NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES (NCPWD)

PERSONS WITH SEVERE DISABILITIES CASH TRANSFER (PWSD-CT) PROGRAMME

IMPACT ASSESSMENT REPORT

2024

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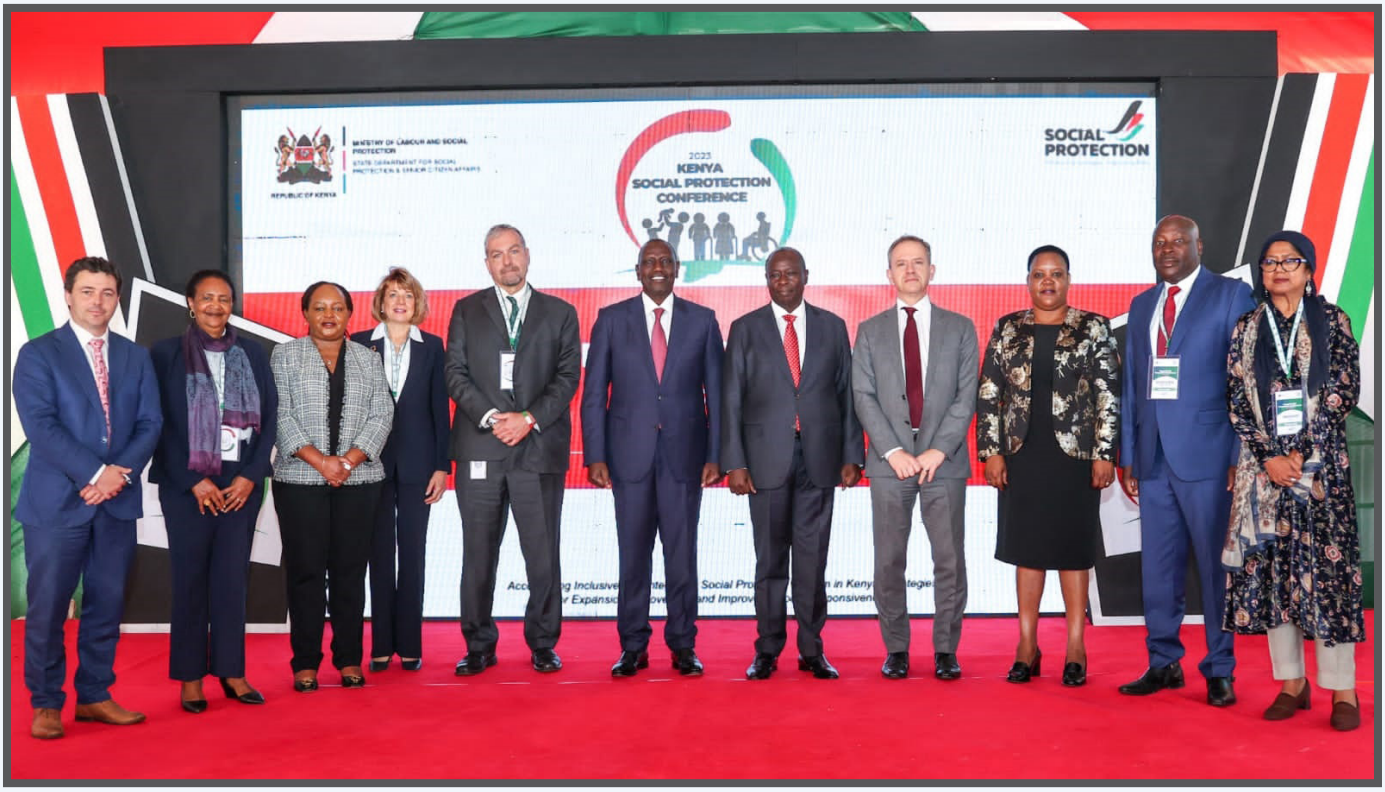
LIST OF ACRONYMS

ASAL	Arid and Semi-Arid Lands
BWC	Beneficiary Welfare Committee
CCTPMIS	Consolidated Cash Transfer Programme Management Information System
CT OVC	Cash Transfer for Orphans and Vulnerable Children
DSA	Directorate of Social Assistance
ESC	Economic, Social, Cultural
ESR	Enhanced Single Registry
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HSNP	Hunger Safety Net Programme
IGAs	Income Generating Activities
KIHBS	Kenya Integrated Household Budget Survey
KIPPRA	Kenya Institute for Public Policy Research and Analysis
NCPWD	National Council for Persons with Disabilities
NDFPWD	National Development Fund for Persons with Disabilities
NDMA	National Drought Management Authority
NHIF	National Hospital Insurance Fund
NSNP	National Social Protection Secretariat
NSSF	National Social Security Fund
OPCT	Older Persons Cash Transfer
PWD	Person with Disability
PWSD CT	Persons with Severe Disabilities Cash Transfer
SDG	Sustainable Development Goal
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organization

DEFINITION OF TERMS

Cash Transfer Programme	a social protection system through which regular cash stipend is given to targeted vulnerable populations to cushion them from adverse risks and poverty.
Caregiver	a person who tends to the needs or concerns of a person with short- or long-term limitations due to illness, injury or disability.
Disability:	Long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder an individual the full and effective participation in society on an equal basis with others.
Dwelling Unit:	a single unit providing complete, independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking and sanitation.
Household	all persons who occupy a single housing unit, eat and live together, regardless of their relationship to one another. A household is distinct and should not be distinguished from a family as it does not have the same financial, emotional and social interconnection.
Payment Service Provider	Any institution regulated by the Central Bank of Kenya to provide payment services to cash transfer beneficiaries.
Psychosocial Support	support given to help meet the mental, emotional, social, and spiritual needs of caregivers and persons with disabilities.
Severe Disability	a deficit in one or more areas of functioning that significantly limits an individual's performance of major life activities. Severe disabilities can include challenges in one or more of the following areas: cognition, mobility/ gross motor skills, self-help skills, social/emotional skills which require an individual to have full time care from a caregiver.

The official launch of the Social Protection Conference 2023 in which His Excellency the President made several commitments including expanding the existing safety net programmes for the vulnerable and marginalized in the society key among them children, persons with disabilities and older persons.



His Excellency the President Dr. William S. Ruto, Deputy President, Hon. Rigathi Gachagua, Hon. Florence Bore, CS and Mr. Joseph Motari, Ministry of Labour and Social Protection, Hon. Ann Waiguru, Chair Council of Governors, Dr. Stephen Jackson, United Nations, Resident Coordinator and Country representatives from World Food Programme and UNICEF.

FOREWORD

The World Health Organization, Global Report on Health Equity for Persons with Disabilities (2022), estimates that 16% of the world's population accounts for persons with disability. Globally, it estimated that 110 million people (2.2% of the global population) have very severe functional difficulties. In Africa, it is estimated that 3.1 percent of the population have a severe disability. According to the 2019 Kenya Population and Housing Census, the population of persons with disabilities above the age of 5 years, in Kenya, stands at nine hundred and eighteen thousand, two hundred and seventy persons (918, 270). This constitutes about 2% of the total population.

Persons with disabilities in Kenya, like in most developing countries constitute a marginalized population and face challenges associated with their disability. In Kenya, an estimated 54.7% of persons with disabilities have difficulties in engaging in economic activities, which exposes them to the risk of falling into or remaining trapped in extreme poverty. Most persons with disabilities have no access to adaptive education, health, employment or rehabilitation. The majority experience hardships as a result of inbuilt social, cultural and economic prejudices, stigmatization and more often, abuse and violence. These inequalities are often higher among women and girls with disabilities.

Kenya has various social protection programmes providing income and other forms of support to persons with disabilities. The PWSD-CT programme is one of the national cash transfer schemes under the government funded Inua Jamii Cash Transfer Programme alongside the Older Persons Cash Transfer (OPCT) and the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) with a number of the households having persons with disabilities. Kenya also implements the Hunger Safety Net Cash Transfer programme (HSNP) which is a targeted shock responsive programme targeting food-poor households in the Northern Counties of the Country.

The PWSD-CT Programme is premised on the fact that children and adults with severe

disabilities need full time care and support hence denying caregivers an opportunity to engage in meaningful income generating activities.

Since inception in 2010, the PWSD-CT has not only registered milestones in impacting on the livelihoods of beneficiaries but has also encountered a number of challenges. These include: growing demand for social assistance support to needy households, diminishing transfer value, existence of large households and or those with multiple persons with disabilities, additional costs to care for persons with disabilities and challenges associated with inability of caregivers to meaningfully engage in income-generating activities due to their care duties.

It is in this respect that the Ministry of Labour and Social Protection through the National Council for Persons with Disabilities initiated an Impact Assessment to evaluate the effectiveness of cash transfer to the livelihoods of beneficiaries. The findings of this assessment will inform policy and strategic direction and design of future interventions for persons with disabilities.

The findings of the PWSD CT Impact Assessment Report will be used by state and non-state actors to inform future Social Assistance Programmes for persons with disabilities. The Government is committed to formulating and implementing effective national legislation policies and action plans for the promotion and protection of the rights of persons with disabilities in Kenya.

HON. FLORENCE BORE,
CABINET SECRETARY
MINISTRY OF LABOUR AND SOCIAL PROTECTION

STATEMENT BY **PRINCIPAL SECRETARY**

The Inua Jamii Cash Transfer Programme is a hallmark of Kenya's social protection agenda. The programme supports needy households to meet basic needs and improve their livelihoods. Through regular cash transfers, this alleviates the caring costs incurred by the caregivers of persons with severe disabilities. This is also a strong testament of Government's commitment under the Bottom Up Economic Transformation Agenda (BeTA) to cater for the needs of the most vulnerable among us.

The PWSD-CT programme was initially a pilot programme developed by the National Council for Persons with Disabilities in 2010 to support 10 households across the former 210 Constituencies through funds from the National Development Fund for Persons with Disabilities (NDFPWD). At the time, 2,100 beneficiary households were receiving Kshs. 1,500 per month. The pilot informed the scale-up and formal launch of the programme in FY 2011/12. Presently, the programme supports 47,000 households.

Given the importance of cash transfer programmes in social protection, understanding programme impacts and processes that facilitate improvements in programme implementation is critical. Therefore, this Impact Assessment was conducted to establish the effect the PWSD CT programme has had in enabling the beneficiaries and their households improve their livelihoods using a range of indicators.

This Impact Assessment Report of the Persons with Severe Disabilities Cash Transfer Programme assesses the effect of the cash transfer programme on the socio-economic well-being of persons with severe disabilities and their households. It also assesses the scope gaps and barriers that hinder access to public services and other livelihood opportunities by persons with severe disability and their households. The findings thus provide useful insights to policy makers and can be used to optimize improved cash transfer designs targeting persons with disabilities.

In this regard, in line with the overarching principle of the 2030 Agenda on 'Leave No One Behind' and according to the recommendations of the Committee for the Convention on the Rights of Persons with Disabilities, the Government is committed to continue generating evidence to inform policy development and programming for inclusion of persons with disabilities in social protection interventions.

JOSEPH M. MOTARI, MBS

PRINCIPAL SECRETARY

STATE DEPARTMENT FOR SOCIAL PROTECTION AND SENIOR CITIZEN AFFAIRS

STATEMENT BY **CHAIRPERSON NCPWD**

The National Council for Persons with Disabilities (NCPWD) conducted an impact assessment of the Persons with Severe Disabilities Cash Transfer Programme in June 2023. Encompassing over 300 participants across nine diverse counties (Kilifi, Kitui, Nyeri, Busia, Vihiga, Narok, Kisumu, Kajiado, and Isiolo), the assessment rigorously evaluated the program's effectiveness in improving beneficiaries' livelihoods.

The assessment recommends an urgent shift from a household-based to an individual-based approach, increased program resources to cover more deserving individuals, and adjustments to the stipend amount based on household size and disability type. Additionally, it recognizes the need to support caregivers in their roles.

It is imperative that these recommendations are seriously considered and integrated into policy and programmatic actions. By implementing these changes, we can ensure that the cash transfer program for persons with severe disabilities effectively fulfills its intended purpose of enhancing the livelihoods and well-being of the beneficiaries. It is within our power to make tangible improvements and provide essential

support to the vulnerable members of our society.

The Council remain committed to promoting and protecting the rights of persons with disabilities, and I urge all stakeholders to collaborate in effecting positive change based on the findings and recommendations of this Impact Assessment.

MRS. ELIZABETH CHESANG

CHAIRPERSON, NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES

ACKNOWLEDGEMENTS

On behalf of the Council, I wish to express my deepest appreciation to each person who contributed through various forms towards the success of the persons with severe disabilities cash transfer impact assessment exercise whose overall objective was to evaluate the effectiveness of the cash transfer for persons with severe disabilities programme in enabling the beneficiaries improve their livelihoods.

