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**CONSULTANCY FOR COMPREHENSIVE GENDER ASSESSMENT OF
THE SOCIAL PROTECTION SECTOR IN KENYA TO DEVELOP A
SOLID INVESTMENT CASE FOR GENDER-RESPONSIVE SOCIAL
PROTECTION**

**METHODOLOGICAL APPROACH TO CONDUCTING GENDER ANALYSIS FOR
SOCIAL PROTECTION SECTOR IN KENYA**

**A REPORT PRESENTED TO UNCEF AND WFP
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 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.

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. Social protection programmes normally offer the populations at risk an opportunity to access affordable healthcare and education, social security, enhanced household income, and decent work among other key essential services.³

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 a half (55%) of the world's population do not have access to any form of social protection benefit.⁴ 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 149⁵. 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.⁶

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 Ministry 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.

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 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.

⁶ ILO (2017). *World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals*. International Labour Office – Geneva: ILO.

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. UNICEF's survey in 136 countries found out that 108 countries either had an active social protection policy or strategy document in place or were in the process of planning such a document.⁷ 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 coverage. Global average expenditure on social protection for children is 1.1 per cent of 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 is committed to achieving the following targets for the Sustainable Development Goals (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.
- 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

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-summr.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-summr.pdf>. Retrieved on 17th April, 2021.

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)
- 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 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

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

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

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(Ministry of Gender, Children, and Social Development, 2011).

The Joint Programme

The Joint Programme supports the Government of Kenya (GoK) 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.

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

¹² Ministry 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.

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

The United Nations agencies involved in the programme include: WFP, FAO, ILO and UNICEF. The national programme partners include: Ministry of Labour and Social Protection; National Social Security Fund; National Hospital Insurance Fund; 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.

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.
- 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.
- Conduct 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.
- Undertake 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.
- 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.
- 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

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

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 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 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 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 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.

2.4. Definition of key gender concepts

2.4.1 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.

2.4.2 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

2.4.3 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

2.4.4 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

2.4.5 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 exists among

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.

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.

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

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.

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.

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. Pelerano (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.

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 choice 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 behavior. 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 in cash transfers may lead to more conflicts over household resources²⁷.

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 households²⁸.

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 .

Vulnerabilities and inequalities including gender disparities have been exacerbated at all levels by Covid-19 and other forms of shocks. 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

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 Thakur, S.G, C. Arnold and T. Johnson (2009). Gender and Social protection. pp. 167-182 '' in DAC Povnet 2009; Molyneux, M., 2007. *Change and continuity in social protection in Latin America: mothers at the service of the state*. Development, UNRISD.

²⁸ Mayamba, 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.

vulnerabilities while conducting need assessment aimed at supporting decisions making and targeted COVID-19 responses.²⁹

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 line³⁰. An estimated 12% of Kenyans are food-insecure and have poor food-consumption levels and low dietary diversity. 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%).³¹ Children living in female headed households are more likely to experience poverty.³²

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 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 life cycle transformative programmes.³³

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 “Cash plus” and 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).³⁴

²⁹ SPIAC-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-protection_public/Joint_SPIAC-B_COVID-19_statement.pdf. Accessed on 9th March 2021.

³⁰ 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](file:///C:/Users/pc/Downloads/Kenya%20-%20ProDoc%20-%20PSP%202019%20KEN_GW%20(1).pdf)

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

³² 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.

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.

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.

2.8.2 Coverage levels for the three 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).

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 respectively in 2017/18 from both the formal and informal economy³⁵. This is an improvement from 2016 when the scheme had 2.3 million registered members

³⁵ Joint Programme Document - file:///C:/Users/pc/Downloads/Kenya%20-%20ProDoc%20-%20PSP%202019%20KEN_GW%20(1).pdf

representing around 10 per cent of the country's total work force. ³⁶Member contributions grew by 3.7 % from Kes.13.55 billion in 2017 to Kes.14.04 billion in 2018³⁷. The government should work with stakeholders to establish a regular pension scheme that would enable all workers from 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 percent of the Gross Domestic Product.³⁸ This is an impressive improvement compared to 17 per cent coverage as per the 2012 social protection sector review report³⁹. 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.⁴⁰The Economic Survey (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 period⁴¹.

2.8.3 Management Information Systems for Social Protection

This section highlights the following management information systems: Enhanced Single Registry (ESR), 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).

³⁶ 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.

³⁷ 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

³⁸ 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.

³⁹Ministry 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>

⁴⁰NHIF (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.

⁴¹ Joint Programme Document - file:///C:/Users/pc/Downloads/Kenya%20-%20ProDoc%20-%20PSP%202019%20KEN_GW%20(1).pdf

Community Development Management Information System (CDMIS)

CDMIS is still in the early stages of development.

Once complete, CDMIS will have the following modules:

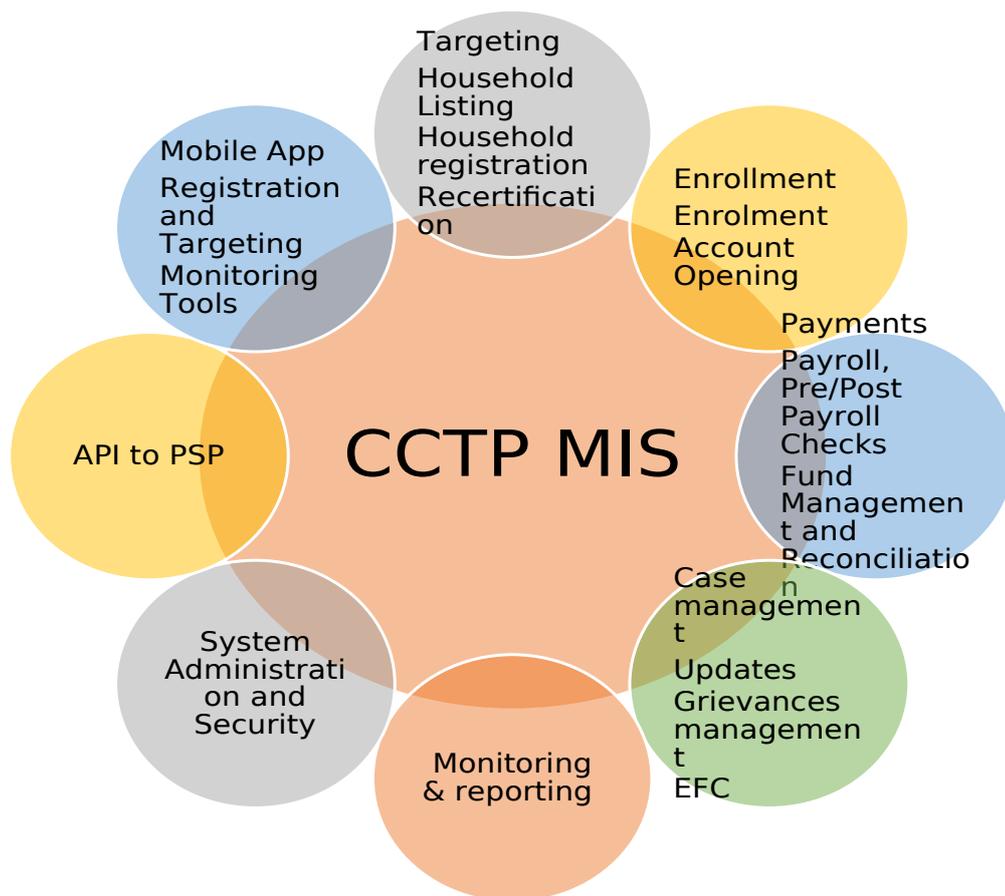
- Social register
- Economic inclusion
- Disability Development Program and Rehabilitative Services
- Community Capacity Support Development
- Family Promotion and Social Welfare

Child Protection Information Management System (CPIMS)

- 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.
- CPIMS is a case management IMS. It tracks cases from the time of reporting up to closure.
- The system is available and is being used in 42 counties to report cases.
- CPIMS is coordinated from the department of child protection
- 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
- DCS currently doesn't have a Social register but there are plans to have one in place. The social register will contain information on conditions of children's welfare in Kenya.
- **Data collection tools**
 - Case records sheet
 - Mobile phone
 - Desk top/ tablet
- 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.chilprotection.go.ke). The data can be accessed but without the details of the children such as their names and other personal information.
- 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) through the Single registry.

