Inclusive Futures
Promoting disability inclusion

# Social protection for disability inclusion in Kenya

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# Contents

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The Inclusive Futures programme is made up of disability and development specialists and global leaders from 16 organisations, coming together under one initiative funded by UK aid from the UK government. Our goal is to ensure opportunities for persons with disabilities and a future that's disability inclusive.





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# Acronyms

| | |
|---|---|
| CT-OVC | Cash Transfer for Orphans and Vulnerable Children |
| FY | Financial year |
| GDP | Gross domestic product |
| HGSM | Home-Grown School Meals (programme) |
| HSNP | Hunger Safety Net Programme |
| ILO | International Labour Organization |
| KES | Kenya shilling |
| MDA | Ministries, departments and agencies |
| NCPWD | National Council for Persons with Disabilities |
| NDFPWD | National Development Fund for Persons with Disabilities |
| NHIF | National Hospital Insurance Fund |
| NSPP | National Social Protection Policy |
| OPCT | Older Persons Cash Transfer |
| PwSD-CT | Persons with Severe Disability Cash Transfer |
| SDSP | State Department for Social Protection |

# Executive summary

Disability and poverty are inextricably linked, with lifelong consequences for persons with disabilities and their families. Investing in a disability-inclusive social protection system, therefore, is critical for addressing the diverse risks, inequalities, disability-related costs and barriers that limit the participation of persons with disabilities in their communities. This analysis provides an in-depth assessment of the progress that the national government of Kenya has made to establish disability-inclusive social protection programmes. It reviews the policy/legal framework and the institutional arrangements for social protection in Kenya. It also reviews public investments in disability-specific and mainstream social protection programmes based on a budget tracking exercise covering five financial years (FY) between 2017/18 and 2021/22.

## Key findings

**Policy and institutional frameworks**

The government of Kenya has made significant progress in establishing an enabling policy framework for social protection.

- Kenya is a signatory to international frameworks that promote the right to social protection for persons with disabilities such as the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the Child.
- The ongoing revision of the National Social Protection Policy is a key step towards establishing an inclusive social protection system. The revised policy adopts a life-cycle approach to social protection and is expected to facilitate provision of basic social security guarantees in line with the International Labour Organization 202 recommendation.

Despite progress, challenges abound.

- The legal framework for the social protection sector remains weak. The Social Assistance Act, 2013 has never been operationalised eight years after its enactment, slowing progress in investing in inclusive social protection schemes.
- Horizontal and vertical institutional fragmentation prevent effective coordination and implementation of social protection programmes.
- While a wide range of social protection schemes and complementary services have been established, access by persons with disabilities is limited by several factors. These include restrictive eligibility criteria, the fact that existing schemes target only a small subset of vulnerabilities such as orphanhood among children or severe disability among persons with disabilities, and complex disability assessment and determination processes.

**Investment in disability-specific and mainstream social protection programmes**

- In the five-year period FY2017/18 to FY2021/22, planned investment in social protection programmes at the national level amounted to Kenya shilling (KES) 172.7 billion.

- Social protection programmes accounted for 2% of the total budget allocated to national government ministries, departments and agencies and 0.3% of gross domestic product, on average, between FY2017/18 and FY2021/22.
- Just over two thirds (KES 120.2 billion) of the funds earmarked for social protection in the five budget cycles went to the State Department for Social Protection.
- The Older Persons Cash Transfer is the most resourced programme, accounting for 43.6% of the budget for social protection between FY2017/18 and FY2021/22. This is followed by Cash Transfer for Orphans and Vulnerable Children at 20.7% and the Hunger Safety Net Programme at 10.7%.
- Annual budget allocations to the Persons with Severe Disability Cash Transfer, which is the main disability-specific scheme, remained constant at KES 1.2 billion in the period FY2017/18 to FY2021/22, limiting the expansion of the programme's coverage.
- The Home-Grown School Meals Programme received a total of KES 7.8 billion in the period FY2017/18 to FY2021/22, equivalent to 1.7% of the total budget for the State Department for Early Learning and Basic Education over this period. However, annual funding to the programme has stagnated at KES 2 billion since FY2019/20, making it difficult to expand coverage.
- Cumulatively, KES 20.6 billion was allocated to the Linda Mama Programme over the five budget cycles, with annual allocations being fairly constant at KES 4 billion, particularly from FY2019/20.
- Overall, resource constraint is a key barrier to expansion of social protection programmes. The budget allocations for most social protection programmes have either remained constant or reduced between FY2017/18 and FY2021/22, in part due to a shrinking fiscal space.
- The transfer amount for most cash transfers (Persons with Severe Disability Cash Transfer, Cash Transfer for Orphans and Vulnerable Children, and Hunger Safety Net Programme) is uniform regardless of the size of the household, making large households worse off as their needs are likely to be more than those of smaller households. Moreover, the cash transfer amounts are not adjusted for annual inflation.

## Recommendations

**Recommendations for the national government – State Department for Social Protection**[1]

Policy and legal framework

- Work with all stakeholders including organisations of persons with disabilities to revise the Social Assistance Act, 2013 to provide an effective legal framework for social protection.
- Strengthen collection and analysis of data for planning, implementation and monitoring and evaluation of social protection programmes by including relevant questions on disability in all programme assessment and survey tools.

- Align social protection policy/legal frameworks and programmes to the Convention on the Rights of Persons with Disabilities by eliminating restrictive eligibility criteria.
- Collaborate with county governments to raise awareness about the range of social protection entitlements that are available and processes/requirements for accessing them.
- Consider the nature of disability, as well as the direct and indirect disability-related costs, in the design of social protection schemes. This will ensure that social protection programmes are tailored to meet the diverse needs of persons with different forms of disabilities.

Institutional framework

- Anchor the overall coordination role of the State Department for Social Protection in law and create an effective coordination platform that brings together state and non-state actors at national and county level.
- Strengthen implementation capacity through training and recruitment of adequate staff for both national and county-level offices.
- Develop guidelines for county governments and provide them with technical support for designing and implementing social protection programmes to ensure a harmonised implementation approach that ensures complementarity between national and county governments.
- Empower organisations of persons with disabilities through technical and financial support to participate actively in policy reforms, including by involving the organisations in the identification and registration of persons with disabilities in social protection programmes.

**Recommendations for the National Parliament and State Department for Social Protection**

Investment in social protection programmes

- Allocate adequate resources to social protection programmes to facilitate effective expansion of coverage.
- Ensure that cash transfer amounts are responsive to household size and are adjusted to annual inflation to enable beneficiaries to at least meet basic needs.
- Conduct periodic impact evaluations to determine the extent to which existing disability-specific and mainstream social protection programmes are contributing to the inclusion and empowerment of persons with disabilities.

# Introduction

Investing in a disability-inclusive social protection system is not only a rights issue, it is also a critical investment for the achievement of the Sustainable Development Goals (SDGs), including ensuring income security and access to basic services for persons with disabilities. Inclusive social protection programmes can contribute to the eradication of poverty in all its forms (Goal 1), ensure healthy lives (Goal 3), strengthen gender equality and empowerment of all women and girls (Goal 5), promote decent work and economic growth (Goal 8) and reduce inequalities (Goal 10).

Persons with disabilities face multiple barriers that slow or prevent their participation in social, economic, political and cultural spheres. Key barriers include exclusionary public policies, stigma, discrimination and inaccessible infrastructure, transport and information systems.[2] Accordingly, persons with disabilities are more likely than those without disabilities to experience poverty, obtain lower educational outcomes, and face catastrophic health expenditure.[3] Persons with disabilities are also more likely to have lower economic participation and to live in households that are more vulnerable to economic shocks.[4] These inequalities are often higher among women and girls with disabilities and create significant disability-related costs.[5] This has been compounded by the social and economic effects of the Covid-19 pandemic.

Persons with disabilities require adequate access to both disability-specific and mainstream social protection programmes, given the diverse risks, inequalities, disability-related costs and barriers they face. Mainstream social protection programmes provide assistance to persons with disabilities as part of a larger beneficiary population. However, disability-specific social protection programmes are designed for and intentionally target only persons with disabilities.

The overall goal of social protection in Kenya is to “ensure that all Kenyans live in dignity and exploit their human capabilities to further their own social and economic development”.[6] To achieve this goal, the national government has adopted a twin-track approach, providing both mainstream and disability-specific social protection programmes. These include contributory and non-contributory schemes, structured around three broad areas: social assistance, social security and health insurance. These programmes are supported by a number of policies and laws, mainly at the national level, that address various aspects of social protection.

