

**Maintains**



Research supporting social  
services to adapt to shocks

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# Opportunities of, and obstacles to, the utilisation of the Enhanced Single Registry

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Kenya Social Protection Research Study 1

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## About Maintains

This five-year (2018–2023) operational research programme is building a strong evidence base on how health, education, nutrition, and social protection systems can respond more quickly, reliably, and effectively to changing needs during and after shocks, whilst also maintaining existing services. Maintains is working in six focal countries—Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda—undertaking research to build evidence and providing technical assistance to support practical implementation. Lessons from this work will be used to inform policy and practice at both national and global levels.

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# Executive summary

## Introduction

Over the last 10 years, the Kenyan social protection sector has evolved and expanded significantly. The 2011 Social Protection Policy (Government of Kenya (GoK), 2011) introduced a vision of increasing coverage, improving coordination, and bringing about greater integration of programmes and services. As part of the Ministry of Labour and Social Protection's (MLSP) activities to transform the National Safety Net Programme (NSNP) into a responsive, harmonised social protection programme, an Enhanced Single Registry (ESR) is being developed that will function as a social registry. The ESR will allow other governmental and non-governmental programmes to use its data to target vulnerable and poor Kenyans during normal times as well as during shocks.

The Maintains research on social protection in Kenya focuses on providing operationally relevant insights to the Social Protection Secretariat (SPS), the World Bank Team working on KSEIP, and UK Foreign Commonwealth and Development Office (FCDO) that complements activities conducted as part of the roll-out of the ESR. The research focus for this study was jointly developed and agreed, and the objective of the research is to provide additional information and address gaps in understanding directly linked to developing and implementing the ESR.

## Objectives and approach to the research

In order for the ESR to be used by governmental and non-governmental programmes to deliver social protection programmes during both normal times and during times of shock, it is important to ensure that the views and needs of the potential users of the ESR at the county (and national) level are reflected in its design. While some initial consultations on this had previously taken place, it was felt that Maintains could usefully provide additional insights.

As a result, the primary objectives of this research study are to:

- Investigate what opportunities county level stakeholders see for the roll-out of the ESR and its use for delivering programming;
- Assess what obstacles might hinder the successful roll-out and uptake of the ESR by a wide range of stakeholders at the county and national level, including gaps in understanding; and
- Explore perceptions of the role that the ESR could play in enabling shock-responsive programming during times of shock.

To gather data against these objectives, this study comprised two research activities. The first was a qualitative exploration of stakeholder views on the ESR's usability. The research team engaged with 122 stakeholders, both at the national level and across 12 counties prioritised for the roll-out of the ESR, to explore their views in relation to the opportunities of, and barriers to, the use of the ESR, and their perspectives around data collection and management, and the use of the ESR as a tool for improving shock responsiveness. The

second research activity was a data quality assessment of the data contained in the Single Registry, focussing on the completeness, relevance, currency, accessibility, and accuracy of the data as well as issues of data protection in relation to shock-responsive social protection.

## Main Findings

Overall, the research found a wide range of programmes operating in the counties (implemented by both the national government and county governments, as well as non-state actors) that have the potential to benefit from the development of the ESR in normal times and in responding to shocks. The vast majority of stakeholders were enthusiastic about the potential of the system in this regard.

At the county level, there is very limited awareness of the Single Registry, and no awareness of the plans for the ESR. While the lack of understanding of the ESR is understandable considering its stage of development, communication needs to be rapidly improved if there is to be wider buy-in and use of the system. There is a strong demand from key social protection actors at county level for greater decentralisation of the system, but whether capacity to manage this currently exists is questionable. There is a clear need to step up communication efforts on the role of social protection, the lifecycle approach, and the potential of social protection and the ESR for shock-responsive social protection and resilience building. This requires training on the ESR (and the ambition for it) for the county staff of the MLSP and county government stakeholders; this is a prerequisite for wider use of the system.

The data quality assessment highlighted that the data contained in the Single Registry are not currently sufficient for shock response as they only cover a small proportion of the country's vulnerable population and lack some key variables (such as contact details and geo-location data). Furthermore, data are not effectively synced with the individual programme MISs, and there are also questions around data quality and accessibility. These findings were corroborated by the key informant interviews. Those who had accessed data from the Single Registry directly or through its linked databases encountered several problems, such as missing households and information (lack of phone numbers, location data, or information on shocks and coping strategies), errors in the data (such as wrong names or identification details), and finding the process of accessing the data to be bureaucratic and time-consuming.

The ESR offers great potential for improving the coordination and distribution of interventions, and as a tool for achieving more impartial targeting. In terms of data collection approaches, most interviewees favoured census-style data collection. While this is clearly more expensive, it will yield a more comprehensive dataset that would potentially be of more value for shock-responsive social protection as it could include those vulnerable to a range of shocks. It was made clear that there needs to be some flexibility in data collection approaches within a county, and that they cannot be driven only by a county's overall poverty rate: areas with a high incidence of covariate shocks and vulnerability may require more extensive data collection exercises. Furthermore, if the ESR becomes a government-wide database, consideration could be given to building linkages with other government data collection processes to improve cost-effectiveness and reduce data collection fatigue.

Regarding the type of data respondents wanted to see in the ESR, the harmonised targeting tool (HTT) was shared with interviewees and most respondents felt that the tool had the data parameters needed to identify poor populations well. However, depending on specific mandates, respondents wanted to see additional or tailored data collected: for example, some stakeholders felt that comprehensive disability data was missing while others felt that the HTT lacked context-specific data on house construction materials, for example.

Several of the stakeholders envisaged multiple roles in relation to the ESR, and have the potential to be both data consumers and suppliers. It is clear from this research that the process of developing the ESR must be inclusive of a range of stakeholders. These stakeholders should have a role in decisions on data collection approaches and sensitisation, which require a whole-of-government approach. No single ministry or agency has the convening power or capacity to do this alone. Equally important is the need for county governments, as well as the national government, to be involved early on if they are to trust and own the data collected, and to use the system. The mix of exactly which stakeholders are involved in this data collection process may need to differ across counties and there needs to be room for flexibility in approaches.

Data management is currently an area of weakness and for this to work effectively in the context of the ESR there needs to be wide ownership and mechanisms for the system to be effectively kept up to date. This requires greater decentralisation alongside investments in capacity building and a digital system that can rapidly capture updates and feedback, with a central independent means of cleaning and verifying data. User access must be linked to user obligations to help maintain data currency, complemented by clear means of oversight.

In addition to offering value for regular programming, this research found that the ESR has clear potential to contribute to better shock-responsive social protection. Firstly, it can be a tool to facilitate resilience building. However, at present resilience is a concept that is not very well understood, especially at county level, and there is a risk that in reality greater transparency on households' receipt of social protection support through the ESR may be used to spread assistance more thinly, rather than layering different types of intervention one on top of the other. Secondly, there is potential for the ESR to be a key tool for managing relief efforts and improving the speed and ease of response. However, this requires it to include certain variables, to be regularly updated, to be comprehensive in coverage, to have the potential to include households that fall outside of current poverty registration targets (so as to incorporate those vulnerable to a range of shocks), and to have the ability to rapidly add new households to the system.

## Conclusions

This purpose of this study was to document the opportunities of, and barriers to, the use of the ESR, and gather stakeholder perspectives around data collection and management, and the use of the ESR as a tool for improving shock responsiveness. A number of conclusions follow based on the findings of this report:

- Overall, interviewees were enthusiastic about the concept of the ESR. For most it was a new idea, but the potential value is clear across a range of programmes and departments at national and county levels.

- At present there is very little awareness of the Single Registry outside of the MLSP, and no awareness of the plans for the ESR at the county level.
- The quality of the data stored in the Single Registry is not sufficient to provide a useful resource for shock response.
- There is a critical window of time within which to influence the ESR roll-out process.
- For the ESR to be effective and sustainable, it must become a cross-government system with shared ownership and value. Specifically, it is critical that the ESR includes a key role for county government stakeholders as part of multi-sectoral teams from the start, including in data collection processes.
- As a cross-government system, the ESR will be required to serve a wide array of programmes across different government ministries, for both the national government and county governments to form a connected digital and inclusive system.
- The prevalent interest in the ESR from interviewees was to use it to avoid ‘double dipping’. While there are instances where this makes sense, there is a danger that spreading social protection support too thinly, might undermine resilience building efforts.
- There are large gaps in the understanding of data management requirements at the county level.
- There is interest among national and county stakeholders in a consolidated registration and targeting tool that is seen as more impartial.
- The COVID-19 crisis has exposed just how valuable it could be to have a comprehensive single registry to aid the delivery and coordination of a wide range of social protection interventions that are shock-responsive and that target those most in need.
- ESR target populations for shock response will differ depending on the shock (health epidemics, economic shocks, drought, locusts, floods, conflict etc.), but it is crucial to ensure that the system developed is robust and relevant for a wide range of stakeholders, and incorporates efficient mechanisms for maintaining the currency of the data in order to ensure it stands the test of time.

## Implications for Policy

The findings of this research suggest a number of implications for the policy regarding the ESR that could usefully be considered. There is a critical window of time within which to influence the ESR design, development, and roll-out. The COVID-19 crisis creates an opportunity to strengthen the process and ensure that the foundations are laid for the creation of an optimal resource that will help to target and coordinate a wide range of social protection and other related interventions focused on long-term welfare objectives and preparing for and responding to shocks. It is crucial that this time is used to ensure a robust and sustainable system is developed that can be profitably used by a wide range of stakeholders.

Key implications of this study for ESR policy include the following:

1. There is an urgent need to create awareness among government stakeholders on the plans for the ESR, and its potential for facilitating improved shock response and resilience building, in order to get buy-in at the county level and to provide clarity on governance and operational processes.

2. The ESR must be a multi-agency effort if it is to succeed, with genuine consultation to ensure buy-in and agreement on the design and delivery. No single agency alone can deliver the ambition for the ESR.
3. Locally tailored sensitisation campaigns are required to ensure that all those who need to be registered, and these should be tailored to each county's reality.
4. Data collection should involve multi-sectoral teams, and be inclusive of county governments and potential shock responders.
5. Data collection methods should not be guided by poverty rates alone but should also consider the vulnerability of communities to specific shocks.
6. A clear policy directive and subsequent training is needed to ensure a coherent approach to the utilisation of the ESR.
7. A county MIS platform linked to the ESR should be piloted.
8. Greater decentralisation is required in relation to data management for the ESR.

Additionally, the following learnings emanate from the Single Registry and have implications for the development of the ESR:

9. The quality of data stored in the Single Registry, and by implication the ESR, will need to be improved to maximise the database's utility.
10. The process for accessing data through the Single Registry needs to be streamlined to facilitate rapid data access.

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## List of abbreviations

ASAL(s)	Arid and semi-arid lands
CCTP	Consolidated Cash Transfer Programme
CSG	County Steering Group
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DCS	Department of Children Services
DSD	Department for Social Development
ESR	Enhanced Single Registry
FCDO	Foreign, Commonwealth and Development Office
GoK	Government of Kenya
HSNP	Hunger Safety Net Programme
HTM	Harmonised targeting methodology
HTT	Harmonised targeting tool
KCWG	Kenya Cash Working Group
KES	Kenya shilling
KIHBS	Kenya Integrated Household Budget Survey
KNBS	Kenya National Bureau of Statistics
KSEIP	Kenya Social and Economic Inclusion Project
MIS	Management information system
MLSP	Ministry of Labour and Social Protection
NCPWD	National Council of People with Disabilities
NDMA	National Drought Management Authority
NGO	Non-governmental organisation
NICHE	Nutritional Improvements through Cash and Health Education
NHIF	National Health Insurance Fund
NSNP	National Safety Net Programme
OP-CT	Older Persons Cash Transfer
OPM	Oxford Policy Management

PMT	Proxy means test
PWD	People with disabilities
PWSD-CT	People with Severe Disabilities Cash Transfer
SAU	Social Assistance Unit
SPS	Social Protection Secretariat
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WFP-CT	World Food Programme Cash Transfer

# 1 Introduction

## 1.1 The social protection sector in Kenya

Over the last 10 years, the Kenyan social protection sector has evolved and expanded significantly. The 2011 Social Protection Policy (Government of Kenya (GoK), 2011) introduced a vision of increasing coverage, improving coordination, and bringing about greater integration of programmes and services. The draft 2019 policy takes this further, moving towards a lifecycle approach to social protection: from interventions targeting pregnancy and early childhood, through school age, youth, working age, and old age. However, questions remain over whether the GoK and development partners are fully on-board with a lifecycle approach.

Social protection in Kenya is currently structured along the three main pillars of social assistance, social security, and health insurance (GoK, 2019b). Programmes across the three pillars have been implemented by state and non-state actors across the country. Prominent among these programmes is the National Safety Net Programme (NSNP), under the social assistance pillar, which consists of four cash transfer programmes: the Older Persons Cash Transfer (OP-CT), which is slowly being replaced by the cash transfer for 70+<sup>1</sup>, the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), the Persons with Severe Disabilities Cash Transfer (PWSD-CT), and the Hunger Safety Net Programme (HSNP). The four programmes are collectively known as the *Inua Jamii*.

Under the NSNP, a consolidation and harmonisation agenda has been pursued by the Ministry of Labour and Social Protection (MLSP)<sup>2</sup> which has sought to improve coordination of the social protection sector, consolidate social assistance across government institutions, and harmonise various delivery processes, such as targeting, case management, complaints and grievances, management information systems (MIS), and monitoring and evaluation. For example, the NSNP has targeted and registered beneficiaries separately for each programme. However, a harmonised targeting methodology (HTM<sup>3</sup>) has now been created to identify potential beneficiaries for the different cash transfer programmes through a single targeting exercise. This has the potential to improve the quality and consistency of data collection and to ensure that the same households are not assessed multiple times with different instruments.

At the institutional level, the Social Protection Secretariat (SPS) was established in 2010 with the mandate to coordinate the social protection sector.<sup>4</sup> In 2016, the CT-OVC, OP-CT and PWSD-CT were consolidated into the Consolidated Cash Transfer Programme (CCTP) which are collectively managed by a single implementation unit called the Social Assistance Unit (SAU). At the same time, a Single Registry was established by the MLSP to consolidate

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<sup>1</sup> In 2017, the universal pension scheme for everyone aged 70 years and over – the *Inua Jamii* Senior Citizens' scheme – was introduced as the first individual entitlement social protection scheme in the country.

<sup>2</sup> While the NSNP is overseen by the MLSP, this harmonisation agenda has included the HSNP, which is implemented by the National Drought Management Authority (NDMA) in four northern counties.

<sup>3</sup> The HTM has been piloted and has now been used as the targeting methodology across the four HSNP counties and for all of the NSNP cash transfers, but at the time of writing the switch to new beneficiaries has yet to take place.

<sup>4</sup> See [www.socialprotection.or.ke/about-sps/social-protection-secretariat](http://www.socialprotection.or.ke/about-sps/social-protection-secretariat) for more details.

information from the different social assistance programmes, to provide a single platform for storing, analysing, and reporting information, and to minimise the potential for fraud (see Box 1).

### **Box 1: The Single Registry**

The Single Registry is a platform designed to manage and provide oversight of the principal cash transfer programmes in Kenya, including the *Inua Jamii* and the World Food Programme Cash Transfer (WFP-CT), also known as the *Jenga Jamii*. Since its establishment, the purpose of the Single Registry has evolved in line with the social protection policy framework in Kenya to serve two objectives:

- to provide increased harmonisation and consolidation of fragmented schemes; and
- to enhance the responsiveness of social protection initiatives to increase their capacity to quickly scale-up in response to rapid-onset crises.

The Single Registry draws data from the programme MISs for the five principal cash transfer programmes operating in Kenya. Specifically:

- the SAU's CCTP MIS, which is an integrated system containing data from the CT-OVC, OP-CT (including the 70+ cash transfer),<sup>5</sup> and PWSD-CT;
- the HSNP MIS, managed by the NDMA, which contains data on HSNP beneficiary households and the majority of non-beneficiary households in the four counties for emergency scale-up; and
- the WFP's MIS for the *Jenga Jamii* programme.

According to the Single Registry website, the Single Registry is also linked to the Kenyan National Population Register at the Ministry of Interior and Coordination of National Government, and this database is used to verify the identity of the cash transfer recipients.<sup>6</sup> Finally, the Single Registry has a complementary module (see Box 2) through which users are able to download household-level data, and into which service partners providing complementary services to NSNP beneficiaries should be able to upload data on complementary service provision.

The platform is publicly accessible online. Aggregate data are accessible through the system's public dashboards and reports, and the underlying household- and individual-level data are (nominally – see Section 3.3.5) available after registering a data access request with the SPS and obtaining a username and password.

## **1.2 The Enhanced Single Registry**

As part of the MLSP's activities to transform the NSNP into a responsive, harmonised social protection programme, an Enhanced Single Registry (ESR) is being developed that will function as a social registry. The ESR will allow other governmental and non-governmental programmes to use its data to target vulnerable and poor Kenyans during normal times as well as during shocks. This activity is funded via the Kenya Social and Economic Inclusion

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<sup>5</sup> The assessment of the completeness of the data stored in the Single Registry (see Section 3.3.2 for details) indicates that data on the beneficiaries of the cash transfer for 70+ are not included in the Single Registry but are included in the CCTP MIS.

<sup>6</sup> See 'The Single Registry for Social Protection' at <http://mis.socialprotection.go.ke:20307/>

Project (KSEIP), a multi-donor fund. At the time of writing, the roll-out of the ESR is planned for August 2020.

The draft Strategy for the Enhancement of the Single Registry describes the following process, including steps:

*‘... in the direction of integrating the collection, storage and use of data within the social protection sector. There are opportunities to enhance Kenya’s Single Registry, growing beyond its current functions to effectively serve as a tool to integrate social protection policies, as well as link social protection actual and potential beneficiaries with other social policies. The objective in the short and medium term is to develop the ESR to collect, update, ensure quality and link the data of households and persons in poverty. The ESR will be the main data collection, data quality assurance and data accessibility tool. The data hosted in the ESR will be used to select beneficiaries and plan new interventions, aiming to mainstream programs to the most vulnerable by effectively offering coordinated bundles of transfers and services. It follows that the ESR objective within the social protection sector is to build a reliable and updated dataset of the poor. This effort is part of the Kenyan government strategy to expand social protection transfers and services to poor households and individuals.’ (Government of Kenya (GoK), 2020b)*

According to the unpublished Enhanced Single Registry Guidelines (GoK, 2019a), the ESR will become a common registration system and eligibility gateway for potential beneficiaries of a wide range of interventions (including, but not limited to, cash transfers) supporting poor and vulnerable households. The ESR data will also be used to provide key monitoring information on programme coverage and the functioning of social protection programmes.

The ESR aims to provide a framework for complementary activities to improve economic and social inclusion of poor and vulnerable households, through providing support in accessing health insurance, nutrition services, and education support, and/or the delivery of targeted technical support to increase incomes. These may be programmes implemented by the MLSP or by other ministries, county governments, or non-state actors. It is also anticipated that the ESR will allow more rapid shock response.

The ESR will include:

- information to identify specific households and members of the household to enable users to select actual and potential beneficiaries for other social protection programmes;<sup>7</sup>
- demographic data, such as the age, sex, and disability status of household members; and
- socioeconomic data to allow an assessment of poverty status and a poverty score.

The central idea of the ESR is to go beyond a collection of integrated beneficiary databases, like the current Single Registry. The plan is not only for the ESR to share data with relevant programmes but also to have the ability to link to partner programme MISs. This will allow a two-way flow of information and will help to ensure the ESR is kept up to date. It will also enable a better tracking of the different interventions provided to households and individuals,

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<sup>7</sup> ESR presentation by the SPS, 13 February 2020 at the Kenya Cash Working Group meeting.

which should improve their coherence and complementarity, and their overall effectiveness as regards the welfare of target populations.

### 1.3 Maintains research on social protection in Kenya

Research focused on the design and implementation of a social registry in Kenya is topical for both the global debate and programming within Kenya. Under KSEIP, efforts to improve the shock responsiveness of the social protection sector are a priority. Recent experiences of using the HSNP to expand both the number of beneficiaries during shocks and the value of the transfer they receive have garnered worldwide attention. The HSNP MIS, which was built to function as a *de facto* social registry, in that it contained information not only on beneficiaries but also on non-beneficiaries within parts of Kenya, has provided useful insights on how existing data and systems would need to be adapted in order to allow for the targeting and delivery of social assistance to additional groups of beneficiaries in times of shocks. However, challenges remain with the extent to which data were accurate and up to date (Gardner *et al.*, 2017). As part of the process of designing and implementing the ESR, a number of issues are being discussed and finalised, including questions around the completeness, relevance, currency, accessibility, and accuracy of the data. Issues of data protection also concern some actors, especially in the non-governmental organisation (NGO) sector (Barca and Beazley, 2019).

The development of a social registry is a useful if not sufficient condition for building a shock-responsive social protection system, and many factors have to be considered in its design and implementation for it to actually become a viable tool that actors will want to actively use.

The Maintains research on social protection in Kenya focuses on providing operationally relevant insights to the SPS, the World Bank Team working on KSEIP, and UK Foreign, Commonwealth and Development Office (FCDO) that complements activities conducted as part of the roll-out of the ESR. The research focus for this study was jointly developed and agreed, and the objective of the research is to provide additional information and address gaps in understanding directly linked to developing and implementing the ESR. In addition to being of relevance to the investment in building a social registry in Kenya, the research findings will also contribute to the global debate on social registries and further our understanding of the impact of design and implementation choices for the roll-out of a social registry and its potential use for delivering shock-responsive social protection.

