

# **HSNP Phase II Registration and Targeting Lessons Learned and Recommendations**

**Final Report  
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## Acronyms and Abbreviations

ART	Accountability and Results Team
ASAL	Arid and semi-arid land
CBT	Community-Based Targeting
CDC	County Drought Coordinator
CDRO	County Drought Response Officer
CRA	Commission for Revenue Allocation
CT	Cash transfers
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DFID	Department for International Development
DR	Dependency Ratio
EDE-MTP	Ending Drought Emergencies Medium Term Plan
FGD	Focus Group Discussion
GoK	Government of Kenya
HAI	Help Age International
HEA	Household Economy Analysis
HH	Household
HSNP	Hunger Safety Net Programme
IDS	Institute of Development Studies
KIHBS	Kenya Integrated Household Budget Survey
Ksh	Kenya Shillings
MDNkoAL	Ministry for the Development of Northern Kenya and other Arid Lands
M&E	Monitoring and Evaluation
MIS	Management Information System
NDMA	National Drought Management Agency
NGO	Non-Governmental Organisation
NSNP	National Safety Net Programme
OJEU	Official Journal of European Union
OPCT	Older Persons Cash Transfer
OPM	Oxford Policy Management
PMT	Proxy Means Test
PwSD-CT	Persons with Severe Disability Cash Transfer
RC	Rights Committee
SL	Sub-location
SP	Social Pension
SPR	Social Protection and Rights
SoS	Secretary of State
SPP	Social Protection Programme
TOT	Training of Trainers
TWG	Technical Working Group
WFP	World Food Programme

## Executive Summary

This study has been commissioned to examine these registration and targeting processes undertaken as part of the HSNP II and highlight lessons to be learned in taking the programme forward. The report has three specific objectives:

- i. To critically understand the process, methodology and results of a) registration and b) targeting for HSNP II.
- ii. To understand the perspectives and perceptions of different stakeholders.
- iii. To learn lessons, in particular on political economy that can inform the on-going implementation of HSNP II and the design of the re-registration process planned for 2015/16.

The Hunger Safety Net Programme forms the largest element of DFID's wider 10 year Social Protection Programme (SPP). It is an unconditional cash transfer (CT) programme, geographically focused in the four poorest counties of the ASALs: Turkana, Marsabit, Mandera and Wajir. The HSNP element of the SPP was organised into two phases. Phase 1 (2007 to 2013) was designed to develop an evidence base to inform the design of Phase 2 (2013 to 2017). HSNP I provided CTs to 69,000 households in 161 sub-locations (SLs) who received cash with a biometric smart card via local payment agents. It tested three different forms of targeting of which community based targeting (CBT) was considered the most effective at reaching the poorest households. The current HSNP Phase II is in the process of scaling-up routine cash transfers to 100,000 households in all 478 SLs in the four counties.

HSNP I was implemented entirely by non-governmental actors. HSNP II is now operated under the auspices of the NDMA (National Drought Management Authority) and the GoK has pledged to provide almost half of the funding for CTs by the end of the programme. However during most of the period examined in this report (late 2011-Feb 2014) it was not clear who could or would take responsibility for implementing HSNP II. This was because the new constitution approved in 2010 proposed major governmental restructuring including a reduction in the number of national ministries and the creation of 42 County authorities to which significant powers were devolved. This included the demise of the Ministry of Northern Kenya<sup>1</sup> within which the HSNP Secretariat coordinating the programme was based. These changes came into effect in the last national election (March 2013) which took place in the midst of the HSNP II registration process. As a result there was no clear counterpart within the Government to involve in key technical decisions at both national and county levels. This had implications for effectively engaging government agencies in consultation and decision making processes. By default HSNP remained a DFID run programme far longer than planned.

### *HSNP II – Conceptualisation, Design and Approval*

The primary documents outlining the aims and objective of HSNP II were the two business cases prepared for the programme; one in June 2012 and another a year later which was finally approved in July 2013. A business case is the core internal proposal document DFID uses to assess and approve programmes before any funding can be released. These business cases appear to be the only written documents where the scope, scale, objectives and outputs of the programme are formally articulated.

This first business case outlined the need for comprehensive household registration so that all households could be issued with an electronic smartcard. This would enable households to be targeted for cash from HSNP and other programmes or services provided by the Government or other donors. It

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<sup>1</sup> Full name – Ministry for the Development of Northern Kenya and Other Arid Lands (MDNKOAL)

should be noted that this business case was never approved as it did not secure wider support at higher levels within DFID. Nonetheless the principle of registering all households in northern Kenya was accepted as an essential preparatory activity for Phase II whilst the wider programme was still being fully designed and approved. Additional funding was available to move ahead with registration from Ausaid who had contributed £14.9 million to the programme through DFID under a delegated cooperative agreement.

Discussions began with the INGOs involved in HSNP I to undertake registration in late 2011 with first proposals received in December 2011. Formal grant agreements were signed with DFID between May and July 2012. In developing these proposals much discussion was focused on how households could be categorised according to wealth or livelihoods to facilitate targeting for various interventions delivered through the Smart card. Each of the four INGOs was contracted separately to undertake registration. Each proposed activities to wealth rank populations using a variety of approaches. As a result the HSNP II registration exercise, incorporating some key elements of targeting, went ahead before the overall objectives, results and funding were finalised and approved by DFID.

As the registration process got underway a couple of key policy and other changes took place that necessitated a rethink of the initial vision of the HSNP+ programme set out in the first business case. In June 2012 the GoK published its Social Protection Sector Review<sup>2</sup> setting out plans for a national safety net programme (NSNP). As a key supporter of the GoK's Social Protection Policy, DFID wanted to reformulate the strategic fit of HSNP II to better fit these wider objectives. Additionally staff changes in DFID saw the departure of the DFID Livelihoods adviser in Kenya and the appointment of a new Secretary of State (SoS) for International Development in the UK. The GoK's role in managing and contributing to the HSNP was now given greater priority.

A second business case for HSNP II was therefore prepared by different staff within DFID Kenya office in early 2013. This version maintained many of the key activities in the first business case (primarily CTs for chronic caseload and a scalable safety net response in times of drought stress). However, it also sets out some fundamental changes. Specific changes include: (i) the payments component (use of an inter-operative, fully functioning bank account via a private sector payment service provider); (ii) efforts to improve the poverty targeting within the programme (based on the evaluation of Phase I); and (iii) more sustainable funding with GoK contributing to HSNP payments. This business case was finally approved in July 2013 by which stage key processes i.e. registration and the targeting methodology were almost complete.

### *Phase II – Registration*

The Phase II registration process was undertaken between October 2012 and June 2013 by four INGOs (with a further two sub-contracted local NGOs). Nearly 375,000 households were registered across the four counties. This is a major achievement and provides the Government of Kenya and others with a valuable data set. This study highlights several issues;

- The registration process was subject to many delays as the software used to collect data was untested and had multiple problems when used in the field. The delays meant that ultimately the registration was undertaken very quickly and under tight timescales. It would be prudent to undertake some quality assurance checks on the data collected, particularly in light of the some of the complaints and concerns raised around targeting. It is important to verify that the problems encountered in the software have not translated into any systematic errors in the data collected.

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<sup>2</sup> Kenya Social Protection Sector Review; Ministry of State for Planning, National Development and Vision 2030; June 2012

- Currently the MIS data is held by the HSNP Secretariat and has not been widely shared with other departments. The information would be highly valuable to County Planning Units and other line ministries.
- Further consideration needs to be given to the efficiency and effectiveness of the registration process as implemented and the implications for any future re-registration exercise. This initial registration process was expensive costing over £6.5m. It was also done in a comparatively short space of time which required the purchase a significant amount of similar equipment for each location and the mobilisation of large numbers of staff and vehicles. In addition it was undertaken by multiple INGOs with high operating costs. As HSNP becomes more firmly established as a Government programme, NDMA need to consider their capacity to undertake such an exercise and which and how other Government agencies could also be involved.

### *Targeting Processes and Methodology for Phase II*

The process of targeting the ultimate 100,000 households to benefit from routine HSNP CTs in Phase II was not linear or holistic. Initial discussions on targeting methodologies emerging from Phase I began in mid-2011 whilst the final distribution of lists of targeted households took place in January 2014. The lists of selected beneficiaries have been accepted in most places although outstanding grievances remain in Marsabit. These lists are providing the basis for the roll out of the programme in terms of bank account opening, bank card distribution and payments. The process or methodology via which targeting took place was only fully documented post hoc. The process was started with no clear understanding on the part of the main implementers as to what the end result would be in terms of the number or geographic distribution of beneficiaries. This was justified on the basis that;

- a full targeting methodology could only emerge once registration was complete and the information with which to target the poor would be available; and
- the final resources and hence beneficiary numbers were not known.

The process was also driven, at the beginning, by a technical priority to target the very poorest. Hence, on the basis of the Phase I evaluation findings DFID supported the development of a highly technical CBT/PMT<sup>3</sup> model which was conceived as an improvement in poverty targeting from Phase I. Unfortunately this model has several weaknesses both in terms of design and the way in which it was implemented in practice that have severely undermined its credibility with communities. Firstly the CBT approach that emerged as the best model from Phase I was not implemented in this model because communities were not given a specific quota of CTs available to which they could 'target' to the poorest. The wealth ranking that took place instead offers a very blunt instrument with which to target resources as far more community members rank themselves as very poor than are resources available. As a result, the wealth ranking produced by the PMT element of the model is given far higher precedence in narrowing down the poorest beneficiaries in each location. Communities do not see how their involvement in the process has in any way informed the final beneficiary selection as no post registration verification or cross check took place either at the CBT stage or after the combined CBT/PMT selections.

The PMT model used to rank and select beneficiaries is highly technical and was developed by a small group of technical specialists, primarily an international consultant with some inputs from the DFID Evaluation adviser. NDMA and HSNP Secretariat staffs understanding of how this model works and their ability to explain beneficiary selection is limited. PMT is a highly technical approach and hard to explain

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<sup>3</sup> CBT- Community based targeting; PMT – proxy means testing

to non-technical audiences. It is not clear that even if the model was ‘unpacked’ sufficiently to explain to communities and leaders, how and why certain factors were chosen and weighted as proxies for poverty these would be accepted. Communities challenge questions about housing materials, urban location and consumer goods particularly. To date the proxies used in the model have not been widely validated or discussed with all relevant stakeholders. The model was developed with very limited technical involvement of any Government partners either at Nairobi or County levels. The political acceptability of the CBT/ PMT model was not considered until very late in the process when the geographic implications of its targeting results became clear. This then became a significant challenge and resulted in subsequent changes in County level targeting through the application of a modified government (CRA) formula to reallocate beneficiary numbers to counties. This does seem to have increased acceptance of county allocations. Nonetheless, significant challenges remain in justifying and explaining intra-county and community level beneficiary allocations.

### *Stakeholder Perspectives – HSNP II Targeting and Registration*

The views and perspectives of the different groups involved in both processes were documented.

**Communities** feel that the registration of all households raised expectations that the numbers to be targeted for CTs would be much higher. Many complained about the long delay between registration and the issuance of beneficiary lists. There was some surprise and shock that so few beneficiaries were selected. Communities do not understand the rationale for the selection of many beneficiaries and all feel that the communities are better placed to identify the poor (the CBT approach) than a computer (the PMT approach).

**Registering NGOs** complained about the lack of planning, leadership and logistical preparedness by the HSNP Secretariat in organizing the registration process. The use of untried software caused many delays. All NGOs told communities that there would be some post-registration validation process which never happened. They now feel their staff are being blamed for bias or corruption in the targeting process. The Social Protection and Rights (SPR) agencies also feel that the failure to undertake validation of beneficiary lists has affected communities trust in them. They also feel that there is a lack of clear guidelines and protocols on how to deal with communities’ complaints about targeting.

**NDMA** staff were only appointed at the end of the registration and targeting processes. County based staff are now responsible for dealing with complaints and issues arising from dissatisfaction with targeting however they were not involved in the design or implementation of either process. Similarly **local leaders and politicians** only became aware of HSNP following the posting of beneficiary when they started to receive very many complaints from communities around exclusion and inclusion errors in the targeting. Politicians lobbied (and continue to lobby) hard for a more ‘equitable’ allocation across geographic areas. Most politicians favour CBT as the fairest way to allocate resources at the local level.

Current **HSNP Secretariat** staff feel they were not heavily involved in the design and planning of HSNP II as this was led by the Coordinator at the time who led discussions with DFID and other external parties. They feel some key learning in terms of detailed guidelines on targeting and grievances from Phase I was lost and not absorbed into Phase II. The Secretariat did not see itself as leading the registration process but having more of a technical support role to the NGOs.

**DFID and Ausaid** are the key donors funding HSNP II. DFID staff are concerned that registration and targeting took place at a time of major organisational and political change within Kenya. The DFID Kenya office also experienced high levels of turnover which many feel this may have affected continuity and willingness to take strategic decisions. Pushing ahead with registration prior to the approval of the business case was justified to ensure the cash pipeline to beneficiaries did not dry up due to delays

between Phase I and II. Both DFID and Ausaid recognise the political implications of the targeting approach were underestimated.

### *Lessons Learned and Recommendations*

Key lessons to emerge from the study include:

- The lack of an overall proposal document for HSNP II undermined the quality of registration and targeting processes as they were undertaken as separate activities rather than integral elements of the wider programme. The DFID Business case represents the only proposal document outlining HSNP II however registration and targeting methodologies were well underway by the time it was approved.
- The political implications of the targeting methodology were not considered until very late in the process. In part this was due to a lack of clarity on the resources available and limited consideration as to how targeting would manifest itself in the geographic distribution of beneficiaries.
- The registration process was hampered by a lack of leadership, clear guidelines and the use of untried and inappropriate data collection software. Nonetheless the HSNP MIS is a highly valuable resource for GoK and other actors for future planning and analysis of these populations.
- A successful targeting methodology needs to be technically robust but also politically acceptable and operationally feasible. Wider participation of all stakeholders in the development of the methodology at an early stage would have ensured a more holistic approach.

Recommendations emerging from the report and responsibility and timeframes for implementation are summarised in the table overleaf.

#	Recommendations	Action By	Timeframe for Completion
1	HSNP II needs a summary framework document that describes the objectives, outcomes and results of the programme and outlines the methodology via which these will be achieved.	PILU	Within 3 months
2	The PILU must establish clear communication mechanisms between Nairobi and the HSNP counties.	PILU	Within 3 months
3	No further expansion and scaling of the HSNP should be proposed to communities without clear knowledge of the actual resources available for CT at County and sub-county levels.	All	Links to registration and targeting review timelines.
4	Some form of <i>quality assurance checks</i> are undertaken on the data collected in the HSNP MIS	Independent consultant commissioned by PILU	Within 3 months
5	The existence and information of the data in the MIS needs to be more widely disseminated and utilised	PILU and NDMA	Immediately following results of quality assurance check (Recommendation 4)
6	Future re-registration exercises need to follow a clear methodology and should be Government led	See recommendation 8	
7	All registration and targeting processes are guided by detailed programme-wide implementation guidelines.	PILU	As soon as possible once final registration and targeting processes are agreed and approved
8	The current <i>CBT/PMT with CRA methodology needs to be formally evaluated</i> to establish how effectively the approach actually targets the poor.	DFID commissioning independent evaluators for HSNP	Baseline by end of 2015
9	The current CBT/PMT with CRA methodology needs review (9a) Ensure the involvement of a wider range of stakeholders in the development of all targeting methodologies. (9b): Review and re-validate the current PMT model. (9c): All revised targeting methodologies need to consider how CTs / beneficiaries would be scaled during drought / crisis periods. (9d): Consider piloting a combined registration and targeting approach that provides for the joint selection of HSNP and the other NSNP CT programmes	HSNP Technical Working Group to establish a 'Registration and Targeting Taskforce' with ToR and work plan to develop a revised approach with reference to recommendations 9a) - 9d)	Revised approach approved by end of 2014



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# 1 Introduction

## 1.1 Purpose of the Report

2. The Hunger Safety Net Programme (HSNP) represents one of the UK's Department for International Development's (DFID) flagship projects in Kenya. Started as a pilot phase (HSNP I) in 2007 it supported routine cash transfer (CT) payments for 69,000 households in selected locations in the four poorest and most drought prone counties of northern Kenya. This phase completed in 2012 and a second phase (HSNP II) began that scaled the programme out to all parts of the four counties. Prior to the expansion of CTs in this phase the programme undertook a mass registration of all households in the four counties and developed a new approach in order to target the ultimate 100,000 routine beneficiaries. This study has been commissioned to examine these registration and targeting processes and highlight any lessons to be learned in taking the programme forward. The report has three specific objectives:

- iv. To critically understand the process, methodology and results of a) registration and b) targeting for HSNP 2.
- v. To understand the perspectives and perceptions of different stakeholders.
- vi. To learn lessons, in particular on political economy that can inform the ongoing implementation of HSNP2 and the design of the re-registration process planned for 2015/16.