While the efforts to ensure access to inclusive social protection programmes have moved forward, coverage of existing schemes is still limited, in part due to resource constraints. Accordingly, many people living in poverty or just above the poverty line, including persons with disabilities, continue to rely on traditional or informal community support and extended families for social assistance. The type and amount of support available in community solidarity networks is, however, limited by a number of challenges including resource constraints, low income levels and high dependency. This underscores the importance of strengthening investment in effective and inclusive social protection programmes to support persons with disabilities and other vulnerable groups.

This analysis focuses on the progress that has been made by the national government of Kenya to establish disability-inclusive social protection programmes. It first reviews the policy/legal framework and the institutional arrangements for social protection in Kenya. It then looks at the progress made in investing in disability-specific and mainstream social protection programmes based on a review of budgetary allocations for the five-year period financial year (FY) 2017/18 to FY2021/22. The analysis is limited to national government level due to data challenges that have made it difficult to consider any investments in social protection at the subnational level. However, it is worth noting that social protection is mainly a national government function. Most programmes being implemented at the subnational level are still at a trial stage, with very limited coverage. Accordingly, much of the investment in social protection occurs at the national level.

# Methodology

The current analysis is based on the methodology developed and used in the previous analysis of government funding to support disability inclusion in Kenya.[7] It focuses on the social protection sector, expanding the work done in the previous analysis in two ways. First, it covers budget allocations to both disability-specific and mainstream social protection programmes that support persons with disabilities. Second, it includes a review of the policy/legal and institutional framework for the social protection sector.

The analysis of policy and institutional frameworks involved conducting an in-depth review of published and grey literature on inclusive social protection and disability in Kenya. The documents reviewed include policy documents, laws and international conventions on disability and social protection; government reports related to social protection, planning and budgeting; and research articles. The aim of the review was to document the progress that has been made in establishing enabling policy and institutional frameworks for social protection, including the successes/best practices that can be replicated, and gaps/challenges that need to be addressed.

A keyword search technique was used to identify budgetary allocations to social protection programmes. The identified budget lines and programme documents were reviewed qualitatively to determine how they contribute to inclusion of persons with disabilities. Importantly, the selection of mainstream and disability-specific social protection programmes was informed by the National Social Protection Policy (NSPP), which highlights the interventions aimed at addressing vulnerabilities, as well as the Kenya Social Protection Sector Review 2017 and the Kenya Social Protection Sector Annual Report 2018/19 (published in July 2020) which highlight the various social protection programmes implemented at the national level. The analysis covered the period FY 2017/18 to FY2021/22.

# Policy framework for social protection

Social security is an entitlement that all Kenyans in need should be able to access. The Constitution of Kenya 2010, Article 43(1e) grants the right to social security, in line with the Universal Declaration of Human Rights. Furthermore, Article 43(3) requires the government to provide social security to persons who are not able to support themselves and their dependents. The Constitution also requires the government to progressively ensure that at least 5% of the members of the public in elective and appointive bodies/offices are persons with disabilities.

Importantly, Kenya is a signatory to a number of international conventions that promote the provision of social security to vulnerable populations. These include the Convention on the Rights of Persons with Disabilities, which promotes the right to social protection for all persons with disabilities; the Convention on the Elimination of all Forms of Discrimination Against Women, which requires state parties to ensure women have direct access to social security programmes; and the Convention on the Rights of the Child, which requires state parties to recognise the right for every child to benefit from social security. In addition, Kenya is a signatory to the UN/International Labour Organization (ILO) Social Protection Floor Initiative that guarantees a universal minimum package of social transfers and services within a life-cycle approach to social protection.

Kenya's long-term development blueprint, Vision 2030, recognises the fundamental role of social protection in ending poverty and improving standards of living. Accordingly, the first and second medium term plans of Vision 2030 implemented between 2008 and 2017 promoted investment in social protection programmes such as cash transfers for vulnerable groups, as well as complementary programmes in other sectors such as health, agriculture and education.[8] The third medium term plan, which covers the period 2018 to 2022, aims to enhance access to social protection, through measures geared towards increasing the coverage of existing social protection schemes, and strengthening the institutional, legal and policy frameworks for the social protection sector.[9]

The NSPP 2011 provides the overarching policy direction for social protection in Kenya. The NSPP structures social protection around three pillars: social assistance, social security and health insurance. Social assistance is aimed at providing safety nets mainly in the form of cash transfers to vulnerable populations and persons living in poverty. It also includes interventions aimed at establishing sustainable livelihoods through asset development and provision of income opportunities. Social security provides retirement benefits to formal and informal workers through schemes such as the contributory National Social Security Fund, tax-financed Civil Service Pension Scheme, employer-based schemes and individual schemes. The health insurance pillar is aimed at enhancing health insurance coverage through the NHIF.

The NSPP 2011 conceptualises social protection as a mix of a wide range of different programmes and services cutting across different sectors. These include services and schemes which contribute to protecting lives and livelihoods in sectors such as agriculture (like the Crop Insurance Subsidy Programme), health, education, cooperatives, financial services and housing. However, the social protection programmes in various sectors are implemented/managed by different ministries, departments and agencies (MDAs). This has inadvertently created challenges in ensuring effective coordination and oversight.

The NSPP 2011 is geared towards expanding the coverage of social protection schemes to vulnerable groups including children, older persons, marginalised groups and persons with disabilities. However, most of the social protection programmes only cover a small subset of vulnerable groups mainly due to resource constraints. For instance, the cash transfers focus on specific types of vulnerabilities such as orphanhood among children or severe disability among persons with disabilities. This narrow focus leads to exclusion of other children or persons with disabilities who are in need of social protection.

Most social assistance programmes target households rather than individuals as envisaged in the Constitution and the NSPP. The value of transfers for programmes such as Cash Transfer for Orphans and Vulnerable Children (CT-OVC) and Persons with Severe Disability Cash Transfer (PwSD-CT) is uniform, regardless of household size and composition. Additionally, providing transfers to households rather than individuals may limit the choice and control that persons with disabilities have over the cash assistance.

The NSPP 2011 is currently being reviewed by the government and its development partners to strengthen implementation of social protection programmes. The revised policy is expected to adopt a life-cycle approach to social protection in line with the Social Protection Floors Recommendation (ILO Recommendation 202). It is also expected to structure social protection around four pillars: income security, health protection, shock responsive social protection and complementary initiatives.[10] Overall, strengthening the policy framework is expected to enhance the effectiveness of social protection in Kenya.

The Social Assistance Act, 2013 provides the legal framework for provision of social assistance to vulnerable groups. The Act proposes establishing the National Social Assistance Fund, which is to be managed by the yet-to-be-established National Social Assistance Authority to provide social assistance to persons in need. Furthermore, the Act identifies the broad categories of vulnerable groups and types of assistance that can be provided to them. However, the Act has not been operationalised, in part due to limited political goodwill.[11] Also, the Act mandates the proposed National Social Assistance Authority to simultaneously take up oversight, advisory, standards setting and programme implementation roles, which is contrary to the principles of good governance.

The National Hospital Insurance Fund Act, 1998 established the National Hospital Insurance Fund (NHIF) to provide affordable and quality health insurance to citizens through resource pooling. NHIF is a contributory scheme, providing coverage to Kenyans aged 18 years and above and their dependents, with compulsory membership for formal sector workers and voluntary contributions/membership for informal sector workers. NHIF also provides health insurance to households that are vulnerable and experiencing poverty through various government-sponsored schemes such as the Health Insurance Subsidy Programme for orphans and vulnerable children, older persons and persons with severe disability, Linda Mama (free maternity) Programme and Edu Afya (cover for all students in public secondary schools). Expansion of NHIF coverage through the proposed mandatory registration of all adult (18 years and above) Kenyans is expected to facilitate achievement of universal health coverage.[12]

While significant efforts have been made by the government to expand NHIF coverage, mobilising adequate resources to pay health insurance premiums for households that are not able to pay is a significant challenge. Furthermore, providing health insurance to the informal sector, where most persons with disabilities work, is challenging due to a number of barriers that make it administratively difficult to recruit, register and collect regular contributions. These barriers include inconsistent and inadequate availability of information on registration requirements and processes, service entitlements, and the network of contracted health care providers.[13] This is compounded by the unpredictability of incomes in the informal sector, which hinders regular payment of premiums.[14] Concerns over mismanagement of members' contributions also discourage voluntary entry and retention of registered NHIF members.[15]

The National Social Security Fund Act, 2013 provides the legal framework for the operation of the National Social Security Fund – a national contributory scheme established to provide retirement benefits to ensure income security in old age. Membership and contributions to the fund are compulsory for employers and employees in the formal sector, while informal sector workers can contribute voluntarily. Furthermore, the Kenya National Federation of Jua Kali Associations and the Retirement Benefits Authority established the Mbao Pension Plan to extend coverage in the informal sector. The plan is a voluntary micro-pension scheme that allows low-income earners in the informal sector to save at least Kenya shilling (KES) 20 per day towards their retirement through mobile money services. However, uptake of pension schemes in the informal sector remains low due to a number of barriers including lack of awareness of the available schemes and the importance of joining them, weak administration and governance of schemes, limited availability of a diverse product range that is tailored to the needs of the informal sector, low and unpredictable incomes, and inadequate incentives to encourage a habit of saving.[16,17]

The Persons with Disabilities Act, 2003 established the National Council for Persons with Disabilities (NCPWD) which works with the State Department for Social Protection (SDSP) to implement key social protection programmes, such as the PwSD-CT. Furthermore, the Act established the National Development Fund for Persons with Disabilities, which the NCPWD uses to provide support such as assistive devices and business grants to persons with disabilities.

