Case study R: A humanitarian social protection response to COVID-19 in Kenya

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1 INTRODUCTION

This case study¹ describes how and why the response to saving lives during the 2020 COVID-19 pandemic in Kenya, by the international non-governmental organisation Oxfam, is focused on supporting the government social protection system instead of working through the traditional humanitarian aid architecture alone.

Within weeks of the announcement of the COVID-19 pandemic, virtually every government in the world had responded to its economic impact with *some* form of social protection intervention, to a total of USD 589 billion, by June 2020.² By comparison, the UN Covid-19 Global Humanitarian Response Plan at that time was USD 6.71 billion (subsequently revised to USD 10.3 billion).³ The pandemic exposed that the humanitarian aid architecture is not fit for responding to all types of humanitarian emergencies. The scale of support that is needed has overwhelmed the capacity of the international humanitarian system and which is often not sufficiently localised to deliver remotely at speed and scale.

The first case of COVID-19 in Kenya was reported on 12 March 2020. Within five weeks, there were 281 confirmed cases and 14 reported deaths of which 80 per cent were in Nairobi, mostly in the city's informal settlements. Numbers were likely higher due to incomplete reporting and limited testing. In Kenya, as elsewhere, Oxfam, like others, anticipated that the health impacts and spread of the virus would be particularly virulent in low-income and densely populated areas. In Nairobi these settlements house over 1 million people. They are characterised by overcrowding, a lack of sanitation facilities and other basic services and prohibitively expensive access to clean water – a worryingly perfect location for the virus to spread. But there was also anticipated a vast humanitarian need when the Kenyan authorities, like other cities and governments, imposed restrictions on movement, a national curfew and physical distancing to limit contagion.

Many small-scale businesses shut down due to lack of customers' purchasing power, and larger businesses due to uncertainty and social distancing restrictions. The concern was this would result in lost jobs and therefore income, in neighbourhoods where around 84 per cent

¹ This case study is based on the experience of supporting Oxfam Kenya's COVID-19 response as a social protection adviser in Oxfam's Global Humanitarian Team. My sincere thanks to the Oxfam Kenya team for their comments and their precious time in helping to compile this, particularly John Kitui, Matthew Cousins and Gabriella d'Elia.

² Gentilini, U et al (2020). Social protection & jobs responses to COVID-19: A real-time review of country measures. Living Paper Version 11, June 12 2020. World Bank. <http://documents.worldbank.org/curated/en/590531592231143435/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-June-12-2020.pdf>

³ www.unocha.org/covid19.

of the population is highly dependent on informal employment.⁴ Panic buying and food price inflation aggravated the immediate food insecurity that many households experienced. Movement restrictions also inhibited many other basic rights, such as access to education, healthcare and, of particular concern to Oxfam, a dramatic increase in the incidence of sexual and gender-based violence (SGBV), with a 42 per cent increase in SGBV reported by the government and a 1000 per cent increase in calls to a national domestic abuse hotline (Flowe et al. 2020). This pattern in Kenya mirrored reports of dramatic increase in gender-based violence elsewhere in the world as a ramification of the lockdown policies and the economic impact of the pandemic (UN Women 2020). In addition, the high concentration of youth – and youth unemployment – in these settlements could become a tinderbox in response to this extreme stress.

The need to prevent the spread of the illness and protect loss of life, coupled with overcoming the social and economic impacts of the movement, became the cornerstone of Oxfam's approach to its global response to COVID-19. This case study focuses on the second of these issues.

2 A DIFFERENT HUMANITARIAN APPROACH

Recognising the limits to the humanitarian approach and the need for change, in 2020, just as COVID-19 was emerging, Oxfam developed a social protection 'lens' to its humanitarian work to include supporting, building and helping people's right to social protection as one way to save lives. This lens is framed as a series of questions in three stages for Oxfam to ask in designing any humanitarian intervention:

- understand existing formal and informal social protection;
- explore what, if any, existing social protection systems can be either utilised or supported to deliver the response; and
- advocate for permanent government social protection and help households to access long term social protection support.

This differs from the conventional emergency response design which is based on needs assessments and risk analysis alone and is coordinated through the international humanitarian cluster system, which can operate largely independently of a government. In Kenya, Oxfam adopted this new approach in consortium with predominantly local NGOs.⁵ The challenge was how to deliver assistance to large swathes of the population, and meets the specific needs of the most vulnerable individuals, quickly, in a way that was safe and minimised the spread of COVID-19. Oxfam recognised that it could not reach the scale needed, but could test and demonstrate what can work in such a context, for the government to take on subsequently, at scale. This has also reinforced the importance of local humanitarian leadership: working with the Kenya Red Cross gave access to their vast volunteer network who live within the com-

⁴ Kenya National Bureau of Statistics (2019), <https://s3-eu-west-1.amazonaws.com/s3.sourceafrica.net/documents/119074/Kenya-National-Bureau-of-Statistics-Economic.pdf>.