It is expected that, as the roll-out of the ESR progresses and the key stakeholders of this research – the SPS, the World Bank and FCDO – identify additional need for research, the originally proposed research focus presented in Annex B will evolve in order to ensure that Maintains continues to provide insights of operational relevance.

### 1.4 Objectives of this report

In order for the ESR to be used by governmental and non-governmental programmes to deliver social protection programmes during both normal times and during times of shock, it is important to ensure that the views and needs of the potential users of the ESR at the county (and national) level are reflected in its design. While some initial consultations on this

had previously taken place, it was felt that Maintains could usefully provide additional insights.

As a result, the primary objectives of this research study are to:

- Investigate what opportunities county level stakeholders see for the roll-out of the ESR and its use for delivering programming;
- Assess what obstacles might hinder the successful roll-out and uptake of the ESR by a wide range of stakeholders at the county and national level, including gaps in understanding; and
- Explore perceptions of the role that the ESR could play in enabling shock-responsive programming during times of shock.

Initially, we had intended to focus the research more explicitly on data requirements of potential users at the county level and data sharing protocols (see Annex B). However, during the process of finalising the research design, it became clear that most of the potential users of the ESR identified through the stakeholder mapping had a very limited understanding of the ESR, social registries, harmonised targeting tools, and shock-responsive social protection. As a result, while the research questions on data requirements and protocols were explored as part of the research, detailed and informed responses on these topics were limited.

## 2 Methodology

This study has two parts - a qualitative component that explores stakeholder views on the ESR's usability, and a data quality assessment of the data contained in the current Single Registry. In Section 2.1 we describe the approach to the qualitative research. In Section 2.2 we provide details on the approach to the data quality assessment.

### 2.1 Methodology for the ESR utilisation study

The methodology and key research questions guiding this study were developed based on several rounds of consultation with the SPS, the NDMA, FCDO, and the World Bank. On the basis of the agreed research questions, a semi-structured interview guide (see Annex C) was developed for the key informant interviews, which was finalised based on further engagements with these stakeholders. This consultative process ensured that the specific research questions and focus would meet the gaps in understanding and requirements of its key stakeholders.

A process of stakeholder mapping was used to identify stakeholders of relevance for the ESR at national and county level. This process was also conducted in consultation with the key research owners, notably the SPS, but also FCDO, the World Bank, the WFP, and the United Nations Children's Fund (UNICEF). This initial stakeholder mapping was elaborated into a comprehensive matrix of stakeholders by drawing on secondary documentation and the team's own networks. The full stakeholder mapping is presented in Annex D.

Using the stakeholder mapping, the research team purposively selected a sample of national and county stakeholders for key informant interviews in order to ensure that the views of a cross-section of different government ministries and offices, and relevant United Nations agencies and NGOs, who may be potential users of the ESR are reflected in the report.

The research team used purposive sampling to select 12 counties for primary data collection. Selected counties incorporated priority counties for the roll-out of the ESR, including those prone to key shocks, with high headcount poverty rates, high absolute numbers of poor people, and coverage by key social protection programmes, such as the HSNP expansion, Northeast Development Initiative, Nutrition Improvement through Cash and Health Education (NICHE), and the WFP's Cash for Assets. The expansion status and different poverty levels (which link to different data collection processes in the ESR roll-out plan) in each county were also considered. In addition, consultation with key stakeholders highlighted that it would be very relevant to include one existing HSNP county in the research in order that lessons can be learnt vis-à-vis that programme in particular.

Primary data collection in the 12 counties was carried out in February and March 2020. Half of the interviews were conducted in person whilst the remainder was conducted over the phone. The selection of counties for in-person data collection was determined largely based on logistical ease and security considerations. In-person data collection took place in Marsabit, Samburu, West Pokot, Kakamega, Makueni, and Kitui. Remote data collection took place in Lamu, Muranga, Vihiga, Garissa, Tana River, and Kilifi. At county level, key informant interviews were held with a wide range of stakeholders using a semi-structured interview guide (see Annex C), which was built around the key research themes and could

be adjusted depending on the interviewee. In total, 122 stakeholders were interviewed for this study. A full list of interviewees is presented in Annex A.

## 2.2 Methodology for the data quality assessment

Social assistance data and information systems are an important resource that can be used by governments to provide support to vulnerable households during or in the aftermath of a shock. Depending on their set-up, social assistance data systems can provide data that can be used for planning responses, targeting and tracing households, and supporting the delivery of benefits to the selected households. However, the utility of social assistance data systems for shock-responsive programming depends on the design and functionality of the particular system, as well as the context. For example, social assistance data systems vary widely in terms of whose data are collected, what data are collected and stored, how data are collected and updated etc. These variations result in some data systems being better suited to use in shock-responsive programming than others.

Barca and Beazley (2019) set out a framework which describes six complementary dimensions that can be used to assess the potential utility of a social assistance data system for shock response. These dimensions, shown in Table 1, include completeness, relevance, currency, accessibility, accuracy, and data protection. Using this framework, we assess the extent to which the design and functionality of the Kenyan Single Registry make this data system suitable for use in shock response.

**Table 1: Dimensions for data quality assessment**

Dimension	Definition
<b>Completeness (coverage)</b>	Completeness refers to the number of records compared with what would be perceived to be a full set of records – 100% of the population in affected areas, or 100% of those in need.
<b>Relevance (appropriateness)</b>	Data are relevant if they contain the variables required for the intended purpose. Data collected for the provision of long-term social protection (i.e. another purpose) may not always be relevant for shock response if they do not contain variables that comprehensively identify households in affected areas, and ideally that assess their needs and enable an immediate response.
<b>Currency</b>	Data currency is the degree to which data are current (up to date), and thus represent households' real circumstances at the required point in time.
<b>Accessibility</b>	Accessibility refers to the ease with which potential users—most likely national or local government agencies and departments, or their partners—can obtain the data.
<b>Accuracy</b>	Data are considered to be accurate if they are free from errors and omission. Accuracy means that a high level of confidence can be placed in the data, affecting their wider credibility and ultimately their usability (which is also determined by the state of users' understanding of the data themselves – e.g. data definitions, documentation, and metadata).

<p><b>Data protection: security and privacy</b></p>	<p>Data are secure when they are protected against unauthorised access, misuse, or corruption. Data privacy is guaranteed where data are utilised while protecting an individual’s privacy preferences and their personally identifiable information.</p>
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Source: Barca and Beazley (2019)

To assess the data stored in the Single Registry against these dimensions, we primarily drew on an analysis of the household-level data accessed through the Single Registry. We also accessed data from the CCTP MIS and HSNP MIS, the Single Registry’s underlying databases, for the purposes of comparison. Finally, we drew on aggregate data that are publicly available through the Single Registry dashboard, which is an online platform that provides summary statistics from the Single Registry. This quantitative analysis was complemented with interviews with key informants and Oxford Policy Management’s (OPM’s) experience of using these data in a variety of other work. The Single Registry, CCTP MIS, and HSNP MIS data were provided and/or downloaded in Excel format and processed and analysed using Stata statistical software.

## 2.3 Limitations of this report

Like for other similar studies, it is important to acknowledge the limitations of the research design and highlight a couple of key points that are useful for the reader to note when interpreting the findings:

- There was a great deal of variation in our ability to conduct planned interviews across the different counties. Unsurprisingly, the response rate tended to be lower in counties where phone interviews were conducted. In Muranga and Kilifi, it was particularly difficult to conduct all planned interviews with county government stakeholders. This lower response rate generally stems from a poor response to emails, phone calls, and texts. In addition, the extent to which national government representatives were able to facilitate and support the research team in setting up interviews with county government staff differed widely, which in some counties affected our ability to set up all key informant interviews we had planned to conduct.
- The extent to which interviewees were familiar with the Single Registry and the plans for the ESR greatly affected their ability to engage with the research, especially in regard to some of the more detailed questions around data requirements and processes. This observation holds true both at the national and the county level. As a result, we were not able to collect some of the data we had hoped to collect, as stakeholders had not sufficiently engaged with the debates around developing a social registry. In particular, this limited our ability to present detailed findings on the views of stakeholders on the exact data they would like the ESR to contain and the data management processes that would need to be in place.
- At the national level, the response rate of key government ministries to our request for interviews was at times limited. Interviewees were also reluctant to commit to specifics regarding how the ESR could be operationalised and what user protocols would need to be put in place.

- The data quality assessment was conducted using data accessed through the Single Registry's complementary module; a full data quality assessment of the underlying databases (CCTP MIS and HSNP MIS) was beyond the scope of this work.
- Our research coincided with the outbreak of COVID-19 – this meant relatively fewer responses from staff in the Department of Health as they were understandably engaged in crisis preparation and response. While this study has sought to draw out some of the implications of the COVID-19 crisis for the ESR, the timing means this could not be explored in-depth with interviewees. In future it would be useful to reflect on what this crisis means for the ESR in more depth, and whether the current design of the ESR will provide a relevant tool in the context of this type of shock.
- The research design had envisioned that the data quality assessment be complemented with a small tracer study to determine whether the data in the Single Registry are relevant and sufficiently accurate and current to allow users to track households and deliver timely support in times of shock. However, due to the COVID-19 global pandemic, travel within Kenya is not currently possible and all fieldwork activities have been suspended. Instead, questions regarding relevance, accuracy, and currency are answered drawing on OPM's experience of using the Single Registry data for tracking households, and from interviews with key informants. Should the tracer study still be of interest, we can conduct it at a later stage and add the findings to an updated version of this report.

Mitigation strategies were developed to address the limitations described above – to the extent possible – at the data collection and analysis stage. Wherever possible, findings from our primary data collection were triangulated with available secondary data. In addition, particular attention was paid to assessing findings in counties with more limited response rates. We sought to overcome the information gap many county level stakeholders had with regards to the ESR by starting each discussion with an overview of the ESR, providing respondents with a copy of the harmonised targeting tool (HTT), and providing the opportunity for further feedback or comments via e-mail or phone.

## 3 Main findings

### 3.1 The range of social protection programmes and targeting processes

#### Key points – perspectives on social protection programmes

- At the county level, respondents' understanding of social protection is quite broad:
  - it encompasses mainly social assistance and social services, including labour market interventions; and
  - it excludes contributory programmes, such as social insurance.
- The concept of 'lifecycle' support (articulated in the new national strategy) is in conflict with the idea of 'spreading support and fairness' (the prevalent view at the county level).
- Cash transfers as a modality are sometimes conflated with the concept of social protection.
- This is often accompanied by the view that cash transfers result in dependency, seen as giving people 'free money'.
- Alongside national cash transfer programmes there are several other national, county, and development partner programmes operating in the fields of health, education, livelihoods, and relief that are poverty-targeted and aimed at cushioning the most vulnerable from the effects of poverty and shocks.

There are different definitions of social protection within global academic and policy literature. The draft 2019 Kenya Social Protection Policy (GoK, 2019b) refers to social protection as 'a set of policies, programmes, interventions and legislative measures aimed at (i) cushioning all Kenyans against poverty, vulnerability, exclusion, risks, contingencies and shocks throughout their lifecycles, (ii) at promoting social and economic inclusion and (iii) at supporting the realization of economic and social rights.'<sup>8</sup>

For the purposes of this research, we allowed respondents to adopt their own definition of social protection. At the national level, understanding of social protection was generally equated with cash transfers. These stakeholders were familiar with the NSNP and with the MLSP. However, these were stakeholders who often work quite closely with the MLSP. At county level, respondent understanding of social protection was generally broad. It encompassed mainly social assistance and social services programmes, including labour market interventions. These discussions normally excluded school feeding and contributory programmes, such as social insurance, which are also social protection programmes. This was perhaps exacerbated by the fact that respondents sometimes conflated cash transfers (a social protection *modality*) with the concept of social protection per se.

Furthermore, our research suggested that the concept of 'lifecycle' support as emphasised in a recent set of (still draft) social protection policy documents was in conflict with a practical effort to 'spread assistance' and ensure equality in the distribution of in-kind and cash

<sup>8</sup> The MLSP website presents an aligned view on this: [www.socialprotection.or.ke/about-sps/introduction-to-social-protection](http://www.socialprotection.or.ke/about-sps/introduction-to-social-protection).

transfers, as opposed to equity (see Section 3.5). This is particularly apparent when contrasting national and county government perspectives on social protection.

Another notable finding of the county-level research was a widespread view (outside of the Department for Social Development (DSD) and the NDMA) that cash transfers result in dependency among recipients, and are often seen as giving people ‘free money’. Many county governments want to differentiate their social protection support from these types of programmes, and to focus on productive assets and livelihoods-based social protection programming.

Table 2 below summarises the types of social protection programmes identified by respondents at the county level, including selection methods for targeting and identifying beneficiaries. Overall, the coverage of non-cash transfer programmes varies significantly across counties. Some county governments have invested significant resources in social assistance programming – an example being Kakamega, where the county government has set aside a budget of KES 350 million per year for a two-year youth services and women’s empowerment programme.

**Table 2: National and county-level social protection programmes**

Programmes	Selection method
<b>CCTP</b>	Categorical and poverty-targeted (PWSD-CT, CT-OVC, and OP-CT) and universal for 70+ programmes used their own assessment tool, now present in the Single Registry. Moving towards use of the HTT.
<b>HSNP cash transfer (only in HSNP counties)</b>	Poverty-targeted. HSNP has a social registry that aims to cover all poor households in the counties where it is operating. HSNP is linked to the Single Registry. Some households receive emergency payments in response to drought (HSNP scale-up).
<b>Bursaries and scholarships</b>	Varies by programme – criteria decided by schools, foundations, Governor’s Office etc. Selection usually involves committees at school or county level. Some linked to performance. Several sources: presidential through Constituency Development Fund, county government bursaries, Kenya Secondary Education Quality Improvement Project, etc.
<b>Relief food (arid and semi-arid lands (ASAL) counties) increasingly shifting to cash</b>	<p>In some counties, relief food is distributed by the national government through the county commissioner’s office. Selection is done at sub-district and village level and local administrative structures are used for the identification of beneficiaries, often using community-based targeting.</p> <p>County governments usually use community-based targeting involving chiefs. Some have recruited their own staff, parallel to the national government structure. Distribution is done on the basis of fairness, identifying households that are most in need. Households receiving other forms of support may be excluded.</p> <p>NGOs aim to support poor and vulnerable people, often those not supported by government. Increasingly, food assistance has shifted to cash. Most use community-based targeting and work with the national government administration. In several ASAL</p>

Programmes	Selection method
	counties, the CSGs are a key forum for deciding which communities NGOs will work with.
<b>Livelihoods support</b>	<p>County initiatives to provide support to youth and women through business grants, training, and support. The aim is to select poor recipients and various criteria are used for prioritisation. Verification may or may not involve local chiefs and elders. Since support is categorical, some poor households are automatically excluded.</p> <p>Graduation programmes similar to the model used by The BOMA Project to encourage graduation out of poverty through complementary support.</p>
<b>Farm inputs (subsidy or free)</b>	Targeting small or medium-sized farmers – not the poorest or most vulnerable farmers, although this is the intended aim. Use of community-based verification as well as verification through extension workers. Provision of seeds, tools, seedlings, subsidised or free use of farm equipment (e.g. tractors), support to co-ops.
<b>Maternal health programmes</b> <i>(Linda Mama, Imarisha Mama, Boresha Afya Mama etc.)</i>	<p>For county-level programme, coverage limited. Targeted at poor households but often within the facility catchment area and therefore likely to leave out the most vulnerable.</p> <p>Some county governments are subsidising or paying National Health Insurance Fund (NHIF) contributions for poor households or have established their own health coverage programmes, such as Makueni care.</p>
<b>School feeding</b>	<p>Primary-level school feeding programmes implemented by National Ministry of Education in ASAL counties.</p> <p>Early childhood development school meals implemented by some county governments.</p>

## 3.2 Awareness of the Single Registry among interviewees

### Key points – awareness of the Single Registry

- At the county level awareness of the Single Registry is largely limited to the Department of Children Services (DCS), DSD, the National Council for Persons with Disabilities (NCPWD), and to some extent the county departments for social services.
- Few NGOs are aware of the Single Registry. A handful have accessed data from it at a national level and in HSNP counties, but largely through the respective NSNP programmes' MISs, not through the Single Registry.
- Those who have accessed data from the NSNP MISs contained in the Single Registry encountered issues around the accuracy, relevance, and completeness of data. They also highlighted issues around accessibility: the data were time-consuming and bureaucratic to access.
- There are frustrations within the DSD and DCS over the centralisation of the Single Registry, especially at county level, and there is an expectation that the ESR will resolve this, by bringing a greater degree of decentralisation. Currently, county staff have limited roles in updating the data and there is strong reliance on national staff to update information, and a significant backlog.

At the national level, the majority of key informants had some awareness of the Single Registry. These stakeholders are largely social protection actors, either as key donors to the sector and related government ministries and departments, such as the NHIF, or key NGOs. However, most other government departments outside of the MLSP are aware of neither the Single Registry nor its content.

At the county level, awareness of the Single Registry was found to be largely limited to national government stakeholders including staff of the DCS, the DSD, the NCPWD, and to a much lesser extent the county departments for social services. Most county government interviewees had not heard of the Single Registry and had never tried to access data from it.

Among NGOs, there were a few organisations that were aware of the Single Registry, with a handful having accessed data at a national level and in HSNP counties. For those accessing data for HSNP counties, they were mostly doing this through the NDMA and the HSNP MIS directly, rather than through the Single Registry itself. This study was limited in the extent that it reached out to NGOs using largely the Kenya Cash Working Group (KCWG) as an entry point at the national level, and subsequently identifying a couple of key NGOs through the DSD or NDMA in each county visited.

NGOs who had accessed HSNP data found errors and gaps. The data were largely used as a basis for the verification of targeted beneficiaries in counties where HSNP is implemented, to avoid double targeting of those already benefiting from the HSNP (Group 1 beneficiaries), and also to identify those registered by the HSNP but not receiving cash transfers (Group 2 beneficiaries), in order to target them. These NGO users found gaps in these datasets, including missing vulnerable households<sup>9</sup>, with some well-off households incorporated as

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<sup>9</sup> The HSNP MIS is supposed to contain a record of all households but the data may be inaccurate and not current, and even where they are accurate and current the welfare estimation model that generates the welfare score has quite a high inherent margin of error (see Gardner *et al.* (2017) and Merttens *et al.* (2019), both by OPM).

Group 1 recipients. While some of these NGOs highlighted that they shared information on the errors and/or gaps that they found with the NDMA at a local level, this was not shared consistently with the NDMA at a national level, and a systematic way for users to channel their feedback and for the NDMA to respond to these is currently lacking.

Interviewees who accessed data through the Single Registry directly (both NGOs and governmental programmes and departments) also commented on gaps in information (this related to data relevance, such as missing phone numbers, health facility information, data on shocks and coping strategies) and inaccuracies in the information that was available (such as errors in names, household characteristics, or identification details). These gaps in information related to variables that stakeholders would like to see included in the ESR.

It is worth noting that there were only a small proportion of interviewees who had accessed Single Registry data: most had done this through the SPS (or NDMA for HSNP data). These stakeholders also noted that accessibility was a key challenge, both in terms of how bureaucratic the process was to gain access, and that it was very time-consuming. The NICHE pilot had experience of trying to use data from the CT-OVC MIS and highlighted significant difficulty in getting useable data. This is a fairly unique programme in that it required very current data targeting CT-OVC households with pregnant women or children under two years. While the implementers were able to access data, they were very out of date, had missing information or inaccuracies, and lacked adequate systems for verification.

Across all counties, the national social protection actors (DSD, DCS, and NCPWD) highlighted frustrations over the centralisation of the Single Registry. Currently, county staff have very limited rights to handle updates and most data management functions are carried out in Nairobi. These stakeholders highlighted that this has led to delays and a huge backlog in case management, creating significant frustrations among these actors and the clients that they serve. There are expectations that the ESR will resolve this challenge and decentralise functions to the counties.

#### Key action

Current levels of understanding of social protection and the Single Registry are very limited. There is a need to step up communication efforts around the role of social protection, the lifecycle approach, and the potential contribution of social protection and the ESR to resilience building.

### 3.3 Data quality assessment of the Single Registry

#### Key points – assessment of data quality of the Single Registry

- **Coverage:** The Single Registry is limited to the NSNP and WFP-CT beneficiaries and is therefore not sufficient to be used as the only data source for comprehensive shock-responsive support to households.
- **Relevance:** The Single Registry contains a sub-set of the data that is collected and stored by the programme-level MISs. Key socioeconomic variables for planning and targeting purposes and operationally relevant variables (e.g. GPS, phone numbers) for delivery are missing.
- **Currency:** Data in the Single Registry are not kept current as discrepancies between the programme MISs and Single Registry suggest that the Single Registry has not recently been synced with the programme data.
- **Accessibility:** The process of accessing the Single Registry data is slow and bureaucratic. The data are not provided in a format that is easily opened. In addition, data users are not currently obliged to feed data from complementary programmes back into the Single Registry, which would also improve data currency.
- **Accuracy:** There are a number of issues in the data that undermine data accuracy (e.g. missing and outlier values). Data accuracy could be improved by implementing a robust quality assurance mechanism in the data collection process and implementing thorough data cleaning protocols after data collection.
- **Data protection:** Data users sign a data confidentiality agreement outlining their obligations regarding data protection and privacy when using the data, although it is not clear how these are monitored.