We appreciate the support received from the Ministry of Labour and Social Protection under the leadership of the Cabinet Secretary, Hon. Florence Bore and the Principal Secretary, Mr. Joseph Motari, MBS for their keen interest and commitment to the persons with severe disabilities cash transfer programme and its achievement of the set objectives.

Special gratitude to the Board of Directors of National Council for Persons with Disabilities for the lead role and financial support that ensured the success of the exercise.

We wish to thank all the respondents to the questionnaires i.e., caregivers, key programme implementors. The accomplishment of this task could not have been possible without their cooperation and inputs.

We also laud the technical team from the Ministry of Labour and Social Protection led by Josiah Munyua, Diana Muyalah, as well as the technical team from National Council for Persons with Disabilities, Rosabel Githinji, Joseph Mwangi, Anne Kagwi, John Kuria, Ahmed Sabdow and Hopkins Olasi. The teamwork displayed throughout the assignment has ensured that the task is accomplished within the stipulated timelines.

HARUN M HASSAN, EBS

EXECUTIVE DIRECTOR

EXECUTIVE SUMMARY

The Impact Assessment of the Persons with Severe Disabilities Cash Transfer programme was conducted in June 2023. The overall objective of the Impact Assessment was to evaluate the effectiveness of the cash transfer for persons with severe disabilities programme in enabling the beneficiaries improve their livelihoods using a range of indicators.

The Impact Assessment adopted a stratified sampling model where selected Counties, Constituencies and Locations were a representation of Urban, Peri Urban, Rural, Arid and Semi-Arid Lands. Sampling of the respondents was based on Locations that had over 10 households from the July – October 2022 payment cycle.

The Assessment collected quantitative data through administration of structured questionnaires to a representative sample of beneficiary households from the PWSD CT Programme and programme implementers. In addition, semi-structured questionnaires were administered to collect information on the impact of the benefits on the livelihoods of the beneficiary households. The Impact Assessment also utilized observation which entailed observing characteristics at household level to confirm socio-economic status of the households.

This report provides the scope, methodology, findings and recommendations from the Impact Assessment. The report is structured as follows: Chapter one provides a background and context of disability, globally, regionally and nationally, highlights the international, regional and national policy and legal framework, provides the administrative outlook of disability and context of the Persons with Severe Disabilities Cash Transfer Programme. Chapter two presents the scope and methodology used in the impact assessment. Chapter three presents the data analysis and interpretation of findings. Chapter four presents the recommendation and conclusion.

The results of the Impact Assessment show that a significant number of persons with severe disabilities are not registered persons with disabilities and are therefore likely to be missing out on other government services targeted for persons with disabilities other than cash transfer due to lack of registration. A majority of the caregivers are either both parents or one parent to the beneficiary. It was clear that their immediate responsibility was that of providing their children with the greatest care possible. The role of being caregiver was shaped by an existing relationship and geographic proximity. Majority of the households under the PWSD CT programme do not have a steady source of income therefore increasing vulnerability of the households. At the time of the impact assessment, the beneficiaries

had not been paid for over six months resulting in financial difficulties and their inability to adequately care for their persons with severe disabilities. Most of the caregivers resulted to do casual work in order to sustain themselves between payment cycles. Others relied on family and well-wishers for sustenance. About a sixth of the households reported to have multiple persons with disabilities. This translated to 60 households having 137 persons with disabilities. The PWSD CT programme being household-based as opposed to individual-based in this case implies poor income and quality of life for households with multiple persons with disabilities as their needs are likely to be more. A large proportion of the households had between five and nine household members most of whom have only two meals in a day. Majority of the caregivers withdrew the entire stipend amount to purchase basic necessities such as food, clothing, medicine, pay school fees and other essential products. A few caregivers have managed to use the cash transfer stipend to engage in IGAs such as livestock farming, crop farming and to start small scale businesses.

The impact assessment provided an opportunity for program officers to give feedback on implementation of the PWSD-CT programme who noted that most of the complaints received by caregivers of the programme relate to: delay in payment; inaccessible payment points; lengthy change management process; scale up of the programme; need to increase in stipend amount; lack of complementary support such as NHIF.

Based on the findings, the recommendations of the Impact Assessment Report were categorized in five broad areas: Programme Design, Awareness of the Programme, Case Management, Monitoring, Evaluation and Reporting, Supplementary Programmes and Awareness of the NCPWD.

1

INTRODUCTION

1.1 Overview

This chapter provides the background and context of disability globally, regionally and nationally. It also outlines international, regional and national legal and policy framework on disability, highlighting some of the key international and national instruments on disability. The chapter then discussed the administrative outlook of disability and context of the Persons with Severe Disability Cash Transfer (PWSD CT) social protection programme. In addition, the chapter defines the objectives rationale of the impact assessment for the PWSD CT programme.

1.2 Background

Disability is part of the human condition. It is multidimensional and product of an interaction between an individual's certain conditions and his or her physical, social, and attitudinal barriers. The World Health Organization, Global Report on Health and Equity for Persons with Disabilities (2022), estimates that 16% of the World population accounts for persons with disabilities. While disability correlates with disadvantage, not all persons with disabilities are equally disadvantaged. The world report on disability estimates that 110 million people (2.9 per cent of the global population) have very severe functional difficulties, while 15.3 per cent experience moderate disabilities. Low- and middle-income countries have higher prevalence rates than high-income countries. Table 1.1 below presents the estimated prevalence of disability by region and age.

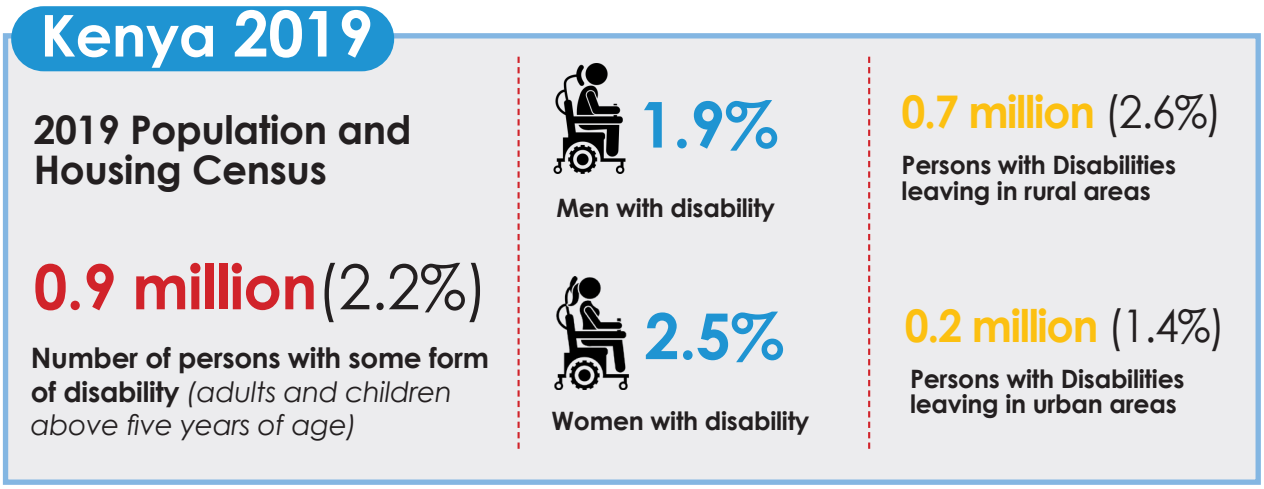
Table 1.1: Estimated prevalence of severe and moderate disability and age in Africa and Globally

Age	Africa (%)	World (%)
	Severe Disability	
■ 0 – 14 years	1.2	0.7
■ 15 – 59 years	3.3	2.7
■ 60 years and above	16.9	10.2
■ All ages	3.1	2.9
	Moderate Disability	
■ 0 – 14 years	6.4	5.1
■ 15 – 59 years	19.1	14.9
■ 60 years and above	53.3	46.1
■ All ages	15.3	15.3

Source: World Health Organization & World Bank, 2011

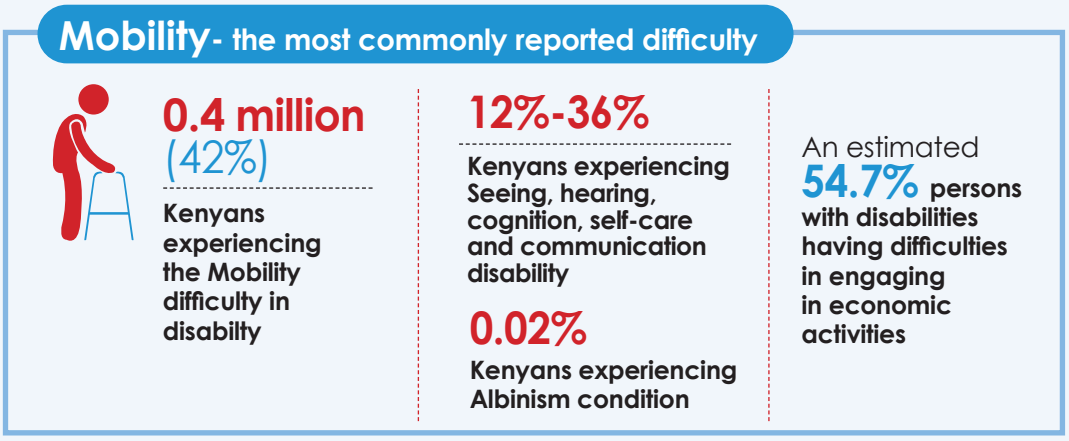
In Africa, it is estimated that 15.3 percent of the population had a moderate disability 3.1 percent of the population had a severe disability in 2011. Between 0-14 years were 6.4 per cent, 15-59 years were 19.1 per cent while majority were aged 60 years and above who accounted for 53.3 percent. The same trend is reflected in the global statistics with persons aged 60 years and above accounting the largest group of persons with disabilities with 46.1 per cent having moderate disability and 10.2 per cent having high support needs.

In Kenya, the number of persons with some form of disability as per the 2019 Population and Housing Census was 0.9 million, which translates to 2.2 percent of the total population. This included adults and children above five years of age (KIPPRA 2022). The 2019 census also indicates that 1.9% of men have a disability compared with 2.5% of women. Additionally, there are more persons with disabilities living in rural than urban areas. Analysis of prevalence rates by residence shows 2.6% (0.7 million) of people in rural areas and 1.4% (0.2 million) of people in urban areas have a disability.



Analysis of disability by domain reveals that mobility is the most commonly reported difficulty, experienced by 0.4 million Kenyans and representing 42% of persons with disabilities. The other domains of disability – seeing, hearing, cognition, self-care and communication – are experienced by between 12% and 36% of persons with disabilities. Albinism is a condition experienced by 0.02% of Kenya's population.

Persons with disabilities in Kenya, like in most developing countries constitute a marginalized population and face challenges resulting from their disability. An estimated 54.7% of persons with disabilities have difficulties in engaging in economic activities (KIHBS 2015/2016), which exposes them to the risk of falling into or remaining trapped in extreme poverty. Most have no access to education, health, employment or rehabilitation. The majority experience hardships as a result of inbuilt social, cultural and economic prejudices, stigmatization and more often, abuse and violence. These inequalities are often higher among women and girls with disabilities and create significant disability-related costs.



1.3 Legal and Policy Instruments on Disability

Kenya has made commitments to addressing issues of persons with disabilities through national policy and legal frameworks. This section highlights some of the key international and national instruments on disability.

1.3.1 International Instruments on Disability

i. The United Nations Convention on the Rights of Persons with Disabilities

Globally, the Convention on the Rights of Persons with Disabilities (CRPD), 2006 was adopted as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabil ities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. Kenya ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) on 19th May 2008 creating an obligation upon Kenya to respect, protect and fulfil the provisions in the Convention. The Convention requires that the States Parties recognize the right of persons with disabilities to social protection including an adequate standard of living for themselves and their families, adequate food, housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.

ii. 2030 Agenda for Sustainable Development Goals

The main objectives of the SDGs with their clarion call to ***"leave no one behind"*** are to achieve a better and more sustainable future for all including persons with disabilities. Disability intersperses with four major SDGs namely: SDG 4: Quality Education, SDG 8: Decent growth and opportunities for all, SDG 10: Reduced Inequalities, and SDG11: Sustainable Cities and Communities. Sufficient disaggregated data by disability status is required to allow comprehensive monitoring of the wellbeing and inclusion of persons with disabilities and the advancement of their rights.

1.3.2 Regional Instruments on Disability

i. African Union Agenda 2063

Agenda 2063 aspires for prosperous Africa based on inclusive growth and sustainable development. It aims for higher standard of living, quality of life and well-being of all citizens. It prioritizes affordable social security and social protection for persons with disabilities, the elderly and children.

