United Nations Office for South-South Cooperation

Social protection systems: The case of Kenya
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<tr>
<td>CSPS</td>
<td>Civil Service Pension Scheme</td>
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<tr>
<td>DFID</td>
<td>Department for International Development</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>GFD</td>
<td>General Food Distribution</td>
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<td>GoK</td>
<td>Government of Kenya</td>
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<td>HSNP</td>
<td>Hunger and Safety Net Programme</td>
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<td>NHIF</td>
<td>National Health Insurance Fund</td>
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<td>NSNP</td>
<td>National Safety Net Programme</td>
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<td>NSPP</td>
<td>National Social Protection Policy</td>
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<td>NSSF</td>
<td>National Social Security Fund</td>
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<td>OPCT-</td>
<td>Older Persons Cash Transfer Programme</td>
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<td>OVCTP/CT-OVC</td>
<td>Orphan and Vulnerable Children Cash Transfer Programme</td>
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<td>PWSD-CTP</td>
<td>Persons with Severe Disabilities Cash Transfer Programme</td>
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<tr>
<td>RBA</td>
<td>Retirement Benefits Authority</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SP</td>
<td>Social protection</td>
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<td>SPFI</td>
<td>Social Protection Floor Initiative</td>
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<td>SPS</td>
<td>Social Protection Secretariat</td>
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<td>SR</td>
<td>Single Registry</td>
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<tr>
<td>SSC</td>
<td>South-South cooperation</td>
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<td>SSTC</td>
<td>South-South and triangular cooperation</td>
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<tr>
<td>TC</td>
<td>Triangular cooperation</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children's Emergency Fund</td>
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<td>WFP</td>
<td>World Food Programme</td>
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This report is part of a joint initiative of the Office of South-South Cooperation-Africa and key Government of Kenya stakeholders in the social protection sector. These key stakeholders include the National Social Security Fund (NSSF); National Health Insurance Fund (NHIF); Social Protection Secretariat and State Department for Planning. It included several data collection sessions with representatives from these government institutions as well as two draft review meetings held in Nairobi (UN Complex, Gigiri) and Addis Ababa (RSCA) in November 2018 and January 2019 respectively.

The main author of this report is Cynthia Olouasa, but the report has benefited greatly from close collaboration with Richard Rori, Juliet Maara, Stephen Ndungú, James Maina, Sophia Koimu, William Maundu and Francois Ekoko.

We are grateful to these people as well as all others who have contributed to the completion of this report in different ways including editing.
For centuries, Africans have relied on their communities to meet their material, social and spiritual needs. Social Protection has been perceived through these lenses in rural areas in many African Countries. This continues to be the case. The modernization era that followed the post-colonial State has gradually introduced ideas of Social Protection based on a national scheme. Kenya was one of those countries in Africa that developed legislation on National Social Protection very early after independence. This was through the creation of the and the National Social Security Fund in 1965 and the National Hospital Insurance Fund in 1967.

The Structural Adjustment Programs of the late 1980s and early 1990s however affected several countries in the sector of social protection. Government expenditure on social sectors dropped; many Africans became vulnerable and income and access to basic health severely decreased. Africans in urban areas were caught between the ‘lost paradise’ of community solidarity and the failing common national solidarity systems.

Discussions around the need for social and human dimensions in the ‘triumphant’ capitalist era, gave some impetus to some progressive leaders in the South. President Lula of Brazil, by developing policies that catered to social sectors proved to the contrary that sound economic policies accommodate if not benefit from social and humane policies. Many African countries felt emboldened by the success of the Brazilian model and sent delegations to Brazilia to learn from their experience; South-South Cooperation at its best.

Kenya embraced the fever and mood of the revival of social protection ideals to rethink, reenergize and modernize its social protection policy framework. It has been, in Africa, at the fore-front of this silent revolution of ‘national solidarity for national prosperity’. The Kenyan model of Social Protection is adapting and constantly integrating new dimensions. The latest is the current piloting of the Universal Basic Income experiment and more importantly the collaboration between the government and the private sector. This publication of the Kenyan model aims at sharing with other countries of the South what can and cannot work, considering several constraints common but also unique to several African countries.

Our hope in supporting this work is that countries will take one or more aspects of this experience and possibly develop a better model for their own people.
Chapter I

Policy framework and structure for delivering South-South and triangular cooperation
Kenya and South-South and triangular cooperation

South-South cooperation is a development framework that provides a means of promoting effective development by learning and sharing best practices and technology among developing countries\(^1\). Kenya has been involved in various South-South and triangular cooperation initiatives since independence but they were not labelled as SSC since that concept was still very new at the time. An example is when, in 1963, Kenya gave South Korea, then a developing country, a loan and food relief during a particularly difficult time in that country. However, there is no adequate policy, legal, institutional framework on South-South and triangular cooperation (SSTC). The SSC and TC activities, therefore, were ad hoc in nature.

In 2009, Kenya’s profile relating to South-South cooperation was raised when Nairobi hosted the High-Level United Nations Conference on South-South Cooperation. During the Conference, the Minister of State for National Planning and Development and Vision 2030 reaffirmed Kenya’s commitment to SSC as the physical expression of solidarity between peoples and countries. He applauded the efforts made by the emerging economies of China, India and Brazil and pledged that Kenya would endeavour to learn from their experiences and put in place appropriate policies and regulatory frameworks to attract foreign direct investment and attain higher development goals.\(^2\)

As a follow up to the High-Level Conference, a Standing Committee was created to drive SSC in Kenya through the following actions:

1. Setting up institutional mechanisms for promoting South-South cooperation in the Ministry of State for Planning, National Development and Vision 2030,
2. Creating a databank through the identification of information and documentation needs,
3. Strengthening current areas of cooperation and identifying new areas,
4. Undertaking benchmarking activities with other countries in the South.

Since the Conference, there have been initiatives by the Government to institutionalize South-South and triangular cooperation. Efforts to establish a South-South cooperation policy framework started with the establishment of the Standing Committee on South-South Cooperation. A scoping study on SSC in Kenya was also commissioned by the then Ministry of Planning with support from UNDP in 2010-2012. The study recommended the establishment of the SSC Centre. The Centre was established in 2012 through an Executive Order, although it did not become operational. However, the country continued to engage in South-South and triangular cooperation with various countries. Kenya’s approach to South-South cooperation has been supply-based as opposed to demand-based. Moving forward, there is a need to review this and adopt both models.

Some of the challenges that Kenya has faced in the promotion of SSC and TC include the collection and management of data on SSC and triangular cooperation initiatives in the country as well as the measurement and evaluation of that cooperation. There is currently no adequate policy, legal or institutional framework to push for SSC and triangular cooperation and hence there is no coherence in the approach to this form of cooperation. This also negatively affects the realization of SSC’s full potential and impact. There is also inadequate understanding of SSC and TC among policy makers, thus inadequate mainstreaming in the country’s development agenda. There is also need for centralization of SSC and triangular cooperation activities in the country for better monitoring and easier scaling. Resources to support the process are also critical.

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1. [www.jica.go.jp/usa/english/office/others/newsletter/newsletter06.html](www.jica.go.jp/usa/english/office/others/newsletter/newsletter06.html)
2. Statement by Hon. Wycliffe Ambetsa Oparanya, EGH, MP. Minister of State for Planning, National Development and Vision 2030
and have been inadequate thus far. Currently, South-South and triangular cooperation is coordinated by the National Treasury and Planning and State Department for Planning. The Department coordinates the preparation of annual status reports from the different agencies engaged in SSC and TC based on data from implementing agencies. These agencies include the Kenya Medical Research Institute and Jomo Kenyatta University of Agriculture and Technology among others. The Department also has a monitoring template shared with the agencies for data collection and reporting on SSC. The Standing Committee meets every quarter during the financial year where the template and other relevant documents are shared with the stakeholders. However, different government and non-government institutions are still engaging in SSTC activities on their own, without necessarily informing or engaging this Department. Therefore, data on the actual scope of Kenya’s involvement in South-South and triangular cooperation is not complete.

Examples of South-South and triangular cooperation between Kenya and other countries include a study tour by delegates from Kenya to Indonesia to learn from the country’s experience of best practices on food security and nutrition policy planning and implementation within a decentralized governance system. This study tour was under the umbrella of the FAO and the European Union supported programme on “Food and Nutrition Security Impact, Resilience, Sustainability and Transformation (FIRST)”, the aim of which is to provide policy assistance mechanisms for improved food security and nutrition and sustainable agriculture. The same initiative included study tours to Peru and Ecuador by Kenyan delegates. Other examples of South-South cooperation initiatives include Kenya-Liberia policy development cooperation, Kenya-South Sudan cooperation, Kenya-Somali cooperation, Kenya-Malawi cooperation and Kenya-Pakistan cooperation.

Under the auspices of the World Bank Institute, Kenya is engaged in seven South-South learning initiatives, including gender mainstreaming with India; business skills development with sub-Saharan African countries and Singapore; and information and communications technology skills with India, Korea and the Philippines. The remaining four projects are all with China: Improving infrastructure and special economic zones in Africa; Africa learns best practices on special economic zones; Improving water and soil conservation in Africa to enhance sustainable agriculture and poverty reduction efforts; and Increasing capacity to generate certified emissions reduction credits through registering projects for the Kyoto Protocol Clean Development Mechanism. Other countries that have engaged with Kenya in South-South cooperation include Cuba, with cooperation focused on dairy agriculture and health, Sierra Leone and Liberia where Kenya sent health professionals to assist during the Ebola crisis of 2017; and Mexico on social protection.

**The way forward**

Kenya has embarked on the process of establishing an institution to manage and coordinate SSC and TC activities in the country. This has entailed the reconstitution of the Technical Standing Committee in September 2018 to initiate the development of an SSC policy by 2019 and the establishment of the Centre by 2020. This will be followed by the enactment of a law to anchor the institution through an Act of Parliament.

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A historical perspective

Kenya’s social protection history starts soon after independence when the newly independent nation’s development strategy was focused on eradicating hunger, illiteracy and disease. The country’s Sessional Paper No 10 of 1965, which was a planning tool for the country’s socioeconomic development, was built around the concept of equity and laid the groundwork for the country’s social protection system.

The Paper sets out six visions for the country’s development including: freedom from want, disease and exploitation; equal opportunities; and high and growing per capita incomes, equitably distributed. With social protection in Kenya5 being defined as “… policies and actions, including legislative measures, that enhance the capacity of and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods, and welfare, that enable income-earners and their dependents to maintain a reasonable level of income through decent work, and that ensure access to affordable healthcare, social security, and social assistance”, the vision set out in Sessional Paper No. 10 of 1965 aligns with the goals of social protection. However, poverty and vulnerability remain high in the country. A review of the country’s social protection sector is thus necessary to capture its inception, progress, challenges, lessons and the way forward; not only for the country’s sake but also for other developing countries that may find Kenya’s case an interesting object lesson. Below are some of the country’s milestones relating to social protection.