As described in Section 2.2, social assistance data and information systems are an important resource that can be used by governments to provide support to vulnerable households during or in the aftermath of a shock. However, the extent to which existing databases can be used for planning, targeting, and delivering shock-responsive programmes depends on the particularities of the data system.

In this section, we first provide a description of the data stored in the Single Registry and then assess the utility of this data system for delivering shock-responsive social protection against six dimensions of data quality: completeness, relevance, currency, accessibility, accuracy, and data protection. While our analysis focuses on the data and functionality of the Single Registry, the key findings and recommendations are of direct relevance for the design of the ESR. Ensuring the key data quality concerns are addressed in the ESR's design and roll-out, will contribute to the usability of the ESR.

#### 3.3.1 Description of the data in the Single Registry

The Single Registry provides a single platform where records on the individuals and/or households reached by the five principal cash transfer programmes can be accessed. The Single Registry provides both publicly accessible aggregate data on its website via a dashboard, as well as secure access to the underlying individual- and household-level data to authorised users via a web-based platform (see Box 1 for more details).

The publicly available web pages provide aggregate statistics across the different cash transfer programmes.<sup>10</sup> This includes summary statistics for FY2017/18 for each cash transfer programme, including the number of individuals supported by age, number of households ever paid, number of households on the payroll by sex of registered beneficiary, and budgeted and collected disbursements. The dashboard also presents trends between 2007/08 and 2017/18 for each programme in terms of the number of beneficiaries and value of yearly payments (in KES) to households. In addition, the public pages allow the user to map the number of beneficiaries by county, sub-county, and programme. Finally, it is possible to produce aggregate data reports in PDF format of the number of beneficiaries by gender and geographic unit for cash or non-cash transfers using the Single Registry public pages.

The household-level files, accessible to authorised users (see the 'Accessibility' section for more details on obtaining authorisation), include the following variables: county, constituency, location, sub-location, village, registration number, national ID number, sex, names, relationship to the main provider<sup>11</sup>, age, date of birth, whether the person is a beneficiary, whether the person receives the PWSD-CT, whether the person has an illness, whether the person has a disability.<sup>12</sup> This represents a sub-set of the variables that are known to be contained in the underlying data in the HSNP MIS and CCTP MIS. The Data Request Form, which is used to request access to the Single Registry, also suggests that a longer list of variables should be accessible, including household characteristics (e.g. proxy means test (PMT) score, children under 15 on the settlement), household members' data (e.g. bank account, ever attended school, highest grade completed), and household dwelling characteristics and assets (e.g. wall material, toilet type, livestock, occupation of main provider).

The household-level files include one observation per household and therefore only contain data for one household member.

### 3.3.2 Completeness

Completeness, or coverage, refers to the number of records stored in a social assistance registry compared to what would be perceived to be a full set of records. In general, a registry can be used to respond to shock when the data cover all or at least a large proportion of the affected population.

The Single Registry contains data on beneficiaries of all five principal cash transfer programmes, as well as registered non-beneficiaries of the HSNP. The coverage of the five programmes is shown in Table 3, which compares the number of households in the Single Registry for each programme to the number of households reported in the underlying programme MISs.<sup>13</sup>

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<sup>10</sup> For the HSNP, statistics for beneficiaries receiving regular payments and those receiving emergency payments are reported separately.

<sup>11</sup> Nominally, the main provider refers to the person who provides the main source of income to the household. This is akin to, but theoretically not always the same as, the household head as traditionally understood.

<sup>12</sup> Due to problems with the online platform, we were not able to download the variable for whether the person receives the CT-OVC.

<sup>13</sup> We do not have access to the WFP's MIS.

**Table 3: Coverage of the Single Registry and programme MISs**

Programme	Number of households: Single Registry	Number of households: programme MIS	Difference
CT-OVC	359,582	295,307	+64,275
OP-CT	347,251	764,644	-417,393
PWSD-CT	51,936	34,094	+17,842
HSNP	98,818 regular beneficiaries (368,948 households)	101,414 regular beneficiaries (383,003 households)	-2,596 (-14,055)
WFP-CT	98,826	N/A	N/A
<b>Total</b>	956,413 beneficiaries (1,195,459 households)	N/A	N/A

Note: For the CT-OVC, OP-CT, PWSD-CT, WFP-CT, and regular HSNP beneficiary numbers, the figures were calculated from household-level data. It was not possible to download the household-level data for the HSNP non-beneficiaries and these numbers are taken from the Single Registry's user-restricted analytics dashboard.

The discrepancies between the data contained in the Single Registry and the programme MISs shown in Table 3 indicate that the data are neither complete nor current.<sup>14</sup> In the case of the CT-OVC and PWSD-CT, there are more beneficiary records in the Single Registry compared to the CCTP MIS. One reason might be because the SAU migration process,<sup>15</sup> which resulted in households being removed from the CCTP MIS, has not yet been reflected in the Single Registry. For the OP-CT, there are more household records stored in the programme MIS than the Single Registry, suggesting that households enrolled in the cash transfer for 70+ (launched in 2018) are not yet included in the Single Registry.

It is also worth noting that there are discrepancies between the coverage data on the public dashboard, the user-restricted analytics dashboard, and the household-level data across all programmes. These discrepancies are shown in Table 4.

<sup>14</sup> These also differ to payroll figures; see <http://mis.socialprotection.go.ke:20307/Public/Beneficiaries>

<sup>15</sup> The migration process was initiated to migrate the payment system for the CT-OVC, OP-CT and PWSD-CT from programme top-up cards to full bank accounts. The process involved registering all beneficiary households with one of four partner banks. However, for a number of reasons including where the beneficiary had died or was not found, not all households were migrated to the new system. This resulted in a reduction in the number of households enrolled in the 3 programmes. This process began in late 2018 and was on-going throughout 2019.

**Table 4: Number of households by data source in Single Registry**

Programme	Household-level data	Public dashboard	User-restricted dashboard
CT-OVC	359,582	359,000	365,344
OP-CT	347,251	345,000	324,687
PWSD-CT	51,936	51,000	50,494
HSNP*	98,818	98,000	101,689
WFP-CT	98,826	91,000	92,060
<b>Total</b>	<b>956,413</b>	<b>944,000</b>	<b>934,274</b>

Note: \*This includes only HSNP regular beneficiaries.

Overall, the five cash transfer programmes cover approximately 1,195,459 registered households (of which 956,413 are beneficiary households), representing just less than 10% of the households in Kenya.<sup>16,17</sup> In case of a shock, programme data are likely only to cover a small proportion of the individuals or households in the affected area. This is exacerbated by the quota system for targeting the CT-OVC and PWSD-CTs, which prioritises the caseload in relatively poorer areas within the country. This can undermine targeting for shock response when large shocks occur in relatively wealthier parts of the country. For example, during the COVID-19 pandemic, it is expected that urban populations are likely to be more severely affected than rural populations by the virus, lockdown measures, and economic effects (Abuya *et al.*, 2020). However, only 2.6% of the NSNP caseload is in Nairobi.<sup>18</sup> This is discussed further in Section 3.4.1.

While the CCTP collects data on households that register for the CT-OVC, OP-CT, and PWSD-CT but that are not enrolled due to ineligibility, these data are not stored in the Single Registry. It is not clear where these data are stored but they are certainly a valuable source of data on vulnerable households that should be stored in the CCTP MIS (and by implication the Single Registry), to increase the coverage of the data. This dataset of registered non-beneficiaries is important in order to reach households via horizontal expansion of programmes in times of shock.

The HSNP, on the other hand, is designed to be a shock-responsive programme in the four northern counties (Turkana, Marsabit, Mandera, and Wajir). Due to recurrent exposure to drought in these counties, and in order to maximise preparedness, the HSNP pre-enrolled almost all households in the four counties, including providing bank accounts and programme cards to households, to enable cash to be transferred to vulnerable households during times of drought.<sup>19</sup> However, household-level data on these registered non-beneficiaries are not accessible through the Single Registry.

<sup>16</sup> According to the Single Registry's user-restricted analytics dashboard, 1,201,533 households are included in the database, although household-level data for the HSNP emergency beneficiaries were not accessible. It is known that some households are enrolled in more than one cash transfer programme, resulting in an overstatement of the number of households covered by the programmes (see Section 3.3.6 on Accuracy).

<sup>17</sup> The 2019 Kenya Population and Housing Census indicates that there are 12,413,913 households in Kenya.

<sup>18</sup> The 2019 Kenya Population and Housing Census indicates that 12.4% of households are in Nairobi City.

<sup>19</sup> Participation by households in the mass registration was voluntary.

The HSNP MIS contains 383,003 households across the four counties, compared to 495,709 households indicated by the 2019 Kenya Population and Housing Census data. Although it is not possible using these datasets to gain a precise understanding of exactly how many households are excluded from the HSNP MIS (due to differences in the timing and methods of the two data collection activities), it is safe to assume that the HSNP MIS does exclude some portion of households despite its effort to be fully comprehensive of the whole population in the four counties. Even if the HSNP were able to capture every household in a given data collection round (which is made especially challenging due to the mobile nature of some pastoralist households in these areas), changes in household composition (e.g. births, marriages, and deaths) would soon render the data out of sync with the actual number of households. As discussed in the HSNP Legacy Study (Gardner *et al.*, 2017), the static nature of the data (which were collected in 2013) means there are gaps and some errors. Maintaining comprehensive and current household-level data in any registry is an inherent challenge, which is exacerbated in contexts of high mobility and instability due to poverty, climate vulnerability, and conflict.

Apart from in the four HSNP counties, the coverage of the Single Registry is not sufficient to be used as the only data source for shock response. While the households covered by the five cash transfer programmes are known to be vulnerable (at least the vast majority of them, discounting any inclusion errors), and therefore especially vulnerable to shock, any comprehensive shock-responsive support would need to be targeted at a broader set of households not exclusively captured by these beneficiary populations.

#### Key actions

Completeness can be improved by ensuring that all records on beneficiaries and non-beneficiaries are stored in the underlying databases (i.e. programme MISs) and synced with the Single Registry and information systems. To facilitate this, clear interoperability and data-sharing agreements with these underlying databases need to be in place.

For the CCTP MIS, protocols for gathering and storing data on non-beneficiaries should be in place.

### 3.3.3 Relevance

Data are relevant if they contain the variables required for the intended purpose. In order for data to be relevant for shock response, rather than long-term provision of social protection (as programme MISs tend to be designed for), the registry needs to contain data that facilitate planning and targeting, as well as data that support timely delivery of support, including variables that comprehensively identify households in affected areas and, ideally, that assess their needs and enable immediate response.

For planning and targeting, policymakers need to have access to data that capture shock vulnerability in advance of a shock. For example, data on households' socioeconomic circumstances will help them to understand how many households are likely to be affected by the shock, and ensure that support is targeted to the most vulnerable households. The Single Registry does not provide detailed socioeconomic data that might facilitate this, despite these data being collected. For example, the HSNP MIS includes variables such as number of rooms in the dwelling, dwelling materials (roof/floor/walls), type of toilet, drinking water source, energy type, asset ownership, main provider's occupation etc., as well as the

time and date these data were captured. However, these variables are not accessible through the Single Registry.

It is worth noting that even if the socioeconomic variables were accessible through the Single Registry, this would not necessarily be sufficient for planning and targeting shock-responsive support. Barca and Beazley (2019) note that the variables needed for identifying chronic poverty are not always best suited to identifying those vulnerable to shock. However, by collecting data on a few additional variables, data can be collected and/or recorded for both poverty-targeting and shock-responsive purposes. For example, enumerators could record climate vulnerability variables, such as agro-climatic zone and proximity to a hazardous natural element, and collect livelihoods data to ensure that the household-level data can be used for both social protection programming and shock-responsive targeting.<sup>20</sup> While the key informant interviews attempted to explore the specific variables that would be useful for the informants' own purposes, limited awareness of the Single Registry and ESR and the debate around these data systems meant stakeholders were not able to articulate their data needs for shock-responsive programming.

In addition, high-quality geographic data are necessary to identify which households are likely to be affected by a shock. The data contained in the Single Registry include geographical data to the village level. However, in OPM's experience of using the data to track households for surveys, even with data on the village it can be difficult to locate households; tracking households would be facilitated by complementing geographic location variables (including down to the village name) with GPS data. Given that data collection for the cash transfer programmes is done using computer software, it should be simple to include the collection of GPS data as part of the household data collection. Similarly, tracking would be facilitated by collecting and storing a phone number for each household. While not all households may own a mobile phone, it might also be possible to record the phone number of a neighbour or community leader, and to include a variable to indicate who the phone number belongs to.

Operationally relevant information (e.g. bank accounts, full contact details, identification information etc.) are also crucial for timely delivery of support to households. These types of data are available in the programme-level MISs but these are not accessible through the Single Registry. In the case of the HSNP, these data are stored for beneficiaries and non-beneficiaries in order to facilitate rapid programme scale-up. Therefore, at present, this is best accessed directly through the HSNP MIS rather than the Single Registry, which undermines the objective of increasing harmonisation. To increase the utility of the Single Registry for shock response, these data should be synced with and stored in the Single Registry, even if accessibility is restricted to a sub-set of registry users (for privacy and data security reasons).

Overall, it is not clear why the Single Registry only contains a sub-set of the data that are collected and stored by the programme-level MISs. However, the structure of the Single Registry and programme MISs should be aligned such that all data can be uploaded from the programme MISs to the Single Registry to ensure that this is a comprehensive and consolidated data source for government service partners.

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<sup>20</sup> The relevant shock-responsive variables will depend on the nature of the shock.

### Key actions

The Single Registry should contain all data captured by the programmes and stored within the MISs including socioeconomic data, geographic data, and operationally relevant data. To facilitate this, the structure of the Single Registry and programme MISs should be aligned.

Future data collection activities should record data on a few additional variables to facilitate planning and targeting (e.g. climate vulnerability variables), as well as service delivery (e.g. GPS coordinates, phone numbers), of shock-responsive support.

### 3.3.4 Currency

Data currency is the degree to which data are up to date and represent households' circumstances at the time of the shock. Of course, it is not possible for social protection data to be fully up to date, but, at a minimum, a registry should be dynamic and facilitate the inclusion of new households and the exclusion of those who have died or exited the programme. If it does not do so, exclusion and inclusion errors are likely to be exacerbated during shock-responsive targeting.

It is not possible to directly assess the currency of the data in the Single Registry as there are no date variables contained in the household-level data.<sup>21</sup> However, the programme MISs and Single Registry should contain a comprehensive set of data that provides information on the process of registering for and enrolling in the cash transfer programmes, which indicates when certain actions took place, including when data were gathered and when data were last modified. It is likely that timestamp data are already automatically collected as data collection is done using computer software, but these data should be stored in the programme MISs and uploaded to the Single Registry so that data users can ascertain when data were collected, and if and when they were last modified and/or updated.

The data currency of the Single Registry is a function of the currency of the data in the programme MISs and the frequency with which the Single Registry is synced with these underlying databases. The HSNP MIS data, which include a variable called 'Entry Date', indicate that data were collected between 2012 and 2014, although this variable is missing for 61% of households. However, this illustrates that a large portion of the data were collected more than five years ago, and, in this time, household circumstances are likely to have changed, especially along dimensions such as household composition. The CCTP MIS was updated in 2019 as part of the SAU's migration to full bank accounts for beneficiaries. This process involved updating geographic data and bank details, and verifying households' eligibility for the programmes. While the intention is to update both MISs on a periodic basis (every five years) through a re-registration process, in practice this occurs on an *ad hoc* basis and less frequently than planned.

As shown in Table 3 (see the discussion on 'Completeness' in Section 3.3.2), discrepancies between the programme MISs and Single Registry suggest that the Single Registry has not

<sup>21</sup> We had planned to conduct a tracer study to assess data currency by collecting data on the same variables stored in the Single Registry and/or programme MISs from a small number of households. The intended purpose of this analysis is to determine which variables remain stable over time and which types of data need to be updated more frequently. However, due to COVID-19 restrictions on travel and fieldwork, this tracer study has not been possible.

recently been synced with the programme data. Interviews with key informants in February 2020 confirmed that the Single Registry was not pulling data from the programme MISs due to a software upgrade which was expected to be completed in June 2020. A process that determines the frequency of syncing should be set up (either by establishing a live link or specifying how frequently syncing should occur) and all datasets accessed from the Single Registry should contain a timestamp variable that indicates when the system was last synced. In addition, ensuring interoperability between databases will facilitate this process.

#### Key actions

All programme MISs, and by implication the Single Registry, should contain data that indicate the date on which key activities and processes take place, including the date of data collection, the date data were last modified etc.

A process for syncing the Single Registry and programme MISs should be determined and the date of the last sync should be clear in the Single Registry data. This would be facilitated by ensuring interoperability between the Single Registry and its underlying databases.

### 3.3.5 Accessibility

Accessibility refers to the ease with which potential users can obtain the data.

#### Box 2: Complementary module

To ensure coordination in the social protection sector in Kenya, the complementary module was developed and launched on the Single Registry website.

The purpose of the complementary module is to analyse the characteristics of the NSNP beneficiaries who may be eligible for the social protection complementary services provided by state and non-state partners in Kenya. The complementary module therefore complements the ongoing efforts by the GoK to map complementary services relevant to beneficiaries in the Single Registry, and builds the foundation for wider use of Single Registry data as a common policy platform for poverty and vulnerability analysis.

The complementary module should facilitate two-way information sharing. The complementary module should also facilitate data access for actors in the social protection sector wishing to target the NSNP beneficiaries. It is expected that, in turn, data users should feed back data collected on the beneficiaries to the Single Registry via the module.

Applications to access the detailed household-level data stored within the Single Registry can be made online via the complementary module's partner registration form (see Box 2) or can be made via e-mail directly to the SPS. The partner registration form asks for basic details about the applicant and their organisation, including contact details and the purpose of the registration (research or complementary support), and asks the user to agree with the Data Sharing Protocol. However, the link to the Data Sharing Protocol takes the user to an error page. Once the registration has been completed, the SPS approves or rejects applications and, if approved, an activation link is sent to the registered e-mail address.

Alternatively, users who reach out to the SPS directly are asked to fill in a Data Request and Confidentiality Form which asks for data on the applicant, the purposes of accessing the data, the format of the data required (i.e. soft copy or online access), and the variables required. The applicant can request access to the data via the online platform or can request for the data to be shared in soft copy (e.g. via Excel or Access files). The form also includes

a data confidentiality agreement which must be signed by the applicant.<sup>22</sup> These applications are made to the head of the SPS.

Once an application is approved, access is granted to the online platform and household-level data are made accessible by using the username and password provided to the applicant. Users are also able to access the password-protected analytics dashboard, which provides additional analysis to the summary statistics available on the public dashboard.

However, our experience of accessing the data in the Single Registry suggests that the process is not simple and does not facilitate swift access as would be required for shock response. For the purposes of this study, we applied to access the Single Registry data in early January 2020 by completing the Data Request Form. We then followed up with the SPS a number of times for this request to be authorised, after which it was not clear how the data would be shared (i.e. soft copy or online). After this, we were redirected to the programme MISs (at SAU and NDMA) to obtain the data, rather than provided with access to the Single Registry data, due to the Single Registry not being synced. Finally, we were provided with a username and password in late February 2020. Similarly, stakeholders who were interviewed as part of the study and had accessed data through the Single Registry noted that the process was bureaucratic and took time. This poses a problem if data access is required to facilitate quick action, such as during a time of shock.

We also faced a number of issues when trying to download the data from the Single Registry Monitoring and Evaluation Reports tab. The site did not allow us to download the set of variables, with the data download request failing when the variable 'Beneficiary of the CT-OVC' and 'Household member names' was requested. Further, as noted in Section 3.3.1, only a sub-set of the data specified in the Data Request Form was available through the online platform. Users should be able to access the same data for which they are authorised regardless of the mode of access (i.e. soft copy or via the online platform).

The Excel files that were downloaded were difficult to open due to the format and size, causing Excel to hang and/or crash. This undermines the accessibility of the data. Accessibility could be improved by providing the data in formats that are easier to access, such as .csv files.

Finally, there should also be a concomitant obligation for data users to feed information back into the Single Registry where possible. This obligation should be explicitly stated in the terms and conditions included in the Data Request Form and Data Sharing Protocol, to which users sign up when requesting data access. For example, if a user accesses and uses the Single Registry data for programme targeting, there should be a clear process to supply data to the Single Registry to indicate which households were targeted and the nature and value of the support provided to them. The complementary module is supposed to support this two-way data sharing but has only recently been launched and interviews with stakeholders suggested that users who had layered interventions on top of the NSNP (i.e. via 'cash plus' programmes) had not yet started feeding data back into the Single Registry. These data from complementary programmes should be monitored and analysed

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<sup>22</sup> Presumably, this is the same as the terms outlined in the Data Sharing Protocol to which users registering through the complementary module must agree.

by the SPS for both coordination and accountability purposes, and should be made available to other users wishing to layer additional interventions for the NSNP beneficiaries.

#### Key actions

The approval process for accessing the data should be reviewed to facilitate rapid data access.

Users should be obliged to feed information back into the Single Registry where possible.

Data on the online platform should be accessible in a format that is easily opened (e.g. .csv files).