## 1.2 Steps and Activities undertaken in Preparing the Report

3. The review was primarily undertaken via consultations with, and a review of HSNP documentation incorporating all the main stakeholders in the programme. Primarily these included DFID; the HSNP Secretariat; NGOs that undertook registration; the social protection and rights (SPR) agencies; the National Drought Management Authority (NDMA); the former Ministry of Development for Northern Kenya and Other Arid Lands (MDNKOAL); Oxford Policy Management (OPM) and other organisations or individuals involved at some point in the registration and targeting processes. A list of individuals consulted as part of the study is included in Annex 1.

4. In addition the consultant undertook field visits to the three of the four HSNP counties<sup>4</sup>. In each field location the consultant met representatives and former staff of some of the agencies listed above and visited at least two communities involved in the registration process. In total six focus group discussions (FGDs) were held with community members including members of Rights Committees (RC), beneficiaries and non-beneficiaries. Some of the locations visited have been part of HSNP I whilst others were new to HSNP. A list of the communities visited is included in Annex 2.

## 1.3 Outline of the Report

5. This report is structured as follows;
- **Chapter 1** – introduction;

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<sup>4</sup> It was not possible to visit Mandera due to security reasons

- **Chapter 2** provides context and background to HSNP and its fit within DFID and the Government of Kenya's wider social protection frameworks, the achievements of Phase I and the political and organisational changes that took place during the period reviewed in this report.
- **Chapters 3 to 5** outlines the key processes, methodologies and results of the three key early stages of HSNP Phase II, these are;
  - **Chapter 3:** Conceptualisation, design and approval
  - **Chapter 4:** Registration
  - **Chapter 5:** Targeting
- **Chapter 6** sets out the key lessons learned and uses these to make recommendations on the way forward.

## 2 Context and Background

### 2.1 Social Protection Programming in Kenya

7. In 2012, Kenya had 8 million vulnerable people eligible for some form of social protection. This includes 2.4 million orphans and vulnerable children; children and adults with disabilities; older people; and chronically ill adults. As set out in Kenya's long-term plan (Vision 2030) and the new constitution, the GoK is committed to the development of a national social protection system. A new National Social Protection Policy (2012) sets out the vision to progressively achieve this right, by providing universal access to social protection for the vulnerable throughout their lives, increasingly funded by GoK. It committed the GoK to "protect individuals and households from the impacts of adverse shocks to their consumption that are capable of pushing them into poverty or deeper poverty." The 2012 Kenya Social Protection Review identified 22 mechanisms through which social transfers were delivered. It found that current schemes are still fragmented and uncoordinated, targeting is patchy, funding is insecure, and coverage is lower than need. Capacity gaps exist at all levels.

8. In response to these challenges, GoK is developing a National Safety Net Programme (NSNP). The NSNP is providing a coordinated and harmonized framework for the five main cash-transfer programs: Cash Transfer for Orphans and Vulnerable Children (CT-OVC); Cash Transfer for Persons with Severe Disabilities (PWD); Older Person's Cash Transfer(OPCT); Urban Food Subsidy Cash Transfer(UFSP); and Hunger Safety Net Program (HSNP). The specific objectives of the NSNP are to: (1) Create more robust systems for targeting beneficiaries, beneficiary registration, payments, and monitoring, in order to strengthen the overall governance of these programs; (2) increasingly harmonize the five cash-transfer programs, to increase coherence of the safety net sub-sector; and (3) expand the coverage of the five cash-transfer programs in a coordinated manner, to progressively realize the right to safety net support. A key element of NSNP is the creation of a single registry, which contains the details of all actual (and potential) beneficiaries of the five programmes.

### 2.2 DFID Social Protection Programme in Kenya

9. The Hunger Safety Net Programme forms the largest element of DFID's wider 10 year Social Protection Programme (SPP) called 'Reducing extreme poverty, vulnerability and hunger in Kenya: Developing a National Social Protection Framework. The SPP was approved in 2007 with initial confirmed funding of £122 million. The overall purpose of the SPP is to 'establish a government-led national social protection system delivering long-term, guaranteed cash transfers to extremely poor and vulnerable people,' thereby directly supporting the GoK's NSNP plans above. It has the following specific outputs:

- i. Developing a national social protection strategy and implementation framework;
- ii. A cash transfer programme for orphans and vulnerable children (CT-OVC);
- iii. A Hunger Safety Net Programme delivering long-term, guaranteed cash transfers to chronically food-insecure households.

10. The HSNP element of the SPP was organised into two phases. Phase 1 (2007 to 2013) was designed to develop an evidence base to inform the design of Phase 2 (2013 to 2017). The ultimate objective was to roll out a national social protection strategy and implementation framework covering 1.5 million Kenyans.

## 2.3 HSNP – Phase I

11. HSNP I was approved in 2007 and implementation started in May 2008, after the selection of the implementing agencies through an international tendering process. HSNP I lasted for 4 years, till April 2012, however payments generally started later than planned and continued beyond this time. HSNP I was focused in 4 of the poorest counties in ASALs of northern Kenya: Turkana, Marsabit, Mandera and Wajir. HSNP I was a pilot phase that sought to trial approaches that would inform a wider roll out in Phase II. In particular it piloted three targeting mechanisms, these were:

12. Community-based targeting (CBT). Communities were tasked with identifying both appropriate targeting criteria and the neediest households up to a specified quota. This approach was undertaken with the intensive support of partner NGOs.

13. A universal social pension for all individuals above a certain age (SP). A 55 year cut-off was used for those who could prove their age using official documents (such as a national identification card or a birth certificate), whereas the age of 60 was used as the threshold for those who had to prove their age using a historical calendar implemented by a vetting committee<sup>5</sup>.

14. A dependency ratio (DR) approach. This method identifies and targets households who have a high number of dependants - defined as children aged 17 years old and under, the elderly aged 55 years and over, and the disabled or chronically ill (with either physical or mental impairments). These cut-offs varied from district to district.

15. In the provision of CTs as an alternative to food aid it aimed to reduce poverty, food insecurity and promote asset retention and accumulation in poor households (HHs). It reached almost 69,000 HHs (an estimated 66% women headed) or approximately 496,800 people<sup>6</sup> (an estimated 49% women). HSNP I used a biometric smart card to make payments via a private sector payment provider (Equity Bank Limited). It provided regular CTs (initially Kshs 1,750 approx. £13, per month with increases over time) to beneficiaries. It was implemented under Ministry of Northern Kenya with NGO and private sector implementing partners. DFID funds were directed to implementing partners (not the GoK). Financial support was also provided by the Australian Government (formerly AusAID now DFAT).

### 2.3.1 Management structures and systems

16. During HSNP I, the programme operated under the Ministry of Northern Kenya and Other Arid Lands (MoNKOAL). A specific unit – the HSNP Secretariat was established to co-ordinate and manage its implementation. This unit sat within the MoNKOAL until governmental restructuring (see below) following the 2013 elections, when it was moved under the National Drought Management Authority (NDMA).

The activities under the HSNP I were divided between five independent components, as follows:

- **The Administration Component:** this was headed by Oxfam GB, in partnership with CARE Kenya and Save the Children UK who were responsible for the registration and targeting of the beneficiaries and the regular update of the beneficiaries list during the course of the project.

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<sup>5</sup> The historical calendar lists locally known historical events such as severe droughts, conflicts or other well known incidents. These are then compared with what is known about a potential beneficiaries birth and childhood to come up with an estimation of their year of birth.

<sup>6</sup> Based on a HH size of 7.2

- **The Payment Component:** this was headed by FSD who contracted a payment service provider (Equity Bank), to deliver the payments to beneficiaries through a network of agents.
- **The Social Protection Rights Component:** this was referred as the ‘Rights or SPR Component’ and was headed by Help Age international (HAI). It was responsible to inform the communities and beneficiaries on their rights and responsibilities, provide a transparent grievance mechanism and oversee the rights-based approach of the project.
- **The M&E Component:** this was headed by Oxford Policy Management (OPM) and was responsible for the independent evaluation of the project, mainly the quality of the targeting and the impact of the project.
- **The Management Information System (MIS) Component:** this provided the database to collect, store and share the critical information for the project, mainly the list of beneficiaries and the complaints handled by the programme.

### 2.3.2 Results and Impact

17. The independent evaluation of HSNP I showed it works effectively as a safety net, particularly for the very poorest. HSNP stops or slows the slide into poverty, particularly for the poorest HH and non-HSNP HHs are on average poorer and fare worse during times crisis. HSNP helps families to be more food secure, retain their productive assets (e.g. sheep and goats) during droughts and shocks, and spend more on health. It is also enabling children to perform better in school. HSNP CTs have been important survival mechanisms for the poorest people in the ASALs, particularly in times of drought.

### 2.3.3 Learning from Phase I

18. As Phase I drew to a close increased attention was focused on the design and scale of HSNP Phase II. There was a clear presumption that Phase II would involve a ‘scale up’ of both the coverage and number of beneficiaries in the programme and draw from the evidence base emerging from Phase I. Various monitoring and evaluation documents were produced which informed thinking and debate on targeting including the following:

- A Qualitative Review of Targeting Methodologies in the Kenya Hunger Safety Net Programme: Development Pathways; June 2011<sup>7</sup>
- HSNP Targeting effectiveness evaluation report: OPM; Dec 2011<sup>8</sup>
- HSNP Qualitative Impact Evaluation Report: 2009/10 to 2010/11: OPM and IDS; Mar 2012
- HSNP Quantitative Impact Evaluation Report: 2009/10 to 2010/11: OPM and IDS; Mar 2012
- HSNP Consolidated Operations Monitoring Report: OPM; May 2012
- HSNP Impact Synthesis Report: OPM and IDS; May 2012

19. In addition a HSNP Lessons Learned workshop was held on 6-7<sup>th</sup> September 2011 for all stakeholders involved in the five components of Phase I. The influence of the findings of these documents is discussed more fully in Chapter 5 on targeting.

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<sup>7</sup> Ref

<sup>8</sup> All OPM documents on HSNP can be accessed at <http://www.opml.co.uk/projects/protecting-poorest-tackling-hunger-northern-kenya>

## 2.4 Political and Organisational Change

20. HSNP I was implemented entirely by non-governmental actors although it had always been envisaged as ultimately being a government programme. Moving into HSNP II it was clear that greater GoK involvement was required if the programme was to be absorbed into the NSNP. Transferring the implementation of HSNP into government hands has been a complicated process as Kenya has undergone repeated political and organisational shifts during the lifetime of HSNP. These changes are important in understanding their impact upon decision making processes during registration and targeting.

21. The HSNP Secretariat, established in HSNP I, was responsible for the co-ordination of the different components. The Secretariat was initially located in the Office of the President, Special Programmes with HSNP activities coordinated alongside the Arid Lands Resource Management Programme (ALRMP). Unfortunately the onset of post-election violence at the end of 2007 and early 2008 resulted in a 'no business as usual' break in relations between the UK and Kenya Governments. Restoration of the UK's relationship with the GoK did not happen until June 2008. By then the new coalition government had been formed with many new ministries and both ALRMP and the HSNP Secretariat were transferred to the new Ministry for the Development of Northern Kenya and other Arid Lands (MDoNKAL). The MDoNKAL had limited capacity and was still relying on ALRMP to provide many functions. The Minister came from a development background and was an enthusiastic supporter of HSNP, however the Ministry was small and lacked the capacity to engage in the more technical aspects of HSNP such as targeting. Therefore although the Secretariat was physically located in the Ministry offices the HSNP effectively remained a standalone DFID-funded project. All staff were employed by DFID and as such this was the body to which they were directly accountable. The Secretariat Co-ordinator reported primarily to DFID's Livelihoods Adviser with a 'dotted' line relationship with the Minister for Northern Kenya and the wider Arid and Semi-Arid Land (ASAL) Secretariat.

22. The coalition Government created in 2008 was an uncomfortable political alliance established to ensure national unity. It had an unwieldy number of ministries that resulted in some overlap and created inefficiencies. Nonetheless it did set the ground work for political reform and major organisational change. In 2010 a new constitution was approved. This outlined plans for the reduction in the number of national ministries and the creation of 42 County authorities to which significant powers were devolved. These changes were to come into effect following the general election in March 2013. Clearly this had major implications for every line department in government. It took some time to work out the details and establish the responsibilities for each of the new ministries and precisely which powers and resources were to be delegated to county authorities. Indeed many of these issues were only resolved following the election. As a result it was difficult to plan how or where the management of the HSNP Secretariat could be placed more firmly within government structures.

23. The constitutional changes meant the MoNKOAL was to be dissolved in March 2013 and it was not initially clear where the Secretariat would be located. The Minister for Northern Kenya had been active in supporting the establishment in November 2012 of the National Drought Management Authority (NDMA) to ensure the continuity of many ASAL initiatives after the election. The aim of NDMA is to support specialised long-term planning, co-ordination and action across government departments and with other stakeholders to improve resilience to drought and climate change. By the election NDMA had appointed staff in both Nairobi and offices in each of the HSNP counties although it was still not entirely clear in which ministry it would sit. Finally after the election it was decided NDMA was to be located in the Ministry of Devolution and Planning.



24. In March 2013 NDMA took on responsibility for the administration of the HSNP Secretariat and delivery of the HSNP. The Secretariat has since been reporting to the NDMA's Director of Technical Services and a revised management structure has been established. Currently the Secretariat has been strengthened and replaced by a Programme Implementation and Learning Unit (PILU). The HSNP is therefore now much more clearly embedded in government with clearer management and accountability mechanisms in place.

25. It should be noted that this period of intense organisational and political change coincided with the development of HSNP II and the registration and targeting processes in particular. Consequently during most of the period examined in this report it was not clear who could or would take responsibility for the HSNP programme and Secretariat. As a result there was no clear counterpart within the Government, although efforts were made to identify one, to involve in key technical decisions at both national and county levels. This had implications for effectively engaging government agencies in consultation and decision making processes. By default HSNP remained a DFID run programme far longer than planned.

### 3 HSNP Phase II – The Conceptualisation, Design and Approval

27. This chapter outlines the process by which HSNP II was conceptualised, designed and approved. The subsequent chapters outline the processes and methodologies that were used to a) register and b) target beneficiaries in the four HSNP counties as Phase II became operational. These three processes, all included slightly different sets of actors and covered broadly different timeframes:

- Conceptualisation, design and approval for 2 different business cases (April 2011 – July 2013)
- Registration – (Late 2011 – June 2013)
- Targeting – (July 2013 – January 2014)

A timeline outlining key events relating to all these processes in both Nairobi and the HSNP counties, as well as wider relevant events is attached as Annex 3.

#### 3.1 Conceptualisation, Design and Approval

##### 3.1.1 Proposals and Plans for Phase II

28. As part of DFID’s wider Social Protection Programme (SPP) approved in 2007, it had been agreed that an approval would be sought at the end of Phase I (2012) to trigger the implementation of Phase II for another five years. A submission to Ministers in January 2012 agreed a continuation of the programme to Phase 2 with a total financial approval for the overall Social Protection Programme of £81.36 million<sup>9</sup>. This was an approval in principle for a resource envelope that required an additional specific approval of an agreed business case before any funding could be released for Phase II implementation. A business case is the core internal proposal document DFID uses to assess and approve programmes. Ultimately two business cases were prepared for HSNP II one in June 2012 and another a year later which was finally approved in July 2013. These business cases appear to be the only written documents where the scope, scale, objectives and outputs of the programme are formally articulated.

29. The first business case, produced in June 2012, by the DFID Livelihoods Adviser described the programme as HSNP+. It had three principle objectives:

- i. Cash transfers to the poorest and most food insecure households in the Arid and Semi-Arid Land areas (ASALs) operational and extended.
- ii. Innovative approaches to using cash transfers for livelihood development, piloted and operational.
- iii. A GoK institution established with role as the lead agency for policy formulation, financial support, innovation, knowledge management and coordination across Northern Kenya and other arid lands, enhanced and supported.

30. This business case outlined the need for comprehensive household registration so that all households could be issued with an electronic smartcard. This would *“potentially provide a means to not only provide social assistance funds as a hunger safety net, but also a range of other funds for education, health, pensions, cash for work, emergency relief and livelihood development. It also has the ability to carry livelihood bio-data which can help targeting of development efforts across a range of activities”*.

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<sup>9</sup> Taken from the first DFID business case the amount changed slightly to £85.59 in the second business case

31. It should be noted that this business case was never approved as it did not secure wider support at higher levels within DFID. Nonetheless the contents of this business case had clearly been the subject of significant discussion and support by the DFID Advisor and the HSNP Secretariat Co-ordinator with external parties. In particular the INGOs involved in Phase I who had been identified as the only actors with the capacity to undertake registration. Enthusiasm for such an approach had already sparked action with the first proposals for universal registration submitted by NGOs to DFID in December 2011. As a result registration moved on a standalone activity viewed more as an extension activity of Phase I rather than an integral part of Phase II which was still to be fully designed and approved.