The Persons with Disabilities Act facilitates provision of tax incentives that promote the inclusion and participation of persons with disabilities in employment and social life. Specifically, private employers who engage persons with disabilities as full-time or part-time employees qualify for a deduction from their taxable income equivalent to 25% of the total amount paid as salary or wages to an employee with a disability. Furthermore, employers who improve their physical facilities or provide special services to ensure reasonable accommodation of employees with a disability are eligible for a deduction from their taxable income, equivalent to 50% of the direct costs of the improvements or special services. Importantly, the Act grants income tax (including any other levies) exemptions to persons with disabilities who are in employment or business. This ensures extra disposable income that persons with disabilities can use to cover disability-related costs. Furthermore, materials and equipment including motor vehicles used by persons with disabilities are exempted from import duty, value added tax, port charges, demurrage and other government charges. This is aimed at enhancing access to equipment/assistive devices that promote the inclusion of persons with disabilities.

Persons with disabilities who are working for the government are also entitled to a monthly allowance to meet the cost of engaging a guide who supports them in their work. However, the allowance is provided at a flat rate of KES 20,000 regardless of the nature of the disability.[18] This may limit the extent to which persons with disabilities who require specialised support may engage guides to assist them.

The Disability Act also requires the NCPWD to secure the reservation of 5% of all casual, emergency and contractual positions in employment in the public and private sectors for persons with disabilities. While this is aimed at enhancing employment opportunities for persons with disabilities, progress has been slow in both the private and public sector due to several challenges such as inaccessible work environments, discrimination and stigmatisation.[19]

# Institutional framework for social protection

Several MDAs play a role in the design, delivery and supervision of social protection programmes in Kenya. At the national level, the SDSP is responsible for coordinating the social protection sector and managing some of the key social assistance programmes. The Social Protection Secretariat, which is established within the SDSP, leads on SDSP's coordination and policy formulation role. In addition, it oversees the establishment and management of the single registry for social protection programmes. The Social Assistance Unit, which is also established within the SDSP, is responsible for implementing the Inua Jamii programme which consolidates the CT-OVC, the Older Persons Cash Transfer (OPCT) and PwSD-CT. However, it is worth noting that the implementation of the PwSD-CT is a function shared between the SDSP/Social Assistance Unit and the NCPWD.

Other social protection programmes are outside the management of the SDSP. For instance, the Hunger Safety Net Programme (HSNP) is under the State Department for Development of the Arid and Semi-Arid Lands and is implemented by the National Drought Management Authority. The Ministry of Education manages the Home-Grown School Meals Programme, the Ministry of Health manages the NHIF and the Retirement Benefits Authority regulates and supervises the establishment and management of the retirement benefits schemes.

Institutional fragmentation and complexity make coordination and supervision of the social protection sector a difficult task. The establishment of various social protection programmes in different MDAs with different objectives, mandates, administration and working culture limit the extent to which the Social Protection Secretariat can effectively coordinate the sector. The NSPP 2011 recognised this challenge and proposed the establishment of the National Social Protection Council to facilitate coordination. The council is expected to have its own secretariat and its membership is to include representatives of government MDAs engaged in social protection and non-state actors such as the private sector, development partners, community groups and voluntary organisations. However, the council has not been created, in part due to lack of political goodwill.[20]

The devolved system of governance also presents coordination challenges. Although social protection is largely a national government function, county governments are establishing their own social protection programmes in sectors such as health to improve the well-being of their residents. However, most county governments do not have social protection policies and laws that are aligned with NSPP. Importantly, the NSPP proposes the establishment of committees at county and sub-county levels to facilitate governance and coordination between the national and county governments. These committees are expected to report to the National Social Protection Council. However, the committees have not been established, thereby creating a gap in coordination and governance in the sector.

Other institutional challenges include staff and skills shortages, which slow implementation of programmes at the subnational level. These shortages are attributed in part to the freeze in employment by the government due to resource constraints. Inadequate monitoring and evaluation of the impacts of social protection programmes also slows efforts to ensure transparency and accountability in the implementation of social protection programmes.

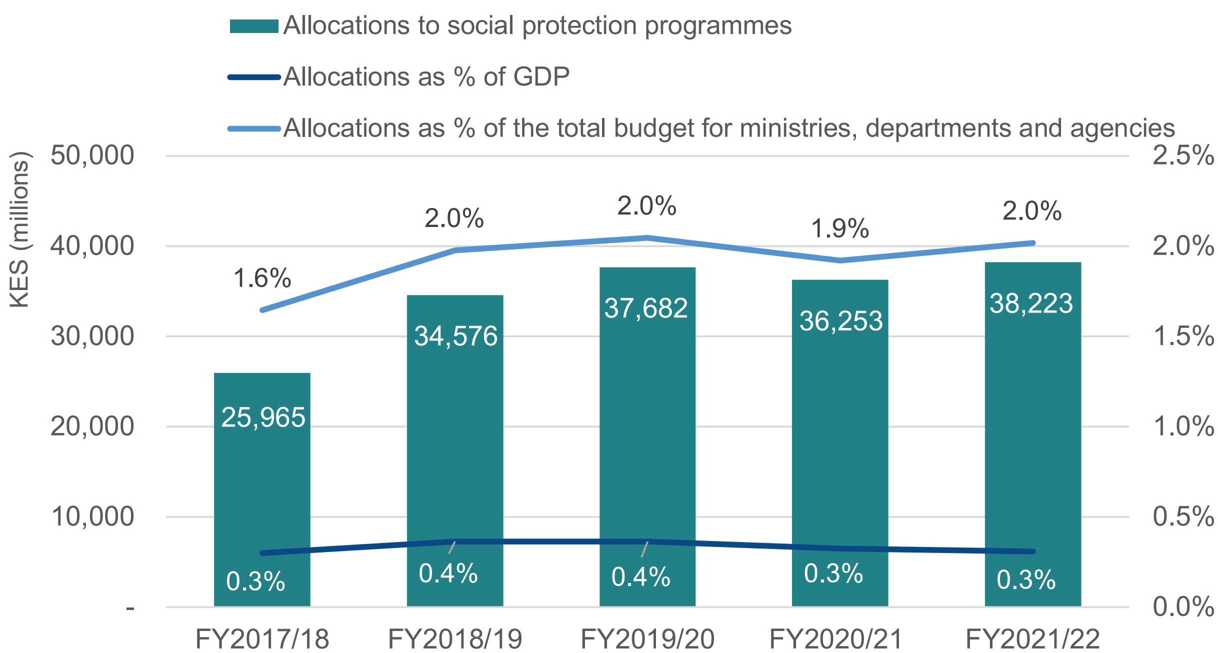
# Investments in social protection

## Key findings

The proportion of the budget for national government MDAs that was earmarked for social protection programmes remained fairly constant at 2% between FY2017/18 and FY2021/22 (Figure 1). Budget allocations to social protection programmes as a percentage of the national gross domestic product (GDP), also remained flat, with a marginal increase in FY2018/19 only (Figure 1).

In the period FY2017/18 to FY2021/22, the national government allocated a total of KES 172.7 billion to social protection programmes. The budget for social protection increased by a third in FY2018/19, mainly due to the launch of the Inua Jamii Senior Citizen scheme, as discussed in the next section. However, in FY2020/21 the budget for social protection reduced by 3.8%, in part due to financial constraints stemming from the Covid-19 pandemic, which forced the government to cut spending to attain its fiscal consolidation targets.