### 3.3.6 Accuracy

Data accuracy refers to the degree to which data are free from errors and omissions, which in turn determines whether a high degree of confidence can be placed in the data.

In this section we provide an assessment of the accuracy and quality of the data accessed from the Single Registry. Data accuracy is a function of the data collection and cleaning process, as well as the extent to which data are kept up to date (i.e. currency). The quality of the Single Registry data is also directly determined by the quality of the data in the underlying databases (i.e. the programme MISs). Ideally, the data in the Single Registry and the data in the programme MISs should be the same.<sup>23</sup> Therefore, the recommendations that follow on improving data quality and accuracy are relevant for both the programme MISs and the Single Registry.

We assess data accuracy and quality in terms of data type, data structure, duplicate values, missing values, and outlier values.<sup>24</sup> This assessment is done for all variables accessible in the Single Registry. As discussed, the Single Registry contains only a sub-set of the data that are collected and stored by the programme MISs.

#### Data storage and type

In order to simplify data analysis, and for efficiency, data should be stored in numeric format such that answers correspond to a specific number. For example, the variables 'Is Beneficiary', 'Is PWSD', 'Illness', and 'Disability' are binary variables where the answers are recorded as string values of 'Yes' and 'No'. However, these should be stored as numeric values where 1 means 'Yes' and 2 means 'No'. Similarly, the 'sex' variable currently contains string answers recorded as 'F', 'M', or 'U' (female, male, unspecified), rather than answers coded as labelled, numeric values. Numeric variables can then be labelled such that they present as strings.

Storing data in numeric format is especially important for the geographic variables, including county, constituency, location, sub-location, and village. These are currently stored as string variables but should be stored in numeric format where the underlying codes correspond to the geo-codes used by the Kenya National Bureau of Statistics (KNBS). This would allow for the Single Registry data to be quickly and easily mapped to other datasets collected by the

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<sup>23</sup> However, as demonstrated in Table 3, it is clear that the Single Registry and programme MISs are not in sync.

<sup>24</sup> If possible, after the COVID-19 public health measures are lifted, we also plan to use the tracer study to assess data accuracy.

KNBS, which could be used to facilitate analysis of programme performance, such as the performance of the PMT.

The Single Registry, and cash transfer programmes, could also harmonise the way in which registration ID numbers are specified. For example, the CT-OVC records registration numbers in a numeric format (e.g. 12345.6); the OP-CT uses alpha-numeric registration numbers (e.g. 123456 OPP 789101112); while the HSNP uses dashes for some IDs (e.g. 1234567-891-01-1) and alpha-numeric combinations for others (e.g. CIK123456789).<sup>25</sup> For simplicity and consistency, programme identity numbers could be built by combining programme codes, geo-codes, and registration numbers to create unique identifiers that also provide information on beneficiary type and location. If a new programme were introduced, programme ID numbers could easily be created by introducing a new programme code.

### Data structure

The structure of the data is not clear or optimal in terms of the primary unit of observation in the datasets. The monitoring and evaluation reports function allows the user to select household-level variables and household member-level variables. If the user selects household-level variables only, a dataset with one row per household is produced. If the user selects all variables, a dataset that has multiple rows per household (corresponding to each household member) should be produced. However, again, data are only provided for one household member and it seems that the 'Is Beneficiary?' variable indicates whether the household member data are for the beneficiary or not. It should be possible to download data for all household members, with the beneficiary clearly indicated.

It is good practice to structure data according to the primary unit of observation. In this case, the primary unit of observation is the beneficiary, with a corresponding unique programme ID number. All other variables should be linked to this unique identifier. When household member-level data are requested, data for each household member should also be linked to the unique beneficiary identifier.

### Duplicate values

A number of duplicate values were found in the data. Table 5 shows the percentage of duplicate values in terms of national ID number and registration (programme) ID number. There are no duplicate values in terms of registration ID number across the programmes, except in the OP-CT. There are a small number of duplicates in terms of national ID number. However, a thorough data quality assurance protocol should ensure that there are no duplicate values, especially for unique identifiers such as national ID and registration ID.

**Table 5: Duplicate values by variable and programme**

Variable	CT-OVC	OP-CT	PWSD-CT	HSNP	WFP-CT
National ID	358 (0.1%)	5,358 (1.5%)	729 (1.4%)	128 (0.1%)	134 (0.1%)
Registration ID	0 (0%)	594 (0.2%)	0 (0%)	0 (0%)	0 (0%)

<sup>25</sup> These are hypothetical ID numbers selected to represent the format of ID numbers stored in the Single Registry for each programme.

## Missing values

We assess the number of missing values across each variable. Missing values occur when no data value is stored for a particular variable in an observation. The reasons why data could be missing for a particular observation can vary greatly, and clean datasets should always make it clear why there is no information for that value. For example, a case where the respondent has answered 'don't know' to a question is distinct from a case where a respondent has refused to answer a question, or where there are simply missing data for that question. Value codes should be established for cases where there is information (e.g. 'don't know' or 'unwilling to answer'), as opposed to cases where data are actually missing. In the Single Registry, all missing values appear only as blanks or '0', so it cannot be determined what the reason for the data being missing is. The results for this analysis of missing data are presented in Table 6.

**Table 6: Missing values by variable and programme**

Variable	CT-OVC	OP-CT	PWSD-CT	HSNP	WFP-CT
<b>County</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>Constituency</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>Location</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>Sub-location</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>Village</b>	568 (0.2%)	13,040 (3.8%)	14,619 (28.1%)	0 (0%)	2 (0%)
<b>Registration ID</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>National ID</b>	1,183 (0.3%)	24,845 (7.2%)	26,262 (50.6%)	14,428 (14.6%)	14,438 (14.6%)
<b>Names</b>	N/A*	11,638 (3.4%)	13 (0.02%)	0 (0%)	0 (0%)
<b>Sex</b>	1,123 (0.3%)	10,914 (3.1%)	0 (0%)	0 (0%)	0 (0%)
<b>Relationship name</b>	359,582 (100%)	347,251 (100%)	51,936 (100%)	98,818 (100%)	98,826 (100%)
<b>Age</b>	1,123 (0.3%)	56,074 (16.1%)	15,072 (29%)	0 (0%)	1 (0%)
<b>Date of birth</b>	1,123 (0.3%)	56,074 (16.1%)	15,072 (29%)	0 (0%)	1 (0%)
<b>Is beneficiary</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>Is PWSD</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>Illness</b>	359,582 (100%)	347,251 (100%)	51,936 (100%)	98,818 (100%)	98,826 (100%)
<b>Disability</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Note: \*The Names variable was not contained in the CT-OVC dataset.

Overall, the geographic variables appear to be clean and are recorded without spelling errors. As expected, the county variable contains 47 unique values. However, the village

variable, which is crucial for tracing households, contains a few answers which are recorded as numbers only (e.g. village name is '800', '22', or '46') and is missing for a large number of observations.

There are a high number of missing values (i.e. more than 10% for one programme) for the 'age' and 'date of birth' variables, as well as for the national ID variable. The 'Relationship Name' and 'Illness' variables are missing for all observations.

### Outlier values

We assessed the number of outlier values across the numeric variables. Outlier values can be defined and identified in a number of ways. In this case, only the variables 'age' and 'date of birth' are stored as numeric variables and for these variables we consider any age less than 12 or greater than 110 to be an outlier.<sup>26,27</sup> The results are presented in Table 7. The number of outlier values is high for the OP-CT and PWSD-CT programmes. To improve data quality, data quality assurance mechanisms could be built in to the computer software used for data collection to alert the enumerator to possible outlier values (e.g. an alert appears on the screen when an age is entered that falls outside a pre-determined range). Where implausible data are captured and stored in the system, case management protocols could follow up on these cases to check the data and, where necessary, update and correct them. As a final option, the data cleaning protocol could identify these outlier values and replace the data with a missing value, to avoid bias in the subsequent analysis activities.

**Table 7: Outlier values by variable and programme**

Variable	CT-OVC	OP-CT	PWSD-CT	HSNP	WFP-CT
Age	6,414 (1.8%)	58,761 (16.9%)	17,926 (34.5%)	937 (1%)	968 (0.1%)
Date of birth	10,718 (3%)	60,240 (17.4%)	19,879 (38.3%)	1,697 (1.7%)	1,721 (1.7%)

This analysis also revealed that the date variable was inconsistently captured, with a minority of dates captured in the format 'YYYY-MM-DD' while the rest were captured in the format 'DD/MM/YYYY'. Data should be consistently coded for each variable. In addition, dates of birth were captured that are in the future (e.g. 2020), as well as implausibly far in the past (e.g. 1789). Dates can (and should) also be stored in a consistent numeric format (e.g. as a simple continuous integer starting from a given date, as in Stata (1/1/1960) or Excel (1/1/1900)).

### Data documentation

The datasets should be accompanied by a comprehensive 'data dictionary' document which contains detailed information on the name of each variable, a description of the variable, answer options, an explanation of each answer option, and the data storage format. First, each variable should have an associated and clear description of what kind of information the variable contains. Second, numeric values should have an associated description of the

<sup>26</sup> The CCTP Operations Manual (2017) does not specify who should be registered as the recipient for each programme and whether the registered recipient (either beneficiary or caregiver) should be of a minimum age. Therefore, for this analysis, we assume that the registered recipient should be at least 12 years of age.

<sup>27</sup> We also consider years of birth before 1909 and after 2005 to be outliers.

answer so that the results of analysis can be easily comprehended without having to refer back to the data collection instrument (e.g. the HSNP MIS has a codebook). Such a document should be made available to download from the Single Registry as part of the data documentation.

#### Key action

Data accuracy needs to be improved to ensure users are confident in, and can appropriately and efficiently analyse, the data. For the Single Registry, this implies: ensuring that data are stored in the appropriate format (e.g. numeric with data labels); ensuring that the data are structured around an appropriate unit of observation (e.g. the beneficiary); implementing a thorough cleaning protocol to address duplicate values, missing values, and outlier values; and producing a data dictionary which is available to all data users. For the underlying databases (i.e. programme MISs), introducing quality control procedures into the data collection and cleaning process will also enhance the quality of data that are ultimately stored in the Single Registry.

### 3.3.7 Data protection: security and privacy

Data are secure when they are protected against unauthorised access, misuse, or corruption. Data privacy is guaranteed where data are utilised while protecting an individual's privacy preferences and their personally identifiable information.

As discussed in Section 3.3.5 on accessibility, the process for accessing the Single Registry data involves completing a Data Request Form which details why the data are needed and how the data will be used. Authorised users are then able to access the data via a web-based platform which ensures that only individuals who have been authorised to access the data are able to do so.

The Data Request Form, which is signed by the user, also details the obligations that the user has with regards to the use, storage, retention and disposal of the data.<sup>28</sup> As noted in Section 3.3.5, these obligations should include a paragraph on feeding data back to the Single Registry from complementary programmes. While authorised users sign up to this agreement, it is not clear how the SPS ensures that users uphold their obligations. For example, at the end of the data retention period, data should be disposed of, and confirmation should be provided to the SPS by way of e-mail and completion of the data disposal. It is not clear whether and how SPS keeps track of this obligation.

Finally, from an ethical perspective, using data for purposes other than those for which they were collected can raise ethical concerns. The NSNP Living Conditions Survey and accompanying manual do not outline a process of obtaining informed consent from households as part of the data collection process. It is crucial that before administering the survey, households are informed about how their data will be used and shared and, in particular, that they are aware of the ways in which their data might be used beyond regular social protection programming, and who these data might be shared with (e.g. humanitarian agencies in the case of shocks).

<sup>28</sup> For users who request access via the complementary module, the link to the terms and conditions of data access (the 'Data Sharing Protocol') is broken and should be fixed to ensure that users are aware of their obligations regarding the data.

Similarly, users that collect data from NSNP households that are registered with complementary programmes should also ensure that their consent procedure fully outlines the way in which data might be used. This should include the fact that data will be fed back into the Single Registry and will be accessible by the SPS, to better understand complementary programming and layering of support, and by other users of the Single Registry.

#### Key actions

A process for ensuring data users adhere to their obligations should be put in place.

Informed consent should be obtained from all households before collecting personal data, either directly through the NSNP or indirectly through complementary programmes. As part of this process, households should be made aware of the ways in which their data might be shared and used beyond regular social protection programming.

### 3.4 The ESR data

This section explores perspectives from stakeholders on several aspects of the ESR, including on how data should be collected and the planned processes for registration and targeting, views on the data collection tool, and views on who should be involved in data collection efforts and data management. These insights have been gathered through interviews and are complemented by the researchers' interpretation and analysis of the perspectives gathered.

Overall, most interviewees were excited about the potential of the ESR. While, the overwhelming majority of key informants had not heard of the ESR<sup>29</sup>, when briefed on the concept and objectives, they were very positive. A key perceived opportunity is the registry's potential to help improve coordination and facilitate a better distribution of interventions.

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<sup>29</sup> At the county level there was no awareness of the ESR outside of the MLSP staff and NDMA. At the national level there was wider awareness of the concept amongst key stakeholders but only those that work very closely with the MLSP, such as relevant Ministry of Education and NHIF stakeholders.

### 3.4.1 Perspectives on data collection – registration and targeting

#### Key points – perspectives on data collection

- The preference among respondents was for a comprehensive census-style data collection approach.
- They highlighted the importance of tailoring sensitisation to each county context.
- Where an on-demand approach to registration is used there are significant concerns about reaching the most vulnerable, especially in isolated/remote locations.
- Respondents highlighted some frustration around the lack of linkages of this data collection effort to other GoK household data gathering exercises.
- There were concerns around logistics and access in large counties, poor transport networks, high costs, and the potential of conflict to limit access.
- Respondents felt that both national structures (Ministry of Interior and Coordination of National Government) and parallel county structures need to play a role in the data collection process.
- There was a strong desire for a multi-sectoral approach to sensitisation and communication on data collection and oversight of the processes.
- It is clear that the county governments need to be involved in the data collection process if they are to trust the data and make use of the ESR in future.
- There is also a need to involve shock responders (NDMA, County Special Programmes, Ministry of Interior and Coordination of National Government) to ensure the data gathered are relevant for shock response.

#### The process of data collection for the ESR

Currently, each programme that feeds into the Single Registry carries out its own data collection and registration processes<sup>30</sup>. This is despite the fact that many of these programmes have overlapping activities and collect data from persons that live in households already registered by another programme. This can lead to respondent and community fatigue, inefficient use of resources, and a lack of standardised data. One rationale for the ESR is that as social protection coverage grows, integrating and harmonising data collection efforts can achieve

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*‘The objective of the ESR is to collect, update, link and ensure quality of data on households and persons in poverty and with other vulnerabilities. **The ESR will be the main data collection, data quality and data accessibility tool. The data hosted in the ESR will be used to select beneficiaries and plan new interventions.**’ (GoK, 2020b).*

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efficiency gains. Even for programmes that are intended to be universal, such as a child grant or health insurance (GoK, 2020b), they can begin their scale-up by using the ESR data, which will register a substantial proportion of the population (beneficiaries registered with the programme at later dates can then also be added to the ESR). Another intention is that the ESR will be a useful source of information for targeting social protection

<sup>30</sup> The ESR will now use the HTM, which consolidates and harmonises data collection for the *Inua Jamii* programmes, which previously all collected their own data and were targeted separately.

programmes implemented by other government departments, NGOs, and United Nations agencies. These programmes are further discussed in Section 3.1.

It is intended for the ESR to primarily collect data on those classified as overall poor by the 2015/16 Kenya Integrated Household Budget Survey (KIHBS), i.e. the 36.1% of Kenyans (27.4% households), or 16.4 million individuals (3.1 million households), classified as falling below the national poverty line.<sup>31</sup> However, there is a larger share of the population that are at risk of falling into poverty. Slightly over 50% of the population have a probability of over 50% of being below the poverty line at some point within the next two years (Pape and Mejia-Mantilla, 2018). This context requires the ESR to take an inclusive approach to data collection to reduce exclusion errors by registering a greater number than those just listed as overall poor. While this implies greater registration costs, it will ultimately yield a dataset that is much more comprehensive and valuable. For example, the COVID-19 pandemic is having a significant negative impact on the welfare of those that would not be a priority for registration under the current ESR roll-out plan. Therefore, creating a more comprehensive national registry would allow rapid expansion of services and assistance to a wider range of potential beneficiaries as needed.

The ESR data collection process aims to collect data on at least 50% of Kenya’s population, encompassing some 22.5 million people in around 5.7 million households. The plan is to collect data through different methods, depending on the county poverty levels, as described in Table 8 below.

**Table 8: ESR data collection processes**

County poverty rate	Household registration process (Current plans are to update these data every four years)
<b>&gt;50%</b>	A <b>census approach</b> to registration in which enumerators will travel door to door to invite households to register and will conduct detailed data collection immediately on receiving consent from each household.
<b>30–50%</b>	A <b>mass registration approach</b> which allows for registration on-demand but following very substantial outreach and making use of a large number of initial registration sites at which households can record their interest in being included in the ESR. Detailed data collection will be conducted during follow-up household visits.
<b>&lt;30%</b>	An <b>on-demand approach</b> to registration with moderate outreach and a more focused number of initial registration sites at which households will record their interest in being included in the ESR. Detailed data collection will be conducted during follow-up household visits.

Source: GoK (2020b)

Overall, most interviewees favoured a comprehensive census-style data collection approach. While this is obviously the most expensive approach, it was feared that an on-demand approach has the potential to exclude those who most need to register, i.e. the marginalised, remote, and poorest households who cannot easily access central points of registration. To ensure that the data collection approach does not become a barrier to

<sup>31</sup> KIHBS 2015/16 defines the overall poverty line in rural areas as KES 3,252 per month, and in urban areas as KES 5,995 per month.

registration in such contexts it was highlighted that clear steps should be taken to safeguard outreach to specific vulnerable households and communities.

Across all counties, respondents stated that they felt that the county government should be involved in the registration process if they are to trust and use the data that the ESR will eventually contain. This requires that county government staff are involved in the data collection process from an early stage. This includes decisions on approaches to

*'It is essential that county government is involved in the ESR data collection process as early as possible.'* (KII respondent)

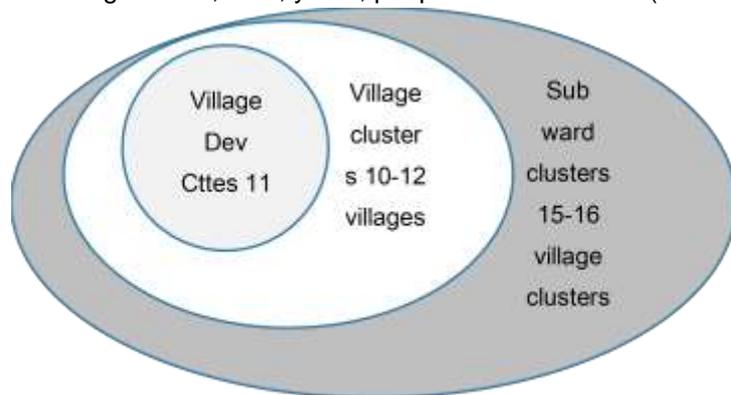
data collection and coverage, and processes for sensitising communities. This consultation needs to commence well before data collection begins.

Effective sensitisation efforts in all of the counties is crucial, at both county and sub-county levels. Following effective engagement and sensitisation of MLSP staff, the next step must be for active briefing with the county leadership, and this should happen early in the process, so these stakeholders have an opportunity to influence plans. The entry point for this engagement should be through the Council of Governors. It must be noted that communication capacities and tools appear currently quite weak within DSD at the county level, and relationships between national and county government stakeholders are not always functioning effectively. Within such a context, sensitisation strategies and approaches need to be carefully thought through and planned.

Whatever the data collection approach that is selected, appropriate and wide-reaching sensitisation campaigns can play an important role in facilitating access to registration for vulnerable groups. This is essential in order to ensure that the ESR is comprehensive, containing data on the most relevant potential beneficiaries. Interviewees had different perspectives on the best approach to sensitisation, but consistently highlighted the need for the involvement of credible agencies in the sensitisation for the data collection process. In some counties, the preference was for nationally-led information campaigns to ensure consistency in the information that is provided across the country, while in other counties stakeholders felt that sensitisation should be tailored to each county context. Across

**Figure 1: Makueni county administration**

3,642 villages. Each committee contains 11 elected members, including women, men, youth, people with disabilities (PWDs).



counties there are wide variations in media access, language, culture, trust in different conduits of information etc. In some counties, the national structures (chiefs and sub-chiefs) were flagged as the most appropriate entry point to engage communities, while in other counties it was highlighted that the MLSP should engage directly with county structures through the county government to ensure

information reaches the grassroots. For example, in some ASAL counties interviewees

underscored that chiefs and sub-chiefs reside in towns and are not close to the grassroots, and therefore are not appropriate channels for information sharing with the communities. In some of the counties visited, the county administration has developed its own structure, which reaches to the village level (such as in Makueni in Figure 1), and it is important that these structures are not bypassed as they remain useful entry points for providing information to the grassroots. In a few counties, interviewees felt that trusted NGOs may also play a role in sensitisation where they have a particularly strong relationship with target communities.