The Agenda advocates for development of an implementation mechanism that is underpinned by strong knowledge management systems which enhances the quality of delivery through cutting edge research, innovation and codification of ground-breaking experience.

ii. Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa

The general obligation under this protocol is that state parties shall take appropriate and effective measures including policy, legislative, administrative, institutional and budgetary steps, to ensure respect, promote, protect and fulfil the rights and dignity of persons with disabilities, without discrimination on the basis of disability.

Every person with a disability shall be entitled to the enjoyment of the rights and freedoms recognized and guaranteed in this Protocol without distinction of any kind on any ground including, race, ethnic group, color, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or any status.

Article 32 of the protocol further obligates state parties to ensure the systematic collection, analysis, storage and dissemination of national statistics and data covering disability to facilitate the protection and promotion of the rights of persons with disabilities.

1.3.3 National Legal and Policy Framework

i. The Constitution of Kenya

In the light of this the Government of Kenya, as a signatory in 2007, has put in place policy and legislative frameworks to progressively support persons with disabilities. The Constitution of Kenya 2010 provides for basic rights to health, education, and decent livelihoods, which provides for the government's commitment to the progressive realization of the rights. Article 21(3) states: "All State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities,

and members of particular ethnic, religious or cultural communities. Other Articles related to the rights of persons with disabilities are shown below.

Article 7	***recognizes sign language, braille and other communication accessible to persons with disabilities as part of the official languages***
Article 10 (2)(b)	***underlines the states obligation to protect marginalized groups to ensure they enjoy the right to human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalization***
Article 27(4)	***on non-discrimination prohibits direct or indirect discrimination against any person on any ground, including disability.***
Article 28	***promotes respect and protection for the human dignity of every person.***
Article 43 (3)	***obligates the state to provide appropriate social security to persons who are unable to support Article 43 guarantees all Kenyans their economic, social, and cultural (ESC) rights.***
Article 54	***makes specific provisions for persons with disabilities.***

ii. The Persons with Disabilities Act 2003

The Persons with Disabilities Act No. 14 was passed in 2003 to ensure equal opportunities for persons with disabilities to participate in society, including ensuring access to education, health and employment. The Act safeguards the rights of persons with disabilities in Kenya and provides for the realization of these rights. The Disability Act also requires the NCPWD to pay allowances to persons with severe disabilities and who are not trainable in any skills.

iii. Kenya Vision 2030

Kenya's long-term development blueprint, Vision 2030, recognizes the fundamental role of social protection in ending poverty and improving standards of living for all citizens by the year 2030. The Social Pillar under Kenya Vision 2030 seeks to build a "just and cohesive society with social equity in a clean and secure environment" which includes special provisions for persons with various disabilities. The framework aims to address adequately the issues that directly affect persons with disabilities and thus inform policies, legal frameworks, programs and projects for PWDs.

iv. National Social Protection Policy 2011

The National Social Protection Policy 2011 provides the overarching policy direction for social protection in Kenya. The Policy is geared towards expanding coverage of social protection schemes to vulnerable groups including children, older persons, persons with disabilities and marginalized groups. The NSPP structures social protection around three pillars: Social assistance delivered through cash transfer programmes; Social security which provides retirement benefits to formal and informal workers through schemes such as the National Social Security Fund (NSSF), Civil Service Pension Scheme and various retirement benefit schemes that are employer/individual-based; and health insurance delivered through National Hospital Insurance Fund (NHIF) to enhance health insurance coverage.

v. Bottom-Up Economic Transformation Agenda 2022

The Bottom-Up Economic Transformation Agenda 2022 provides that inclusion into society and employment opportunities for persons with disabilities requires improved access to basic education, vocational training relevant to labour market needs and jobs suited to their skills, interests and abilities, with adaptations as needed; 4.6% of Kenyans experience some form of disability; More persons with disabilities reside in rural (2.6% or 0.7 million) than in urban areas (1.4% or 0.2 million); 15% of PWDs are likely to be affected by environmental factors on a daily basis; 65% of PWDs regard the environment as the major problem in their daily lives; A quarter of PWDs work in family businesses, but a third do not work at all.

4.6% **of Kenyans experience some form of disability**

15% **PWDs are likely to be affected by environmental factors on a daily basis**

65% **of PWDs regard the environment as the major problem in their daily lives**

To ensure inclusion into the society and employment opportunities for persons with disabilities, the government commits to:

i) Ensure 100% NHIF coverage for PWDs
ii) Increase the number of Integrated schools to allow children with disabilities start interacting with the general public at an early age to restore confidence and their self-esteem
iii) Increase capitation of pupils with disabilities by 50%, set aside 15% of all public funded bursaries for pupils with disabilities
iv) Ring fence adequate percentage of Hustler Fund for PWDs
v) Ensure that 5% of all market stalls be allocated to PWDs
vi) Ensure 5% of AGPO are reserved for PWDs with an increase in the LPO financing fund
vii) Encourage Counties to waiving license fee of new businesses opened by PWDs
viii) Exempt all assistive devices from import duty and explore possibilities of partnership with domestic manufacturers to produce affordable devices.

1.4 Administrative Framework

1.4.1 National Council for Persons with Disabilities (NCPWD)

The National Council for Persons with Disabilities (NCPWD) was established by the Persons with Disabilities Act No. 14 of 2003 and came into effect in December 2004 through Legal Notice Number 64 of 16th June 2004. The Council is a State Corporation entrusted with the statutory mandate to champion the rights and equalization of opportunities for persons with disabilities. The Council derives its legal mandate from section 7 of the Persons with Disabilities Act No.14 of 2003.

i. Functions of The Council

The Council derives its legal mandate from Section 7 of the Persons with Disabilities Act No.14 of 2003 summarized as follows;

i) Formulating and developing measures and policies designed to achieve equal opportunities for persons with disabilities;

ii) Cooperating with the government during the National Census to ensure that accurate figures of persons with disabilities are obtained;

iii) Issuing orders requiring the adjustment of buildings that are unfriendly for use by persons with disabilities;

iv) Recommending measures to prevent discrimination against persons with disabilities;

v) Encouraging and securing the rehabilitation of persons with disabilities within their own communities and social environment;

vi) Registering persons with disabilities and institutions and organizations giving services to persons with disabilities; and

vii) Raising public awareness regarding persons with disabilities.

ii. Ongoing Projects/programmes

The Council is implementing the following programmes:

1. The National Development Fund for Persons with Disabilities (NDFPWD);
2. Cash Transfer for persons with Severe Disabilities (PWSD-CT) programme;
3. Persons with Albinism Support Programme and;
4. Autism and Related Developmental Disabilities programme
5. Disability mainstreaming in public and private institutions

In recognition of the challenges that persons with disabilities in Kenya experience, the Government has put in place various interventions for the welfare of persons with disabilities in the Country. These include, provision of assistive devices, education assistance, economic empowerment and social assistance for persons with severe disabilities.

Social transfers are increasingly being recognized as a critical tool in combating the triple threat of chronic poverty, hunger and HIV/AIDS. There are increasing calls for scale up of social assistance programmes in the advent of the global financial, food, fuel crises and high incidence of infectious and non-communicable diseases. These programmes are alleviating poverty by supplementing incomes in poor households, enabling them to increase their consumption of food and other basic items. They also promote other benefits, including increased use of health services and economic resilience of households.

Persons with disabilities require adequate access to both disability-specific and mainstream social assistance programmes, given the diverse risks, inequalities, disability-related costs and barriers they face. Access to disability-inclusive social assistance is limited to 3.5 percent of the disability population through the persons with severe disabilities cash transfer programme.

1.5 Persons With Severe Disabilities Cash Transfer (PWSD CT) Programme

Kenya has various social protection programmes providing income support to persons with disabilities, including disability-specific and mainstream programmes and both tax-financed and contributory programmes. The PWSD CT programme is one of the national cash transfer schemes within the tax-financed Inua Jamii Programme. The programme is also the main disability-specific social assistance programme in the Country. Other mainstream social assistance programmes include the Older Persons Cash Transfer (OPCT), Cash Transfer for Orphans and Vulnerable Children (CT-OVC) (implemented by the State Department for Social Protection) and the Hunger Safety Net Cash Transfer programme (HSNP). The HSNP is implemented by National Drought Management Authority (NDMA) in the State Department for the ASALs & Regional Development.

The PWSD CT Programme is premised on the fact that disbursements of funds to persons with disabilities wishing to engage in entrepreneurial and/or obtain assistive devices may not be sufficient or useful to persons who have severe or multiple disabilities. Children and adults with severe disabilities need support on a fulltime basis by caregivers to ensure their needs are attended to therefore denying caregivers an opportunity to engage in meaningful income generating activities. Consequently, increasing their vulnerability to extreme poverty and that of other members of the household.

1.5.1 Programme Development and Implementation

i. Pilot

The PWSD CT programme was initially a pilot programme developed by the National Council for Persons with Disabilities in the financial year 2010/2011 to support 10 households across the former 210 Constituencies through funds from the National Development Fund for Persons with Disabilities (NDFPWD). At the time, 2,100 beneficiary households were receiving Kshs. 1,500 per month. The pilot informed the scale-up and formal launch of the programme in FY 2011/12

ii. Programme roll-out

In 2011/2012, through lobbying by the National Council for Persons with Disabilities, the programme received additional resources from the Government to scale up and formally launch. The programme was expanded from the initial 2,100 to 14,700 households. This translated to 70 households across the former 210 Constituencies. each household receiving a monthly benefit of Kshs. 2,000.

In 2012/2013 the programme budget allocation was retained, consequently no scale up was done. In 2013/14 the programme received additional resources to enroll an additional 12,500 new beneficiaries bringing the total number to 27,000 households. In 2014/15 the programme allocation was retained therefore maintaining the number of beneficiary households enrolled in 2013/14. In the 2015/16 budget, the programme scaled up to an additional 20,000 households to bring a total of 47,000 beneficiary households who are receiving a transfer of KES 2,000 per month, delivered on a bi-monthly basis. The number of beneficiaries and allocation have been retained at 47,000 beneficiary households across the Country to date.

1.5.2 PWSD CT Programme Objectives

The overall objective of the programme is to enhance the capacities of the caregivers through regular and predictable cash transfers thereby improving the livelihoods of persons with severe disabilities and mitigating the effects of the disability on the household.

The specific objectives of the programme in terms of the households and welfare of the person with severe disabilities are:

1.5.3 Programme Design

The current programme design implemented is as follows:

Beneficiary Selection:

The PWSD CT programme is a household-based programme. A household is classified as eligible for the programme, if it satisfies the following conditions:

i) An extremely poor household with a person(s) with severe disability;
ii) A household not enrolled in any programme with exception of an OPCT beneficiary;
iii) The person with severe disability is a Kenyan citizen; and
iv) A household that has been resident in a particular location for more than a year.

Cash benefit

The beneficiary household is entitled to KES 2,000, regardless of the number of persons with severe disabilities in the household. Since the inception of the programme, the benefits were paid on a bi-monthly basis through contracted payment service providers. Presently, the benefits are paid on a monthly-basis in line with the commitments made by H.E the President of the Republic of Kenya in April 2023.

