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CONSULTANCY FOR COMPREHENSIVE GENDER ASSESSMENT OF THE SOCIAL PROTECTION SECTOR IN KENYA.

AN OVERVIEW

**PRESENTED BY
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List of acronyms

BWC	Beneficiaries Welfare Committee
CCTP MIS	Consolidated Cash Transfer Programme Management Information System
CDMIS	Community Development Management Information System
CPIMS	Child Protection Information Management System
COTU-K	Central Organization of Trade Unions in Kenya
CBHI	Community-Based Health Insurance
CoP	Community of Practice
CSP	Civil Service Pension
CT-OVC	Orphans and Vulnerable Children Cash Transfer Programme
CPV	Child Protection Volunteer
DSD	Directorate of Social development
DCS	Directorate of Children Services
DFID	Department for International Development
ESR MIS	Enhanced Single Registry Management Information System
ESR	Enhanced Single Registry
FKE	Federation of Kenya Employers
FAO	Food and Agriculture Organization
FGDs	Focus Group Discussions
GoK	Government of Kenya
G&CM	Grievances and Case Management
GESS	Girl's Education South Sudan
GEWEL	Girls' Education and Women's Empowerment and Livelihood
GDP	Gross Domestic Product
HSNP MIS	Hunger Safety Net Programme Information Management System
HSNP	Hunger Safety Net Programme
ILO	International Labour Organization
IPRS	Integrated Registration Service
KIAMIS	Kenya Integrated Agriculture Management Information System
KII	Key Informant Interviews
KNBS	Kenya National Bureau Statistics
KEPSA	Kenya Private Sector Alliance
KGS	Keeping Girls in School
MIS	Management Information System
LMIC	Low and Middle Income Countries
ML&SP	Ministry of Labour and Social Protection
MCH	Maternal and Child Health
MNCH	Maternal, Neonatal, and Child Health
NCPWD	National Council for Persons with Disability
NDMA	National Drought Management Authority)
NGEC	National Gender and Equality Commission
NICHE	Nutrition Improvements through Cash and Health Education
NSSF	National Social Security Fund
NHIF	National Hospital Insurance Fund
NSPP	National Social Protection Policy
NSPIP	National Social Protection Investment Plan
NDMA	National Drought Management Authority
NSPS	National Social Protection Secretariat
OP-CT	Older Persons Cash Transfer Programme
PWDs	Persons with Disabilities

PSSN	Productive Social Safety Net
PWSD-CT	Persons with Severe Disability Cash Transfer Programme
RDQA's	Routine Data Quality Assessment
SSA	Sub-Saharan Africa
SAU	Social Assistance Unit
SDGs	Sustainable Development Goals
SDG	State Department of Gender
SPIAC-B	Social Protection Inter-Agency Cooperation Board
SCCO	Sub-County Children Officer
SDSP	State Department of Social Protection
TASAF	Tanzania Social Action Fund
UNICEF	United Nations Children's Education Fund
UCB	Universal Child Benefit
UHC	Universal Health Coverage
UIF	Unemployment Insurance Fund
UAT	User Acceptance Test
UNDAF	United Nations Development Assistance Framework
WB	World Bank
WHO	World Health Organization
WFP	World Food Programme

1.0 Introduction

This inception report highlights the legal and policy frameworks which shall guide the development of a feasible plan of action for enhancing the gender-transformative component of the social protection and the preparation of a solid investment case (including a cost-benefit analysis) for gender-responsive social protection in Kenya. The action plan and the investment case shall be anchored on the national and global objectives as outlined in the National Social Protection Policy (NSPP), draft National Social Protection Investment Plan (NSPIP) and the specific targets within the Sustainable Development Goals (SDGs) which are all founded on the need to realize comprehensive social protection for all the vulnerable members of the society. The methodological approaches for the execution of the assignment, including scope, goal, tasks and work plan are also included in the report.

The key deliverables for this assignment include:

- 1) Approved inception report with work plan and methodology
- 2) Draft and final gender assessment reports highlighting sex, age and disability gaps within the delivery systems & data collection tools.
- 3) Draft and final investment case for gender-responsive social protection (including cost benefit analysis)
- 4) Plan of Action and draft proposed interventions
- 5) Final report with concrete recommendations necessary in addressing all identified gaps to enhance inclusion.

2.0 Literature review

This section reviews existing literature on social protection, policy frameworks for gender-responsive social protection, key concepts on gender equality and empowerment, the social assistance schemes, health insurance, social security and gender-responsive age-sensitive social protection conceptual framework.

2.1 Social protection

Social protection is defined as a combination of programmes, policies and public measures which are implemented with the aim of providing households and individuals with support (income and access to services) to enable them withstand the risks resulting from reduction or loss of income throughout the lifecycle¹. Social protection programmes include but not limited to: employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits and survivors' benefits, child and family benefits and maternity protection benefits. Social protection programmes are implemented through a mix of contributory schemes (social insurance) and non-contributory tax-financed benefits, including social assistance².

A large proportions of poor and vulnerable populations in Low and Middle Income Countries (LMIC) located in South Asia, Latin America and Africa are still not reached by social protection programmes. The global social protection coverage remains insufficient and more than half (55%) of the world's population do not have access to any form of social protection benefit.³ A significant improvement has been recorded over the last two decades as the number of countries with social protection cash transfer schemes have expanded from 72 to 149⁴. An estimated 71 per cent of the world's population has no or has only partial access to comprehensive social protection systems. This essentially means that only 29 per cent of the global population enjoy access to comprehensive social security systems.⁵

There is need for countries to direct more resources towards the attainment of comprehensive social protection for the majority of their citizens who are currently not covered by any social protection programme. A survey conducted in 136 countries found out that 108 Countries which were included in the survey either had an active social protection policy or strategy

¹ Camilletti, E. and Prerna, B. (2019). *Gender, social protection and life course research: moving the field(s) forward*. Available at <https://www.unicef-irc.org/article/1953-gender-responsive-age-sensitive-social-protection-a-think-piece-series.html>. Accessed on 11th March 2021.

² ILO (2017). *World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals*. International Labour Office – Geneva: ILO.

³ Mazhar, S. (2019). *Setting a clear ambition: a first step towards gender-responsive social protection*. Available at <https://www.unicef-irc.org/article/1957-setting-a-clear-ambition-a-first-step-towards-gender-responsive-social-protection.html>. Accessed on 11th March 2021.

⁴ Mazhar, S. (2019). *Setting a clear ambition: a first step towards gender-responsive social protection*. Available at <https://www.unicef-irc.org/article/1957-setting-a-clear-ambition-a-first-step-towards-gender-responsive-social-protection.html>. Accessed on 11th March 2021.

⁵ ILO (2017). *World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals*. International Labour Office – Geneva: ILO.

document in place or were in the process of planning such a document.⁶ Two out of three children globally do not have access to child benefits with the regions with the highest poverty levels reporting lowest child benefit coverage⁷. Global average expenditure on social protection for children is 1.1 per cent of Gross Domestic Product (GDP). Europe, Central Asia and Oceania spend more than 2 per cent of GDP while Africa, Arab States, Southern and South-East Asia spend less than 0.7 per cent of GDP on child benefits⁸.

The growth in social protection sector is driven by greater interest in using social protection mechanisms to cushion citizens against shocks/crisis, boost food security and nutrition status, promote school enrolment/attendance, increase consumption and advance gender equality objectives among others. Social protection is widely accepted as an important sector for addressing chronic poverty and food vulnerability. Social protection is also increasingly being applied as a strategic approach in addressing gender inequality to enable governments and other stakeholders to better meet the needs of women and girls living in poverty.

Social protection is a key ingredient for achieving equality as outlined in the Sustainable Development Goals – particularly SDGs 1, 2, 3, 4, 5,8 and 10. The Government of Kenya (GoK) is committed to achieving the following targets for the SDGs by 2030, as a critical step towards building a social protection floor:

- a) **SDG Target 1.2:** Reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to National definitions.
- b) **SDG Target 1.3:** Implement Nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.
- c) **SDG Target: 2.1** End hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.
- d) **SDG Target 5.4:** Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.
- e) **SDG Target 8.5:** Achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.

⁶ UNICEF (2019). UNICEF's Global Social Protection Programme Framework. Available at <https://www.unicef.org/media/61026/file/UNICEF-social-protection-programme-framework-exec-summary.pdf>. Retrieved on 17th April, 2021.

⁷ UNICEF (2019). UNICEF's Global Social Protection Programme Framework. Available at <https://www.unicef.org/media/61026/file/UNICEF-social-protection-programme-framework-exec-summary.pdf>. Retrieved on 17th April, 2021.

⁸ UNICEF (2019). UNICEF's Global Social Protection Programme Framework. Available at <https://www.unicef.org/media/61026/file/UNICEF-social-protection-programme-framework-exec-summary.pdf>. Retrieved on 17th April, 2021.

- f) **SDG Target 10.4:** Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality.

2.2 International policy and legal framework on gender and social protection

Kenya has signed and ratified various international agreements specifying the right to social security and gender equity for all citizens and they include:

- a) Universal Declaration of Human Rights (1948)
- b) ILO Convention 102 on Minimum Standards of Social Security, 1952
- c) ILO Employment Injury Benefits Convention, 1964 (No.121)
- d) Convention on the Elimination of All Forms of Racial Discrimination, 1965
- e) International Covenant on Economic Social and Cultural Rights (1966)
- f) International Covenant on Civil and Political Rights (1966)
- g) ILO Invalidity, Old-Age and Survivors' Benefits Convention 1967 (No.128)
- h) ILO Medical Care and Sickness Benefits Convention, 1969 (No.130)
- i) International Covenant on Economic, Social and Cultural Rights (1976)
- j) Convention on the Elimination of All Forms of Discrimination against Women, 1979
- k) African Charter on Human and Peoples' Rights, 1981
- l) ILO Employment Promotion and Protection against Unemployment Convention, 1988 (No.168)
- m) Convention on the Rights of the Child, 1989
- n) The International Convention on the Protection of the Rights of All Migrant Workers and their Families, 1990
- o) Commonwealth of Independent States – Convention on Human Rights and Fundamental Freedoms, 1995
- p) ILO Maternity Protection Convention, 2000 (No.183)
- q) Convention on Rights of Persons with Disabilities, 2006
- r) ILO Recommendation Concerning Social Protection Floors, 2012 (No. 202).