Local knowledge is also needed to decide which sensitisation tools are most appropriate in which contexts. In some counties, radio in local dialects is appropriate and in others, radio access is too limited to be relied upon as a primary means of communication. As stated above, in several counties the preference is for the use of national channels to communicate, and part of the rationale for this is to ensure consistency in messaging and to avoid any bias. Mass SMS, television, and radio were mentioned as appropriate national communication channels. However, in other counties the reach of mobile phones and television were not extensive enough to be relied upon to reach the poorest and most vulnerable.

In some counties data collection fatigue was mentioned, with ESR data collection expected to come in the wake of the Census in 2019 and Huduma registration processes. It was requested that in future, consideration should be given to harmonising some of these registration activities.

#### Key action

Prior to the commencement of data collection, county MLSP staff must receive training on the ESR and the ambition for it, followed closely by consultation, sensitisation, and engagement of county governments (and other county stakeholders) in the ESR process.

#### Data collection tool – the HTT

The HTT will be the tool used to collect data to populate the ESR and will gather data to enable harmonised targeting across all of the NSNP cash transfer programmes. See Box 3 for more details.

Most interviewees had neither seen nor heard of the HTT before. During the interview, or prior to it, every interviewee was given a copy of the tool and our researchers talked through the data parameters. When the tool was explained, and interviewees were able to review it, most felt it would be a very useful tool. There was interest in the concept of shifting to the use of a more impartial and standardised tool, with recognition that at present targeting for county programmes, for example, is largely based on allocation of quotas to each ward, and subsequently community-based targeting is used to identify beneficiaries, but that little information is collected on household characteristics, living conditions, and assets. There is a demand from devolved departments for such tools and resources, and training on the same, from the national government. However, alongside this interest and demand it is recognised that there will be challenges in securing political will for more impartial targeting.

### Box 3: The HTM

A key objective of the NSNP is to harmonise the design and operational processes of the four cash transfer programmes. To this end, an HTM was developed to unify the various elements of the targeting criteria and processes utilised by each programme. The HTM is made up of a range of activities covering registration, targeting, and enrolment of beneficiaries, including conducting a PMT, based on the generation of a Living Conditions Score that estimates the living condition of each household. The Living Conditions Score model developed for the HTM was constructed using the Kenya 2009 Census data, using a method known as principal component analysis (see Merttens *et al.*, 2019).

To collect data for the HTM, a tool is used, known as the HTT. This tool collects data on the following:

- geographic identification of the household, including location;
- dwelling and household – including water source, dwelling construction, cooking fuel used, assets etc.; and
- household demographics – names, ages, gender, disabilities, education levels, livelihoods, and IDs of household members.

The plan is also to collect telephone numbers and GPS location details of households.

Overall, interviewees felt the tool was fairly comprehensive but there were a few concerns about the lack of data capture on some parameters, such as severe disability and exposure to shocks. Effective coverage of extreme disabilities may require medical expertise to administer. As referenced in Merttens *et al.* (2019), there is a need to introduce the Washington census questions into the HTT before it is applied for the ESR data collection, and to align it with the census and KIHBS instruments. This will enable future users of ESR data to identify PWDs more robustly, alongside targeting of the PWSD-CT once the eligibility criteria for that has been changed. In terms of more effective data capture on shocks, this is very relevant if the registry is to be used as a tool for the planning, targeting, and delivery of shock response.

Some interviewees had fears around other data parameters in the HTT. For example, interviewees in Samburu felt the choice of construction materials did not reflect the reality of materials used in Samburu (cow dung, sticks etc., which are not listed in the questionnaire). Such concerns may be resolvable with proper sensitisation and training on the tool, but the larger point at present is that most relevant stakeholders are unaware of the tool and methodology. This was highlighted in Marsabit, where the HTM has now been rolled out (as well as across the other three HSNP counties) for all cash transfer programmes, but where none of those interviewed who held social protection roles had seen the tool.

In terms of the tool contributing to building a shock-responsive ESR, interviewees felt that it should also ask about a household's exposure to shocks to understand and verify which the most prevalent shocks in an area are. However, it may be more efficient to programme shock profiles based on geo-location data after the HTT data have been collected, as areas vulnerable to key shocks (such as drought, floods, conflict etc.) are already known. A similar approach could also be used to include information (from the Ministries of Health and Education) on health and education services in a given area, and to highlight underserved communities. Similarly, information about vulnerability to idiosyncratic shocks could also be drawn from secondary analysis of the key shocks affecting different demographics. However, as highlighted by Barca and Beazley (2019), there are some additional data

variables which can be collected to identify those vulnerable to shocks; by adding these it is possible to develop a system that is relevant for targeting for both poverty and shock response.

Several interviewees were apprehensive about the time it takes to administer the tool. In both Kakamega and Vihiga, stakeholders have experience of using the tool for the *Boresha Afya ya Mama na Mtoto* (Improve Maternal and Child Health) project. In these counties, respondents highlighted cases where enumerators just observed and made their own judgements on some questions (for example, on assets, construction materials etc.), rather than actually asking all the questions. In other counties, interviewees also mentioned there were cases of enumerators skipping questions and answering through observation only in the census data collection. Another observation was that the tool clearly cannot be self-administered and will be resource-intensive (time and money) to implement.

There was also a suggestion that the HTT and the HTM should be piloted outside of the MLSP cash transfer programmes to better understand how it works as a targeting tool for other programmes. This pilot could be through some other national government programme or through use in NGO or United Nations programmes.

The HTT and the HTM process are not relevant for registering beneficiaries for the new 70+ pension as it is universal and not targeted. It was noted that there is no question in the tool about whether the interviewee is receiving the state pension.

#### Key action

Sensitisation on the HTT and the ESR should take place at county level with key national and county stakeholders before commencement of data collection.

#### Who should collect the data for the ESR?

Consistently throughout the research process, interviewees stated that in order for them to trust the data contained in the registry they need to be collected through a strong tool that people understand, and there must be confidence in those who collect the data, including a role for key county government stakeholders.

While the ESR is being led by the national government, it is essential that county governments are involved in the data collection process if they are to trust the data collected, and eventually to make use of the ESR. There are common stakeholders across the country that need to be involved in data collection in some way, but there is likely to be a need for the exact mix of data collection teams to differ across counties, depending on the presence and capacity of institutions in different counties. For example, in ASAL counties where the NDMA is present it is clear that it should play a major role, and it has already done so in the four HSNP counties.

The interviewees largely favoured the involvement of multi-sectoral committees in the data collection process. Some of the crucial stakeholders that were mentioned across several counties as being key to the process from the national and county governments and non-governmental stakeholders are included in Figure 2 below.

**Figure 2: Stakeholders who are key to ESR data collection**



In most counties, interviewees highlighted that there are still challenges in the relationship between the county government and the national government. This was very apparent when trying to organise interviews with county government counterparts in some counties. In one county, for example, the DSD representative stated that he could not organise these meetings. However, at the other end of the spectrum there are counties like Makueni where the working relationship between national and county government is much more effective and functional. This highlights that an ESR committee at county level will be an important and necessary structure to bring these two levels of government together. The involvement of the county governments is essential if they are to trust and own the data, and make use of the registry when it is set up. Establishing an ESR committee in each county can be an entry point for sensitisation in terms of ensuring locally appropriate channels for sensitisation and appropriate messaging, and that the right stakeholders are involved. The committee could also play some type of role later on in data management (such as channelling case management queries). In most counties, there did not seem to be a clear existing committee that could fill this role but in some cases the County Steering Groups (CSGs) may be able to do so, or could develop a sub-committee to do so. CSGs are largely established in the ASAL counties but are not active in all of these so this needs to be explored on a county by county basis. In other cases, a new committee may be more appropriate and could be just a temporary structure.

The KNBS was mentioned in several counties as a government body that should play a key role in the ESR process. The KNBS is a trusted agency that clearly has relevant technical competencies to support and give credibility to this process. There are concerns that the MLSP at county level does not have the necessary capacity or convening power to manage the ESR data collection alone.

In counties where they are active, CSGs were proposed as an entry point, being a key forum where the national and county governments come together. In many cases, they are one of

the only regular forums where these two tiers of government come together. Some CSGs have active sub-groups that work on different issues. A sub-group specific to the ESR may need to be created both for the data collection phase and to play a role in ensuring systems for keeping data up to date and overseeing data management processes. However, non-ASAL counties do not have CSGs so in these settings a different entry structure for the ESR will be needed. Inter-governmental relations technical committees are in the process of being established. As yet, they are largely not active but in future they could be a useful entry point and the ESR process could play a role in kick-starting such structures where they are not yet active.

Consideration should also be given to the involvement of key shock responders if the ESR is to be a tool to aid in responding to shocks. From national government, the key stakeholders here appear to be the Ministry of Interior and the NDMA. At the county level, the Office of Special Programmes, which is under the Governor's Office, is the key office to engage with.

Once data have been collected, the validation process was also highlighted as an important stage where wide participation would be needed, involving a cross-section of relevant stakeholders, to ensure ownership of the data and eventual use of the system.

#### Key action

Establish a multi-stakeholder ESR structure for each county, through which sensitisation and data collection processes will work. This structure may look different in different counties and it may be appropriate to pilot a couple of models and independently review performance after a year.

### 3.4.2 Data management

#### Key points – data management

- No county has a county-level MIS for their poverty-focused programmes, but there is wide interest in piloting a county MIS.
- There is a general lack of awareness of the need for effective data management and data protection.
- Respondents' concerns around how ESR data would be kept up to date are partly based on their experience of the Single Registry being out of date.
- Most interviewees were interested in an interface between their systems and the ESR, but had concerns about controlling access to their data.
- Access to the ESR needs to be made operationally easy, with quick turnaround times to access data through a username and password.
- Memoranda of understanding should be created between the national government and county governments, to clarify data management and sharing roles and responsibilities.
- There is a need to improve access to equipment, the internet, training, and a reliable power supply for DSD staff based in the counties and sub-counties.
- There are huge demands for more decentralisation.
- A potential role for CSGs in data management in some counties should be explored.

Part of the rationale for gathering data on the entire household is to improve the shock-responsive value of the ESR. A comprehensive ESR could allow for better targeting, outreach, and payments in preparedness for and response to covariate shocks. The variables needed for the poverty-targeting of social assistance programmes and those needed for identifying households vulnerable to shocks differ.<sup>32</sup> This highlights that if the ESR is going to be used effectively for shock response, specific variables (such as information on agro-climatic zones, proximity to hazards, and livelihoods data) would ideally need to be included beyond the type used for poverty targeting. Households are more or less vulnerable to the negative effects of covariate shocks depending on key characteristics such as their dependency ratio, household composition, and gender of household head. ESR data will include the household location (GPS coordinates), telephone number, national IDs, and birth registration numbers. Several of these variables will be more challenging to collect for mobile households. These means of verification are all useful for ensuring effective shock response and mobile numbers can potentially be used for rapid or one-off mobile money transfer, as well as longer-term social protection transfers.

Ensuring that the ESR data are of sufficient quality in terms of completeness, relevance, currency, accuracy, and accessibility is a complex and costly task. Currently, these processes are centralised and not operating to optimal effect, with significant delays in updating beneficiary information. There are demands for greater decentralisation and while this is much needed, it is apparent that decentralisation will not immediately solve all of the problems as capacity is limited at both national and sub-national levels. This includes the number of staff available, the training they have received, and the budgets that they have to facilitate access to hardware, software, travel, the internet etc. Data protection and confidentiality are key concerns, including how and where data will be stored and how data will be kept current. An obligation on users of the system to contribute to data management and processing in a coordinated and transparent way is also required.

Currently, communication appears to be quite weak in most counties, between the national government and the county government, and to beneficiaries of the cash transfer programmes. Effective set-up and implementation of the ESR will require broad community awareness of, and easy access to, the system. This is unlikely to happen organically under the existing structures and capacities, and may require quite a radical change in approach and systems to facilitate its effective implementation.

At present, awareness of the Single Registry and the plans for the ESR are not well known. As awareness is being created, there is an assumption, particularly among county stakeholders, that the system will be focused on cash transfers. While this may be an area with which to start, there is the potential for the system to go further and to contribute to managing programmes more holistically. However, there is some sense that ambitions should be realistic and that linkages of different programmes to the ESR should be staggered. Some interviewees proposed piloting different approaches in different counties. In counties where there is a very active county government that is committed to improving transparency and accountability, and good levels of coordination between the county and national government (e.g. Makueni), it would be interesting to explore the ESR as a tool for coordinating national and county social protection efforts. In this context, the KSEIP

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<sup>32</sup> See Barca and Beazley (2019), p. 24.

economic inclusion pilots will also provide a useful opportunity for developing this approach. In other parts of the country it may make more sense to commence linkages through other national programmes (beyond the NSNP), leveraging on the ESR, such as NICHE or national bursary support programmes.

None of the 12 counties included in this study currently have an MIS in place at the county government level to manage programmes that are poverty-targeted. As noted in Section 3.1, there are a range of such programmes that exist and are funded by both the county and national governments, but currently records of beneficiaries are largely kept on paper, or at best individual Excel sheets, with few attempts to compare data and no systems to enable this. Even where project- or programme-level MISs exist these are specific to the individual initiatives. There are several government programmes that contain social components broadly trying to target poorer households, such as support to women's groups, provision of livelihood assets (agricultural inputs, improved breeds etc.), youth programmes, and scholarships, for example. However, there is currently no system to understand how beneficiaries overlap across these programmes, or to enable clear targeting of specific beneficiary groups.

Most interviewees highlighted that they would be very interested in setting up a county MIS platform linked to the ESR, and requested support to do so.

One danger in improving transparency on who is benefiting from the NSNP through the ESR is that it may lead to denial of some support to poor individuals and households. The desire to spread resources widely among populations by county governments may lead to some households being denied the opportunity to benefit from one type of support over another. However, this choice is not made by households themselves, who will likely be unaware of the range of potential benefits that may be on offer. Decision makers need to be educated about this dimension and efforts made to increase citizens' agency.

### **Maintaining data currency**

Alongside perspectives about the relevance of the data collected were concerns from potential users around how data would be kept up to date. The currency of the data was seen by respondents to be critical to their value. The ESR strategy plans for data to be updated comprehensively every four years, with options for *ad hoc* updates on a rolling basis. While those who have accessed data from the Single Registry and the HSNP MIS were in the minority, these stakeholders largely found the data to be out of date and inaccurate (as discussed in Section 3.2), and were concerned how this experience would change with the advent of the ESR.

While many stakeholders (government departments at the national and county levels and NGOs) expressed an interest in seeing an interface between their systems and the ESR, there were concerns about who would control changes in the data, the need for data to be regularly updated, and how to ensure this – users would want to be able to access the system from their laptops via a secure username and password, even if only to view rather than edit the data. While most users were not familiar with the complementary module of the Single Registry, those who had tried to use it found it very time-consuming and had a preference for a more user-friendly system that would allow them regular on-demand access from their laptops.

As stated above, there are currently significant frustrations around the centralisation of data management with the Single Registry (especially among county-level stakeholders from both national and county government departments), and expectations that the ESR will be much more decentralised. It is recognised that poverty is not static but a dynamic condition, and that people's circumstances change: people are born and die, household compositions change, and new households are formed. There is thus a need for a system that is able to respond to this changing context and that includes a process for on-demand updates. However, respondents were not certain how this could function effectively in reality, and who would be responsible for these processes in an accountable, systematic, and timely way.

There was some discussion in interviews regarding whether consideration should be given to a policy/legal framework to ensure that users are obligated to follow procedures and to update and share information on who they target. This could take the form of user agreements for those who wish to access information from the ESR, outlining what the requirements are regarding how they use the data and the information and frequency that they are required to feed back into the system. There are clear questions around how information would be verified, and how data quality would be ensured.

Alongside user agreements, it is clear that there is a need for a memorandum of understanding between the national and county governments to clearly outline the roles and responsibilities of each party.

If decentralisation is to be effective, there are several needs that must be met in order for DSD offices to function effectively in the counties. While this research was not able to explore these in-depth due to the limited time in the field, from the number of counties covered and the scope of this study it is clear that these needs include: increasing the number of staff; ensuring staff have participated in appropriate training to enable them to fulfil the full range of functions that will be expected of them; and provision of appropriate equipment, including hardware, such as computers and cell phones, and operational budgets for reliable internet, electricity, and transport costs. All the DSD officers, while demanding decentralisation, recognised that these gaps and challenges will grow with the advent of the ESR, but at the same time will need to be met if sufficient data quality is to be ensured.

Overall, the research process found that stakeholders lacked understanding of the risks of (and skills relating to) data sharing, and of the need for effective data management and data protection. Significant sensitisation and capacity building is needed in this area going forward.

In some counties, it was proposed that the CSG could play a role in data management (for example, in Tana River and Garissa). At present, the CSG brings together the national and county governments, and is playing a role in directing NGOs to work in certain geographies. These organisations are then required to report back to the CSG on what they are doing. This could be taken a step further, with reporting formalised and incorporated into the ESR via details such as the beneficiaries targeted, and the type, value, and duration of assistance provided, etc.

### Key actions

The decentralisation of data management for the Single Registry/ESR is needed but must be accompanied by effective training of staff and equipping them with the means to be able to function effectively. Key forums such as CSGs should be explored as regards playing a role in contributing to ESR data management. Capacities and strategies for effective communication should also be developed.

Robust data processing protocols are required, as well as reliable feedback loops between users and data managers. A central agency should ultimately be responsible for developing and ensuring data processing protocols, though these may be implemented at decentralised levels. User obligations should be in place in regard to contributing to maintaining data currency, as well as systems for the public to report errors and updates.

## 3.5 The ESR and shock-responsive programming

### Main points – the ESR and shock-responsive programming

- There is clear interest among county stakeholders and NGOs to use the ESR to improve shock-responsive programming to aid quicker targeting.
- Basing registration models on poverty rates alone will not necessarily facilitate the use of the system for shock-responsive programming. Risk and vulnerability data should also inform areas where more extensive registration is needed.
- The ESR is seen as a useful tool for targeting resilience programmes and improving coordination.
- The ESR is largely perceived as a potential tool for coordinating cash-related programming and there is a need for research and awareness raising on how it can be used beyond cash.
- Many interviewees felt shock response was outside their mandate.
- County governments largely implement area-based, not individually targeted, shock-response activities.
- A lack of rapid updating could reduce the ESR's value for shock response.
- The ESR could play a role in the coordination of relief programmes but this requires a devolved system of rapid updates to the ESR.

Kenya has a history of environmental shocks, such as droughts and floods. Households also experience shocks from conflict, food price inflation, and bereavement. The KIHBS 2015/16 reveals that 61.9% of households (over 7 million) experienced a shock in the five years prior to the survey, with more frequent shocks in rural households (GoK, 2018). The potential for households and individuals to adequately respond to shocks is constrained by their economic, health, and environmental conditions. A government's role in shocks is threefold: it has a role to play in increasing the ability of vulnerable households and individuals to cope with and manage the shock, and it has a role to play in mitigating and responding to shocks.

As noted earlier, it is intended for the ESR to collect data on a wide set of poor and vulnerable households beyond those that are currently receiving or will receive cash transfers through the NSNP. A key part of achieving the policy objectives of the ESR and making the registry shock-responsive is the inclusion of a broader proportion of the population than the existing beneficiaries of national social protection programmes.

In general, shock response is not a defined mandate for most line ministries at the county level. In the ASAL counties, the most common covariate shock is drought – a slow-onset disaster, which is often cyclical, protracted, and predictable. In these counties, the CSG acts as a multi-sectoral platform for response. Line departments, such as agriculture and health, may be asked to deliver specific types of response. NGOs, such as the Red Cross, often fill in key resource gaps and may even lead emergency relief efforts. However, disaster preparedness and response are not a core operation for regular programming, nor do they have a special line in department budgets. In the ASAL counties, the NDMA often plays a key role in building resilience to cope with drought, as well as in response. In many instances the NDMA contributes to preparing for and responding to other types of shock apart from drought, in order to help close gaps in provision. In non-ASAL counties, covariate shocks are varied and may consist of localised flash floods, conflict, fires etc. These are rapid-onset disasters, which are often difficult to predict and plan for. In these counties, coordination is weak due to an absence of CSGs. The mandate of shock response lies with county departments of disaster management or special programmes, which are typically under-staffed and under-resourced. In this context, it is not surprising that most respondents did not engage with questions about the ESR's potential for shock response.

Nevertheless, respondents who were familiar with shock response, including NGOs and departments of disaster management, showed considerable interest in using the ESR to improve shock-responsive programming. This was mostly seen as potentially useful to aid quicker targeting and, in particular, to avoid 'double dipping' (i.e. to exclude those who already benefit from the NSNP). They also felt it would be useful to offer other vulnerable households support under relevant interventions.

Shock-responsive social protection programming can include:

- preparedness – improving households' resilience to cope with shocks; and
- response – supporting households exposed to shocks by covering their basic needs.

In the Kenyan context, the ESR has the potential to support both aspects of shock-responsive social protection. It could be a useful tool for targeting resilience programmes and enabling the sequencing, layering, and integration of interventions that resilience building requires. This could be achieved through better identification of beneficiaries, greater transparency around the different initiatives that could form part of a resilience-building effort, and purposeful layering of these interventions. The ESR also has the potential to improve coordination through reducing the duplication of effort. Currently, there are no tools which provide a clear overview of national and county government programmes and those implemented by NGOs, United Nations agencies, and private sector organisations. The ESR has the potential to provide this more comprehensive picture of programming. However, to do this effectively there needs to be a very systematic and timely approach to keeping data up to date, one that is decentralised but with a strong mechanism for oversight and accountability.