Social protection in Kenya formally began in 1965 with the establishment of the National Social Security Fund (NSSF) as a contributory scheme for workers in the formal sector. In 1967, the National Hospital Insurance Fund (NHIF) was established as a contributory health insurance scheme, also covering workers in the formal sector. This contribution was largely voluntary. General food distribution (GFD) was largely embraced by both the State and non-state actors (NSAs) as a means of responding to shocks and disasters.

In 2004, the country launched the first non-contributory cash transfer programme targeting poor orphans and vulnerable children under the Cash Transfer to Orphans and Vulnerable Children (CT-OVC) programme which began as a pilot programme in one district targeting only 300 households. It has now expanded into a national programme covering all the 47 counties and with a total of about 353,000 current beneficiaries. In 2007, the Government introduced the Cash Transfer to Older Persons (OPCT) programme which also began as a pilot in three districts with 300 beneficiaries receiving KES1000 (USD10) per month but has now grown into a national programme with a total of approximately 310,000 beneficiaries receiving KES2000 (USD20) per month.

Vision 2030, Kenya’s blueprint for development was launched in 2008. In the Vision’s medium-term economic development strategy, the overall objective of social protection is to invest in vulnerable groups to reduce poverty, which has remained persistently high at 45 per cent since the 2000s. Later, in 2008, under the National Drought Management Authority and with the support of the Development partners (DFID in particular), the Government introduced the Hunger and Safety Net Programme (HSNP) in the four arid counties: Turkana, Wajir, Mandera and Marsabit with a scalable system to respond to shocks and emergencies. It currently has about 105,000 households on its register. In 2009, an initiative to develop the National Social Protection Policy was started. This was to be done through multi-stakeholder engagement.

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This process was completed in 2011 with the adoption of the National Social Protection Policy. In 2011, the Government also introduced the Persons with Severe Disabilities Cash Transfer Programme (PWSD-CT) which started with about 20,000 beneficiaries but has gradually grown to about 47,000. In 2017/18, the country’s first universal programme targeting all older persons aged 70 years and above was introduced. The programme beneficiaries also receive health cover under the NHIF scheme.

Social protection sector policy environment and Kenya’s national social protection policy

Kenya has a clear legal and policy framework for social protection. This is set out in the 2010 Constitution. Article 43(1)(e) states that ‘Every person has a right to social security’ and Article 43(3) stipulates that, ‘The State shall provide appropriate social security to persons who are unable to support themselves and their dependants’. The National Social Protection Policy 2011 is a contribution to the Government’s efforts to reduce poverty and the vulnerability of the population to economic, social, and natural shocks and stresses. The Policy was developed to address the challenges of providing retirement pensions, sickness benefits, maternity protection, employment injury and disease protection (workers’ compensation), survivors’ benefits, disability coverage, family benefits, and unemployment protection. The policy measures fall into three categories: social assistance, social security, and health insurance. In line with this and to realize the objectives of the Policy, the Government established the National Safety Net Programme (NSNP). The NSNP is a framework around which the five main cash transfer programmes in the country can be increasingly coordinated and harmonized.

The National Social Protection Policy 2011 takes the following approaches in its delivery of social protection:

a. **Provision** - The focus of this approach will be on social assistance covering a broad range of actions including cash transfers, food aid, affordable health charges, child protection services, and response to life-threatening emergencies to enhance coping mechanisms of vulnerable groups.

b. **Prevention** - The focus here will be on strengthening social security and health insurance schemes through unemployment, healthcare, sickness, maternity, and other relevant benefits and pensions, as well as services to support communities and other subsidized risk-mitigation mechanisms to prevent deprivation or destitution.

c. **Promotion** - This approach will seek to strengthen interventions aimed at enhancing livelihoods and productivity, such as conditional cash transfers, public works programmes, food for work, and school meals programmes to reduce households’ susceptibility to social risks. Micro and area-based schemes such as community-driven development initiatives will be part of this approach.

Kenya’s social protection sector: Key milestones

- Formulation of the National Social Protection Policy 2011
- Expansion of cash transfers to reach approximately 813,381 households (orphans and vulnerable children, older persons, persons with severe disability; and the chronically poor)
- The establishment of a single registry in 2016
- Strengthened management information and payment systems

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d. Transformation - This approach will continue to support the formulation of policies and the enactment of laws and regulations including the development of evidence-based programmes on social protection, the statutory minimum wage, maternity benefits, inheritance rights, anti-discrimination legislation, anti-stigma campaigns, anti-corruption legislation, policies on free education, and regulations on safe classroom environments (to avoid exclusion of vulnerable children and girls).

On poverty reduction, the National Social Protection Policy of 2011 also contains several measures to contribute towards income security, including social assistance schemes (cash transfer programmes, public works programmes and grants) and social security schemes. There is currently no unemployment benefit, although the Government is considering establishing such a scheme for formal sector workers.

One of the challenges identified in the policy document is that there is fragmentation of programming, which has led to duplication and inconsistencies in the operation and implementation of social protection throughout the country. The NSPP 2011 was thus an attempt to coordinate the different social protection interventions which had previously been run by different ministries.

Objectives of the National Social Protection Policy, 2011

- Protect individuals and households from shocks that may push them into poverty or deeper poverty
- Support individuals and households to manage shocks
- Cushioning workers and their dependents from income threatening risks
- Promoting key investments in human capital and physical assets by poor and non-poor households to ensure resilience in the medium and long term
- Promoting synergies and integration among social protection providers as well as positive interactions among stakeholders for the optimal functioning of this Policy.

Main components of Kenya’s social protection system

A social protection system (or social security system) consists of all types of social protection schemes and programmes within a given country. These different schemes and programmes, which can be contributory or non-contributory, should be interlinked and complementary in their objectives and functions. For reasons of effectiveness and efficiency, close coordination within the system is essential. Social assistance and welfare forms of social protection for people who are labour-constrained (such as people with disabilities, orphans without support, victims of civil conflict and/or natural disasters, and those who are not eligible for insurance schemes) tend to be unconditional income or food transfers. Labour market programmes which fall under the social security and insurance categories target wage or non-wage employees in the formal and informal sectors, as well as those who are

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underemployed or unemployed. This is also true in the case of Kenya. Below is a discussion of the main components of Kenya’s social protection system.

Social protection policy measures in Kenya
The NSPP of 2011 identifies the following three social protection policy measures in Kenya as:

a. Social assistance
b. Social security
c. Health insurance

These measures are meant to reduce risk, mitigate and cope with shock. On reducing risk, the country’s labour laws should ideally ensure that all workers, both in the formal and informal sector, are making enough income to meet their needs and cushion them from any shocks. These stipulations come from the ILO Employment Conventions, to which Kenya is a signatory. Cooperatives and micro-financing initiatives and other complementary programmes are just some of the ways employed to help mitigate risk among the poorest of the population. The country also employs the following strategies to help the poor cope with shocks: food distribution, voucher transfer and cash transfer. The Hunger and Safety Net programme is also instrumental in helping people cope with shocks. These strategies are mostly demand-driven. The following is further analysis of the instruments in the sector in Kenya.

Social security
Social security in Kenya is governed by the National Social Security Fund (NSSF) Act, 2013. It is divided into three categories:

a. Public schemes such as the civil servants pension fund;
b. Employer’s occupational schemes for their employees which are underwritten by private insurance companies; and
c. Individual schemes which are underwritten by insurance companies with premiums paid based on anticipated benefits after actuarial risk calculations.

Though growth has been slow, the current coverage of the working population registered in a pensions fund, according to the Retirement Benefits Authority (RBA), is 15 per cent. Further statistics on the RBA website show that there are over two million registered employees in the formal sector, and some 1300 registered schemes. The following are some of the campaigns by the Government to increase the number of persons registered in different retirement savings schemes in the country:

1. Increase public awareness of social security and saving for retirement. The NSSF has partnered with the largest communications company in Kenya, Safaricom PLC, to register 133,000 new members by capturing all the Safaricom PLC M-Pesa (mobile money) agents across the country. Other partnerships

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also include one with the Matatu Sector Association whose members (who are categorized as being in the informal sector) must be National Health Insurance Fund and National Social Security Fund compliant.

2. Incentives that include tax exemptions – contributions to any retirement scheme of up to KES20,000 per month are tax exempt. There is a push to increase this amount to KES50,000. In addition, all NSSF pay-outs are tax exempt.

3. There is a campaign to get the Government to match contributions by informal workers in a bid to increase the number of persons in the informal sector saving for retirement.

The National Social Security Fund

The National Social Security Fund is a government institution created in 1965 to help fight poverty and especially poverty in old age. It was based on Government of Kenya Sessional Paper No. 10 of 1965. The Fund is contribution-based and is mandatory for workers in the formal sector. Those in the non-formal sector make up the largest percentage of the workforce and pay contributions voluntarily. The Fund provides benefits for the workers and their dependents. Benefits include retirement pension, invalidity pension, survivors’ benefit, funeral grant and emigration benefit. Below are some of the milestones relating to the NSSF.

National Social Security Fund milestones

• 23 February 1965 - Act to create a National Social Security Fund was enacted - CAP 258-NSSF. At this point, the Fund was a department in the Ministry of Labour. This was a provident fund where contributors would get a lump sum upon retirement.
• January 1966 - The Fund became effective and operations began. Initially, the Fund only covered men in formal employment. Members contributed 5% of their basic salary which was capped.
• 1977 - Women in formal employment were brought on board. This was a deliberate Government decision to reduce poverty by incorporating women in the scheme. It was also in line with the global WID, WAD and women’s empowerment movements.
• 1988 – The NSSF was established as an autonomous State corporation with a full board. Previously, it was a Department in the Ministry of Labour.
• 2013 - The NSSF Act No.45 of 2013 was passed. This signalled a move from the provident fund model mentioned above to a pension scheme model where retired members would receive their pension monthly. It also dealt with the issue of capping of the percentage of the individual contribution which was set at 5% of basic salary for everyone.

The NSSF Act No.45 of 2013 highlights:

The Act requires all employers and government employees to contribute to the NSSF

Employers are expected to pay monthly contributions as follows:

• Employer’s contribution at 6% of employee pensionable earnings
• Employee’s contribution at 6% deducted from their monthly wages

Contributions are categorized as Tier I and Tier II:

• Tier I contributions are in respect of pensionable earnings up to the lower earnings limit (minimum wage). These are credited to the Tier I account
• Tier II contributions are in respect of pensionable earnings between the lower earnings limit and the upper earnings limit. These are credited to the Tier II account.
This Act\(^{14}\) made the NSSF more competitive and ensured that all pension schemes, public or private, would have 6% of the minimum wage as the minimum savings rate and thus more would be saved, with greater capital mobilization and retirement with better benefits\(^{15}\). It also allows employers that have better retirement schemes to opt out of the NSSF’s Tier II and contribute and save through the Retirement Benefits Authority. This model was learned from different countries through direct consultation and a thorough literature review on what different countries around the world are doing on social security. The findings informed the composition of this final model.

The Fund has had a cumulative number of 6.2 million contributors since it became operational in 1966. Table 1 below summarizes the change in contributor numbers for the period 2012-2017.