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 makers⁴². CCTP MIS links to the single registry. User Acceptance Test (UAT) for CCTP MIS was conducted and data migration carried out in January 2021.



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

Function of CCTP MIS System (Adopted from CCTP MIS operation manual)

⁴² Ministry of Labour and Social Protection (2019). Revised Operations Manual for Consolidated Cash Transfer Programme.

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

The integration of 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 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

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.⁴³ 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 information⁴⁴.

Functional structure of HSNP

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.

Enhanced Single Registry (ESR)

⁴³ <http://www.hsnp.or.ke/>

⁴⁴ <http://www.hsnp.or.ke/index.php/our-work/registration-targeting>

ESR 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. 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.

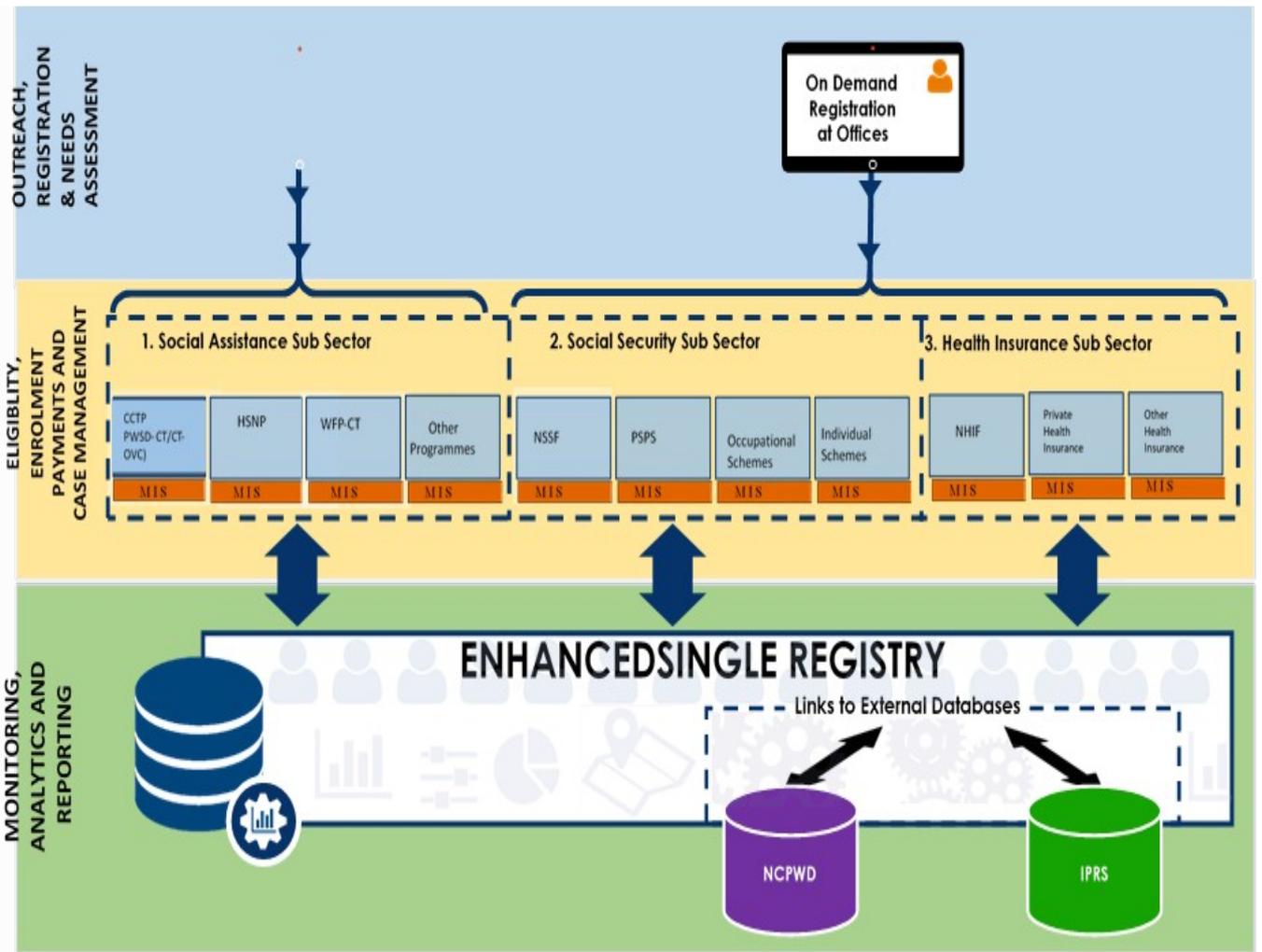
Social policy modules collect information on potential beneficiaries in terms of household conditions. ESR has access to census tools which are very comprehensive. The harmonized tools are customized from census tool and collect information on IDs, age of children, documentation such as birth certificate, the conditions of every household, persons who require 24 hours care (Critically ill, severe disability), education level, income level, occupation among others. The social module of ESR has gender disaggregated data by default. 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 insurances⁴⁵.

⁴⁵ Ministry of Labor and Social Protection. Enhanced Single Registry. <https://www.socialprotection.or.ke/single-registry>.



2.8. 3.5. Data gaps in the existing MISs

The analysis of the available literature indicates that data contained in the 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 Management Information Systems is a major barrier to accurately take into account these elements.⁴⁶

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 use⁴⁷.

Grievance Categories

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

⁴⁶ Ministry of labour and social protection (2018). *National Social Protection Investment Plan*.

⁴⁷ Ministry of Labour and Social Protection (2019). *Revised Operations Manual for Consolidated Cash Transfer Programme*.

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 BWC member;
- (ii) Visit the SCOs or CCs;
- (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;
- (viii) Via telephone (using a toll-free number, 1533).
- (ix) Through email to SAU (inuajamii@socialprotection.go.ke)

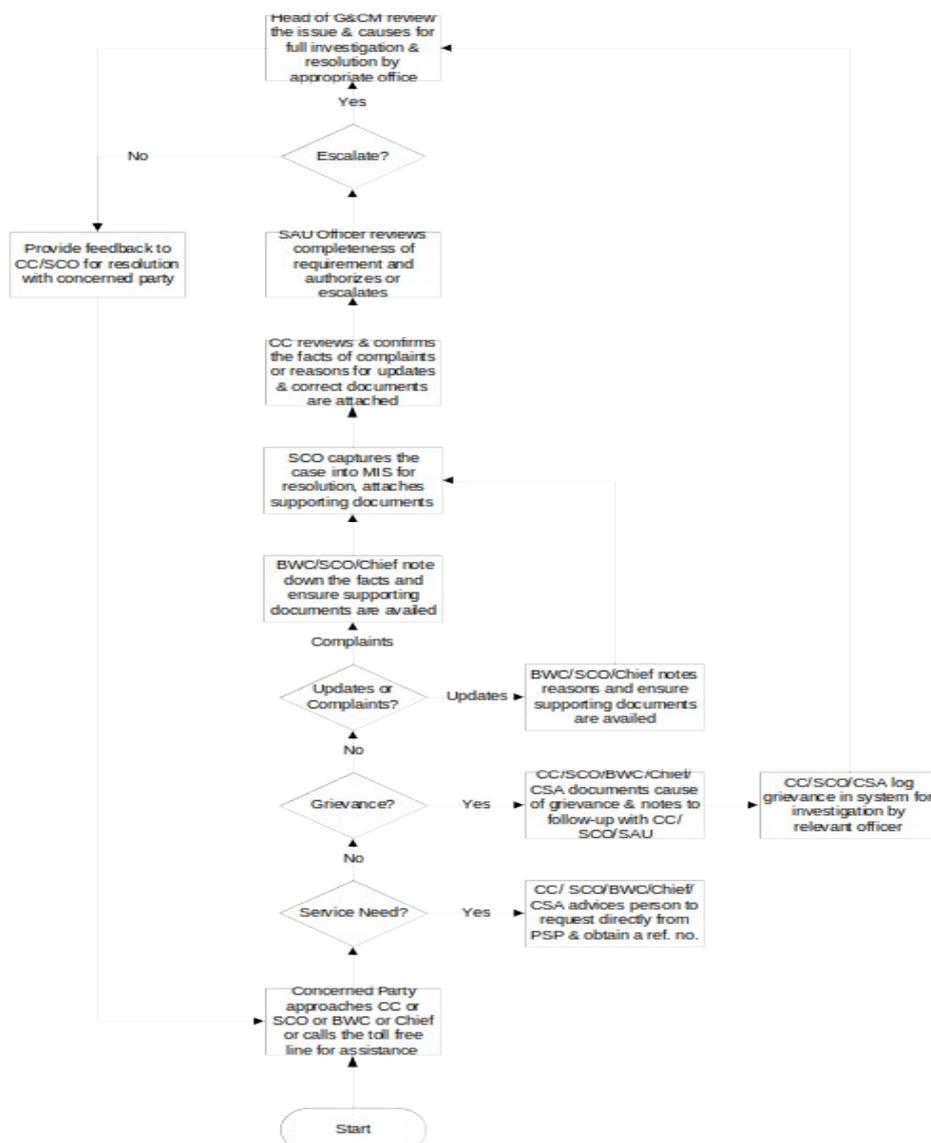
The toll-free line provides a route for people to raise concerns that are independent from direct local programme administration. Standard grievance and case management forms will be used to manually record issues received at the sub-county level. The respective forms will be scanned and updated into 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.



