

THE HUNGER SAFETY NET PROGRAMME (HSNP)

NDMA
April 2014

Turkana, Marsabit, Mandera, Wajir

Overview

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Context: ASALs

1. ASALs: 84% of land mass; 36% of the population.
2. Chronic poverty, drought prone & historically marginalised.
3. Low scores against national development indicators.
4. Integrated and dynamic challenges.



Objectives of HSNP

- HSNP is an unconditional cash transfer programme, geographically focused in the ASALs.
- Aim: To reduce poverty, food insecurity and malnutrition, and promote asset retention and accumulation in poor HHs.
- Uses biometric smart card to make payments via a private sector payment provider (Equity Phase 1).
- Operated under Ministry of State for the Development of Northern Kenya and Other Arid Lands.
- Financial support from DFID & AusAID.



**4 counties: Turkana,
Marsabit, Mandera and
Wajir**

Phase 1: 2008-12/13 (£40.5m)

- **Targets: 69,000 of the poorest HH or 496,800 of the poorest people in the 4 counties.**
- **Beneficiaries receive regular, predictable cash transfers:**
 - Currently Ksh 1,750 (approx. £13) per HH, per month (Ksh 3,500 every payment cycle).
- **HSNP 1: primarily a safety net for the chronically poor:** with ability to scale up in emergencies (it increased payment value in the 2011 drought).

Phase 1: How implemented?

- **National and county coordination via the HSNP Secretariat under the Ministry of State for Northern Kenya and other Arid Lands.**
- **5 components:**
 1. **Administration:** identification & registration of beneficiaries;
 2. **Management Information System:** database of beneficiaries;
 3. **Payments:** transfer of cash to beneficiaries;
 4. **M&E:** monitoring & evaluation of results; and
 5. **Grievance procedures:** feedback system for beneficiaries.

How it makes a difference...

Enhanced drought coping capacities



Increased food consumption & dietary diversity



Increased asset retention



Coping with disability



Improving child welfare



Increased financial inclusion in the ASALs: Starting a business



Reaching vulnerable groups...

Economic empowerment for women



Dignity for PWDs



Help in old age (1)



Women as leaders



Support to HIV + people



Help in old age (2)