Table 1: NSSF Numbers

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<th>2012</th>
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<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tr>
<td>Workers in formal employment (millions)</td>
<td>1.13</td>
<td>1.14</td>
<td>1.17</td>
<td>1.74</td>
<td>2.22</td>
<td>2.38</td>
</tr>
<tr>
<td>Workers in the informal sector (millions)</td>
<td>0.122</td>
<td>0.146</td>
<td>0.273</td>
<td>0.418</td>
<td>0.569</td>
<td>0.788</td>
</tr>
<tr>
<td>Total (millions)</td>
<td>1.259</td>
<td>1.289</td>
<td>1.44</td>
<td>2.160</td>
<td>2.79</td>
<td>3.170</td>
</tr>
</tbody>
</table>

\(^{14}\) National Social Security Act, 2013.
Available at: https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/97350/115470/F-463813696/KEN97350.pdf

As with any institution, the NSSF has faced several challenges as it developed over the years into what it is today. Below are some of the challenges faced in the design, implementation and design of the Fund:

1. The Fund being tripartite in its composition (employer, employee and Government), there are bound to be conflicting interests and needs, and this has stalled the implementation of the 2013 Act and in some cases, changed the modalities of the Fund. A good example of this is the capping of contributions at 5% by Parliament in 2000.

2. Lack of public awareness of the concept of a national security fund and their participation through contributions has also limited the number of registered members to only a fraction of the working population, especially in the informal sector where contributions are voluntary.

3. Public apathy and lack of confidence in contributing to the Fund over the years has also affected the growth of registered members.

4. Kenya’s saving-for-retirement culture is at 20 per cent, according to the Retirement Benefits Authority. Though there has been growth in this regard, the country’s saving culture ultimately affects the number of people who sign up for retirement schemes such as the NSSF. The 2013 Act, via the Tier 1 component, made it mandatory for all workers to contribute to the NSSF.

5. Employers do not always submit the employees’ contributions to the NSSF

A large informal sector has created a dual challenge, given that workers in informal employment are difficult to target and contribute only slightly, if at all, to overall tax collection. About 80% of Kenya’s workforce is employed in the informal sector\textsuperscript{16} and approximately 20% is covered by social security benefit programmes\textsuperscript{17}, which excludes a sizeable number of potential beneficiaries. Some of the strategies that have been adopted to reach people in the informal sector and rural areas include setting up partnerships between the Fund and civil societies and different non-governmental organizations working with people in the informal sector to create awareness and carry out registration drives. New and innovative ICT tools have been adopted to ease the payment of the monthly contributions. A good example is the use of mobile money, M-Pesa, which has very wide grassroots coverage in Kenya, to make payments to the Fund.

The Fund relies on its in-house monitoring system which is carried out by the Strategy and Change Department. The Fund is also ISO Certified. As part of its monitoring, the challenge of fraud and corruption is dealt with via the Ethics and Integrity Department. The steps in dealing with corruption and fraud are also spelt out in the 2013 Act. The success of a fund like the NSSF relies heavily on proper governance. The NSSF is governed by a Board of Directors who are selected by registered members.

In the future, the focus of the Fund will be on implementation of the 2013 Act in its entirety; offering more benefits to the members; increased focus and targeting of workers in the informal sector who make up most of the country’s labour force; offering some form of unemployment benefit; offering maternity benefits; and offering a work-place injury allowance.


Social security: Challenges and lessons learned

In the social security component of Kenya's social protection system, there are various lessons and examples of best practice. The NSSF has been in existence for more than five decades, the following are some of the lessons and examples of best practice that can be drawn from this case:

1. Good governance is a key success factor for such a fund. It increases public confidence in the fund and hence increases registration and subsequent member numbers. With most of the population covered by a retirement fund, the burden of old-age poverty on the Government is reduced and quality of life after retirement is increased.

2. The level of education and awareness of the fund trustees concerning the operations and modalities of the fund is critical.

3. Member education is also a key success factor for the implementation and growth of the fund. The more information the members have, the lower the apathy towards the fund and the greater their ability to hold the fund administrators to account and ensure higher standards which is likely to improve the fund.

The new NSSF Act has faced some challenges regarding its implementation. These include disputes with trade unions and activists, especially on the issue of removing capping of contributions. There is still a certain degree of apathy among the public due to past governance concerns which has affected the number of contributors to the Fund. The Fund administrators are also grappling with the challenge of employer fraud when it comes to their contributions for their employees.

Sharing knowledge and best practice on the successes and lessons of Kenya's NSSF fund can be done through e-learning partnerships, and especially the East and Central African Social Security Association (ECASA) which offers training on social security systems. Inter-country learning can also be facilitated through the Community of Practice - Kenya chapter. South-South cooperation is also a great framework to facilitate learning among countries in Africa and beyond. On the contributory side, there are persisting challenges with the conversion of provident funds and establishment of social security pension funds in different African countries including Kenya.

Social assistance

Social assistance in Kenya is governed by the Social Assistance Act of 2013. Some of the other supporting legislation and policies include the Children Act No. 8 of 2001, Persons with Disabilities Act 2003, National Children's Policy 2010, National Policy on Older Persons and Aging, National Policy on Youth, National Policy for the Sustainable Development of Arid and Semi-Arid Lands, 2007. It is worth noting that social assistance is the first attempt by the social protection mix to provide benefits accruing to non-contributory members of society.
Table 2 below shows the different social assistance programmes in Kenya.

Table 2: Social assistance programmes in Kenya

<table>
<thead>
<tr>
<th>No.</th>
<th>Programme</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>People with severe disability cash transfer programme</td>
<td>People with severe disabilities and needing 24/7 care. Household-based and targeted</td>
</tr>
<tr>
<td>2</td>
<td>School meals/food programme</td>
<td>School children</td>
</tr>
<tr>
<td>3</td>
<td>General food distribution</td>
<td>Poor households and disaster victims</td>
</tr>
<tr>
<td>4</td>
<td>Cash for asset programme</td>
<td>Vulnerable communities. Provided only 6 months per year</td>
</tr>
<tr>
<td>5</td>
<td>Health voucher scheme</td>
<td>Pregnant women, FP clients and victims of gender-based violence</td>
</tr>
<tr>
<td>6</td>
<td>Health voucher scheme-OBA</td>
<td>Poor women in ASAL areas</td>
</tr>
<tr>
<td>7</td>
<td>HIV/AIDS nutrition feeding</td>
<td>HIV clients on ART and OVCs in affected households</td>
</tr>
<tr>
<td>8</td>
<td>Homegrown school meals</td>
<td>Schools in poor areas</td>
</tr>
<tr>
<td>9</td>
<td>Hunger safety net programme- Regular programme</td>
<td>Community-identified poor; older persons; households with high numbers of dependents</td>
</tr>
<tr>
<td>10</td>
<td>Hunger safety net programme- Emergency programme</td>
<td>Community-identified poor; older persons; households with high numbers of dependents</td>
</tr>
<tr>
<td>11</td>
<td>Kazi Kwa Vijana</td>
<td>Unemployed youth</td>
</tr>
<tr>
<td>12</td>
<td>Most vulnerable children</td>
<td>Schools in poor areas</td>
</tr>
<tr>
<td>13</td>
<td>National accelerated agricultural inputs access programme</td>
<td>Small-scale poor farmers</td>
</tr>
<tr>
<td>14</td>
<td>Njaa Marufuku</td>
<td>Farmers’ groups</td>
</tr>
<tr>
<td>15</td>
<td>Older persons cash transfer programme (OPCT)</td>
<td>Older Persons</td>
</tr>
<tr>
<td>16</td>
<td>Inua Jamii 70 years and above OPCT programme</td>
<td>Non-pensioners who are 70 years and above</td>
</tr>
<tr>
<td>17</td>
<td>Orphans and vulnerable children cash transfer (OVCCT)</td>
<td>OVCs</td>
</tr>
<tr>
<td>18</td>
<td>Regular school meals programme</td>
<td>Primary school children</td>
</tr>
</tbody>
</table>
In addition, Table 3 below highlights the number of households reached through cash transfers in Kenya for the financial years 2013/2014 to 2016/2017\(^9\).

<table>
<thead>
<tr>
<th>Programmes</th>
<th>2013/2014</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17 (Projections)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Persons Cash Transfer Programme (OPCT)</td>
<td>162,604</td>
<td>167,044</td>
<td>315,454</td>
<td>460,000</td>
</tr>
<tr>
<td>Cash Transfer for Orphans and Vulnerable Children (CT-OVC)</td>
<td>249,486</td>
<td>225,984</td>
<td>361,175</td>
<td>509,000</td>
</tr>
<tr>
<td>Cash Transfer for Persons with Severe Disabilities (PWSD-CT)</td>
<td>24,963</td>
<td>25,505</td>
<td>47,460</td>
<td>77,000</td>
</tr>
<tr>
<td>Hunger Safety Net Programme (HSNP)</td>
<td>70,345</td>
<td>76,733</td>
<td>89,292</td>
<td>100,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>507,398</strong></td>
<td><strong>485,266</strong></td>
<td><strong>813,381</strong></td>
<td><strong>1,146,000</strong></td>
</tr>
</tbody>
</table>

In addition to the above initiatives, county governments have some core social protection schemes.
A Social assistance success story:
The Hunger and Safety Net Programme (HSNP) is a drought-response programme that has been successful in achieving positive impacts on food security and increasing the number and size of meals to 87% of beneficiary households in its first phase (2009–12). It is implemented by the National Drought Management Authority and aims at building resilience and reducing household vulnerability in four of the poorest and most drought-prone arid counties in northern Kenya: Turkana, Marsabit, Mandera and Wajir. Currently, in Phase 2, HSNP provides regular, electronic and unconditional cash transfers (CTs) of KES 2,700 (approx. US$27/GBP19) per month to up to 100,000 of the poorest households (referred to as Group 1). Payments are made through a fully transactional bank account and fully functioning bank card. Phase 2 of the programme is designed to be a safety net scalable in times of crises to increase proportions of cash assistance to more people as needs dictate. All the households in the four counties have been registered and the majority have bank accounts for the same purpose. The HSNP infrastructure is available for any other Government of Kenya agency or donor to deliver emergency or regular cash transfer payments within the four counties.

Source: Humanitarian Practice Network

Social health insurance

Context and background

Health risks are among the major life risks tackled by social protection. In Kenya, sickness is one of the most frequent causes of poverty; and therefore, conversely, poverty is one of the greatest health risks. The importance of good health and social health protection has been highlighted by several international resolutions and campaigns, such as the:

- “Resolution and Conclusions concerning Social Security, International Labour Conference (ILC)” 2001 and;
- “Resolution on Sustainable Health Financing, Universal Coverage and Social Health Insurance, World Health Assembly (WHA)” 2005.

The National Hospital Insurance Fund is a State Corporation established under the NHIF Act No. 9 of 1998 which regulates and outlines the core functions of the Fund. NHIF is the vehicle used by the Government of Kenya through the Ministry of Health to pool risk and reduce the financial burden of healthcare. The NHIF model of health insurance is that of a contributory scheme with compulsory membership for formal sector employees and voluntary membership in the informal sector. Currently, the NHIF has a membership of 7.9 Million principal members. Due to the voluntary nature of informal sector membership, the NHIF must be innovative in its targeting strategies.