Grievances and case management process: Grievances and case management process: Adopted form revised CCTP 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.⁴⁸ Boys are also exposed to risks due to harmful social

⁴⁸Molyneux, 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.

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 worldwide⁴⁹. 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.⁵⁰

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.⁵¹

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.⁵² Sub-Saharan Africa is home to most of the children who are out of school compared to other regions of the world.⁵³ The impact has been great for the most vulnerable children, especially girls whose access to education is already facing a lot of obstacles.

Social protection programmes should include well designed and holistic approaches to address the critical needs of the adolescent. Such interventions may include cash transfers

⁴⁹ WHO (2020). *Adolescent pregnancy*. Available at <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>. Accessed on 16th March 2021.

⁵⁰ UNICEF (2019). Early childbearing: <https://data.unicef.org/topic/child-health/adolescent-health/>

⁵¹ 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.

⁵² 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.

⁵³ UNESCO (2020). *Database*. Available at <http://data.uis.unesco.org/>. Accessed on 5th March 2021.

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^{54,55,56}.

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 adolescent. 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 1-4.⁵⁷ (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 results⁵⁸ and (3) Cash plus model on youth well-being and safe, healthy transitions in Tanzania *Ujana Salama*⁵⁹ 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 infections⁶⁰.

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

⁵⁴ 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.

⁵⁵ Bastagli, F., J. Hagen-Zanker, L. Harman, V. Barca, G. Sturge, T. Schmidt and L. Pelerano (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.

⁵⁶ 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.

⁵⁷ Republic of South Sudan (2020). *Cash Transfers*. Available at <https://girlseducationsouthsudan.org/activity/cash-transfers/>. Accessed on 3rd March 2021.

⁵⁸ 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.

⁵⁹ Swahili word meaning Youth wellness

⁶⁰ 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.

support especially after the World Summit for Children held in 1991, which outlined major areas to be addressed in the provision of MCH Care services⁶¹.

Sustainable Development Goals aim to reduce maternal mortality worldwide to under 70 maternal deaths per 100,000 live births over the period 2016-2030.⁶² 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.⁶³ 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.⁶⁴ Poor and marginalized mothers and newborns bear the greatest burden of infant and maternal mortality.⁶⁵ 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.⁶⁶ 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 care⁶⁷.

The total annual maternal deaths associated with pregnancy and childbirth in Kenya is 6,300 and Kenya was one of the 10 countries that accounted for 58 per cent of the global maternal

⁶¹ 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.

⁶² 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.

⁶³ 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=51> 79

⁶⁴ 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>

⁶⁵ UNICEF (2016). Strategy for Health 2016-2030. New York, UNICEF.
<https://www.unicef.org/media/58166/file>

⁶⁶ 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

⁶⁷ 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.

deaths in 2013. Kenya alone contributed to 2 per cent of those deaths⁶⁸. Maternal mortality ratio is 400-600 deaths per 100,000 live births⁶⁹. 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.⁷⁰

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 country⁷¹. 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.

Joint programme activities to promote social protection within the health sector

- The feasibility study to inform the design of the Universal Child Benefit (UCB).
- 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.
- Development of communication and advocacy strategy to support the maternal and child health-oriented *Linda Mama* programme.
- 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.

⁶⁸ World Health Organization (WHO), UNICEF, United Nations Population Fund (UNFPA), and the World Bank, *Trends in Maternal Mortality: 1990 to 2013* (Geneva: WHO, 2015).

⁶⁹ 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>

⁷⁰ 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>

⁷¹Ministry 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

Ongoing social protection programmes in the health sector.

Some examples of the social protection programmes to promote MCH care are highlighted in Kenya include: (1) The Nutritional Improvements through Cash and Health Education (NICHE⁷²) 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 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 PWS; (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.⁷³

4.0 WFP approach to Gender equality and social protection

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.

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.⁷⁴ 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 security⁷⁵.

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

⁷² GOK (2020). Operations Manual: Nutrition Improvements through Cash and Health Education [NICHE]. GOK.

⁷³ UNICEF (2019). Operational Manual: Imarisha Afya Ya Mama Na Mtoto Programme.

⁷⁴ WFP (2017). Strategic Plan (2017-2021). <https://www.wfp.org/publications/wfp-strategic-plan-2017-2021>

⁷⁵ WFP (2018). Kenya country strategic plan (2018–2023).

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.
- 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 rights⁷⁶.

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.⁷⁷

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 MLSP to establish how they incorporate gender dynamics to improve

⁷⁶ WFP (2015). Gender Policy 2015–2020. <https://www.wfp.org/publications/2015-wfp-gender-policy-2015-2020-0>

⁷⁷ 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.

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.

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 life cycle. Social protection interventions must respond to the needs of people different ages. For examples, the social protection for children below age five are faced with risk of survival and interventions should focus on maternal and child health and the survival strategies must take into account the needs of both girl and 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 male 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.

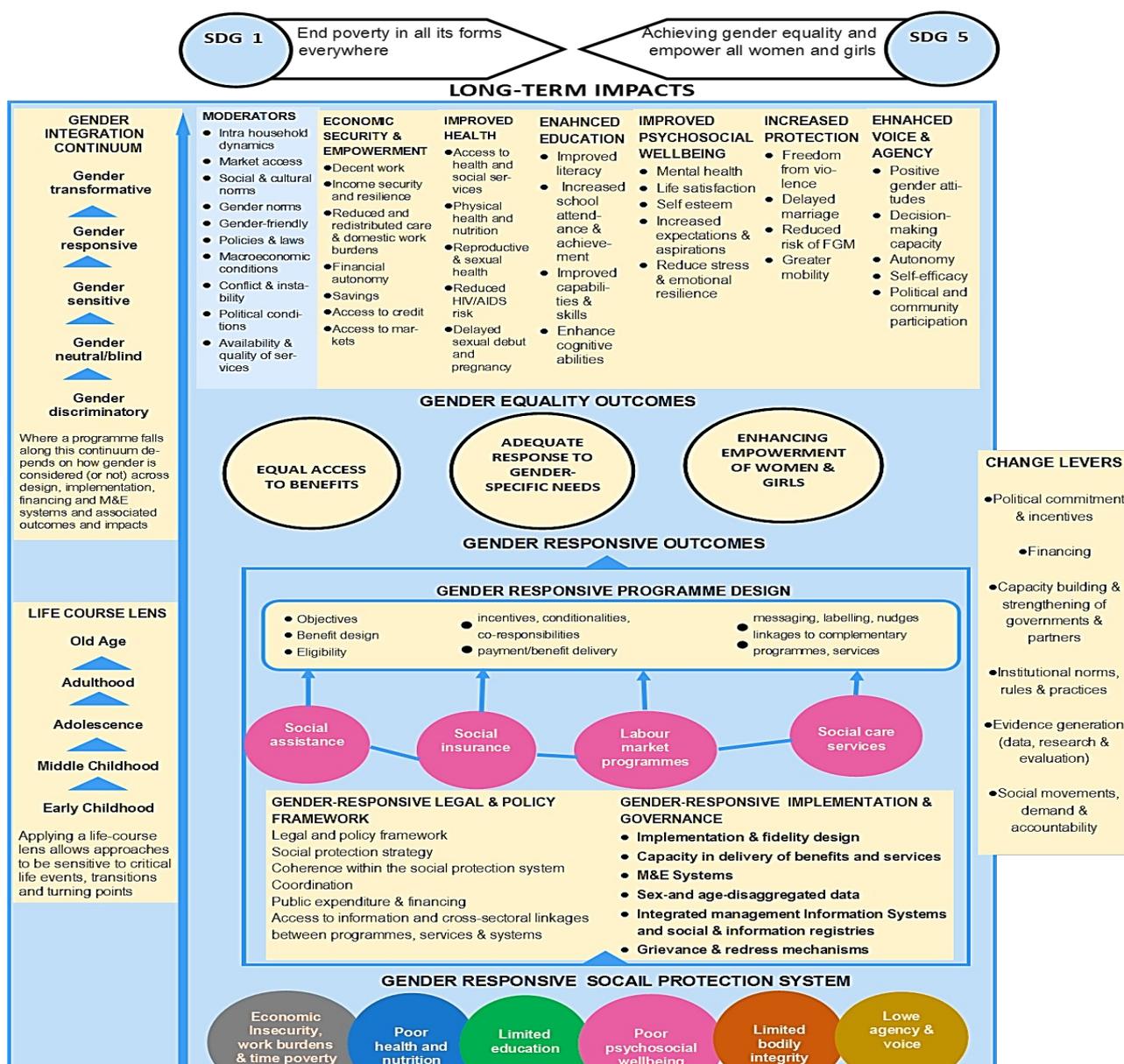
The framework identifies the mechanisms and opportunities by which social protection programmes, policies and systems may be employed to address gendered risks and vulnerabilities including, programme design, legal and policy framework, implementation, governance and financing. It employs a macro-view in acknowledging the important roles of systems and institutional perspective transcends the programme level pathways.

