Governance of Social Protection Programmes: National – Decentralized levels

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Country Profile

- Estimated population: 40 million
- Orphans: 2.6 million
- Older Persons 60 years and above: 1.9 million
- People are living with disabilities: 400,000
- Population live below the Poverty line: 46%
- 19% extremely poor population
- HIV and AIDS Prevalence: 5.2%
- Poor households with OVCs: 1.4 million
- Poor households with older persons 65+ years: 504,000
The Social Protection Policy process was initiated in 2007 - the policy was approved by the Cabinet in May 2012.

The sessional paper was approved by Parliament in August 2015.

In 2010, the Government adopted a new constitution that devolved services between the national level and 47 counties.

- Social security is a right to all Kenyans.

Social Protection functions are however not fully devolved to the County Governments.
Social Protection Components

Social Protection

Social Assistance
Distribute resources—either cash or in-kind to the poor and vulnerable.
Non-Contributory

Health Insurance
mitigates risks associated with employment and efficient operation of labour markets—(mainly)
Contributory

Social Security
provided health cover to those who can afford to pay.
Social Protection Policy intent

• The Policy recognizes and builds on existing social protection initiatives - bursaries, fee waivers in public health facilities, cash transfer programmes, health insurance, social security

• The measures outlined in the Policy aim to ensure:
  - Decent standard of living for all Kenyans
  - Income Security
  - Access to basic health services
Objectives of the SP Policy

• **Protection**: Protect individuals and households from adverse shocks that are capable of pushing them deeper into poverty

• **Supportive**: Support individuals and households in managing shocks

• **Cushioning**: Cushion workers and their dependents from consequences of shocks including; income threatening risks, ill-health disasters

• **Build Resilience**: Promote key investments in human capital and physical assets development to ensure resilience and break the cycle of intergenerational poverty

• **Systems building and strengthening**: Promote synergies and integration among social protection stakeholders for effective and efficient implementation of the NSPP
## Examples of SP Interventions in Kenya (1)

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<td>• Free Primary School Education-</td>
<td>• Cash Transfer for Orphans and Vulnerable children: 253,000</td>
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## Interventions (2)

### Health related interventions
- Hospital Fee Waiver for children under 5 years and expectant mothers
- Voucher system for Ante Natal and delivery services
- Free delivery in GOK hospitals
- Free treatment for malaria and TB Patients
- Health Insurance Subsidy Program (HISP) for the poor (piloting with households with OVC)
- Support to those infected by HIV/AIDS

### Subsidies
- Agriculture input support program
- Slum up grading and low-cost housing programme

### Other Interventions
- Civil Society Organizations led interventions
- Community and Individual Interventions (informal e.g. funerals, merry go rounds)
- Private Sector Interventions
Coordination and Integration

- The objective is to streamline programming and bring stakeholders together in an effective partnership (for complementary interventions):
  - Coordination within social assistance programmes
  - Coordination between the three components of social protection - social assistance, social security, health insurance
  - Coordination between the national and the county levels of governance
  - Collaboration between different stakeholders
Institutional Framework

- Ministry Responsible for Social Protection
  - National Social Protection Council
    - County Social Protection Committee
      - Sub-County Social Protection Committee
    - National Social Protection Secretariat
      - Adjudication
      - Regulators
    - National Assembly
      - County Assemblies
Social Assistance – National Level Structures

• The National Social Protection Secretariat was established in 2012 to provide leadership towards the establishment of a National Safety Net Programme
• The NSNP seeks to harmonize the implementation of the four key cash transfers: CT-OVC, OPCT, PWSD, and HSNP
• The main focus currently is on rolling out a NSNP Expansion Plan that is jointly implemented by the four cash transfer programmes
National level structures

- Technical Management Team – leadership of the various programmes and decision-makers at the Ministry level
- Targeting Technical Working
- Management Information Systems working Group – responsible for the Single Registry
- Monitoring and evaluation Working Group
- Complaints and Grievance Working group
- Payments Working Group
*Some of these groups are more active than others
County and lower-level structures

- County coordinators, who are government employees, are responsible for the cash transfers (HSNP partners with CSOs at the county and sub-county levels)
- Constituency Social Assistance Committees were established in 2013 to support targeting activities
- The local leadership – chiefs, assistant chiefs and elders are key in targeting, validation and follow-up
Community roles (1)

Community members are organized in various forms:
  - Location Oversight Committees
  - Beneficiary Welfare Committees (bring together groups of beneficiaries)
  - Rights Committees – the manage complaints on targeting

E.G. Complaints and grievance redress (CGR) mechanism in Kenya
The HSNP has contracted HelpAge International to support the CGR mechanisms in some of the counties. The Rights Committees (RC) are local volunteer groups recruited from communities who are trained on a variety of rights-related issues. The RCs are responsible for informing beneficiary and non-beneficiary households of their rights and mechanisms for recourse under HSNP Phase II, as well as for collecting and filing complaints on MIS Forms and submitting these to the SPR Partner County Office. Rights Committees comprise a number of members, each representing a village, and a Chair.
Community roles (2)

- Registration of potential beneficiaries
- Targeting – especially when community-based targeting is used
- Validation – to ensure those on the list of beneficiaries qualify
- Complaints and grievance redress
- Monitoring and evaluation

**But**
- Use of community members for targeting & validation of potential beneficiaries can be a challenge:
  - Individualism in urban areas - people do not know each other
  - In rural areas community solidarity sometimes influences their participation – they cannot betray each other (social capital)
Key challenges

1. Slow pace in the ratification of legislative framework
2. Positioning of cash transfers in different ministries with different mandates
3. Limited financial support towards infrastructural development (low levels of administrative support)
4. The voluntary nature of community level structures – this can impact commitment by members
5. Inadequate feedback mechanisms – information tends to flow from bottom up but not the inverse
Conclusion

- Community involvement is important at all levels - design, implementation and monitoring and evaluation;
- Access to essential services such as education, healthcare, birth registration should be a priority
- Social assistance is quite expensive - collaboration and networking between different stakeholders is key for sustained financing
- Integration of formal and informal social protection mechanisms is critical for effective social assistance service delivery
Thank you

- Targeting/Universal
- Payments
- “Social Protection System”
- Monitoring & Evaluation
- Complaints and Grievances