1.5.4 Institutional Arrangements Underpinning the PWSD CT Programme

At the national level, the State Department for Social Protection and Senior Citizen Affairs is responsible for coordinating the social protection sector and managing some of the key social assistance in the Country. The National Social Protection Secretariat (NSPS) is responsible

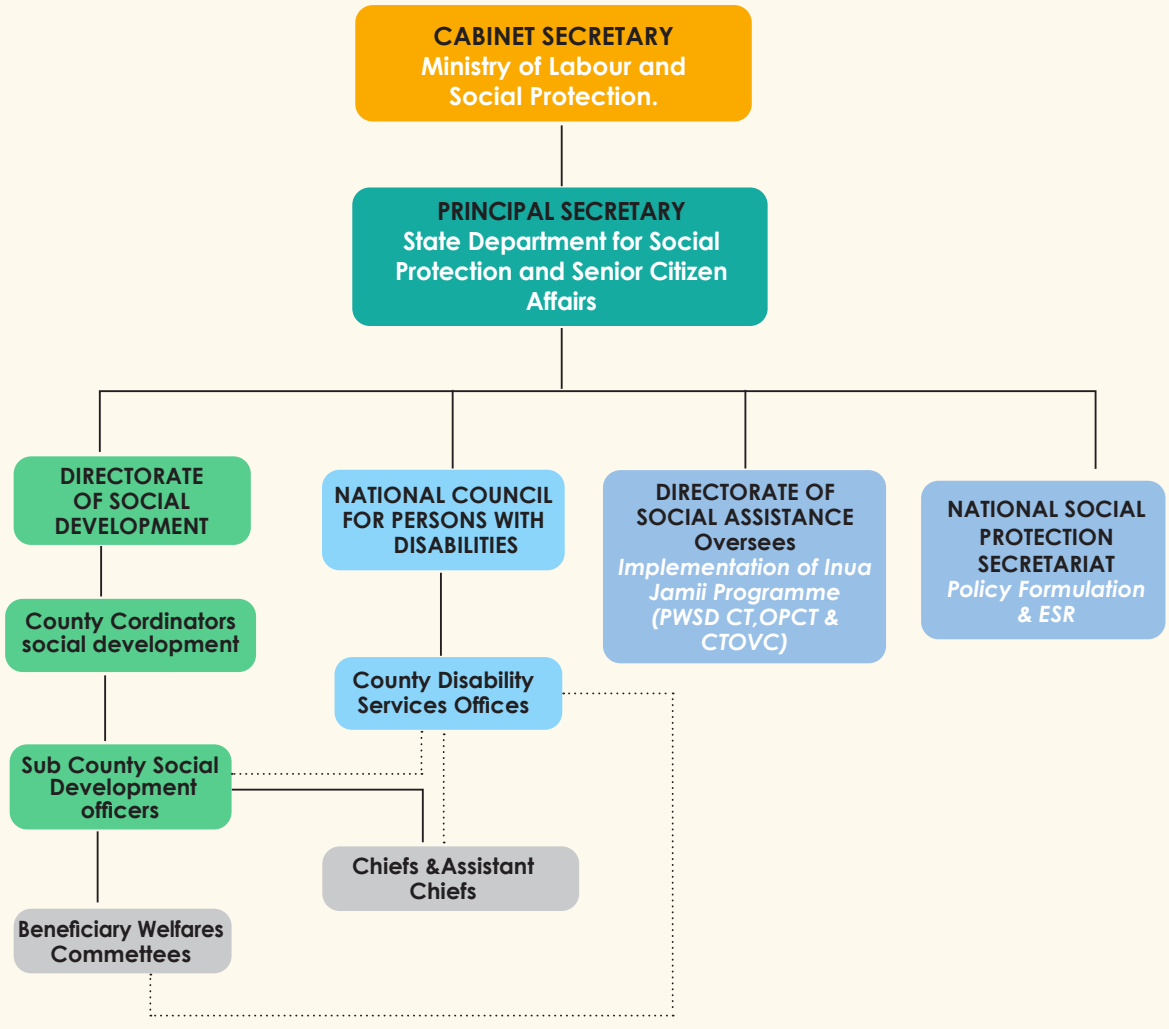
for strategic direction, technical support, policy development and inter-agency coordination of the Inua Jamii Programme. In addition, the Secretariat oversees the establishment and management of the Enhanced Single Registry (ESR) for social protection programmes.

The Directorate of Social Assistance which was established within the State Department, is responsible for implementing the Inua Jamii Programme which is a consolidation of the three cash transfers, the CTOVC, OPCT and the PWSD CT programmes. It is worth noting that the operational management and implementation of the PWSD CT programme is a function shared by the National Council for Persons with Disabilities and the Directorate of Social Assistance.

At the County level, County Disability Services Officers are responsible for implementation of the PWSD CT programme with the support of County and Sub-County Officers from the Directorate of Social Development. The different reporting lines for County and Sub-County Social Development Officers limits the effectiveness of the Council and DSA in providing oversight of the implementation process for the PWSD CT programme.

At the sub location level, officers from National Government Administration Officers (chiefs and assistant chiefs) assist programme implementers. At the community level, the Beneficiary Welfare Committees (BWC) act as the link between programme implementers and beneficiaries. The committee is composed of beneficiaries themselves who facilitate mobilization for programme activities.

Figure 1.1 visualizes the roles and responsibilities governing the PWSD CT programme

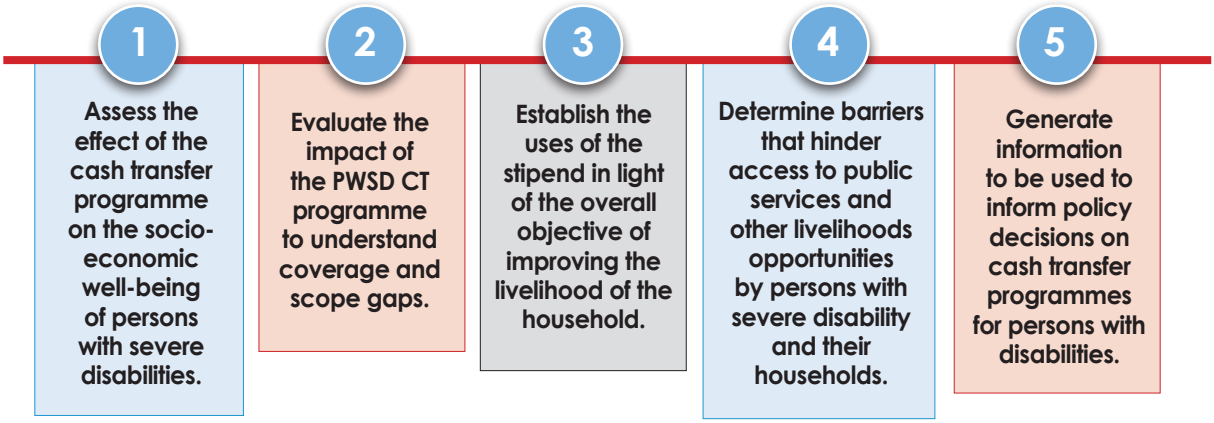


1.6 Objectives of the Impact Assessment

1.6.1 Overall Objective

The overall objective of this assessment is to evaluate the effectiveness of the Persons with Severe Disabilities Cash Transfer Programme in enabling the beneficiaries improve their livelihoods.

1.6.2 Specific objectives



1.7 Rationale of the Impact Assessment

Overtime, as a result of design and implementation issues, the PWSD CT programme has encountered a number of challenges. Previous audits have revealed that as a result of the minimum transfer value and additional costs of caring for persons with disabilities, the cash transfer may not be mitigating the effects of disability in the household. This has become a challenge for caregivers as they are often unable to fully engage in income generating activities due to their care duties.

Lack of support and care for persons with disabilities has a negative impact on the quality of life of the individual and in many cases can cause further impairments due to the lack of proper treatment and care. In addition, the limited impact of the transfer on the beneficiaries is attributed to the transfer value against inflation. Whereas the stipend could have had an impact on the beneficiary 10 year ago, with the passage of time, inflation has eroded the value of the benefit. A review of the effect of inflation on the purchasing power of the amount is to be done periodically however, this has never been done since the programme started.

Impact measurement is concerned with assessing the extent to which a cash transfer programme has achieved changes which were expected. Given the importance of cash transfer programmes in social protection, understanding programme impacts and processes that facilitate improvements in programme implementation is critical. Therefore, the purpose of the assessment was to establish the impact the PWSD CT programme has had in enabling the beneficiaries and their households improve their livelihoods using a range of indicators.

2

SCOPE AND METHODOLOGY

2.1 Overview

This Chapter discusses the tasks carried out by the impact assessment team to achieve the objectives of the assessment. These include, but are not limited to: data requirements; methodologies and tools for data collection; determination of the sample size and sampling procedures; pretesting of the data collection tool; and data analysis techniques.

2.2 Scope, Coverage and Sampling Methodology

Due to limitation of funds, capacity and timeframe within which the assessment was required to be conducted, the assessment adopted a stratified sampling model where selected Counties, Constituencies and Locations were a representation of the following parameters:

i) Population size, poverty index and the need to have a representative sample.
ii) Urban, Peri Urban, Rural and Arid and Semi-Arid Lands.
iii) Sampling of the respondents was based on Locations that had over 10 households as per the July-October 2022 payment cycle.

The assessment was conducted in 9 Counties, these are Kilifi, Kitui, Nyeri, Busia, Vihiga Narok, Kisumu, Kajiado and Isiolo.

In each of the 9 Counties, two Constituencies and 4 Locations were randomly selected. In the 4 Locations, the assessment randomly targeted 10 households hence a total sample size of 360 respondents.

Table 2.1 Sample Counties, Constituencies, and Locations

No.	County	Constituencies	Location	No. of PWSD-CT beneficiaries in the July-October 2022 cycle
1.	Kilifi	Magharini	Marafa	48
			Chakama	24
		Kaloleni	Mariakani	31
			Tsabgatsini	12
2.	Kitui	Mwingi North	Kumuwogo	16
			Kyso	18
		Kitui Rural	Nthogoni	17

No.	County	Constituencies	Location	No. of PWSD-CT beneficiaries in the July-October 2022 cycle
			Mbusyani	16
3.	Nyeri	Kieni	Naro Moru	29
			Thigu	25
		Othaya	Iria-Ini	58
			Karima	66
4.	Kajiado	Kajiado North	Olkeri	16
			Oloolua	24
		Kajiado West	Kiserian	14
			North Keekonyokie	31
5.	Busia	Teso South	Asige	28
			Kaujakito	19
		Budalangi	Bunyala Central	21
			Khajula	37
6.	Vihiga	Emuhaya	North Bunyore	36
			Central Bunyore	36
		Hamisi	Banja	43
			Shamakhokho	36
7.	Narok	Emurua Dikirr	Kapsasian	19
			Mogor	18
		Narok South	Eldonyo Ng'iro	17
			Ololulung'a	31
8.	Kisumu	Seme	South Central	32
			South West Seme	34
		Kisumu West	Kisumu South West	90
			Kisumu Central	19
9.	Isiolo	Isiolo North	Merti	46
			Central	26
		Isiolo South	Kinna	24
			Garbatulla	13

2.3 Data collection methods/instruments

To generate pertinent information and respond to the objectives of the impact assessment, a combination of both quantitative and qualitative methods of data collection were used.

i) Quantitative Household Questionnaire

A quantitative household questionnaire was developed to collect data on a representative sample of beneficiary households from the PWSD CT Programme. The assessment entailed administration of a structured questionnaire in face-to-face manner among the representative sample households and programme implementers using KOBO Collect, a data collection software.

ii) Qualitative data collection tools

Qualitative data was collected to complement the quantitative data on programme implementation and level of use of the programme benefits by beneficiary households. Data was also collected from:

a) programme implementers involved in implementing the PWSD CT programme at County and Constituency level. The information gathered was used to draw insights and exposition on the programme implementation.

b) **Semi-structured questionnaires**: The assessment used a mix of structured and unstructured questionnaires which helped collect information on the impact of the benefits on the livelihoods of the beneficiary households.

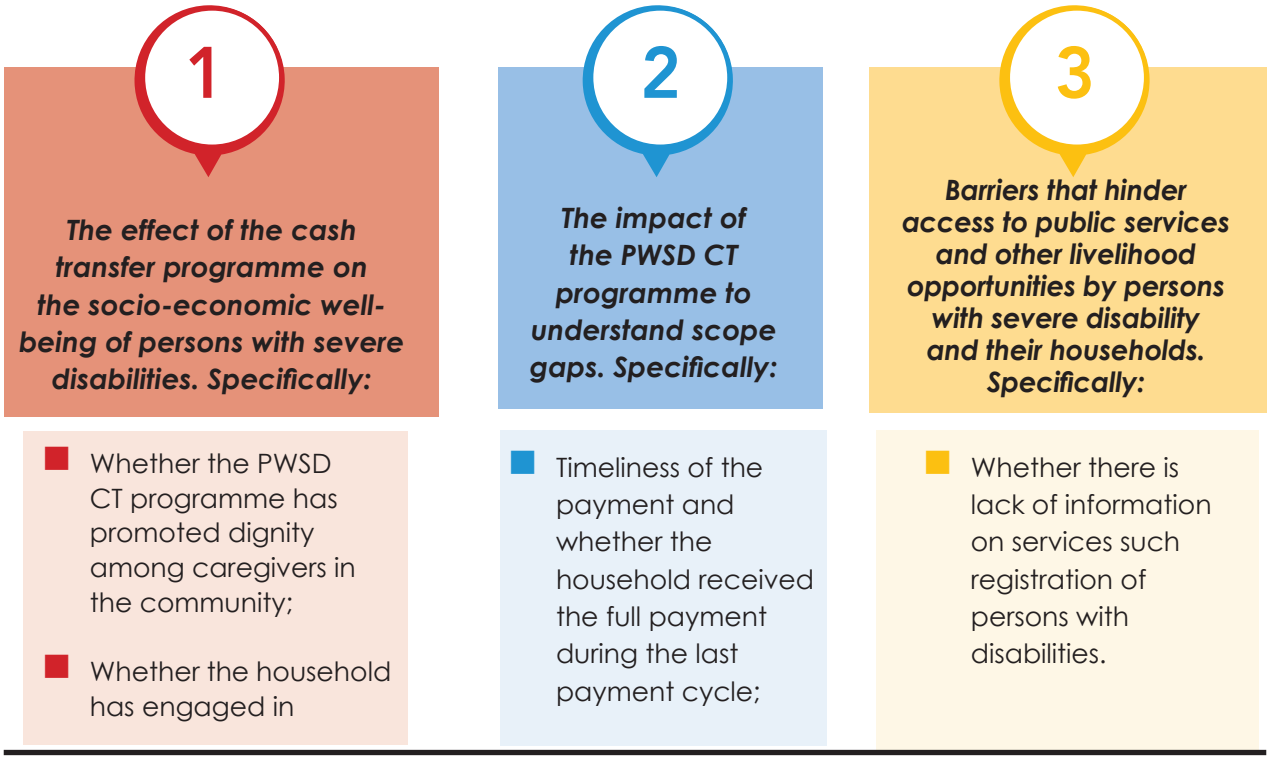
c) **Observations:** This entailed observing characteristics at household level to confirm socio-economic status of the households.