21 The National Hospital Insurance Fund website: http://www.nhif.or.ke/healthinsurance/
Over the years, the NHIF has made changes to its operations. The changes include:

- Introduction of comprehensive cover; outpatient and inpatient services, chronic care management for diseases such as cancer, maternity services and surgical services etc.
- Quality control has also been incorporated through the institution of quality improvement teams, generation of quality reports and audits.

Informal sector targeting strategies by the NHIF:

- Group membership facilities through cooperative movements such as local women’s groups
- Collaboration with religious institutions which have an enormous role in promoting health insurance and marketing the different products including the value-based service providers
- Wide use of mobile phones has greatly simplified the collection and remittance of contributions from members residing in remote rural areas of the country.

Currently, the NHIF has a network of 70 branches which are semi-autonomous and perform the core mandate of payment of claims and registration of members. These branches are connected to the head office through a Wide Area Network (WAN) which enhances real-time operations. These branches are located in all counties and serve all districts in the country. All accredited facilities are connected to the NHIF ICT system. The hospitals notify the Fund of admission and discharge of a member in real time and can confirm the member’s status and identity from the Fund’s database; this ensures that only paid-up members and their dependents can access benefits thus reducing cases of impersonation.

Recent developments in the NHIF:

a. Free Maternity Services was introduced to ensure Kenyan citizens have access to skilled birth attendants in all public health facilities. This service was transitioned to the NHIF, rebranded as the Linda Mama Programme and officially rolled out in April 2017. It is available in all public healthcare facilities as well as contracted private and faith-based health facilities. Registration for Linda Mama is done via various platforms; mobile phone, online registration, all healthcare providers and all NHIF branches.

b. 2016 - Biometric registration: Introduced to ease identification as well as promote portability of health records, improve health information systems and curb fraud.

c. Claims processing: The Fund introduced electronic funds transfer (EFT) payments to health providers to hasten service delivery to members. The Fund is piloting an E-Claims platform which is a fully integrated web-based claims management system that will ensure efficient and cost-effective adjudication of claims and management of fraud.

d. 2015 - Online registration of members was instituted to enhance access of the services to the members and potential members which is done through the Internet and mobile phones.

e. 2009 - M-Pesa (mobile money) payment has been introduced in the payment of monthly contributions. This mode of payment is convenient and increases access to those in the informal sector.
Social insurance: Challenges and lessons learned

On social insurance, Kenya’s experience shows that social health insurance should be anchored in law to ensure its efficiency and to meet its mandate. Political commitment is thus imperative for the success of the sector. For proper monitoring and evaluation of the performance of social insurance, bodies such as the Institute Health Benefits Authority are necessary for the regulation of benefits and quality of services. For maximum and most efficient engagement with beneficiaries, social insurance should take advantage of technology. Developing clear governance structures, systems and policies is imperative for the efficient planning and implementation of social insurance. Implementation of health insurance subsidies for the absolute poor is critical for the realization of universal healthcare in the country.

Coordination in the social protection sector

One of the major challenges in social protection is integrating diverse initiatives into genuine systems with the capacity to coordinate programmes with the State institutions responsible for their design, financing, implementation, regulation, monitoring and evaluation. To adequately deliver benefits, social protection policies and programmes need to be coordinated among the different social policy sectors and between the different administrative levels at which these policies and programmes are implemented. In Kenya, the governance of the social protection sector has been significantly strengthened in recent years. The National Social Protection Secretariat (SPS), which is responsible for coordinating social protection, was established in 2010, the State Department of Social Protection (SDSP) was established within Ministry of East African Community, Labour and Social Protection in 2015, and the Social Assistance Unit (SAU), in charge of on-the-ground delivery of the National Safety Net Programme, was created in 2016. In 2018, a more focused Ministry of Labour and Social Protection was instituted, alongside an expanded State Department of Social Protection, Pensions and Older Citizens' Affairs.

The Single Registry is one of the most popular tools in the coordination of the social protection sector. This is a web-based automated management information system that provides a single platform where common and essential information across five social assistance programmes is stored, analysed and reported. The Single Registry acts as a single reference point for information about who is receiving what type of assistance, where the assistance is received and when the assistance is transferred. This information can be accessed at the aggregate level or at an individual programme or household level. In practice, the Registry acts as a datastore that provides accurate analytical reports on the performance of the social assistance sector through the Single Registry Reporting System.
Kenya’s Single Registry: Evolution and development

Historically, social protection programmes in Kenya were not well coordinated. They were fragmented, characterized by duplications and inconsistencies, and were led by different agencies, resulting in a lack of efficiency. The National Social Protection Policy of 2012 envisaged the development of a comprehensive social protection system in the country that consolidates the current range of fragmented schemes and increases the ability of social protection initiatives to scale up. The Government recognized the need to establish a management information system (MIS) for social protection in Kenya. Kenya’s Vision 2030’s Medium-Term Plan also enlists development of an integrated Single Registry for Social Protection. Kenya’s Single Registry was developed and launched in 2016. The World Food Programme (WFP) provided technical assistance to the National Social Protection Secretariat for development and implementation of this Registry.

The Registry started with data from the five existing social protection programmes, and has linked together their management information systems (MIS):

a. Hunger Safety Net programme (HSNP): This is an unconditional cash transfer programme designed to respond to chronic food insecurity in Kenya ASAL regions.

b. The Persons with Severe Disability Cash Transfer Programme (PwSDP): Targets households with orphans and vulnerable children.

c. The Older Persons Cash Transfer Programme (OPCTP): Targets extremely poor households that include a person over the age of 65 who is not already receiving pension.

d. The Orphans and Vulnerable Children Cash Transfer Programme (OVCCTP): Provides immediate relief from extreme poverty for people with severe disabilities who require permanent care.

e. World Food Programme Cash for Asset Programme: This is a large scale unconditional cash transfer programme for people in Kenya’s arid and semi-arid land (ASAL) areas.

The Single Registry is also linked to the National Registration database, thus programme beneficiaries are identified by their national ID numbers. An overview of Kenya’s Single Registry model shows that it enables the National Social Protection Secretariat under the Ministry of Labour and Social Protection to access Registry Model. [Online] Available at: https://www.developmentpathways.co.uk/blog/an-overview-of-kenyas-single-registry-model/ [Accessed 24 October 2018].
information on all households receiving social assistance. This enables them to monitor:

a. Beneficiaries enrolled under the Government’s expansion plan for the national social protection system,
b. The number and type of programme from which each household is benefiting,
c. The accuracy of beneficiary details,
d. Timelines of payments,
e. Complaints resolved within established timeframes, and
f. Consolidated programme costs

The figures below show how the Single Registry works in Kenya with a timeline of the development of the Registry to date32. Figure 1 shows how the Registry works in Kenya. Figure 2 is a summary of the timeline with regard to the Registry.

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**Figure 1: How Kenya’s Social Registry works**

![Diagram of Kenya’s Social Registry](#)
Figure 2: How Kenya’s Social Registry works

- Kenya’s Social Protection Policy is approved.
- Management Information Systems working group is formed, with members from WFP, HSNP, CTOVC, PWSDCT, OPCT and USFP (Urban Food Subsidy Programme, now discontinued).
- An assessment carried out by the MIS working group identifies key recommendations for MIS systems, including the key fields that each programme is required to populate when registering beneficiaries.

2011
- Some programmes didn’t have an electronic database.
- Some programmes had an electronic database but no MIS.
- None of the databases for each programme could speak to each other.
- There weren’t standard geographic locations across programmes (this needs to be defined to identify where beneficiaries are receiving assistance).

2012
- Guidelines for MISs issued by the MIS working group.

2013
- Government-run cash transfer MISs are harmonised.

2014
- July
  - The Social Protection Secretariat formally request WFP for technical assistance on the Single Registry.
  - CTOVC ans HSNP link up to the Single Registry
- October
  - OPCT ans PWSD link up to the Single Registry. MISs are harmonised.

Subsequent to the sequence in Figure 2 above, the Registry was launched in 2016. Further developments in 2017/2018 included the development of the complementary module in the Single Registry and update of existing security protocols to include complementary services. An upgrade of the monitoring and evaluation extract module which will be used as the basis for the final complementary services module was also undertaken. Development of the generic county SP MIS (in consultation with 10 pilot counties and the WFP) is also underway. The MIS will be piloted in 2019 in the selected counties undertaking social protection initiatives.

The Social Security Secretariat is mandated to guide and facilitate the integration, coordination and harmonization of social protection programmes in Kenya under a national social protection system33. The evolution of the Single

33 The Social Protection Secretariat website: https://www.socialprotection.or.ke/about-sps/social-protection-secretariat
Registry into what it is today has included a shift from manual registration and cash payment of members to the current system where all members have bank accounts and payment is via the banks. Local partner banks provide mobile banks to the members in the most remote parts of the country. Currently, four banks have been contracted to provide this service.

c. The Registry allows access to data on beneficiaries through the click of a button. The integrated pop-registration service connected to the Single Registry allows instant updating of beneficiary numbers and information. This pop-registration service also allows validation of beneficiaries, thus reducing cases of fraud and inaccurate data.

The Single Registry's infrastructure development was supported by the World Bank. Other non-state actors that have played a key role in Kenya's SP sector include: UNICEF, HelpAge, CIDA, EU, WFP and FAO. These actors provided both technical and financial system support in the development and use of the Single Registry.

Countries that provided examples for the development of Kenya’s Single Registry:

a. Brazil’s Bolsa Familia programme and the subsequent Cadastro Único. The Cadastro Único, one of the best known Single Registries in the literature is based on the initial data collection effort of the Bolsa Familia programme.
b. Mexico’s Single Registry of Beneficiaries (Padrón Único de Beneficiarios)
c. Chile’s SIS (integrated system for social information) often cited as the most advanced example of integrated data management across the social protection sector

It is worth noting that though these registries provided a basis for the design and development of Kenya’s Single Registry, the current Registry is different and is unique to Kenya’s social protection space and needs

Kenya’s experience with the Single Registry has been very positive as:

a. It has allowed all stakeholders to have a bird’s-eye view of the different programmes and their reach and any changes as they occur. For a wider picture of the SP sector and other related sectors, the Registry will need to be expanded to other institutions and organizations and linked to other databases as well. This includes linkage with the NHIF and NSSF databases. Further plans are to ensure that all programme MISs can be managed at district level — through a web-based system
b. The Registry has eased the process of gathering data for the different programmes which was previously done via door-to-door data collection.

c. The Registry has eased the process of gathering data for the different programmes which was previously done via door-to-door data collection.

Challenges during the set-up of the Single Registry:

a. Conceptualization: There was difficulty in technical conceptualization of how social assistance programmes could be coordinated.
b. Coordination: It was at first difficult to convince individual programmes to invest time and resources in an MIS. Currently, each social assistance programme has its own MIS and is a core part of the Single Registry.
c. Resources: Up-front investment is needed. Over the years, various development partners have stepped in to support the Government in making this happen.

