



## **BRIEFING NOTE: HSNP Emergency Payments for May 2015**

### **About Hunger Safety Net Programme**

HSNP is an unconditional poverty based social protection programme. It provides regular and predictable cash transfers to targeted poorest and vulnerable households up to 100,000 HHs (approx. 600,000 people) in the four Counties of Turkana, Mandera, Marsabit and Wajir. It is a Government of Kenya flagship programme, under the Ministry of Devolution and Planning, managed by National Drought Management Authority (NDMA). HSNP is funded by the Governments of Kenya, UK (UKaid) and Australia (Department for Foreign Affairs and Trade, DFAT). HSNP is part of the National Safety Net Programme.

HSNP2 scaled-up (2013- 2017) in the four counties to reach up to 100,000 HHs (600,000 chronically poor people) with regular cash transfers of up to Kshs 2,700 month to beneficiaries with fully transactional active bank accounts and ATM cards. HSNP 2 also has the ability to act as a scalable safety net in times of crisis (e.g. climate induced such as a drought) as a shock responsive safety net.

### **Context of emergency payments for May**

On 15<sup>th</sup> April 2015, HSNP initiated a pilot emergency scale up of cash transfers (CTs) to over 90,000 non-routine beneficiary households in Northern Kenya. The scale up was triggered in response to drought conditions identified using NDMA's vegetation condition index (VCI) data. This allocated additional CTs to sub-Counties in 'severe' or 'extreme' drought status as per the VCI thresholds. The CSGs in each County were given the opportunity to add additional sub-Locations in sub-Counties where the VCI triggers had not been reached but were deemed to be equally affected by drought. Households were selected from the HSNP MIS using the existing CBT/PMT wealth ranking scores that identified the next poorest household with an active bank account.

The scale up process was generally successful however several weaknesses were identified:

- The use of a single remotely sensed indicator (VCI) to generate County CT allocations was justified however using the VCI status to re-allocate these CT quotas within the County did not accurately reflect the vulnerabilities of the populations.
- The pre-selection of beneficiaries using the CBT/PMT ranking is causing confusion amongst CT recipients who are not aware of their ranking on the MIS.

In light of the above issues it was proposed that emergency CT payment be made in May 2015 with a modified County CT quota reallocation. The revised approach seek to address the first bullet point.

Both approaches used in emergency CTs for January-March and May 2015, will be subject to an independent evaluation and wider consultation with County and other stakeholders during June and September 2015.

## Approach for Operationalising Emergency Payments for May 2015

- Step 1 – Monthly sub-County VCI data received**  
 The VCI data for April was received and it showed that 3 out of the 4 HSNP Counties still have sub-Counties reaching NDMA’s ‘severe’ and ‘extreme’ drought triggers as shown in *table 1*.
- Step 2 – VCI data used to generate monthly County scale up CT allocations and Budget**  
 The April VCI was used to generate County scale up allocations and the required budget. This was as shown in *table 2* below.

TABLE 1: VCI MAY 2015

ADMINISTRATIVE UNIT		BIOPHISICAL
MANDERA	County	12.73
	Banissa	20.93
	M East	15.81
	Lafey	13.38
	M North	19.79
	M South	16.25
M West	13.95	
TURKANA	County	25.56
	T Central	33.4
	T. East	20.88
	T. Loima	28.23
	T. North	20.02
	T. South	28.25
	T. West	30.25
MARSABIT	County	10.40
	Laisaimis	14.2
	Moyale	16.43
	N. Horr	7.52
Saku	17.34	
WAJIR	County	15.1
	W East	14.86
	W.Eldas	13.37
	W. North	13.64
	W. South	15.25
	W.Torbaj	15.1
W West	14.86	

TABLE 2: HSNP SCALE UP COUNTY CT ALLOCATIONS AND BUDGET FOR MAY 2015

County	Month	No. of HHs	CT value (Kshs)	Total Budget (Kshs)
Mandera	April	20,470	2,450	50,151,500.00
Wajir	April	9,900	2,450	24,255,000.00
Marsabit	April	8,591	2,450	21,047,950.00
<b>Total</b>		<b>38,961</b>		<b>95,454,450.00</b>

- Step 3 – County Allocations were reallocated using NDMA formula**

The overall County CT allocation was reallocated to all sub-Locations in all the sub-Counties that were in ‘moderate’, ‘severe’ or ‘extreme’ drought using the formula on *figure 1* below:

The NDMA formula is a modification of HSNP’s modified Kenya Commission for Revenue Allocation (CRA) formula that was used in the initial allocation of routine HSNP beneficiary quotas for each of the four counties. The modified CRA formula represents: - 25% equal share; 30% poverty; and 45% population. The proportions above give greater weight to drought and population (40% each).