Prior to embarking on the actual field exercise, pretesting of the data collection tools was carried out in Nairobi County in 3 Constituencies (Embakasi, Langata and Kasarani). In each of the Constituencies, 1 Location was sampled. Thereafter, the data collection tool was finalized ready for the roll out of the assessment.

Data collected through the qualitative instruments was used to triangulate with data obtained from the quantitative data.

2.4 Research Questions

The assessment sought to evaluate the effectiveness of the cash transfer for persons with severe disabilities programme in enabling the beneficiaries improve their livelihoods. The research questions were derived from key variables relating to the effectiveness of the programme. This was achieved through establishing:



economic activities from the use of the stipend;

- Whether the cash transfer stipend has enabled households have positive dietary diversity;
- Whether there is positive impact of the PWSD CT stipend on household consumption

- Effects of delay in payment experienced by the household;
- Distance covered by the caregivers to the payment service providers,
- Costs incurred to access the payments service providers;
- Timeliness in resolving complaints and grievances;

- What linkages households have to other social protection programmes.
- Determine other factors that hinder access to public services and other livelihood opportunities by persons with disabilities and their households.

2.5 Data Analysis

After completion of online data collection through KOBO Collect Software, the quantitative and qualitative data was analyzed. Each variable was independently analyzed to provide insights on whether the programme objective was being achieved, determine the challenges and provide recommendations from the data. The analysis was provided in tabula, figures and graphs for quantitative data. On the other hand, qualitative data from interviews with program implementers and observation, were analyzed using content analysis to assess the performance of the programme.

3

DATA ANALYSIS AND INTERPRETATION

3.1 Overview

The aim of this chapter is to describe the results of this study and to discuss the implications and conclusions drawn from those results. The limitations of this study and implications for future research are also discussed.

3.2 Response Rate

A total of 351 out of a sample size of 360 beneficiaries drawn from Narok, Busia, Nyeri, Vihiga, Kisumu, Kilifi, Kitui, Kajiado and Isiolo Counties were interviewed. This translates to 97.5% response rate. Based on the population sizes, poverty index and the need to have a representative sample, 19 Constituencies were identified for sampling during the exercise.

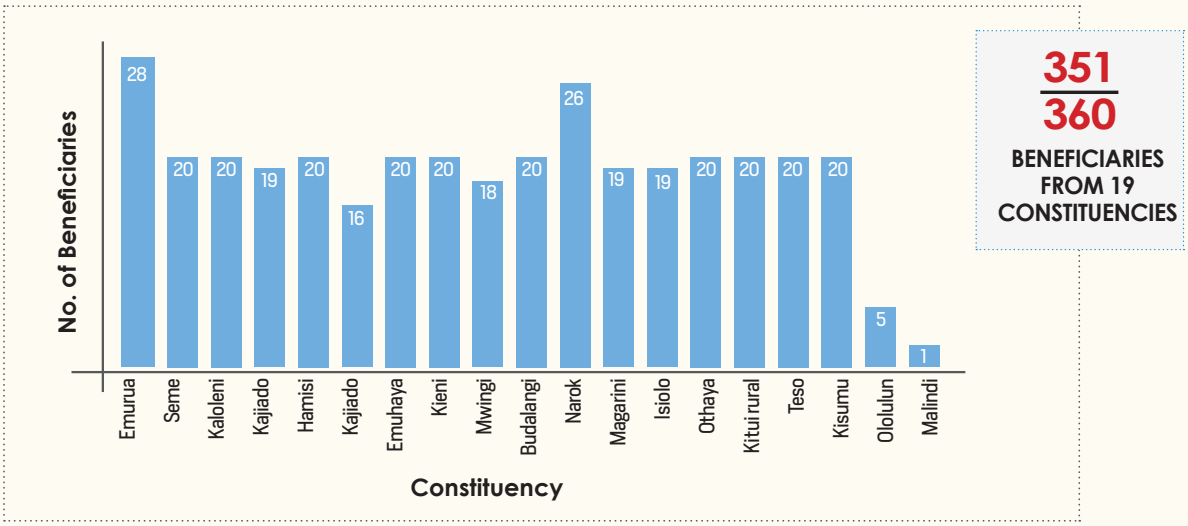
Due to security concerns in Isiolo, the sample numbers for two Constituencies in Isiolo were substituted in Narok County. Consequently, there was an increase in sample numbers in Narok from 40 households to 60 households.

Table 3.1 Response rate per county

S/No.	County	Sample size	No. of respondents
1	Narok	40	59
2	Busia	40	40
2	Nyeri	40	40
4	Vihiga	40	40
5	Kisumu	40	40
6	Kilifi	40	40
7	Kitui	40	38
8	Kajiado	40	35
9	Isiolo	40	19
Total		**360**	**351**

97.5%
RESPONSE RATE

Figure 3.1 PWSD-CT beneficiaries per constituency

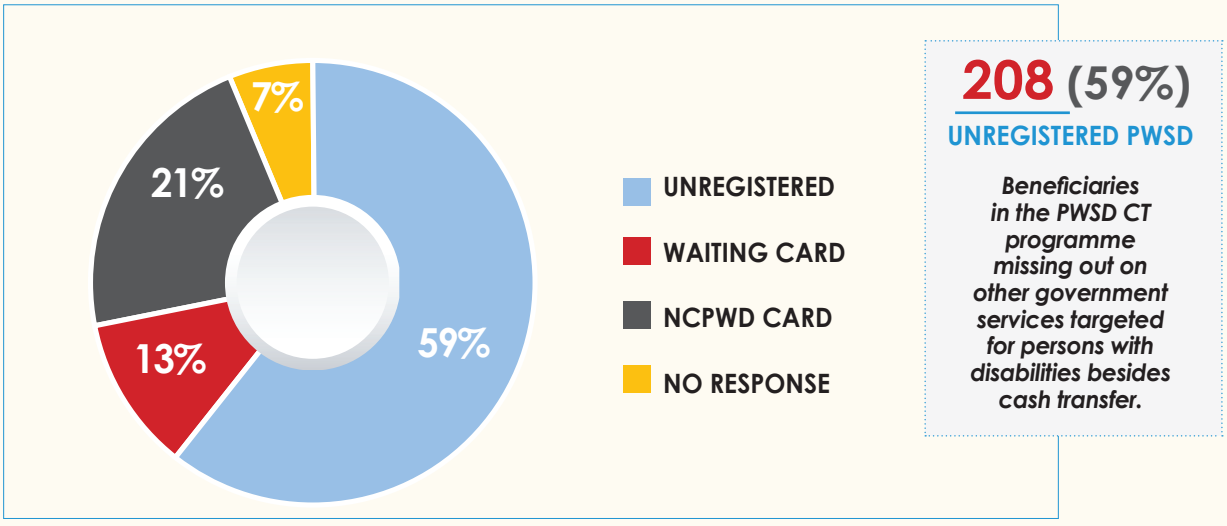


3.2.1 Disability registration status

Registration of persons with disabilities entails several benefits which enable them access various services such as assistive devices, education assistance, economic empowerment opportunities among others. Additionally, availability of accurate data enables planners and policy makers in ensuring evidence-based decisions are made.

Out of the beneficiaries interviewed, 34% of the PWDs had registered with the Council and had either waiting or registration cards while 59% were not registered. 7% of the respondents did not provide any response. This implies that there is a considerate number of beneficiaries in the PWSD CT programme who are missing out on other government services targeted for persons with disabilities other than cash transfer due to lack of registration as persons with disabilities.

Figure 3.2 No. of PWSD-CT beneficiaries registered



NB: ***The process for registering as a person with disability has recently been onboarded onto e-Citizen in line with the Presidential directive on digitizing government services to ease service delivery. An individual receives a disability registration certificate upon successful application.***

3.2.2 Support and relationships from caregivers

Majority of the caregivers (59.3%) were parents or one parent to the beneficiary. It was clear that their immediate responsibility was that of providing their children with the greatest care possible. Through informal conversations with caregivers, absenteeism of one parent was noted, and in most cases, it was observed that the father was the absentee parent. For households visited that had an absentee parent, it was indicated that this was a conscious choice by the absentee parent to reject the child because of the disability. Consequently, the remaining parent is forced to try make ends meet to raise the child with severe disabilities in most cases within difficult financial situation.

Further, other than the parents, most of the other caregivers were close relatives to the beneficiary (39%). This implies that taking up the role of being caregiver was shaped by an existing relationship and geographic proximity. It is also important to note that these family caregivers are unpaid providers who in most cases need access to information on care and protection of the family members who are beneficiaries of the programme.

Table 3.2 Relationship between the caregivers and the beneficiaries

Relationship	No. of Households	Percentage
Parent	208	59.3%
Sibling	32	9.1%
Spouse	25	7.1%
Child	17	4.8%
Other Relatives	60	17.1%
Neighbor	2	0.6%
Undefined Relationship	5	1.4%
Guardian	1	0.3%
Friend	1	0.3%
Total	**351**	**100%**

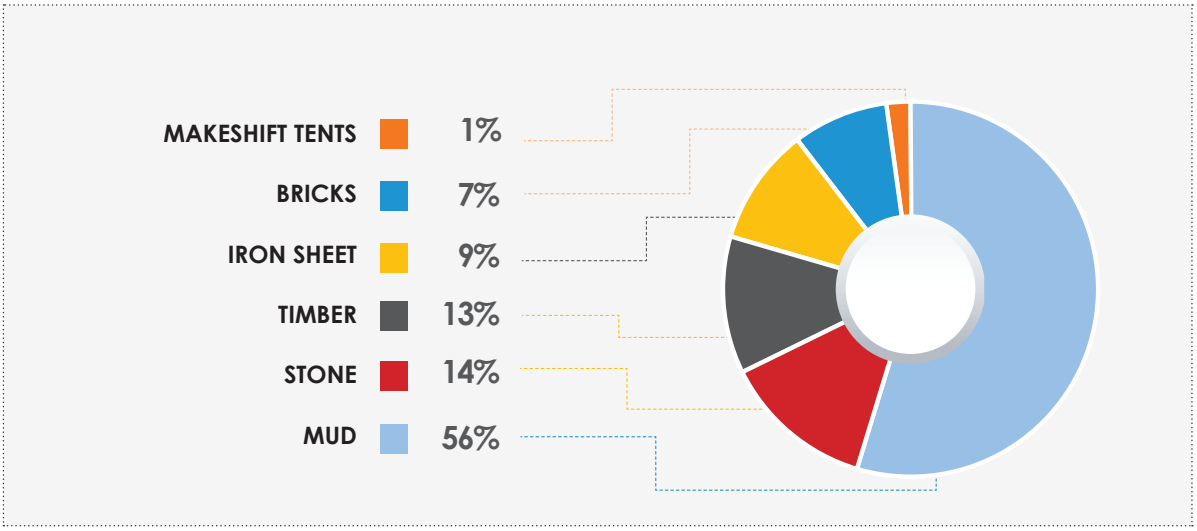
208 (59.3%) **PARENTS**
MAJORITY OF THE CAREGIVERS TO THE BENEFICAIRIES

134 (39%) **CLOSE RELATIVES**
TAKING UP THE ROLE OF CAREGIVING WAS SHAPED BY AN EXISTING RELATIONSHIP AND GEOGRAPHIC PROXIMITY

3.2.3 Household dwelling units

Out of the beneficiaries interviewed, 56% were living in mud houses, 13% in timber houses, 9% under iron sheets, 7% in houses made from bricks, 1% in make shifts tents, 14% in stone houses.