There was also interest from respondents in the system enabling more impartial targeting. Most county governments highlighted that they currently lack capacity at the county level to understand the distribution of poverty accurately and to manage the allocation of poverty-reduction efforts. No counties had an MIS in place to manage the planning and targeting of these initiatives.

At present, county governments mostly allocate assistance through a system of quotas for each ward. These are often poverty-targeted programmes, such as bursaries, grants to women and youth groups, or the provision of agricultural inputs. However, they are distributed to wards without any sense of which wards have a greater poverty headcount. The ESR could incorporate national poverty data and small area poverty estimates enabling the geographical distribution of resources linked to poverty data, and then within given locations individual household-level data could be used to target specific households. This could allow a better understanding of where the poor are located, and to distribute resources accordingly. However, it is not a given that the political will to do so is present.

A clear finding highlighted by this research is that there is a lack of understanding of the need for sequencing, layering, and integrating multiple interventions, and, for interviewees, the ESR's main perceived value lies in avoiding double targeting and to enable the spread of assistance widely (and thus thinly) in order to ensure as many people as possible benefit from available interventions. Although this approach is understandable in a context of high demand for support but low supply, it is not necessarily conducive to, or optimal for, effective resilience building. The ESR will provide greater clarity on who is working where, and specifically which households are benefiting or not through both national and county government interventions and NGO/United Nations efforts. However, as discussed above, this raises concerns from a resilience-building perspective. There is a need to build understanding that resilience building requires purposeful sequencing, layering, and integration of different interventions to build resilience and preparedness, and to graduate households sustainably out of poverty. An awareness-raising or training campaign on resilience building for county governments could be piloted in ESR priority counties where the KSEIP economic inclusion programme is also being implemented.

The use of the ESR for emergency response is possible and this was an aspect that interested some interviewees. If the ESR data are relevant, current, accurate, and comprehensive enough, interviewees said that they can see the potential for it to facilitate more timely response through rapid verification of those affected by shocks, allowing better management and coordination of relief efforts. However, this is challenging on a number of fronts. First, the data needs to be updated much more frequently than current plans (see Table 8) to keep on top of household movement in and out of poverty due to shocks and other factors. This is perhaps unrealistic given the costs involved. Secondly, county governments typically implement area-based (geographic) and not individually targeted shock-response activities. Nevertheless, this is not always the case, with an increasing role of county governments in individual cash transfers, such as in recent responses to floods and landslides. The ESR could provide a useful targeting tool in such programmes. The ESR plans to hold information on households who are chronically poor. While these households are more likely to be worse off after experiencing a disaster, this excludes those households who experience transitory poverty. To respond to this, ESR coverage rates might also be influenced by other factors alongside poverty, such as frequent exposure to covariate shocks.

At the same time, the ESR could also play a role in the coordination of relief programmes: for example, through guiding the allocation of resources via CSGs. However, this would require a devolved system of rapid updates to the ESR so that the data are relevant and useful for rapid-onset emergencies. With the Single Registry currently only covering cash transfer programmes, inevitably the ESR is primarily viewed as a tool for coordinating cash

assistance. However, there is scope for it to be used extensively beyond cash, but this will require experimentation.

**Box 4: The ESR, COVID-19 response, and the urban poor**

As the county research for this study was just finishing at the time that the COVID-19 crisis was escalating, it is important to consider how the ESR might have been used to respond to COVID-19, had it already been established at the time of the crisis.

In particular, we consider the utility of the ESR for the urban poor who are most severely affected by the COVID-19 crisis and mitigation measures. The urban poor are affected by food and transport price rises, restrictions in access to health and education, and in their ability to earn a livelihood due to limitations on movement, social distancing requirements, curfews, the closure of businesses and schools, and the diversion of health services to focus on COVID-19.

The current roll-out plans for the ESR do not prioritise urban areas, particularly in three of the four counties worst affected by the crisis at present – Nairobi, Mombasa, and Kwale. However, there is no other consolidated database that would provide easily accessible information for targeting support to vulnerable households residing in these areas unless they are part of the current NSNP.

If the ESR covered the urban poor, it would provide a useful source of data on household demographics and geographic variables, and would contain phone numbers that could be more rapidly verified with mobile providers. Beyond the initial data collection, if the ESR was also linked to the databases of other service and programme providers, it could potentially provide a more detailed map of the different providers working with these communities that could be asked to rapidly scale up their work, pivot their interventions, or divert resources to new priority activities.

Considering how the ESR could be used during the COVID-19 crisis, it is clear that coverage of the ESR should be holistic and include households vulnerable to different types of shocks, including potential conflict, economic, and health shocks. This will ensure that the ESR contains a dataset that would allow for rapid response to the households most severely affected by crisis: for example, in this case, the urban poor.

This clearly highlights that if the ESR were up and running, comprehensive, and inclusive of urban populations, it could have been a valuable resource to draw upon in COVID-19 responses. However, building and maintaining a quality dataset in heavily populated urban areas clearly comes with challenges and expense. At the same time, these populations may be better served by services such as telecoms and mobile money, which have good urban coverage and can be exploited in times of shocks. The current situation also underscores that although in normal times urban populations are relatively more wealthy than their remote and rural counterparts, there is an issue around how the nature of urban poverty is measured, where very poor and marginalised urban populations are often undercounted, as are the health and social problems in urban informal settlements, and that the poverty count, rather than rate, requires greater analysis in order to develop specific strategies to support these populations.

There is some experience of using a *de facto* social registry in the four northern Kenyan counties covered by the HSNP to expand social protection in response to shocks. The GoK through the NDMA has used the Vegetation Cover Index, which is built using satellite data, to indicate areas affected by droughts to trigger horizontal programme expansion (i.e. a scale-up to temporarily include additional beneficiaries on the payroll). This has been possible because of the extensive registration that the NDMA had already undertaken in these counties, and it is anticipated that a similar system through the creation of the ESR will enable such expansion to be feasible in other parts of the country as needs arise. However, in these four counties the extensive registration of the HSNP registry happened because of the high poverty rates, and this would not automatically be the case in other counties with lower poverty rates. The HSNP lists have also been used by NGOs to respond to shocks. The NDMA has provided lists of those households that are registered but do not receive regular transfers, so NGOs can target their interventions accordingly.

This research was not able to extensively engage NGOs that had used the HSNP lists as the research only incorporated one HSNP county. However, drawing on these limited discussions and on more extensive interviews conducted in HSNP counties as part of the Gardner *et al.* research in 2017, it is clear that a lack of regular updating of the data has meant there are gaps, with missing households or inaccuracies and errors in personal information etc. This highlights that accurate and comprehensive data collection is vital, as is ensuring effective data management, including maintaining data currency. Furthermore, whatever method is used to calculate the welfare score (e.g. regression-based, principal component analysis), it contains an inherent level of imprecision, which is exacerbated in contexts of very high poverty. To account for this, users may need to undertake some level of verification when using the data (Merttens *et al.*, 2019).

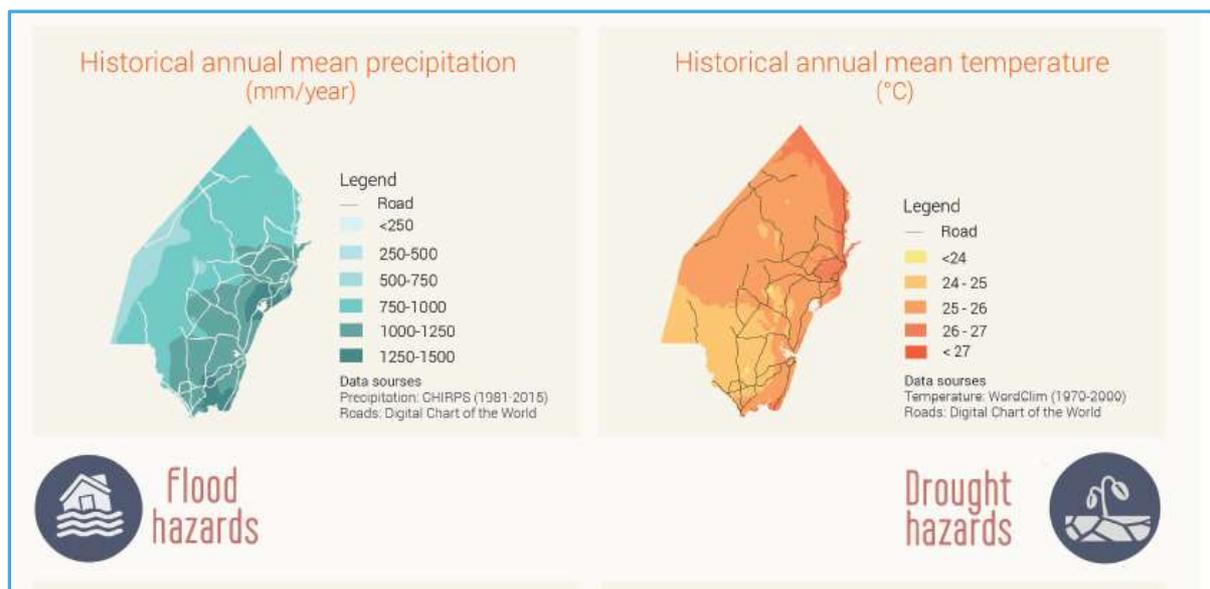
This research highlights that a blanket decision on registration type based on poverty levels alone could be too crude an approach if the ESR aims to adequately facilitate shock response. Vulnerability may be related not only to poverty but also to the nature of the shock. Discussions with stakeholders suggested that basing ESR registration models on poverty rates alone will not necessarily facilitate the use of the system for shock-responsive programming. If the ESR wants to be shock responsive by design, then it will need to adopt a registration method with high coverage. It will also need to consider the vulnerability of certain populations to different types of shocks when deciding where to collect more extensive registration data. For example, certain wards may have higher vulnerability to shocks such as floods, conflict, or fire, but may not be in the poorest counties and so will miss out on registration processes. The current COVID-19 threat highlights this, where urban informal settlements are clearly high-risk environments in relation to both the primary and secondary impacts of the virus, but may not have been considered a priority for ESR data collection due to the comparatively low poverty rate of Nairobi county, for example.<sup>33</sup> ESR coverage rates could be adapted to incorporate some measure of this vulnerability, with counties very vulnerable to poverty as a result of covariate shocks promoted to high coverage where the poverty rate alone would have seen them at moderate or low coverage. This would facilitate the creation of a more valuable registry. While poverty and vulnerability to shocks interrelate, they are not one and the same and certain geographies and populations have a higher exposure and vulnerability to shocks. Allowing some flexibility in data collection approaches in each county could address this concern.

The NDMA collects significant data on drought, short and long rains assessments, extensive reach of early warning monitors, and monthly tracking of households against a range of data parameters. Through its short and long rains coordination efforts and role in the CSGs, the NDMA also has quite a comprehensive overview of who is doing what in the resilience and relief field. Furthermore, risk profiles have been developed for several counties and these sources of shock data could be overlain on top of small area poverty data to inform decisions about where more extensive data collection may be needed. For example, in Kilifi county, these maps show areas of higher rainfall, indicating potential flood risks, and areas with higher temperatures, which could indicate greater drought risk, suggesting a need for the ESR to capture more comprehensive data on households living in these geographies.

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<sup>33</sup> Nairobi county has an overall headcount poverty rate of 16.7% but a high number of poor, at 745,000 people (KNBS, 2018).

**Figure 3: Kilifi county maps**



Source: Ministry of Agriculture, Livestock and Fisheries (2016)

The creation of a social registry creates the potential to scale up social protection in several ways. Five main types of scale-up which are relevant here were highlighted by O'Brien (2018) as follows:

- Vertical expansion: increasing the benefit value or duration of an existing social protection programme or system. Programmes such as the NICHE, *Linda Mama*, or Economic Inclusion pilots take this approach and, while not emergency response, they can facilitate resilience building and preparedness.
- Horizontal expansion: temporarily extending social protection support to new households. This has been done under the HSNP through scale-up to additional (Group 2) households with GoK support and through NGOs.
- Piggybacking: utilising elements of an existing social protection programme or system for delivering a separate emergency response.
- Alignment: aligning some aspects of an emergency response with the current or possible future national social protection programmes.
- Design tweaks: making small adjustments to the design of a core social protection programme.

All of these models of scale-up could be facilitated by the creation of the ESR, assuming it has sufficient coverage, and relevant and current data.

Overall, interviewees were very excited about the potential of the ESR to improve shock-responsive programming but there is a long way to go to make this a reality. A key concern is that this process has raised some expectations that such a system is coming, and it will be important, where feasible, to seize this momentum in priority counties.

### Key actions

To ensure that the ESR is fit for purpose as a shock-responsive tool, priority areas for more extensive data collection should not just be informed by poverty data: consideration should also be given to the vulnerability of different populations to a range of shocks.

For preparedness, there is a critical need to build the understanding and to get the buy-in of different stakeholders in relation to the concept of resilience building and the purposeful sequencing, layering, and integration of different interventions to sustainably build households' resilience to shocks.

The ESR provides a tool for giving a holistic overview of development interventions. For it to remain relevant, it needs to incorporate a decentralised, systematic, and timely approach to keeping data up to date, with a mechanism to ensure oversight and accountability.

For responsiveness, ways need to be found to guarantee rapid decentralised updates to the ESR, to ensure that its value for swift response is optimised.

## 4 Conclusions and recommendations

### 4.1 Conclusions

**The ESR must have wide ownership and use if it is to be successful and sustainable.**

This requires that the data it contains are sufficiently complete, relevant, current, accurate, and accessible. The current COVID-19 pandemic has shown how critical and positive such a system could be for response to shocks. As the ESR is still being designed and developed there is a good opportunity at this point in time to adapt the design and delivery plans to ensure it meets these crucial needs in terms of data quality and ownership.

**Overall, interviewees were enthusiastic about the concept of the ESR.** For most it was a new idea, but the potential value is clear across a range of programmes and departments at national and county levels. There are a huge range of county and national programmes that could benefit from the system and clear advantage is seen in the ESR contributing to targeting development and resilience-building efforts, and in creating greater transparency on who is benefiting from different initiatives. At present there is very little awareness of the Single Registry outside of the MLSP. Non-state actors are positive about the development of the ESR, but, based on their previous experiences, have reservations about whether the collection and management of data, and linkages to other databases, will actually deliver on its promise.

**The quality of the data stored in the Single Registry is not sufficient to provide a useful resource for shock response.** In particular, the Single Registry data cover only a small proportion of the vulnerable population in Kenya, and are not in sync with the data contained in the programme MISs. The data accessible through the Single Registry are also not sufficient for planning, targeting, and delivery purposes, with core operational variables missing from the database (including full contact details and sufficiently detailed geo-location data). This is exacerbated by data quality issues, such as missing values found in crucial variables (such as village names), and issues around the data structure, which undermine the utility of the data. The process for accessing this data is also bureaucratic and slow, further limiting the potential use of the Single Registry for shock response, which often requires swift action. These findings indicate key areas on which the ESR should focus to ensure that a high-quality dataset is collected and stored.

**The ESR's potential value for a shock-responsive system relates to preparedness and mitigation (through building the resilience of poor households) and shock response.**

Its value in the latter area will be affected by how complete the system is in terms of coverage of households and correlation with exposure to rapid-onset and slow-onset disasters, and how up to date and accurate the ESR information is.

**The prevalent interest in the ESR from interviewees was to use it to avoid 'double dipping'.** While there are instances where this makes sense, there is a danger that spreading social protection support too thinly, and not sequencing, layering, and integrating social assistance and complementary interventions appropriately, might undermine resilience-building efforts, and thereby hinder poverty reduction. There is a need to raise the awareness of stakeholders, especially at the county level, in regard to resilience building and social and economic inclusion approaches.

**Complementing poverty data with risk maps, including in the process of identifying areas for more extensive registration in the data collection phase of the ESR, would allow greater coverage in areas prone to shocks.** This could contribute to better shock-responsive programming, ensuring adequate data are available on vulnerable households located in areas prone to shocks, which may not be captured by poverty data alone.

**There is a critical window of time within which to influence the ESR roll-out process.** A shock like the COVID-19 pandemic highlights the extent of potential vulnerability in areas that may not have originally been prioritised for data collection in the ESR, and the benefit of having a comprehensive registry that includes those vulnerable to a wide range of covariate shocks (conflict, economic, health, drought, and floods).

A census approach is clearly the preferred method of registration among interviewees, but **effective sensitisation is the most crucial tool to ensure that registration reaches those who most need it.** Different approaches to sensitising communities are needed in different contexts. Similarly, the stakeholders that need to be involved in these sensitisation efforts and ESR processes may differ in various counties. While the DSD and DCS have a clear role to play, alongside the NDMA, consideration needs to be given to the role of other key stakeholders throughout the process. A multi-stakeholder approach is needed to ensure potential users are involved from the outset, and have ownership of and trust in the data contained in the ESR.

**It is critical that the ESR includes a key role for county government stakeholders as part of multi-sectoral teams from the start, including in data collection processes.** This is vital if county governments are to trust the ESR data, and eventually to use the system for targeting their own programmes. Multi-sectoral teams should be developed at the county level to oversee the ESR data collection process, including appropriate sensitisation approaches and messaging. Critical is representation from the Governor's Office, such as the County Secretary, Planning and Economic Development, and Social Services.

**Greater transparency on who is benefiting from the NSNP through the ESR may lead to denial of some support to poor individuals and households.** The desire to spread resources widely among populations by county governments may lead to some households being denied the opportunity to benefit from one type of support over another. However, the choice is not made by households themselves, who are unlikely to be aware of the range of potential benefits available. To attempt to overcome this, decision makers need to be educated about this dimension and efforts need to be made to increase citizens' agency.

**There is interest among national and county stakeholders in a consolidated registration and targeting tool that is seen as more impartial.** However, it still remains to be seen whether there is the political will to implement a more impartial approach to the targeting of various programmes by county governments.

**There are large gaps in the understanding of data management requirements at the county level.** Nevertheless, key stakeholders are concerned about data collection processes and approaches, and how timely updates will be ensured. Similarly, there are concerns about how user information will be integrated into the system, and the staff capacity required to ensure these functions. There are urgent requests for the decentralisation of more functions related to the Single Registry and these demands and

needs will grow in the context of the ESR. This requires decisions on who should play these roles (and whether it is the same in all counties), investments in capacity, and clear agreements with users on updating information. In some counties, the CSG might be an appropriate entry point to play a role in data collection and management, but this structure is not present across all counties and it would require a clear lead agency.

## 4.2 Implications for policy

The findings of this research suggest a number of implications for the policy regarding the ESR that could usefully be considered.

There is a critical window of time within which to influence the ESR design, development, and roll-out. The COVID-19 crisis creates an opportunity to strengthen the process and to ensure that the foundations for the creation of an optimal resource are laid that will help to target and coordinate a wide range of social protection and other related interventions focused on long-term welfare objectives and preparing for and responding to shocks. It is crucial that this time is used to ensure a robust and sustainable system is developed that can be profitably used by a wide range of stakeholders.

Key implications for policy include the following:

1. **There is an urgent need to create awareness of the plans for the ESR** among government stakeholders, and of its potential in facilitating improved shock response, to get buy-in at the county level, and to provide clarity on governance and processes for operationalising the ESR.
2. **The ESR must be a multi-agency effort if it is to succeed, with genuine consultation to ensure buy-in and agreement on the design and delivery.** No single agency can single-handedly deliver the ambition for the ESR, which must be a comprehensive, sustainable, and cost-effective system that has wide utilisation by the full range of key stakeholders identified in this report. This includes the national and county governments, development partners, United Nations agencies, and NGOs working in the social protection field.
3. **Locally tailored sensitisation campaigns are needed to ensure that all those who need to be registered.** The structures used to sensitise communities and the tools for communicating messages may need to differ across counties, depending on the context, but quality and consistency in messaging must be ensured.
4. **Data collection should involve multi-sectoral teams, and be inclusive of county governments and potential shock responders.** Key stakeholders should be involved to ensure that they are consulted on decisions around data collection approaches as they differ across counties. It is essential that this happens early in the process so that these stakeholders feel consulted, have ownership of the data collected, and in turn utilise those data.
5. **Data collection methods should not be guided by poverty rates alone: they should consider the vulnerability of communities to specific shocks.** This can be done by overlaying risk maps and through analysis of key contextual risk factors for each location.

6. **A clear policy directive and subsequent capacity building is needed to ensure a coherent approach to the utilisation of the ESR.** This should ensure that the ESR is not used as a tool to spread resources sub-optimally, but rather as a tool to sequence, layer, and integrate initiatives to facilitate the reduction of poverty and to increase resilience to shocks.
7. **A county MIS platform linked to the ESR should be piloted.** There is a lot of interest in piloting the county MIS that has been developed by the SPS and WFP, and this should be operationalised in select counties as a priority to ensure that lessons can be learnt, and the system adapted and implemented in other counties. Such complementary systems are key to the effective functioning of the ESR and making sure that a comprehensive picture is built of how a range of different programmes benefit the populations.
8. **Greater decentralisation is required in relation to data management for the ESR.** This will require careful consideration of the structures that are best placed to manage these data, significant capacity investments, as well as a change in the institutional culture of the MLSP.

Additionally, the following learnings emanate from the Single Registry and have implications for the development of the ESR.