32. Detailed discussions between NGOs, the DFID Adviser and the HSNP Secretariat Coordinator took place between late 2011 and May 2013 (when agreements were signed) about how households could be categorised according to wealth or livelihoods in order that they could be targeted for various interventions delivered through the Smart card. These discussions focused on the questions to be asked as part of registration and the development of different approaches to group communities into wealth categories. These approaches were built into their proposals to DFID. These are outlined in more detail in chapter 5 on targeting.

33. The other reason registration plans moved ahead in late 2011 / early 2012, before any business case for Phase II was approved, was that funding became available to cover the costs of registration. This funding was supplied by Ausaid who were keen to support HSNP and contributed £14.9 million to the programme through DFID under a delegated cooperative agreement. The agreement signed in March 2012 did not specify that funding had to be used for any particular aspect of HSNP. Consequently, additional funding was available to move ahead with registration whilst DFID's wider approval processes continued. The costs of registration were significant with total grant funding to the four registering NGOs totalling £6,619,000.

34. Therefore a universal registration exercise that incorporated some key elements of targeting went ahead despite the fact that the overall objectives, results and funding had not been approved by DFID. Even if the first business case had been approved at this stage, the format does not represent an ideal document from which to understand how HSNP II was to be operationalized in reality. It offers top line objectives, outputs and results in order to make the case for overall funding approval. It does not set out in any detail the methodology by which outputs and results will be achieved and by who in a more detailed timeframe. No overall targeting methodology was developed at this stage and therefore it was not clear how the CBT/wealth ranking exercises proposed by the NGOs would be used to target the HSNP cash transfer (CT) beneficiaries.

35. In the meantime a couple of key changes in the wider policy environment were taking place that necessitated a rethink of the initial vision of the HSNP+ programme set out in the first business case. In June 2012 the GoK published its Social Protection Sector Review<sup>10</sup>. It recommended the establishment of the National Social Protection Council that would co-ordinate the integration of social protection strategies, programmes and resources. As a key supporter of the GoK's Social Protection Policy, DFID wanted to reformulate the strategic fit of HSNP II to better fit these wider objectives.

36. The second important set of institutional and personnel changes that took place during this time in September 2012 were: the departure of the DFID Kenya Livelihoods adviser and the appointment of a new UK Secretary of State (SoS) for International Development. The latter had wider policy implications for DFID corporately, while the former had structural and staffing implications at the country office

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<sup>10</sup> Kenya Social Protection Sector Review; Ministry of State for Planning, National Development and Vision 2030; June 2012

level. Corporately, the organisation was re-orienting itself towards an increased focus on economic development.

37. In light of these national policy, institutional and personnel changes, DFID Kenya Head of Office asked for a new HSNP business case to be drafted and approved by the SoS. Staff turnover meant this new business case was to be prepared by different staff who had not been involved in discussions around the development of HSNP+. In particular they had limited understanding of wider rationale for the design of the registration exercise and the CBT / wealth ranking processes that NGOs were carrying out as part of the process. DFID undertook the core work on the second HSNP II business case between end of February 2013- May 2013. This programme had the following impact and outputs:

- **Impact:**

*To reduce poverty, hunger and vulnerability for the poor in Kenya's Arid, Semi-Arid lands. The programme will continue to focus on four of the poorest, drought prone counties in Northern Kenya (Marsabit, Mandera, Wajir and Turkana). The **programme outcome** is to: *Create better and more sustainable safety nets for poor and vulnerable households, particularly for households in the arid and semi-arid lands.**

- **Outputs:**

- i. Government of Kenya (GoK) supports cash transfers to help meet chronic and acute needs in the arid and semi-arid lands, which are integrated within the wider National Safety Net Programme; and
- ii. HSNP households receive timely, predictable electronic cash transfers.

38. This version maintains many of the key activities in the first business case (primarily CTs for chronic caseload and a scalable safety net response in times of drought stress). However, it also sets out some fundamental changes not only to HSNP+ but also HSNP I. Specific changes include: (i) the payments component (use of an inter-operative, fully functioning bank account via a private sector payment service provider); (ii) efforts to improve the poverty targeting within the programme (based on the evaluation of Phase I); and (iii) more sustainable funding with GoK contributing to HSNP in line with GoK policy under the Ending Drought Emergency Medium Term Plan (EDE – MTP) and GoK delivery of the NSNP. It was also clear that HSNP II would be implemented under the auspices of the NDMA. It is envisaged that by 2017 GoK will account for 49% of the costs of HSNP II and 54% of its chronic caseload. Politically this commitment from the GoK was critical in ensuring HSNP II received funding support and approval from the highest levels in DFID.

39. This second business case was finally approved in early July 2013 by which time registration was complete and a detailed targeting methodology combining CBT and PMT was in development (both outlined in more detail in the following chapters). Again, the business case does not describe these processes in any major detail but states that a combined CBT/PMT targeting methodology was recommended from the Phase I Evaluation as a more effective way of poverty targeting. Improved targeting of the poorest 10% nationally is described as one of the programme outputs. It is not the purpose of a business case to outline the detailed methodology by which this would be achieved. Unfortunately no other document describing the scope and methodology for implementing HSNP II that included registration and targeting as integral processes was developed at that time.

40. Another issue that emerges in discussions on this period was that the full targeting methodology could not be developed because final resources and beneficiary figures were not known.

The final number of HSNP beneficiaries for Phase II was not clearly established as 100,000, until July 2013 when the business plan was approved. This meant that throughout the process of registration no information could be given to communities or any other stakeholders on the final number of CT beneficiaries. It is argued that until all the information from registration was collected it would be impossible to know who would be targeted and where. This resulted in a chicken and egg situation whereby targeting could not be completed without registration therefore registration had to go ahead without any guidance on who would receive CTs. This had implications in managing community expectations in a context where HSNP II was widely described as a 'scale up' (described in following sections).

### **3.2 Conceptualisation, Design and Approval – Results**

41. The approval of the DFID business case for HSNP Phase II was critical to ensure funding for programme implementation. This approval also set out the purpose of the programme, its results and beneficiary numbers. This report has focused on the business case and the timing of the final approval as it represents the only formal documents setting out the aims, objectives, outputs, results, and, to a limited extent, the methodology for HSNP II. However, the business cases are not akin to a normal proposal or Project Memorandum document and are not well suited to sharing externally:

42. Business cases are internal DFID documents which follow a standard format required for DFID's internal assessment processes and can be quite long. Once approved and all associated procurement processes have been undertaken, they can be accessed on-line. However in their preparation there is no requirement for the significant involvement of external actors. Compressed internal timelines and deadlines compounded this.

43. The timing of approval of the final HSNP II BC meant there was a long transition time between Phase I and Phase II. Key processes i.e. registration and the targeting methodology were by that stage almost complete. These processes are integral parts of the wider implementation methodology of HSNP II which is a fundamentally different programme to HSNP I.

44. The fact that no outline proposal or conceptual framework document describing HSNP II was produced before the process began now seems a gap. This document, ideally developed by the HSNP Secretariat, could have mirrored the DFID business cases and used to consult with key stakeholders or at a minimum circulated widely for comment and review. This would have ensured wider understanding and possibly enabled valuable input by relevant partners its key elements, such as:

- Goal, objectives, outputs / results (in terms of beneficiaries);
- Methodology as to how these would be achieved including the role of registration and targeting;
- Roles and responsibilities of the various actors;
- Estimated resources required;
- Indicative timeline;

45. An overall proposal or project memorandum document would also have focused attention on what the end result in terms of beneficiary selection and possibly geographic location. This latter issue would undoubtedly have emerged if such a document was shared with government partners particularly at the District level. It would also have served as reference point to guide the HSNP Secretariat and other partners in planning implementation. Additionally it would have formed the basis to identify the necessary complementary and supplementary documents required to move ahead .e.g. detailed

implementation plans guidelines for registration, targeting manuals, detailed resource planning / budgets etc.

## 4 HSNP Phase II – Registration

47. The registration of all households in the four HSNP counties emerged very early in the conceptualisation of Phase II (discussions started in mid-2011) as a necessary pre-cursor to the implementation of the wider programme. As mentioned, targeting (particularly using a combined CBT + PMT model) could not be done until registration was completed to provide all the necessary information. It was in this understanding that registration was ‘fast-tracked’ as a standalone activity whilst development and approval processes for the wider programme were undertaken. From 2011 it was assumed that the major INGOs working in the four counties would be the only organisations with the logistical and technical capacity to undertake registration.

48. Registering all households in northern Kenya was clearly an ambitious project by itself. The task involved significant discussion, planning and logistics which absorbed vast amounts of time and resources on the part of the HSNP Secretariat and the DFID Adviser and Snr Programme Manager. From September 2011 until a year later (September 2012) when training of field staff for registration took place, there was much discussion and debate about how registration would be done and what data should be collected e.g. whether biometrics should be collected for all household members or just household heads, how many livelihood questions etc. Throughout 2012, the overall objective was the registration of all households so that they could be all be issued with Smart cards, after which cash and potentially other interventions or support could be targeted. At this point limited attention was given to the how targeting of HSNP beneficiaries would play out geographically as the final resources and therefore number of CT available was simply not known.

### 4.1 Pre-Registration (Sept 2011 – Oct 2012)

49. The registration process on the ground was split between four INGOs: Oxfam, World Vision, CARE and Save the Children (with two further national NGOs acting as sub-contractors to Save the Children in Wajir). A summary of the four different proposals submitted and results achieved are included in Annex 4. In Phase I Oxfam had been contracted as the lead agency for the Administration component. Despite teething problems, this was felt by the NGOs to have worked well, as it ensured a consistent and harmonised approach in the targeting and enrolment of beneficiaries for Phase I. For example, Oxfam was also responsible for checking programme reports from all NGOs and their approval before payments were made. As an implementing partner itself, it was able to spot inconsistencies or issues in report and resolve them directly with the NGO partner involved. Critically, under Phase I, Oxfam coordinated a jointly developed Targeting Manual<sup>11</sup> had also ensured absolute consistency in the approach of all NGOs in targeting and interacting with communities.

50. It seems procurement procedures were the main reason the registration process was undertaken as four separate contracts rather than by a single lead NGO heading a consortium. The value of a combined contract would have necessitated a full tendering process as per OJEU<sup>12</sup> rules. This would have delayed the process by at least six months which would have further delayed the selection of beneficiaries and the commencement of payments. By splitting the registration between NGOs, each individual grant agreements fell under the amount that could be approved by DFID head of office in country.

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<sup>11</sup> Hunger Safety Net Programme – Targeting Manual Version 2.1 September 2009 prepared by Oxfam and HSNP I NGOs

<sup>12</sup> Official Journal of the European Union Rules which would have required full open tender.

51. Unfortunately this also meant that NGO proposals were not submitted in response to an open call with a clear TOR. Absence of a clear TOR could have ensured the approaches proposed by all NGOs were consistent and that proposals followed similar formats. As it was, formats and objectives differed although the primary activity of registration was the same. The key differences were the approach proposed for undertaking the CBT or wealth ranking element activity with communities. This is explored in greater detail in the next section on targeting.

52. Accountable grant agreements between DFID and NGOs were signed in May 2012 (July for Oxfam). NGOs then began detailed activity planning, the recruitment of field teams and other logistics. Each NGO developed guidance notes for their own staff on how to do registration. Oxfam and Save the Children undertook some other preparatory HEA livelihood assessments in preparation for their CBT/wealth ranking exercises. Oxfam undertook a Household Economy Analysis study<sup>13</sup> for Turkana which was to form the basis of their wealth ranking exercises. Save the Children did a review of the wealth groups in the five livelihood zones in Wajir and Mandera by undertaking 44 focus group discussions.

53. NGOs report that they were in a position to begin registration August 2012. However, this was delayed as the software being developed by the HSNP Secretariat was not yet in place. The HSNP Secretariat does not seem to have produced any detailed implementation plans to guide the registration process and implementing partners. NGOs were directly accountable to DFID and each responsible for their own area of registration. The Secretariat does not see itself as having a mandate to 'manage' the NGOs and develop a joint planning framework between all the agencies to guide who was to complete which action by when (e.g. GANTT chart based planning). There was debate and confusion about some of the hardware to be used and their specifications. In the end Oxfam procured much of its own equipment whilst the HSNP developed the specifications and selected the suppliers for laptops, tablets, biometric readers and solar chargers etc. Once these were clear the other NGOs put in orders and ultimately paid for the equipment. NGOs had to justify to their own logistics departments why they were using suppliers selected by another party. The Secretariat had not anticipated the length of time procurement would take which delayed the start of registration to October 2012 (see below).

54. A Training of Trainers workshop took place in Karen in September 2012 and was attended by field staff from all the NGOs. This training covered the entire registration process but focused on the software that formed the registration management information system (MIS) including: data entry; collection of GPS co-ordinates; bio-metrics; data cleaning; importing and merging village data; generating wealth ranked lists etc. These staff then cascaded this training down to the enumeration teams at field level in September and October 2012. During this time teams in each county also undertook sensitisation with District Authorities for registration whilst the software was being finalised and installed.

## **4.2 The Sub-location (SL) Registration Process (October 2012 – June 2013)**

55. The registration process finally started in selected sub-locations (SLs) in each Greater District in October 2012 but due to technical problems (see below) did not expand to other SLs until December 2012 and full teams were only all active in January 2013. The process followed in each county was broadly the same, with registration carried out by sub-location (SL) broken down into villages. SLs comprise multiple villages and typically have between 300-2,000 households. The detailed activities for

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<sup>13</sup> Six Livelihood Zones in Turkana County Kenya assessed using the Household Economy Analysis; Prepared by Food Economy Group (FEG) for Oxfam and Save the Children; June 2012



each step have since been set out in the HSNP II Operations Manual<sup>14</sup> however it is clear that at the time comprehensive programme-wide guidelines did not exist. Instead most NGOs developed their own guidance notes although several of the field staff consulted were not always aware of these either. The HSNP Secretariat did produce a HSNP+ Registration Manual in March 2013<sup>15</sup> however this focused primarily on the data entry and other processes within the MIS. Unlike the guidance in Phase I it did not set data collection within the wider context of HSNP II nor provide explicit guidance as to how community consultation, sensitisation was undertaken. Nor did it fully explain the wider targeting process. It provided minimal explanation of NGOs CBT processes but not how these were to be used in conjunction with PMT to generate beneficiary list. In general registration involved the following steps:

### ***1. Sensitisation meeting with local leaders***

A member of the registering NGO would arrange a meeting with the Chief and other leaders e.g. sub-chiefs, religious leaders and Rights Committee members (where they existed) to explain the HSNP II programme, the purpose of the registration; understand the scale and layout of the SL, including the number of villages and estimated households in each. A date was then set for the full public meeting or baraza.

### ***2. Full Public Baraza***

Introduce the HSNP II programme – its purpose, implementing partners and the associated registration process. Key messages were produced by the HSNP Secretariat guiding this process. It was clearly stated at this point that aim was to register all households (with some explicit exceptions<sup>16</sup>) although registration was voluntary. However, it was not known how many would finally be targeted to receive regular HSNP payments. All households were encouraged to register as it may be that other programmes or support may benefit registered households and they may be included. The role of Rights Committees (RCs) and the selection of members was often (but not always) done at these meetings. In many areas the Social Protection and Rights (SPR) agencies worked more independently and held separate meetings. SLs involved in HSNP I already had RCs and therefore their membership was reviewed and re-election done if required. Finally, a date was set for the full registration. This may have been from a few days to over a month depending on the NGO's registration schedule and the need to return to SLs to register households missed initially.

### ***3. Registration Team arrives at Sub-location***

On the appointed date a full registration team (NGOs had teams of between 10-16 enumerators and supervisors per SL) arrived and consulted with leaders and RC members to plan how to cover all villages. The team split into sub-groups to carry out village level registration. Following a village level meeting to introduce and explain the process, two key processes took place:

- **3a) A community based targeting (CBT) / wealth ranking exercise**  
(See next chapter)
- **3b) Individual household registration on MIS**  
(see below)

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<sup>14</sup> First version of the HSNP II Operations Manual is still under review and revision

<sup>15</sup> HSNP+ Household Registration Manual: Version 2 March 2013 for Application II: HSNP Secretariat

<sup>16</sup> For instance members of the armed forces, refugees, IDPs, people not from that location etc.

#### 4. Completion of Registration

Once all households were registered, NGO teams often (but not always) held a debriefing meeting with the SL chief and RC members on the registration process. This was to confirm the number of households registered, consider if any had been missed and how these could be captured. Consultations indicate this was not a consistent process. Only Oxfam had distinct verification teams that went back to SLs following registration to check for missed households and arranged for a “mop up” registration. In Wajir it was reported that the SPR agency took on this role and called on the registering NGOs to go back to communities where complaints were received that a significant number of households had been missed. The inconsistency is reflective of the lack of well understood and comprehensive implementation guidelines from the HSNP Sct and the lack of a clear mandate to any one organisation to manage the entire process.