2.3 Legal, policy and strategic framework on gender equality and social protection in Kenya

The Constitution of Kenya, 2010 contains sufficient provisions to ensure gender equality and adequate social protection for Kenyan citizens. The constitutional requirements are being implemented through various legal, policy and strategic frameworks. A summary of the relevant legal, policy and strategic frameworks in Kenya are provided below:

- a) National Policy on Gender and Development (2019)
- b) The 2018-2022 Strategic Plan of the State Department of Gender Affairs
- c) National Gender and Equality Commission (NGEC) 2010 Constitution (Article 249),
- d) Kenya Vision 2030⁹
- e) The Kenya National Social Protection Policy (2012)
- f) The National Safety Net Programme (NSNP) (2013)

⁹ Government of the Republic of Kenya: Government long-term strategic framework to make Kenya middle income economy by 2030

- g) The Constitution of Kenya, 2010, Article 19, 21, and 43.
- h) The “Big Four” Agenda¹⁰

The 2010 Constitution (Article 249) created Kenya National Gender and Equality Commission (NGEC) which is charged with the responsibility to promote gender equality with emphasis on vulnerable populations including children, the older members of society, youths, women and persons with disabilities. The State Department of Gender (SDG) has the responsibility of (1) Developing, reviewing, interpreting, implementation and monitoring of gender policies, programmes and plans, (2) Designing and facilitating programmes/projects that promote gender equality; coordination of gender mainstreaming into the national development agenda and (3) Institutionalization of gender mainstreaming in Ministries/Departments, Counties and Agencies.

State organs and all public officers have the duty to address the needs of vulnerable groups within society as provided for in Article 21 (3) of the constitution. Preservation of the dignity of individuals and communities and to promote social justice is provided for in Article 19. At the same time, the right of all citizens to be free from hunger and to have adequate food of acceptable quality is provided for in Article 43. The article (43) also contains provisions requiring the State to provide appropriate social security to persons who are unable to support themselves and their dependants.¹¹

The government has put in place key policies and strategic frameworks to bring to effect the key constitutional provisions on social protection and gender equality. The Strategic Plan prepared by the State Department for Gender covering the period between 2018-2022 is the coordinating document for gender mainstreaming in Kenya. The Kenya National Social Protection Policy (NSPP) is in place to guide the development of an integrated social protection system in the country. The policy is focused on building a lifecycle social protection system to actualize the constitutional provision including: old age pension as well as disability, child and unemployment benefits. The returns on investing in social protection include; increased prosperity, dynamic workforce, and greater stability and reduced vulnerability of women and men. The importance of social protection in accelerating inclusive growth and development by promoting quality of life for all citizens is also highlighted in Kenya Vision 2030 where the government intends to channel substantial investments.¹²

¹⁰ The presidential development agenda including, Food security, Manufacturing, Health and Housing.

¹¹GOK (2010). *The Constitution of Kenya 2010*. GOK.

¹²Ministry of Gender, Children, And Social Development (2011). *Kenya National Social Protection Policy, 2012*. Available at <https://www.socialprotection.or.ke/images/downloads/kenya-national-social-protection-policy.pdf>. Accessed on 15th March 2021.

2.4 The Joint Programme

The Joint Programme supports the Government of Kenya to move from a poverty targeted approach, which excludes 78% of the vulnerable population, to a more inclusive approach to social protection. It assists the GoK to operationalize commitments articulated in its National Social Protection Policy (2011) and helps to strengthen the enabling environment for social protection in Kenya. This entails greater integration of social protection with economic and social services and work with the GoK to create design options for fiscally affordable roll-out of universal social protection, including in rural areas. Through developing an enabling environment and a costed business case for universal social protection, the Joint Programme facilitates the acceleration of progress towards achieving the target SDGs in Kenya. The programme seeks to strategically contribute towards the realization of the country's Big Four Agenda. The programme has a strong emphasis on government leadership through engagement across several ministries, departments, and agencies. Further, the programme works to develop strategic linkages with relevant private sector stakeholders, through avenues such as the SDG Partnership Platform, to explore financing options including more efficient use of current resources and options for greater engagement of private sector partners in the social protection ecosystem¹³.

The United Nations agencies involved in the programme include: World Food Programme(WFP), Food and Agriculture Organization(FAO), International Labour Organization(ILO) and United Nations Children's Education Fund(UNICEF). The national programme partners include: Ministry of Labour and Social Protection (ML&SP); National Social Security Fund(NSSF); National Hospital Insurance Fund(NHIF); Ministry of Agriculture, Livestock & Fisheries; Ministry of Health; Ministry of Education; Ministry of Public Service, Youth & Gender Affairs; The National Treasury and Planning; Ministry of Devolution and Arid and Semi-Arid Lands.

2.4.1 Joint programme work

In line with the project work plan, the Joint Programme, in its first year, commissioned a series of analyses and assessments to increase the evidence base on the potential benefits of an inclusive social protection system and they include¹⁴:

- The comprehensive gender assessment of the social protection sector in Kenya. The study examines the extent to which the social protection delivery systems generate disaggregated data and indicators by sex, age and disability; and will build a solid investment case for gender-responsive social protection in Kenya.
- The feasibility study to inform the design of the Universal Child Benefit (UCB).
- Conducting an assessment to propose design options for linkages and referral mechanisms within the social protection sector in Kenya.

¹³JOINT SDG FUND: Joint Programme Document. file:///C:/Users/pc/Downloads/Kenya%20-%20ProDoc%20-%20PSP%202019%20KEN_GW%20(1).pdf

¹⁴Joint Programme Quarterly Check: Portfolio on Integrated Social Protection & LNOB, Period: Q1/2021

- Conducting a comprehensive social security gap analysis by the Central Organization of Trade Unions in Kenya (COTU-K) with an aim of developing a business case to enhance advocacy for increased coverage and adequacy of benefits for formal and informal economy workers.
- Conducting an assessment on social protection coverage for rural and informal economy workers and identify barriers to access and develop policy options to increase social protection coverage for rural and informal economy workers.
- Undertaking the midline impact evaluation of the 70 years and above cash transfer programme to generate evidence on the impact of cash transfers on older persons and their households.
- Engagement with the National Hospital Insurance Fund (NHIF) on how to expand social health protection coverage for uncovered groups to include recipients of social assistance, informal economy workers, refugees, and host communities.
- Conducting feasibility study for a Community-Based Health Insurance (CBHI) in Garissa, that will link to NHIF and its mainstreaming into the National Safety Net Programme (NSNP) programmes.
- Development of communication and advocacy strategy to support the maternal and child health-oriented *Linda Mama* programme.
- Holding a series of webinars for 2021 to be hosted by the Kenya Community of Practice (CoP) kicked off in this quarter. In March, stakeholders from government, research organizations, development partners and civil society participated in a session examining the opportunities for social protection following the Covid-19 crisis. This webinar highlighted targeting and registration for integrated programming, lessons learned from linking social protection to humanitarian cash and voucher assistance; regulator's perspectives on pension schemes; and multi-agency approaches in financing and sustainability
- Holding discussions with the Government on setting up the Kenya Integrated Agriculture Management Information System (KIAMIS) for the identification and registration of farmer and management of agricultural subsidies and cash transfers. The system will be linked to the Enhanced Single Registry (ESR) - the central and coordinating Management Information System (MIS) for social protection in Kenya - to strengthen the linkages between social protection, agriculture, and livelihood opportunities.
- Having engagement on disability data disaggregation on the Enhanced Single Registry which will include capturing beneficiary data on whether they have a disability, type, and severity. The ESR interface that allows data sharing has been validated and this creates room for discussions with government on linkages to disability-disaggregated data.
- Designing the Kenya National Survey for Persons with Disabilities. ILO is also offering technical support to the Ministry of Labour and Social Protection on the development of a support needs and personal assistance assessment for persons with disability.
- Initiate dialogue with trade unions on disability with the aim of enhancing the latter's capacity in advocacy for workplace accommodation within enterprises and in collective bargaining frameworks as well as advocacy on increased employment of Persons With

Disability (PWDs) and retention of those who acquire disability at work. This also enhances work towards reform of the occupational illness and injury compensation system.

- The linkage between ESR and the other databases including utilization of the ESR in advancing the Universal Health Coverage (UHC). The ESR facility has been used to register potential UHC beneficiaries in Nairobi, Nakuru and Homabay counties.
- Holding high-level tripartite consultative meeting on the proposed establishment of a framework for unemployment insurance in Kenya. This was convened by the Cabinet Secretary Ministry of Labour and Social Protection and bringing on board the Ministry of Labour and Social Protection, Federation of Kenya Employers(FKE) and the Central Organization of Trade Unions in Kenya. The objective was to build consensus on the establishment of Unemployment Insurance Fund (UIF) for which a cabinet memo for establishment of UIF has been approved. The tripartite partners provided the goodwill to proceed with the process to include conducting a feasibility and actuarial analysis, labour market analysis and assessment on legislative requirements to guide design of the UIF. A Multi-Agency Technical Committee on Establishment of Unemployment Insurance Fund has been established and roadmap developed.
- Conducting a comprehensive social security gap analysis by the Central Organization of Trade Unions in Kenya (COTU-K) with an aim of developing a business case to enhance advocacy for increased coverage and adequacy of benefits for formal and informal economy workers. The final report is expected from COTU-K which will be disseminated and used to inform the development of advocacy briefs and conduct subsequent advocacy activities.

2.5 Definition of key gender concepts

2.5.1 Gender

Gender is a socio-culturally constructed relationship which distinguishes differences in the attributes of men and women, girls and boys. Gender differences are not biological and can change over a period of time. Gender also influences the different roles which are assigned to both men and women in different societies.¹⁵

2.5.2 Gender assessment

Gender assessment entails a gender review of on-going or recently concluded programmes. The aim is to establish how a programme incorporates gender dynamics in its design and implementation. The exercise may result into the identification of new opportunities to improve future projects and at the same time highlight successes and gaps in programming.¹⁶

¹⁵ FAO (1997). *What is Gender?* Available at <http://www.fao.org/3/y5608e/y5608e01.htm>. Accessed on 15th March 2021.

¹⁶ ACDI/VOCA (2012). *Gender Analysis, Assessment and Audit Manual & Toolkit*. Available at <https://www.acdivoca.org/2012/07/gender-analysis-assessment-and-audit-manual-toolkit>. Accessed on 14th March 2021.