**Figure 1: Budget allocations to social protection programmes as a percentage of GDP and the budget for ministries, departments and agencies, FY2017/18 to FY2021/22**



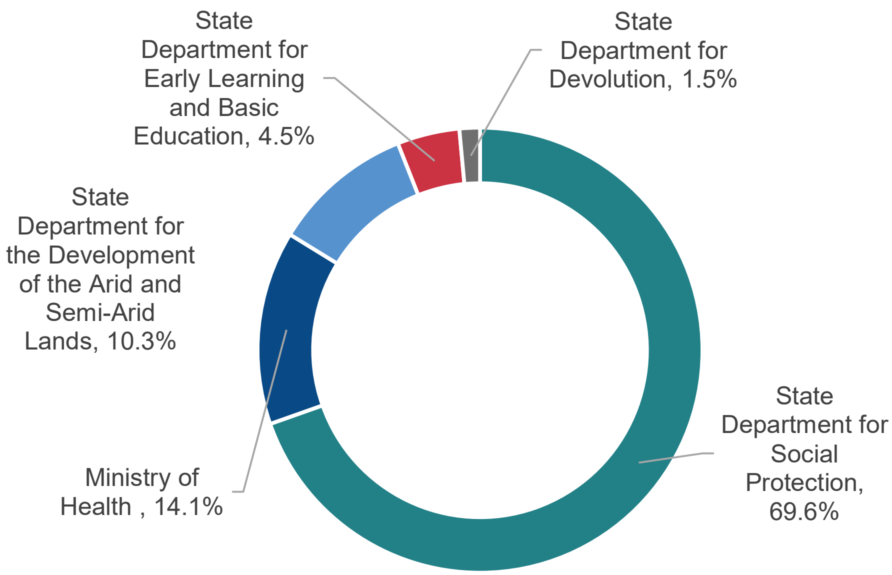

**Source: Development Initiatives based on budget data for the period FY2017/18 to FY2021/22**

Just over two thirds of the social protection budget for the five budget cycles went to the SDSP (Figure 2). These funds were earmarked for the OPCT, CT-OVC and the Persons with Severe Disability Cash Transfer (PwSD-CT).

Overall, the OPCT is the most resourced programme, accounting for 43.6% of the budget for social protection between FY2017/18 and FY2021/22. This is followed by CT-OVC and the

HSNP which accounted for 20.7% and 10.7% of the social protection budget respectively in the five budget cycles.

**Figure 2: Allocation of social protection budget by ministries, departments and agencies, FY2017/18 to FY2021/22**




**Source: Development Initiatives based on budget data for the period FY2017/18 to FY2021/22**

## Disability-specific social protection programmes

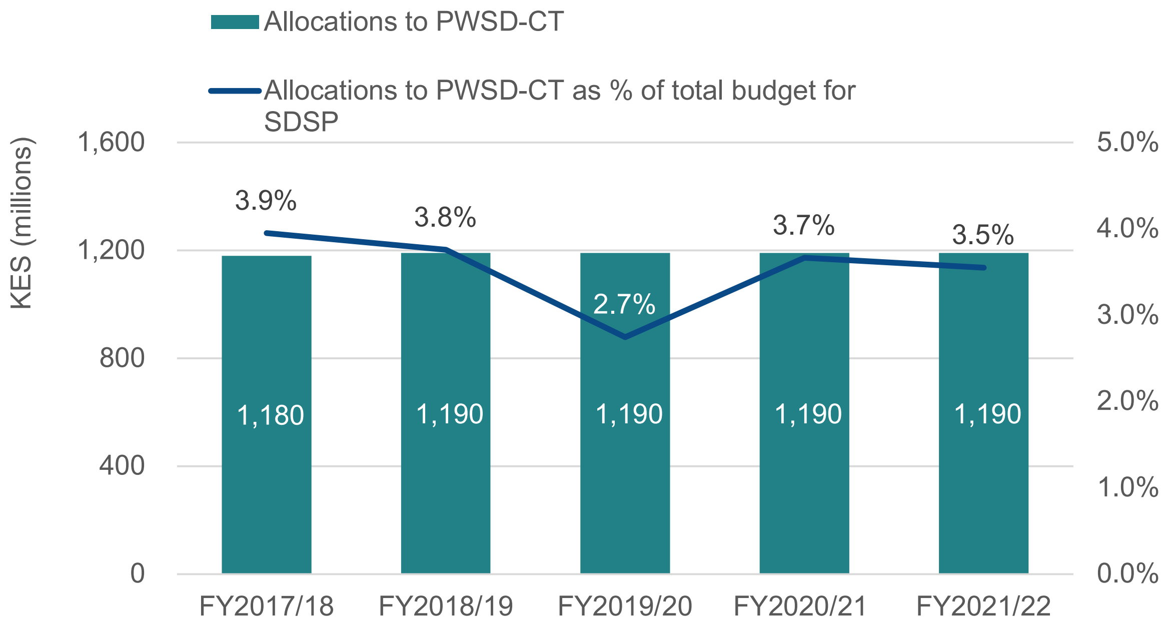
### Persons with Severe Disability Cash Transfer

The PwSD-CT is one of the tax-financed cash transfers within the Inua Jamii programme. PwSD-CT is also the main disability-specific social protection programme. It is aimed at supporting households experiencing poverty with a member with severe disability by providing regular cash transfers to meet basic needs and improve the livelihood opportunities for the beneficiary households. Persons with severe disabilities, as defined by the scheme, are individuals who need permanent care or full-time support from caregivers to ensure their needs are attended to.[21]

Annual budget allocations to the PwSD-CT remained constant at KES1.2 billion between FY2017/18 and FY2021/22 (Figure 3). As a proportion of the SDSP's budget, the percentage earmarked for the PwSD-CT reduced substantially between FY2017/18 and FY2019/20 (Figure 3). At the onset of the Covid-19 pandemic in FY2019/20, the budget for the SDSP was increased by 36.9% to provide more resources to support vulnerable groups. However, the increased funding mainly went to cash transfers for older persons, orphans and vulnerable children rather than persons with disabilities.

Persons with disabilities are estimated to account for between 2.2% and 15% of Kenya's population.[22] An estimated 54.7% of persons with disabilities have difficulties in engaging in economic activities,[23] which exposes them to the risk of falling into or remaining trapped in extreme poverty. However, access to PwSD-CT is limited to households living in extreme poverty which have a member with severe disability. Accordingly, many persons with disabilities in need of assistance are excluded from the programme.

**Figure 3: Allocations to Persons with Severe Disability Cash Transfer, FY2017/18 to FY2021/22**




**Source: Development Initiatives based on budget data for the period FY2017/18 to FY2021/22**

**Complementary services**

Apart from the PwSD-CT, the NCPWD provides a range of complementary services to persons with disabilities using resources drawn from the National Development Fund for Persons with Disabilities (NDFPWD). Complementary programmes include interventions that are aimed at strengthening livelihoods, enhancing labour and economic inclusion and building resilience to shocks. These include educational support, economic empowerment, assistive devices and infrastructural and equipment support for institutions.

The educational support programme promotes access to education to enhance the capacity, skills and opportunities for persons with disabilities to access employment. It provides grants to persons with disabilities to pay for tuition fees for secondary education, tertiary education, vocational training, rehabilitation centres, universities or special education establishments. The economic empowerment programme is geared towards promoting independence and self-sufficiency by providing financial support to persons with disabilities to start business activities and acquire business management skills and experience.

The assistive devices programme facilitates access to services and devices such as wheelchairs and hearing aids to enable persons with disabilities to engage effectively and actively in society. However, the programme gives priority to persons with disabilities who need support to participate in learning, training or the work environment. The infrastructure and equipment programme provides grants to state and non-state organisations that provide education and/or social services to persons with disabilities to enhance access by addressing environmental barriers.

The previous publication on government funding to support disability inclusion in Kenya[24] showed that annual budgetary allocations to NDFPWD remained constant at KES 259 million between FY2016/17 and FY2019/20. In FY2020/21 the approved budget for NDFPWD was reduced by 22.8% to KES 200 million, which was further reduced by half to KES 100 million in the first supplementary budget, made in April 2021. In FY2021/22 NDFPWD's budget has been doubled to KES 200 million.

The National Fund for the Disabled of Kenya, which is established as a trusteeship under the Trustees (Perpetual Succession) Act Chapter 164, also provides complementary services to persons with disabilities. These include donating assistive devices such as white canes and hearing aids. The fund also promotes self-reliance by donating machines/trade tools such as farming and carpentry tools to persons with disabilities to enable them to engage in self-employment.

The previous paper on government funding to support disability inclusion in Kenya showed that, at the onset of Covid-19 pandemic in FY2019/20, allocations to the National Fund for the Disabled of Kenya were reduced by 72.7% – from KES 550 million to KES 150 million in the second supplementary budget.[25] In FY2020/21, allocations to the fund increased sixfold to KES 921 million, but this has been reduced to KES 200 million in FY2021/22.