#### 4.3 Validation

56. It should be noted that many individuals consulted talked about validation as another step in the registration process that was meant to happen. Confusingly this term is used to describe several different possible activities. Firstly validation is used by some to describe the process of ensuring all households had been captured on the MIS. This was done where possible however towards the end of the registration period there was not always the time to return to locations and ‘mop up’ missed households. Certainly the number of households registered in each County (except Mandera<sup>17</sup>) exceeded the targets of all NGOs. Indeed over-registration of non-locals in some areas or household splitting (and registering as two households) was an issue. Much of this duplication has been investigated and dealt with subsequently through MIS validation.

57. The other form of validation that was repeatedly mentioned was the process of going back to communities with draft lists of either a) wealth ranked households; or b) selected beneficiaries for community verification. This process is not explicitly set down in any overall guidance note. Additionally on reviewing the NGO proposals it is clear none included this as an explicit step in the process. This is because at the time NGO proposals were developed (Dec 2011-March 2012) the targeting methodology (and the CBT/PMT software) had not yet been developed. It should be noted that Oxfam did include validation in their team guidance notes, which were developed just prior to registration in October 2012. The emergence of this step seems to have come from the initial ToT training for NGOs staff in September 2013 when the MIS software was presented. Initially it was proposed that the MIS software would enable the enumeration teams to merge all individual household and CBT/wealth ranking data on site as soon as data entry was complete. The CBT/PMT programme could then be run on this set of households to generate a list of all households in the village or SL wealth ranked from poorest to richest. This list was to be printed off and validated by the communities who would highlight where the ranking was incorrect / unfair. It emerged very quickly in the first days of field testing the MIS that the software had far too many other problems (see below) to enable this merging and wealth ranking process to happen in the field. Consequently, on the spot validation was not technically possible as had been envisaged.

58. Hence, a general impression or message emerged that although these CBT wealth ranks lists could not be generated on-site immediately after registration, they would be generated sometime later

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<sup>17</sup> Mandera registered far fewer households than indicated by census data however census data here has been a contentious issue. Further work is required to assess the actual level of coverage achieved by the registration as NGOs feel that generally they captured over 95% of households in most locations.

somewhere else and sent back to the field for validation in the community. Therefore, in many locations field teams continued to assure communities they would be coming back to SLs to validate the lists once all the information was in the computer. Given that this whole process was not clearly included in any implementation guidelines or manuals no one seems to have considered what would have happened had such a process taken place. At this time no-one had any idea as to what quota of beneficiaries for any SL was likely to be. Therefore, if such a list was posted in a SL - what was the cut off below which the wealth ranking mattered? In addition, it seems no one was clear as to what would have happened if, as is more than likely, communities wanted to make any changes to the ranking. Would they have been permitted to over-ride the computer generated ranking? No major thinking or guidelines on this was done.

59. Others believe that validation was to happen after targeting when the beneficiary lists produced by the CBT/PMT programme would be sent to all SLs for community input before being finalised. Again this was an implicit assumption by many as it was not written down in any proposal, guidance note nor the approved business case. This issue is explored again in the Targeting section below. What is clear is that no validation of wealth ranking or beneficiary lists happened in any location in any of the four counties at any stage.. The Oxfam final report to DFID states that on 29th May 2013, the following communication came from DFID *“there will be no need for the INGOs to go back to the communities with a list of households to be verified, as the application itself and the completed data should resolve any discrepancies that may arise from differences in the CBT and PMT results”*. Given the chronic delays in the process, DFID were at that point keen that registration finished as soon as possible. There were vague assumptions on the part of most people that validation could happen as part of the wider targeting process. In fact once registration of household data was completed at the SL level communities heard nothing more until final beneficiary lists were posted by NDMA in all SLs in each county in January – February 2014 between seven to 14 months later.

#### 4.4 Individual Household Registration on the MIS

60. The first individual household registration was initiated in the Lorengulup sub-location in Turkana in early October 2012. This was supported by HSNP MIS staff and an external consultant and referred to as a pilot registration as it was the first time the software was actively trialled in the field. Similar pilot registrations were undertaken in Wajir (Oct 2012) and Marsabit (Nov 2012). At the time the aim was to collect a comprehensive range of information for each household including:

**Table 1: Summary of Data to be Collected by HSNP MIS System**

Individual Data	Household Data	Other
<ul style="list-style-type: none"> <li>• GPS co-ordinates of every village</li> <li>• Name, age, sex and ID number (if available) of each household member</li> <li>• Disabilities, chronic illness and recent health status</li> <li>• Orphans in household</li> <li>• Education status and levels</li> <li>• School or child feeding programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Type of housing –materials / construction</li> <li>• Type of toilet</li> <li>• Source of water and cooking fuel</li> <li>• Household goods owned e.g. fridge, bicycle, bed, mattress</li> <li>• Land area cultivated / fishing equipment owned</li> <li>• Livestock owned</li> <li>• Participation in other CT or food aid programmes</li> <li>• Employment / occupation of main</li> </ul>	<ul style="list-style-type: none"> <li>• Photo of HH head</li> <li>• Biometric - finger print</li> </ul>
		<ul style="list-style-type: none"> <li>• Health seeking behaviour</li> </ul>
		<ul style="list-style-type: none"> <li>• Dietary Diversity</li> </ul>

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61. As mentioned, initially it was proposed that following registration of all households in a SL, data would be cleaned, merged and put through the CBT/PMT model to produce a wealth ranked list of all households. This would be printed off for verification by the community at the SL. It became immediately obvious that this had been a highly ambitious objective. In reality, the collection of household data alone proved far more problematic and time consuming than anticipated. During the first field testing in Turkana the system immediately crashed and registration could not restart for several weeks.

62. Throughout the registration process the software was plagued by system errors and bugs which affected teams' ability to collect data whilst problems were being addressed. As one NGO Registration Officer put it *"the Secretariat kept giving us updated versions, we started with version 1 and ended with version 11. It appeared the tool was being used on a trial and error basis which was a mistake for such a massive project"*. Some of the technical problems reported, included:

63. The MIS would not accept the biometric data as it was not compatible. The fingerprint readers purchased by the Secretariat were not very effective and unduly delayed the time it took to register one household. Ultimately the collection of biometric data was abandoned.

- The webcam was not integrated into the HSNP app making it hard to link photos with the related household.
- From time to time MIS would not accept a particular data selection e.g. unprotected well.
- The system would hang or freeze especially when many households were entered on the tablet.
- Data codes would change by themselves when data entered was exported and merged into SQL. This was a particular problem for livestock species when an entry for goats would be coded as camels for instance.
- The system had only been coded to SL level not village level where ranking was usually done, this caused many problems when trying to compile data at the Nairobi level as so many villages have the same name or enumerators would record or spell the same village in different ways.
- The solar kit was bought to facilitate charging of the tablets to minimise cost of using generator and environmental impact but at some stage field staff resorted to the use of generators as the main source of power for charging the tablets because the solar was not able to charge the tablets fully.
- The process of installing new versions of the software on teams' tablets had to be done in main office centre as it needed access to a strong network source. This further delayed registration as all the field teams had to halt registration and return to base locations.
- The multiple software versions used caused confusion as all data for one SL needed to be collected on the same version if it was to be merged.

64. Even if the software had worked well from the beginning, the level of data manipulation and processing expected at the field level was unrealistic. Teams were working in extremely remote environments where even keeping tablets powered to back up and clean data was a challenge. Consequently, even backing up data was often done by NGO data management officers in main towns.

Data files were rarely merged and backed up in the SL and were sent piecemeal back to NGO offices which in turn sent them onto the HSNP Secretariat. This caused huge problems later when multiple data files from villages with the same names had to be linked to the correct SL and county.

65. All data files finally made their way to the HSNP Secretariat when household registration finally completed in June 2013. The process of compiling and cleaning data started in July and took several months until the data set was ready to be put through the CBT/ PMT targeting model. In addition to so many villages having similar names there were lots of problems with duplicate household registration which had to be weeded out.

#### **4.5 Results of Registration**

66. The registration of nearly 375,000 households is a major achievement and provides the Government of Kenya and others with a valuable data set. Indeed, the HSNP MIS provides more information on the ASAL population of the poorest counties in Kenya than almost any other. Most surveys in these counties are based on tiny sample sizes, given their relatively low and sparse populations in comparison with the rest of Kenya. When analysed, the data on poverty is highly comparable with the national KIHBS<sup>18</sup> figures which are currently used to assess poverty levels by all Government departments.

67. A few issues should be highlighted. The registration process was undertaken very quickly and under tight timescales. It would be prudent to undertake some quality assurance checks on the data collected, particularly in light of the some of the complaints and concerns raised around targeting. It is important to verify that the problems encountered in the software have not translated into any systematic errors in the data collected. This may be particularly true for the first households registered using the earliest version of the software. The quality of data collection on the part of enumerators should also be examined. This should be done to address perceptions that enumerators were bribed or potentially ethically biased (discuss this more in the following sections). This review suggests that it is more likely enumerators may have made errors in data collection due to time pressures to register so many households in short timeframes.

68. Confirming the quality of data collected is important in ensuring the information is widely used and accepted by national and county Government and other development partners. This is the second issue to highlight. Currently the MIS data is held by the HSNP Secretariat and has not been widely shared with other departments. The information would be highly valuable to County Planning Units and other line ministries. Its use in the planning and delivery would go some way in ensuring the benefits to all households, promoted during registration, are realised.

69. Finally some consideration needs to be given to the efficiency and effectiveness of the registration process as implemented and the implications for any future re-registration exercise. This initial registration process was expensive costing over £6.5m. It was also done in a comparatively short space of time which required the purchase a significant amount of similar equipment for each location and the mobilisation of large numbers of staff and vehicles. In addition it was undertaken by multiple INGOs with high operating costs. As HSNP becomes more firmly established as a Government programme, NDMA needs to consider their capacity to undertake such an exercise and which and how other Government possibly private agencies could also be involved. In addition, it is not clear how often it is necessary or useful to do full re-registration, especially as a one off exercise. This then begs the

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<sup>18</sup> Kenya Integrated Household Budget Survey 2005

question as to whether re-targeting is possible without re-registration. Is it feasible or desirable to enrol the same beneficiaries for 5-10 years? These issues are discussed further in the final section of the report on lessons learned and recommendations for the way forward.

## 5 HSNP Phase II – Targeting

### 5.1 Targeting Processes and Methodology for Phase II

71. The process of targeting the ultimate 100,000 households to benefit from HSNP CTs in Phase II was not linear or holistic. Initial discussions on targeting methodologies emerging from Phase I began in mid-2011 whilst the final distribution of lists of targeted households took place in January 2014. The process is outlined here under the following broad stages (several of which overlap):

- Targeting lessons from Phase I
- Development of the CBT/ PMT Targeting Methodology for Phase II
- Incorporation of CBT/PMT into NGO Registration Exercises
- Application of CBT/PMT post-registration and data cleaning
- Re-targeting of county level beneficiary quotas
- Distribution of list of targeting beneficiaries

### 5.2 Targeting Lessons from Phase I

72. Testing targeting methodologies had been a key objective of HSNP Phase I and was the subject of several evaluation documents<sup>19</sup> and the lessons learned workshop in September 2011. In general, there was universal agreement that CBT (community based targeting) was the best of the three methodologies tested in Phase I.

73. Implementing agencies, local leaders and communities all favoured CBT due to the transparent and participatory way in which beneficiaries were selected. It was felt communities were best placed to identify the poorest and most vulnerable given their knowledge of everyone’s circumstances. The findings of the independent evaluation drew similar conclusions. CBT was identified as the best of three approaches tested in Phase I but it was felt it could be further improved as the criteria being used to select the poorest varied so much in each location (see box X above). The OPM evaluation findings on targeting triggered much debate within DFID between Livelihoods staff and their internal M&E team as to how targeting could be further improved to better ensure the inclusion of the very poorest. Several reports mentioned the potential value of using PMT (proxy means testing) as part of the targeting methodology. The OPM and IDS Targeting Effectiveness Report ran a trial PMT exercise on HSNP I data and found that;

*“The PMT approach significantly outperforms all other simulated targeting approaches and would also be expected to outperform the actual targeting performance of CBT (and therefore also SP and DR targeting). Under PMT targeting, 76% of beneficiary households would be poor compared to just 26% of non-beneficiaries. Therefore beneficiary households would be almost three times more likely to be poor compared to non-beneficiary households. However, this is a preliminary analysis and, like DR, PMT approaches can be difficult to implement effectively in practice. As a result, rather than interpreting these results as recommending a PMT approach is best, it is suggested instead that the possible role of some type of explicitly poverty-focused targeting approach for Phase 2 should be*

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<sup>19</sup> A Qualitative Review of the Targeting Methodologies Used in the HSNP; C.Cosgrove, L.Hannigan, S.Kidd, A.McPherson; June 2011

*further investigated, noting that this would require additional simulation work and should be complemented by qualitative analysis. Given the familiarity of communities in HSNP districts with CBT-type mechanisms, and the relative success of CBT in Phase 1, one option to consider is a hybrid approach that complements CBT with a PMT-type eligibility test to reduce inclusion errors (i.e. screen out non-poor households that are nonetheless identified by the community to be selected for the programme)”.*

HSNP Targeting Effectiveness Evaluation Report; Oxford Policy Management (OPM) and Institute of Development Studies (IDS), December 2011

#### **Recommendations for targeting in HSNP Phase 2**

CBT was the most effective mechanism and therefore should be taken forward for Phase 2. In order to improve CBT targeting effectiveness in Phase 2, the evaluation team suggest the following recommendations:

*1) Devise a better system for determining sub-location quotas and ensuring they reflect variations in poverty and food security across sub-locations.*

*2) Provide more advance warning of the targeting process to ensure all households can participate. Also, ensure all households and villages in each sub-location are informed of and participate in the targeting process, with effective grievance procedures in place in case any households are missed.*

*3) Either: (a) Ensure more monitoring of CBT implementation to ensure consistency and prevent capture by local elites; or (b) Complement CBT with a simple PMT-type mechanism which will screen out relatively better-off households and thereby reduce inclusion errors.*

74. Proxy Means Testing is a method that is used to estimate poverty in a way that is comparable across livelihood zones and counties. This is a key advantage over CBT which identifies relative poverty between household in a similar context and for HSNP in informing geographic resource allocations. A brief outline of the PMT methodology and its strengths and weaknesses versus CBT is included in the summary methodology in Annex 6.

### **5.3 Developing a combined CBT/PMT Methodology for Phase II**

75. Building on these recommendations and internal conversations, the principle of combining CBT with PMT was becoming more widely known and accepted by the end of 2012. The approach had been discussed with HSNP partners and implementers in a workshop in the Fairview Hotel in Nairobi in May 2012 and was broadly accepted. In June 2012 DFID commissioned an international consultant to review the M&E element of HSNP Phase I and design an appropriate M&E system going forward into Phase II. This was a wide TOR however a specific deliverable included:

76. The preparation of an HSNP Phase 2 specific M&E system based on lesson learnt from HSNP Phase 1 and an implementation plan that incorporates linkages with GoK M&E systems (NIMES) and data sources (KIHBS Household Surveys).

77. The external consultant focused on developing this from June to September 2012. The work was more ‘hands-on’ than expected as the consultant was drawn heavily into supporting the HSNP



Secretariat MIS Co-ordinator with the multiple technical issues emerging from the planning for the registration process. NGO grant agreements were mostly signed by this time and so NGO plans for wealth ranking were already reasonably well established. This hampered the consultant's ability to influence the community level methodology as it was clear that the Secretariat and DFID had accepted multiple approaches. The consultant therefore focused on developing a PMT for the HSNP counties drawing on the GoK KIHBS (Kenya Integrated Household Budget Survey) 2005-06. Although this data set is now rather old it was considered best to use this data set available. Although significant data on consumption had been collected by OPM as part of the monitoring for Phase I the data was not geographically well spread. Unfortunately the KHIBS data set for the four counties only had 833 households.

78. By September 2012 the consultant had worked with the Secretariat to develop a final version of the data collection form for that could be programmed into a registration application. This included basic information on household members, as well as a several household consumption proxy questions (see Table 1 in preceding chapter). These 54 indicators were a sub-set of KIHBS and found together to explain almost 69% of the variation in adult monthly consumption expressed in Ksh. ( 4 indicators were geographic variables and the remaining 50 were HH variables that were consumption proxies) Completing this registration form formed the basis of the Training of Trainer workshop in Karen in September 2012.

79. This form was developed by the consultant with technical input from DFID M&E and OPM. When presented to NGOs, most didn't really have the technical capacity to question the detail of the PMT model. Oxfam and Save added a livelihood and nutrition question respectively. No one from any Government agency was involved in this process. There was no consultation with field level structures on the technical details or development of the model. Staff from the Secretariat updated District based Drought Management Officers ( DMO) and District Steering Committees (DSGs) on progress in registration plans and very general information on targeting e.g. that the new targeting methodology would combine CBT with PMT. The staff doing this consultation did not have the technical knowledge to go into details.