2.5.3 Gender analysis

Gender analysis involves data collection and processing with a focus on disaggregation of data by sex in order to understand gender differences. Gender analysis is important because it may avoid negative impacts that programmes and policy interventions may have on women or men. Apart from quantitatively mapping out the current situation, gender analysis should also raise questions about the influencing factors and cause effects of gender-related differences. A gender analysis is a requirement in developing equality goals and focused planning.¹⁷

2.5.4 Gender mainstreaming

Gender mainstreaming involves the integration of a gender perspective into programmes, policies, regulatory measures and evaluation. Gender mainstreaming allows for the view of both women and men to be taken into consideration in project preparation, design and implementation as well as monitoring and evaluation thus promoting gender equality and combating discrimination.¹⁸

2.5.5 Gender equality

Gender parity ensures that the needs, priorities and interests of boys and girls, men and women are given due consideration while recognizing the diversity that exist among members of human society. It involves the process whereby the society treats and values men and women equally.¹⁹

2.6 Gender dynamics in Social protection

Social protection is increasingly being used globally as strategy towards the attainment of gender equality and women's economic empowerment. Evidence is still lacking on how social protection programmes reflect in their design and implementation the multidimensional ways that risks and vulnerabilities are gendered²⁰. A gap still exists as development of gender responsive social protection policies and related intervention programmes has been generally slower in developing countries, particularly within Sub-Saharan Africa (SSA). This slow progress has been attributed to cultural and social norms which are responsible for the marginalization of women and girls by creating multiple obstacles which limit their access to opportunities, decision making and resources.²¹

¹⁷ European Institute for Gender Equality (2016) *Institutional Transformation Gender Mainstreaming Toolkit*. Luxembourg: Publications Office of the European Union. Available at <https://eige.europa.eu/publications/institutional-transformation-gender-mainstreaming-toolkit>. Accessed on 15th March 2021.

¹⁸ European Institute for Gender Equality (2016) *Institutional Transformation Gender Mainstreaming Toolkit*. Luxembourg: Publications Office of the European Union. Available at <https://eige.europa.eu/publications/institutional-transformation-gender-mainstreaming-toolkit>. Accessed on 15th March 2021.

¹⁹ UNICEF (2017). Glossary of Terms and Concepts. Available at <https://www.unicef.org/rosa/media/1761/file/Gender%20glossary%20of%20terms%20and%20concepts%20.pdf>. Accessed on 15th March 2021.

²⁰ World Bank. (2015). *The State of Social Safety Nets 2015*. Washington, DC: World Bank.

²¹ Paula, A. O. (2015). *Empowering rural women through social protection*. Food and Agriculture Organization of the United Nations, Rome, Italy.

Majority of the women work in the informal economy which are characterized by low-paid or unpaid and irregular work; they have less access to income and assets; and perform the bulk of the unpaid care work that sustains their households.²² Social protection has the potential to contribute to decreasing intimate partner violence as well as changing gender roles through increased income and livelihood opportunities for women and increased school attendance for girls.²³

Designing a successful and sustainable gender-responsive social protection programme can benefit a lot through the adoption and integration of a gender lens perspective.²⁴ There is need to consider various household gender dynamics while selecting the recipients of household cash transfers. Simply making women the formal recipients of cash transfers may not directly empower them due to entrenched intra-household gender-based power dynamics which may determine who decides how to spend the income²⁵. Sometimes social norms tend to constrain women's control over resources, thus prohibiting them from benefiting as much as men from traditional transfers or grants.

Households are not unitary but collective entities and social protection programmes and especially household cash transfers may occasion a shift in intra-household bargaining power and decision-making and by extension gender relations within the household²⁶. The ability to make choices may have multiple implications on a variety of outcomes, including domestic abuse, social relations, allocation of resources and labour, reproductive health rights including marriage and pregnancy choices and sexual behavior²⁷. However, the practice of directing cash transfers to women do not appear to have resulted into more domestic violence in LMIC including Latin America or South Africa despite the prevailing fears that targeting women only

²² Holmes, R. and Jones, N. (2010). *Rethinking social protection from a gender lens*. ODI working paper No 320.

²³ Munoz Boudet, P. Buitrago, P. Benedicte, L. Briere, D. Eliana R. Kinnon and S. Suarez-Becerra (2018). *Gender Differences in Poverty and Household Composition through the Life-cycle A Global Perspective*. World Bank. Available at <https://openknowledge.worldbank.org/bitstream/handle/10986/29426/WPS8360.pdf?sequence=1&isAllowed=y>. Accessed on 10th March 2021.

²⁴ Newton, J. (2016). *Making Social Protection Gender Sensitive for Inclusive Development in Sub-Saharan Africa*. Available at <https://includeplatform.net/wp-content/uploads/2019/07/INCLUDE-GRF-Newton-Making-Social-Protection-Gender-Sensitive.pdf>. Accessed on 10th March 2021.

²⁵ Bastagli, F., J. Hagen-Zanker, L. Harman, V. Barca, G. Sturge, T. Schmidt and L. Pelserano (2016). *Cash transfers: What does the evidence say? A rigorous review of programme impact and of the role of design and implementation features*. Overseas Development Institute. London. available at <https://www.odi.org/sites/odi.org.uk/files/resource-documents/10749.pdf>. Accessed on 10th March, 2021.

²⁶ Kabeer, N., C. Piza, and L. Taylor (2012). *Systematic review What are the economic impacts of conditional cash transfer programmes? A systematic review of the evidence*. *Journal of Development Effectiveness*, 7:3, 290-303.

²⁷ Molyneux, M., 2007. *Change and continuity in social protection in Latin America: mothers at the service of the state*. Development, UNRISD.

in cash transfers may lead to more conflicts over household resources.²⁸ Productive Social Safety Net (PSSN) being implemented by Tanzania Social Action Fund (TASAF) is considered as one of the social protection programmes from LMIC which has made significant step in promoting gender equality and women's economic empowerment. Cash transfer programmes to male heads of households may not always translate to direct benefits to female members and children from the same households²⁹.

2.7 COVID-19 response through gender-sensitive social protection programmes

People's livelihood activities have been interrupted due to a raft of measures aimed at mitigating the spread of COVID-19. Such measures include; social distancing, lockdowns, closure of enterprises, disruption in movement of people and goods across boundaries among others measures. The informal sector has been significantly affected yet it attracts a significant number of men who are often the sole breadwinners in their households. This has had a great impact on such men and their spouses as they have lost their sources of livelihoods. At the same time, most women are engaged in the informal sector such as agriculture, hospitality, transport, manufacturing or micro and small enterprises which are characterized by inadequate social protection measures or access to/provision of safety nets. The Impact of COVID-19 on this category of women has been great.

Vulnerabilities and inequalities including gender disparities have been exacerbated at all levels by Covid-19. It is believed that implementing an effective shock-responsive social protection will contribute greatly in cushioning people and especially the most vulnerable. This response must take into account the gender dimensions and acknowledge that different genders experience different challenges during crises which must all be tackled adequately. The Social Protection Inter-Agency Cooperation Board (SPIAC-B) through a joint statement committed to prioritize gender, disability, age and other vulnerabilities while conducting need assessment aimed at supporting decisions making and targeted COVID-19 responses.³⁰

2.8 An overview of the Social Protection Landscape in Kenya

Despite positive economic growth and sectoral achievements, poverty persists in Kenya with 36% of Kenyan citizens living under the national poverty line³¹. An estimated 12% of Kenyans are food-insecure and have poor food-consumption levels and low dietary diversity.

²⁸Thakur, S.G, C. Arnold and T. Johnson (2009). Gender and Social protection. pp. 167-182 “ in DAC Povnet 2009;

²⁹Mayamba, F. (2019): Promoting women's economic empowerment through social protection. Lessons from the productive social safety net program in Tanzania: available at <https://www.unicef-irc.org/article/1950-empowering-women-through-social-protection.html>. Accessed on 9th March 2021.

³⁰SPIAC-B (2020). *A Joint Statement on the Role of Social Protection in Responding to the COVID-19 Pandemic*. Available at https://themimu.info/sites/themimu.info/files/social-protectionpublic/Joint_SPIAC-B_COVID-19_statement.pdf. Accessed on 9th March 2021.

³¹ Republic of Kenya, 2018, Towards Zero Hunger Strategic Review, Kenya cited in JOINT SDG FUND: Joint Programme Document - file:///C:/Users/pc/Downloads/Kenya%20-%20ProDoc%20-%20PSP%202019%20KEN_GW%20(1).pdf

Malnutrition is directly linked with poverty and remains a challenge with higher rates of stunting seen in children under the age of five in rural areas (29%) as opposed to urban areas (20%).³² Children living in female headed households are more likely to experience poverty.³³

2.8.1 National Social Protection Sector review

A review of the social protection sector undertaken in 2017 indicates that social protection sector in Kenya has recorded positive growth during the recent years. The report indicates that the Country has made progress in building an effective and robust nationally-owned social protection system. The sector has grown from being dominated by a few larger programmes such as the National Social Security Fund (NSSF), Civil Service Pension (CSP) and the National Hospital Insurance Fund (NHIF) to include more lifecycle transformative programmes.³⁴

The social protection landscape in Kenya is witnessing a major paradigm shift as interventions move beyond cash transfers to an integrated social protection system based on an inclusive rights-based and lifecycle approach. The changes include the introduction of innovative graduation models and a renewed attention on shock-responsive programming. The social protection schemes which offer income transfers falls within the two broad categories which consist of social assistance schemes financed from tax revenues and contributory schemes which are financed by individual member contributions (NHIF and NSSF).³⁵

The Draft National Social Protection Investment Plan (NSPIP) provides a roadmap for expanding the social protection sector to maximise the economic, social and political benefits from the additional investment in Kenya by the year 2030. The Government proposes to build a multi-dimensional and modern, social protection system which is financed from the exchequer and contributions made to social insurance and private schemes by individual members. The plan provides for enhancement of linkages between the social protection sector and investing in socially protective programmes across sectors. The plan has identified major social protection programmes and other supportive schemes which are socially protective but situated in various sectors.

³² Republic of Kenya, 2018, Towards Zero Hunger Strategic Review, Kenya cited in JOINT SDG FUND: Joint Programme Document - file:///C:/Users/pc/Downloads/Kenya%20-%20ProDoc%20-%20PSP%202019%20KEN_GW%20(1).pdf

³³ Ministry of labour and social protection (2017). Kenya social protection sector review report. Available at <https://www.developmentpathways.co.uk/wp-content/uploads/2019/10/Kenya-Social-Protection-Sector-Review-Report-1.pdf>. Accessed on 8th March 2021.

³⁴ Ministry of labour and social protection (2017). Kenya social protection sector review report. Available at <https://www.developmentpathways.co.uk/wp-content/uploads/2019/10/Kenya-Social-Protection-Sector-Review-Report-1.pdf>. Accessed on 8th March 2021.