Single Registry: Lessons learned:

a. Social protection initiatives are costly and require a substantive investment from stakeholders
b. There should be a scaling up of the existing programmes for greater reach, efficiency and impact.
c. Lack of a comprehensive social protection legal and institutional framework has also negatively affected the efficiency of the sector initiatives.
d. There is need for clear definition of the social sector’s scope and boundaries and there should be a policy review to allow for easier collaboration between different sectors
Single Registry: Experiences and lessons learned

The design and implementation of the Single Registry brought with it several challenges. This is clear from data provided by representatives of the Social Protection Secretariat as well as the literature on Kenya’s Single Registry. Below is a review of some of them:

1. There is a lack of a policy and regulatory framework on social protection. This especially affects the data-sharing aspect, a critical component of the Single Registry. The experience in this regard is that some departments and/or sectors are wary of linking their database to the Single Registry and this has affected its delivery. Research shows that integration is mainly a policy issue requiring political and institutional arrangements rather than technical ‘fixes’, meaning that effective systems for data and information management cannot operate in a policy vacuum. Approaches to developing integrated systems for information management should be construed more broadly as a policy tool. Kenya’s social protection policy underscored the need for the Single Registry and envisaged the set-up of individual programmes with functional MISs populating the Single Registry.

2. A different geographical coding is used for and by different sectors whose mandates touch on social protection. Therefore, the planning, coordination and monitoring of the components of the country’s social protection is impeded by this lack of a standard geographical coding applied to all sectors. This is especially felt when dealing with different datasets based on geographical coding. The Single Registry primarily relies on data on different programmes and beneficiaries.

3. The infrastructure, and especially the MIS, required in linking the different SP programmes is expensive. Kenya’s Single Registry development has been supported by the World Bank, DfID and WFP. However, there is need for more resources to scale up the programme, as well as for its continued maintenance and administration. This view is supported by other research findings on the same subject. There is consensus that adequate investment should be made to deliver a quality single registry design, based on needs assessments and feasibility studies both of which are important for long-term sustainability.

4. A key lesson learned is that for any system developed with the involvement of external partners in the Registry’s infrastructure with any should be open source and owned by the Kenyan Government and not the donor. This allows for autonomous system management beyond the terms of any partnership. The Kenyan Government also needs to invest sufficiently in the systems to ensure long-term sustainability. Together with all, this is local capacity-building needs to be incorporated in the design, implementation and scaling up of the Registry’s system. County-level capacity-building initiatives on social protection in general have already been implemented in the country’s 47 counties and have led to the development of county-specific SP strategies.

5. An independent report on the case of Kenya in integrating data information management into social protection adds another challenge and lesson learned to the list. The report notes that the development of...
a single registry should be phased. Phasing helps ensure:

a. Ease of managing project subcomponents;
b. Incorporating lessons from previous phases in subsequent phases;
c. Less risk of failure and risk of overwhelming existing capacity – ad hoc strengthening of business processes and systems.

Following this, lessons can be drawn from the design and implementation of the Single Registry. Further lessons can be learned from the challenges that Kenya experienced during the set-up of the Single Registry. This information is important for countries that may want to use it in the design and development of their own single registries. These challenges are highlighted in a 2016 webinar presentation on Kenya’s Single Registry.

Social protection system and the question of sustainability

One of the main barriers to adequate social protection coverage in the sub-Saharan region is the relatively low level of public resources allocated to social protection. Historically, social protection in developing countries, and especially in Africa, took the form of emergency relief with support from donors. Funds for social protection programmes in Kenya are divided between social assistance schemes, financed from general government revenues, and contributory schemes which are financed from the contributions of members or are subsidized. Between 2005 and 2010, social protection expenditure in Kenya rose from KES 33.4 billion to KES 57.1 billion, equivalent to 2.28% of the country’s GDP. In 2011, the figure stood at 2.6% of GDP. When this spending includes health, the figure rises to 3.6% of GDP. This growth was due to increases in spending on the contributory programmes, the civil service pension, and safety nets. Expenditure on safety nets during the same period also increased from KES 11.9 billion to KES 20.5 billion. More specifically, the Government’s investment in core social protection programmes has grown from KES 43 Billion in 2011/12 to KES 30.6 billion in 2017/18, or from 0.1% to 0.4% of GDP. However, this expenditure is still lower than the 4.5% recommended by the African Union’s Social Policy Framework for Africa (2008). On the transfer values, information provided during the interview process indicates that the transfer values have also grown over time from an initial amount of KES 1000 per month to KES 2000 per month for most of the government-owned cash transfer schemes. The country is also generally shifting from the traditional cost-intensive food distribution to cash transfer systems which are generally more efficient and cost-effective. This increase in transfer values is in addition to the improvement in coverage. Table 3 below shows beneficiary transfer values and spending by programme in 2018/19.


37 Bhorat, H. et. al., 2017. Social Protection and Inequality in Africa: Exploring the interactions, New York: UNDP. Available at: https://www.researchgate.net/publication/321627437_Social_Protection_and_Inequality_in_Africa_Exploring_the_interactions

**Table 3: Statistics on some of the social assistance programmes in Kenya**

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Responsible Agency</th>
<th>Target Group</th>
<th>Number of registered beneficiary households</th>
<th>Transfer value per month (KES)</th>
<th>Transfer value (% of GDP per capita)</th>
<th>Actual spend (KES billion)</th>
<th>Actual spend (% of GDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT-OVC</td>
<td>Social Assistance Unit, MEACLSP</td>
<td>Household with OVC</td>
<td>359,770</td>
<td>KES 2,000</td>
<td>10%</td>
<td>10.92</td>
<td>0.13%</td>
</tr>
<tr>
<td>Inua Jamii Senior Citizens’ Pension</td>
<td>Social Assistance Unit, MEACLSP</td>
<td>Individual aged 70 years and above</td>
<td>513,474</td>
<td>KES 2,000</td>
<td>10%</td>
<td>21.93</td>
<td>0.23%</td>
</tr>
<tr>
<td>OPCT</td>
<td>Social Assistance Unit, MEACLSP</td>
<td>Household with a person aged 65-69 years</td>
<td>345,314</td>
<td>KES 2,000</td>
<td>10%</td>
<td>1.71</td>
<td>0.02%</td>
</tr>
<tr>
<td>PwSD-CT</td>
<td>Social Assistance Unit, MEACLSP</td>
<td>Household with PwSD including adults and children</td>
<td>51,890</td>
<td>KES 2,000</td>
<td>10%</td>
<td>1.21</td>
<td>0.02%</td>
</tr>
<tr>
<td>HSNP</td>
<td>NDMA, Ministry of Devolution and Planning</td>
<td>Poorest households in Turkana, Marsabit, Mandera and Wajir</td>
<td>98,818</td>
<td>KES 2,700</td>
<td>13% (regular transfers)</td>
<td>4.45</td>
<td>0.05%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40.23</td>
</tr>
</tbody>
</table>

Source: Kenya Social Protection Secretariat, 2018

The Kenyan Government is the biggest financier of social protection in the country, accounting for 55% of all the financing going to the sector. Development partners account for 22% of social protection sector financing. It is worth noting that most of the financing by the Government went to the civil service pension previously entirely government-funded. However, very recent developments will have civil servants contributing to their own pension funds. From January

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2019, 7.5% of civil servants’ gross salary will be paid into their pension funds. The Government will also contribute 15% of the gross salary for the civil servants’ pension. This development means that civil servants will join other workers in contributing for their retirement. Further, the shift to sustainable, government-funded, and nationally-owned social protection moved forward significantly with the introduction of the Inua Jamii Senior Citizens’ Pension in 2017 (with the first payments made in March 2018). The pension is the first individual entitlement social protection scheme in Kenya and will also give recipients NHIF membership as a step towards making NHIF membership universal.

Additionally, the social protection safety net in the form of cash transfers from the Government’s budget was enhanced in 2016/17 as follows: KES7.9 billion for Orphans and Vulnerable Children (OVC); KES7.3 billion for elderly persons; KES1.12 billion for those with disabilities; KES0.4 billion for street families rehabilitation; and KES0.4 billion for the Children Welfare Society. In the Kenya National Budget Statement for 2017/18, the Government committed KES9.6 billion to the CT-OVC programme, representing a 38% increase from the previous year. Similarly, the Government committed KES7.9 billion to the OPCT programme, representing a 19% increase.

The level of funding committed to the PWSD-CT programme has remained almost the same at KES1.2 billion while government commitment to the HSNP programme has more than doubled, rising from KES1.05 billion in 2016 to KES3.5 billion in 2017.

Sources of funding for social protection in Kenya

In Kenya, as in other countries, a key effort to mainstream social protection programmes in the normal budget process is being made to allow for sustainability of the sector. A good example of this is the Government’s budgetary allocation for safety net programmes. An analysis of the allocations shows that there has been a steady increase in budgetary allocations in the financial years from 2012-2015 from an average of KES10 billion to more than KES12 billion. This goes to show that the Government is the main financier of social protection programmes. However, there are other funding streams for the sector including member contributions, development partners and the private sector. Figure 3 below shows the sources of the funding for social protection in the period 2005-2010.

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Furthermore, the counties are currently implementing an estimated 448 programmes across the areas of core social protection, shock-responsive social protection and socially protective complementary programmes. An estimated 68 of the 448 programmes are fully funded and managed by county government and are found in 18 counties.

Social protection and the rest of the economy

Well-targeted social protection interventions have a positive impact on poverty reduction. Social protection is central to meeting the objectives of Kenya’s Vision 2030 which aims to provide a ‘high quality of life for all its citizens by the year 2030’ and ‘a just and cohesive society with social equity’. In Kenya, the linkage between social protection and the rest of economy is strongly seen in the following sectors: Agriculture, security, administration, education, health and the financial sector and especially banks that assist in the disbursement of financial benefits. The recently launched (November 2018) Vision 2030’s third Medium-Term Plan – for 2018-2022 – reflects the ambition set out in the National Social Protection Strategy document, placing it within the context of a broader strategy for accelerated inclusive growth and development.

43 *This figure also includes national programmes.
44 *The counties are: Baringo, Kakamega, Marsabit, Turkana, Mandera, Tana River, Wajir, Kilifi, Homabay, Kisumu among others
45 Kenya’s Vision 2030’s Third Medium Term Plan website: http://www.mtp3.go.ke/
According to the Kenya National Social Protection Strategy (NSPS) document of 2018 (under review), social protection is also central to meeting the Government’s priorities (the Big Four) for the next five-year term (up to 2022). Section 4 of the NSPS describes how core social protection programmes, along with shock-responsive social protection and complementary socially protective programmes, will play a central role in achieving increased food security and nutrition, universal health coverage and building markets and skills for manufacturing.

**Beneficiaries of social protection**

Social protection is expanding in Africa, but coverage is still too low to significantly reduce inequality. Existing social protection systems in sub-Saharan Africa exclude most of the population. One of the main barriers to adequate social protection coverage in this region is the relatively low level of public resources allocated to it.

