data

In the absence of social registry data, some responses drew on alternative, existing data sources but data quality remained an issue. The UK-funded response drew on existing data from non-governmental organisations (NGOs) operating in the targeted informal settlements. UNICEF collaborated with the Ministry of Health and the Department of Children’s Services to obtain information on children with malnutrition and vulnerable children in institutions. However, both responses faced issues with the quality of data that they received, which slowed down the implementation of the responses and resulted in some potential recipients being excluded.

The use of alternative data sources from outside the social protection sector was less common amongst the responses covered in this study. In Box 1, we present the experience of Pakistan in using alternative data sources. Pakistan’s experience suggests that there is scope for the social protection sector to work with other ministries to access data that may be useful for targeting or assessing eligibility during a shock. For this approach to work, permissions, protocols and procedures for acquiring and analysing the data need to be agreed in advance.

Box 1: Pakistan’s experience utilising alternative data sources

Pakistan followed an on-demand approach to registration, coupled with a series of eligibility checks, to identify which households to enrol in the Ehsaas Emergency Cash Transfer programme. Potential recipients first nominated themselves using one of the SMS, web-based, or district registration services. Their eligibility was then assessed through a verification process which compared the data collected from the on-demand registration process against data from the social protection sector and beyond. The programme looked at each household’s poverty scorecard from the National Socio-Economic Registry (a social registry), a wealth profile based on telephone bills from the Pakistan Telecommunication Authority, and family details from the Computerised National Identity Card (CNIC). The government also used data on international travel from the Federal Investigation Agency, government employment from the Accountant General of Pakistan Revenue, income level (above or below a threshold) from the Federal Bureau of Revenue, whether a household paid for expensive processing for their CNIC or passport from the National Database Registration Authority and telephone bills above a threshold to exclude ineligible households from the programme.

Lessons from Pakistan’s experience suggest that permission to access or acquire the requisite data needs to be agreed before the shock and need to be supported by senior government officials. Similarly, verification procedures and protocols need to be developed prior to the onset of the shocks to minimise the analytical burden during surges in demand for support. Finally, the civil registration database was a crucial enabling factor in running the verification process. The unique CNIC number enabled databases to be cross-verified and data on family linkages allowed for the selection of one recipient per family.

Source: adapted from Lone *et al.* (2021).

⁷ For further details on the Single Registry, data quality and its use in shock-response, see Gardner *et al.* (2020).

3.2.3 Data sharing

While the Single Registry was unable to support coordination and de-duplication of the response, actors used the CCTP MIS to compare caseloads to the Inua Jamii. The Single Registry is supposed to allow two-way data sharing, to improve coordination and oversight across programmes. Therefore, users should be able to upload into the system data collected as part of social protection programmes. During the COVID-19 response, most non-state actors were willing to share their data with the Single Registry and had obtained informed consent from recipients for this purpose. However, data uploads were not possible which meant that there was no central database holding data from all responses. As a result, coordination and de-duplication of caseloads had to take place on an ad hoc, bilateral basis. The NCPWD and other non-state actors used the CCTP MIS for de-duplication to ensure that their responses did not overlap with recipients of routine social protection programmes.

Non-state actors also developed innovative means of sharing data for de-duplication in line with data protection requirements. For example, where consent to share data was obtained, non-state actors created anonymised, unique identifiers. These comprised a combination of digits from potential recipients' telephone numbers and national ID numbers that could be shared with other partners to cross-check against their own data. Examples of similar methods for sharing data from other countries are described in Box 2.

Box 2: International experience on data sharing in COVID-19

The COVID-19 response has highlighted the potential of using existing information systems for shock-response. By sharing data between government and non-state actors (or between non-state actors), it is possible to reduce duplication and the cost of implementing the response. Data sharing supported COVID-19 responses as follows:

- In Argentina and Mongolia, existing programmes had very high coverage and, using data from beneficiary registries, it was possible to implement a wide-reaching vertical expansion.
- In Pakistan, Brazil, Chile, and Peru, among other countries, data from social registries supported horizontal expansions of existing programmes and the introduction of new programmes.
- In Namibia, South Africa, Togo, Brazil and Pakistan, interoperability agreements were used to dynamically include new populations into social protection programmes (i.e. using the same criteria) and to pre-populate eligibility variables and/or cross-check data collected using digital mass registration mechanisms (e.g. as was done in Kenya with the Integrated Population Registration System (IPRS) and Safaricom database).

However, existing data should always be used in line with data protection and security legislation and should not place households at risk of increased vulnerability.

Adapted from UNICEF (2021).

Interoperability between the IPRS and the Single Registry facilitated verification of potential recipients' identity. Most responses used the IPRS to verify the identity (using the national ID number) of potential programme recipients. In general, this process was reported to be straightforward with linkages between the Directorate of Social Assistance (DSA) and the IPRS working smoothly. Similarly, cross-checking of data with Safaricom's database was also reported to be smooth.

To date, no data collected as part of the response has been uploaded to the Single Registry (via the complementary module) or the ESR. Most stakeholders expressed an interest in sharing data collected as part of the response with the Single Registry, but this was not possible at the time of writing as the functionality of the Single Registry does not support data uploads. However, due to variation in the data collection tools used for registration amongst responses (see Section 5.1), data standardisation is likely to be a challenge should data be shared.