³⁵ Ministry of labour and social protection (2017). Kenya social protection sector review report. Available at <https://www.developmentpathways.co.uk/wp-content/uploads/2019/10/Kenya-Social-Protection-Sector-Review-Report-1.pdf>. Accessed on 8th March 2021.

2.8.2 Coverage of broad social protection pillars in Kenya

This section highlights non-contributory tax-financed benefits (social assistance) and contributory schemes (social insurance) within the social protection landscape in Kenya.

2.8.2.1 Cash transfer programmes

The government established the National Safety Net Programme (NSNP) in 2014 to enhance social protection in Kenya which is part of strategic policy decision and gradual expansion of the sector dating back to 2004. The Government of Kenya currently has four major cash transfer programmes and they include: Orphans and Vulnerable Children Cash Transfer Programme (CT-OVC), Older Persons Cash Transfer Programme (OP-CT), Hunger Safety Net Programme (HSNP) and Persons with Severe Disability Cash Transfer Programme (PWSD-CT). HSNP has a geographical coverage of 4 counties (Turkana, Marsabit, Wajir, Mandera) and is in the process of expanding to an additional 4 (Isiolo, Marsabit, Garissa and Tana).

Table 1: Distribution of beneficiaries of Conditional Cash Transfer Programmes (CCTP)

	Number of households	Male recipients	Female recipients	Beneficiaries living with disability
CT-OVC	293,688	-	-	-
OP-CT	762,947	-	-	-
PWSD-CT	33,952	-	-	33,952
Total	1,090,587			

Source: Interview with CCTP MIS staff.

2.8.2.2 National Social Security Fund (NSSF)

The number of registered contributors to the National Social Security Fund (NSSF) increased by 3% to 4,068,400 in 2017/18 from both the formal and informal economy³⁶. This is an improvement from 2016 when the scheme had 2.3 million registered members representing around 10 per cent of the country's total work force.³⁷ Member contributions grew by 3.7 % from Kes.13.55 billion in 2017 to Kes.14.04 billion in 2018³⁸. The government should work with stakeholders to establish a regular pension scheme that would enable all workers from

³⁶ Joint Programme Document - file:///C:/Users/pc/Downloads/Kenya%20-%20ProDoc%20-%20PSP%202019%20KEN_GW%20(1).pdf

³⁷ Ministry of labour and social protection (2017). Kenya social protection sector review report. Available at <https://www.developmentpathways.co.uk/wp-content/uploads/2019/10/Kenya-Social-Protection-Sector-Review-Report-1.pdf>. Accessed on 8th March 2021.

³⁸ NSSF (2019). 2017-2018 Annual Report and Audited Financial Statements file:///C:/Users/pc/Downloads/NSSF%20ANNUAL%20REPORT%20AND%20FINANCIAL%20STATEMENTS%20FOR%20THE%20YEAR%20%202017-2018.pdf

both formal and the informal sectors to be able to enroll and contribute to NSSF. Coverage of social security and benefit levels remain limited and need to be addressed.

2.8.2.3 National Hospital Insurance Fund (NHIF)

It is estimated that about 39 per cent of the population in Kenya are accessing the National Hospital Insurance Funds (NHIF) which currently has a turnover range of between 0.2-0.3 per cent of the Gross Domestic Product.³⁹ This is an impressive improvement compared to 17 per cent coverage as per the 2012 social protection sector review report⁴⁰. The Government's strategy to increase enrollment to NHIF is showing good results as the number of registered principal members reached 7,657,463 by end of June 2018. This means that NHIF currently covers a total of over 25 million Kenyans including the principal beneficiaries, their spouses and children aged below 18 years.⁴¹ The Economic Survey conducted in 2019 revealed that NHIF membership from the formal sector rose by 4.3% compared with a 23.3% rise in the informal sector from 2015/16 period⁴².

2.8.3 Management Information Systems for Social Protection

This section highlights the following management information systems: Enhanced Single Registry Management Information System (ESR MIS), Consolidated Cash Transfer Programme Management Information System (CCTP MIS), Community Development Management Information System (CDMIS), Child Protection Information Management System CPIMS and Hunger Safety Net Programme Information Management System (HSNP MIS).

2.8.3.1 Community Development Management Information System (CDMIS)

CDMIS is still in the early stages of development. Once complete, CDMIS will have the following modules:

- Social register
- Economic inclusion
- Disability Development Program and Rehabilitative Services
- Community Capacity Support Development
- Family Promotion and Social Welfare

³⁹ Ministry of labour and social protection (2017). Kenya social protection sector review report. Available at <https://www.developmentpathways.co.uk/wp-content/uploads/2019/10/Kenya-Social-Protection-Sector-Review-Report-1.pdf>. Accessed on 8th March 2021.

⁴⁰ Ministry of labour and social protection. Social protection sector review report 2012. <https://openknowledge.worldbank.org/bitstream/handle/10986/16974/837710WPOP12150Box0382105B00PUBLIC0.pdf?sequence=1&isAllowed=y>

⁴¹ NHIF (2018). Strides Towards Universal Health Coverage for All Kenyans. Available at http://www.nhif.or.ke/healthinsurance/uploads/notices/NHIF_Performance_Report_2018_08.08.2018.pdf. Accessed on 7th March 2021.

⁴² Joint Programme Document - file:///C:/Users/pc/Downloads/Kenya%20-%20ProDoc%20-%20PSP%202019%20KEN_GW%20(1).pdf

Child Protection Information Management System (CPIMS)

At the community level, the Child Protection Volunteer (CPV) or any other reporter collects data on child protection cases and forwards to the Sub-county children officer. The Sub County Children officer fills in the Case Record Sheet and enters the data into the Child Protection Information Management System (CPIMS). Cases emanating from other line Ministries including Civil Registration, Police, Immigration, Education and Health are referred to the Sub-County Children Officer (SCCO) for documentation. All caseload reports are compiled by the 5th day of every month. Data quality is managed through Routine Data Quality Assessment (RDQA's) and quarterly Technical Working Group Meeting. Data is disseminated through the Sub County and County Level Area Advisory Committees. At the national level, the data is shared with other child protection agencies and partners to inform child protection programming and interventions⁴³.

CPIMS is used by Children Officers to capture information of children's right violation cases that are reported to the children officers by various actors at the community level.

- The CPIMS stores information on reported cases affecting children from all the 47 counties in Kenya.
- A total of 45 different case categories are documented in CPIMS. Most cases are related to violence against children.
- The DCS have developed a software application which can be installed in phones and can be downloaded from google play store and report cases affecting children
- Cases are either reported to the chief, children Officers and the police, all these agencies work together
- The data can be printed from the original tool and then filed.
- All children's officers at the Sub-County level have been trained on case management
- The data from CPIMS goes to a portal which is (data.childprotection.go.ke). The data can be accessed but without the details of the children such as their names and other personal information.
- The directorate has published the 2016-2019 child protection report and is available in the portal.
- CPIMS will be integrated with Nutritional Integrated Child Health Education (NICHE), Conditional Cash Transfer Program Management Information System (CCTP MIS) and Hunger Safety Net Programme (HSNP).

⁴³*Ministry of Labour and Social Protection (2020). Child Protection Report 2016-2019.*
<https://laboursp.go.ke/wp-content/uploads/2021/03/Child-Protection-Report-2016-2019.pdf>

Data Collection tools

There are various tools for data collection and reporting. These include:

- Child Protection Information Management System (CPIMS)
- Admission registers
- CCI Population return forms
- Bursary application form 11
- Foster care forms
- Case Record Sheet

Tools for Reporting

- CPIMS caseloads
- Excel caseload reporting tool
- CCI Population return form
- Statutory Institution Population return sheet
- Presidential Secondary School Bursary Reports

2.8.3.2 Conditional Cash Transfer Program Management Information System (CCTP MIS)

CCTP MIS automates various functions of the CCTP (CT-OVC, OPCT and PWSD-CT) from the time the beneficiary is identified as a cash transfer beneficiary to the time they are exited from the program. The MIS Section ensures that this system is functional, secure and available at all times to all users at National, County and Sub-County Levels. The MIS Section is also responsible for scheduling auto production of management reports as per the desired output frequency as well as generation of ad hoc reports as required by decision makers⁴⁴. CCTP MIS links to the single registry. User Acceptance Test (UAT) for CCTP MIS was conducted and data migration carried out in January 2021. Figure 1 below shows the different modules of CCTP MIS.

⁴⁴ Ministry of Labour and Social Protection (2019). Revised Operations Manual for Consolidated Cash Transfer Programme.

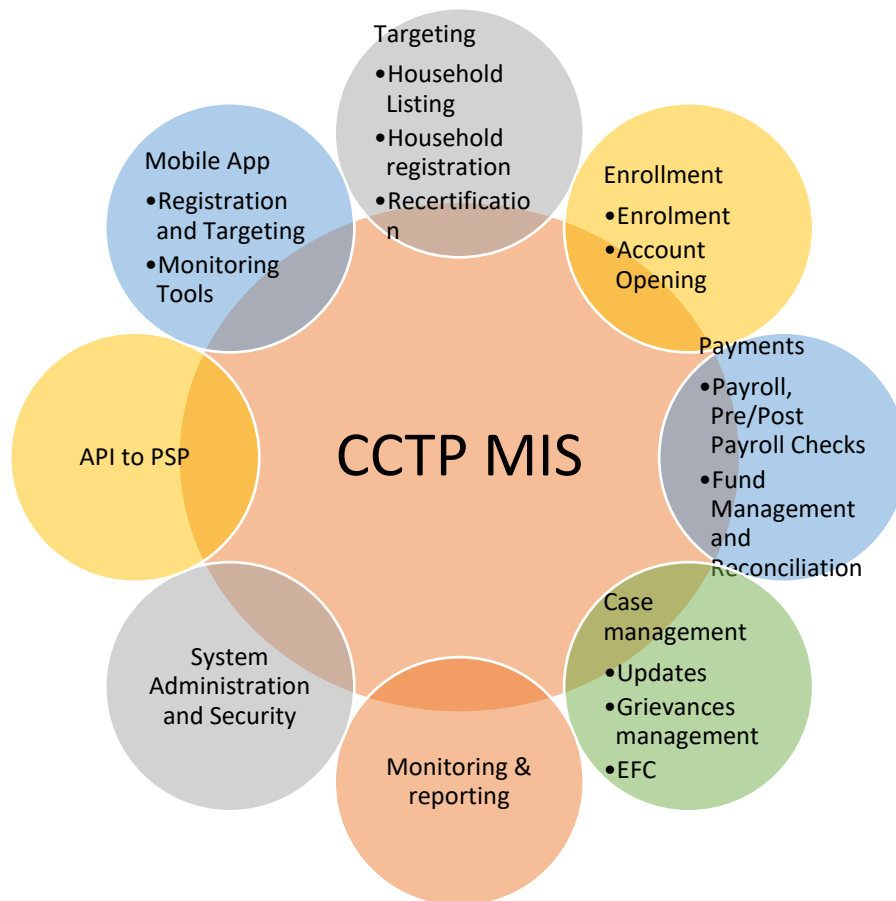


Figure 1: CCTP MIS Module and sub-modules: Adopted from CCTP MIS operation manual