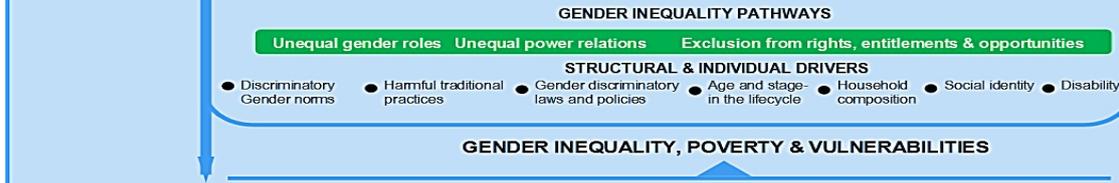
In summary, the conceptual framework will be used in this assignment to explain the structural and individual factors that account for gender and social inequalities among men, women, older persons and persons with disabilities noting that Kenyan communities are highly patriarchal with groups differentiated

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 1: 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.





6.0 Methodology

This section highlights the scope of the assessment, objectives, conceptual framework, assessment strategy, and data collection tools and data analysis.

CHAPTER 2.

6.1 Scope

The **goal** of the consultancy is to conduct a gender assessment and analysis of the social protection sector in Kenya, and notably of the NSNP, with a focus on Cash plus pilot, the National Hospital Insurance Fund (NHIF) and shock responsiveness in light of the Covid-19 crisis and other possible future shocks, and to develop an investment case, including a cost-benefit analysis, for gender responsive social protection. The gender assessment and analysis shall be informed by sex, age and disability disaggregated data that will explore gender inequalities and challenges of gender mainstreaming in NSNP, as well as in the National Health Insurance Fund, and determine unequal outcomes, prevailing disparities and the specific gender-related causes that underpin them. This will address persistent gender-based inequalities in social protection programmes and strategies in Kenya.

As detailed in the TOR, the assignment feeds in specific result and outcome areas of participating agencies (UNDAF, UNICEF and WFP). In UNDAF, the consultancy contributes to **Strategic Results Area 2, Outcome 6: *By 2022, marginalized and vulnerable people have increased access to and utilize social protection, and services for prevention and response to gender-based violence and violence against children.***

The assessment will contribute to the realization of the Kenya’s constitutional requirements on social protection and more specifically, Article 43 of the constitution expressly guarantees all Kenyans their economic, social, and cultural (ESC) rights, including basic rights to health, education, food, and decent livelihoods. It explicitly asserts the right “of every person... to social security” and binds the State in Article 43(3) to “provide appropriate social security to persons who are unable to support themselves and their dependants” The assignment also contributes to the realization of Vision 2030, which aims to provide a “high quality of life for all its citizens by the year 2030. The Vision is built on three pillars – economic, social, and political. The social pillar seeks to build “a just and cohesive society with social equity in a clean and secure environment” (Ministry of Gender, Children, And Social Development, 2011).

The assessment will also contribute to the realization of GoK’s objective of integrating a gender dimension in social protection programming, with progressive realization of the gender mainstreaming in the sector review, investment plan and in the review of the social protection policy. The assessment is the first step towards building statistical capacity of the government to increase the availability of gender disaggregated data. Gender differentiated data and information is paramount in assessing the situation and enabling evidence based social protection responses and policies.

In the UNICEF Country Program Document, the assignment contributes to: **Outcome 4 (Social inclusion): Output 4.1: strengthening of social service demand and Output 4.2. Scalable and flexible social protection delivery.**

In WFP’s Country Strategic Plan, this assignment contributes to: **Outcome 3 (Capacity Strengthening) Output 1 for social protection work stream.**

Finally, it is our understanding that the assignment will be undertaken within the parent Ministry of Labour and Social Protection and responsible parastatals mainly NSSF and NHIF. Selected beneficiaries and GoK development partners such as UNICEF, WFP, ILO and FAO and the World Bank will also be consulted during data collection, analysis and report writing phases including during the development of key deliverables like a Plan of Action and Investment Case and Cost-Benefit Analysis.

6.2 Assignment Activities and Tasks

This assignment sets out to undertake the following specific activities and tasks as captured in the TOR:

- a) To conduct a gender assessment of the NSNP and identify key entry points and interventions.
- b) To devise a plan of action to implement gender-transformative social protection programming
- c) To elaborate an investment case for gender-responsive social protection
- d) To assess the extent to which the social protection delivery systems including but not limited to the Enhanced Single Registry generate disaggregated data and indicators by sex, age and disability.
- e) To design a pilot for the implementation of the Action Plan in at least 3-4 counties.

6.3 Assessment Matrix/Framework

Assessment Dimension	Guiding Assessment Questions	Sources of information	Tools
1. Conduct a gender assessment of the NSNP and identify key entry points and interventions.	<p>What is the extent to which gender, age and disability is integrated in the NSNP?</p> <p>2. How best can gender, age and disability be integrated in the NSNP?</p>	<p>Secondary data review/relevant documents (reports, etc);</p> <p>2. staff in the Ministry of labour and Social Protection (SDS, SAU, DCS)</p> <p>3. State Department of Gender Affairs (SDGA)</p> <p>4. National Gender</p> <p>5. And Equality Commission(NGEC)</p> <p>6. and parastatals (NHIF & NSSF)</p> <p>7. development</p>	<p>Relevant documents</p> <p>KII Guide</p> <p>Consultative forum guidelines</p>

		<p>partners' staff</p> <p>Private sector players NGOs and CSOs Local Administration</p> <p>10.</p> <p>11. Single registry and other related MISs.</p>	
<p>12. Extent to which SP delivery systems generate disaggregated data and indicators of sex, age and disability</p>	<p>To what extent does SP in Kenya include gender, age and disability inclusion considerations in design, planning programme implementation and monitoring, evaluation and reporting (MER)?</p> <p>To what extent is data disaggregated by gender, age and disability?</p> <p>How is the disaggregated data used for management decision-making?</p>	<p>Relevant documents</p> <p>Staff in the the Ministry of labour and Social Protection (SDS, SAU, DCS)</p> <p>State Department of Gender Affairs (SDGA)</p> <p>National Gender And Equality Commission (NGEC)</p> <p>and parastatals (NHIF & NSSF)</p> <p>SP data systems and tools</p>	<p>Relevant documents</p> <p>KII Guide</p> <p>Consultative forum guidelines</p>
<p>Elaboration of an investment case for gender-responsive social protection</p>	<p>Other than targeting the beneficiaries, which aspects of social protection delivery system should be financed to realize gender-responsive SP (M&E, MIS etc)</p> <p>Costs are classified according to:</p> <p>1. input</p>	<p>Periodic information sources (Programme information),</p> <p>1. Special surveys studies (Household surveys)</p>	<p>Relevant documents</p> <p>KII Guide</p> <p>Beneficiary interview guide</p>