3.3 Governance and coordination

The absence of an institutional framework to govern the response resulted in GoK responses implemented outside of the social protection sector. The draft NSPP includes a pillar for shock-responsive social protection but has yet to be formally ratified, resulting in a lack of clarity around which ministry has the mandate for delivery of social protection in response to shocks. As a result, the GoK's flagship response was implemented by the Ministry of Interior,⁸ while the State Department for Housing and Urban Development implemented a public works programme in response to the pandemic.

The lack of a guiding framework for the response also contributed to the proliferation of programmes that provided differing levels of support even when targeting the same people. The level of support provided to households by the GoK differed by response. Further, non-state actors had divergent views in terms of how to set transfer values resulting in variation. UNICEF, WFP and GiveDirectly (for the UK-funded response) aligned their transfer values with the GoK's main response (see Section 4.2). In contrast, the EU-funded consortium sought to cover 50% of the urban minimum expenditure basket (MEB) and set the transfer value much higher. This resulted in confusion among recipients regarding entitlements, when support would be received and its duration. The variation in the level of support also undermined the equity of the response as a whole.

Coordination of the social protection response was generally considered to be weak. There was almost no inter-governmental coordination between the Ministry of Labour and Social Protection⁹ (MLSP) and the State Department for Housing and Urban Development (leading the *Kazi Mtaani*) and the State Department for the Interior (leading the COVID-19 CT). Similarly, there was limited coordination between the SPS and development partners implementing cash-based responses. In some cases, bilateral coordination took place with SPS when initiated by the non-state actor and centred on accessing data in the Single Registry or CCTP MIS (see Section 3.2.3). However, responses in other countries have shown that there are many ways in which coordination can take place (see Box 3).

Outside of SPS, the KCWG took the lead on coordinating responses in the humanitarian sector. The KCWG led the development of the urban MEB guidelines, which were designed to align the level of support between cash actors. However, the KCWG was not able to ensure that stakeholders adhered to the guidelines and ultimately, the level and duration of support varied. The KCWG also coordinated a joint letter written to the Ministry of Interior to request the sharing of data on their response to facilitate the de-duplication of recipients. However, the KCWG's influence was muted with limited attendance at KCWG meetings by the GoK.

Experiences of coordination at the county level were mixed. This was in part due to a lack of policy for coordinating emergency response between national and county governments. While county-level coordination was not formalised in Nairobi, in Mombasa, a separate cash working group was set up to coordinate the response, ensure support was not duplicated, and deal with communication issues that arose due to variations in the support provided by each of the cash transfer programmes. A report from the EU-funded consortium also notes that coordination with the county government slowed down some programme activities, such as registration, owing to

⁸ At the time of writing, the Ministry of Interior was again working with the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes to distribute cash in 23 drought-affected counties.

⁹ At the time of the response, the MLSP was the lead ministry for social protection. However, the State Department for Social Protection (SDSP) has subsequently moved to the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes.

competing priorities of government officers. UNICEF also remarked that county-level coordination was especially difficult across sectors, with nutrition being a devolved function.

Box 3: International best practices from coordination during COVID-19

Strong coordination between actors designing and implementing programmes is important for an effective response. While the COVID-19 response has shown the difficulty in linking humanitarian responses to social protection systems, it has also highlighted several promising practices that helped to foster improved coordination between actors in other countries. Some examples include:

- **Jointly assessing options for shock response:** in Armenia, a feasibility assessment led to a shared understanding between the government and its partners of what a social protection response could achieve, articulated the roles and responsibilities of those involved, and resulted in joint action plans being developed to address the coordination barriers.
- **Joint strategies for response:** in Cambodia and the Philippines, national frameworks, roadmaps or strategies for shock response linked to social protection have been developed by the government to set a clear objective for the response, outline programmatic options, and define roles and responsibilities for actors involved.
- **High-level task forces:** in Cambodia, Albania and some countries in Latin America, intergovernmental taskforces were established to bring together social protection with other government stakeholders and to link with partners for strategic planning of the COVID-19 social protection response.
- **Memorandums, partnership agreements and procedures setting out roles and responsibilities:** in the Dominican Republic, Madagascar and Malawi, these provided a clear delineation of roles and responsibilities between government departments, between government and its partners, and between partner organisations, in line with mandates and relative comparative advantages.
- **Procedures and systems for sharing registration data:** in Nigeria and Cambodia, procedures setting out how actors implementing shock responses could access socioeconomic data on potential recipients reduced duplication of effort and increased timeliness. In the Dominican Republic, protocols for emergency targeting supported harmonised targeting across responses.
- **Coordinated funding:** in the Caribbean, Zambia, Malawi, Jordan and Mozambique, donors collectively funded a single, common and coherent response strategy, reducing fragmentation of funding and encouraging harmonisation among partners.
- **Inclusion of local government and civil society organisations:** in Kenya, including civil society organisations representing women in the EU-funded consortium led to the inclusion of victims of gender-based violence in the response and provision of complementary services alongside the response.

Adapted from Smith (2021).