⁵ This project is funded by the European Union, DANIDA and the GFFO and implemented through a consortium comprising ACTED, Concern, the Center for Rights Education and Awareness (CREAW), IMPACT initiatives, the Kenya Red Cross Society, Oxfam and the Wangu Kanja Foundation.

munities to reach households in Nairobi's informal settlements. Developing local networks is high on Oxfam's agenda but investment in this has been long overdue and is an important aspect of reaching at scale.⁶

3 THE PROJECT

The purpose of Oxfam's response is to 'Provide a safety net for vulnerable households to protect against the economic impact of measures implemented to contain and suppress the spread of COVID-19'. This takes the form of monthly unconditional cash transfers to meet food and other basic needs, shield households from the economic and social impacts of COVID-19 and so disincentivise people from breaking social distancing and lockdown rules. A second objective is to respond to the heightened gender-based violence and protection risks related to the pandemic through financial support to women and women's organisations. The link to social protection is threefold: (1) base targeting on existing social protection and vulnerability lists; (2) demonstrate that it is possible to deliver cash transfers at scale in a COVID-appropriate way, so that this can be adopted by government social assistance schemes in future; and (3) verify and register households that may require social assistance in future crises, so that schemes can be scalable going forward. This mirrors Oxfam's new humanitarian social protection approach.

Three target groups within informal settlements are identified for this project. First, unlike many humanitarian approaches, households receiving the government's Inua Jamii social assistance⁷ are included as eligible for a top-up to meet 50 per cent of the minimum expenditure basket (MEB). Second, households already identified as vulnerable by the local Nyumba kumi⁸ system are registered for full cash assistance of 50% MEB. Third, women who have reported themselves to partner women's organisations as at risk of SGBV since the start of the COVID-19 outbreak equally benefit from a package of cash and non-cash support. The cash is delivered electronically through the mobile money transfer platform MPESA.

Following a pilot in May, registration of 29,400 recipient households (117,600 people)⁹ was phased over several months first in Nairobi, then in Mombasa. Despite being a humanitarian 'safety net', six months passed since physical distancing measures were imposed in Kenya before some households received any support. Transfers provide KES 7802 (USD 72) per household monthly for three months. This is 50 per cent of the minimum (multi-sector) COVID-adjusted MEB in urban areas. Eligible households who receive cash from the government's Inua Jamii social assistance programme receive a monthly top-up to reach 50 per cent of the MEB.¹⁰

⁶ Personal communication, by email, September 2020.

⁷ Inua Jamii is the government social protection programme which provides cash assistance to four vulnerable groups: older persons, people living with disability, orphans and other vulnerable children and the Hunger Safety Net Programme in northern Kenya.

⁸ Nyumba kumi is a government initiative which groups 10 neighbouring households into an administrative structure to share and improve security and information about the residents within a community. Through this process it has identified the most vulnerable households.

⁹ Based on donor-approved proposals and contracts with Oxfam at the time of writing.

¹⁰ The MEB was developed by the Cash Working Group and adjusted for COVID-19 contexts. It was agreed across the cash working group that COVID-19 cash transfers should meet 50 per cent of the

A hotline was established for complaints and feedback. The main grievance reported is non-receipt of cash (typically this was because they were registered to receive cash from a different agency), spending the cash without realising; or the transfer was automatically used to pay off existing debts with MPESA.¹¹

4 COVID-SAFE DELIVERY

To minimise COVID-19 transmission risks the project has been designed to be implemented with as little physical contact as possible. For non-governmental organisations, delivering assistance remotely to households is by no means new. Conflict contexts commonly require aid agencies to implement from afar. Recent international experience with Ebola in 2014 was also useful for learning how to communicate with communities in a physically safe way. This placed Oxfam in a good position to establish contactless delivery in Kenya. Non-governmental organisations may have more experience than governments with remote communications, technology and delivery. This is knowledge that can be usefully shared, particularly in the COVID-19 context.

Mobile money is the process of digitally transferring cash to an account on recipients' phones. MPESA is a digital money transfer application that is ubiquitous in Kenya and so requires no introduction to users. Recipients receive a short message service informing them they have received the monthly transfer into their MPESA 'account'. They can use this to digitally pay for goods through the same application. Physical handling of cash can be avoided and it does not require any form of person-to-person contact. A final benefit of this platform is that unlike bank cards used in the Hunger Safety Net Programme in northern Kenya, it does not require recipients to have a bank account. If people do not have bank accounts, bank transfers are not a feasible distribution mechanism in an emergency. An implicit objective of the project was to demonstrate to the government that mobile cash payments are a feasible means to deliver 'COVID-safe' cash in urban areas.