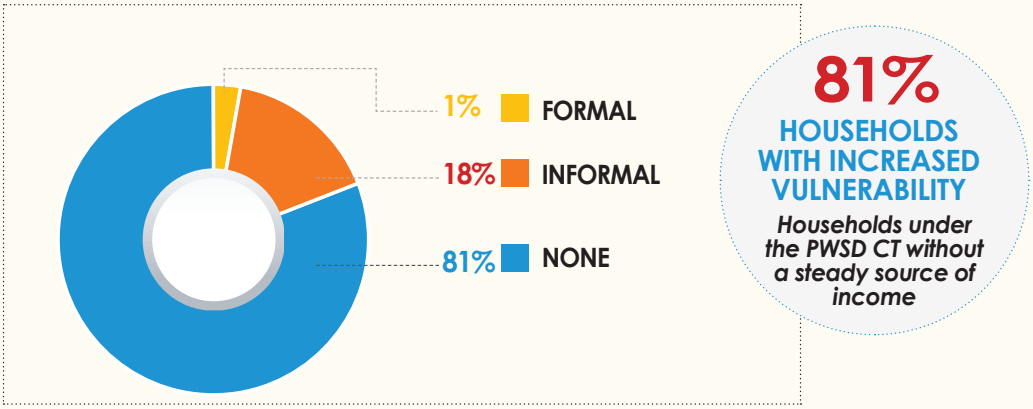
Figure 3.3 Household dwelling units of the beneficiaries.



3.2.4 Household heads income

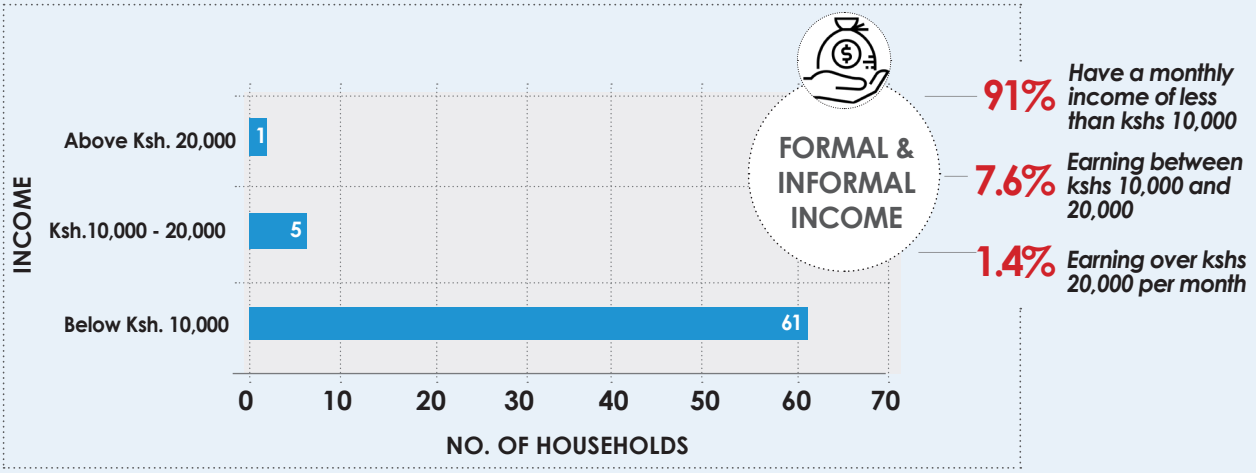
Overall, 81% of household heads do not have any income. 19% of the household heads have an income in formal or informal with the larger number being in informal employment (casual work, small scale agriculture, small scale traders). This implies that majority of the households under the PWSD CT households do not have a steady source of income therefore increasing vulnerability of the households.

Figure 3.4 Source of income of the Household heads



Out of those who have either a formal or an informal income, majority of household heads (91%) have a monthly income of less than Kshs 10,000 and 7.6% were earning between kshs 10,000 and 20,000 while 1.4% reported to be earning over kshs 20,000 per month.

Figure 3.5 Monthly income of the household head



3.2.5 Households' disability statuses

About a sixth of the households were reported to have multiple persons with disabilities. This translated to 60 households having 137 persons with disabilities. The PWSD CT programme being household-based as opposed to individual-based in this case implies poor income and quality of life for households with multiple persons with disabilities as their needs are likely to be more. Table 3.3 below presents the number of beneficiary households with multiple persons with disabilities.

Table 3.3 Beneficiary households with multiple disabilities

Households with multiple disabilities	Households without multiple disabilities	Total
60	291	351

3.2.6 Household food Consumption characteristics

Food security exists when all people have physical and economic access to sufficient and nutritious food to meet their dietery needs and food preferences for a healthy and active life (Schwartz et al. 2019).

This indicator sought to identify household food consumption looking at issues that are likely to have an impact on the beneficiary. This relates to the household composition characteristics; household consumption characteristics and costs incurred to purchase and access food if any.

a. Household Composition

Majority of persons with severe disabilities (55.6%) live in households that have between five and nine members. 13.4% persons with severe disabilities live in households with ten to fourteen members. Again, this implies that large households are disadvantaged as their needs are likely to be more and also indicates a negative impact on the households' income and quality of life. Notably, 1.1% persons with severe disabilities lived alone implying the risk of social isolation and lack of physical support. Table 3.4 below presents the household composition characteristics.

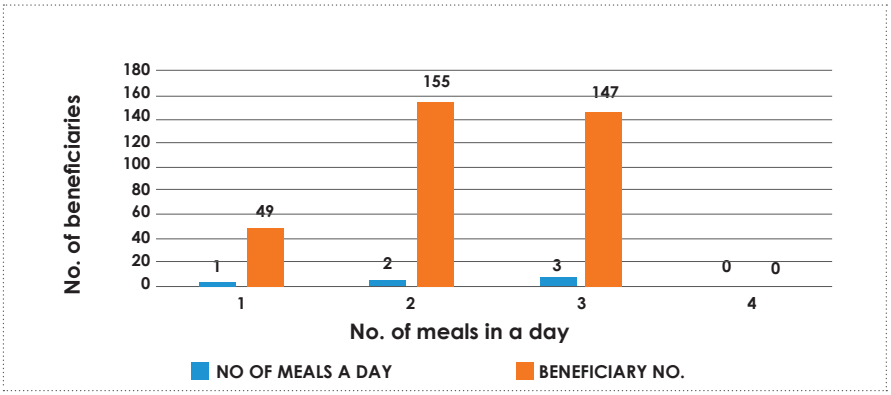
Table 3.4 Household Composition Characteristics

Family member in a household	Frequency	Percentage
Less than 5 members	103	29.3%
5 - 9 family members	195	55.6%
10-14 family members	47	13.4%
Above 15 family members	2	0.6%
None	4	1.1%
Total	**351**	**100%**

b. Number of meals in a day

Overall, majority of the households suffered high levels of food inadequacy due to the number of meals they had in a day. About 44% had two meals a day. Informal conversations with these households indicated this was attributed to inadequate resources. Further, 13% often had one meal a day which was attributed to inadequate food supply. Figure 3.6 below presents the number of meals consumed by a household in day.

Figure 3.6 Number of meals consumed by a household in a day



c. Source of foodstuffs

Majority of the households (91.7%) purchased their food from the market and local shops while 6.6% consumed food from own farm production. Notably, 1.1% of the households depended on well-wishers for food assistance. This indicates that households of persons with disabilities are likely to have poorer physical access to food which can be considered a risk factor for food security, health and dietary outcomes (Schwartz et al. 2019). The table below presents the distribution of households by main source of foodstuff in the last three days preceding the Assessment.

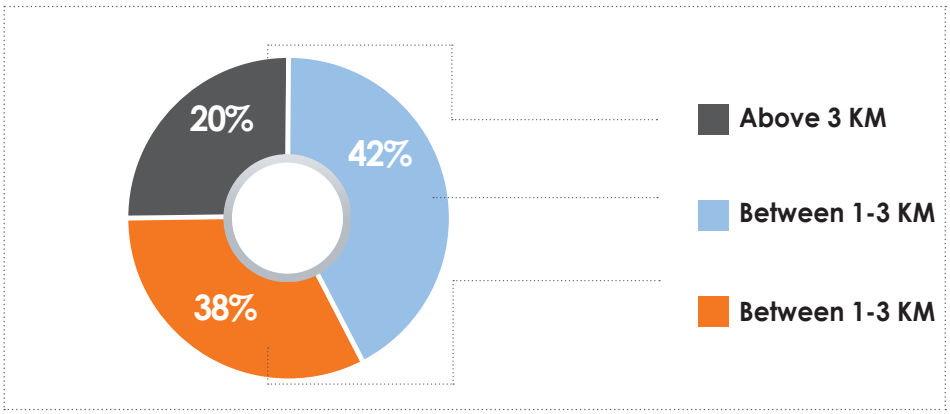
Table3.5 Distribution of households by main source of foodstuff

Source of Foodstuff	No. of Households	Percentage
Market	322	91.7%
Farm	23	6.6%
Well-wishers	4	1.1%
Farm and local shop	2	0.6%
Total	**351**	**100%**

d. Distance covered to source for foodstuff

Majority of the households obtained these food stuffs at distances less than three kilometers with 20% households travelling for more than three kilometers. Some of these households are affected by rough terrain limiting access to purchase foodstuff. Figure 3.7 highlights the distance covered by households to source foodstuff.

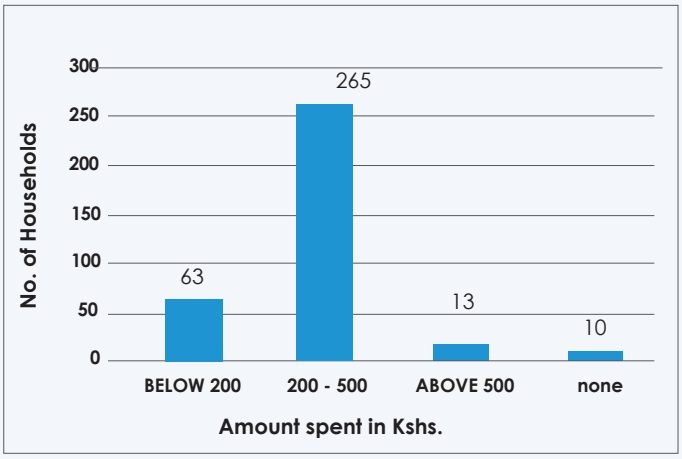
Figure 3.7 Distance covered to source for foodstuff



e. Amount spent on meals

Out of the households interviewed, 66 spent less than Kshs 200 on their daily meals, 268 spent between Kshs 200 and Kshs 500 while 5 spent more than Kshs 500. This implies that for households that depend on the cash transfer stipend for food, it is hardly enough to sustain them even for a week.

Figure 3.8 Amount spent on the last meal



66 households spent **> Kshs 200**

268 households spent between **Kshs 200-500**

5 households spent **> Kshs 500**

3.2.7 Duration of household in the programme

Overall, 67.8% reported as having been in the programme for over 7 years, which was the expected duration. This implies that 32.2% households had been dropped out of the payroll at one point during the implementation period. This could be attributed to the transition from one payment model to another.

Table 3.6 Duration beneficiaries have been in the programme

Duration in the Programme	No. of Beneficiaries
1-2 yrs	8
3-4 yrs	14
5-6 yrs	90
0ver 7 yrs	238
Undefined	1
Total	**351**

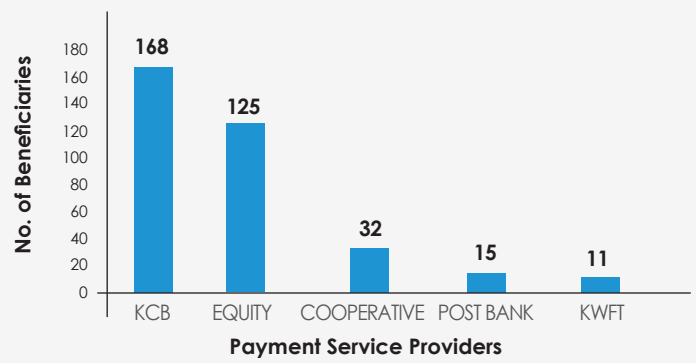
67.8% **HOUSEHOLDS** *that have been in the programme for over 7 years*

32.2% **HOUSEHOLDS** *dropped out of the payroll at one point*

3.2.8 Choice of Payment service providers (PSPS)

Overall, the highest proportion of households (47.9%) collected the stipend through KCB Bank. 35.6% through Equity Bank, 9.1% through Cooperative bank, 4.3% through post bank while 3.1% though KWFT. This implies that the preferred choice of payment service provider is KCB Bank and Equity Bank.