## Mainstream social protection programmes

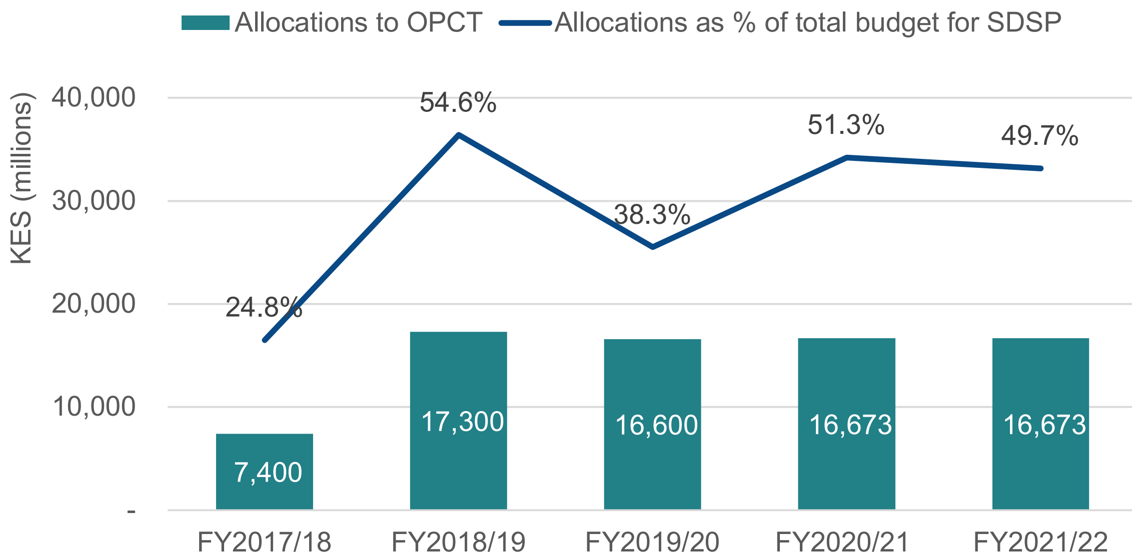
**Older Persons Cash Transfer/Inua Jamii Senior Citizens' Scheme**

The Inua Jamii Senior Citizens' Scheme is a tax-financed social assistance programme, providing universal pension to all citizens aged 70 years and above. It is the only cash transfer programme targeting individuals rather than households. It was introduced in 2018 as a successor of the OPCT that provided cash assistance to vulnerable households living in poverty with a member aged 65 years and above. Current recipient households with a member aged 65-69 years will be retained in the OPCT until the member reaches the age of 70 years, when they will be transferred to the Inua Jamii Senior Citizens' Scheme.

The scheme's introduction was informed by the government commitment to expand access to social protection to older persons, who often depend financially on their family members, are at a high risk of having a disability, and face catastrophic health expenditure. The beneficiaries of the scheme receive KES 2,000 which is paid bimonthly through an account held in one of the four commercial banks appointed to facilitate the payments.

The Inua Jamii Senior Citizens' Scheme/OPCT is the largest cash transfer in the National Safety Net Programme, accounting for half of the SDSP's budget in FY2020/21 and FY2021/22 (Figure 4). In FY2018/19, the funds earmarked for the Inua Jamii Senior Citizens' Scheme/OPCT more than doubled from FY2017/18, to facilitate an increase in coverage after the programme was made a universal scheme. However, the allocations remained fairly constant after FY2018/19 (Figure 4). While the allocation for FY2021/22 has not increased from FY2020/21, the number of beneficiaries is expected to increase by 26.8%.[26] It is not clear how the significant increase in the number of beneficiaries will be achieved without an increase in funding.

**Figure 4: Allocations to the Older Persons Cash Transfer/Inua Jamii Senior Citizens' Scheme, FY2017/18 to FY2021/22**




**Source: Development Initiatives based on budget data for the period FY2017/18 to FY2021/22**

### Cash Transfer for Orphans and Vulnerable Children

Children face a wide range of vulnerabilities and are disproportionately affected by poverty. An estimated 41.5% of children aged 0 to 17 years in Kenya are living in poverty.[27] Furthermore, households with children are more likely to live in poverty than those without children. The poverty rate among households with children stands at 33.7%, but this decreases to 13.5% among households with no children.[28]

Children with disabilities are likely to face additional challenges and barriers, such as higher likelihood of living in poverty, missing out on schooling, and having less access to health care and other basic social services than children without disabilities.[29] These challenges are likely to have long-term impacts on the welfare of children with disabilities. For instance, poor educational and health outcomes due to limited access to education and health services may limit the ability of children with disabilities to access employment in adulthood.

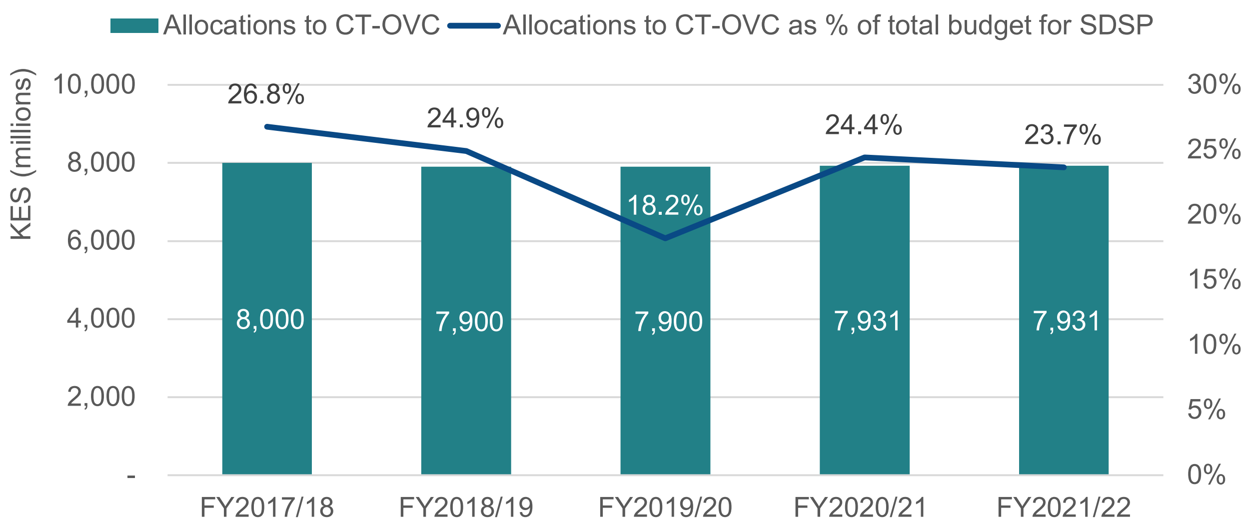
The CT-OVC was established in 2004 with the aim of providing regular cash transfers to households experiencing poverty that are living with orphans and vulnerable children, to promote fostering and retention of children and their human development. Orphans and vulnerable children are defined in the programme as children aged 0-17 years with at least one deceased parent or children under the care of a parent or caregiver who is chronically ill.[30]

The beneficiaries of the CT-OVC receive KES 2,000 which is paid bimonthly. The CT-OVC operates in all the 47 counties in Kenya. In FY2019, the CT-OVC reached 295,316 households with orphans and vulnerable children, which is equivalent to 75.1% (393,000) of the target number of beneficiary households for that fiscal year.

Budget allocations to the CT-OVC remained constant at KES 8 billion annually between FY2017/18 and FY2021/22. As a proportion of the SDSP's budget, the percentage going to the CT-OVC declined to 18.2% in FY2019/20, gaining back some of the loss in FY2020/21 (Figure 5).

In FY2021/22, the SDSP plans to provide cash transfers to 540,500 households with orphans and vulnerable children – a 38.4% increase from the target for FY2020/21. However, this ambition has not been supported by an increase in budget allocation to reach more households in FY2021/22. Furthermore, there is growing concern over the effectiveness of the targeting approach adopted by the CT-OVC. Specifically, defining childhood vulnerability in terms of orphanhood and living with a parent with a chronic illness may potentially lead to exclusion of children who despite having both parents are more vulnerable than their orphaned peers.[31]

**Figure 5: Allocations to the Cash Transfer for Orphans and Vulnerable Children, FY2017/18 to FY2021/22**




**Source: Development Initiatives based on budget data for the period FY2017/18 to FY2021/22**

### Hunger Safety Net Programme

Persons with disabilities and their households are at a higher risk of food insecurity/hunger than persons without disabilities and their households. This is attributed in part to the limited resources and livelihood opportunities that persons with disabilities have. Social protection programmes that facilitate access to food, therefore, are critical for ensuring food security among persons with disabilities and their households.