	<p>category (e.g. salaries, supplies and capital),</p> <p>2. intervention activity (e.g. administration, planning and supervision),</p> <p>3. organizational level (e.g. national, County or community)</p> <p>4. and financing agent (e.g. government, donor, NGO or household).</p> <p>1. The benefit-cost ratio (BCR).</p> <p>2. The economic internal rate of return (EIRR)</p> <p>3. The net present value (NPV)</p> <p>4. The break-even point</p>	<p>2. <i>Scientific studies</i></p> <p>3. <i>Expert opinion and assumptions</i></p> <p>Staff in the Ministry of Labour and Social Protection, Staff in National Treasury and Planning,</p> <p>Staff of semi-government autonomous agencies (NHIF, NSSF)</p> <p>Development partners (WFP, UNICEF ILO, FAO)</p> <p>Private sector players</p> <p>NGOs and CSOs</p> <p>Selected beneficiaries</p>	
<p>Functionality of GRM</p>	<p>Does the grievance redress mechanism established for various social protection programmes appropriately address the needs of women, men,</p>	<p>-Relevant documents</p> <p>semi-autonomous government agencies (NHIF, NSSF)</p>	<p>Relevant documents</p> <p>KII Guide</p> <p>Observation checklist</p>

	boys, girls and persons with disabilities?.	Observation Selected Beneficiaries Beneficiary committees	Beneficiary interview guide
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6.4 Strategy: Description of Technical Approach and Methodology

Gender assessment of the NSNP requires a reflective but, forward –looking and user-oriented analysis in order to have a comprehensive review of the achievements, challenges and lessons learnt from the programme. In doing this, the assessment will contribute to generating substantial evidence, ideas and insights that will enable the Government of Kenya and partners to draw lessons that will inform their organizational practices and strengthen the programme moving into the future. Hence the consultant will conduct comprehensive, credible, supportive and informative assessment study. The assessment will incorporate Human Rights-Based and Gender Equality principles to enable the inclusion of vulnerable categories of people (PWDs, women and youth) throughout the study process. Furthermore, the assessment is designed to adopt a phased approach (Fig 4.) which will yield rapid generation of data within the set timelines and deliverables.

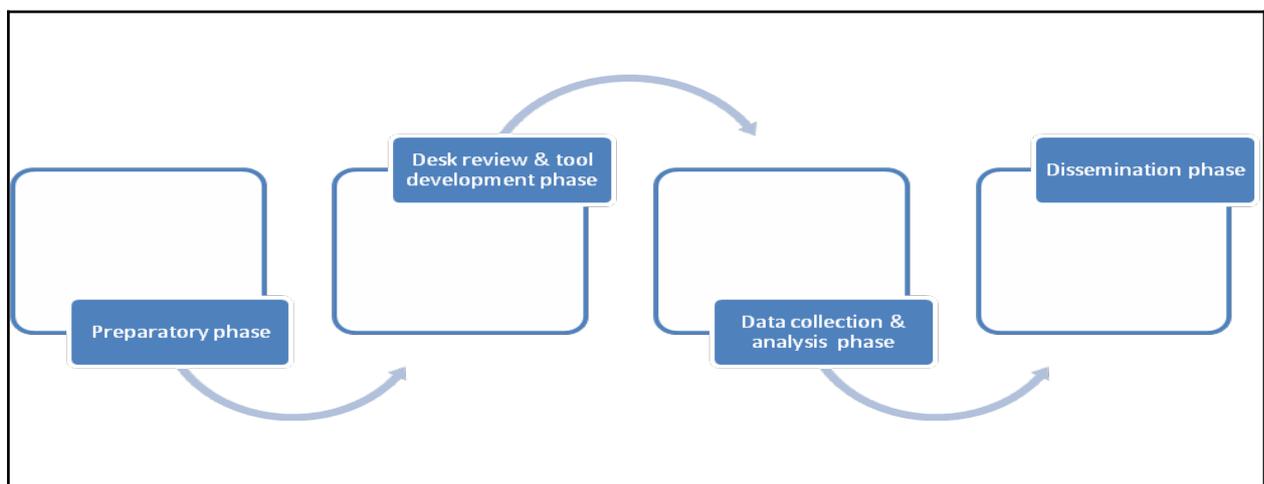


Figure 2: Technical approach to the assessment

6.4.1 Preparatory phase

This will involve discussion with GoK and partners in leveling expectations on the assessment scope, methodological approaches and the various deliverables as spelt out in the terms of reference.

6.4.2 Desk review phase

This phase will see review undertaken across the programme documents. The aim of this phase is to help with development of the study background, improve methodological approaches based on other normative studies, and inform the preparation of the study tools including determination of the level of analysis appropriate for the design.

6.4.3 Data collection phase

This will involve stakeholder forums, key informant interviews, Focus Group Discussions (FGDs) and field observations to generate qualitative data. As such, the study will begin by collecting data from selected literature sources; then proceed to stakeholder forums taking the form of town hall meetings/office visits with various key people who are involved in the programme. Where stakeholder workshops will prove difficult to organize, the consultants will interview the key informants individually.

The key informant interviews will be carried with purposively selected informants drawn across government officials and partners. The Consultant and the project teams from the government and implementing partner organizations will also undertake site observation in a few selected programme implementation areas to tease out information that may support the outcome of gender assessment of the programme. All data mined from different sources in this phase will be analyzed and the following reports produced: Draft gender assessment report and proposed interventions, Draft investment case for gender-responsive social protection (including cost benefit analysis) and Draft assessment report highlighting sex, age and disability gaps within the delivery systems & data collection tools.

6.5 Data collection, management and methods for analysis

6.5.1 Desk Review

This will involve a comprehensive review of relevant thematic documents including National Social Protection Policy, National Social Protection Investment Plan, Operation manuals for (Older Persons Cash Transfer programme, Persons with Severe Disability Cash Transfer programme and Orphans and Vulnerable Children Cash Transfer programme), Kenya's National Policy for Gender Mainstreaming, the 2018-2022 Strategic Plan of the State Department of Gender Affairs, Operation manual for Nutritional Improvements through Cash and Health Education, Boresha Afya Ya Mama Na Mtoto Programme and Imarisha Afya Ya Mama Na Mtoto Programme, National Maternal, Infant and Young Child Nutrition Policy, UNICEF Country Programme Document and WFP's Country Strategic Plan, Ministry of Labour and Social Protection Strategic Plan 2018-2022, The Zero Hunger Strategic review (2018) among other documents.

6.5.2 Primary Data Sources

Primary data will be collected using various relevant assessment tools. These will include the following:

6.5.2.1 Key Informant Interviews (KII)

The consultant shall hold KII with selected key informant from the following agencies/ departments:

- a) National Social Protection Secretariat (NSPS)
- b) Social Assistance Unit (SAU)
- c) DSD
- d) DCS
- e) National Council for Persons with Disability (NCPWD)
- f) County Coordinators (County Coordinators (CCs) of the DCS, DSD and NCPWD)
- g) Development Partners(WFP, UNICEF, FAO, ILO, UNWOMEN, World Bank and WHO)
- h) National Hospital Insurance Fund (NHIF)
- i) National Social Security Fund (NSSF)
- j) National Drought Management Authority (NDMA)
- k) KNBS
- l) State Department for Gender (Gender Mainstreaming Department)
- m) National Gender and Equality Commission
- n) KEPSA
- o) COTU
- p) FKE
- q) Oxfam
- r) Street Families Rehabilitation Trust Fund
- s) DFID

These will be largely face-to-face interviews individually with the KI while keeping to the WHO guidelines on COVID-19 pandemic. Where this is not possible, it will be done virtually.

6.6.2.2 Focus Group Discussions (FGDs)

Focus Group Discussions will be conducted with members of existing working committees for CCTP and also with selected beneficiaries of various programmes at the community level. The aim is to generate data on the appropriateness of the programme outcomes on different population segments of the society (children, women, aged, PWD and orphans) and to verify how gender dynamics are prioritized in programme planning.