Details of the most vulnerable households who had already been pre-identified were passed to the Kenya Red Cross' community volunteers to undertake door-to-door registration, who were required to wear personal protective equipment (and/or conduct interviews from the doorstep by video). Women eligible for support under the SGBV criteria were registered by local organisations Centre for Rights Education and Awareness and the Wangu Kanja Foundation. Next, verification was carried out by Concern and Oxfam, via telephone surveys which averaged 12 minutes. The aim was to register (and clean the data for) 2500 households per week, although due to data quality issues, it has actually been significantly less.

Feedback and complaints are handled through a telephone helpline and post-distribution monitoring is carried out by the consortium. This has limited the entire face-to-face contact to only one point of the process (registration), in order to be as COVID-safe as possible.

basket. Regular market assessments check on prices and availability of key commodities both pre- and post-cash distributions.

¹¹ www.vodafone.com/what-we-do/services-m-pesa.

5 INCLUSION

This project reaches around 10 per cent¹² of the approximately 1 million people in Nairobi's informal settlements, but even with other agencies distributing cash many remain excluded. Regarding the modality, not everyone can utilise cash and arrangements are needed for in-kind distributions to those that may be unable to use cash, or are isolating such as older persons or the chronically sick. In terms of criteria, the targeting is inclusive, but limited resources mean humanitarians focus on minimising inclusion errors, knowingly overlooking often vast exclusion errors. This is not inclusive from a social protection and rights perspective. Targeting in the project has delayed distributions, incurred administrative costs and can increase the risk of fraud. There is a worry that it might be increasing tensions in communities between who is and is not included. It was decided to verify every household. This reduces inclusion errors, prevents ghost households and fraudulent activity, thereby raising implementing and funding organisations' confidence in the project. However, taking approximately 12 minutes per household the process also proves expensive and time-consuming. Moreover, rapid scale-up during a crisis or pandemic is hard to envisage when exclusionary criteria, complex documentation or lengthy verification processes prohibit access. The reality of this 'inclusive approach' is evident in the following:

- To qualify for SGBV-related support, project applicants must have reported or proven abuse took place since the start of the pandemic. This has been imposed to limit the demand but excludes the many women wanting support who experienced SGBV pre-COVID.
- To be classified as 'living with disability' and therefore eligible for government (or project) support, a person must not only prove they require round-the-clock care but acquire expensive documentation to register this. This has meant that many people living with disability are frequently missed.

The alternative to targeting, universal coverage, providing transfers to everyone in the community, would have meant delivering the project in fewer locations but 'would have saved time and would have reduced the incentive for corruption'.¹³ Without concerted action it is difficult to conceive that this inclusive approach that delivers the right of individuals to social protection will hold sway given political aversion to an increased caseload in the welfare system, increasingly tight donor budgets and the accepted convention of targeting by the humanitarian community. But in pandemics and other crises, as a minimum we need to reconsider whether targeting in densely populated areas exacerbated by chronic poverty is practical or even ethical: does minimizing inclusion errors justify the time, cost, complexity and delay of delivering resources in emergencies? This would require a more financially sustainable approach to humanitarian assistance. Regardless of a universal or targeted approach, it requires data-sharing agreements between relevant actors to register households and prevent double counting. Better coordination and information sharing between actors is necessary to assist in any targeting or registration process.

¹² Based on project information at the time of writing.

¹³ Personal communication.

6 CONCLUSION

The project is still ongoing, so analysis of delivery and impact are not available at the time of writing. Despite risks of delivering cash, the modality tested here still presents a useful example to government to continue to deliver ‘COVID-safe’ transfers at scale in Kenya and to scale up in future shocks, recognising that some people may require in-kind transfers in crises, particularly if they are isolating, and not all will be able to utilise cash. Forthcoming research will be used to advocate for those on the existing lists in chronic need, to be included in the government’s social assistance. The local neighbourhood lists of vulnerable households has been fully screened and this list will be shared with the government so that they can expand social assistance in urban areas either permanently or in response to shocks. And learning about delivering cash at a distance will be shared to help improve the government system going forward. These are much needed steps at the end of every humanitarian intervention, particularly in the context of multiple waves of COVID-19 and movement restrictions which may leave people repeatedly at risk.

What has become apparent to Oxfam is that articulating an emergency response in the context of the national social protection environment is pragmatic in a context such as a pandemic where the needs stretch beyond the reach of the international humanitarian community. And it is necessary for a more sustainable approach to humanitarian interventions. Over time, this approach should become the norm. The conditions in Kenya are favourable for this project: a stable government context, recent and well-established working relations with government, an existing social assistance scheme and consortium members with a history of working together in emergency and preparedness contexts and in social protection in the country. Oxfam is also witnessing during COVID-19 how its new social protection approach to humanitarian response is articulated differently in less sympathetic contexts.

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