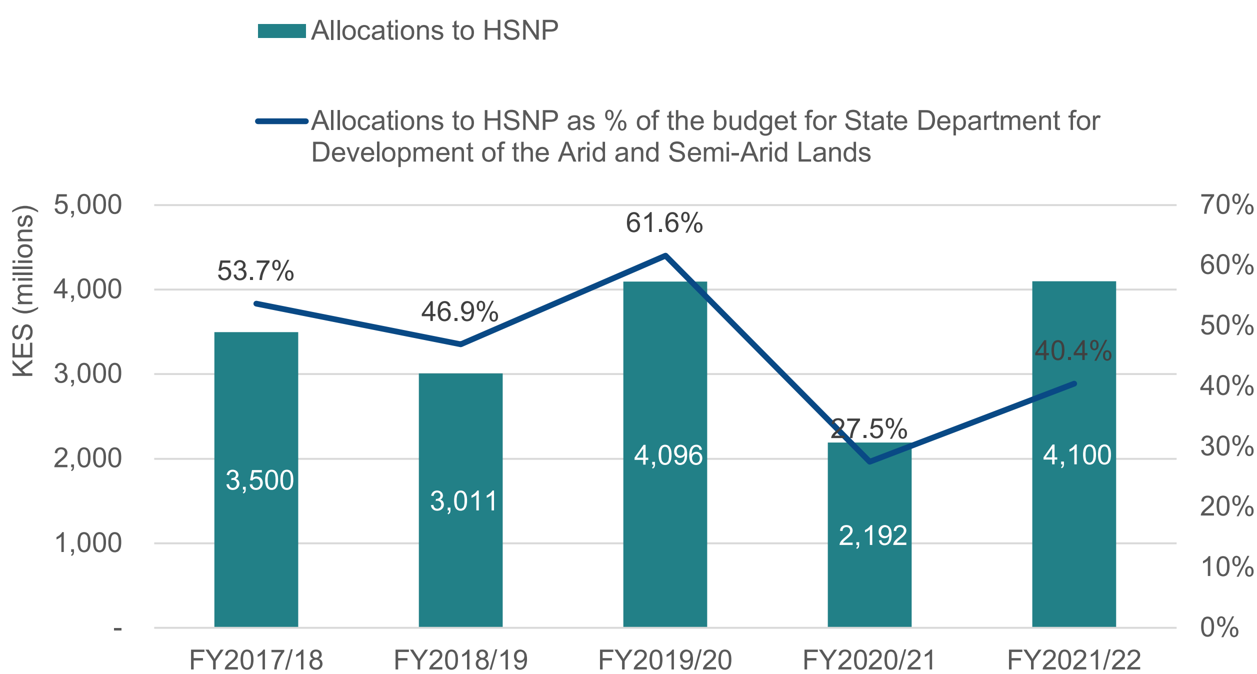
The HSNP is an unconditional cash transfer dedicated to vulnerable households living in four of the poorest and arid counties of Mandera, Marsabit, Turkana and Wajir. The HSNP is aimed at alleviating extreme poverty and hunger through regular and emergency cash transfers. A unique feature of the HSNP is its ability to scale up coverage during crises such as drought and floods by disbursing emergency cash transfers to additional households beyond the regular beneficiaries.

The first phase of the HSNP, implemented between 2009 and 2013, targeted 69,000 households with a regular bimonthly cash transfer. The second phase, implemented between July 2013 and March 2018 targeted 100,000 households with regular cash transfers. It also targeted an additional 270,000 households with periodic emergency cash transfers (scale up operations/programme) to cope with adverse climatic shocks.[32] Households under the regular cash transfer receive KES 5,400 while the emergency cash transfer beneficiaries receive KES 2,700. The third phase of the HSNP began in April 2019, and is expected to cover four more drought-affected counties – Garissa, Isiolo, Tana River and Samburu.[33] The payments are made to the beneficiaries through accounts held at Equity Bank.

The State Department for Development of the Arid and Semi-Arid Lands earmarked a total of KES 16.9 billion for the HSNP between FY2017/18 and FY2021/22. However, annual budget allocations to the HSNP fluctuated considerably over the five budget cycles (Figure 6). In FY2020/21, HSNP's approved budget of KES 4.4 billion was reduced by half during the first supplementary budget. However, it is not clear from the available budget data/information why the budget was reduced by such a significant amount.

Independent evaluations of the impacts of HSNP, particularly phase 2, showed that the programme improves household well-being by supporting access to food and livestock ownership, improves household creditworthiness and increases overall incomes in the local economy.[34] However, HSNP's contribution to building resilience is piecemeal. Furthermore, while the transfer amounts form a significant part of the total income in the beneficiary households, they are too little in real terms to enable households to meet all their needs throughout the payment cycle.[35] Most beneficiary households often spend much of the transfer amount on the payment day and have to look for alternative forms of support including borrowing after the cash transfers have run out.

**Figure 6: Allocations to the Hunger Safety Net Programme, FY2017/18 to FY2021/22**




**Source: Development Initiatives based on budget data for the period FY2017/18 to FY2021/22**

**Home-Grown School Meals Programme**

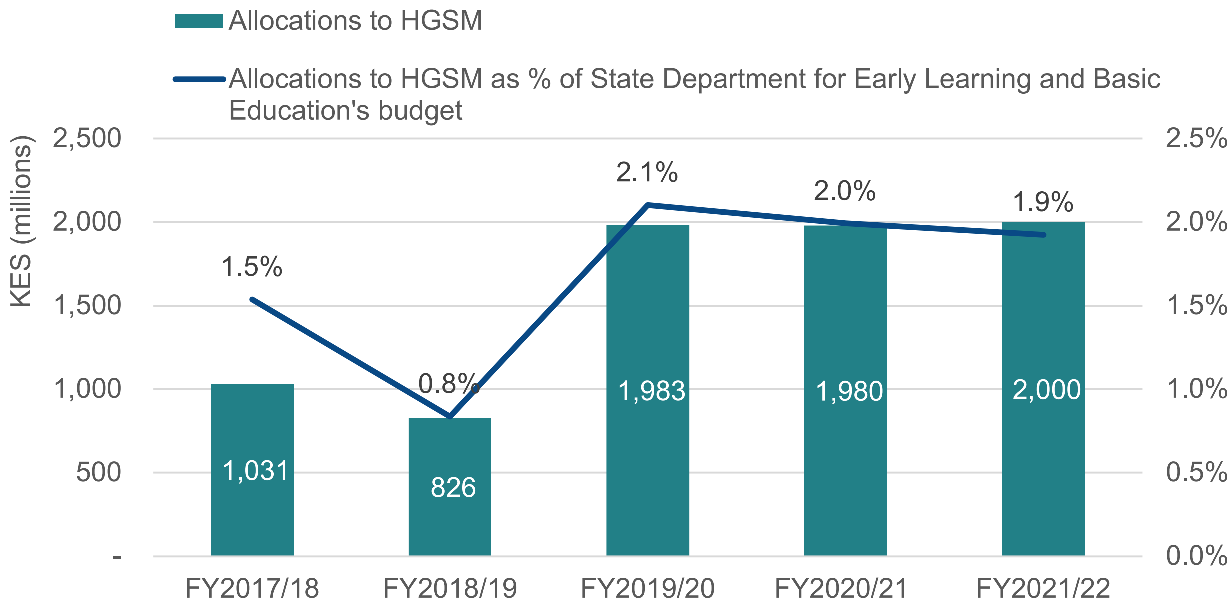
The government of Kenya introduced school feeding programmes in 1980 in collaboration with development partners to enhance both educational and nutritional outcomes. In the arid and semi-arid lands counties and informal urban settlements, which have the highest prevalence of income and food poverty, the school meal is often children's main meal of the day. Therefore, school feeding programmes are an important safety net for vulnerable children, including those with disabilities who live in food-insecure households.

To reduce reliance on donor supported programmes, the government launched the Home-Grown School Meals (HGSM) programme in 2009.[36] HGSM has the twin objectives of enhancing children's participation in education (enrolment, attendance and completion) and supporting local agricultural production by procuring foodstuff from local smallholder farmers. To achieve these objectives, the Ministry of Education transfers funds to participating schools to purchase food directly from local suppliers and farmers.