Table 2: Function of CCTP MIS System (Adopted from CCTP MIS operation manual)

Module	Function
Household Registration	Verified accurate information on every member in a household
Targeting	Identification and selection of poor and vulnerable beneficiaries who need government assistance
Enrolment	Enrolment of eligible beneficiary households to receive bank accounts by payment service providers
Recertification	Rescreening of existing beneficiaries to check that they should continue receiving government assistance
Payment	Process payments to beneficiary households on a regular schedule
Fund Management	Proper and transparent accounting of allocated funds for all cash transfer programmes
Case Management	Timely updates of beneficiary household information and resolution of grievances by beneficiaries and caregivers, supported by verifiable documentation
Monitoring and Reporting	Provide reports as prescribed in the M&E strategy for CCTP. Provides an authoritative repository for all monitoring reports. These reports are presented in form of charts, tables and maps and can be exported to pdf or excel for ease of dissemination
Mobile App	This is a complementary tool for targeting and registration as well as monitoring. Information collected using this tool is automatically updated into the relevant module of CCTP MIS

2.8.3.3 The integration of Nutrition Improvements through Cash and Health Education (NICHE) with CCTP MIS

- NICHE target children from households who are already beneficiaries of GoK CCTP and also HSNP.
- It is a case transfer programme targeting Maternal and Child Health (MCH)
- The NICHE was in the pilot stage it is when greater expansion is being planned
- The NICHE-is a new programme and the directorate has started registration of beneficiaries.
- Only the registration module of NICHE has been rolled out
- There is a NICHE subsystem module which is found within CCTP MIS
- NICHE is very unique and has concurrent set of steps
- In reality NICHE is part of CCTP MIS
- There is NICHE operation manual (it is a unique manual with a number of stakeholders)
- It also has an integration with both ESR through CCTP MIS and HSNP- An ecosystem where all these systems can speak to each other.
- NICHE will use CCTP MIS payment module
- NICHE will use all modules in CCTP MIS

2.8.3.4 Hunger Safety Net Programme Management Information System (HSNP MIS)

Hunger Safety Net Programme (HSNP) falls under the National Drought Management Authority(NDMA). HSNP is currently operated in 4 Counties with additional 4 expected to be added. HSNP has a social register which shall be expanded to include information on household's conditions from other 39 counties. The social register is poverty driven. The register helps in identification of beneficiaries of HSNP and also during emergency e.g. draught and floods.⁴⁵ The HSNP registration uses a modified version of the harmonized targeting mechanism, a tool that was developed to support targeting across Social Protection Programmes in Kenya.

Registration is voluntary and all households in the four targeted counties willing to be registered will be enrolled in the HSNP database. The registration is being undertaken by NDMA. Technology has been employed with coordinates being taken for all the households for ease of monitoring. Data collected from the households will also be used by Government and other agencies involved in drought intervention and other development programmes targeting the four counties. Registration data includes information on; geographic locations of households (especially GPS coordinates) and demographic profiles (name, age, sex, ID, education, employment, disability) assets and other information⁴⁶. Table 3 shows the functional structure of HSNP MIS.

Table 3: Functional structure of HSNP MIS

Cash Payments	Delivery of regular and emergency cash in HSNP is through fully operational bank account accessible with an ATM card, at the payment agents in the Sub-locations or over the counter of a local bank
Case Management	Mechanisms to manage updates and complaints from both beneficiaries and non-beneficiaries in the communities.
Communications	The revised HSNP communications strategy deals with all communications needs from the International, National to the grassroots levels.
Registration & Targeting	Using agreed upon selection criteria, data provided is used to generate the list of beneficiaries reflecting the household socio-economic status.
Emergency Scale-ups	Other than normal cash transfers, one of the major objective of HSNP is to rapidly scale-up to additional vulnerable households in times of crisis.
Measurement & Evaluation	Independent evaluation to provide evidence on programme performance and impact for use by all programme stakeholders.

⁴⁵ National Draught Management Authority. Hunger Safety Net Programme: <http://www.hsnp.or.ke/>

⁴⁶National Draught Management Authority. Hunger Safety Net Programme <http://www.hsnp.or.ke/index.php/our-work/registration-targeting>

2.8.3.5 Enhanced Single Registry Management Information System (ESR MIS)

ESR MIS came in place in 2012 and the aim was to harmonize the information on various social protection programmes within State Department of Social Protection (SDSP). This was meant to reduce fatigue created by different programmes in communities and create synergy to avoid double dipping. The targeted beneficiaries are from poor households within communities. The SDSP collaborates with communities to identify poor households who are then brought under the single banner. The data collected is about the conditions of the households. The system currently has information from the following programmes: Cash Transfer for Orphans and Vulnerable Children (CT-OVC), Older Persons Cash Transfer Programme (OPCT), Persons with Severe Disability Cash Transfer (PwSD-CT) – which are under the Ministry of Labour and Social Protection and Hunger Safety Net Programme (HSNP) – under the National Drought Management Authority (NDMA). The Single Registry joins key information on registration and enrollment, payments, complaints and grievances and case management for the beneficiaries as well as a link to the Integrated Registration Service (IPRS) to validate beneficiary national ID details.

Social policy modules collect information on potential beneficiaries in terms of household conditions. ESR has access to census tools which are very comprehensive. The harmonized tools are customized from census tool and collect information on IDs, age of children, documentation such as birth certificate, the conditions of every household, persons who require 24-hour care (Critically ill, severe disability), education level, income level, occupation among others. It can give welfare ranking for different categories of the populations based on household data.

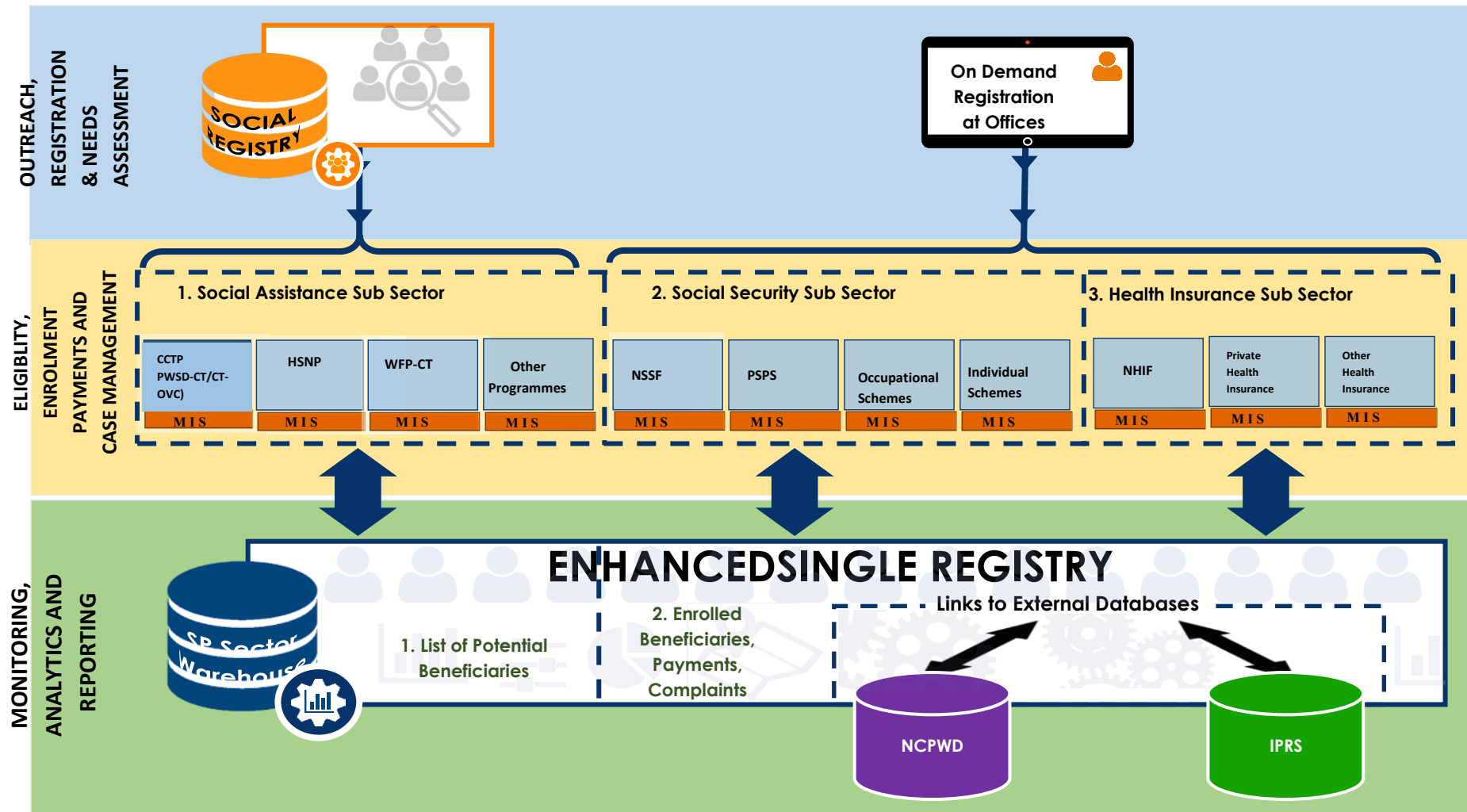
The following are some of the benefits of the Single Registry:

- Efficient program monitoring
- Reduced double registration
- Increased transparency and accountability
- Seamless and efficient transfer of data
- Enhanced quality of operations and services for field officers
- Baseline Data for future programs

At present, the single registry links programs in the social assistance component of social protection. Going forward, linkage to other components of social protection will be sought such as social security and health insurances⁴⁷. Figure 2 shows the proposed outlook for ESR MIS which is still under development.

⁴⁷ Ministry of Labor and Social Protection. Enhanced Single Registry.
<https://www.socialprotection.or.ke/single-registry>.