In Kenya’s case, social protection is a right enshrined in the Constitution. The country’s social protection is pro-poor\(^46\). On the extent of coverage, only 13 per cent of the population excluding civil servants are covered by social protection instruments. This was as of 2012\(^47\). This low coverage can be explained by the targeting mainly of formal workers for two out of the three social insurance and security instruments in the country. Formal workers only make up 20% of the labour force and thus most workers are not covered.

Targeting in Kenya is pro-poor, through beneficiary welfare committees at village level. This allows for checks and balances in the whole process and especially in funds management. Categorical targeting is also adopted by the different social assistance programmes. This involves identifying easily distinguishable attributes that characterize poor households and the provision of benefits to those who share those traits – such as children, older people or people who live in low-income areas\(^48\). The HSNP, Older Persons Cash Transfer Programme and OVC Cash Transfer programme use categorical targeting. The NSPS has finalized the development and piloting of the new Harmonized Targeting Methodology that will harmonize the way targeting and beneficiary identification is done in the SP sector in Kenya. This will standardize the process of targeting across different sectors and enable the sector to collect common key data that can be used sector-wide for various supplementary support without necessarily having to go back to the household.

However, targeted programmes are susceptible to errors of both inclusion and exclusion. These errors are often linked to imperfect design and implementation of a social assistance programme and imperfect information. It is difficult to understand who the poorest individuals are, how poor they are and where they reside\(^49\). It is estimated that only 28% of OVCs and 0.38% of persons with disability are covered by programmes targeting poor households in Kenya. It is worth noting, however, that even with perfect targeting, only 25% of poor people would be covered with the existing programmes\(^50\).

\(^{46}\) Bhorat, H. et. al., 2017. Social Protection and Inequality in Africa: Exploring the interactions, New York: UNDP. Available at: https://www.researchgate.net/publication/321627437_Social_Protection_and_Inequality_in_Africa_Exploring_the_interactions


\(^{50}\) Coady, D. et. Al. 2004. Targeting of transfers
The different programmes under the social protection mantra determine the type of beneficiaries. For example, the Older Persons Cash Transfer programme is for persons above 65 years of age and is household-based. OVCCT programmes are for orphans and vulnerable children while the programme for persons with severe disabilities is for that group. The Hunger and Safety Net programme has been targeting people in four counties in the ASAL regions of Kenya and it is being expanded to 10 counties. These four counties are the most prone to droughts and chronic water and food shortage and have some of the lowest levels of development in the country.

There is no one list of characteristics that define social protection beneficiaries. In the Operations Manual for the social protection programmes, there are different eligibility criteria for the different programmes which have different goals. However, the overall goal for all programmes is to reduce poverty and the resulting vulnerabilities. It is worth noting that social protection is a wide sector and some aspects such as social security and healthcare insurance do not only cover the poor but the entire labour force – both formal and informal. Some of these people in the labour force are, however, eligible for other programmes targeting the poor and vulnerable.

Table 4: Beneficiaries of social protection in the cash transfer programmes

<table>
<thead>
<tr>
<th>NO.</th>
<th>Programme</th>
<th>Eligibility</th>
<th>Exit Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OPCT Programme</td>
<td>Poor and vulnerable - over 65 years. Household-based and targeted</td>
<td>Death Voluntary Improved status</td>
</tr>
<tr>
<td>2</td>
<td>CT-OVC Programme</td>
<td>Poor and vulnerable children. Household-based and targeted</td>
<td>Last child of HH is above 23 years Voluntary</td>
</tr>
<tr>
<td>3</td>
<td>PWSD-CT Programme</td>
<td>People with severe disability living under 24/7-hour care. Household-based and targeted</td>
<td>Death Improved status Voluntary</td>
</tr>
<tr>
<td>4</td>
<td>Inua Jamii 70 years and above OPCT</td>
<td>70 years and above universal (non-pensioners)</td>
<td>Death Voluntary</td>
</tr>
<tr>
<td>5</td>
<td>HSNP- Regular Programme</td>
<td>Poor and vulnerable</td>
<td>Death Voluntary</td>
</tr>
<tr>
<td>6</td>
<td>HSNP- Emergency Programme</td>
<td>Poor and vulnerable</td>
<td>Only during emergencies</td>
</tr>
<tr>
<td>7</td>
<td>Asset Creation Programme - WFP supported</td>
<td>Poor and vulnerable with labour</td>
<td>Only 6 months/year</td>
</tr>
</tbody>
</table>

Beneficiaries of social protection: Challenges and lessons learned:

Challenge of reach

As with any programme meant to reach a wide range of people across a large geographical area, the main challenge is that of logistics. This is also true in the case of Kenya and the disbursement of resources to beneficiaries in all corners of the country. The most remote areas of the country are in most cases the most in need of social assistance and hence the logistical question is critical. In some areas, insecurity is an issue and hence reaching those in most need becomes a challenge. This is especially true for programmes such as the HSNP. The Cash Transfer Programme relies greatly on independent financial service providers to disburse money to its beneficiaries. This presents challenges in some instances as these service providers’ plans may not always align with the needs of the social protection providers. The challenges of coverage in Kenya can thus be summarized as:

- The difficult topography and wide geographical coverage of the beneficiaries;
- Inadequate resources, both financial and human;
- Low literacy levels amongst the beneficiaries. This is a constraint to delivery of social protection in the sense that due to low literacy levels, modern methods of delivery cannot be easily introduced.
- Increased climate change-related emergencies which have increased demand for social protection among the most vulnerable as well as increased difficulties in getting physical help to those in need.

Challenge of dependency creation and stigmatization of beneficiaries

Stigma among beneficiaries is seen as a psychological cost of social assistance. The goal of social assistance should be to prevent beneficiaries from being stigmatized by preventing transfers from being viewed as handouts. However, in the case of Kenya, there is no correlation between social protection programmes and stigma associated with being a beneficiary. On the contrary, programmes such as the HSNP empower the beneficiaries and are a means of reducing vulnerability associated with extreme poverty. This is according to the beneficiaries themselves. The targeting of beneficiaries is also community-based and this has reduced any possible stigma associated with the social assistance. The ‘dependency syndrome’ debate centres around concerns about recipients becoming permanently dependent on ‘handouts’ and losing any inclination to improve their circumstances. Research has shown, however, that, on the contrary, social assistance and protection do not create dependency but enable workers in poor households to better manage job-related risks and engage more successfully in labour market activity.\(^\text{51}\).

Kenya has adopted several strategies to avoid and minimize stigma and dependency among beneficiaries.

Strategies adopted to minimize stigma and dependency among SP beneficiaries in Kenya:

a. Rights-based approach to social protection: Under this approach, citizens are empowered to take their own decisions, mobilize, claim their rights and entitlements, and hold the State to account. Inclusion and participation in decision-making processes are key. Under this approach, social protection is thus not just a matter of charity or generosity, but also a basic responsibility of states.

b. Community-based targeting (CBT): Under this targeting strategy, local community representatives identify those among them most in need of social assistance. Though this strategy has its drawbacks, the rationale regarding reducing stigma is that since the community does the identification of beneficiaries, there is less chance of stigma.

c. Proper design and delivery of programmes

Minimizing dependency: Kenya has adopted the following strategies:

d. Complementary initiatives

e. Capacity-building and psychosocial support of beneficiaries

f. Graduation models: This has been made easier by the Single Registry which allows monitoring of time limits and graduation criteria. In Kenya’s case, food consumption from own-farm production increased for cash transfer recipients.

g. Effective M&E system for re-evaluation and re-design of different programmes and targeting systems: If a programme is to be effective, systems must be in place to identify, track and evaluate changes to households over time28. With proper monitoring, beneficiaries who no longer qualify for different programmes due to changes in economic status will be identified and removed from the list of beneficiaries.

Lessons learned in dealing with error, fraud and corruption in social protection

With regard to error, fraud and corruption (EFC) in the sector in Kenya, there have been some fraud cases relating to the disbursement and receipt of funds. To deal with this, a two-step authentication process in the payment of benefits has been introduced. Beneficiaries access their money through banks that require both biometric identification and the use of national ID cards to open accounts and access the money. Further, members must appear in person to provide proof of life every six months. There are also internal checks to counter any forms of fraud and corruption. In addition, Kenya’s Single Registry, through its MIS platform, is used for organizing and managing data for social protection programmes in Kenya. One of the issues to which the Registry responds fraud and/or error. The information in the Registry is run against data on the IPRS National Population Register thus allowing programme managers to be sure that the beneficiaries’ details are accurate and verified19. There is also a toll-free line available to the public to report cases of fraud or obtain any information they need about the different programmes. Some of the challenges that have been experienced in dealing with the problems of fraud and corruption in Kenya’s social protection sector include:

a. Low literacy levels among beneficiaries, which has led to instances of field agents duping these beneficiaries when it comes to their benefits. A complaints and grievances reporting system has been set up to capture and deal with these instances.

b. Low levels of awareness regarding social protection programmes and the rights of those in most need to access them has negatively impacted the number of people in need reached.

c. The digitization of the registration process intended to streamline the programmes’ processes for greater efficiency has also affected the engagement of some beneficiaries, some of whom are illiterate and/or not “tech savvy”.
Table 5: Some social protection actors in Kenya and their roles

<table>
<thead>
<tr>
<th>Actor/ Entity</th>
<th>Function relating to social protection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Government Ministries</strong></td>
<td></td>
</tr>
<tr>
<td>Ministry of Labour, Social Security and Services (MLSSS)</td>
<td>Currently handles the SP portfolio</td>
</tr>
<tr>
<td>Ministry of Gender, Children and Social Development (MGCSD)</td>
<td>Formerly in charge of coordinating all SP activities</td>
</tr>
<tr>
<td>Ministry of Public Health Services</td>
<td>NHIF</td>
</tr>
<tr>
<td>Ministry of Finance</td>
<td>Civil Service Pension</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>School meals programme</td>
</tr>
<tr>
<td>Ministry of Agriculture</td>
<td>Njaa Marufuku Programme</td>
</tr>
<tr>
<td>Ministry of Labour</td>
<td>NSSF</td>
</tr>
<tr>
<td><strong>Non-State Actors</strong></td>
<td></td>
</tr>
<tr>
<td>WFP</td>
<td>School meals programmes and HIV/AIDS Nutrition Feeding Programme and Single Registry</td>
</tr>
<tr>
<td>DFID/UKAid</td>
<td>Hunger Safety Net Programme, National Social Protection Policy</td>
</tr>
<tr>
<td>HelpAge International</td>
<td>Older Persons Cash Transfer Programme</td>
</tr>
<tr>
<td>World Bank</td>
<td>National Social Protection Policy</td>
</tr>
<tr>
<td>ILO</td>
<td>National Social Protection Policy</td>
</tr>
<tr>
<td>JICA</td>
<td>Homegrown school meals</td>
</tr>
<tr>
<td>Oxfam</td>
<td>Urban Food Subsidy</td>
</tr>
<tr>
<td>FAO</td>
<td>Farmer First Programme</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Health Voucher Scheme, National Social Protection Policy</td>
</tr>
<tr>
<td>Kenya Red Cross</td>
<td>Emergency relief</td>
</tr>
<tr>
<td>FSD Kenya</td>
<td></td>
</tr>
<tr>
<td><strong>Civil Society</strong></td>
<td></td>
</tr>
<tr>
<td>GiveDirectly</td>
<td>Universal Basic Income Experiment</td>
</tr>
</tbody>
</table>
Actors in Kenya's social protection

Though the State has been a major player in all these programmes, there have been other players, including development agencies such as the World Bank, World Health Organization, DFID, the UN, WFP and HelpAge International, among others. A recent development in the social protection space in Kenya is the involvement of the non-governmental organization GiveDirectly, an organization whose aim is to end extreme poverty which is running a 12-year experiment on universal basic income. The experiment aims at testing universal basic income disbursement as a social protection strategy in Kenya. This 12-year experiment, started in 2016, has been piloted in 120 villages in Western Kenya covering 16,000 people. This experiment goes to show that social protection is not the responsibility of governments only and that the private sector and other non-state actors can and are also at the forefront. This provides opportunities for public-private partnerships (PPPs) in social protection. Table 5 highlights the different actors in Kenya's social protection.