80. The focus at this stage was the development of the registration form that could incorporate PMT relevant proxies so that the right data would be collected to be combined with the CBT data also being collected by the NGOs as part of registration. A final document explaining how the two sets of information would be combined and used to target beneficiaries was produced<sup>20</sup> in May 2013 whilst registration was underway. This was the methodology used by the HSNP Secretariat to select the initial set of beneficiaries in September 2013 when the registration data was finally compiled and cleaned by the HSNP Secretariat.

#### **5.4 Community Based Targeting and Wealth Ranking Exercises**

81. This element of the targeting had emerged almost as a parallel process during negotiations between DFID, the Secretariat Co-ordinator and NGOs from late 2011. During this period the programme was referred to as HSNP+ and, as described in preceding sections, registration was required so that households could be targeted for a range of programmes with HSNP CT being one. It was agreed that arranging households within communities into broad wealth groups would best support this. However NGOs proposed different methods to do this. A summary of their proposals versus actual implementation is provided in Annex 4 however the three main processes are shown in Table 2 overleaf.

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<sup>20</sup> A summary of this is included as Annex 6

82. Table 2 shows that Oxfam and Save the Children had broadly similar approaches, although field work findings imply that the Oxfam approach was used more systematically. Both agencies based wealth group criteria on their HEA (household economy analysis) research. This develops criteria that categorises communities into four wealth groups; very poor; poor; middle; and better off. Theoretically this is a good way to ensure communities in the same livelihood zone adhere to the same criteria in describing wealth groupings. Save the Children's review of wealth groups in Wajir and Mandera before the registration is included as Annex 5. This shows that the 'very poor' (VP) group ranges in size from 25% of the community in the agro-pastoral zone to 44% in the peri-urban livelihood zone. This is important to note because, as shown in Table 2 below, wealth groups of these proportions failed to emerge from the actual wealth ranking process. This was almost certainly driven by a desire to ensure inclusion in the programme as this quote from a Save the Children staff indicates:

*"Nearly everybody wanted to be in the very poor and poor groups. The elders/committee even had hard time as most of the community rejected being placed in a higher wealth group. In one of the sub-locations in Mandera, there was an instance where registration had to be suspended due the disagreement on the same since every HH wanted to be placed in the Very Poor or Poor categories contrary to what the committee was saying."*

**Table 2: Main Wealth Ranking Processes**

<b>NGO</b>	<b>Oxfam</b>	<b>CARE</b>	<b>Save the Children</b>
<b>Where:</b>	<b>Turkana</b>	<b>Marsabit</b>	<b>Wajir and Mandera</b>
<b>Also used by</b>	<b>World Vision</b>		<b>Local sub-contractors WASDA and ALDEF</b>
<b>Process facilitated by</b>	NGO staff and RC members.	CARE and PISP (SPR agency) staff with RC members.	NGO staff and wealth ranking / RC members (where RCs existed).
<b>Approach at Village level</b>	<ul style="list-style-type: none"> <li>At village level baraza – the criteria for each wealth groups for that livelihood zone, taken from the HEA study are presented for discussion.</li> <li>These may be modified within reason and agreed by all.</li> <li>Households are each asked which of the four wealth groups (Very poor; Poor; Middle; or Better Off) they belong to in public. Their assessment can be disputed so it can be validated by the community.</li> <li>The HH is given a colour coded card for the requisite wealth group.</li> <li>This card is handed to the enumerator when HH is registered who enters 1-4 on the wealth group field as per colour represented.</li> </ul>	<ul style="list-style-type: none"> <li>Village level baraza to discuss criteria defining as household as poor or wealthy.</li> <li>Using this, households are facilitated to rank themselves from poorest to richest in order.</li> <li>This list is written on paper and signed by chief and RC and sent to CARE office.</li> <li>Laminated numbers are given to HH head from 1- (max) 50 in order of wealth ranking.</li> <li>This number was handed to the enumerator when HH head was registered and entered in a special field on data form for Marsabit.</li> </ul>	<ul style="list-style-type: none"> <li>At village level or lower - wealth ranking committee are formed and trained on the different wealth groups in that livelihood zone based on SCI HEA review. Ensure they understand very well each category.</li> <li>Hold baraza and explain wealth groups. Draw four circles on the ground showing: Very Poor, Poor, Middle and Better Off. Households are asked to place themselves in the appropriate and given space and time to deliberate with each other and the member of the wealth ranking committee.</li> <li>Each HHs wealth ranks is written on a colour coded piece of paper and given to the HH head who shows to enumerator during the registration.</li> </ul>
<b>Field work findings</b>	This process was consistently described by all involved in consultations. Urban locations were done slightly differently as barazas were not so easy and people’s knowledge of neighbours’ situation considered lower. Therefore, census registration encouraged so enumerator could gauge wealth group.	This process was consistently described by all communities visited except one person who claimed the process was not done in his village. All CARE and PISP staff described a consistent process even in ‘urban’ locations.	This process was not consistently described by those consulted in the field. Both communities visited claimed no wealth ranking or targeting process took place nor were they asked about their wealth group. NGO staff all insist the process was undertaken everywhere although the process was described slightly differently by each NGO.

83. Table 3 below shows the proportion of households assigned to the various wealth groups in the three counties where HEA wealth ranking approaches were used:

**Table 3: CBT/Wealth Ranking Distribution for Counties using HEA Method**

County	Total Households Registered	Wealth Group							
		Better Off # and %		Middle # and %		Poor # and %		Very Poor # and %	
Tukana	140,032	6,466	4.6%	16,861	12%	41,720	30%	74,767	53%
Wajir	97,267	318	0.3%	2,779	3%	45,795	47%	47,146	48%
Mandera	86,084	225	0.3%	3,190	4%	37,589	44%	44,279	51%
Total / Average	323,383	7,009	2.2%	22,830	7%	125,104	39%	166,192	51%

**Table 4: CBT/Wealth Ranking Distribution for Marsabit (village wealth ranking method)**

County	Total Households Registered	Wealth Group							
		Better Off # and %		Middle # and %		Poor # and %		Very Poor # and %	
Marsabit	55,701	9,619	17.3%	11,987	22%	15,835	28%	18,260	33%

#### *Wealth Ranking in Marsabit*

84. In Marsabit CARE chose not to wealth rank using the four HEA wealth categories. Instead wealth ranking was done by household at the village level. In every village, households were split into groups of 50 households or less and facilitated to put themselves in order from 1 (poorest) to 50 (best off). This list was written up and signed by the chief or elders. This is certainly a more nuanced form of wealth ranking however it has several shortfalls. Each village set their own criteria to assess poverty so there was no attempt to standardize poverty across the County or livelihood zone. Although clearly similar issues came up such as disabled, orphans etc. It also meant that in one SL there could be up to 40 villages or sub-settlements. Consequently a SL would generate multiple lists of 1-50 which provide no indication of the relative poverty of each village. It is therefore possible to have 40 number 21s in a single SL some of which may be very poor but others in better off villages may just be in a poor or even middle wealth group.

85. This is important because in order to go through the CBT/PMT model these rankings have to be converted into a 1-4 wealth group score to match the other three counties. To do this, lists of households in each village (or group of 1-50) are also ranked with their PMT scores and the group split according to Ksh cut-offs. Therefore consumption scores of less than 200 Ksh were ranked as very poor; 200-700ksh poor; 700-1,200ksh middle; and over 1,200ksh better off. The consultant who developed the model described the process to do this as follows;

- i. From the ordered list of PMT scores within the settlement, calculate the range from 2.5% → 97.5 PMT percentile.
- ii. Divide this range by 4 using the Ksh limits outlined above to create 4 wealth groups, without discarding the top and bottom 2.5% of households.

- iii. The number of households in each of these PMT wealth groups was used to code the households put in CBT order into the same size wealth groups.
- iv. This creates to wealth group scores of 1-4, and the same methodology for merging HEA and CBT wealth group scores can now be applied.

86. Given that PMT generated Ksh cut-offs were used to set the number of households that could be in any wealth group the wealth groups are more evenly distributed as shown in Table 4 above. This means they are significantly different to the other three counties and could have significant implications in scaling up payments according to wealth groups.

87. This again raises the question as to why DFID or the Secretariat permitted such variations in approach when approving NGO proposals. This appears to come back to the fact that NGOs had been developing proposals for registration, incorporating their own ideas about wealth ranking, before the wider CBT/ PMT model was devised. In developing the CBT/PMT model the consultant had to work around approaches that were already approved in proposals and for which NGOs had felt had already been approved.

#### 5.4.1 Community Based Targeting?

88. In addition to the issues raised above, a more critical issue is the extent to which any of these approaches can actually genuinely be called CBT. CBT is defined as “*a targeting method in which a group of community members or leaders decide who in the community should benefit*”<sup>21</sup>. This is clearly what happened in HSNP I in the CBT pilot locations when the administration NGO worked with the RCs to target a specific number of individuals for the HSNP payment. The difference in Phase II was that NGOs arrived at a SL with no specified benefit or quota or programme-wide methodological protocols. Therefore there was nothing to ‘target’ as no one had any idea of the ultimate number of CT beneficiaries. Merely ranking households into categories of poverty is not the same as giving the communities the opportunity to ‘target’ people for benefits as the resources allow.

89. There are two key issues that were not considered at the time but in retrospect seem clear. The first is the illusion of ‘scale-up’. All stakeholders refer to HSNP Phase II as the scale up and expansion phase. From a national perspective this is true. However from a local level perspective this was not how it manifested itself. In Phase II the coverage of the programme was extended from the pilot 161 SLs to all 478 SLs in the four counties. This represents a three-fold increase. Meanwhile beneficiaries went up from 69,000<sup>22</sup> to 100,000, not even a two fold increase. As table 5 below show this has significant implications for: coverage levels; the average numbers of beneficiaries per SL as well as operational efficiency and political palatability.

90. By comparison, the piloting approaches in Phase I offered much higher levels of coverage than could ever have been achieved in Phase II. In Phase I the quota for beneficiary households was based on the KIHBS statistics for extreme poverty (see table 5 below)<sup>23</sup> The three piloted targeting mechanisms had different coverage rates, with CBT up to 77% in Turkana SLs. Overall coverage in targeted SLs in Phase I was approximately 51%.

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<sup>21</sup> World Bank website

<sup>22</sup> The final actual figure was 69,000 for the final two years of the programme

<sup>23</sup> This was not always the case and often only 50% of households were targeted in CBT locations

**Table 5 – SL and Beneficiary Coverage Levels in HSNP Phase I and Phase II<sup>24</sup>**

HSNP Phase I	# SLs	# HHs in Prog Area (census data)	# HHs in Prog	% Coverage	Ave # Beneficiaries per SL
Total	164	134,696	68,695	51	419
HSNP Phase II	# SLs	Total # HHs registered	# HHs in Prog	% Coverage	Ave # Beneficiaries per SL
Turkana	158	137,534	39,980	29.1	253
Marsabit	75	55,701	18,649	33.5	249
Wajir	95	96,288	19,201	19.9	202
Mandera	150	85,283	22,231	26.1	148
<b>Total</b>	<b>478</b>	<b>374,806</b>	<b>100,061</b>	<b>26.7</b>	<b>209</b>

91. All communities consulted acknowledge that registration teams made it clear they had no idea what number of households would ultimately get CTs. However when probed about their expectations all *assumed* (particularly those SLs which had been in Phase I) that the allocation would be the same or higher. Consequently, from the community perspective HSNP II represents a significant ‘scale down’ rather than a scale up. Ironically however this implicit expectation on the part of communities has probably resulted in far higher household registration levels than would have been achieved if SL target beneficiary figures were available during registration.

92. This highlights the second major issue around the so-called ‘CBT’ exercises. Given the HSNP II resources could only cover a maximum of 100,000 households this represented only 26% of the 374,806 households registered. As mentioned, the community wealth ranking exercises did not really help to ‘target’ anything as the proportions in the very poor group alone greatly exceed the potential resources available (see Table 5 above). Overall, 49% of households put themselves in the very poor group and it can be argued this would be higher if the Marsabit percentage was based on a similar wealth ranking approach.

93. Although it can be argued that the number of beneficiaries was not known, in reality the magnitude of beneficiaries likely to be supported was relatively clear early on. The first business case never considered options for more than 123,000 CT beneficiaries. This lack of foresight seems to be another symptom of planning and implementing the registration and wealth ranking processes as standalone activities. Close monitoring and firm leadership at the Secretariat may have enabled these issues to be anticipated or highlighted earlier.

## **5.5 The Application of the CBT/PMT model post-registration**

<sup>24</sup> Source – HSNP Secretariat

94. NGOs were given a final deadline of June 2013 to complete registration. Given the delays described previously this required intense effort on their part. Consequently, capturing household data was the priority. Merged and backed up data files were generally transferred to NGO data officers in county capitals and from there emailed or often hand delivered to the Secretariat. As a result, compiling and cleaning the multiple data sets from all counties took most of July and August. Finally in September 2013 relatively clean set of data with duplicates deleted, was in place to put thorough the CBT/PMT model. The CBT/PMT model<sup>25</sup> basically generates two values for each of the households registered:

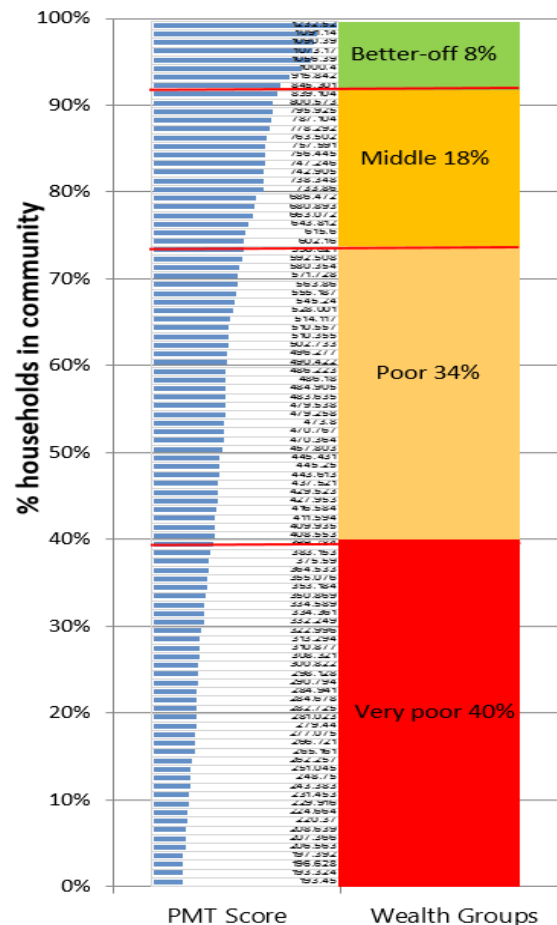
- i. A household’s PMT score (i.e. average monthly adult consumption) in KShs and;
- ii. A household’s wealth group membership numbers (1 =very poor, 2 = poor, 3 = middle, 4 = better off) from the CBT/wealth ranking exercise

95. The PMT score can be used to effectively rank all households across the four counties from poorest to richest. The households ordered by PMT scores are then divided up into the same number of wealth groups with the same number of households (but not necessarily the same actual households) generated from NGO wealth group ranking exercise. An example dividing up individual PMT scores into wealth groups based upon the CBT wealth group information is shown in Figure X. There is a third element which considers whether a household has 2 or less members and no children under 18. These households are automatically assigned their CBT wealth group. These three factors are used to calculate a final overall wealth group.

96. Clearly the poorest households are those achieving a final wealth group score of 1. However given the large number of households classifying themselves as ‘Very Poor’ this generates a potential target group of 184,000, a figure far higher than the 100,000 beneficiaries for which resources are available. In which case the PMT wealth ranking is used to provide the required number of beneficiaries by using a KShs figure below which there are only 100,000 households.

97. Therefore although in principle equal weight is given to both the CBT and the PMT data, in reality PMT selects the final list of beneficiaries because the final wealth grouping of 1 is so much higher than resources available.. Since no verification or validation process took place the communities have not been given the chance to challenge the PMT ranking and final selection of beneficiaries. This might have enabled them to identify and possibly replace more deserving households with those that were somehow selected by the PMT model. In reality however, this may not have actually helped given the very low allocation of beneficiaries given to many SLs (see next section).