4 Programme design

The design of shock-responsive programmes, including eligibility criteria and the modality, value, frequency, and duration of support provided, can be important for the effectiveness of the response.

4.1 Eligibility and targeting

Across responses, the eligibility criteria were not always closely linked to an understanding of who would be most affected by COVID-19. Decisions around eligibility took place in a context of uncertainty with limited data to guide targeting decisions. The Ministry of Interior's and NCPWD's cash transfer were both nationally targeted and covered households in all 47 counties.¹⁰ However, microsimulations suggest geographically targeted responses focussing on the counties most affected by the lockdowns would be more likely to offset the poverty increases caused by COVID-19 (World Bank, 2020). WFP, the UK-funded response, and the EU-funded consortium targeted households residing in urban informal settlements in Nairobi and Mombasa. The focus on urban areas was based on the evidence that COVID-19 had greater impacts in urban areas, particularly for those living in urban informal settlements and working in the informal sector. On the other hand, UNICEF targeted households residing in rural areas based on the assumption that reduced earnings in urban areas would have trickle down effects on rural areas due to the negative impact on remittances.

Targeting criteria were, in many cases, loosely defined, which made it difficult to apply them equitably or transparently. The UK's response focused on vulnerable groups in urban informal settlements. While this approach enabled fairly rapid and remote recipient enrolment, the lack of clear criteria created some confusion among implementing partners about how to apply the criteria. Similarly, the Ministry of Interior's response targeted poor and vulnerable households impacted by COVID-19, but determining which households met these loosely defined eligibility criteria allowed for a high degree of discretion by registration teams (see Section 5.1.1). Similarly, WFP noted that while *'the targeting approach was clearly defined at the design stage, challenges of clarity emerged during implementation on whether the focus was on the poor or households that had lost income and livelihoods'* as a result of COVID-19 (WFP, 2021). On the other hand, UNICEF implemented simple and transparent categorical targeting criteria as part of their vertical expansion which could be easily applied such that all households meeting the criteria (e.g. Inua Jamii households with children under 10) could be enrolled.

The extent to which responses considered issues of gender and inclusion when designing the eligibility criteria of the responses is mixed. The NCPWD's cash transfer explicitly targeted people with a disability. The EU-funded consortium specifically targeted survivors of sexual and gender-based violence in informal settlements. UNICEF's horizontal expansion focussed on children returning from institutions. In other cases, targeting marginalised groups was implicit. For example, WFP and the UK-funded response focussed on people living in urban informal settlements.

Some of the design features of the programmes may reduce the extent to which the most vulnerable people are reached in practice. For example, the Ministry of Interior's response registered the household head as the recipient, an approach which, given the structure of

¹⁰ While the reason for covering all 47 counties is unknown, this approach does ensure that people in all counties are treated equally as geographical targeting would have excluded vulnerable people who were affected by the COVID-19 shock (or possibly the flooding or desert locust infestations) but did not reside in targeted areas.

households in Kenya, may have led to predominantly male recipients being enrolled in the programme.¹¹

4.2 Design of transfer modality, value, frequency and duration

All responses covered in this study provided cash to households, which was widely considered the most appropriate form of support. Findings from the evaluations of the UK-funded response and WFP’s response indicated that recipients were satisfied with receiving cash and were able to use the money for food, to pay rent, for health and hygiene expenses, and education. It was also noted that the cash was expected to positively impact the local economy (Binci *et al.*, 2021).

Table 2: Monthly transfer value, by response (KSH)

Response	Ministry of Interior	NCPWD	UK-funded	UNICEF (Vertical)	UNICEF (Horizontal)	WFP	EU-funded
Monthly value (KSH)	4,000	2,000	4,000	2,000	2,000	4,000	7,142

Note: for UNICEF’s vertical expansion, we quote the value of the top up only, which is received in addition to the KSH 2,000 paid as part of the Inua Jamii’s routine transfers. The *Kazi Mtaani* is excluded from this table as the amount received by recipients depends on the number of days worked, county and phase of implementation of the programme.

The transfer levels were designed in a context of uncertainty and, in some cases, were informed by indicators of population needs. Most actors designed programmes based on a set of assumptions and the evidence available at the time. WFP conducted a rapid market assessment to assess feasibility and risks (and, later, impact of the transfers), and set their transfer value at 50% of the minimum food basket. The considered the inflation-adjusted urban food poverty line and added provisions for rent, soap and water in setting their transfer value. The EU-funded consortium provided a transfer equivalent to 50% of the urban MEB, and for this reason, provided a monthly top up of KSH 5,142 to recipients of the Inua Jamii who were identified as residing in urban areas.

There was a clear tension between following humanitarian principles and alignment with the social protection sector when setting transfer values. The Ministry of Interior’s cash transfer aimed to provide double the amount provided under the Inua Jamii. In addition to the considerations set out above, the UK-funded response, WFP and UNICEF aligned the transfer value with the Ministry of Interior,¹² while the NCPWD’s transfer value was set to align with the Inua Jamii monthly transfer value. On the contrary, the EU-funded consortium provided a much larger transfer following humanitarian principles (see Box 4). However, this variation in the transfer value led to some confusion amongst recipients and made communications more difficult.

¹¹ There is no publicly available data on the number or characteristics of recipients supported by the Ministry of Interior.