Figure 3.9 Payment Provider Preference



47.9% **COLLECTED THE STIPEND THROUGH KCB BANK**

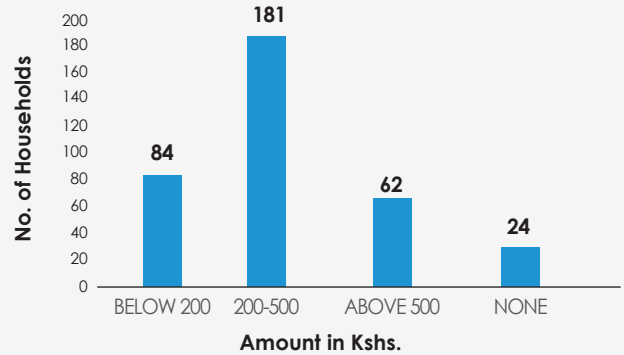
Preferred choice of payment service provider is KCB Bank and Equity Bank.

Beneficiaries waiting for service at a stand during a previous enrollment exercise

3.2.9 Access to payments points

Majority of the households (51.6%) spend between Kshs. 200 and Kshs. 500 on transport to the payment point (round trip), while 17.7% households spend over Kshs. 500 on transport to and from the payment point. In this case a quarter of the cash transfer stipend is spent on transport to the payment point. This implies the transfer is not sufficient for caregivers who rely on the stipend for transport and other basic necessities.

Figure 3.10 Amount spent by caregivers to access the payment points



181 **51.6%** **HOUSEHOLDS SPEND BETWEEN KSHS. 200 & KSHS. 500 ON TRANSPORT**

The transfer is not sufficient for caregivers who rely on the stipend for transport and other basic necessities.

f. Timeliness of payments

At the time of the impact assessment, the beneficiaries had not been paid for over six months resulting in financial difficulties and their inability to adequately care for their persons with severe disabilities.

However, it was noted 94.9% of the households had received their payments in a period of less than 6 months during the previous payment. Only 16% of the beneficiaries reported to have missed payments and this was attributed to change management related issues such as change of caregivers and some caregivers having multiple bank accounts.

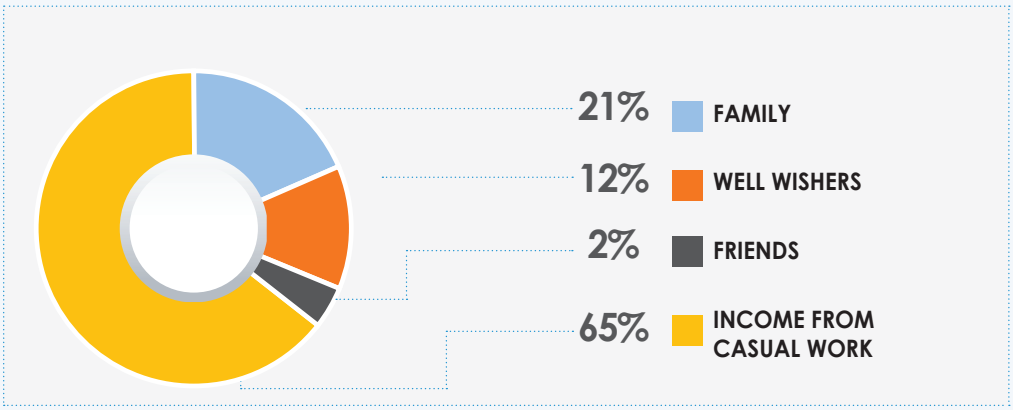
15% also cited facing challenges while getting payments. Some of the challenges include;

i) Change management issues such us Change of caregiver; Caregiver registered as beneficiary, Caregiver and beneficiary not validated during account opening
ii) Shared account details by two or more caregivers
iii) Caregivers having opened multiple accounts but not sure which PSP account stipend has been deposited.
iv) Some beneficiaries had been dropped from the payroll during transition one payment model to another.
v) Misuse of the stipend by some caregivers
vi) Some caregivers had not opened bank accounts.
vii) Biometric failures

3.2.10 Households' coping mechanisms

65% of the households interviewed had some form of work to sustain themselves between payment cycles while 35% get support from family members, well-wishers and friends. Caregivers who had some form of work mainly engaged in farming, small scale businesses and casual employment (e.g., laundry work, motorbike, masonry among others).

Figure 3.11 Financial support since the last payment

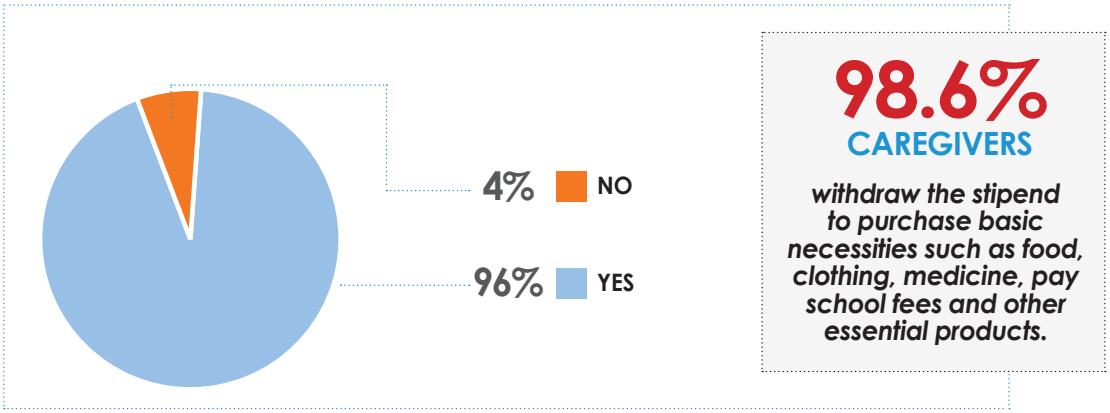


3.2.11 Investment from stipends

a. Proportion of stipend withdrawal

It was noted that 96 percent of the caregivers withdraw the total amount disbursed. This is attributed to the many needs and requirement of care and support to the beneficiaries.

Figure 3.12 Stipend Withdrawal by Household



b. Purpose of withdrawal amount

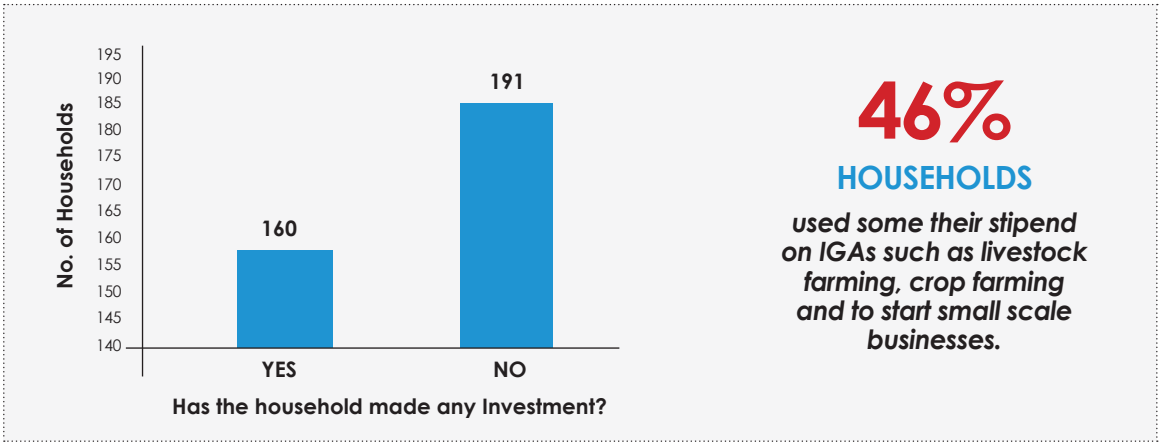
Overall, 98.6% caregivers withdraw the stipend to purchase basic necessities such as food, clothing, medicine, pay school fees and other essential products. This conforms to the objective of the programme which was initiated to supplement the incomes of poor households, enabling them to increase their consumption of food and other basic items. It was also initiated to promote other benefits, including increased use of education and health services in the beneficiary households.

c. Use of stipend on Income Generating Activities (IGAs)

46% of the households had used some of their stipend on IGAs such as livestock farming, crop farming and to start small scale businesses. This means that the cash transfer had contributed to beneficiary households investing in some form of income generating activity. This implies that the cash transfer has influenced productive activities by the beneficiary households, a positive impact of the cash transfer.

A significant number of beneficiaries highlighted their inability to invest due to the various needs and requirements of the beneficiaries.

Figure 3.13 Households that used the stipend on income generating activities



3.2.12 Complaints management

From the assessment 12% of the households reported to have had a complaint regarding the programme. The respondents reported these complaints to the programme officers, BWC chairpersons and some to area chiefs. 80% of the households reported that their complaints were resolved.

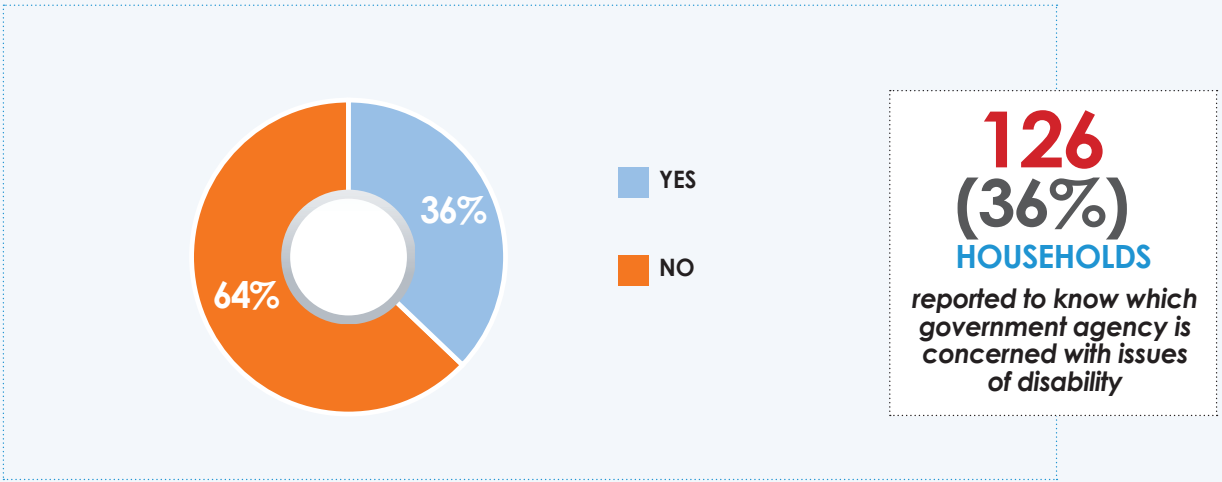
Table 3.7 Complaints shared by caregivers

S/No	Category	Complaint
1	Payments	Delays in payment
		Inaccessible payment points
2	Distance	Caregivers are not able to easily access the County offices due to the vastness of the Counties
		Long distances covered to access payment points
3	Change management	Duplication of caregivers leading them to be in exception list
		Delay in replacement and retargeting
4	Program Design	Increase the stipend to match the current cost of living
		Increase the number of beneficiaries

3.2.13 Awareness of NCPWD services

Out of the 351 households interviewed, 126 (36%) reported to know which government agency is concerned with issues of disability. This implies low levels of awareness of the Council services in the Counties.

Figure 3.14 Beneficiaries' knowledge on NCPWD and its services



3.3 Program Officers Feedback Analysis

This assessment provided an opportunity to program officers to give feedback on implementation of the PWSD-CT programme. The officers consisted of nine officers from the Directorate of Social Development and Directorate of Children Services under the State Department of Social Protection and six from the National Council for Persons with Disabilities (NCPWD). These officers were drawn from the sampled Counties.

3.3.1 Common Programme Complaints reported to officers by Beneficiaries

Table 3.8 Complaints received by program officers from the caregivers

S/No	Category	Complaint
1	■ Payments	Delays in payment
		Inaccessible payment points
2	■ Distance	Caregivers are not able to easily access the County offices due to the vastness of the Counties
		Long distances covered to access payment points
3	■ Complimentary Interventions	Supplement the programme with NHIF support
4	■ Grievances and case management	Upscaling of the program
		Mismanagement of stipend by the caregivers
5	■ Change management	Duplication of caregivers leading them to be in exception list
		Delay in replacement and retargeting
6	■ Program Design	Increase the stipend to match the current cost of living
		Some of the households have more than one person with severe disabilities

3.3.2 Time taken to resolve common complaints

Out of the 15 officers interviewed, 46.6% reported that they resolved complaints received from beneficiaries within one month, 33.33% resolved within 2 weeks, 13.33% resolved in over one year and 6.67% resolved within 4 months.