**Figure 1 – PMT score and Wealth Ranking**



25 A fuller version of the CBT/PMT methodology is included as Annex 6

## 5.6 Re-targeting of county level beneficiary quotas

98. The first beneficiary lists for the four counties were generated in late September 2013. At this point the HSNP Secretariat was organisationally within the NDMA with a direct reporting line to the Director of Technical Services. NDMA staff were now attending HSNP technical working group meetings. The HSNP Secretariat also had a new national Co-ordinator who started as beneficiary figures were being generated. Additional NDMA now had County Drought Co-ordinators (CDCs) in post in each of the HSNP counties as part of NDMA's national structure. CDCs were (and remain) responsible for HSNP issues on behalf of the GoK at county level. The NDMA Technical Services Director and the Secretariat Co-ordinator were therefore at the meeting where the initial CBT/PMT targeting figures were presented. The figures were presented by the external consultant who had developed the HSNP PMT model. The model allocated over 77,000 of the 100,000 beneficiaries to Turkana. From the consultant's perspective this was not particularly surprise as this figure mirrored the KIHBS data very closely which had always shown poverty rates to be higher and more extreme than any other county. However HSNP staff and the NDMA staff were immediately concerned about the political implications.

99. Within days NDMA was receiving complaints and petitions from counties such as Wajir (where the CBT/PMT model allocated a mere 3,000 beneficiaries). Following internal discussions with NDMA senior management and other staff within the wider Ministry of Devolution and Planning, it was agreed that the allocation of HSNP resources should follow the parliamentary approved formula set out by the Commission for Revenue Allocation (CRA). The formula was modified slightly (to remove land area and fiscal responsibility) and increase the weighting given to poverty so final weights were: 25% equal share; 30% poverty; and 45% population. The poverty line calculating the poverty headcount rate component of the CRA formula was then set differently for each county ranging from 350Ksh in Turkana to 708ksh in Wajir. This modified the county allocations as shown in Table 5 below:

**Table 6: HSNP Beneficiary Allocations before and after the CRA formula**

County	Initial CBT/PMT Model	Following Application of CRA Formula
Turkana	77,000	39,918
Marsabit	8,000	18,650
Wajir	3,000	19,201
Mandera	11,000	22,231

100. These figures were presented to workshop of HSNP stakeholders including the County NDMA staff (CDCs and Drought Response Officers) in Nairobi in November 2013. The reallocation was seen as fair by most parties although Turkana representatives were shocked to see their allocation reduced so drastically they did not make any formal complaint at that time.

## 5.7 The Distribution of Beneficiary Lists

101. With the County level quotas now established, the Secretariat went ahead and produced beneficiary lists for each County which were sent out via the CDCs. Almost immediately problems were identified in the accuracy of the lists. Issues reported include:

102. Sub-locations and villages from one County being included in another – this is because so many SLs and villages share similar names across counties. Villages were not pre-coded in the database and so in some places these lists were posted and immediately SL chiefs and officials complained they knew none of the households on the list.



103. Over 2,200 duplicate households were detected.

104. There were initial complaints about discrepancies in beneficiary numbers between locations. In Wajir one SL had over 2,000 beneficiaries which was more than an entire constituency in another part of the County.

105. As a result of these problems the lists were recalled and the Secretariat MIS staff had to work intensively with Counties to do further data cleaning during the end of December 2013. Finally revised and cleaned lists were re-sent to CDCs in January 2014. Further complaints ensued about allocations, particularly in Wajir and Mandera where certain constituencies were allocated far few beneficiaries than other areas. This was partly resolved in Wajir by reallocating the number of duplicates excluded from lists to these areas. The CBT/PMT model was used as the basis for targeting within all counties.

106. The issue arising from this is the high variation in both the number and percentage coverage of beneficiaries in SLs in similar localities. Annex 7 shows the CBT/PMT generated beneficiaries figures for the 23 SLs in Moyale Sub-County in Marsabit. This has generated widespread questions from local leaders, Government officials and most importantly communities as to why there is such variation. Unfortunately, no one in NDMA (certainly the County staff that bear the brunt of questions and complaints) know enough detail about the CBT/PMT model to explain variations. Visits by senior NDMA and Secretariat staff from Nairobi have been made to various counties to try and address concerns. This has been of some help, but the impact is limited because these individuals also do not understand the details of the model well enough to explain the discrepancies in the face of anecdotal examples of inclusion and exclusion errors. Without a clear and logical explanation, communities and their leaders start to read much more sinister explanations into the variations in beneficiary numbers between locations.

107. In every field location people felt sure that enumerators had either been biased towards their own clans or even bribed to change data. These allegations have been denied by the NGOs who contracted them but are hard to either prove or disprove in a study such as this. Given the complexities of the model it is unlikely any would have fully understood how to 'bias' answers even if they were so inclined. Conversations with enumerators indicate they were just under huge pressure to register as many households as possible under a very tight deadline. Poor data collection under such pressure could have affected some entries but again is hard to determine post hoc. Additionally some respondents may have under / over exaggerated answers.

108. Even if someone who does fully understand the model were to examine the data at the community level in order to address individual complaints, complainants would be unlikely to accept the answers. Multiple arguments were continually raised about the relevance of several questions and the questions not asked (see next section). The over-riding complaint, that so few poor people are included in the beneficiary list would not have been solved even if a verification process that enabled communities to challenge the computer's selection had taken place. Currently there are a lack of clear guidelines or protocols to guide the process where a community or RC come with a genuine exclusion or inclusion error. Currently a very small number of formal complaints (probably no more than 200 in total) have been made identifying beneficiaries who should not be included e.g. they have wage labour such as a teacher or a chief and therefore could not be considered the poorest. Payments to these individuals can be suspended but is it not clear who makes the final decision on their exclusion and whether a replacement is identified by the community or CBT/PMT model.

109. Further concerns and issues around targeting are outlined in the following chapter on stakeholder perspectives.

## 5.8 Targeting Results

110. The HSNP II programme currently has a final list of 100,000 targeted beneficiaries to receive regular CTs. The lists of selected beneficiaries have been accepted in most places although outstanding grievances remain in Marsabit specifically and no payments are currently being made until these are resolved. These lists are providing the basis for the roll out of the programme in terms of bank account opening, bank card distribution and payments. The database is also planned to be used to guide NSNP expansion (e.g. of CT-OVC and DWP) in the ASALs.

111. The process via which targeting took place was however rather piecemeal. The overall process or methodology was only fully documented post hoc. The process was started with no clear understanding on the part of the main implementers as to what the end result would be. This was justified on the basis that;

- a full targeting methodology could only emerge once registration was complete and the information with which to target the poor would be available; and
- final resources and hence beneficiary numbers were not known.

112. The process was also driven, at the beginning, by a technical priority to target the very poorest. Hence, on the basis of the Phase I evaluation findings DFID supported the development of a highly technical CBT/PMT model which was conceived as an improvement in poverty targeting from Phase I. Unfortunately this model has several weaknesses both in terms of design and the way in which it was implemented in practice that have severely undermined its credibility with the communities. Firstly the CBT approach that emerged as the best model from Phase I was not implemented in this model because communities were not given a specific quota of CTs available to which they could 'target' to the poorest. The wealth ranking that took place instead offers a very blunt instrument with which to target resources as far more community members rank themselves as very poor than the resources that are available. As a result, the wealth ranking produced by the PMT element of the model is given far higher precedence in narrowing down the poorest beneficiaries in each location. Communities do not see how their involvement in the process has in any way informed the final beneficiary selection as no post registration verification or cross check took place either at the CBT stage or after the combined CBT/PMT selections.

113. The PMT model used to rank and select beneficiaries is highly technical and was developed by a small group of technical specialists, primarily an international consultant with some inputs from the DFID Evaluation adviser. NDMA and HSNP Secretariat staffs understanding of how this model works and their ability to explain beneficiary selection is limited. PMT is a highly technical approach and hard to explain simply to any non-statisticians. It is not clear that even if the model was 'unpacked' sufficiently to explain to communities and leaders, how and why certain factors were chosen and weighted as proxies for poverty these would be accepted. Communities challenge questions about housing materials, urban location and consumer goods particularly. To date the model has not been widely validated or discussed with all relevant stakeholders. The model was developed with very limited technical involvement of any Government partners either at Nairobi or County levels. The political acceptability of the CBT/ PMT model was not considered until very late in the process when the geographic implications of its targeting results became clear. This then became a significant challenge and resulted in subsequent change in County level targeting through the modified CRA formula which

seems to have increased acceptance of inter-county allocations. Nonetheless, significant challenges remain in justifying and explaining intra-county and community level beneficiary allocations.

## 6 Stakeholder Perspectives – HSNP II Targeting and Registration

115. This section outlines summarises the level of involvement of various stakeholders in the registration and targeting processes. It set out their views and perspectives of the different groups at the time of their involvement and currently as HSNP II is rolled out.

### 6.1 Communities

116. Communities were consulted in Turkana, Marsabit and Wajir. In each location at least two different SLs were visited and individuals usually came from several villages and comprised Rights Committee members, beneficiaries and non-beneficiaries.

#### Registration

117. All communities explained that they first became aware of HSNP Phase II at the public barazas (meetings) which were called in their SLs by the registering NGOs during the registration process between Oct 2012 and June 2013). These public barazas were normally called by the chief and assistant chiefs who had been sensitised about the process by advance teams from the registering NGOs and/or the SPR agency. Communities described in different levels of detail the information they received about HSNP Phase II but all agree they understood everyone was to be registered although it was not known how many people would actually be selected for HSNP CTs. NGOs did encourage everyone to register in different ways for example Oxfam clearly stated that even if you are not selected now, if your name is registered you may get benefits later particularly if there is a crisis or emergency. Others mentioned the fact it was good for the Government to know information about them to plan e.g. which SLs had no sanitation or most livestock etc.

118. Communities reported that almost all households were registered and that those missed because they were away or herding were not too many. In many places the NGOs came back to register households missed initially. Communities in Wajir complained that people outside their SL were registered which was not fair as many of these have now been targeted. Similar complaints were received second hand in Turkana. Community members believe it was good to register and the only people who didn't were those who were very well off and knew they wouldn't benefit. Although the number of beneficiaries was not known and no quotas were given there seems to be a very widespread implicit assumption that beneficiary levels would be much higher than they ultimately were in most places.

*“we did not know the number that would be selected but it was in our heads that it would be the same as Phase I and probably higher”*

#### Targeting

119. The wealth ranking proposed by NGOs was reported to have happened in all locations visited by the consultant except the communities in Wajir that could not remember any wealth ranking or question on their wealth group being asked. This is contradicted by ALDEF, the NGO undertaking registration in that area. Communities agreed that the majority of people in most villages considered themselves very poor and there was much discussion and strong guidance by the facilitating NGOs and RC members (and often the SPR) agency to encourage more people classify themselves as poor, middle or better off. However all communities complained:

*“it was very difficult to say someone is not very poor as we are all poor here and we all live the same way”*

*“too much emphasis was put on livestock – someone may have 20 goats today but they can be raided tomorrow and then they have nothing”*

120. Some communities reported that they were told the teams would come back with a list of beneficiaries generated by the information in the computer for further discussion but this did not happen. All communities reported that following registration no further news or information was received until finally beneficiary lists were posted (and sometimes read out) at the SL. This was often over a year later and many communities wanted to know why the process had taken so long. Those SLs involved in HSNP I described how the process had taken just weeks or a couple of months.

121. Following the posting of beneficiary lists there was general surprise at how few households were on the list. However two of the communities visited actually received higher beneficiary numbers than in Phase I. These communities both complained that this was still far too low as the population in these SLs had grown so much in recent years. Both these communities were on main roads.

*“We have had so many newcomers in the last five years as people have lost herds in the droughts they just come and settle here near to the road, the number getting cash here is far too small almost every house needs the payment”*

122. The exclusion of so many was the main complaint everywhere. There is a strong feeling that the number of beneficiaries needs to be much higher and they had all assumed there would be many more beneficiaries given all the effort taken to register every household. The other main complaint was that people could not understand the reason why those on the list had been chosen above others. No-one at any of the sites visited was prepared to say any of the households targeted was not poor or eligible, merely that if they had been given the choice some other more desperate households would probably have been included:

One beneficiary said *“I have no idea why I got on the list I am poor yes, but the same as everyone else”*. Another beneficiary agreed some very poor people had been missed but insisted *“I would not give up my place for another household it is my luck that I was chosen so it is my right to stay on the programme”*.

123. Several RC members highlighted specific individuals that had been missed and were annoyed that no one could tell them why. In one Marsabit SL one RC interviewed said they had lodged 50 exclusion complaints with PISP (the SPR agency). There was bafflement as to what basis the computer had selected people and there seemed to be no way in which their complaint was going to be addressed. Generally people were quicker to blame enumerators than the computer for errors.

*“See this old lady she is totally blind and lives by herself with no family, when we ranked households in this village she was number 1 (the poorest) yet she is not on the list but in Phase I she was a beneficiary”*

***“We don’t want a computer to pick our poorest we know better than anyone else who is needy here and we should be able to identify them”***

*“Computers are good as the information people put in them, the enumerators were from this community and so they can be biased to their clan or group”*

*“We have no idea what people told the person with the computer – people often lie to get benefit but some of the poorest people are too innocent and honest to lie so maybe then they miss out.”*

124. All individuals consulted in the field that had been part of Phase I felt the CBT approach used then was far better than the process in Phase II and they would want this to be used in future. Even locations not involved in Phase I felt sure that it would be better if the community selected beneficiaries as they know and understand everyone’s circumstances. There was quite a lot of debate about the relevance of the questions in the database and the issues excluded:

*“Asking about a person’s roof or floor is irrelevant - a pastoralist may have a big herd but this does not mean they live in a modern house, they prefer the traditional house”*

*“Poor people in towns may have radios or TVs because they got them from someone else or when they had some money but they may not work or be used because the person cannot pay the electricity”*

*“People in towns may have an iron roof because that is how houses are made there – they still may struggle to pay the rent – rural people don’t pay rent”*

*“Many people have incomes and businesses that nobody asked about – one old lady here is a beneficiary but her son is now a County representative – we would never have selected her”*

## **6.2 Registering NGOs**

125. The Registering INGOs – Oxfam, World Vision, Save the Children and CARE were some of the earliest actors in the early stage of HSNP II. All (except World Vision) had been involved in targeting and registration of beneficiaries in HSNP I (2007-12). Consequently they were involved in discussions on registration and targeting with DFID and the Secretariat Co-ordinator from mid-2011. It was these NGOs that proposed the wealth ranking exercises ultimately undertaken. Although in hindsight they can see this was not the CBT undertaken in Phase I the approach was justified because:

- No clear numbers of beneficiaries had been agreed therefore CBT on the previous basis was impossible;
- Within the HSNP+ vision all households were to receive a Smart card via which they could receive multiple benefits, a broad wealth ranking combined with full demographic data would be sufficient to target most programmes;
- They had no idea so many people would put themselves in the Very Poor group (for those NGOs using the HEA approaches).

126. As the different approaches to wealth ranking emerged, each NGO felt they had their own tried and tested methods of community participation in this area. DFID and the Secretariat seemed to bow to their greater experience and so did not insist on a single approach. Therefore they each proposed an approach they felt made more sense. The INGOs were involved in many of the workshops where the combined CBT/PMT methodology was proposed and discussed. Oxfam fed into the design of the registration form by adding questions on fishing equipment for the relevant livelihood zone in Turkana and Save requested the dietary diversity question. Most NGOs did not have anyone technically experienced enough in Kenya to provide significant input on the PMT model which is highly statistical. The PMT model was introduced to the NGOs after agreements were signed. Many of them felt that it did not fit all the contexts of the four counties as they were quite varied. In planning meetings for the registration process (May-Oct 2012) They raised concerns on the focus on permanent housing as a sign

or wealth and the lack of a peri-urban category. The NGOs voiced these concerns especially during the TOT in Karen in September 2012 but felt it was quite apparent that a lot of preparation and investment had gone into the PMT tool for changes to be made.

127. The lack of planning and logistical preparedness of the HSNP Secretariat in organising the registration process disappointed all NGOs including the local NGOs subcontracted by SCI in Wajir and Mandera. Most had enumeration teams lying idle for several months waiting for the hardware to be purchased or the software to be ready. The use of untried software resulting in the need to upload repeated versions of the MIS and ditching fingerprint collection exasperated them all. Oxfam's internal lessons learned report on the registration sums up these frustrations;

128. There was a serious lack of effective coordination and Good Technical Leadership by HSNP Secretariat during the project design and implementation stages. This led to inability of implementing partners and HSNP Secretariat to develop a common registration manual, tools and Software application before the project inception. Development of Software application and registration manual should have been completed, tested and approved for use in the project before call for proposal and eventual implementation of the project. This would have helped a lot in ensuring programme quality and cost effectiveness

129. NGO staff who were closely involved in Phase I, particularly at the field level, felt that targeting processes in that phase were much clearer, better planned and transparent. They highlighted the Targeting Manual for Phase I that was used and known by everyone working at the field level. *"This provided clear guidance and protocols for every step of every process"*. In Phase II many complained that there was lots of confusion and they had limited information to give communities beyond 'you are going to be registered but we cannot tell how many will be targeted'. This was to some extent unavoidable given the timings for the submission of a revised business case in DFID.