¹² UNICEF sought to align their transfer value with the GoK’s COVID-19 response (in the case of the vertical expansion) and Inua Jamii (in the case of the horizontal expansion).

Box 4: Considerations for setting transfer values in shock response

When the social protection system is expanded horizontally to respond to a shock (i.e. reaching those who may otherwise have received humanitarian assistance), there is an argument for support to take on ‘humanitarian characteristics’. For example, this may imply temporarily providing a larger cash transfer to adequately meet humanitarian needs. However, the response should also not undermine the long-term sustainability of existing routine programmes where the considerations for setting the transfer value are different.

- In Armenia, coordination between social protection and humanitarian actors required compromises from both government and international partners to reach alignment. International partners aimed to follow humanitarian principles (i.e. considering the MEB and adequacy) in the design of emergency cash transfers while the government considered political feasibility and routine transfer values. These perspectives were discussed in the Cash Working Group to reach a middle ground.
- In Mozambique, the government’s emergency cash assistance guidelines sets a standard value for the emergency transfer of Mt 2,500 (£31) per household per month. This is equivalent to the MEB, without accounting for the severity of the disaster or real food prices, and the value is six times higher than the transfer value of routine social assistance programmes.
- In Kenya, the EU-funded consortium provided top-ups to households already in the routine social protection system but identified as being particularly at risk (i.e. residing in urban areas). This layered approach can be appropriate where a social protection system has high coverage but lower transfer values than the humanitarian response.

For a full discussion of considerations when setting transfer values, see McLean *et al.* (2021).

Adapted from McLean *et al.* (2021).

Most responses provided household level support. The UK-funded response and *Kazi Mtaani* provided support to individuals. However, evidence from the evaluation of the UK-funded cash transfer indicates that, despite individual-level targeting, the cash transfer was used to support household needs, which has implications for how the transfer value is set.

All of the responses were designed as emergency programmes comprising one-off or time-bound transfers. The duration of support ranged from one to four months. Although the effects of the pandemic have continued, none of the responses have extended the duration of support, in many cases due to funding constraints. However, the short-term nature of support may mean that the impacts described in Section 2 are not sustained due to the long-term impacts of the pandemic.

5 Programme implementation and operations

Overall, few responses piggy-backed on existing routine social protection delivery mechanisms to deliver the COVID-19 support, undermining the efficiency of the response.

The GoK's flagship social protection response to COVID-19 was implemented by the Ministry of Interior. Consequently, the MLSP was largely excluded from the response. Within the GoK, one key informant speculated that the MLSP was excluded 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. Non-state actors implemented responses outside the GoK system for other reasons, including MLSP's lack of experience and interest in implementing remote programmes, the limited coverage of the Inua Jamii in urban areas (making vertical expansion challenging), and the lack of data on households living in poverty in urban areas. There was also reluctance amongst non-state actors to deliver support through the Ministry of Interior due to concerns related to their capacity and experience with social protection delivery.

When used, the MLSP's administrative systems slowed down the roll-out of programmes.

UNICEF relied heavily on the existing social protection delivery mechanisms to deliver their response. However, accessing data for targeting the vertical expansion, and aligning with the payroll took time and support was delivered to recipients as late as October 2020.¹³ In comparison, the EU-funded consortium and Ministry of Interior were able to provide support to households from April 2020, while WFP and NCPWD began making payments from July 2020.

5.1 Registration and enrolment of recipients

5.1.1 Registration

In the absence of registry data, new registration efforts were carried out which slowed implementation. The Ministry of Interior, NCPWD, WFP and EU-funded consortium conducted new registration exercises comprising in-person data collection, and in cases where data was collected using paper forms, this was followed by a digitisation process. The UK-funded response used existing lists from NGOs, while UNICEF drew on data from the Single Registry, Ministry of Health and Department of Children's Services to identify potential recipients. In all cases, collecting new data or accessing existing data took time and slowed down the implementation of the response.

The *Kazi Mtaani* was the only response to implement an on-demand approach to registration. Interested workers were asked to register interest through their local national government administration officer's office.

Poor data quality also hampered the timeliness and inclusivity of the response. The UK-funded response relied on existing data from NGOs to target vulnerable households living in urban informal settlements. This approach was selected to allow for remote implementation and to reduce the time to register individuals into the programme, but low quality data meant NGOs had to clean the data before it could be used in the response and some individuals were excluded altogether on the basis of data quality. Similarly, the Ministry of Interior and NCPWD used paper registration forms to collect basic household information and data for delivery (e.g. national ID number and mobile phone number), and reported high levels of data inaccuracies during the digitisation process. While the NCPWD followed up with households to correct the data, there was

¹³ The UK-funded response, implemented outside the GoK's system, also delivered support from October 2020. However, the delays to implementation were related to delays in receiving approval for the programme from the British Government during the period when the UK's Department for International Development merged into the FCDO.

no such process by the Ministry of Interior resulting in high levels of exclusion. Finally, WFP also noted that some recipients did not receive transfers due to data errors.

A minority of responses used the Harmonised Targeting Tool (HTT) for new registration.