Figure 2: Model of an integrated information system in Kenya: Enhanced Single Registry for Social Protection



Source: Adopted from WFP slide presentation to the Consultant

2.8.3.5. Data gaps in the existing MISs

The analysis of the available literature indicates that data contained in various MIS within the social protection sector are not disaggregated by sex, age and disability. There is need to have such data disaggregated to inform planning, policy and programming. Disaggregated data makes it much easier to detect inequalities which may exist among different segments of the population in a society and shall be the first step in mainstreaming gender in the social protection sector. Evidence-based and data-driven policy development processes create sustainable avenues for interventions that are gender, age and disability -responsive. Lack of age, sex and disability-specific data in the MISs is a major barrier to accurately take into account these elements.⁴⁸

2.8.3.6 Grievances and Case Management

The purpose of the G&CM mechanisms is to ensure that beneficiaries and communities have access to appropriate channels through which to voice grievances or concerns about the programme and case management. The CCTP provides different avenues through which beneficiaries and the community can lodge grievances or cases either directly or indirectly. The mechanism is open to the whole community and is designed to be accessible and simple to use⁴⁹.

Grievance Categories

- (i) Grievances;
- (ii) Service Requests
- (iii) Updates; and
- (iv) Complaints

Beneficiaries and the community should be made aware of the differences in the various complaint channels accessible to them (this also allows them to decide the most suitable channel to use for grievances). The access channels include:

- i. Talk to a Beneficiaries Welfare Committee (BWC) member;
- ii. Visit the SCOs
- iii. Visit the SAU or, Ministry headquarters;
- iv. Visit the national and county offices of the National Council for Persons with Disabilities;
- v. Other relevant government agencies
- vi. By post to The SAU or the Ministry;
- vii. Via telephone (using a toll-free number, 1533).
- viii. Through email to SAU (inuajamii@socialprotection.go.ke)

⁴⁸ Ministry of labour and social protection (2018). *National Social Protection Investment Plan*.

⁴⁹ Ministry of Labour and Social Protection (2019). Revised Operations Manual for Consolidated Cash Transfer Programme.

The toll-free line provides a route for people to raise concerns that are independent from direct local programme administration. Standard grievance and case management forms will be used to manually record issues received at the Sub-county level. The respective forms will be scanned and updated into the G&CM module by the SCOs in the Sub-counties, alongside other supporting documents.

Resolution and Escalation Process

Location level: At this level, where possible, BWC members will try to resolve issues directed to them and provide feedback to the complainant. The BWC will meet after payment cycle to review and adjudicate on issues directed to them. Resolved issues will generally be those where there is an information deficit and resolution can be provided by giving information on matters like payment dates, enquiry on change management or issues on general program information. Issues that cannot be resolved by a BWC member or the Committee will be forwarded to the SCOs.

Sub-County and County levels: At the sub-county level, the SCOs will document reported issues through the grievance and case management form and capture the same into the G&CM module with resolution provided.

National Level: At the national level, the G&CM team will be responsible for reviewing the resolutions provided by the Sub-county and County levels and authorizing the approvals given by CCs for implementation into the system or provide feedback on issues escalated. Grievance and case Management structure is provided in figure 3.

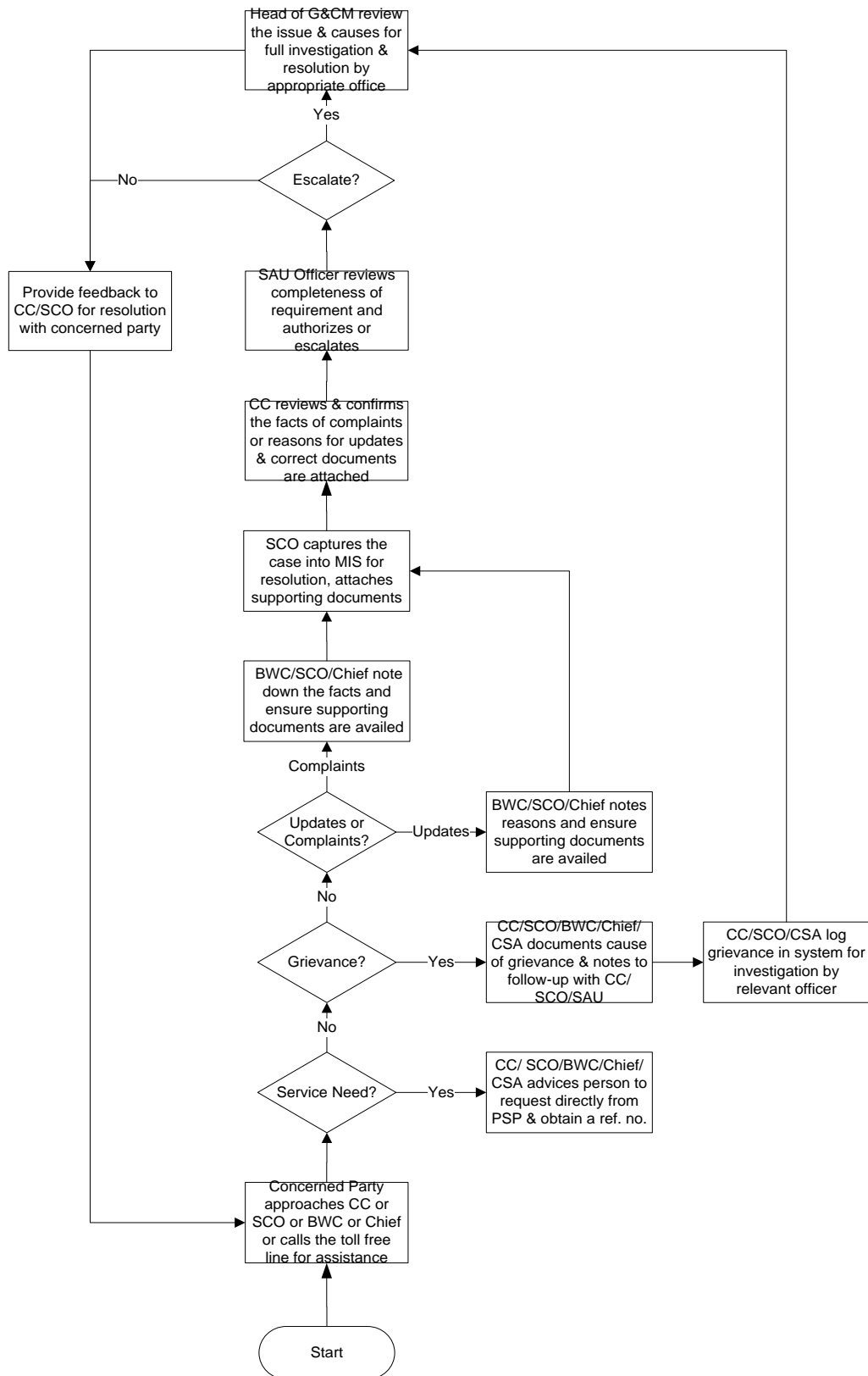


Figure 3: Grievances and case management process: Grievances and case management process: Adopted form revised CCTP MIS Operation Manual

2.9 The role of social protection in addressing adolescent challenges

There are various unique challenges facing the adolescents in the society today including: Poor education and training opportunities, lack of sexual and reproductive health education and facilities, lack of participation in key decision-making organs, early teenage pregnancies and exposure to sexually transmitted infections. HIV/AIDS contributes to 50% or half of the global mortality among the adolescents.⁵⁰ Boys are also exposed to risks due to harmful social norms and violence. Boys from low income households sometimes drop out of school to earn money in low paid sectors of the economy with few prospects. Complications associated with teenage pregnancies and childbirth are the leading cause of death of girls aged 15 to 19 years worldwide⁵¹. Sub-Saharan Africa has the highest global rate of teenage pregnancy thus there is need for the region to institute strategies aimed at accommodating pregnant and young mothers in school.⁵²

Interventions such as sex or relationship education for the adolescent work well when developed with input of young girls and boys. The focus should be on sexual and reproductive health of the adolescent girls. There is need to strengthen policies and programmes which focus on adolescents. Such policy interventions must be gender-responsive through identification of clear context-based priorities by providing the adolescents with voice and representation in policy processes. Policies should integrate relevant state and departments. Finally, there is need to improve data collection on adolescents disaggregated by sex, age and disability.⁵³

The outbreak of COVID-19 pandemic has had a great negative impact on school going children. Schools were shut down in 194 countries, affecting nearly 1.6 billion learners which is equivalent to 90 per cent of the world's pupil population.⁵⁴ Sub-Saharan Africa is home to most of the children who are out of school compared to other regions of the world.⁵⁵ The impact has been great for the most vulnerable children, especially girls whose access to education is already facing a lot of obstacles.

⁵⁰ Molyneux, M. (2019). *Adolescence: policy opportunities and challenges*. University College London. Available at <https://www.unicef-irc.org/article/1955-how-social-protection-can-work-better-for-adolescents.html>. Accessed on 4th March 2021.

⁵¹ WHO (2020). *Adolescent pregnancy*. Available at <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>. Accessed on 16th March 2021.

⁵² UNICEF (2019). Early childbearing: <https://data.unicef.org/topic/child-health/adolescent-health/>

⁵³ Molyneux, M. (2019). *Adolescence: policy opportunities and challenges*. University College London. Available at <https://www.unicef-irc.org/article/1955-how-social-protection-can-work-better-for-adolescents.html>. Accessed on 4th March 2021.

⁵⁴ UNESCO (2020). COVID-19 Impact on Education. Available at <https://en.unesco.org/covid19/educationresponse>. Includes pre-primary through tertiary. Accessed on 6th March 2021.

⁵⁵ UNESCO (2020). *Database*. Available at <http://data.uis.unesco.org/>. Accessed on 5th March 2021.

Social protection programmes should include well designed and holistic approaches to address the critical needs of the adolescents. Such interventions may include cash transfers which normally lower barriers associated to cost of education and training for young girls and lead to increases in school enrolment and use of preventative health.^{56,57,58}

Some examples of the social protection programmes to keep the girl child in school in the African region include: (1) Girl's Education South Sudan (GESS) which targets adolescents. GESS aims to transform the lives of girls through education. GESS makes cash transfer payments to girls who are enrolled and attend school regularly. The programme targets girls from primary 5-8 and Secondary 1-4.⁵⁹ (2) Girls' Education and Women's Empowerment and Livelihood (GEWEL) which is an innovative social protection response strategy being applied by the Government of Zambia to address the challenges posed by poverty and gender inequality. Another key component of GEWEL commonly referred to as Keeping Girls in School (KGS) has also yielded impressive results⁶⁰ (3) Presidential Secondary School Bursary which pays school to needy children in secondary schools in Kenya and is Coordinated by the DCS. (4) Cash plus model on youth well-being and safe, healthy transitions in Tanzania *Ujana Salama*⁶¹ programme targets the adolescent in Tanzania facing many barriers ranging from poverty, health-related risks, and barriers to schooling and lack of livelihood opportunities, early pregnancy, gender-based violence and sexually transmitted infections⁶².