Programmes	No. of meetings
FGDs for existing working groups	
The Programme Working Committee (PWC) Membership of the committee will be drawn from SAU, DSD, DCS, NSPS, NCPWD, and the DPs (DFID, UNICEF, World Bank, WFP)	1
The County Technical Working Committee The County Commissioner will be the default chairperson of the committee with the County Coordinators (DCS, DSD and DSO)	1

The Location Targeting Committee (LTC) The members of the committee will be representatives of all the villages in the locations selected for programme expansion	1
The Beneficiary Welfare Committee (BWC) The BWC is a group of representatives of beneficiaries of the CCTP at the location level	1
FGDs for selected beneficiaries(separate meetings for male and females in each category	
CT-OVC	2
OPCT	2
PWSD-CT	2
HSNP-CTP	2
Street Families Rehabilitation Trust Fund	2
Presidential Secondary School Bursary	2
Economic Inclusion Programme (DSD)	2
NICHE	1(mothers)

6.5.3 Triangulation of data from various sources

Data from various multiple sources will be triangulated, analysed. Qualitative data shall be analysed quantitatively using SPSS and qualitative data shall be analysed through thematic and content analysis quantitatively and using appropriate techniques, and used to write the report. A data-bank will be created for this assessment in a form that is appropriate for storage, analysis and utilization.

6.5.4 Data Management and Analysis

Data management will be a continuous process during the assessment. Qualitative interviews will be recorded using a voice recorder (with permission from the participants) and thereafter transcribed into word document. The transcriptions will be reviewed, cleaned and coded into running themes. In terms of data analysis, qualitative data will be analyzed by grouping the responses according to emerging themes within the thematic programmes. Verbatim quotes will be pulled out from the data and outstanding ones that reveal the emic perspectives of the programme implementers and beneficiaries on the assessment objectives selected for presentation in the report.

Quantitative data shall be analyzed using SPSS. Data from focus group discussions, key

informant interviews, case narratives and direct observations shall be analysed using ATLAS.ti. The software is used in the analysis of qualitative data. The transcribed data will be stored in word document format and imported to the ATLAS.ti. The software simplifies the process of data analysis by generating codes. Constant comparison method will be used during the analysis. This will be achieved through reading the data over and over and again and grouping statements into major study themes. Thematic content analysis will follow the specific themes focusing on issues under study. Coding will largely involve breaking the interview transcripts into discrete text units and interpreting their meanings. The relationship among codes will be established through induction and deduction. Key quotes recorded during the field work from the participants' own words as they answered questions and narrate their cases will be incorporated into the analysis to illustrate the main ideas from the study topics. The analysis will also include the researcher's interpretation of the findings showing the relationships between various themes in the study and assigning meanings to the findings. Documentary data will be subjected to content analysis.

6.5.5 Ethical considerations

All the respondents will be informed that participation in the assessment shall be voluntary and that they will be at liberty to terminate participation at any time without fear of victimization and that all the information would be kept confidential. The consent form is attached in appendix :i

6.5.6 Dissemination of findings

The draft reports will be shared with the GoK and partners for review after which they will be presented to other selected stakeholders for validation and emerging issues and information will be incorporated into the final reports. Examples of stakeholders include; Ministry of Labour and Social Protection, NCPWD, County governments , National Treasury and Planning, Ministry of Interior and Coordination of National Government, Development Partners, Ministry of Agriculture, Livestock, Fisheries and Irrigation, Ministry of Devolution and Arid and Semi-Arid Lands (ASALs), National Hospital Insurance Fund (NHIF), National Social Security Fund (NSSF), National Drought Management Authority (NDMA), State Department of Gender, development partners including but not limited to WFP, UNICEF FAO and ILO, Oxfam leaders of Faith-Based Organizations, Leaders of Civil Society Organizations and Private sector players in the thematic sectors.

The final reports shall be disseminated through written, visual and electronic publications and putting together data dissemination campaigns for both established and potential beneficiaries.

6.5.7 Procedures for performing Keys Tasks

The key tasks to be performed are outlined as follows:

1. Conducting a gender assessment of the NSNP and identify key entry points and interventions.
2. Devising a plan of action to implement gender-transformative social protection programming
3. Elaborating an investment case for gender-responsive social protection
4. Assessing the extent to which the social protection delivery systems including but not limited to the enhanced single registry generate disaggregated data and indicators by sex, age and disability.
5. Designing a pilot for the implementation of the Action Plan in at least 3-4 counties.

Task 1: Conducting a gender assessment of the NSNP and identify key entry points and interventions

The gender assessment shall be conducted following seven key steps spread across four stages as outlined below:

1. Designing secondary data collection plan including the identification of secondary data sources
2. Review of secondary data: This will include review of gender-focused published and unpublished studies and sex-disaggregated databases related to social protection sector in Kenya.
3. Analysis of secondary data: This entails assessing whether the existing information is adequate to identify the extent to which gender is mainstreamed in SP.
4. Identification of critical information gaps to inform the decision to collect additional data through primary sources
5. Development of primary data collection plan and instrument and proceed to collect primary data.
6. Data analysis using qualitative and quantitative methods
7. Constraints analysis: This will establish how the identified gender differences limit or facilitate desired changes in mainstreaming gender in SP sector in Kenya.

Stage 1: Identification of gender gaps and their implications for social protection enhancement

This will include assessment of existing gender provisions of the NSNP – particularly focusing on cash transfer programmes, Cash plus pilots and including the NHIF and the shock responsive components, particularly during the Covid-19 crisis – and the broader social protection landscape, pointing out to what extent programmes and mechanisms apply a gender lens and are gender-responsive (this will include looking at multiple dimensions, e.g. the programme vision and objectives, possible gender elements in targeting criteria, the consideration of life conditions and opportunities of women and men, as well as of household dynamics, the inclusion of girls’ and women’s needs, and any other relevant element). This stage will rely heavily on the available secondary data sources.

Stage 2: Identification of gender relevant data from various MISs

The reports pulled out from various MISs from the MLSP including, CCTP MIS which holds data for the CT-OVC, PWSD-CT and OP-CT, CCTP MIS and the Enhanced Single registry shall also be reviewed and analysed to establish the extent to which the various MISs collect gender, age and disability sensitive information. The assessment at this stage will also include the review of existing social protection M&E frameworks and identify the extent into which gender is integrated in the frameworks.

Stage 3: Collecting additional relevant primary data

The gaps identified from the analysis in stage 1 and 2 will inform the design and the types of additional data to be collected to aid the assessment and redesigning of the programme delivery systems. Primary data will be collected through KII, FGDs and field observations. KII will be conducted with the representatives from relevant GoK Ministries and relevant departments, programme implementing partners and other sector players as identified in the stakeholder mapping. FGDs will be conducted with selected programme beneficiaries. Observatory field visits to selected programme areas shall also be arranged. The observatory visits to the programmes areas will enable the Consultant to make observation on how

various SP programmes integrate gender issues during the actual programme implementation. The Consultant will also interact with programme beneficiaries. Observe guide is provided in appendix iii.

Stage 4: Data compilation, analysis and presentation

Primary and secondary data shall be analyzed qualitatively to generate results of the assessment. Data compilation, analysis, presentation and dissemination are crucial to obtaining gender-specific data, because such data often touch on sensitive issues about which little is known or which call for new thinking. When data is well presented, it?? reaches a wider audience of specialized and unspecialized users, while the correct and appropriate analysis of available statistics can help to avoid user bias concerning gender.

Task 2: Assess the extent to which the social protection delivery systems generate disaggregated data and indicators by sex, age and disability

This task shall benefit from findings of task 1 above. It will show the extent to which data speaks to key indicators such as sex, age, and the vulnerable populations (disabled persons, the elderly, sick, illiterate and culturally marginalized groups) . The Consultant would then make recommendations on what improvements are required in terms of data collection, storage and dissemination.

Task 3: Elaborating an investment case for gender-responsive social protection

The foundation of the investment case shall be supported by the findings of task 1 and 2 above. The inputs of GoK staff involved in social protection work in Kenya and development partners (UNICEF, WFP, WB, UNWOMEN, WHO, USAID, OXFARM, FAO and ILO) shall also be sought.