The programme mainly targets public schools in arid and semi-arid lands areas and informal urban settlements. In FY2018/19 and FY2019/20, the government planned to provide hot meals to 1.7 million and 1.6 million learners respectively through the programme.[37] However, the actual number of learners who benefitted from the programme was slightly less than the target, at 1.6 million in FY2018/19 and 1.4 million in FY2019/20, in part due to funding constraints.[38]

The Home-Grown School Meals Programme (HGSM) received a total budget of KES 7.8 billion between FY2017/18 and FY2021/22, equivalent to 1.7% of the total budget for the State Department for Early Learning and Basic Education over this period. Funding to the HGSM has stagnated at KES 2 billion since FY2019/20 (Figure 7). This makes it difficult to expand the coverage of the programme to more schools. Furthermore, vulnerable children with disabilities who are not able to attend schools due to barriers such as inaccessible public transport remain excluded from the programme. The prolonged closure of schools during the Covid-19 pandemic hindered access to school meals. Moreover, the loss of livelihoods during the Covid-19 pandemic, made it difficult for many families to provide food for their children. This underscores the need for more resources to expand the scope of the programme to ensure all vulnerable and food-insecure children are reached.

**Figure 7: Allocations to the Home-Grown School Meals Programme, FY2017/18 to FY2021/22**




**Source: Development Initiatives based on budget data for the period FY2017/18 to FY2021/22**

### Linda Mama Programme

Linda Mama is one of the publicly funded schemes implemented under the Social Health Insurance pillar of Kenya's social protection system. It aims to facilitate access to quality and affordable health services among pregnant women and their newborn babies by eliminating financial barriers. Linda Mama is important for inclusion of pregnant women with disabilities, who in addition to financial barriers, face additional challenges in accessing health care including discrimination and negative attitudes.

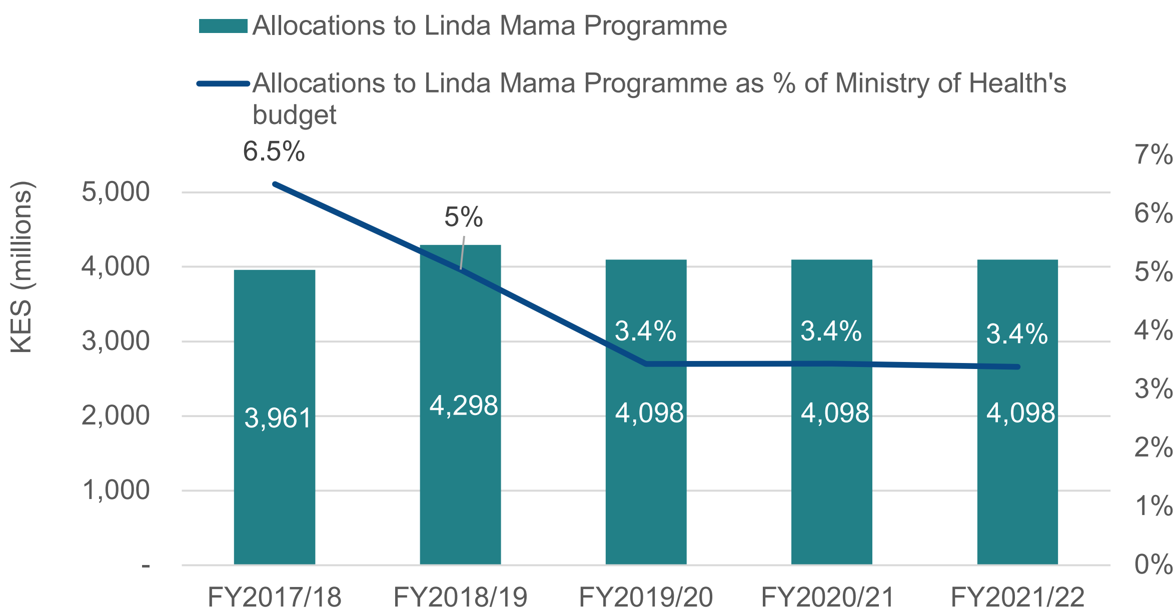
In 2013, the national government launched the Free Maternity Programme by abolishing all fees payable by mothers seeking maternity services in public health facilities. The national government compensated health facilities for the lost revenue by providing annual budgetary allocations to the programme. In 2017, the Free Maternity Programme was transferred to the NHIF and renamed Linda Mama. Additionally, the benefit package was expanded to include antenatal and postnatal care, deliveries, and support for complications experienced by the mother and the baby. Furthermore, private hospitals were included as providers of services alongside public health facilities.

Under the Linda Mama Programme, the NHIF purchases the health services by contracting public and private health facilities. The contracted health care providers are reimbursed by the NHIF for the services provided, while the national government pays the health insurance premiums for the registered beneficiaries. All pregnant Kenyan women are eligible for enrolment into the programme and registration can be done through different channels including mobile phone, NHIF's registration portal, NHIF service centres and the participating health care providers.

Cumulatively, the national government allocated KES 20.6 billion to the Linda Mama Programme between FY2017/18 and FY2021/22. Just like other social protection schemes, annual allocations to Linda Mama have remained fairly constant, particularly from FY2019/20. Furthermore, the annual allocations to the programme as a percentage of the Ministry of Health's budget has reduced by nearly half (Figure 8). The stagnation in funding is reflected in the target number of beneficiaries, which is expected to remain at 1.3 million pregnant women in FY2021/22, equivalent to the number of people who accessed the programme in FY2019/20. Improved budgetary allocations could facilitate expansion of the programme to reach more people.

Of concern is the lack of data disaggregated by disability, age and location to evaluate the performance of the Linda Mama Programme, particularly the extent to which it is contributing to improved access by women with disabilities. Available evidence shows that some women with disabilities forego seeking free health care services in Kenya due to challenges such as high transport costs to health facilities, inaccessible infrastructure within health facilities, and negative attitudes among health workers towards women with disabilities.[39] Addressing these challenges is critical for the improved participation of women with disabilities in the Linda Mama Programme.

**Figure 8: Allocations to the Linda Mama Programme, FY2017/18 to FY2021/22**




**Source: Development Initiatives based on budget data for the period FY2017/18 to FY2021/22**

The other non-contributory health insurance schemes provided through the NHIF include the health insurance subsidy for persons experiencing poverty and vulnerability, including orphans and vulnerable children, older persons and persons with severe disabilities, and the Edu Afya Secondary School scheme. The health insurance subsidy is provided as a complementary scheme to beneficiaries of the CT-OVC, OPCT/Inua Jamii Senior Citizens' Scheme and the PwSD-CT. The national government pays the health insurance premiums to NHIF to enable the beneficiaries to access health services. However, budget allocation data for the Health Insurance Subsidy Programme is available only for FY2020/21 and

FY2021/22, in which the programme received KES 1.9 billion in each fiscal year. The Edu Afya Secondary School scheme provides health insurance to secondary school students through the NHIF, with the premiums being paid by the national government. However, the budget documents do not provide any data on allocations to this programme. By FY2018/19, 2.9 million secondary students had been enrolled into the programme.[40]

## Successes/best practices

**The cash transfer programmes, particularly the PwSD-CT, HSNP and OPCT, are mainly funded by the national government.** This is a sign of commitment by the government to ensure sustainable financing of social protection programmes through domestic public resources rather than relying on unpredictable donor funding.

**The establishment of the Inua Jamii Senior Citizens' scheme is an important step towards including persons with disabilities as the likelihood of having a disability is high in old age**. Importantly, the scheme targets individuals rather than households, thus ensuring that persons with disabilities have choice and control over the use of the cash transfer.

**The government has established several complementary programmes and services to supplement the support that persons with disabilities receive from existing social protection programmes.** In particular, funds such as the NDFPWD and the National Fund for the Disabled of Kenya ensure availability of more resources to provide support such as assistive devices and business grants to promote inclusion and participation of persons with disabilities in society.

**The government is finalising the revision of the NSPP to facilitate improved provision of social protection to vulnerable groups, including persons with disabilities.** The revised policy adopts a life-cycle approach to social protection and is expected to facilitate provision of basic social protection guarantees in line with the ILO recommendation 202. Furthermore, the revised policy structures the social protection system around four rather than three pillars. These are income security, health protection, shock responsive social protection and complementary initiatives.

**Significant progress has been made in strengthening the governance of the social protection sector.** This includes establishing the SDSP, the Social Protection Secretariat which leads on policy development and sector coordination, and the Social Assistance Unit which oversees the implementation of key social protection programmes under the SDSP. Furthermore, the NCPWD has been established to work with the SDSP to implement disability-specific social protection programmes and complementary services including the PwSD-CT.