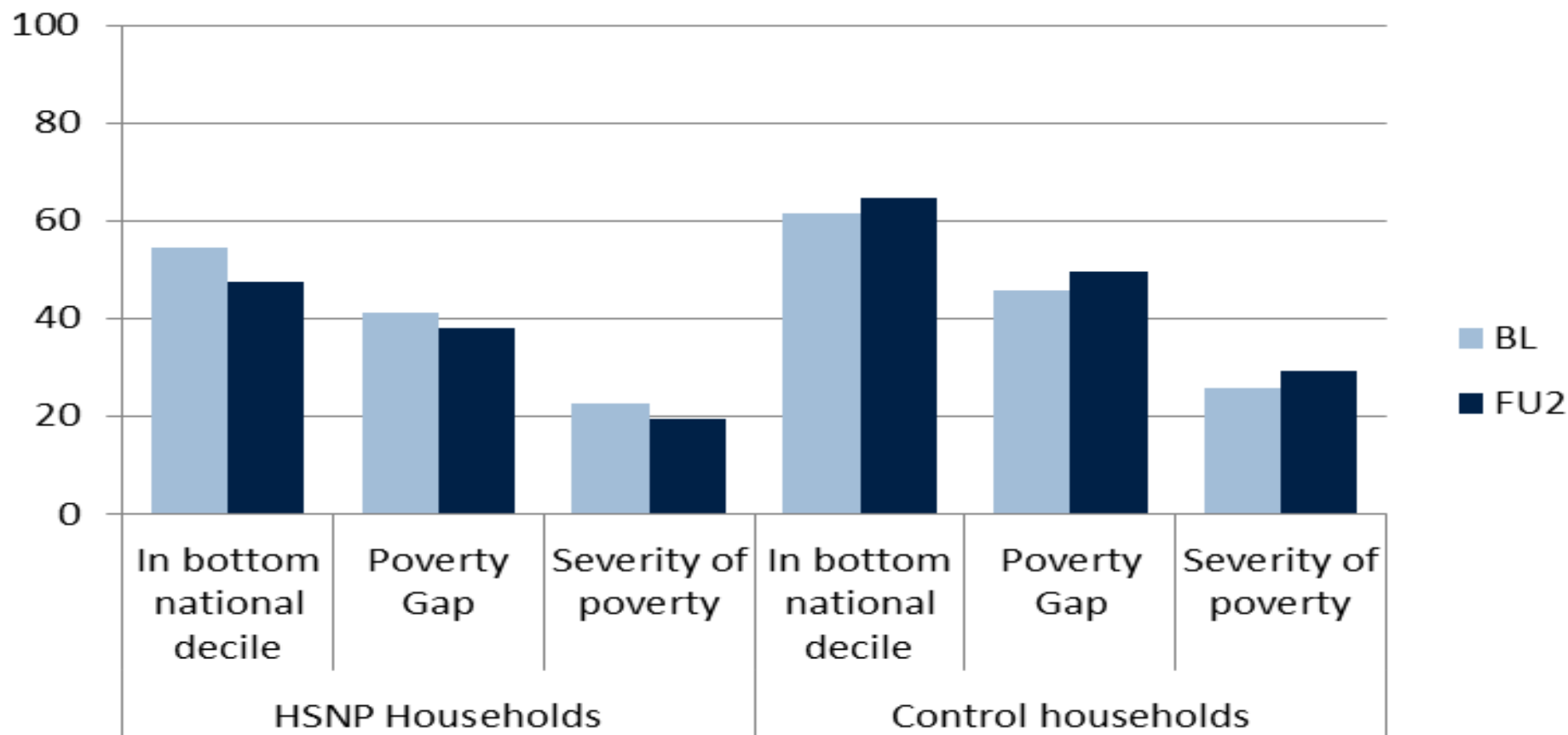
Independently evaluated impacts

KEY MESSAGE:

- *HSNP is helping families to: be more food secure; hold onto their assets during shocks; and spend more on health. It is even enabling children to perform better in school. HSNP is successfully acting as safety net. It slows the slide into poverty, particularly in crisis years (e.g. drought 2011).*
- **Mixed methods; Randomised Control Trials (2009-12)**
- **Increased poverty reduction for HSNP HHs, compared to control group:**
 - *HSNP HHs are 10% less likely to fall into the poorest decile nationally.*
 - *Control HHs are 7% poorer on average than HSNP HHs.*
 - *The severity of poverty for control HHs is also more pronounced, to the tune of 7%.*
- **Primary impacts:** Poverty/consumption; Food security; Asset retention.
- **Secondary impacts:** Increased health & education expenditure; Livelihoods opportunities; increased saving, borrowing, credit; reduced vulnerability to shocks; Empowerment of women; improved well-being of children and old persons.
- **Unintended impacts:** Dependency (labour participation); Prices; Informal transfers; Social tensions; Mobility patterns.

Results after two years

Household poverty rates at baseline and follow-up 2 by treatment status



HSNP: Lessons on targeting

- **Phase 1: piloted 3 approaches:**
 - *Community Based Targeting (CBT)*
 - *Social Pensions (SP)*
 - *Dependency Ratio (DR)*
- **Findings : *CBT best...but not perfect!***
- ***Proxy Means Test (PMT) more useful but not perfect!***
- **Phase 2: will combine CBT & PMT and evaluate the effectiveness of this approach.**