130. All NGOs remain concerned that they promised to return to communities to do some form of beneficiary or wealth group verification following registration but never did. Their involvement in the programme stopped abruptly when registration ended in June 2013. They are now no longer part of HSNP II but feel that their reputation and credibility has been damaged as they made false promises to communities. This has got worse since the final beneficiary lists were posted as disgruntlement has manifested itself on NGOs whose enumeration staff are now being blamed for being apparently biased or accused of taking bribes etc. to manipulate beneficiary results. As a result Save the Children now wants to disassociate itself from the registration and targeting process and in a recent early response exercise to accelerate a scale up of HSNP payments to drought affected populations, refused to take part.

### **6.3 NDMA Staff**

131. NDMA has only inherited responsibility for HSNP following the election in March 2013 when the Ministry of Northern Kenya was dissolved. At this point NDMA were still putting staff in post in Nairobi and at the County level. NDMA staff were not involved in the registration process and most CDC and county staff only heard about the programme when Nairobi NDMA and Secretariat staff did as series of stakeholder workshops and 'launches' between July and November 2013.

132. NDMA became heavily involved in the programme following the distribution of the beneficiary lists. At this point County based NDMA staff, particularly CDCs and County Drought Response Officers (CDROs) became the focus of large numbers of complaints and grievances. Complaints have come directly from communities, elders, chiefs and County politicians including Governors and their Deputies.

133. The main concern for NDMA staff is their inability to explain the rationale or methodology by which beneficiaries have been selected as the whole process happened before they were in post or involved. Even when the methodology has been explained most admit it is still too complex to understand. In addition, County staff only have access to the beneficiary lists, as the full database has not yet been shared with counties. As the Wajir CDC said:

*“I wish I had the all the data for the Wajir households so then when community members or leaders come to me complaining maybe I could check and see the answers given by the households in question, perhaps then I could explain why they were included or excluded”.*

134. In Turkana the DRO said *“how do you explain to a chief why his sub-location has been allocated zero beneficiaries, it is hard for anyone to accept nobody in that whole sub-location is very poor”.*

135. All CDCs receive many complaints that better off people have been included e.g. chiefs, teachers etc. however when challenged to put these names in writing in the form of a formal complaint (initially to the SPR agency) names are not forthcoming. They appreciate that most people are afraid of doing this in case of some form of reprisal or backlash. To date, several hundred complaints of inclusion and exclusion errors have been lodged in all counties. This potentially represents a tiny fraction of the total.

136. In all counties except Marsabit, NDMA staff agree that current lists have generally been accepted, but all would wish to see an improved process next time. Others mention the need to share the data for other developmental and planning processes. This would ensure the database is not just associated with the targeting process but can bring benefits in other ways through other programmes or Government services.

137. Turkana NDMA staff (and County political leaders) claim they were not informed or consulted about the application of the CRA formula resulting in the drastic drop in numbers for that county. They only found out at the programme start up meeting in Nairobi in November 2013 when final County figures were presented as a fait accompli.

#### **6.4 SPR Agencies**

138. Help Age International (HAI) heads the Social Protection and Rights (SPR) component of HSNP II. At the Nairobi level HAI were involved in some of the lessons learned and planning workshops and meetings for Phase II. However they were not closely involved in the technical development of either the CBT or PMT methodologies or the combined model.

139. At the County level the SPR agencies were involved in the registration process to varying degrees in different counties. In Marsabit PISP (the SPR agency) worked closely with CARE and all barazas, wealth ranking and registration were undertaken by joint teams. In Mandera by contrast, Save the Children reports having hardly anything to do with the two SPR agencies operating there. Again a lack of clear guidance or registration manual meant that roles and relationships varied and were not consistent.

140. Some SPR agencies were very active in forming and training RCs in all SLs, others struggled as they complained they just did not have the people and resources. Many agencies gave RCs training on supporting communities to do verification or deal with targeting complaints, all of which has not been utilised and they feel this has confused RCs on their role. In common with the registering NGOs, they feel concerned that they passed on the message this would happen when it did not, and this has undermined communities trust in them.



141. Many SPR staff feel frustrated that they receive many complaints about targeting which they cannot resolve as they have no clear mandate or guidance. Currently if an inclusion error is reported, the Secretariat is informed and payment is suspended while the case is investigated. It is not clear however what this investigation should entail, what is the beneficiary's right to appeal? Who makes the final decision as to whether a beneficiary should be excluded? If they are excluded, on what basis would a replacement would be selected and by whom? As for complaints about exclusion there is almost nothing the SPR agency can do except encourage the complainant to make a formal complaint and pass it up the chain to NDMA at county level and the Secretariat in Nairobi. SPR agencies (and staff) vary in the extent to which they encourage communities to formalise these complaints as many feel it is a completely futile exercise as no additional beneficiary slots are likely to be allocated.

142. Again they blame the lack of clear guidance ensuring a common approach and clarity on the roles of each party in resolving complaints. When a complaint is lodged, the form includes a date for resolution which most are leaving blank as they have no idea as to when or how such issues will be resolved. They feel disheartened when they keep returning to villages and have no news or information about people's complaints. They feel this undermines their credibility and communities' faith in them. Again SPR staff who were involved in HSNP Phase I feel there was much greater clarity and guidance at that point in both the targeting and the complaint resolution processes.

## **6.5 County level Leaders and Politicians**

143. This study did not involve consultation with politicians in all counties therefore some perspectives here include second hand reports from NDMA and other County government staff. In Wajir a consultation meeting was held with County Assembly Representatives and another with the Deputy Governor.

144. As described in the previous section, politicians (apart from the Minister for Northern Kenya) only became involved in HSNP II following the generation of targeting lists. County MPs from Wajir, Mandera and Marsabit were initially very active in making representations to NDMA about the initial targeting list which allocated over 75% of beneficiaries to Turkana. They lobbied hard for a more 'equitable' allocation and were highly supportive of the application of the modified CRA formula. From their perspective they were highly successful in representing the interests of their constituents which seems to be recognised and appreciated at the County level.

145. At the County level it seems that most politicians were almost completely unaware of the existence of the HSNP programme until beneficiary lists were posted. At this point, the issues of intra-county targeting emerged as a major issue. They started to receive large numbers of complaints from constituents about exclusion and the often huge discrepancy in beneficiary numbers between SL and constituencies. Wajir South constituency was a case in point with significantly less beneficiaries than any other constituency in the County. Although most politicians and communities accept that some SLs are poorer than others none accept some are up to 100 times poorer. Again a key issue is the inability of any one to convince them that the rationale and basis upon which selection was made was objective and unbiased. Politicians confidently recount many (anecdotal) reports of corruption by enumerators resulting in the unfair inclusion of richer individuals or certain ethnic groups. They accept that some form of technical input is necessary to weight the relative poverty of different locations but they cannot believe the differences would be to the extent demonstrated by this model. The time lag between registration and final issuance of lists also convinces some that the political manipulation of figures took place at the Nairobi level.

146. Even where the CBT/PMT model has been explained several times, most politicians are very sceptical that the criteria used to assess poverty were correct. Again, there was much concern about the inclusion of questions on housing materials etc. The issue of rural versus urban poverty is also a hot issue. The current model weights rural areas higher but there are strong counter arguments that in dryland areas some of the poorest and most destitute end up in urban areas when herds are lost.

147. Most politicians support CBT as they believe allowing communities to choose beneficiaries is clear and transparent and would drastically reduce complaints. They all feel resources are too low and most counties are seriously considering allocating additional resources to HSNP to enable more households to be included. However there is no clarity or consensus as to how the intra-county allocation of beneficiaries to the constituency / SL level could be done more fairly or acceptably. They accept this should be technically robust and based on data but also needs to demonstrate equity in a context where there are so many very poor households.

## **6.6 HSNP Secretariat**

148. The HSNP Secretariat had the least staff turnover of all actors in the registration and targeting process. Current HSNP staff feel they were not heavily involved in the design and planning of HSNP II as this was led by the Coordinator at the time who led discussions with DFID and other external parties. The absence of a wider proposal document was not raised as an issue. The Coordinator with DFID Livelihoods Adviser and later Programme Manager led on discussions with NGOs around the approaches to CBT / wealth ranking. They felt most of the staff in NGOs at this time were new and had not been very involved in Phase I – another reason why Phase I guidance and procedures were not updated or modified. They feel some key learning in terms of detailed guidelines on targeting and grievances from Phase I was lost and not absorbed into Phase II.

149. Most staff recognise that the MIS officer in place in 2011 was promoted to the MIS coordinator position and hence responsible for the entire database development without really having sufficient skills and experience. This resulted in the development of an inadequate software system that resulted in many problems and delays. The overall Co-ordinator was seconded to the post more as a technical advisor rather than a Team Leader. He discussed staff priorities and revised their TORs when their contracts came up for renewal however he did not see himself at their line manager in terms of performance management.

150. There were monthly meetings with NGOs in the run up to and during registration (May 2012 – June 2013). These addressed issues and set action points but none of the HSNP Secretariat staff felt they were primarily responsible i.e. overall project managers for the whole registration. This was seen as the NGOs responsibility. They do see the development and management of the MIS as their responsibility. Again most HSNP staff feel only the MIS officer (who left in June 2013) and the Coordinator were directly involved in the development of the CBT/PMT methodology. HSNP staff were responsible for communication with the District authorities, the primarily updating District Steering and HSNP committees on registration plans. The Co-ordinator did not visit the field to consult on wider registration and targeting design or technical issues.

## **6.7 Donors (DFID / Aus Aid)**

### **DFID**

151. As the primary donor for HSNP, DFID staff are particularly keen to learn lessons from the registration and targeting processes. There is concern that the transition from HSNP I to HSNP II has

coincided with a high level of organisational and political change both within DFID and in Kenya over the period.

152. Many cite internal restructuring and staff turnover during targeting and registration as a key factor affecting clear strategic decision making and consistency of approach. Following the appointment of the new Secretary of State (SoS) in September 2012 (just prior to registration and a critical time for the targeting methodology), the DFID Kenya office was restructured creating a new section, Social Protection Emergencies and Resilience (SPEaR). This housed the Poverty, Hunger and Vulnerability (PHV) and Humanitarian Teams and a new Section Head and Senior PHV Adviser was appointed to start at the end of October. The Livelihoods Advisor who wrote the HSNP+ business plan also left in early September. The priority focus of the new Section head was to deliver the new business case for the CT-OVC programme which took from November through to February 2013.

153. During this time the main DFID inputs on HSNP were led by the Snr Programme Manager with the Section head starting on the new HSNP business case from February - June 2013 when she went on maternity leave. From June – August 2013, responsibility for HSNP passed to the Snr Programme Manager acting up again until a Livelihoods Adviser providing maternity cover focused on HSNP was appointed from August 2013 until end of February 2014. The Snr Programme Manager also changed in November 2013. Clearly this has affected individuals' recollection and understanding of when and how some decisions were made. It also potentially meant that staff acting in a 'care-taker' role could have been less willing to take strategic decision or overturn the previous decisions of others.

154. Consequently several DFID staff were involved before and during registration and targeting. The push to move ahead with registration before the approval of any business case was justified by many on the fact HSNP I payments were due to complete in April 2012. Phase II payments could not start until the new beneficiaries had been targeted and enrolled which was dependent on the information to be collected during registration. Delays in registration therefore could result in the cash payment pipeline to beneficiaries drying up. Almost everyone recognises the process was not ideal with DFID being far too highly involved in the operational aspects of registration during 2012 and 2013. Some blame this on a lack of strong management and leadership by the HSNP Secretariat, and others on the lack of clear government 'home' in the run up to the 2013 election. Although relations with the MDNkoAL were good, it was clear throughout 2012 MDNkoAL would not survive after the election. Therefore, there was no clear department into which to management and responsibility for the Secretariat and HSNP generally could be clearly placed until after the election by which time registration was almost complete.

155. DFID staff's role in managing the Secretariat and its performance, particularly the expatriate Co-ordinator, was not clear as this person was technically an employee of the consultancy firm HTSPE. DFID asked for workplans and monitored deliverables during this time. Contracting multiple NGOs to undertake the registration was also generally accepted as necessary to avoid further delays in starting Phase II. It was not DFID's role to monitor the NGOs implementation in great detail but again the HSNP Secretariat do not seem to have been given this mandate clearly either.

156. DFID staff, particularly from the Accountability and Results Team (ART), were involved in the development of the initial CBT/ PMT targeting methodology with the external consultant. The technical staff saw real value in introducing the PMT approach into the methodology based on the evaluation findings from Phase I. Their focus was guided by the clear objective (later articulated in the approved business case) to improve the poverty targeting of the CT. That this would favour Turkana was relatively

well understood however staff now recognise that the political implications of this were underestimated.

#### *AusAid*

157. Australia Aid staff acknowledge they were not very involved in the early stages of HSNP II as their aid department in Kenya is relatively small and overstretched. This was the reason they funded the programme through the Delegated Co-operation Agreement with DFID. The funding was not ring-fenced and available for all aspects of the programme including the scale up of payments during drought crisis periods. The Ausaid staff had no real involvement or views on the targeting methodology. They knew registration was going on but nothing about how it was being undertaken or managed. They are now very aware that the process was approached very technically and understand the reasons for this. However, they now see it is clear political aspects not factored into the process. They recognise that both aspects are very important for the future success of the programme.

## 7 Lessons Learned and Way Forward

158. The research and consultations undertaken for this study highlight the many issues and challenges faced by the different stakeholders managing the design and implementation of the registration and targeting processes in the transition from HSNP Phase I to Phase II. Hindsight obviously provides a clearer perspective on many issues. It is fully appreciated that many issues that now seem evident could not necessarily have been viewed as such at the time. There were several contextual factors that affected continuity and strategic overview. In particular the major political changes and the general election that took place in the middle of the entire process. This hampered the extent to which HSNP could be incorporated into government structures. As a result DFID remained more highly operationally involved in the programme. Unfortunately this coincided with high level of internal change and staff turnover within DFID which affected consistency and strategic continuity.

159. These contextual factors have now been resolved with HSNP fully embraced as a programme unit (PILU<sup>26</sup>) within NDMA. NDMA's role and relationship with other National and County level government structures are also much clearer. The focus is now on systematising the emerging protocols and procedures for communication, consultation and collaboration in the successful implementation of the HSNP and complementary programmes. Specific lessons and recommendations are set out below with a final table 7 summarising actions, responsibility and timelines.

### 7.1 Conceptualisation, Design and Planning – Lessons and Recommendations

160. HSNP Phase II is one of the most significant donor-funded programmes operating in northern Kenya. However HSNP II was quite significantly different from Phase I in terms of coverage, targeting, payment methods and implementing actors. The registration and targeting processes were integral parts of HSNP II however they were implemented (albeit partially for targeting) *without any widely available conceptual framework* describing the programme was produced or approved by DFID or any other key stakeholders. The DFID business case is the only proposal document that exists for the programme however this is an unwieldy internal format written for a specific audience in DFID. No other proposal or framework document describing HSNP in terms of its objectives; outcomes; results and the broad methodology or activities (including registration and targeting) by which these will be achieved exists. Such a document could, and still would, provide a useful basis in promoting and consulting on the concept, rationale and methodology of Phase II to programme partners, District and (subsequently) County Authorities and other stakeholders. Such consultation could well have focused more attention on the 'end state' i.e. what the safety net programme would achieve, for which beneficiaries, where? Etc. Unfortunately at the time there was a very tight timetable for design and limited government consultation with the resources available only confirmed on approval in July 2013.

161. Instead the registration and targeting processes in particular preceded the approval of the final business case and were planned and designed in a series of separate stages when the first draft business case was developed. The registration process involved hundreds of thousands of individuals in a process that was difficult to clearly explain in terms of their direct benefits or interests. This unduly raised expectations and has caused confusion and some mistrust about the nature and objectives of the programme. The level of leadership and management shown by the HSNP Secretariat in ensuring such overall frameworks and guidance were in place was weak. Formal processes for consultation and collaboration with Government departments at both the Nairobi and District / County level in the design and planning of HSNP II were weak.

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26 Programme Implementation and Learning Unit

**Recommendation (1)** – *HSNP II needs a summary framework document that describes the objectives, outcomes and results of the programme and outlines the methodology via which these will be achieved.* The document should be prepared by PILU in close consultation with NDMA, DFID and county authorities. It should outline clearly who are the likely beneficiaries, how these will be selected and the respective roles and responsibilities of the various partners and stakeholders in the programme. This document should be succinct and easy to read with summary versions in a range of media widely available. This document will link to the supplementary guidance required such as the Operations Manual, other guidance such as a targeting manual, complaints and grievance processes etc.

**Recommendation (2)** – The PILU (which effectively replaces the HSNP Secretariat) must **establish clear communication mechanisms between Nairobi and the HSNP counties.** The new structures now in place to manage and deliver HSNP within NDMA are a very positive step in ensuring improved management and delivery of HSNP and its increased ownership by Government of Kenya. Communication channels need to be improved and systematised so that they provide effective mechanisms for communities and County level stakeholders to feedback and input into decision making processes.