## Key challenges

**There is lack of programme coverage data disaggregated by disability, age, gender and location for most of the mainstream social protection programmes.** This challenge is attributed, in part, to lack of inclusion of adequate and relevant questions on disability in assessment or survey tools used to collect socioeconomic data for programming, planning and budgeting. This makes it difficult to hold the government to account through effective evaluation of the extent to which the mainstream programmes are reaching persons with disabilities. Importantly, there is lack of up-to-date data and information on the impact of existing disability-specific and mainstream social protection programmes.

**Horizontal and vertical institutional fragmentation slow effective coordination and implementation of social protection programmes.** As discussed earlier, social protection programmes are implemented by different MDAs at the national level with limited coordination and complicated reporting lines. Furthermore, vertical fragmentation occasioned by lack of clear roles and responsibilities between county and national-level institutions hinders effective coordination of the sector.[41]

**Underfunding and resource constraints are a key barrier to expanding social protection programmes.** As discussed earlier, the budget allocations for most social protection programmes have either remained constant or reduced between FY2017/18 and FY2021/22. For instance, of the estimated 12 million vulnerable people, including persons with disabilities who are not able to afford health services, just under 1 million people have been included in the health subsidy programmes due to underfunding.[42]

**The PwSD-CT targets households rather than individuals, which limits the choice and control that persons with disabilities have over the use of the cash transfer.** Furthermore, the transfer amount has remained constant at KES 2,000 despite the rising cost of living. The transfer amount for most cash transfers (PwSD-CT, CT-OVC and HSNP) is uniform regardless of the size of the household. This makes large households worse off as their needs are likely to be more than those of smaller households.

**Restrictive eligibility criteria also limits participation of persons with disabilities in available schemes, particularly the PwSD-CT, CT-OVC and OPCT.** Specifically, a beneficiary/household enrolled in one of these schemes is not allowed to enrol in any other cash transfer programme. Furthermore, a member of the beneficiary household must not be receiving any pension and/or regular income. These criteria are posing challenges for access given that the support provided under one cash transfer programme may not be adequate given the diverse needs of persons with disabilities. The criteria are inconsistent with the Convention on the Rights of Persons with Disabilities, Article 28, which calls on state parties to recognise and protect the right of persons with disabilities to adequate standards of living and social protection. An extra income support from another scheme or top-up amount would go a long way to address disability-related costs and enable family members or caretakers to engage in gainful work, for instance, through self-employment.

**While progress has been made to expand the coverage of social protection programmes, a large proportion of the vulnerable population is still excluded.** The estimated number of beneficiaries who had access to predictable and regular social assistance programmes stood at 1.3 million in 2018. However, the coverage for persons with disabilities remains low – estimated at 1%.[43]

**Complex disability assessment and determination processes slow access to social protection schemes and complementary services.** Obtaining a disability status through registration with the NCPWD facilitates access to social assistance provided by the government. However, the process of disability identification, assessment and determination is lengthy and inaccessible to persons with disabilities due to a lack of awareness/information about the process, discrimination and the direct and indirect costs associated with processes such as medical assessments.[44] Obtaining disability status is more challenging for people with psychosocial disability than people with physical impairments. This is attributed in part to the invisibility of psychosocial disability, which is often interpreted by medical practitioners as an illness rather than a disability.[45]

**The legal framework for the social protection sector remains weak.** As discussed earlier, the Social Assistance Act, 2013 was never implemented and plans to repeal it were launched in 2020. Grounding the social assistance programmes in an effective legal framework is critical for their funding and implementation in the long term.

# Conclusion

Including persons with disabilities in social protection programmes is critical for their empowerment, inclusion and participation in society. Disability and poverty are intertwined and persons with disabilities are more likely to live in poverty than persons without disabilities. Accordingly, persons with disabilities should have equal access to mainstream and disability-specific social protection programmes for their diverse needs to be met.

The government of Kenya has made significant progress in establishing disability-specific and mainstream social protection programmes to support persons with disabilities and other vulnerable groups. This includes establishing social assistance programmes that provide regular and predictable income and health insurance to facilitate access to health services. The government has also set up complementary programmes that are geared towards strengthening the livelihoods of persons with disabilities. However, annual budgetary allocations to these programmes have remained fairly constant in the period FY2017/18 to FY2021/22. This has made it difficult to increase the number of programme beneficiaries. Assessing the extent to which persons with disabilities access mainstream social protection programmes is constrained by lack of budget and programme coverage data, disaggregated by disability, age, gender and location.

While important progress has been made by the national government to establish enabling policy, legal and institutional frameworks, challenges abound. The NSPP is being revised and is expected to strengthen delivery of inclusive social protection programmes. However, social assistance programmes are not effectively grounded in a strong legal framework. Also, Kenya's social protection sector is very broad and involves several MDAs in the design, delivery and supervision of social protection programmes. Coordination among the MDAs in the sector requires strengthening to ensure effective delivery of assistance to vulnerable groups.

# Recommendations

## Policy and legal framework

**Recommendations for the national government – State Department for Social Protection**

- Work with all stakeholders including organisations of persons with disabilities to strengthen the legal framework for social assistance programmes. This should include revising the Social Assistance Act, 2013 to address existing gaps rather than repealing it.
- Strengthen collection and analysis of data for planning, implementation and monitoring and evaluation of social protection programmes. Relevant questions on disability should be included in all programme assessment and survey tools used by the government to collect data to inform planning and budgeting processes.
- Enhance public access to information and data disaggregated by disability, gender, age and location, through annual reports, focusing on the impact and coverage of social protection programmes to ensure transparency and accountability.
- Align social protection policy/legal frameworks and programmes to the Convention on the Rights of Persons with Disabilities by eliminating restrictive eligibility criteria such as limiting access to only one scheme or providing assistance only to persons with severe disabilities. Adequate resources, therefore, have to be mobilised and allocated to the social protection sector to ensure universal access to social protection schemes by all persons with disabilities who are in need.
- Collaborate with county governments to raise awareness about the range of social protection entitlements that are available and processes/requirements for accessing them. For instance, adequate information on disability assessment and determination will facilitate registration of persons with disabilities with the NCPWD in order to access social protection schemes and complementary services.
- Consider the nature of disability, as well as the direct and indirect disability-related costs, in the design of social protection schemes. Also, some persons with disabilities have multiple vulnerabilities such as orphanhood and living with HIV, which should be taken into account in the design of social protection schemes.

## Institutional framework

- Strengthen coordination across all responsible MDAs and stakeholders at national and county levels to ensure effective delivery of social protection programmes. Anchor the overall coordination role of the SDSP in law and create an effective coordination platform that brings together state and non-state actors at national and county level.
- Strengthen implementation capacity through training and recruitment of adequate staff for both national and county-level offices.

- Develop guidelines for county governments and provide them with technical support for designing and implementing social protection programmes. The guidelines should clearly outline the roles and the extent of involvement of county governments in delivery of social protection programmes. This will ensure a harmonised implementation approach that ensures complementarity between national and county governments.
- Apart from regular consultation and inclusion in policy coordination structures, empower organisations of persons with disabilities through technical and financial support to participate actively in policy reforms. This should include involving these organisations in the identification and registration of persons with disabilities in social protection programmes.

## Investing in social protection programmes

**Recommendations for the National Parliament and State Department for Social Protection**

- Allocate adequate resources to social protection programmes to facilitate effective expansion of their coverage. The analysis showed that in most programmes, planned increases in the number of beneficiaries has not been matched with an increase in budget allocations.
- Adopt cash transfer amounts that take into account the size of households and nature of disability to ensure needs are met effectively. Larger households are likely to have more needs than smaller households. Accordingly, it is important to consider providing individual entitlements based on a life-cycle approach to ensure the cash transfers are adapted to the size of the households. Overall, the cash assistance amount should enable beneficiary households to at least meet basic needs, taking into account ordinary and disability-related costs.
- Extend the PwSD-CT beyond persons with 'severe disabilities' to ensure an adequate standard of living to all persons with disabilities who are experiencing poverty, but are currently not eligible and, therefore, excluded from the programme.
- Provide detailed information on the actual spending on each social protection programme to ensure transparency. This includes programmes such as Edu Afya whose budget allocation and spending data is not available. To this end, the SDSP should work with all MDAs that implement social protection programmes to collect and analyse disaggregated data on the specific activities implemented using the allocated funds.
- Conduct periodic impact evaluations to determine the extent to which existing disability-specific and mainstream social protection programmes are contributing to the inclusion and empowerment of persons with disabilities.

# Notes

[1] In late 2021, this has been renamed the State Department for Social Protection, Senior Citizens Affairs and Special Programmes and moved to the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes.

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[28] Ibid.

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