The EU-funded consortium adapted the HTT for use in registration and targeting, while UNICEF used the HTT for registration and enrolment of households in the horizontal expansion to children in institutions. However, other responses, including those implemented by the GoK, developed new registration tools, based on their own eligibility criteria and for the purposes of their response. This will reduce the comparability between datasets, should the data be shared with the Single Registry or ESR.

Rapidly designed and implemented approaches to registration and enrolment came at the cost of a more inclusive and transparent response. As part of the Ministry of Interior's response, a lack of checks and balances left registration teams with a high degree of discretion in registering and enrolling the households they qualitatively assessed to be most affected by the pandemic. This can be problematic if registration teams lack diversity or where members have biased views regarding who is most deserving of assistance.

Box 5: Strategies for reaching new recipients during COVID-19

Many countries used multiple strategies to reach new recipients of social assistance programmes during the pandemic. This entailed layering and sequencing approaches, starting with easier approaches (e.g. using existing data such as waiting lists for routine social assistance programmes or social registry data) and then moving to more complex processes such as push (e.g. census sweep) or pull (e.g. on-demand) registration approaches.

- Both Indonesia and the Philippines used data from the social registry to target new recipients for the COVID-19 response. However, the data was last updated in 2015 and covered only 50% of the population in Indonesia necessitating fresh data collection efforts to complement the registry data.
- In Namibia, a one-off emergency grant for unemployed and informal workers was implemented. The government sought to target out (i.e. exclude) students, the formally employed and those receiving other grants by comparing the ID number of applicants to other databases. See Box 1 for Pakistan's approach to targeting out.
- In Togo, the Novissi programme distributed cash transfers to vulnerable households using an end-to-end digital system. The approach to intake and registration combined high-tech geographic targeting, using call data records and satellite imagery to identify pockets of greatest poverty, with low-tech USSD short codes to support registration into the programme by households. Once registered, household data was validated against the voter registry.

For a full discussion of the benefits and weaknesses of different approaches, see Barca (2020).

Adapted from Barca (2020).

5.1.2 Validation

Most registration and enrolment processes included a form of verification against one or more of the IPRS, Safaricom's database and the CCTP MIS prior to enrolment. The DSA provided a gateway to the IPRS to verify potential recipients' ID number. In line with know-your-customer requirements, data was also cross-checked with Safaricom's database to check that names, phone numbers and ID numbers matched. Reports that youths were not paid on time due to mismatches between the programme's registration data and data held by Safaricom suggest a similar process had not taken place systematically, if at all, prior to enrolment in the *Kazi Mtaani* (Kenya News, 2020). The NCPWD also cross-checked data with the CCTP MIS to ensure that there was no overlap with the Inua Jamii recipients. Finally, WFP, the EU-funded consortium and GiveDirectly (implementers of the UK-funded response) shared anonymised data with each other for the purposes of de-duplication (see Section 3.2.3).

Poor quality data meant that some potential recipients were excluded from receiving support during the validation process. The evaluation of the UK-funded response found that the main reason for exclusion from the programme was incorrect names and the lack of a match between the names on partner lists and the names registered with M-Pesa. Key informants said that only 35% of the Ministry of Interior’s data matched the IPRS, while just over 20% of the NCPWD’s recipients faced issues of information mismatch which required follow-up visits. Similarly, WFP also conducted household verification visits to correct data discrepancies to minimise exclusion.

5.2 Delivery of payments

In general, there were high levels of satisfaction amongst recipients and implementers with the use of M-Pesa for payments. The use of M-Pesa to pay recipients of COVID-19 response programmes was a key innovation and characteristic of the response in Kenya (see Box 6 for innovations from other countries). Apart from UNICEF’s vertical expansion, all programmes used M-Pesa to pay recipients. This was reported to be relatively easy to use by partners and was a cost-effective option due to the fee-waiver on low value transactions that was in place during 2020. Recipients in Nairobi and Mombasa also reported high levels of satisfaction with using M-Pesa as part of the evaluation of the UK-funded transfer and key informants noted that recipients residing in rural areas were also likely to be happy with the choice of M-Pesa (although further research is needed to confirm this).

Some recipients faced issues with payments being automatically redirected towards repayment of loans. News reports indicated that recipients’ cash transfer or wage payments were automatically redirected to repaying mobile money loans or interest on overdraft facilities. In response to this issue, Safaricom temporarily waived the automatic recovery of *Fuliza* loans (Safaricom’s mobile money overdraft facility) (PD Online, 2020).

Only UNICEF’s vertical expansion used the existing Inua Jamii bank accounts to make payments.¹⁴ UNICEF noted that using the GoK’s payment systems allowed DSA to have oversight of the programme through the MIS. However, they also noted that recipients may face challenges in accessing the funds when receiving money through bank accounts (as has been documented in the evaluations of routine social protection programmes in Kenya).¹⁵

While M-Pesa has very high coverage in Kenya, sole reliance on this platform in most programmes is likely to have led to the exclusion of some vulnerable groups. M-Pesa does not have full coverage of the Kenyan population, with other providers of mobile money platforms (e.g. Airtel) also serve sizeable populations. Further, 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.¹⁶ It is also likely that elderly household members may struggle to use, or not trust, mobile money accounts.