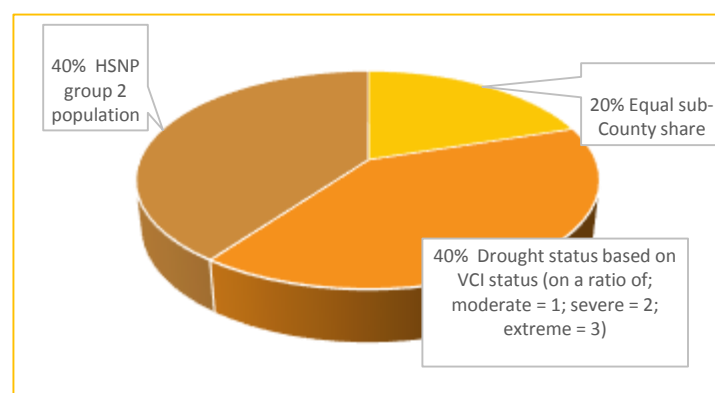


FIGURE 1: NDMA MODIFIED CRA FORMULA FOR COUNTY ALLOCATIONS

This was justified on the basis that HSNP CT is primarily drought assistance and should benefit areas with both the worst drought conditions and the highest population. This reallocation approach generated a quota for each sub-Location in all Counties where drought was moderate, severe or extreme. As in the first pilot, all sub-Locations in the same sub-County had the same overall coverage when routine and emergency CTs were combined.

When this was applied to 3 Counties (Marsabit, Wajir and Mandera) it triggered a scale up in May 2015 that generated the following allocations;

- **Step 4 – NDMA Technical Team reviewed and approved allocations**

Once the scaled up re-allocations were generated, the PILU Operations Manager convened a meeting with NDMA Technical team to review and approve the recommendations.

- **Step 5 – Allocations shared with County Authorities**

Once the CT allocations were approved by the NDMA Technical team, the list of beneficiaries were shared with the CDC in each County where a scale up had been triggered. The CDC was responsible for informing CSG members and any other relevant stakeholders at the County level.

- **Step 6 – CT Allocations finalised and Scale up Payroll approved**

Once the CT allocations for each sub-County were approved the detailed lists of households benefitting in each selected SL were approved. A payroll was generated, approved and CTs were loaded into the bank accounts of the selected HHs for May scale up within 10 working days.

- **Step 7 – Information Dissemination and Awareness Raising**

Once the payroll was approved, the information on the scale up was shared widely to all relevant stakeholders through a multi-channel approach with the use of public barazas and local radio used to reach the benefitting HHs. Key messages on emergency payments for May 2015 were developed and shared widely.

- **Step 8 – Monitoring and Evaluation**

Learning by doing is a key principle of the HSNP scalability guidelines. Following the emergency scale ups, HSNP County Project Officers with the support of County Programme Managers will be required to do post-payment checks on random SLs in their area to assess:

- How well the scale up was communicated and explained to communities;
- That beneficiaries are accessing their cash effectively (no charging by agents etc.);
- That beneficiary lists are being appropriately posted for the requisite time; and
- Any other pertinent issues that require attention.

Wider M&E of the two HSNP emergency CT payments will be undertaken by OPM<sup>1</sup> beginning June 2015. The exercise will include:

- A review and participatory consultation process with all Nairobi and County stakeholders on the processes for operationalizing the emergency CTs;
- A qualitative assessment of the impact of the payments via focus group discussions and key informant interviews with beneficiaries, non-beneficiaries and others.
- A review of relevant secondary data on market prices and food security indicators etc.

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<sup>1</sup> Oxford Policy Management, an independent company contracted to evaluate HSNP2