Monitoring and evaluation in the social protection system

The NSP policy highlights that monitoring, and evaluation and impact assessments are an integral part of the implementation of the policy. One of the objectives of the integration of the Single Registry and the general social protection system is to provide combined monitoring and evaluation across all programmes. By linking the Registry to the National Identification database, instances of fraud and identity theft or duplication are minimized. The Single Registry also has an M&E module for the Cash Transfer Programmes. Programme surveys; baseline, mid-line, end-line and programme implementation and beneficiary satisfaction surveys have also been conducted as part of the monitoring and evaluation process. This is to allow for proper monitoring of the reach and impact of the different programmes as well as any changes that occur in their implementation. A beneficiary survey document for the Cash Transfer Programme is found in the Annex of this document.

A re-certification programme will be carried out this year (2019) to check and confirm the current beneficiaries for a more comprehensive and reflective list. This is one aspect of the sector's M&E system. The Single Registry also supports programme monitoring and has a specific report that allows monitoring of selected indicators across programmes. Further, the Social Protection Secretariat, with the support of UNICEF, commissioned the development of the Kenya Social Protection Monitoring and Evaluation Framework 2018-2022. The purpose of the Framework is to provide a tool for the systematic and continuous monitoring, evaluation, review and reporting of the progress and achievements of the social protection sector in Kenya for the period 2018-2022. This Framework is still in the draft stage.

Current developments and the way forward on social protection in Kenya

In November 2018, the Social Assistance Unit started the migration of beneficiaries in the OVCCT, OPCT and PWSDCT programmes from the current card-based model to an account-based model. This will be a new payment system.
model called the Choice Model where 710,000 beneficiaries will open bank accounts from where they will receive their monthly stipends.

On sustainability, the Kenya Social Protection National Investment Plan (2018) sets out the case for expanding social protection, between 2018/19 and 2030/31. The NIP describes how social protection is a core part of all successful market economies and is central to Kenya’s vision of being a successful middle-income country with accelerated inclusive growth and development, as set out in Vision 2030. Three options were outlined in the National Investment Plan for the expansion of the core Social Protection Sector, to invest 1.5%, 2% or 3% of GDP by 2030/31. This Strategy concentrates on the primary option, investing 2% of GDP on social protection by 2030/31 and examines the expansion of spending between 2018/19 and 2022/23. The NIP also builds upon the Kenya Nation Social Protection Strategy document currently under development. Under the plan, the sector will also complement and be complemented by other sectors of the economy to allow seamless collaboration. The investment plan should be shock-responsive and resources should be available at short notice to deal with emergencies.

Another plan for the sector is promotion of learning, development and knowledge exchange to foster the growth of the sector. This includes the introduction of SP content in institutions of higher learning. This is in line with the recommendation of the report cited above on capacity development to aid in the implementation of proposed policies to deal with challenges in the longer term.

Regarding the social security and health insurance components of the sector, there are plans to extend contribution and coverage to the informal sector which makes up more than 80 per cent of the country’s labour force. There will be upscaling of efforts and campaigns to register more people from the informal sector and rural areas.

There are plans to establish a social protection Community of Practice Kenya Chapter. A community of practice provides a space to exchange resources, knowledge and information related to social protection. The proposed Kenya Chapter will also allow for the sharing of social protection knowledge and resources among all players in the sector for better coordination and implementation of all its component elements.

Currently, data and information on beneficiaries is obtained from field agents and fed into the Single Registry system. Going forward, a social registry will be set up by the Social Protection Secretariat to bypass the need to go through the field agents for information. This will allow for faster updating of the database as numbers change and hence better monitoring of the reach of the different programmes.

The future of social protection in Kenya also calls for more investment in the sector for more impact and effectiveness as well as for sustainability. Stakeholders will be advocating for more resources to be set aside for the sector by the Government, and especially for the programmes. The goal is to increase government investment in social assistance programmes from the current level of 0.4% of GDP to 2% of GDP in line with the draft investment plan. Likewise, there are plans to organize a pool of resources for social protection in a kind of fund. The representatives from the Social Protection Secretariat also highlighted the need to move from the current supply- (donor-) driven system to a demand-driven system. This, coupled with a National Asset Scheme, would ensure that social protection sector activities are not determined by external donors and that the system is government-owned.

There are plans to link the Single Registry with other local non-state actors in the sector to provide a more comprehensive list of the programmes
and their reach in the country. Further, in 2019, there is the planned development of the Social Registry module in the SR (Integrated social registry module to provide a common gateway for potential beneficiary inclusion in various social programmes). This plan is particularly important since an integrated social registry is lacking in the current Single Registry lacks.

There are plans to carry out regular impact analysis of various social protection initiatives country-wide and for better data collection and management that will inform future policies.

**South-South cooperation and Kenya’s social protection system**

Kenya’s journey in the social protection sector has been supported by various actors, among which are countries in the Global South. This is in the context of the South-South cooperation framework in the political, economic, social, cultural, environmental and technical domains. Recent SSC trends show an increase in volume of South-South trade, flows of foreign direct investment, movements towards regional integration, technology transfer, sharing of solutions and experts and other forms of exchange. The following are some of the countries involved in the social protection sphere in the context of SSC.

The Brazilian experience in Africa on social protection and food and nutrition has been implemented in different modalities of cooperation. These modalities include a mix of technical and financial cooperation as in the case of the More Food Programme, a combination of humanitarian assistance with technical cooperation, the Purchase from Africans for Africa (PAA) programme or a mix of technical cooperation and investment in infrastructure. Knowledge sharing can be part of these modalities but can also be stand-alone engagements as in the case of study tours, participation in conferences, organization of international seminars, online discussions and support to knowledge exchange platforms and websites. It is worth noting that this form of cooperation was not incorporated any formal structured plan of action. Brazil has had tremendous success in the field of social protection and food and nutrition. The *Bolsa Familia* cash transfer programme has been very successful and has been adopted in various forms by different countries. SSA countries have struggled with the challenge of food insecurity and the success in Brazil and Brazil’s focus on SSC was a good starting point for cooperation.

In 2008, a delegation from Kenya (and other African nations), went on a study tour hosted by the Ministry of Social Development and Fight Against Hunger under the Brazil-Africa Cooperation Programme on Social Protection. One of the highlights of the tour was on the country’s Single Registry (Cadastro Unico) of social assistance. In 2009, there was a shared interest in the two countries to cooperate in support of designing Kenya’s Single Registry, the development of an effective monitoring and evaluation system, and to foster the intersectional coordination of programmes in Kenya. In 2011, the Kenyan Government and representatives of the MDS, ABC and DFID signed a cooperation work plan. The Kenyan delegation then made a visit to Brazil to discuss cooperation on the design of Kenya’s single registry.

During the study tours in Brazil, African countries started creating a social protection network. During the 2009 study tour, delegates from Kenya and Ghana started sharing their experiences and learning from each other’s initiatives.

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On social insurance and universal health coverage (UHC), the Government has been benchmarking with Rwanda and Ethiopia where UHC has been effective. This concerned the development and piloting of the health benefit package as discussed above. The NHIF has also incorporated key lessons from benchmarking opportunities with countries such as South Korea and the Philippines.

UNICEF Kenya is one of the key actors in the social protection sector in Kenya. It has facilitated various South-South cooperation initiatives on the continent involving the Kenya Government56. These SSC initiatives include supporting a delegation from the Government’s National Treasury to travel to Mexico to experience best practice public financing for disadvantaged children. As a result, the Kenyan National Treasury agreed to revise the standard chart of accounts 2018 and improve budgeting and expenditure reporting for children. UNICEF Kenya also hosted a fact-finding visit from the Ethiopian Government to learn about a UNICEF-supported public/private partnership on oxygen production for medical purposes. Ethiopia has since replicated this model. UNICEF Kenya also facilitated the Malawi Government’s visit to Kenya to learn about the UNICEF supported national system for nutrition commodity supply chain integration. And a delegation from the Kenya Government was invited to South Africa by UNICEF Kenya to learn about human milk banks and baby-friendly communities, which informed the development of a draft national guideline on breast milk banks.

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Chapter III

Linking results of the undertaking/initiative to major regional or global development agendas
Social protection was not always a central development strategy for nations or development agencies. Until the early 1990s, social protection was marginal to mainstream understanding of development. However, social protection is now identified as a key strategy in the alleviation of poverty and for development. Access to adequate social protection is recognized as a basic right, enshrined in the Universal Declaration of Human Rights. Articles 22 and 25 of the Declaration state that, everyone has a right to social security and a decent standard of living, including access to essential social services (such as health and education) and protection from difficult circumstances that may be beyond their control (such as unemployment, sickness, disability, and old age).

Kenya’s Constitution emphasizes the direct application of international agreements ratified by Kenya. These include the Universal Declaration of Human Rights (1948), which recognizes social protection as a fundamental human right for all citizens of the world. This is reinforced by many UN and ILO Conventions as well as regional agreements including the African Charter on Human and Peoples’ Rights (1981) and the East African Community Common Market Protocol. The UN/ILO Social Protection Floor Initiative (SPF) guarantees a universal minimum package of social transfers and services within a lifecycle approach to social protection. The Social Protection Floor Initiative (SPF-I) was adopted in 2009. Social protection floors (SPFs) are nationally defined sets of basic social security guarantees that ensure the following:

a. Access to essential health care;
b. Adequate cash transfers for children;
c. Benefits and support for people of working age in case of maternity, disability, work injury, or for those without jobs;
d. Pensions for all older persons. This basic level of protection can be provided through social insurance, tax-funded social benefits, social assistance services, public works programmes, and other schemes guaranteeing basic income security.

Kenya is also a State Party to the International Covenant on Economic, Social and Cultural Rights of 1976, which recognizes a whole range of rights relating to social protection. Moreover, by adopting the ILO Recommendation concerning National Floors of Social Protection, the country is committed to the set-up of a national floor of social protection for all its residents with the aim of building a comprehensive and human rights-based national social protection system.

Social protection and the 2030 Agenda for Sustainable Development

Social protection is a human right and an integral part of the 2030 Agenda for Sustainable Development.