⁵⁶ Mazhar, S. (2019). *Setting a clear ambition: a first step towards gender-responsive social protection*. Available at <https://www.unicef-irc.org/article/1957-setting-a-clear-ambition-a-first-step-towards-gender-responsive-social-protection.html>. Accessed on 11th March 2021.

⁵⁷ Bastagli, F., J. Hagen-Zanker, L. Harman, V. Barca, G. Sturge, T. Schmidt and L. Pelarano (2016). *Cash transfers: What does the evidence say? A rigorous review of programme impact and of the role of design and implementation features*. Overseas Development Institute. London. available at <https://www.odi.org/sites/odi.org.uk/files/resource-documents/10749.pdf>. Accessed on 10th March, 2021.

⁵⁸ Molyneux, M. (2019). *Adolescence: policy opportunities and challenges*. University College London. Available at <https://www.unicef-irc.org/article/1955-how-social-protection-can-work-better-for-adolescents.html>. Accessed on 4th March 2021.

⁵⁹ Republic of South Sudan (2020). *Cash Transfers*. Available at <https://girlseducationsouthsudan.org/activity/cash-transfers/>. Accessed on 3rd March 2021.

⁶⁰ Paris Peace Forum (2019). *Women's Empowerment and Livelihood (GEWEL) Project*. Available at https://parispeaceforum.org/porteurs_projet/girls-education-and-womens-empowerment-and-livelihood-gewell-project/. Accessed on 5th March 2021.

⁶¹ Swahili word meaning Youth wellness

⁶² The transfer project (2018). *Ujana Salama: Cash plus model on youth well-being and safe, healthy transitions*. https://transfer.cpc.unc.edu/wpcontent/uploads/2018/06/Tanzania_Cash_Plus_Baseline_Brief_English_2018.pdf?utm_source=Transfer%20Project%20Newsletter&utm_campaign=c76dbc3510. Accessed on 3rd March 2021.

3.0 The role of social protection in promoting maternal and child health

Addisse defines Maternal and Child Health (MCH) care as the health services which are provided to mothers (women in their child bearing age) and children. MCH targets all women in their reproductive age groups (15 – 49) young children, school age population and adolescents. There is a growing concern and interest in maternal and child health care especially in LMIC. The commitment towards MCH care has received great focus and support especially after the World Summit for Children held in 1991, which outlined major areas to be addressed in the provision of MCH Care services⁶³.

Sustainable Development Goals aim to reduce maternal mortality worldwide to under 70 maternal deaths per 100,000 live births over the period 2016-2030.⁶⁴ Adequate maternal health care is considered essential to reduce maternal and child mortality. Nearly 800 mothers die every day from childbirth, yet most of these deaths can be prevented by putting in place adequate social protection policies.⁶⁵ Globally, approximately 2.6 million stillbirths occur each year and LAMIC countries account for 98% of those stillbirths. Neonatal mortality currently accounts for 45 per cent of all global under-five deaths.⁶⁶ Poor and marginalized mothers and newborns bear the greatest burden of infant and maternal mortality.⁶⁷ Sub-Saharan Africa region has the highest under-five mortality rate compared to other regions in the world, with one in every 12 children dying before reaching age five. The average ratio for developed Nations is 1 in 147 every children dying before age five.⁶⁸ More than 50% of the global maternal deaths occur in Sub-Saharan Africa. An estimated 1.3 million neonatal deaths, 531,000 still births and 113,000 maternal deaths could be prevented annually by providing adequate maternal health care⁶⁹.

⁶³ Addisse, M. (2003). Maternal and Child Health Care. University of Gondar in collaboration with the Ethiopia Public Health Training Initiative, The Carter Center, the Ethiopia Ministry of Health, and the Ethiopia Ministry of Education. Available at https://www.cartercenter.org/resources/pdfs/health/ephti/library/lecture_notes/health_science_students/ln_maternal_care_final.pdf. Accessed on 16th March 2021.

⁶⁴ UN General Assembly. 2015. Transforming Our World: The 2030 Agenda for Sustainable Development. 21 October 2015, A/RES/70/1. New York, NY: United Nations.

⁶⁵ ILO (2015). Social protection for maternity: key policy trends and statistics: (Social protection policy paper; No. 15. Geneva: ILO. <https://www.socialprotection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=5179>

⁶⁶ Mbugua, Samwel, and Kerry L. D. MacQuarrie. 2018. Maternal Health Indicators in High-Priority Counties of Kenya: Levels and Inequities. DHS Further Analysis Reports No. 110. Rockville, Maryland, USA: ICF. <https://dhsprogram.com/pubs/pdf/AB2/FA110.pdf>

⁶⁷ UNICEF (2016). Strategy for Health 2016-2030. New York, UNICEF. <https://www.unicef.org/media/58166/file>

⁶⁸ UNICEF (2015). Levels and Trends in Child Mortality. Report 2015. New York: UNICEF. https://www.unicef.org/media/files/IGME_report_2015_child_mortality_final.pdf

⁶⁹ UN General Assembly. 2015. Transforming Our World: The 2030 Agenda for Sustainable Development. 21 October 2015, A/RES/70/1. New York, NY: United Nations.

The total annual maternal deaths associated with pregnancy and childbirth in Kenya is 6,300, while Kenya was one of the 10 countries that accounted for 58 per cent of the global maternal deaths in 2013. Kenya alone contributed to 2 per cent of those deaths⁷⁰. Maternal mortality ratio is 400-600 deaths per 100,000 live births⁷¹. Mandera County has the highest mortality (3,795 deaths per 100,000 live births) followed by Wajir and Turkana Counties which have maternal mortality ratios of 1,683 and 1,594 respectively.⁷² Equitable provision of health care to all Kenyans is provided for in the Kenya Health Policy 2014-2030. Policy objective 4 specifically provides for provision of health services in an equitable manner with the overall aim of reducing disparities in health status across the country⁷³. Gender responsive social protection programming should focus on the reduction of maternal, perinatal, infant and childhood mortality and morbidity and the promotion of reproductive health and the physical and psychosocial development of mothers and their children.

3.1 Joint programme activities to promote social protection within the health sector

- 1) The feasibility study to inform the design of the Universal Child Benefit (UCB).
- 2) Engagement with the National Hospital Insurance Fund (NHIF) on how to expand social health protection coverage for uncovered groups to include recipients of social assistance, informal economy workers, refugees, and host communities. Conduct feasibility study for a Community-Based Health Insurance in Garissa, that will link to NHIF and its mainstreaming into the National Safety Net Programme (NSNP) programmes.
- 3) Development of communication and advocacy strategy to support the maternal and child health-oriented *Linda Mama* programme.
- 4) The linkage between ESR and the other databases including utilization of the ESR in advancing the Universal Health Coverage (UHC). The ESR facility has been used to register potential UHC beneficiaries in Nairobi, Nakuru and Homabay counties.

3.2 Ongoing social protection programmes in the health sector

Some examples of the social protection programmes to promote MCH care in Kenya include: (1) The Nutritional Improvements through Cash and Health Education (NICHE⁷⁴) which provides a platform to strengthen adequate nutrition, food security and safety and responsive care and promotion of alternative family-based care for children. NICHE also targets pregnant

⁷⁰ World Health Organization (WHO), UNICEF, United Nations Population Fund (UNFPA), and the World Bank, *Trends in Maternal Mortality: 1990 to 2013* (Geneva: WHO, 2015).

⁷¹ GoK (2015). Policy Brief No. 46 June 2015. Reducing Maternal Deaths in Kenya. file:///C:/Users/pc/Desktop/TRANSFER%20FOLDER/unicef%20folder/maternal%20mortality%20statistics%20in%20Kenya.pdf

⁷² GoK (2015). Policy Brief No. 46 June 2015. Reducing Maternal Deaths in Kenya. file:///C:/Users/pc/Desktop/TRANSFER%20FOLDER/unicef%20folder/maternal%20mortality%20statistics%20in%20Kenya.pdf

⁷³ Ministry of Health (2014). Kenya Health Policy 2014–2030: Towards attaining the highest standard of health. http://publications.universalhealth2030.org/uploads/kenya_health_policy_2014_to_2030.pdf

⁷⁴ GOK (2020). Operations Manual: Nutrition Improvements through Cash and Health Education [NICHE]. GOK.

adolescent girls who are faced with myriads of challenges ranging from poverty to negative cultural practices and norms which place them at very disadvantaged positions. It further provided intense nutritional counseling and additional cash to households that were already recipients of the CT-OVC, CT-OP and PWSN and HSNP (2) The Imarisha Afya Ya Mama Na Mtoto Programme: This Programme has been designed as a health-oriented social protection programme that has provided cash transfers to improve maternal and child health outcomes, including uptake of antenatal care, skilled delivery, infant/young child nutrition, and maternal and child health and nutrition services in Kakamega County and (3) Boresha Afya Ya Mama Na Mtoto which aims to provide Social Behaviour and Change Communication (SBCC) and follow-up and cash transfers to women residents of Vihiga county pregnant or with children under 18 months of age for improving Maternal, Neonatal, and Child Health (MNCH) outcomes. The objective of the programme is to contribute to maternal and child mortality and malnutrition reduction by promoting access to maternal, neonatal and child preventive, promotive and curative MNCH services in the Vihiga County. These services include antenatal care, skilled births, maternal and child health and nutrition care.⁷⁵

4.0 WFP approach to gender equality and social protection

The current WFP strategic plan covering the period (2017-2021) guides and direct the organization on how to support country efforts to achieve Zero Hunger and sustainable development.⁷⁶ The strategy also commits WFP to strengthen countries capacities to provide social protection measures that protect access to adequate, nutritious and safe food for all. The overarching aim of WFP's strategic plan for Kenya covering the period (2018–2023) is to accelerate its shift from the direct provision of transfers and services to the strengthening of National systems and capacities to deliver food and nutrition security.⁷⁷

WFP has adopted gender transformative approach to deal with gender inequality issues in the Country. To achieve this goal, WFP is keen on data disaggregation by sex, age and disability and the gendered outcome of social protection. WFP also work to strengthen capacity for national and county governments to mainstream gender in their programmes. WFP Gender Policy 2015–2020 aims to integrate gender equality and women's empowerment into all of its work and activities, to ensure that the different food security and nutrition needs of women, men, girls and boys are met. To achieve this goal, the policy establishes four objectives:

- i. Food assistance adapted to different needs. Women, men, girls and boys benefit from food assistance programmes and activities that are adapted to their different needs and capacities.
- ii. Equal participation. Women and men participate equally in the design, implementation, monitoring and evaluation of gender-transformative food security and nutrition programmes and policies.