The Investment Case aims to provide evidence of the economic relevance of the Social Protection Programmes through quantifying in financial terms, the short and long-term benefits derived from these programmes. *The main objective is therefore to assess and compare the monetary cost and the economic benefit of the social protection programmes differentiated by gender, age, and disability showing that they are valuable investments in the short and long term for the lifecycle groups (children, adolescents, working age and old age) and to the communities and the country's growth and development.* However, the possibility depends on whether all values involved can be converted into monetary terms, which is challenging in the case of ethical, psychological or social benefits of social protection⁷⁸.

The key questions

This assignment attempts to answer the following questions

- i) Which gender-sensitive social protection programmes yields the highest level of benefits for a given cost?
- ii) Are the benefits of a single gender-sensitive social protection programmes larger than their costs?

Methodology

The Building Block of the Model

⁷⁸ Gassmann, F. (2012). Switching the Lights Off: The Impact of Energy Tariff Increases on Households in the Kyrgyz Republic. UNU-MERIT Working Paper 2012-066. Maastricht, UNU-MERIT.

The cost and benefit analysis uses a **Micro-Simulation Model**. This model applies the **household datasets embedded in STATA** to simulate the cost of a wide range of interventions and their impact on poverty and other outcomes. This model supports recommendations for interventions serving different vulnerable groups: persons with disabilities (PWD), children, older persons and mothers. Micro data allow the estimation of the number of beneficiaries, of short- and long-run costs and the potential impacts in terms of poverty reduction, taking into account alternative programme designs, allowing for variation in the grant amount, the grant duration and the targeting approach.

The core modelling assesses the **input cost parameters** of the programmes as per the design and implementation, and simulates the associated **input benefits parameters** of their selected primary outcome. By adjusting benefit sizes in the case of cash transfer programmes, these models effectively calculate programme costs at different levels of impact, serving as a simple cost-benefit analysis. As such, the monetization of selected benefits does not aim to quantify all associated outcomes, impacts and benefits comprehensively. It however aims to show that through the **output of returns on investment** of each programme's most directly associated benefits, their implementation is already financially worth the investment.

A Cost-Benefit Analysis (CBA) is undertaken in the economic appraisals. It allows the balance of incremental **input costs and benefits attributable** to an intervention to be quantitatively assessed, and compared between alternative options. The main **outcome/output** of this type of analysis is a straightforward **return to investment index, called Benefit-Cost Ratio (BCR)**. Once benefits are monetized and thus expressed in the same unit of measure as costs, this ratio expresses the number of monetary units of benefit for each unit of cost.

The **input cost and benefit drivers** of all the social protection programmes from the household datasets are quantified and compared to produce an output of **a return on investment**, showing the excess return to one unit of money spent. When analyzing alternative social protection programmes, a **Value for Money (VfM)** assessment⁷⁹ is essential for maximizing the impact of money spent to achieve the goal of poverty reduction.

The Estimation Procedure of Micro-Simulation Model

The Micro-Simulation Models have been widely used since the 1960s in developed economies to model the effects of social welfare/protection programmes in low- and middle-income countries⁸⁰. These models use *household survey data* to predict the costs and benefits and their outputs in returns to investment as well as poverty outcomes of social protection programmes under different scenarios. It also simulates how the benefit will be distributed among households with different consumption levels or different household composition. This contrasts with a tool that uses only macro-level data such as national population data, which cannot model the effect of the transfer at a household level⁸¹. The tool is run with the household survey data using widely available statistical software such as *Stata* or *SPSS* together with a spreadsheet. More complex microsimulation tools can be employed to predict households' behavioral response to receiving social protection programmes. The following

⁷⁹ DFID (2011). DFID's Approach to Value for Money (VfM). London, Department for International Development.

⁸⁰ Adopted by the ILO in June 2012

⁸¹ Citro, C. and Hanushek, E. (1993), 'Microsimulation models for social welfare programs: an evaluation'. Focus, Institute for Research on Poverty, December 1993, pp.13-21.

are the four main steps⁸² and issues involved in using a basic microsimulation tool for social protection programmes.

- i. **Decision on the scenarios to be modelled:** The key items to be considered here include the target beneficiary group disaggregated into age, sex and disability; the proposed value of the benefit involving identification and quantification of benefit variables in each programme; the identification and quantification of costs variables in each social protection programme; and the intended take-up rate of the programmes.
- ii. **Obtaining the micro- household data:** Once the scenario(s) have been set it is necessary to obtain the data for modelling the scenarios. At a micro level, a national household survey dataset will be necessary.
- iii. **Creating variables in the household survey dataset:** Variables created to show the annual value of the costs and benefits to each beneficiary, or the cumulative amount for the household. The real value of the transfer of the social protection programme, taking into account regional inflation, is used to estimate the benefit of the recipient while the nominal value is used to estimate how much the provider spends on the programme. Other variables may be added that indicate the estimated percentage reduction in a household's other consumption expenditure as a result of receiving the social protection programme (the substitution effect), and the percentage of additional cost in administering it. These adjustments are kept separate in the dataset, because one affects the eventual value of the benefit to the household, while the other affects the cost to the provider.

Benefit to household = Real value of transfer – substitution effect

Cost to provider = Nominal value of transfer + administration cost

- iv. **Modelling the effect of the programme using the household survey data:** By applying the scenarios to each household in the data – first adding the real value of the social protection programme for each household to its existing consumption, taking into account any opportunity cost, and then identifying the nominal cost to the provider of delivering the programme to each household—the effect of introducing the social protection programmes is then estimated and conclusions made for an investment case. The data will be categorized as indicated in Table 1.

Table 1: Categorization of Social Protection programme datasets

Programme	Life Cycle	Number of Beneficiaries		Input Parameters for Benefits	Input Parameters for Costs	Outputs=Ro I
		Male	Female/ disabled			
Social Assistance						
CT-OVC	Children			Expenditure = Consumption	Admin Costs	
OPCT	Old age					
PWSD-CT	School					

⁸² The steps are drawn from a microsimulation tool that OPM developed to simulate the potential impact and cost of introducing cash transfers in Côte d'Ivoire and Congo-Brazzaville

	I going and Work ing age						
HSNP	all						
HGSFP Home Grown School Feeding Programme	Schoo l going						
Presidential Secondary School Bursary	Schoo l going						
Universal Child Benefit (UCB).	House holds with young childr en						
NICHE	Prega nant and lactati ng mothe rs						
Economic Inclusion programmes	Work ing age						
Agricultural subsidies and cash transfers	Work ing age						
Social Health Protection/Insurance							
NHIF	all						
County Government Healthcare Schemes	all						
Medical insurance- Private Sector	all						
Universal Health Coverage (UHC)	all						
Community- Based Health Insurance	All						
Social Security							

National Social Security Fund (NSSF)	Working Age					
Civil Servants Pension Scheme	Working Age					
Private Pension Schemes.	Working Age					
Unemployment Insurance Fund (UIF)						

4. Conclusion

It's important to note that in this assignment, the type of the microsimulation model and the variables to be analyzed will depend on the type of the data that is available for each social protection programme. A detailed methodology will be possible after a careful study of the available data.

Justification for gender-sensitive non-contributory social protection/social assistance as a viable public investment	
Overarching lines of inquiry to be adopted by consultant	
<ul style="list-style-type: none"> • How are the instruments generating positive economic returns? • How are the instruments demonstrating value for money? 	
Option 1: Ex-Ante Analyses	
<ul style="list-style-type: none"> • Which types of gender-sensitive non-contributory social protection instruments are affordable? 	Cost-feasibility analyses
<ul style="list-style-type: none"> • Which option delivers a given level of benefit for the lowest cost? 	Cost-efficiency analyses
<ul style="list-style-type: none"> • Which design option yields the highest level of effectiveness for a given cost? 	Cost-effectiveness analyses
Option2: Drawing lessons from gender-sensitive social transfer pilot projects in Kenya that aim to demonstrate that innovative forms of gender-sensitive social transfers can be implemented and can generate very positive results and eventually influence national policies	
Option 3: Presentation of theoretical arguments and empirical evidence on the impact of gender-sensitive social transfer on poverty reduction and human development	

Task 4: Devise a plan of action to implement gender-transformative social protection programming

An action plan shall be drawn in consultation with the GOK and partners. The action plan will entail the specific activities for mainstreaming gender in social protection and the actual timelines for the implementation of the proposed activities. It will have details of key actors and their roles as well as possible risks and mitigation measures. The action plan should include steps to actualize the content of the investment case for gender-sensitive social protection.