¹⁴ While the EU-funded consortium also implemented a vertical expansion, the ‘top-up’ portion of the payment was paid via M-Pesa.

¹⁵ See O’Brien, C., Riungu, C. and Scott, M. (2017) Evaluation of the Kenya Hunger Safety Net Programme Phase 2: Operational monitoring—Synthesis report, Oxford Policy Management, Oxford, UK. Available: <https://www.opml.co.uk/files/Publications/a0013-evaluation-kenya-hunger-safety-net-programme/operational-monitoring-synthesis-report.pdf>

¹⁶ For example, GSMA (2020) find that a small gender gap exists in terms of adult mobile phone ownership, with 91% of men and 86% of women owning a mobile phone in Kenya.

Box 6: Innovations in payment delivery during COVID-19

In determining how best to deliver support during times of shock, policy makers should consider the existing capacity, regulatory environment and mobile infrastructure in the country as well as the needs and preferences of recipients. There are many options for governments to make payments, and in the COVID-19 response, it has been common to see governments using a combination of payment strategies to cater to the different needs of users. Some examples from the COVID-19 response include:

- In Colombia, recipients were able to remotely open a simple transactional bank account using their ID number, name and place and date of birth.
- In Namibia, Argentina and Guatemala, PIN codes were sent to recipients through an online registration mechanism and could be used to withdraw cash from ATMs (cardless withdrawal)
- In Peru and Ecuador recipients without bank accounts could collect their cash over the counter in an assigned bank branch.
- Ecuador also temporarily enabled non-financial services providers (e.g. pharmacies, grocery stores) to become cash-out agents for the government's COVID-19 social assistance payments, which more than doubled the number of access points.
- The Central Bank of Jordan waived the interchange fee on mobile wallet transactions and required all mobile money providers to offer full interoperability.

For a full discussion of the benefits and weaknesses of different approaches, see Beazley *et al.* (2020).

Adapted from CGAP (2020) and Beazley *et al.* (2020).

5.3 Accountability mechanisms**5.3.1 Outreach and communications strategy**

Responses implemented by the GoK relied on traditional mechanisms for outreach and communications. The Ministry of Interior used open meetings (*barazas*) led by community leaders to communicate to households that the registration exercise would be taking place, while the NCPWD worked closely with disabled persons' organisations, structures already engaged in outreach as part of the Persons with Severe Disabilities Cash Transfer (part of the Inua Jamii), county officers and existing networks. The launch of the cash transfer and information about the registration exercise were advertised on social media channels and on local radio in some counties.

Outreach strategies were found to be most effective when combining multiple channels of communication. The UK-funded approach used SMS as a primary means of communicating with recipients. This was coupled with extensive community sensitisation and engagement with local leaders in Nairobi. However, in Mombasa, where community sensitisation was limited, response rates to the enrolment SMS were much lower.

Across the responses, weaknesses in the outreach and communications strategies undermined the response. For example, the NCPWD noted that there were reports of people refusing to share accurate data (e.g. phone number) due to suspicions about the purpose of the registration activities. WFP used radio and other mass media to inform people about the programme but found that the National Government Administration Officer and government (county and national) staff were not always fully informed, which undermined recipient communications (WFP, 2021).

5.3.2 Grievance redress mechanisms (GRM)

Overall, the GoK-implemented responses lacked investment in functional accountability mechanisms. The Ministry of Interior did not set up a dedicated grievance mechanism for the response and key informants stated that any grievances lodged using the *Inua Jamii's* grievance mechanism were not escalated to DSA. The Human Rights Watch report (2021) found that residents of informal settlements lacked information on how and to whom they could appeal after being left out, or even how much they were entitled to receive, in what frequency and for what duration. The NCPWD claimed that grievances could be lodged either through their national or county-level officers, but noted that they do not have officers in the sub-counties.

The accountability of responses that used the Inua Jamii's grievance mechanism was constrained by existing weaknesses in that system. UNICEF used the existing Inua Jamii GRM and key informants noted that complaints were submitted to the GoK with few complaints passed on to UNICEF. It is not clear whether this is due to limited grievances or poor functionality of the system; previous studies have found limited awareness and usage of grievance channels in the routine programmes (OPM, 2019).

Non-state actors tended to set up bespoke GRMs for use during the response with mixed effectiveness. The UK-funded response established a hotline for recipients to use. Given the strength of the programme's communication campaign, there were very high levels of awareness of the GRM amongst recipients and swift resolution of issues. While there were lower levels of awareness of the GRM in the EU-funded response, research found that the GRM still resulted in the swift lodging and resolution of nearly 2,000 complaints using a toll-free line or SMS line. On the other hand, research by WFP found that people were not comfortable using the toll-free line and recipients complained that their calls did not go through or their issues were not resolved. This resulted in mistrust of the programme by recipients and raised concerns about transparency of the response (WFP, 2021).

5.3.3 Monitoring and evaluation

The transparency of the GoK's response was undermined by a lack of monitoring and reporting. To date, there is no data on the final number of recipients supported by the Ministry of Interior's response. The NCPWD undertook basic monitoring of the response, including tracking the number of recipients enrolled and payments made and undertook a simple self-evaluation of the response. There was no information on monitoring activities by the *Kazi Mtaani*.