⁷⁵ UNICEF (2019). Operational Manual: Imarisha Afya Ya Mama Na Mtoto Programme.

⁷⁶ WFP (2017). Strategic Plan (2017-2021). <https://www.wfp.org/publications/wfp-strategic-plan-2017-2021>

⁷⁷ WFP (2018). Kenya country strategic plan (2018–2023).

- iii. Decision-making by women and girls. Women and girls have increased power in decision-making regarding food security and nutrition in households, communities and societies.
- iv. Gender and protection. Food assistance does no harm to the safety, dignity and integrity of the women, men, girls and boys receiving it, and is provided in ways that respect their rights⁷⁸.

5.0 Gender-Responsive Age-Sensitive Social Protection: A conceptual framework

Gender-responsive age-sensitive social protection conceptual framework was developed by UNICEF Office of Research – Innocenti in August 2020. The framework demonstrates the link between social protection and the effects of gender discrimination on women and girls. The framework also proposes the integration and adoption of holistic and systematic approach in the conceptualization of the link between gender and social protection with the aim of ending poverty in all its forms everywhere and achieving gender equality and empowerment of all women and girls thus contributing to the realization of SDGs 1 and 5.

Social protection systems including institutions, programmes and policies have significant potential to promote transformative change and gender equality as a key requirement to achieving long-term and sustainable poverty reduction.⁷⁹ The framework demonstrates how gender-responsive social protection works to address gendered poverty, risks and vulnerabilities through strengthening social protection system level outcomes including individual programme results, improved coverage and adequacy of social protection systems which contribute to a range of gender equality outcomes such as, quality education, improved health, economic security and empowerment.

The assessment shall use this framework to demonstrate that poverty, risks and vulnerability is gendered and that both men and women experience poverty differently and the effect of poverty affects men and women differently. The assessment shall sample individual programmes within the social protection sector in Kenya to establish how they incorporate gender dynamics to improve programmes results and outcomes. In seeking to improve coverage and adequacy of social protection systems the framework shall be the basis of an investment case that will demonstrate the benefits of investing in gender-responsive social protection and the need for the government, private organizations and development partners to pull resources together to finance and increase social protection reach in Kenya.

⁷⁸ WFP (2015). Gender Policy 2015–2020. <https://www.wfp.org/publications/2015-wfp-gender-policy-2015-2020-0>

⁷⁹ UNICEF Office of Research – Innocenti, 2020. *Gender-Responsive Age-Sensitive Social Protection: A conceptual framework*. Available at https://www.unicef-irc.org/publications/pdf/WP-10_Gender-Responsive-Age-Sensitive-Social-Protection.pdf. Accessed on 12th march 2021.

The framework integrates analysis by age and gender to allow for a life course lens on gendered inequalities in relation to poverty and vulnerability. It specifically acknowledges that poverty, risks and vulnerabilities are gendered and are likely to change at various transitions during the life course and may also accumulate over time. The framework is key to the analysis of how people are exposed to different risks and challenges at a particular time within the lifecycle. Social protection interventions must respond to the needs of people different ages.

For examples, the social protection for children below age five who are faced with risk of survival should focus on maternal and child health and the survival strategies must take into account the needs of both the girl and the boy child. Investments in this area include NICHE, Boresha Afya Ya Mama Na Mtoto and Imarisha Afya Ya Mama Na Mtoto among others. The next stage of growth is the adolescent stage which will also require a different set of social protection programmes e.g. reproductive health programmes for young girls and boys and also other programmes such as cash transfer to keep girls in school among others. Finally, we get to adulthood and we may need to deal with issues of meaningful employment for both men and women. The older people require cash transfer programmes to cushion them extreme poverty.

It highlights the individual-level and structural drivers of gender disparities that normally result into unequal outcomes for girls and women relative to boys and men, with long-term negative impacts for them. Structural drivers of gender inequality including patriarchy that promote dominance and deprive women and girls their rightful share of resources in the society. Women do not have access to productive resources such as land.

The framework gives recognition to the fact that programmatic or policy attention to tackling gender inequality heavily depends on having prior knowledge of the prevailing gender biases and norms that need to be transformed by taking proactive steps. This knowledge can only be obtained through the generation of statistical data on the needs and conditions of men and women in the society. It will be supported by generation of data which is disaggregated by sex, age and disability to inform policy reviews and implementation.

In summary, the conceptual framework will be used in this assignment to explain the structural and individual factors that account for gender and social inequalities among men, women, older persons and persons with disabilities noting that Kenyan communities are highly patriarchal with groups differentiated in terms of gender, resources, power and opportunities. These factors include discriminatory gender norms and harmful cultural practices, attitudes and beliefs that disproportionately affect women, girls and the disabled.

Using an integrated approach that brings together legal, policy, institutional and programme analysis combined with the application of a life-course lens, the conceptual framework will guide the Consultants to adopt a holistic perspective in analyzing social protection sector so as to bring out gender, age and disability-sensitive information. Furthermore, the solution pathways to gender-responsive social protection system such as sex-age disaggregated data,

M&E system, social protection strategy and public expenditure financing will help to focus interviews with the various stakeholders in addition to the envisaged changes on the lives of women, girls and the disabled at both outcome and impact levels. These changes include equal access to benefits, adequate response to gender specific needs and improved education and economic security among women, girls and persons with disabilities. The conceptual framework is shown in figure 4 below.

Figure 4: Gender-Responsive Age-Sensitive Social Protection: A conceptual framework

Source: Adopted from UNICEF Office of Research – Innocenti. Available at https://www.unicef-irc.org/publications/pdf/WP-10_Gender-Responsive-Age-Sensitive-Social-Protection.pdf. Accessed on 12th march 2021.

SDG 1

End poverty in all its

Achieving gender equality and empower all women and

SDG 5

LONG-TERM IMPACTS

GENDER INTEGRATION CONTINUUM

Gender transformative

Gender responsive

Gender sensitive

Gender neutral/blind

Gender discriminatory

Where a programme falls along this continuum depends on how gender is considered (or not) across design, implementation, financing and M&E systems and associated outcomes and impacts

LIFE COURSE LENS

Old Age

Adulthood

Adolescence

Middle Childhood

Early Childhood

Applying a life-course lens allows approaches to be sensitive to critical life events, transitions and turning points

- MODERATORS**
- Intra household dynamics
 - Market access
 - Social & cultural norms
 - Gender norms
 - Gender-friendly
 - Policies & laws
 - Macroeconomic conditions
 - Conflict & instability
 - Political conditions
 - Availability & quality of services

- ECONOMIC SECURITY & EMPOWERMENT**
- Decent work
 - Income security and resilience
 - Reduced and redistributed care & domestic work burdens
 - Financial autonomy
 - Savings
 - Access to credit
 - Access to markets

- IMPROVED HEALTH**
- Access to health and social services
 - Physical health and nutrition
 - Reproductive & sexual health
 - Reduced HIV/AIDS risk
 - Delayed sexual debut and pregnancy

- ENHANCED EDUCATION**
- Improved literacy
 - Increased school attendance & achievement
 - Improved capabilities & skills
 - Enhance cognitive abilities

- IMPROVED PSYCHOSOCIAL WELLBEING**
- Mental health
 - Life satisfaction
 - Self esteem
 - Increased expectations & aspirations
 - Reduce stress & emotional resilience

- INCREASED PROTECTION**
- Freedom from violence
 - Delayed marriage
 - Reduced risk of FGM
 - Greater mobility

- ENHANCED VOICE & AGENCY**
- Positive gender attitudes
 - Decision-making capacity
 - Autonomy
 - Self-efficacy
 - Political and community participation

GENDER EQUALITY OUTCOMES



GENDER RESPONSIVE OUTCOMES

GENDER RESPONSIVE PROGRAMME DESIGN

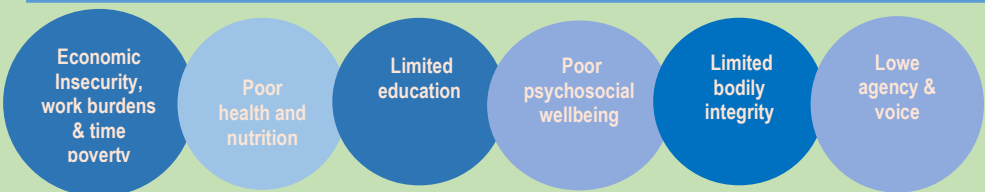
- Objectives
- Benefit design
- Eligibility
- incentives, conditionalities, co-responsibilities
- payment/benefit delivery
- messaging, labelling, nudges
- linkages to complementary programmes, services



- GENDER-RESPONSIVE LEGAL & POLICY FRAMEWORK**
- Legal and policy framework
 - Social protection strategy
 - Coherence within the social protection system
 - Coordination
 - Public expenditure & financing
 - Access to information and cross-sectoral linkages between programmes, services & systems

- GENDER-RESPONSIVE IMPLEMENTATION & GOVERNANCE**
- Implementation & fidelity design
 - Capacity in delivery of benefits and services
 - M&E Systems
 - Sex-and age-disaggregated data
 - Integrated management Information Systems and social & information registries
 - Grievance & redress mechanisms

GENDER RESPONSIVE SOCIAL PROTECTION SYSTEM



GENDER INEQUALITY PATHWAYS

Unequal gender roles Unequal power relations Exclusion from rights, entitlements & opportunities

STRUCTURAL & INDIVIDUAL DRIVERS

- Discriminatory Gender norms
- Harmful traditional practices
- Gender discriminatory laws and policies
- Age and stage in the lifecycle
- Household composition
- Social identity
- Disability

GENDER INEQUALITY, POVERTY & VULNERABILITIES

CHANGE LEVERS

- Political commitment & incentives
- Financing
- Capacity building & strengthening of governments & partners
- Institutional norms, rules & practices
- Evidence generation (data, research & evaluation)
- Social movements, demand & accountability