HSNP: Phase 1 Key Challenges

- *GoK: Insecurity in ASALs; poor infrastructure network; lack of MoU; lack of a single registry across CT programmes.*
- *Beneficiaries: Mobile populations; missed payments; lack of ID cards; Sharing of the benefit reducing its impact.*
- *Administration (NGOs): Coordination of implementing partners and roles and responsibilities in the field.*
- *MIS: QA of data in and out; capacity to use and analyse.*
- *Payments: Timeliness of payments; technology and technical skills of agents and beneficiaries.*
- *M&E: Ethical issues on use of controls.*
- *Grievance and redressal: Channels to direct complaints; scope of issues raised; and sustainability of rights committees.*
- *Donors: Coordination of components and partners; QA and ownership of data; QA of partner communications.*

Phase 2 : 2013/14-17 (£85.59m)

- **Builds on and expands Phase 1:**
 - **CHRONIC: Safety net for the chronically poor:** By EoP, cash transfers for up to 100,000HH (720,000 people) of approx. Ksh 2,700 or £19 a month paid (5,400 per cycle) into beneficiaries bank account.
 - **Women:** approx. 52% women beneficiaries with 66% of beneficiary HHs women headed.
 - **ACUTE: Scalable safety net in response to crisis:** 375,000 HH (reaching approx. 2.1m people) will be carded and provided with bank accounts and can be reached with emergency payments.
- **Impact: *Reduce poverty, hunger and vulnerability for the poor in Kenya's Arid, Semi-Arid lands.***
- **Outcome: *Create better and more sustainable safety nets for poor and vulnerable households, particularly for households in the ASALs.***

Phase 2 : Expected results

□ **Outputs:**

- *GoK supports cash transfers for chronic and acute responses in the arid and semi-arid lands, which are integrated within the wider National Safety Net Programme; and*
- *HSNP households receive timely, predictable electronic cash transfers for both chronic and acute responses.*

□ **Key results by 2016/17:**

- *Sustainability*
- *Coverage and women beneficiaries*
- *Poverty impact*
- *Scalable safety nets for early crisis response*

Relationship to NSNP

- **HSNP key to the delivery of NSNP results:**
 - **GoK funds HSNP in line with EDE MTP.**
 - **Targeting and expansion plans.**
 - **Strengthening MIS.**
 - **100% payments use 2 factor authentication.**
 - **Grievance & redressal mechanisms.**
 - **M&E.**
 - **Scalability.**

ISSUES RAISED: NDMA

- Lists of beneficiaries to receive accounts in the field
- Operations manual update:
 - General HSNP 2
 - Scalability component
 - Complaints & Grievances Procedures
 - Categorisation by county/ type
 - Reporting procedures & processes
 - Resolution procedures & processes (county/ central)
 - Clarifying R&R of diff stakeholders in the above
 - Reporting and M&E of on complaints received & resolved online
- Training of NDMA staff
 - MIS use & analysis
 - C&G procedures
 - M&E
 - Scalability component

ISSUES RAISED: HAI

- **Contract discussions:**
 - **Beneficiary lists for working in the field – Sct approved list (PISP diff list?)**
 - **Staffing and capacity (HQ and field)**
 - **Support to the county technical working group/ NDMA in the field**
 - **R&G moving from paperbased MIS to electronic**
 - **Tracking and reporting on complaint resolution**
 - **ID issues and their resolution**
 - **Budget**
 - **Transition to the KHRC/ ombudsman role**
 - **Fiduciary risks with IPRS**

ISSUES RAISED: FSD/ EB

- Mop up of the group 1 pending accounts
 - List by sub-location & village by end of the week
 - Working with NDMA & HAI to mobilise
 - Will not be charged & accounts ongoing
- Accounts opened cards in pocket 10⁰%
- Coordination of work plans
- Communication
- Complaints
- IDs
- 275K HHs

Lessons learned

- **Explaining the targeting methodology**
- **Verification of the final lists**
- **Distribution of accurate beneficiary lists with EB account holders**
- **Beneficiary mobilisation**
- **Route planning**

THANK YOU!