9. **The quality of data stored in the Single Registry, and by implication the ESR, will need to be improved to maximise the database's utility.** This implies that the structure of the underlying databases (i.e. programme MISs) should be revised and improved to ensure interoperability and provide comprehensive and up-to-date data to the Single Registry. In addition, data accuracy needs to be improved by building a robust quality assurance mechanism into the data collection process, and by defining data cleaning protocols. The tools used for data collection should also be amended to ensure that the data collected meet the ESR's requirements in terms of socioeconomic data and operationally relevant variables. A data improvement plan could be put together for this purpose.
10. **The process for accessing data through the Single Registry needs to be streamlined to facilitate rapid data access.** Data access should be coupled with clear obligations on the user in terms of data protection and their obligations to feed data back to the Single Registry from complementary programmes. The same will apply to the ESR.

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## Annex A Stakeholders interviewed for the study

<b>Government department/organisation</b>	<b>National/county level</b>
<b>Social Protection Secretariat</b>	National
<b>Social Assistance Unit</b>	National
<b>NDMA</b>	National
<b>World Bank</b>	National
<b>World Bank</b>	International consultant
<b>World Bank</b>	International consultant
<b>NHIF</b>	National
<b>Ministry of Education</b>	National
<b>Council of Governors, Nairobi</b>	National
<b>Development Pathways</b>	National
<b>ECHO Regional Office</b>	Development partner
<b>Catholic Agency for Overseas Development</b>	Development partner
<b>Through the KCWG – presentation and discussion with several NGOs</b>	Development partners
<b>Red Cross</b>	Development partner
<b>World Vision</b>	Development partner
<b>WFP School Feeding</b>	Development partner
<b>WFP Social Protection</b>	Development partner
<b>UNICEF</b>	Development partner
<b>UNICEF</b>	Development partner
<b>Ministry of Agriculture, Livestock and Fisheries</b>	Makueni County
<b>DCS</b>	Makueni County
<b>Governor’s Office</b>	Makueni County
<b>DSD</b>	Makueni County
<b>Planning and Economic Development</b>	Makueni County
<b>Ministry of Education (national government)</b>	Makueni County
<b>KRD (community-based organisation)</b>	Makueni County
<b>Ministry of Health</b>	Makueni County
<b>NCPWD</b>	Makueni County
<b>NDMA</b>	Makueni County

<b>Government department/organisation</b>	<b>National/county level</b>
<b>Lands, Mining, Physical Planning and Urban Development</b>	Makueni County
<b>Red Cross Makueni</b>	Makueni County
<b>Special Programmes Office of the Governor of Makueni</b>	Makueni County
<b>County Commissioner's Office</b>	Marsabit County
<b>Ministry of Agriculture, Livestock, Crop and Fisheries</b>	Marsabit County
<b>Department of Planning</b>	Marsabit County
<b>Department of Education – national level</b>	Marsabit County
<b>Department of Tourism, Culture and Social Services</b>	Marsabit County
<b>DCS, DSD, NCPWD</b>	Marsabit County
<b>NDMA</b>	Marsabit County
<b>Caritas Marsabit</b>	Marsabit County
<b>Red Cross Marsabit</b>	Marsabit County
<b>Pastoralist Community Initiative Development &amp; Assistance</b>	Marsabit County
<b>Department of Agriculture, Livestock and Fisheries</b>	Samburu County
<b>Amref Health Africa</b>	Samburu County
<b>DCS</b>	Samburu County
<b>DSD</b>	Samburu County
<b>County Commissioner's Office</b>	Samburu County
<b>Department of Education – devolved unit</b>	Samburu County
<b>NDMA</b>	Samburu County
<b>Planning Department</b>	Samburu County
<b>Department of Culture, Social Services, Gender, Sport and Youth Affairs</b>	Samburu County
<b>Red Cross</b>	Samburu County
<b>BOMA</b>	Samburu County
<b>DCS, DSD, NCPWD</b>	West Pokot County
<b>Office of the Governor</b>	West Pokot County
<b>Department of Agriculture</b>	West Pokot County
<b>Department of Emergency and Disaster Response</b>	West Pokot County
<b>County Commissioner's Office</b>	West Pokot County
<b>Education Department</b>	West Pokot County
<b>Ministry of Health</b>	West Pokot County
<b>NDMA</b>	West Pokot County
<b>Anglican Development Services – North Rift Region</b>	West Pokot County

<b>Government department/organisation</b>	<b>National/county level</b>
<b>Department of Culture, Tourism, Wildlife, Youth, Gender and Social Services</b>	West Pokot County
<b>DSD, DCS, NCPWD</b>	Kakamega County
<b>Unit of Disaster Management</b>	Kakamega County
<b>Department of Planning</b>	Kakamega County
<b>Department of Agriculture</b>	Kakamega County
<b>Ministry of Social Services, Youth, Sports and Culture</b>	Kakamega County
<b>Ministry of Health – Imarisha Maisha ya Mama na Mtoto programme</b>	Kakamega County
<b>Governor’s Office</b>	Kakamega County
<b>DSD</b>	Vihiga County
<b>DCS</b>	Vihiga County
<b>Department of Health – Boresha Afya ya Mama na Mtoto</b>	Vihiga County
<b>Department of Planning</b>	Vihiga County
<b>Department of Agriculture</b>	Vihiga County
<b>Department of Gender, Culture, Youth, Sports, and Social Services</b>	Vihiga County
<b>Department of Agriculture and Livestock</b>	Tana River County
<b>DSD</b>	Tana River County
<b>Department of Planning</b>	Tana River County
<b>Gender Department</b>	Tana River County
<b>NDMA</b>	Tana River County
<b>DCS</b>	Garissa County
<b>DSD</b>	Garissa County
<b>Department of Livestock</b>	Garissa County
<b>NDMA</b>	Garissa County
<b>Special Programmes</b>	Garissa County
<b>Member – Gender, Youth, Culture and Sports</b>	Kilifi County
<b>DSD</b>	Kilifi County
<b>NDMA</b>	Kilifi County
<b>Department of Education, Culture and Social Services</b>	Lamu County
<b>DCS</b>	Lamu County
<b>Ministry of Agriculture, Livestock and Fisheries</b>	Lamu County
<b>National government – from the State Department for Gender</b>	Lamu County
<b>DSD</b>	Lamu County

<b>Government department/organisation</b>	<b>National/county level</b>
<b>NDMA</b>	Lamu County
<b>World Vision</b>	Lamu County
<b>Department of Agriculture, Livestock and Fisheries</b>	Muranga County
<b>DSD</b>	Muranga County
<b>Planning Department</b>	Muranga County

## Annex B Original concept note

### Feeding into and learning from the design and implementation of the Enhanced Single Registry

29 November 2019

#### Introduction

The Ministry of Labour and Social Protection (MLSP) is currently in the process of transforming the National Safety Net Programme (NSNP) into a responsive, harmonised social protection programme. As part of these activities – some of which are funded via Kenya Social and Economic Inclusion Project (KSEIP), a multi-donor fund – an Enhanced Single Registry (ESR) is being developed that will function as a social registry and will allow other governmental and non-governmental programmes to use its data to target vulnerable and poor Kenyans during normal times as well as during shocks.

The draft Strategy for the Enhancement of the Single Registry describes the following process, including steps:

*‘... in the direction of integrating the collection, storage and use of data within the social protection sector. There are opportunities to enhance Kenya’s Single Registry, growing beyond its current functions to effectively serve as a tool to integrate social protection policies, as well as link social protection actual and potential beneficiaries with other social policies. The objective in the short and medium term is to develop the ESR to collect, update, ensure quality and link the data of households and persons in poverty. The ESR will be the main data collection, data quality assurance and data accessibility tool. The data hosted in the ESR will be used to select beneficiaries and plan new interventions, aiming to mainstream programs to the most vulnerable by effectively offering coordinated bundles of transfers and services. It follows that the ESR objective within the social protection sector is to build a reliable and updated dataset of the poor. This effort is part of the Kenyan government strategy to expand social protection transfers and services to poor households and individuals.’<sup>34</sup>*

This note sets out how the FCDO-funded Maintains programme that conducts research to support social services to adapt to shocks will support and feed into the development of the ESR in Kenya. Research focused on the design and implementation of a social registry in Kenya is topical for both the global debate and programming within Kenya. Under KSEIP, efforts to improve the shock responsiveness of the social protection sector are a priority. Recent experiences of using the HSNP to expand both the number of beneficiaries during shocks and the value of the transfer they receive have garnered worldwide attention. The HSNP management information system (MIS), which was built to function as a *de facto* social registry, in that it contained information not only on beneficiaries but also on non-beneficiaries within parts of Kenya, has provided useful insights on how existing data and

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<sup>34</sup> Strategy for the Enhancement of the Single Registry, draft, 25 February 2019, pp. 2-3, paragraphs 6 and 7.

systems would need to be adapted in order to allow for the targeting and delivery of social assistance to additional groups of beneficiaries in times of shocks. However, challenges remain with the extent to which data were accurate and up to date (Gardner *et al.*, 2017). As part of the process of designing and implementing the ESR a number of issues are being discussed and finalised, including questions around the completeness, relevance, currency, accessibility, and accuracy of the data. Issues of data protection also concern some actors, especially in the NGO sector (Barca and Beazley, 2019).

Following several rounds of consultation and engagement with stakeholders, including, crucially, the Social Protection Secretariat (SPS), the World Bank, and FCDO, it was agreed that further changes were required to the previous iterations of the research design, which had proposed a longitudinal study of the impact of the ESR at county level. This became necessary because the timeline for rolling out the ESR under KSEIP was unlikely to allow the research team to detect much effect at the county level. In addition, consultations with the SPS and the World Bank highlighted other important gaps in understanding that clearly link to the Maintains research agenda. Focusing on these newly emerged priorities presents the opportunity to conduct both operationally relevant research and to support the vision that the ESR can be used as a tool to support social services to adapt to shocks and continue or expand their programming.

The development of a social registry is a useful if not sufficient condition for building a shock-responsive social protection system, and many factors have to be considered in its design and implementation for it to actually become a viable tool that actors will want to actively use.

The following sections set out the revised research proposal. It reflects the inputs of key partners and provides clarity on what will be covered by the Maintains social protection research. It sets out a shared understanding of what and when research activities will take place. This document will replace previous versions of the Country Research Programme and will form the basis for research activities under Maintains that relate to social protection.

## **Overview of the social protection research**

Under Maintains, three pieces of research will be conducted:

1. A study on the opportunities of, and obstacles to, the utilisation of the ESR.
2. An assessment of the institutional capacity for managing the ESR within the government.
3. A study on how the ESR is operationalised at the county level.

In addition to these three studies, the research design currently envisages retaining a small portion of the research budget in order to allow the team to flexibly respond to emerging gaps in understanding and to conduct an additional small piece of research to respond to these. However, whether this will be possible will be determined by the scope of work agreed for studies two and three, both of which could be more or less comprehensive depending on whether there is a pressing need for a fourth study. Retaining a certain degree of flexibility will ensure that the research remains operationally and politically relevant and provides value for money.

## **Study 1 – Opportunities of, and barriers to, the utilisation of the ESR by other government and non-governmental actors**

In order for the ESR to be used by other governmental and non-governmental programmes during both normal times and during times of shocks, it is important to ensure that the views and needs of these potential users are reflected in the design of the ESR. In other words, it will be important to understand:

- what data would need to be collected as part of the roll-out of the ESR for programmes to use the ESR as the starting point for their targeting;
- what protocols for data sharing potential users perceive as feasible at the national and county levels;
- whether the type of data that comprise the ESR (census, on-demand registration, registration drive) affects whether other programmes consider using the ESR for targeting;
- under what circumstances these programmes foresee using the ESR data (normal programming, shock response); and
  - previous experiences of attempting to use data in the Single Registry and HSNP MIS for targeting, and the quality of data in these databases.

At present, it is envisaged that data collection for the ESR will start in August 2020. During consultations with the SPS and the World Bank, it became clear that more can be done to better understand the exact needs of the intended users of the data as part of the roll-out of the ESR. However, any research that meaningfully seeks to address this gap in current understanding would need to be able to present preliminary findings by May 2020 in order to feed into the data collection tools for the ESR roll-out.

We therefore propose to conduct this first Maintains research study between January and April 2020. The study will include the following activities:

- A mapping of stakeholders that the SPS, SAU, and NDMA think will engage with the data in the ESR. This will include already identified programmes such as the HSNP, NICHE, and NEDI, but will also look more widely at other programmes at the national and county levels.
- Key informant interviews with the identified stakeholders at national and county levels to collect data that will allow us to answer the questions set out above. We propose to conduct fieldwork in up to six counties and to attempt further telephone interviews with stakeholders in up to another six counties. The counties we will conduct fieldwork in will be aligned to the ESR roll-out plan that is currently being finalised. As such, it will include counties with different approaches to data collection, different climatic profiles, and different programmes that might use the ESR.
- A data quality assessment of the data currently contained in the Single Registry and the HSNP MIS to better understand and document challenges with these data. If possible, we intend to assess the completeness, relevance, currency, accuracy, accessibility, and security of the data. We will also discuss the feasibility of actually tracking households and will document lessons with attempted household tracking from similar work

conducted by OPM using these data sets. However, the exact scope and feasibility of this part of the work will depend on our ability to access the relevant data.

- A presentation to the SPS<sup>35</sup> and other stakeholders that:
  - outlines key findings on the perspective of the potential users of the ESR, including insights into their views on feasible data sharing protocols and data needs for targeting;
  - includes a section on lessons that can be learned from the data quality assessment.
- The idea is that the presentation can be used as the basis for a discussion with relevant stakeholders on what these findings mean for the design of the data collection tools and data collection protocols for the ESR and whether further changes need to be made to the data that the ESR is intended to collect and maintain.
  - A final report that sets out the research findings in more detail and documents the discussion from the workshop with the SPS and other stakeholders.

## **Study 2 – Institutional capacity assessment for managing the ESR as a tool to respond to emerging shocks**

A crucial factor in determining whether the ESR will be able to operate as planned and whether it can function as a social registry is related to whether the SPS will have the necessary capacity to oversee the design, implementation, and eventually the maintenance of the ESR. At present, staffing levels are low and relevant experience and expertise is not present within the SPS. Nor is it clear how the various steps linked to the design and implementation of ESR activities will be delivered.

In order to support the planning for the operationalisation of the ESR within the SPS, we propose to conduct a capacity assessment. It is our understanding that a plan for addressing staffing shortages and defining roles linked to operationalising the ESR is currently being developed by the World Bank. In addition, the SPS has recently produced its own departmental strategy, in which the institutional relationships and organisational structure of the SPS are discussed. In order to allow time for any planned changes to take effect, and in order to avoid duplication of effort, we propose that the capacity assessment take place later in 2020 or early in 2021. The objective of the study would be to assess the capacity needs and map these against existing staffing levels and capabilities. The output of this study will be a report that documents lessons learned and provides recommendations for the SPS, the World Bank, and FCDO on existing capacity for managing the ESR and future staffing and capacity development needs, with a particular focus on whether the ESR is being used or is planned to be used for delivering programming during times of shock. The report will also contribute to our wider understanding of what it takes to successfully operationalise a social registry, and will continue to ensure that learning from Kenya feeds into the wider global debate.

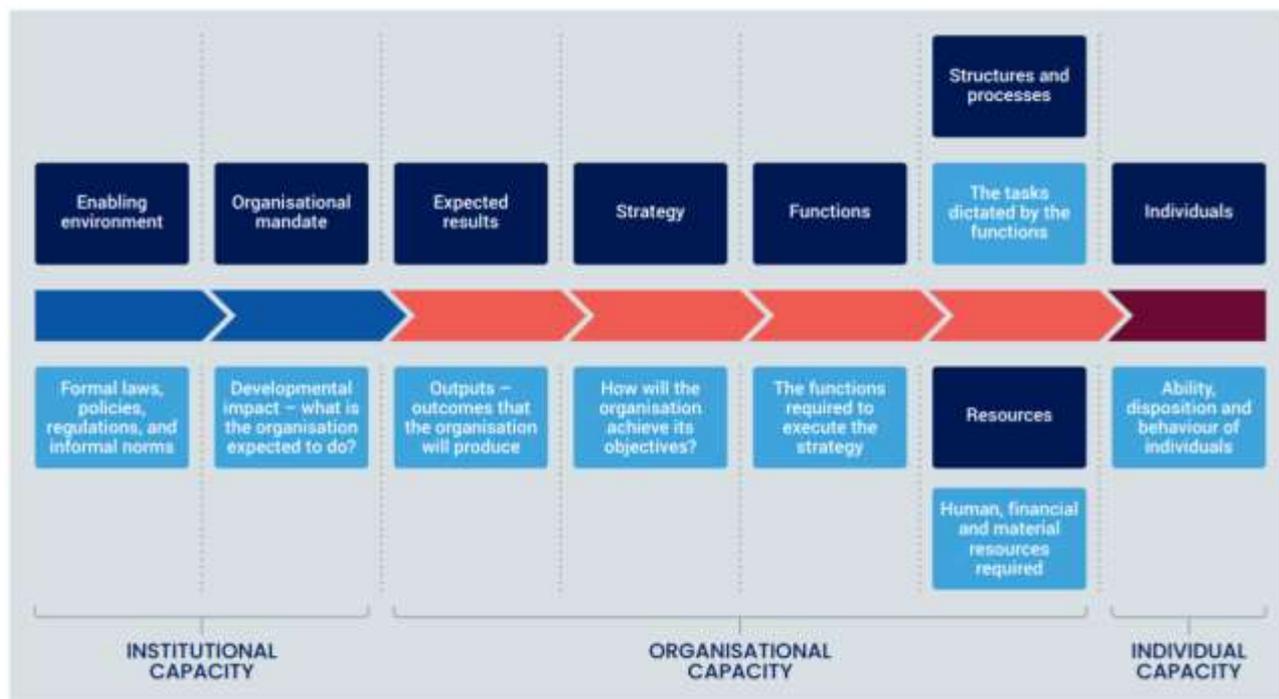
Building capacity is a long-term and complex task that too often is conceptualised in terms of staffing and training alone. At OPM we think about government capacity in a more holistic way, by which we mean we understand that transforming capacity necessarily includes

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<sup>35</sup> If a service provider is hired to conduct the data collection it will be important to include them or relevant government staff that will oversee or conduct the design of the data collection instruments.

strengthening organisational systems and culture, as well as understanding where institutional and individual capacity lies and what may constrain or enable it to be delivered effectively. We use a comprehensive framework for conducting capacity assessments that is split into three components: institutional, organisational, and individual. Figure 4 outlines this capacity assessment framework, which will be used to conduct this research.

**Figure 4: OPM's capacity assessment framework**



**The institutional level** – This includes formal laws, policies, and regulations, as well as the informal norms, narratives, and discourses that govern both the interactions between an organisation and its external environment, as well as within organisations between individuals. The institutional environment is the broad social system within which people and organisations function. It is the enabling environment that provides the overall scope for capacity development, and it sets the ‘rules of the game’ in the policy arena – both formal and informal.

**The organisational level** – This level is concerned with how people are organised to enable them to play their individual roles within an institution. Organisations are made up of formal and informal structures. Formal structures include elements of processes and systems, and resources. For the SPS this includes processes, and systems, strategic and business planning, budgeting and financial control, reporting and monitoring, hierarchical structures, accountability and transparency mechanisms and resources. Informal arrangements include ideas, organisation-wide values and norms, path dependencies, unspoken rules and conventions. Both formal and informal structures also play out in the SPS’ capacity to coordinate with other government departments. If institutions represent the rules of the game, organisations are the teams that play it.

**The individual level** – This level is focused on the personal capabilities of the people who make up the organisation, including their knowledge and skills, and also their actual behaviour in the work place – which reflects both their underlying attitude to their work, or

intrinsic motivation to perform well, and particularly the examples and direction that are set by the SPS leadership. Broadly, individual capacity can be seen to be a sum of technical and functional competencies, behaviours, and attitudes.

In order to conduct the capacity assessment, we will hold a range of interviews with staff within the SPS and actors who engage with the SPS when using the ESR. In addition, we will also review documents and available data. This will allow us to fully understand the key challenges, ongoing capacity development activities, and perceived results, as well as providing a perspective on what the key drivers and barriers to capacity development are. Taken together, this will enable us to make a comprehensive set of contextually tailored recommendations that address the real and actual barriers that exist to capacity development or capacity shortages at the different levels within our framework.

### **Study 3 – Study on how the ESR is operationalised at county level**

In order to better understand how the ESR is operating at the county level, we propose to conduct in-depth case studies in four counties. These will take place in 2021 in order to allow for the ESR to be rolled out using a range of different data collection protocols and in contexts where they will attempt to link up to potentially very different types of programmes.

Depending on the speed with which the ESR is rolled out, we will attempt to answer as many as possible of the following research questions:

Operational effectiveness and efficiency:

- To what extent are the current design features of the social registry relevant for different actors involved in delivering social protection and related interventions at the national and county levels during times of shocks?
- What factors determine whether different actors use the social registry to target or deliver their programmes during times of shocks?
- What institutional and legal arrangements are in place at national and county levels to guide engagement and coordination between actors? At what level are decisions taken?
- How effective has the social registry been in improving the efficiency of beneficiary identification and targeting during times of shock (perception data only)?
  - Do different actors use – and what use do they make of – the data contained in the social registry during times of shocks? To what extent does this increase the efficiency and effectiveness of the delivery of social protection and other related interventions during shocks?