**Recommendation (3)** – **No further expansion and scaling of the HSNP should be proposed to communities without clear knowledge of the actual resources available for CT at County and sub-county levels.** Any programme that involves mass engagement with communities must avoid providing only partial or vague information. Communities deserve to know precisely how future cash transfers will operate, who will be a beneficiary and on what basis. Therefore any proposals to scale up the programme temporarily or otherwise should set out how the resources will be allocated at County, intra-county and local levels. This should be done using the widely agreed targeting methodology (see recommendation 9 below). This means the expected geographic distribution of benefits is clear to all before implementation begins.

## 7.2 Registration – Lessons and Recommendations

162. The registration of nearly 375,000 households onto a single database is a major achievement and provides the Government of Kenya with a valuable data set on the four counties and communities in the arid lands. The registration process started before the design of the wider HSNP II was completed and approved unfortunately, as mentioned this caused some confusion and raised expectations on the part of communities. The understandable justification at the time was that targeting could not take place without the information provided by the registration. Fortunately this dilemma will not be faced again as the MIS now has sufficient data to support almost any form of remote targeting process. Currently the MIS data is held by the HSNP Secretariat and has not been widely shared with other departments.

163. This initial registration was not a Government led initiative but implemented via the HSNP Secretariat and six NGOs. A lack of clear guidance and or a wider TOR for the process from either DFID or the Secretariat meant that the wider registration processes suffered from poor overall planning and weak co-ordination of the multiple agencies. NGOs were permitted to undertake registration separately using different methodologies, although a single registration form and software were used by all. Brand new software was developed and large amounts of hardware purchased without the opportunity to undertake significant field testing. As a result the registration process was subject to significant interruptions and delays which compressed data collection into a comparatively short space of time. This also required the purchase a significant amount of similar equipment for each County and the

mobilisation of large numbers of staff and vehicles. In addition it was undertaken by multiple INGOs with high operating costs. Re-registration is currently proposed after two years however there are no details as to what this would entail and the budget allocated is substantially less.

**Recommendation (4) - It is recommended that some form of quality assurance checks are undertaken on the data collected**, in order to assuage stakeholders who feel the data is not reliable. Confirming the quality of data collected is important in ensuring the information is widely used and accepted by national and county Government and other development partners. A random sample of a statistically significant selection of households in each County should be sufficient to cross check the data entered for those households was valid and correct as the time of entry. HSNP Secretariat has already taken action on getting proposals in this area.

**Recommendation (5) - The information in the MIS is highly valuable to County Planning Units and other line ministries. The existence and information in the MIS needs to be more widely disseminated and utilised** so that more agencies can access the data for the planning and delivery of programmes and services. Governmental and non-governmental actors should ensure communities are aware that the registration data was used to develop programmes. This would go some way in ensuring that the benefits of registration that were promoted at the time are realised and benefit wider numbers of households.

**Recommendation (6) – Future re-registration exercises need to follow a clear methodology and should be Government led** and designed to ensure improved economy and efficiency. Plans for re-registration are currently unclear but must be developed in the next year as an integral part of reviewing the targeting methodology (see recommendation 8). In order to improve value for money it is worth examining the costs and benefits of doing registration and targeting on a rolling basis whereby each SL is visited every two years. This could be undertaken by permanent Government teams. Re-registration should use the existing hardware as far as possible. However the existing software should be replaced with a much simpler application based system where enumerators focus on data collection. Data is then uploaded via internet for cleaning and processing centrally. Bi-annual re-registration would focus on updating the number of households and their demographic data (sheet one) which may not necessitate a census style registration of each household (see further recommendations on targeting below). A full re-registration process is unlikely to be feasible or justified any more frequently than every five years.

164. As Kenya moves to a consolidated National Safety Net Programme the HSNP should support a combined registration and targeting exercise for the HSNP and the government's three other cash transfer programmes operating in the four counties; Cash Transfer for Orphans and Vulnerable Children (CT-OVC); Older Persons Cash Transfer (OPCT); Persons with Severe Disability Cash Transfer (PWSD-CT). Further recommendations on targeting are given below. This would provide opportunities to increase efficiency if registration teams could comprise NDMA staff as well as other County based staff including some from the Ministry of Labour, Social Security and Services (MLSSS). Further feasibility and budgeting needs to be done to calculate the annual resources this approach would require in each County.

**Recommendation (7) – All registration and targeting processes are guided by detailed programme-wide implementation guidelines.** Detailed field guidance covering all HSNP counties is essential. There is much that can be drawn from guidance prepared for Phase I. Guidance documents should always be fully trialled and regularly updated. Standard processes for updating and disseminating revised guidance and rolling out the required training to field teams is also essential.

### 7.3 Targeting – Lessons and Recommendations

165. The HSNP II programme currently has a final list of 100,000 targeted beneficiaries to receive regular cash transfers. The lists of selected beneficiaries have been accepted in most places although outstanding grievances remain in Marsabit specifically. These lists are providing the basis for the roll out of the programme in terms of bank account opening, bank card distribution and payments.

166. The process via which targeting took place was however rather convoluted and disjointed. The overall process or methodology was only fully documented after the event. As mentioned the process was started without reference to the actual resources available. No future targeting should be undertaken in the field without a clear understanding of the resources available. A targeting methodology should set out how national (and county) resources for HSNP CTs are allocated in terms of both poverty and geography.

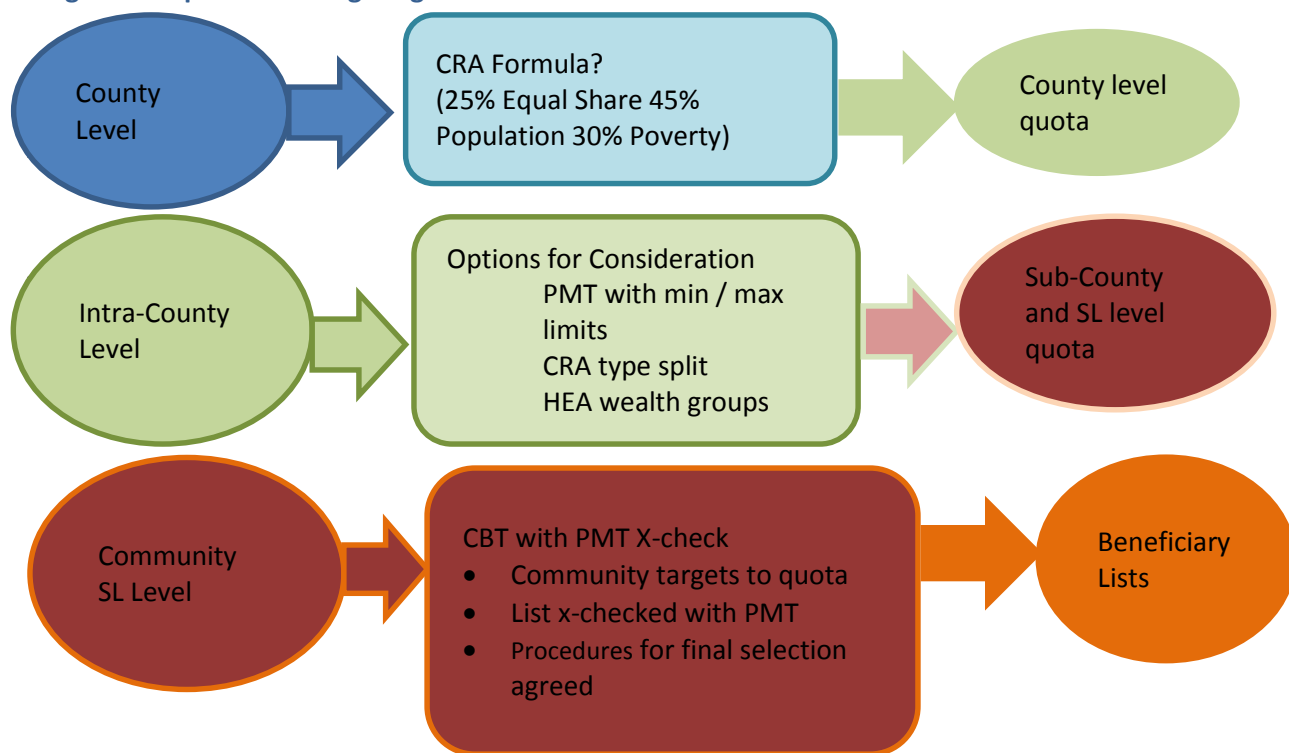
***Recommendation (8): The current CBT/PMT with CRA methodology needs to be formally evaluated*** to establish how effectively the approach actually targets the poor. Plans for this are already proposed as part of the wider independent evaluation for the programme. The process for selecting the organisation to undertake the evaluation for HSNP II is currently underway within DFID who are tendering for external evaluators.

***Recommendation (9): The current CBT/PMT with CRA methodology needs review before any future re-registration or re-targeting.*** A revised methodology needs to incorporate an appropriate mix of technical credibility (selects the poorest), political acceptability (equity and transparency) and is operationally practical and efficient. The methodology should outline clearly the rationale and processes for targeting at three critical levels; County; Intra-county; and Community / SL.

167. In going forward the revised methodology should draw on lessons learned in Phase I, the successful aspects of the current approach and the emerging thinking on targeting in the wider NSNP. It is proposed the HSNP Technical Working Group (TWG) establish a registration and targeting 'task force' comprising the key stakeholders from all levels (including county) to undertake this review. The task force should include a technical specialist who understands PMT and individuals involved in the development of the NSNP. Options should be presented at county level for review and consideration so that the process by which it is developed and agreed is participatory. Options for the targeting approaches are outlined in diagram 2 below.



**Diagram 2: Options for Targeting at three levels**



171. **County Level:** Currently the application of the modified CRA formula to establish County-level quotas has broad acceptance with the exception of Turkana. The use of the modified CRA formula has the justification that it is the formal resource allocation framework used by the GoK and has legal legitimacy through parliamentary approval. It is perceived as equitable though technically it is not poverty focused.

172. **Intra-County:** The lack of any clear methodology for targeting at this level is a critical issue. Anything targeting approach going forward must be NSNP compliant. Intra-county allocations were not a consideration in Phase I or Phase II as targeting focused directly on quotas to the SL or community levels and as a donor pilot programme with no GoK funding inputs – it was arguably less political. Consequently, greater focus needs to be given to how resources are allocated within counties. Almost all actors accept that within any county some locations or SLs are poorer than others. However, opinions vary as to how that difference can be most fairly determined. Most people agree that any approach should be developed from some rational quantitative evidence base. There is undoubtedly no one perfect answer and several rationale options could be considered. What is important here is that the process of deciding an approach is transparent and guided by good information (which exists) and includes all the key stakeholders. Various options include:

- **Replication of the modified CRA formula:** Each SL would be allocated a quota on the same basis as the county i.e. 25% equal share; 35% poverty; 45% population.
- **Use of the NSNP 30:70 split:** Given that HSNP is one of the GoK’s five cash transfer programmes under the NSNP there is a clear argument that all five follow a similar formula for allocation of

resources. Currently it is proposed that CT-OVC, OPCT and PWS-CT resources are allocated by constituency and location on the basis of 30% equal share and 70% poverty.

- **Livelihood based approaches:** Drawing on the HEA work done in these counties it could be argued that poverty levels vary by livelihood zone. Consequently quotas would be allocated to SLs depending on the assessed proportions of very poor households in that livelihood zone. Annex 5 shows the possible outcomes in Mandera and Wajir based on Save the Children's HEA study. Actual allocation would be pro-rated on the basis of resources available.
- **Development of poverty and vulnerability index for each SL:** There could be some merit in identifying a range of key indicators that stakeholders agree best reflect not just poverty but also vulnerability in the drought affected context of northern Kenya. This could draw on existing capacity and vulnerability assessments and resilience work. This would require some additional research and agreement on a common index could be a challenge.

173. **Community / Sub-location level:** At the community level there is wide consensus that CBT is the best approach in selecting beneficiaries as it is participatory and transparent. CBT works better and is least contentious when each SL is given a quota and involves the support of respected and trusted community members such as religious leaders. The experience gained and standard guidelines developed for Phase I were widely accepted and could be used again where resource allocation envelopes are known in advance. This approach could potentially be further strengthened by using the PMT model to cross check the lists of beneficiaries selected by communities. This would potentially provide a much better combination of CBT/PMT with CBT predominating but PMT highlighting significant exclusion and inclusion errors. As such, clear procedures and guidance would need to be developed to explain how the variations between CBT and PMT beneficiary lists would be addressed and resolved.

174. As part of reviewing any targeting methodology it is important to model the likely outcomes on the basis of geographic allocations with the resources available. More than enough quantitative and qualitative data exists to do this. The various outcomes can then be assessed in terms of how well they address both poverty and political acceptability (at national, county and local levels). Specific recommendations to be considered in reviewing targeting are set out below:

**Recommendation (9a):** Ensure the involvement of a wider range of stakeholders in the development of all targeting methodologies. This is likely to result in an improved model but one that will have wider understanding and acceptance. Involvement of county level players is particularly important in the dissemination of approaches chosen and politically acceptable (at all levels).

**Recommendation (9b):** Review and re-validate the current PMT model. The current discrepancies and complaints arising from the beneficiaries selected using the PMT model throw up issues around the questions included in the MIS and the weightings given various factors. The model should be examined by a wider range of actors, particularly Government actors at national and county level who understand the context specific issues around poverty. Until this is done it is not recommended the PMT data is used to develop any further poverty weightings at this point.

**Recommendation (9c):** All revised targeting methodologies need to consider how CTs / beneficiaries would be scaled during drought / crisis periods. This is an additional but linked step in setting out selection processes at all level. It will be important to model scale up scenarios and link them to resources realistically likely to be available and review these for political acceptability. Again scale

up plans will need to be clearly and explicitly explained to communities so that expectations are not unduly raised.

**Recommendation (9d):** Consider piloting a combined registration and targeting approach that provides for the joint selection of HSNP and the other NSNP CT programmes. There are many benefits to undertaking a combined selection process at each SL as part of the re-registration process. Firstly it would mean all the quotas for all CT programmes were combined into a single SL quota. This could significantly increase CT coverage levels in many SLs as resources for some of the other CT programmes are due to expand annually over the next 3-5 years. Secondly it would enable all programmes to be explained in one meeting. This is likely to improve communities understanding of the respective programmes as queries on them all could be addressed together. It would also save communities' time in attending multiple barazas and selection processes. Additionally it would enable households receiving more than one CT benefit to be identified<sup>27</sup> thereby freeing up resources to expand coverage.

175. There are clearly challenges to be addressed in taking this forward. Each CT programme has its own targeting and selection processes which are quite different. Developing a pilot harmonised approach with the wide range of stakeholders involved would be required. There are plans for advancing such proposals under the NSNP.

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<sup>27</sup> Current Government policy does not permit households to access multiple benefits from GoK (or other?) CT programmes.

**Table 7: Summary of Recommendations and Action Points**

#	Recommendation	Action By	Timeframe for Completion
1	HSNP II needs a summary framework document that describes the objectives, outcomes and results of the programme and outlines the methodology via which these will be achieved.	PILU	Within 3 months
2	The PILU must establish clear communication mechanisms between Nairobi and the HSNP counties.	PILU	Within 3 months
3	No further expansion and scaling of the HSNP should be proposed to communities without clear knowledge of the actual resources available for CT at County and sub-county levels.	All	Links to registration and targeting review timelines.
4	Some form of <i>quality assurance checks</i> are undertaken on the data collected in the HSNP MIS	Independent consultant commissioned by PILU	Within 3 months
5	The existence and information of the data in the MIS needs to be more widely disseminated and utilised	PILU and NDMA	Immediately following results of quality assurance check (Recommendation 4)
6	Future re-registration exercises need to follow a clear methodology and should be Government led	See recommendation 8	
7	All registration and targeting processes are guided by detailed programme-wide implementation guidelines.	PILU	As soon as possible once final registration and targeting processes are agreed and approved
8	The current <i>CBT/PMT with CRA methodology needs to be formally evaluated</i> to establish how effectively the approach actually targets the poor.	DFID commissioning independent evaluators for HSNP	Baseline by end of 2015
9	The current CBT/PMT with CRA methodology needs review (9a) Ensure the involvement of a wider range of stakeholders in the development of all targeting methodologies. (9b): Review and re-validate the current PMT model. (9c): All revised targeting methodologies need to consider how CTs / beneficiaries would be scaled during drought / crisis periods. (9d): Consider piloting a combined registration and targeting approach that provides for the joint selection of HSNP and the other NSNP CT programmes	HSNP Technical Working Group to establish a 'Registration and Targeting Taskforce' with ToR and work plan to develop a revised approach with reference to recommendations 9a) - 9d)	Revised approach approved by end of 2014