Responses led by non-state actors had a greater focus on monitoring and evaluation. The UK funded an independent, external evaluation of the response coupled with robust internal monitoring by GiveDirectly. WFP also conducted a series of monitoring and evaluation activities, including verification and validation of targeted recipients through household visits and phone calls, baseline surveys, post distribution monitoring, outcome monitoring and after-action reviews. Similarly, the EU-funded response embedded project monitoring into programme implementation and also undertook market monitoring (to monitor market effects) and post-distribution monitoring.

6 Implications for policy and programming

The swift announcement by GoK of KSH 10bn to fund the social protection response to COVID-19 in Kenya indicates that social protection instruments are a priority in responding to disasters in Kenya. Furthermore, evidence from evaluations of the response has reiterated that the use of an emergency cash-transfer is an appropriate tool to deal with the most severe consequences of large, sudden, and long-lasting shocks. However, the above discussion indicates that the way in which any social protection response is implemented in the future can be strengthened to enhance the effectiveness of delivery and ultimately the impact of the response.

On the basis of the findings outlined above, lessons for the GoK and development partners follow.

6.1 For the GoK

Increasing harmonisation and coordination:

- The GoK has sought to mainstream shock-responsive social protection into the NSPP, but the updated policy remains unratified. The GoK should prioritise ratifying the policy or amending the policy in order for it to be amenable to ratification. The GoK is committed to using social assistance mechanisms as a means to respond to shocks (e.g. in the drought response in December 2021) but lacks an agreed vision for the sector, as well as clarity around roles and mandates for different actors.
- A shock-responsive institutional framework should be developed to facilitate swift and harmonised 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.
- The GoK should determine a single government institutional mechanism to coordinate shock-responsive social protection, including between social protection and humanitarian actors as well as actors involved in disaster risk management. This coordination mechanism should be active and working before a shock hits so it can respond rapidly and function smoothly during crises. The SDSP's and the National Drought Management Authority's move into the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes provides an opportunity to strengthen inter-departmental coordination, but this needs to be on the basis of:
 - clear mandates and roles established by laws and policies in relation to coordination of social protection interventions during times of shock, including routine social protection;
 - operational opportunities: finding areas of collaboration that benefit different actors, such as information sharing (e.g. between the National Drought Management Authority and SDSP while implementing the economic inclusion pilots in Marsabit; see Box 3);
 - pre-agreed commitments about how to respond and the roles and responsibilities of each actor both at the national and county levels.
- The SPS should also play an active role in other coordination fora, including the SGSP, to input into decision-making and facilitate coordination.

Establishing contingency financing for a range of shocks:

- It would be advantageous for the GoK to develop a risk-financing strategy, comprising a set of funding instruments, which can be used to fund responses to shocks, including less predictable (e.g. non-climatic) shocks such as COVID-19. This strategy should be based on pre-agreed financial commitments, triggers for activation, and a contingency plan to guide disbursement

during crises. Financing commitments and strategies need to be inherently flexible, with the possibility of triggering funding on a broad basis if needed (e.g. the declaration of a state of emergency), since it is difficult to foresee the nature and scale of some crises. This will help guard against the diversion of funds from routine programmes or other interventions to fund the response.

Broadening the data ecosystem available for shock-responsive programming:

- The COVID-19 response has shown that the ESR could potentially be a useful tool to target and coordinate both routine and shock-responsive social protection if the data has sufficient coverage, currency, relevance and quality, and if system functionality (beyond software and hardware) allows actors to access data quickly.¹⁷ In relation to the latter:
 - The GoK should develop and document protocols for accessing data in the Single Registry and ESR that promote ease of access and use (including two-way data sharing) in line with data protection and privacy requirements. This documentation should also outline the roles and responsibilities for maintenance of the database and updating the data. Sufficient resources need to be allocated to these tasks.
 - The GoK should strengthen protocols for ensuring that actors who access personal data adhere to the provisions of the data sharing and confidentiality agreement.
- To improve coverage of the Single Registry and ESR, data collected as part of registration activities (Section 5.1) should be fed back into the databases in line with data protection legislation.
 - For this to be useful, there should be minimum quality standards for data collection. The GoK should provide guidelines to harmonise data collection when new registration activities are undertaken (e.g. using the HTT).
- The GoK should identify and map the existing administrative databases that could be used for targeting social protection responses during times of shock. These could be owned by other ministries, departments or agencies as well as non-state actors. Protocols for data acquisition, sharing and analysis should be established in advance with the data owner to facilitate quick access during shocks. Agreements should be set up in line with the broader regulatory framework and considering citizens' rights in relation to data protection and privacy.

Improving the design of shock-responsive programmes:

- In relation to programme design, the shock-responsive institutional framework (see above) should:
 - Provide guidance on how to identify and assess the needs of populations affected by a shock (e.g. articulating guiding principles and using existing datasets or evidence on needs). On this basis, those implementing responses can determine the eligibility criteria for support. Eligibility criteria should be simple, transparent and implemented equitably such that all eligible individuals or households receive support.
 - Stipulate principles to guide how sources of marginalisation and inclusion (e.g. gender, ability, ethnicity) can be incorporated into the design of programmes, in terms of who is targeted (e.g. household head, female household member) and in terms of programme delivery.
 - Outline principles for setting transfer values and the duration of support. These principles should balance the need to provide adequate support to meet short-term individual or household needs, with consideration of the objectives and value of support provided under

¹⁷ A full discussion on considerations for the design and roll-out of the ESR can be found in Gardner *et al.* (2020).

routine social protection programmes. The duration of support provided should also be calibrated to the duration of the impact of the shock.