The establishment of social protection floors and systems was recognized as a target within the Sustainable Development Goals framework adopted by the UN General Assembly in September 2015. Social protection links to all...
three components of sustainable development:

a. In the social dimension of sustainable development, social protection contributes to reducing poverty, exclusion, and inequalities;

b. In the economic dimension, social protection can build up human capital, promote economic stability during economic stresses and shocks, and facilitate economic growth;

c. Social protection has also been shown to make people more resilient to environment-related shocks and stresses.

Specifically, social protection is linked to almost all the Sustainable Development Goals as seen below:

**Sustainable Development Goals and the linkage to social protection:**

| Goal 1 - End poverty: Through programmes, including cash transfers, designed to reduce vulnerabilities throughout the lifecycle and to share wealth among society |
| Goal 2 - Zero Hunger: Through regular and reliable cash transfers |
| Goal 3 - Good health and well-being: Ensuring healthy lives by increasing access to affordable health care and to nutrition, clean water, sanitation and basic shelter |
| Goal 4 - Quality education: Ensuring inclusive and quality education by enabling families to absorb the costs to send children to school |
| Goal 5 - Gender equality: Achieving gender equality and empowering women and girls through supporting the redistribution of unpaid care work and increasing women’s participation in paid employment outside their home |
| Goal 8 - Decent work and economic growth: Promoting economic growth and decent work by boosting economic growth through investing in human capital, reducing insecurity for workers, and injecting cash into communities |
| Goal 10 - Reduced inequalities: Reducing inequality within and among countries both in tackling income inequality and unequal access to opportunities |
| Goal 12 - Responsible consumption and production; |
| Goal 13 - Climate action; |
| Goal 14 - Life below water; |
| Goal 15 - Life on land: protecting the environment by building resilience to environmental shocks |
| Goal 16 - Peace, justice and strong institutions: Promoting peaceful and inclusive societies by strengthening social cohesion and building a social contract |

In Kenya, several initiatives have been undertaken to reduce poverty in all its forms. The National Social Safety Net Programme (NSNP), whose objective is to improve the wellbeing of and increase resilience among specific vulnerable groups in Kenya, is one of the major government initiatives to help meet the SDGs. The NSNP consists of four cash transfer programmes, as discussed above. The proportion of the population without access to essential services (education, health and social protection) has been declining over time. In 2014, it stood at 21.2% before falling to 20.4% in 2015 and further to 20.2% in 2016. The proportion of total government budgetary allocations to education, health and social protection for the financial year 2016/2017 was 23.1% of total revenues. In the financial year 2016/2017, the Government allocated KES68.7 Billion (USD 65 million), about 4.4% of total revenues, to direct poverty reduction programmes.

**African Union and social security**

The Social Policy Framework for Africa is the African Union’s overarching policy instrument and a key reference document for member countries.

countries. The Framework aims to assist African Union (AU) Member States to strengthen and give increasing priority to their national social policies to promote human empowerment and development. The adoption of social security in Africa’s development agenda was road mapped by a commitment to the 2004 Ouagadougou Declaration and Plan of Action that seeks to strengthen social protection schemes, especially those that reach the poorest, the vulnerable and the excluded. In 2006 the 13 representatives of African governments passed the Livingstone Call for Action which calls, among other things, for the development of national social protection frameworks in all the African countries; greater cooperation between African and other countries on sharing social protection experiences; cash transfer programmes for children and older people; and increased investment in the field of social protection. The Yaoundé Declaration also called on Governments, to include social protection programmes in their national development plans and budgets. During the 1st session of the African Union (AU) conference of Ministers in charge of Social Development organized in Namibia 2008, Ministers adopted the AU Social Policy Framework (AU-SPF) as a framework to guide AU Member States as they develop and/or implement appropriate national strategies and programmes.

Further, Africa Union’s Agenda 2063 builds on the Social Policy Framework as it puts social protection at the heart of the continent’s development. The Agenda identifies two targets for social protection on the continent: raise social protection spending to 5% of GDP, up from the current 2%, to establish social protection floors so that all citizens have access to basic income and healthcare; and extend coverage of contributory social security arrangements to the informal sector and rural areas. Kenya is on track to increase the number of informal workers enrolled in the national social security fund.

The 2015 Addis Ababa Action Agenda on Financing for Development

The Addis Ababa Action Agenda on Financing for Development brought together Heads of States and Government to establish a holistic and forward-looking framework and to commit to concrete actions to deliver on the promise of the 2015 SDGs. On social protection, the Action Agenda commits to providing fiscally sustainable and nationally appropriate social protection systems and measures for all, with a focus on those furthest below the poverty line and the vulnerable, persons with disabilities, indigenous persons, children, youth and older persons. This is in line with the SDG to end poverty in all its forms everywhere. The Action Agenda also commits to strong international support for social protection and will explore coherent funding modalities to mobilize additional resources, building on country-led experiences.

In the implementation of this Agenda and because of its commitment to promoting innovative financing mechanisms to allow

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64 African Union, 2008. Social Protection for Africa. First Session of the AU Conference of Ministers In Charge Of Social Development. Windhoek, s.n.
countries to better prevent and manage risks and develop mitigation plans\textsuperscript{67}, the Swedish International Development Cooperation Agency, in partnership with WFP, provided funding for the ‘Sustainable Resilience Building in Kenya’s Arid and Semi-Arid Lands’ project. The aim of the project is to strengthen the basis of an efficient, coordinated, government-led response to food insecurity. There are three components: capacity-building at county level for monitoring the food security situation, prepare for and respond to shocks; strengthening WFP’s productive safety net programme (cash-for-assets activities) that build resilience to drought; reassessing the most appropriate and cost-efficient food assistance modality in the arid areas in the light of the evolving coverage of national safety net programmes (especially the Hunger Safety Net Programme)\textsuperscript{68}. The Livelihoods Mount Elgon Project is also an example of the implementation of this Agenda that aims to improve the livelihoods of 30,000 smallholder farmers in the Mount Elgon region of Kenya, funded through an investment fund created by private companies. This is good example of public-private partnerships in poverty reduction\textsuperscript{69}.


\textbf{Paris Agreement on Climate Change}

From a social protection angle, many countries spent portions of their social budgets on fuel subsidies. This has been seen to encourage wasteful consumption of fossil fuels such as gasoline and thus contributes to the effects of climate change\textsuperscript{70}. On the other hand, social protection is a powerful tool to protect populations at greater risk of climate-related hardship and those adversely affected by efforts to transition to more sustainable industrial practices\textsuperscript{71}. At the 21st session of the Conference of the Parties (COP 21) in 2015, governments agreed on the need to provide social protection to populations affected by climate change and the use of social protection to facilitate a just transition towards greener economies. Social protection is seen as a resilience tool to help people cope with climate-related shocks and stresses\textsuperscript{72}. Kenya’s Hunger and Safety Net Programme (HSNP) which targets poor people in ASAL regions in the country is hailed as good example of how participation in cash transfers allows people to meet their basic needs, even in times of drought\textsuperscript{73}. This programme is implemented by the National Drought Management Authority. Kenya’s Ending Drought Emergencies (EDE) framework is linked


to social protection programmes aimed at building sustainable livelihoods. The first phase of this programme has just come to an end. The EDE recognises that drought emergencies have their roots in poverty and vulnerability and believes that social protection has an important role to play in reducing vulnerability and risk throughout the drought cycle. This linkage creates adaptive capacity and the long-term resilience of vulnerable livelihoods.\textsuperscript{74}

Conclusion
Kenya’s social protection system is in a state of constant change. The changes have brought about an improvement in the efficiency, delivery, coverage, transfer values and general coordination. One of the key achievements in this sector has been the development of scalable social protection to respond to droughts. HSNP gives regular and emergency payments to drought-affected sections of the wider population. It has opened bank accounts for nearly all households in the four arid counties in which it operates to make transfers more timely and move from merely responding to droughts but to anticipating them. This has also linked social protection programmes to early warning systems for food security which is further in line with the Paris Agreement on Climate Change. This has become a model for international learning.

Another significant advance in this sector is the development and use of the Single Registry in the coordination of the sector initiatives. The Single Registry allows for a coherent social protection system where administrative data on individual social protection programmes is combined in one Registry. This information should cover the identity and quantity of beneficiaries in different schemes, disaggregated to the greatest extent possible by age, gender, region and other relevant information. It should also include the value of benefits received by programme and at an aggregate level, as well as broader performance information. Kenya’s Single Registry rolled out in 2016 is linked to the national registration database and includes information on beneficiaries of five social protection programmes: the Older Persons Cash Transfer Programme, People with Severe Disability Cash Transfer Programme, Orphans and Vulnerable Children’s Cash Transfer Programme, Hunger Safety Net programme, and World Food Programme’s Cash for Assets scheme.

There is a marked reliance on and use of technology in the delivery of social assistance and other cash payments in this sector. This includes the use of the mobile money transfer service M-Pesa to make contributions to the NSSF and NHIF schemes. This is in a bid to exploit the fast-growing mobile phone industry in the country as well as a deliberate effort to increase access to members especially the informal sector. This payment method is convenient for the members and reduces the inconvenience of seeking physical payment points.

Public-private partnerships in the social protection sector have also proved to work very well in the funding and delivery of social protection systems, as well as in the conceptualization and development of the different social protection products in Kenya. The involvement of the non-governmental organization GiveDirectly and its large-scale multi-annual experiment on universal basic income is a trendsetter in exploring different avenues to deliver social protection to the poorest. These ‘thinking-out-of-the-box’ initiatives are what will fully transform social protection in Kenya in years to come.

In summary, several lessons can be learned from the Kenya case on developing a social protection system. Experience from Kenya shows that: political goodwill is crucial to the success of social protection in a country. This means having an enabling policy and legislative environment in support of the sector. Kenya’s political leadership has demonstrated its support for investment in social protection programming through multi-year budget commitments. Hand in hand with this is investment in effective systems which is critical. This investment also includes investing in human capacity, both for beneficiaries and those working in the sector operations side. The coordination and consolidation within and outside the Social protection sector is key and the importance of having a version of the Single Registry in a country simplifies this coordination. With these best practices, challenges and lessons learned, countries can learn a great deal from the experience of Kenya, through:
1. Benchmarking and international exchange
2. Multi-stakeholder engagement
3. Learning forums e.g. conferences – both local and international
4. Knowledge platforms e.g. CoPs
5. Publications and policy briefs

Currently, there are no structured programmes promoting learning and sharing of best practice. But there have been requests and benchmarking visits from different African nations to learn more about the Single Registry system. Through workshops, field visits and face-face sessions, countries such as Bangladesh, Ethiopia, Ghana, Lesotho, Nigeria, South Africa and Zambia have engaged with Kenya on its Single Registry system. Bangladesh and Ethiopia are interested in building their own Single Registry while Zambia is developing its social protection policy and hence the discussions with Kenya. This can be scaled up and organized in a more structured manner.

Although Kenya is putting in great efforts in transforming the sector, none of the instruments have yet attained universality in terms of implementation and reach. However, the continued increase in numbers of people reached and the increase in transfer values goes to show that the country is on course to achieve universality in social protection.