Table 3.9 Time taken to resolve common complaints by programme implementers

Time taken to respond to complaints	No. of Respondents	Percentages
1 month	7	46.7%
2 weeks	5	33.3%
Over one year	2	13.3%
4 months	1	6.7%
Total	**15**	**100%**

3.3.3 Beneficiaries who do not collect stipends

73.3% of the officers interviewed reported that they do not know the beneficiaries who do not collect their stipends.

Table 3.10 Officers who do not know beneficiaries who do not collect their stipend.

	No. of respondents	Percentage
Beneficiaries who do not collect stipends	11	73.3%
Beneficiaries who collect stipends	4	26.7%
Total	**15**	**100%**

3.4 Challenges cited by the programme implementers relating to payment of beneficiary households

1. Inadequate funds for operations hamper programme implementation, monitoring, evaluation and reporting among other operations
2. Mismanagement of the stipend by some caregivers
3. Delayed payments
4. Lengthy Change management process for caregivers
5. Inadequate capacity building of BWCs
6. Some officers manning more than one administrative unit.
7. Lack of reporting from caregivers especially in cases of deceased beneficiaries
8. Movement of beneficiaries from one county to another making follow up to be a challenge.
9. Overwhelming complaints relating to stipend value.
10. Weak coordination especially for PSPS and the officers
11. Failed biometrics for some caregivers.
12. Limited slots allocated during scale up
13. Neglect of beneficiaries by some caregivers
14. Conflict/dispute among family members on who should be the caregiver

3.5 Recommendations by programme implementers

1. Regularize payments
2. Provide facilitation for implementation, monitoring, evaluation and reporting of the programme.
3. Fast track change management process.
4. Upscale the programme
5. Provide supplementary programmes such as NHIF support and income generating activities
6. Increase the stipend to match with the current cost of living.

7. Increase the number of NCPWD programme officers up to the sub county level
8. Training and capacity building of caregivers on how to take care of PWSDs.
9. Create awareness of Services provided by NCPWD to PWDs
10. Revive BWC committees
11. The programme should also support other vulnerable persons with disabilities and not necessarily PWSDs

3.6 Programme Implementers views on the impact of the PWSD-CT Programme

All the officers interviewed reported that the programme has a positive impact in the following ways

1. Health, nutrition and shelter
2. some have started income generating activities
3. supported livelihoods of households with PWSDs
4. Improves social status of the household
5. Increased awareness on disability as the households no longer conceal persons with disabilities
6. Improved access to basic needs
7. The program has enabled households to own assets and savings
8. The program has supported payment of school fees

3.7 Limitations experienced during the impact assessment

Several limitations were experienced during the impact assessment as discussed below:

i) Vastness of some Sampled Counties

Some Counties are so expansive that in some places targeted households were more than 50 km apart. Isiolo, Kilifi and Narok Counties are examples. The teams had to travel long distances sometimes looking for beneficiaries in some instances without tracing them and in effect spending a lot of time and resources in the process. The situation was made worse by poor road network and harsh terrain in some areas which made travelling very stressful. Some areas were completely inaccessible by vehicles and this made the teams walk long distances to reach the beneficiaries. Walking long distances was tiresome and time consuming.

ii) Insecurity

The Impact Assessment was carried out at a time when there was a security concern from ethnic conflicts in Isiolo. As a result, two sub location in Isiolo had to be substituted with sample in Narok County.

Rough terrain in Narok experienced by the assessment team during the exercise

iii) Change of sample size in Narok County

Due to security concerns in Isiolo, the sample numbers for two Constituencies in Isiolo were substituted in Narok County. Consequently, there was an increase in sample numbers in Narok from 40 households to 60 households.

iv) Low Literacy Levels

The impact assessment faced limitations resulting from low literacy levels and language barriers during data collection. Quite a large number of caregivers could not communicate in Swahili. This limitation was overcome by using translators during some interview which slowed down data collection and increased costs.

4

RECOMMENDATIONS AND CONCLUSION

4.1 Overview

This chapter presents the key findings, emerging issues and lessons learnt from the impact assessment and the recommendations and the conclusion. Based on the findings, the recommendations of the Impact Assessment Report were categorized in five areas.

4.2 Recommendations

4.2.1 Programme design

i) Urgent review of the entry point of the programme from household to individual-based.

ii) Allocate adequate resources in the PWSD CT programme to facilitate effective expansion of programme coverage to support all deserving persons with severe disabilities.

iii) Increase the stipend amount taking into consideration the size of the household and nature of disability to ensure needs are effectively met.

iv) Develop mechanisms to maintain transfer values in line with economic growth and inflation.

v) Develop mechanisms for continuous replacement of deceased and exited beneficiaries to address the issue of variance in payroll and optimal numbers.

vi) The programme should endeavor to ensure mechanisms are in place to make sure those who have been dropped are reinstated in order to reach the optimal numbers.

vii) Review of the Operational Manual and the Harmonized Targeting Tool to align it to proposed individual-based approach.

viii) Regularize payment to beneficiaries to ensure timely and regular payments.

ix) Review of mode of payment from account-based to mobile phone platforms to minimize the costs incurred to access the payment points.

4.2.2 Awareness of the Programme

i) Enhance awareness creation among the beneficiary households on their entitlements and programme rights as well as build the capacity of the programme officer to address case management issues in a timely manner.

ii) Amplify sensitization of community on the Cash Transfer Programme

iii) Awareness of the programme implementers to enhance capacity to identify beneficiaries with high support needs.

iv) Strengthen the capacity of the Beneficiary Welfare Committee as a link between beneficiaries and the programme officers at the County and Sub County level

4.2.3. Case Management, Monitoring, Evaluation and Reporting

i) Strengthen the capacity of the programme officers to monitoring payments.

ii) Enhance facilitation for officers to conduct monitoring and change management and effective implementation of the programme particularly exit of deceased and exited beneficiaries.

iii) Ensure adequate human and resource capacity to implement, monitor, evaluate and report on the programme.

iv) Strengthen coordination among programme officers to effectively implement the programme.

v) Strengthen capacity of the programme officers through training and recruitment of adequate staff at County and Sub County level.

4.2.4 Supplementary Programmes

i) Provide support to the caregiver to start an income generating activity to influence productive activities by the households.

ii) Put in place other interventions that can supplement the cash transfer to achieve diversity of food in the households that have persons with severe disabilities.

iii) Introduce supplementary interventions to enhance support for large households.

iv) Psychosocial support programmes for the caregivers to be established particularly to train caregivers on family care skills for persons with severe disabilities, overcome stress and depression associated with their caregiver roles.

4.2.5 Awareness of the NCPWD

i) The Council to enhance registration of persons with severe disabilities enrolled in the PWSD CT programme.

ii) The Council to amplify advocacy and awareness raising efforts by engaging local and national media on programmes.

4.3 Conclusion

Persons with disabilities have continued to face challenges resulting from their disability including having difficulties in engaging in economic activities which exposes them to the risk of falling into or remaining trapped in extreme poverty. Most have no access to education, health, employment or rehabilitation. The majority experience hardships as a result of inbuilt social, cultural and economic prejudices, stigmatization and more often, abuse and violence. These inequalities are often higher for women and persons with severe disabilities.

The Persons with Severe Disabilities Cash Transfer programme was initiated to improve the livelihoods of persons with severe disabilities and mitigate the effects of the disability on the household. Despite this effort, the Programme has encountered its fair share of programmatic challenges largely due to a growing demand for social protection support among persons with disabilities, as well as huge burden for households that are large or have multiple persons with disabilities. Additional costs to care for persons with disabilities are a further challenge, particularly for caregivers as they are often unable to fully engage in income-generating activities due to their care duties. The entry point of the programme has been retained at household-level regardless of the number of persons with severe disabilities in a household. The transfer value has been eroded by economic times and inflation and does not reflect the disability and needs of the households. Underfunding and resource constraints are a key barrier to expanding the programme. While progress has been made to expand the programme, a large proportion of persons with disabilities in need of social assistance, are still excluded

Kenya has made substantial effort in tackling poverty through cash transfers. The Ministry of Labor and Social Protection has been instrumental in the successful implementation of not just the Persons with Severe Disabilities Cash Transfer Programme, but the overall Inua Jamii Programme. Several reforms have been made including transformation of the payment delivery mechanisms from a manual system to a digital solution which offered choice, convenience and greater dignity, to the current mobile money platform which aligns with the wider government goal to digitize all government to persons payments.

In conclusion, while important progress has been made by the government, challenges in inclusion of persons with disabilities remain. Inclusion of persons with disabilities in social protection interventions is crucial for their empowerment, participation in society and particularly advancing the Disability Agenda in the spirit of the Sustainable Development Goals clarion call of "leave no one behind".

APPENDICES

Appendix 1

IMPACT ASSESSMENT TECHNICAL TEAM AND TERMS OF REFERENCE

No.	Name	Institution	Role
1	Harun M. Hassan, EBS	Executive Director – National Council for Persons with Disabilities	Provide overall coordination of program implementation, oversight and administrative support for the impact assessment, report dissemination and implementation of recommendations.
2	Josiah Munyua	State Department for Social Protection – Central Planning & Monitoring Unit	**Technical Team Lead:** Technical oversight in designing of the data collection tools, collection of data, preparation and dissemination of report
3	Diana Muyalah	State Department for Social Protection – Directorate of Social Assistance	**Technical Team Lead:** Technical oversight in designing of the data collection tools, collection of data, preparation and dissemination of report
4	Anne Kagwi	National Council for Persons with Disabilities	• Develop concept note to undertake impact assessment. • Planning, data collection and coordination of the Impact Assessment exercise across the nine Counties. • Preparation and dissemination of report.
5	John Kuria		
6	Joseph Mwangi		
7	Rosabel Githinji		
8	Ahmed Sabdow		
9	Hopkins Olasi		
10	County Coordinators and Sub County Social Development Officers - Nyeri, Narok, Isiolo, Kilifi, Kitui, Kajiado, Busia, Vihiga, Kisumu and Nairobi (Embakasi East Langata and Kasarani)	State Department for Social Protection – Directorate of Social Development	• Mobilizing and assisting in locating respondents. • Liaising with National Government Administration Officers and Beneficiary Welfare Committee members representing PWSD CT to locate household respondents.

Appendix 2

BENEFICIARY HOUSEHOLD QUESTIONNAIRE

The National Council for Persons with Disabilities (NCPWD) together with the Directorate of Social Assistance and CPPMD are undertaking an assessment of the impact of PWSD-CT programme among beneficiaries. Please complete the survey below which is expected to take 20 mins. Your responses are confidential.

Date of the Interview
Name of Interviewee
County
Sub-county
Constituency
Location
Household Demographics
Name of beneficiary
NCPWD Registration Number
Telephone Number
Name of Caregiver
Telephone Number
Relationship to PWD
Occupation
Type of household settlement.
If other, please specify.

SECTION B

Does the HH head have any other source of income?
If yes, from what source?
If yes, how much?
Does any other member of your family have a disability(ies)?
If yes, how many?
How many people live with you that you share meals together?
What economic activities are they engaged in?
How many meals do you normally have in a day?
When was your last meal?
Where do you get foodstuff for your meals from?
If others, please specify.
How far did you go to get food stuff for your meals?
How much did you spend on the last meal?

SECTION C

How long have you been in the programme?
Which bank do you collect your stipend from?
What is the distance from home to the bank in KMs?
How much do you pay to go to the bank?
when was the last payment you received?

Where did you get financial support to sustain yourself between the last payment and now?
If others, please specify
Have you ever missed payment?
If Yes, please state reason
Do you withdraw the total stipend after payment?
On what do you mainly spend the stipend on?
Have you ever spent the stipend on any investment?
If yes specify
If no why?
Do you experience any challenges getting your payments?
If yes list them
What recommendations would you offer to improve the programme?
Have you ever had any concern regarding the PWSD-CT programme?
If yes specify
If Yes, who would you tell?
Was your concern resolved?
If No, why?
How long did it take to resolve the concern?
Apart from this support, what else would you recommend to the government to improve the livelihood of the beneficiary. Please list.
Do you know the NCPWD and its services?

Appendix 3

PROGRAMME IMPLEMENTER QUESTIONNAIRE

Date of Interview
Name of Officer
Organisation
County
Sub County
What are the commonly raised complaints by the beneficiaries in the PWSD-CT programme?
How long does it take to resolve the common complaints by the beneficiaries?
Do you interact with PSPs on payments of beneficiaries?
Are you aware of beneficiaries who do not collect stipends?
Do you have a list of potential beneficiaries?
Please list if there are any challenges of programme implementation?
Any recommendations?
Do you think the PWSD-CT programme has had an impact on the beneficiaries?
If yes, please list them

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PERSONS WITH SEVERE DISABILITIES CASH TRANSFER PROGRAMME IMPACT ASSESSMENT REPORT

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