- Detail strategies to link vulnerable groups of people to complementary social services when social risks may be exacerbated or access to basic services may be limited.

Strengthening programme operations and implementation:

- The GoK should develop and document protocols for registration, verification and enrolment of recipients during times of shock. While registration mechanisms will need to be tailored to the circumstances of the shock, they should include multiple strategies to reach affected households by drawing on existing data (e.g. the ESR) and using new registration drives to reach those not covered by existing information systems. Protocols for new registration should be based on tweaking processes used in routine social protection (e.g. adapting the HTT) and should combine remote (e.g. SMS or web based platforms) and in-person data collection.
 - Responses that require households to have a valid national ID number risk excluding marginalised ethnic groups or vulnerable women and girls. Processes for exception handling (or accepting other forms of identification) need to be developed to include those people without national IDs in the response.
 - At the same time, there is a need to strengthen national registration systems to reduce the number of people without national IDs or other key registration documents (e.g. birth and death certificates).
- The GoK should negotiate agreements that outline ways of working and the terms of engagement with mobile money service providers in advance of shocks. If possible, agreements should include temporary fee waivers to reduce the cost of providing and accessing cash-based support and should include exemptions for automatic debt repayments.
 - However, the sole reliance on mobile money to make payments during times of shock may risk excluding vulnerable people with limited access to mobile phones or mobile wallets from receiving support. Therefore, alternative payment modalities should be incorporated into the payments strategy so that payments can be made to those unable, or unwilling, to use mobile payment platforms.
- The GoK should develop an outreach and communications strategy for use during times of shock. This strategy should comprise a wide variety of communications channels (e.g. combining modern mass media such as radio and internet with communications via traditional community structures) and include explicit strategies to ensure that the most disadvantaged communities, individuals, and households have access to information regarding programmes. Communications ought to be simple, clear and consistent and include messaging on enrolment methods, eligibility criteria, and grievance mechanisms well in advance of registration drives.
- The GoK should continue to strengthen the platforms available as part of the Inua Jamii to facilitate complaints and appeals to provide a platform that can be piggy-backed on during times of shock.
 - The GoK should ensure that information regarding the mechanism is communicated openly and clearly to applicants and recipients.
 - The platform should also ensure that grievances are passed on to the relevant actors (e.g. the Ministry of Interior) and that those actors are incorporated into the resolution processes for complaints that are raised.
- While it may not be feasible or cost-effective to undertake a full evaluation of each shock response that takes place, a minimum level of monitoring should be undertaken, which must include reporting on recipient numbers disaggregated by gender. This information should be publicly available.

Extending the coverage of the social security system:

- The GoK should develop a strategy to extend the coverage of social security and formalise the workforce. Developing the contributory pillar of social protection will support the development of a more sustainable sector, reducing the burden on the National Treasury to support vulnerable households and/or respond to shocks through non-contributory social assistance programmes.

Summary of priority actions for GoK

- Ratify the updated NSPP to formalise the vision and mandates for shock-responsive social protection.
- Develop an institutional framework to guide large-scale responses to shock that covers guidance related to the design and delivery of shock responsive programmes.
- Determine a single government institutional mechanism to coordinate shock-responsive social protection.
- Develop a risk-financing strategy, comprising a set of funding instruments, which can be used to fund responses to shocks, including less predictable shocks.
- Develop and document protocols for accessing data in the Single Registry and ESR that promote ease of access and use.
- Identify and map the existing administrative databases within and beyond the social protection sector that could be used for targeting social protection responses during times of shock.
- Negotiate agreements that outline ways of working and the terms of engagement with mobile money and other payment service providers in advance of shocks.
- Develop processes for exception handling (or accepting other forms of identification) to enhance the inclusion of those people without national IDs in responses.
- Develop a strategy to extend the coverage of social security and formalise the workforce.

6.2 For development partners

Many of the recommendations outlined in Section 6.1 that provide considerations for programme design and delivery may be of relevance to development partners. In addition, it is recommended that development partners:

- Support the GoK to implement some of the recommendations in Section 6.1 to build the shock-responsiveness of the social protection system (both contributory and non-contributory pillars) and to strengthen the GoK's foundational systems (e.g. national registration system) in advance of the next shock.
- Participate in the development of an institutional framework that can be used to guide the design and delivery of shock-responsive programmes. The institutional framework should be used to guide responses by government and non-state actors and should facilitate coherence, coordination and harmonisation of responses.
- Support the GoK during shock-response by complementing efforts by the government rather than implementing separate programmes with distinct objectives. This will ensure that the overall response is comprehensive and coherent rather than piecemeal which can undermine the effectiveness and equity of the response.
- Actively participate in coordination fora to improve alignment and harmonisation of shock-responses between government and non-state actors and between non-state actors themselves.

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