Sustainability:

- Is there adequate individual and institutional capacity within national- and county-level government structures to manage, use, and maintain the social registry, especially during and after shocks?
- Is there adequate individual and institutional capacity of implementing partners at national and county levels – including NGOs – to use the social registry, and ensure data integrity and data protection, especially during and after shocks?

- What is the status of data quality, data relevance, and data accuracy over time? How are data fed back into the system and what quality controls are in place to assess accuracy and inclusion and exclusion errors?

We will use an in-depth case study approach to assess whether the implementation of the social registry has improved the effectiveness with which social protection and other relevant interventions are delivered at the county level. As such we will collect both illustrative data that provide additional in-depth and descriptive data, as well as programme implementation data. In addition, we will explore what additional quantitative and qualitative data will be available to complement the analysis and triangulate and contextualise findings.

## Annex C Key informant interview guide

### Background

The following questions are proposed to guide interviews and will be tweaked according to the interviewee and the focus of their programming. Similar questions will be used with national and county stakeholders, but adjustments will be made following the more in-depth stakeholder mapping.

The interviewer should begin by providing an overview of Maintains (see one-pager) and the research, such as: ***'In order for the ESR to be used by other governmental and non-governmental programmes during both normal times and during times of shocks, it is important to ensure that the views and needs of these potential users are reflected in the design of the ESR. This research aims to understand whether these stakeholders would use the ESR for their targeting and what it would take for them to do this in terms of the type of data it should contain, protocols for use, registration processes used etc. We also wish to understand the opportunities and barriers to your use of ESR data and when, how, and for what you may use ESR data.'***

### Guiding questions

Ask the interviewee to briefly introduce their organisation/ government department, their role and sectors of work.

#### Your social protection programmes and targeting

1. How do you select beneficiaries for your programmes?
  - a. What information do you gather in the process of targeting?
  - b. Does this information differ for regular programming and for responding to shocks? Explain.
2. What MIS systems do you use at present for managing your beneficiaries' data?
3. Are you familiar with the GoK-led social assistance programmes and the development of the harmonised targeting tool (HTT)?
  - a. Yes – Discuss their perspectives on the process and the tool.
  - b. No – *Provide an orientation of all of the fields in the HTT questionnaire and explore whether they would be interested to use such a tool and/ or utilise information collected through use of the tool.*
  - c. In shock-responsive programming what could be the advantages and disadvantages of using this registration tool (the HTT) and targeting for the communities that you work with?

#### The Single Registry and Enhanced Single Registry

4. Are you aware of the Single Registry?

- a. Could you tell me what you know about the Single Registry (*If interviewing a national stakeholder or a stakeholder operational in a HSNP county ask about awareness of the HSNP MIS*)?
5. Are you aware of the concept of a social registry (an Enhanced Single Registry (ESR)) and the intent of the GoK to establish a social registry through the KSEIP?
- a. If you are aware of the concept, could you share your perspectives on the value addition this could provide to you in your role/ work?

***At this point if the interviewee is not familiar with the Single Registry and/ or the ESR provide a brief overview through a PowerPoint or talking through the information sheet provided. This will include a summary of the content (data that will be collected as part of the ESR data collection process), objectives, and aspirations of the ESR.***

- b. Have you used the beneficiary data of the Single Registry or household data of the HSNP Registry in the past? If not, go to Q.6. If yes, ask the following:
- c. How did you use this data?
  - i. If used for targeting could you provide further details on how you used the data and how your activities were targeted?
  - ii. Were the data sufficient for your use?
  - iii. Were the data up to date?
  - iv. Did you find all of the data parameters that you needed in the database? Or did you have to collect additional data? Please explain.
- d. When and where did you use the data?
- e. Please share any other comments about your use of the data/ database.

#### Future registration and targeting

6. Would the chosen ESR registration process (*briefly explain the registration processes that will be used in different areas*<sup>36</sup>) affect whether you would use the ESR data?
- a. Please explain how and why.
  - b. Would you use the data for targeting? Explain.

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<sup>36</sup> Two registration strategies are planned for the ESR expansion: i) active search through census and registration campaigns in accessible areas for the poor and on-demand data collection, in which it is up to the household to seek enrolment in the registry at an office or mobile unit; and ii) registration by active search, in which it is up to the ESR operating partners/agents to identify and call upon households. Another outreach strategy is to establish channels and procedures for NGOs, community leaders, and others to notify the ESR operating partner/agents of people and households who fit the ESR criteria (source: ESR Strategy).

- c. Would you use it for other purposes such as awareness of what others are doing, deciding whether there are gaps in provision etc.?
7. Could you also envisage using the ESR in your regular programming? Explain your answer.

#### Data needs

8. Having seen the data fields that are already in the registration questionnaire, what other data do you think are critical to be included for you to consider using the ESR in the targeting of your activities in future?
9. Specifically, what data would you need to see included to use the ESR for shock-responsive programming? Please explain.
10. What additional data would you like to see collected as part of the ESR roll-out?
11. What would it take for you to have confidence in using the data in the ESR?

#### Data sharing

12. Can you comment on the accessibility of the data in the Single Registry?
13. Do the current data sharing processes facilitate timely response to shocks?
14. Are you aware of the Single Registry's complementary module? Have you any experience of using it? Please explain your experiences.
15. What do you envisage to be the potential risks associated with greater interaction with the ESR and use of ESR data? *Probe on interviewees' views on general data protection rights and the implications on the gathering, maintenance, and use of data by different actors via the ESR.*
16. Would you be interested in the ESR having the option for a two-way flow of information, including obligations for you to submit data on your activities and the households/ individuals that you have targeted?
  - a. How critical is this to your willingness to use the ESR and its data?
  - b. What is your preferred data sharing method and frequency?
  - c. What challenges do you envisage with data sharing? What would hinder your ability to share data?
17. Would you like to see an interface between these (your) systems and the ESR? Why/why not?
18. *County government only* – If you don't have a county MIS would you be interested in knowing more about a county MIS that has been developed by the SPS? If you liked it would you be interested to use it?
19. What barriers do you see to your use of the ESR and its data?

20. What other options do you have for your data needs if you were not to use ESR data for some reason?

21. Is there anything else you would like to discuss of relevance to the ESR and this research?

Questions to ask the coordinators of the NSNP cash transfer programmes

*These questions are to be used as a guide to interviews with the DSD, DCS, and Disability Officers who coordinate the current cash transfer programmes.*

1. Can you provide an overview of your role in relation to the NSNP?
2. Who are the main stakeholders that you think will utilise the ESR in this county?  
What will they use it for?
3. Are you aware of non-NSNP stakeholders that have used data from the Single Registry or HSNP MIS in this county? How have they used it? Can you comment on their experiences?
4. Can you comment on how stakeholders may use the ESR for shock-responsive programming? (If not stated already.)
5. What are some of the key opportunities of the development of a social registry? Comment on how it will affect your work, and more broadly the implications for others.
6. What are some of the key risks that the MLSP should be aware of as they roll out the data collection for the ESR?
7. Will the data collection method (census, on-demand) affect whether stakeholders are interested in using the ESR? How?
8. What are your perspectives on the HTT? Is it comprehensive? Are there data fields that you would want to see added? Explain.

## Annex D Stakeholder analysis

### D.1 Introduction

This section sets out the key stakeholders that are current users of the Single Registry or are viewed as potential users of the ESR. The MLSP guided the selection of stakeholders as it was important to (1) set some parameters around the potential usership that this research could engage with and (2) identify priority stakeholders. This stakeholder mapping formed the basis of the key informants selected for interview in this research at the national and county level. This process is important to ensure that the centrally developed ESR is relevant and useable by a range of multi-sectoral stakeholders. Mapping relevant county stakeholders is a clear priority in the context of a devolved system where several key functions – such as health and agriculture – are devolved.

### D.2 National stakeholders

#### D.2.1 Social protection

**The SPS** is part of the MLSP. It was established in 2010 to guide and facilitate the integration, coordination, and harmonisation of social protection programmes in Kenya under a national social protection system. Guided by the National Social Protection Policy, the Secretariat is tasked with performing the following functions:

- Provide overall strategic direction and technical support, and strengthen institutional governance, for an effective national social protection system.
- Facilitate the development, review, and monitoring of social protection policies and legislation.
- Establish strategic coordination mechanisms across and between social protection actors in Kenya, including line ministries and development partners.
- Support the refining of mechanisms for effective targeting and mapping of resource allocation for social protection initiatives.
- Support the development of social protection MISs, to reinforce social protection data collection, collation, and dissemination.
- Facilitate research for improved targeting of poor and vulnerable groups.
- Establish and maintain an effective advocacy, communication, and influencing system in relation to social protection issues.
- Collaborate with key stakeholders to develop mechanisms for establishing a National Social Protection Consolidated Fund.<sup>37</sup>

The SPS is a key partner in this research and has been instrumental in the design of the research, the selection of counties, and accompanying the research process, and will be a

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<sup>37</sup> See [www.socialprotection.or.ke/about-sps/social-protection-secretariat](http://www.socialprotection.or.ke/about-sps/social-protection-secretariat).

key recipient of the research products. Therefore, the SPS has been closely involved throughout the process.

Under the MLSP, **the SAU** was established in 2016 and is responsible for implementing the consolidated cash transfer programmes known as *Inua Jamii* (i.e. NSNP).

The **NSSF** is a government agency responsible for the collection, safekeeping, responsible investment, and distribution of retirement funds of employees in both the formal and informal sectors of the Kenyan economy. Participation is compulsory for both employers and employees. The NSSF Act, No. 45 of 2013, was assented to on 24 December 2013 and commenced on 10 January 2014, thereby transforming the NSSF from a provident fund into a pension scheme, to which every Kenyan with an income contributes a percentage of his/her gross earnings in order to receive guaranteed basic compensation in the case of permanent disability, basic assistance to their needy dependants in case of their death, and a pension upon retirement (GoK, 2020a).

The **NHIF** is mandated to provide social medical insurance coverage to all its members and their declared dependents (spouse and children). The fund's mission is 'to contribute towards Universal Health Coverage through provision of affordable, accessible, sustainable and quality health insurance'. The NHIF's membership is open to all Kenyans 18 years and over who have a monthly income of more than Kenya shillings (KES) 1,000. The fund's mandate is to register members, collect contributions, and pay out benefits; to regulate the contributions payable to the fund and the benefits and other payments made to the NHIF; to enhance and ensure adherence and conformity to international standards in quality service delivery; to manage resources prudently; to contract service providers; to provide access to health services; and to protect the interests of contributors to the fund. The NHIF has its own MIS of its member base. Linked to the constitutional commitments, the GoK is expanding the provision of NHIF coverage to particularly vulnerable groups who are unable to pay themselves. This may include recipients of the *Inua Jamii* and those that are being enrolled in the KSEIP economic inclusion pilots, for example. The NHIF is keen to cover as many poor households as possible, be it under the Universal Health Coverage plan, or through the negotiated subsidy for 70+, CT-OVC, PWSD-CT, OP-CT, and HSNP beneficiaries.

## D.2.2 National programmes

The multi-donor-funded, World Bank-managed **KSEIP** will have an economic inclusion component that will cover the five counties of Muranga, Marsabit, Taveta, Kisumu, and Makeni. These counties are priority counties for the roll-out of the ESR and the expectation is that beneficiary selection will be able to draw on the ESR registration data. Three of these five counties are included in this research (see Section 2.1).

*Inua Jamii* includes the nationwide cash transfer programmes implemented by MLSP as well as the HSNP<sup>38</sup>. The GoK has sought to consolidate these programmes largely under one ministry and to harmonise various delivery processes, such as targeting, case management, complaints and grievances, MIS, and monitoring and evaluation. The NSNP includes the CT-OVC and the OP-CT, which is gradually being replaced by a universal 70+

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<sup>38</sup> More details on the HSNP are provided below. The HSNP is part of the NSNP but is implemented by the NDMA (not the MLSP), under the Ministry for Devolution and Arid and Semi-Arid Lands (ASALs).

pension that was launched in 2018, and the PWSD-CT – all under the MLSP. See Table 3 for beneficiary numbers.

The CT-OVC programme was launched in 2004 to support orphans and vulnerable children in poverty, and in response to the impacts of the HIV/Aids epidemic, through cash transfers to their households. The programme supports households across all 47 counties, with 359,770 on the payroll.<sup>39</sup> Beneficiaries are encouraged to foster and retain children within their families and communities, and to promote their human capital development. The programme aims to improve school attendance and retention, reduce mortality rates, and encourage civil registration, in addition to strengthening the capacity of households to care for the children (GoK, 2017). The PWSD-CT programme is a national programme launched in 2011 to support households living in poverty with persons with severe disabilities requiring 24-hour support from a caregiver. It was initially a pilot led by the NCPWD and now has 51,890 on the payroll.<sup>40</sup> The OP-CT is being gradually replaced by the 70+ pension, which is a universal entitlement. There are currently 345,314 beneficiaries on the payroll.<sup>41</sup>

**NICHE** is a nutrition-sensitive safety net component that will cover five counties, namely: Kilifi, West Pokot, Kitui, Turkana, and Samburu. The programme targets CT-OVC beneficiary households with children under two years and/or pregnant and lactating women. Four of the five NICHE counties are included in this research (see Section 2.1).

The **HSNP** is managed by the NDMA within the Ministry of Devolution and ASALs. The HSNP was originally developed by FCDO but is now a GoK-led, -managed and -financed cash transfer programme. It is currently implemented in the four counties of Turkana, Marsabit, Mandera, and Wajir (with 98,818 regular beneficiaries<sup>42</sup>), but is expanding to four additional counties – Samburu, Isiolo, Garissa, and Tana River (to reach an additional 40,000 households) – over the next year. HSNP uses poverty-based targeting in determining the beneficiary households within the four counties. A mass registration exercise is currently underway in the four counties using the HTT and subsequent targeting and community-based validation. The registration exercise is expected to be completed before June 2020. As the existing four HSNP counties already have a social registry (the HSNP has aimed to register all households in the areas in which it operates, providing regular cash transfers to the poorest and registering the others for potential horizontal scale-up in response to drought shocks), only Marsabit was included in this research because Marsabit is a KSEIP economic inclusion county and it was felt that it would be useful to learn lessons from its experience. Three of the four counties where HSNP is scaling up (Samburu, Tana River, and Garissa) are also included in this research.

### D.2.3 Other national government stakeholders

Several other key government ministries have been identified as potential users of the ESR and a sample of these stakeholders were interviewed as part of this research. These are listed in Table 9 below.

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<sup>39</sup> Taken from <http://mis.socialprotection.go.ke:20307/Public/Beneficiaries> [accessed 8 May 2020].

<sup>40</sup> *Ibid.*

<sup>41</sup> *Ibid.*

<sup>42</sup> *Ibid.*

**Table 9: Overview of national stakeholders<sup>43</sup>**

Ministry	Mandate	Potential link to ESR
<b>The Ministry of Education</b>	Responsible for the school feeding programme, which covers up to 4,500 government schools in 23 ASAL counties and is seen as a social protection programme.	The programme could use the ESR to identify poor households and analyse other relevant household characteristics (such as number of children and prevalence of other vulnerabilities). This may be done to identify poor household clusters as a focus for the school feeding programme or households for additional educational assistance. The ESR could also play a role in improving the allocation of bursaries.
<b>The Ministry of Agriculture, Livestock, Fisheries and Cooperatives</b>	Aims to improve the livelihoods of Kenyans and to ensure food security through the creation of an enabling environment and ensuring sustainable natural resource management.	Several agriculture and livestock programmes have elements that are poverty-targeted. The ESR could aid the selection of households for these programmes and enable layering of these for resilience building efforts.
<b>The Ministry of Devolution and ASALs</b>	Includes the State Department for Devolution, which is responsible for supporting county governments through policy formulation, capacity support, and inter-governmental relations. Additionally, the state department manages the shared function of disaster risk management between the national and county governments. It also includes the State Department for the Development of the ASALs, which coordinates overall planning and development of policies for the ASALs. The NDMA was the key department from this ministry that the research engaged with at the national and local level in counties, where it has a presence.	The NDMA has a role to play in several aspects of the ESR. This starts from data collection: the NDMA, through the HSNP, has played a key role in the data collection process in the existing four HSNP counties and will now do the same in the four new counties. As the government department with the most experience of data collection for the ESR to date it has a clear role to play in sharing lessons as other counties embark on this process. The NDMA has a potential role to play in counties where it operates beyond the HSNP, and it often has a well-functioning role, with good working relationships across the national and county governments, and with NGOs. There is the potential also to complement poverty data with shock-related data.

<sup>43</sup> These stakeholders were identified through a process of stakeholder mapping with the key research owners, most notably the SPS, with perspectives also sought from FCDO, the World Bank, WFP, and UNICEF.

Ministry	Mandate	Potential link to ESR
<b>The Ministry of Health</b>	Coordinates health policy, regulation, national referral health facilities, capacity building, and technical assistance to counties as health is a devolved function. Several counties have established their own health insurance programmes or are linking to the NHIF, some of which are specifically targeted at vulnerable groups.	NHIF coverage to vulnerable groups has been scaled up as part of the NSNP, although not holistically. This is still being explored. Additionally, several county governments are exploring or implementing health coverage programmes through establishing their own schemes, or, in some cases, exploring options for coverage of the most vulnerable by the NHIF.
<b>KNBS<sup>44</sup></b>	The principal agency of the GoK for collecting, analysing, and disseminating statistical data in Kenya. It is the custodian of official statistics and conducts the population and housing census, every 10 years, from which national poverty estimates are derived, and other such surveys (including the Kenya Integrated Household Budget Survey (KIHBS)) as the KNBS Board may determine. The KNBS establishes standards and promotes the use of best practices to plan, authorise, coordinate, and supervise all official statistical programmes undertaken within the national statistical system.	The KNBS was mentioned numerous times in the county interviews and several felt that the KNBS should play a role in the ESR data collection and management efforts as a trusted national agency with relevant capacities and a level of independence. Furthermore, several interviewees would like to see some linkage between key data collection processes, such as the census and Huduma system.

### D.3 County government stakeholders

**The Council of Governors** comprises the governors of the 47 counties. Its main functions are to promote leadership and a collective voice on policy issues, information sharing, and consultation between the counties. The Council of Governors is the key entry point for the national government to link to the counties. It has a committee for gender, youth, sports, culture, and social services, which is a key entry point for the social protection sector.

There are several county government offices that, as relevant stakeholders, need to be aware of plans for the development of the ESR and can play a role in these processes, and eventually utilise the registry. These offices were interviewed as part of this research in each of the counties and included:

- the County Secretary;
- the Department for Planning and Economic Development;

- the Department for Social Services/ Development (often also including youth, gender and sports);
- the Department for Agriculture and Livestock;
- the Department/Ministry of Health; and
- the Department for Education (early childhood and tertiary education are devolved, and primary and secondary education remain a national function – the research aimed to engage both offices, though not always successfully).

## D.4 Donors

The key donors working in the social protection sector in Kenya include **FCDO** and the **World Bank**. FCDO, as the commissioner and funder of this research, has been closely consulted as part of the design process and has engaged with the selection of counties and the development of the research questions. Several stakeholders from the World Bank were also consulted and fed into the design of the study, including the selection of stakeholders to interview at national and county levels, and the research questions.

Several United Nations agencies are heavily involved in the social protection sector in Kenya as donors and implementers, and have been active in providing technical assistance to develop the Single Registry and other MISs that may be complementary to the ESR. In particular, **WFP** is a key player and works closely with the MLSP. WFP supported the development of the Single Registry software and is now closely involved in its enhancement, having contracted a consultancy firm (Development Pathways) to undertake Phase 4 of the enhancement of the Single Registry, developing it into a social registry and adding key functions on complementarities, analytics, and reporting.

**UNICEF** is another key United Nations stakeholder in the social protection space and has been involved in working with the MLSP on policy development and the investment plan. It works closely with the Department for Children Services and is working on the development of a universal child grant. Shock responsiveness is core to all of these areas of social protection programming. UNICEF have been working on several cash plus initiatives, including a solar energy pilot called the Mwangaza Mashinani with NSNP beneficiaries. It led the NICHE pilot and will work on the scale-up to five counties, health insurance pilots, and technical assistance to maternal health programmes in Kenya.

## D.5 Non-governmental stakeholders

A key relevant working group that brings together NGOs, the United Nations, and government stakeholders is the **Kenya Cash Working Group (KCWG)**, chaired by the NDMA, co-chaired by the **Kenya Red Cross Society**, and working in close collaboration with national and county coordination structures. The overall objective of the KCWG is to support the effective and efficient implementation, delivery, and potential scale-up of quality cash transfer programming in Kenya. KCWG provides a platform for coordinated action on strategic, technical, and operational emergency cash programming. An active example includes the coordinated member efforts to develop the Minimum Expenditure Basket interim guidelines.

Cash working groups are also operating in some counties. At the county level in some ASAL counties the **County Steering Groups (CSGs)** provide a key forum where the national government, county government, and NGOs come together and play a role in directing organisations to work in different geographies according to need. These groups play a particular role in coordinating relief, rehabilitation, and social protection programming at the county level.

Some of the key NGOs that this research has engaged through the KCWG at the national level and interviews in the counties include the Kenya Red Cross, World Vision, Agency for Technical Cooperation and Development, Anglican Development Services, Catholic Agency for Overseas development, The BOMA Project, and Food for the Hungry, as well as local dioceses, Caritas, and local NGOs in the counties.