Task 5: Design a pilot for the implementation of the Action Plan in at least 3-4 counties

The Consultant will design a pilot for gender-transformative social protection programming. The pilot shall be developed in consultation with the GoK and partners. Counties shall be selected based on need.

6.5.7 Stakeholder mapping and engagement

The Key stakeholders for this assessment are the GoK, County governments and the supporting United Nation agencies. Stakeholder consultation is key to the success of this assignment and shall be conducted at various stages during the assignment. The first stakeholder meeting shall only include the key stakeholders to agree on major milestones and to explain to them the necessary support they may need to accord the Consultant for the successful completion of the planned tasks. It will also agree on timelines. The second stakeholder meeting shall discuss the findings of the assessment and the third meeting shall discuss the elaborate investment case for gender- responsive social protection.

Other stakeholder engagement forums shall be conducted at the County level with County government officials considering the pivotal roles that Counties play in the social protection arena. In fact, most WFP and UNICEF supported social protection programmes are anchored on various County government programmes. Preliminary literature review has identified the following stakeholders: Ministry of Labour and Social Protection, NCPWD, County governments , National Treasury and Planning, Ministry of Interior and Coordination of National Government, Development Partners, Ministry of Agriculture, Livestock, Fisheries and Irrigation, Ministry of Devolution and Arid and Semi-Arid Lands (ASALs), National Hospital Insurance Fund (NHIF), National Social Security Fund (NSSF), National Drought Management Authority (NDMA), development partners including but not limited to WFP, UNICEF FAO and ILO, Oxfam, Leaders of Faith-Based Organizations, Leaders of Civil Society Organizations and Private sector players in the thematic sectors.

6.5.9 Work plan

Table 1: Work plan

6.5.10 Way forward for the assignment

- a) Agreeing on the work plan and the methodological approaches with the client
- b) Extensive literature review
- c) A walk through of the existing MIS system and review of the accompanying documentations
- d) Identification of key informants and developing interview schedule
- e) Developing a schedule for Focus discussions for different programmes
- f) Accessing the data on social protection from relevant government agencies and departments to aid in gender analysis
- g) Systematic engagement with the county government on the priority areas and obtaining their buy in for the proposed projects to be anchored on the county budgets and plans
- h) Aligning the proposed investment case with the Kenya National Social Protection Investment Plan and the strategic global objectives on social protection

i) Dissemination of the gender analysis findings

Appendix I: Key Informant Interview Guide

Programmes and projects	
1	List all the social protection programmes being implemented by your department/organization
2	What are the benefits of investing in gender-responsive SP?
3	To what extent does SP in Kenya include gender consideration in planning and programme implementation?
4	What are the existing gender gaps in SP in Kenya?
5	Do we have available policies and legal frameworks to guide gender integration in SP programming ?
6	Do you select the beneficiaries of your programmes based on sex, age and disability
7	Give the total number of beneficiaries of each programme
8	Give the breakdown in terms of age, sex, region and disability for all your projects
9	Did you conduct gender analysis before you designed and initiated your programmes (If yes, share the report of the analysis)
10	Have you conducted gender auditing for any ongoing or completed project in your department (If yes, share the audit report)
11	If no in (9 and 10), why have you not conducted gender analysis or auditing for your programmes?
12	Do your programmes treat both men and women differently based on their needs?
13	Which programmes do you implement that specifically address the needs of women, adolescent girls and boys, children and youths?
14	Do you document grievances from the beneficiaries and general members of the public
15	How many grievances did you receive within the last 12 Months?
16	How many of the grievances received were reported by women/men/persons with disability
17	How many grievances from women/ persons with disability have been resolved and feedback communicated to the beneficiaries?

Proposed Key Informants

- a) National Social Protection Secretariat (NSPS)
- b) Social Assistance Unit (SAU)
- c) DSD
- d) DCS
- e) National Council for Persons with Disability (NCPWD)
- f) County Coordinators (County Coordinators (CCs) of the DCS, DSD and NCPWD
- g) Development Partners (WFP, UNICEF, FAO, ILO, UNWOMEN, World Bank, WHO)
- h) National Hospital Insurance Fund (NHIF)
- i) National Social Security Fund (NSSF)
- j) National Drought Management Authority (NDMA)
- k) KNBS
- l) State Department for Gender (Gender Mainstreaming Department)
- m) National Gender and Equality Commission
- n) KEPSA
- o) COTU
- p) FKE
- q) Oxfam
- r) Street Families Rehabilitation Trust Fund
- s) DFID

#	NICHE-MIS Cctp MIS, CPIMS, HSNP MIS ESR MIS, NSSF MIS and NHIF MIS	Response s
A: Understanding the MIS		
1	What does this MIS entails?	
2	What are the data sources ?	
3	How do you collect the data?	
4	Who is involved in data collection?	
5	How is information fed into this MIS?	
6	How do you ensure data quality?	
7	How is data analyzed and by who?	
8	What kind of reports do you generate from this MIS?	
9	Who do you share the reports with and for what purpose?	
10	How are the reports used?	
B: MIS and its relationship with SP		
1	What is the relationship between this -MIS and Social Protection(SP)?	
2	What social protection programmes are you implementing ?	
3	How do you identify the beneficiaries of your social protection programmes?	
4	What kind of data do you collect from the beneficiaries ?	
C: Gender and social data in NICHE-MIS		
1	How many beneficiaries do you have in your various social protection programmes?	
2	How many are girls, boys, men and women	
3	Can you provide the distribution of your beneficiaries by age?	
4	Give the number of your beneficiaries who are living with disabilities	
5	How do you ensure that all categories (gender, age and disability) are included in your programmes?	
6	What criteria do you use to identify the beneficiaries?	
7	How does the criteria responds to the differentiated needs of boys, girls, men and women?	
8	What tools do you use to capture beneficiaries' information and how is it designed to capture data which is disaggregated by sex, age and disability?	
9	How much do you give to an individual in each category (age, sex, disability) and at what intervals?	
10	What have been the achievements of your social protection programmes?	
11	Any challenges encountered and the proposed solutions?	
12	Do you document grievances from the beneficiaries and general members of the public	
13	How many grievances did you receive within the last 12 Months?	
14	How many of the grievances received were reported by women/men/persons with disability	
15	How many grievances from women/ persons with disability have been resolved and feedback communicated to the beneficiaries?	

Assessment guide for NHIF & NSSF	
1	What is the total number of principal members under the scheme
2	Provide the breakdown of the principal members in terms of sex, age and vulnerability
3	What is the monthly contribution amount by each principal member
4	What percentage of the targeted principal members do you think have been reached
5	How many people in informal sector have enrolled
6	How many women/ persons with disability in the informal sector are enrolled
7	What strategies do you have to promote women/ persons with disability enrollment and more so the vulnerable women working in the informal sectors in Kenya
8	Is the government supporting enrollment of any vulnerable group(If yes name them)

Focus group discussion guide

- 1) Nature of social protection programmes
- 2) Benefits of investing in gender-responsive SP
- 3) Gender dynamics in social protection
- 4) Existing gender gaps in SP in Kenya?
- 5) Policies and legal frameworks to guide gender integration in SP programming
- 6) Selection of beneficiaries
- 7) Availability of sex/age /disability disaggregated data
- 8) Gender analysis/Assessment/ Audit
- 9) Grievance and complaints Management

APPENDIX II: CONSENT FORM

Please read and sign this consent form to show that you understand the purpose of our discussion.

1. I understand that the purpose of this assessment to collect data on gender dynamics in the Social Protection Sector in Kenya for UNICEF.
2. I understand that I can withdraw from this interview at any time without explanation
3. I understand my identity will not, without my express permission, be divulged.
4. I understand that the information provided will be used to analyse gender gaps in the Social protection sector in Kenya.
5. I understand that data and original information will be stored in a secure place for the length of the assessment and subsequently archived at UNICEF Kenya.

I have read the information sheet and have the details of the study explained to me, My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I therefore do agree to participate in this research.

Signature-----Print Name-----date-----
 Researcher-----Print Name-----Date-----

