

Policy Brief

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Hit and Miss: Eligibility Criteria for Child Nutrition Improvement Programme in Kenya

Highlights of Findings

Targeting policy interventions is an important mechanism for separating qualifying and non-qualifying households or individuals in a programme. This policy brief focuses on selecting the most appropriate eligibility criteria for child nutrition improvement programme in Kenya to optimize targeting.

The key highlights include:

- (i) Using Proxy Means Testing (PMT) and Multi-dimensional Poverty Index (MPI) poverty measurements to identify the poor households. PMT identified 33.1 per cent of the population as poor while MPI identified 44.1 per cent households as poor.
- (ii) The Nutrition Improvement through Cash and Health Education (NICHE) eligibility criteria which targets under 2 years and breast-feeding mothers. It showed that the bottom 15 per cent of the poor population would benefit from a nutrition-sensitive cash transfer programme. There were no exclusion errors, whereas the inclusion errors were minimal, measuring below the recommended 30 per cent.
- (iii) The NICHE eligibility criteria underestimates the number of households in need of nutrition improvement. It limits the benefits to households already receiving cash transfers. For instance, in the bottom 5 per cent, only 15,084 households would qualify to benefit from a nutrition improvement programme.
- (iv) Enhancing the eligibility criteria to target children under 5 years would benefit the bottom 15 per cent of the population. Where the bottom 5 per cent is targeted, about 335,765 households would qualify to be enrolled into the programme.
- (v) The inclusion error for programmes aimed at reducing malnutrition in both cases is lowest when the poorest 5 per cent are targeted. However, there was no exclusion error if the bottom 15 per cent of the poor are targeted.

1 Introduction

Targeting describes a range of mechanisms for identifying households or individuals who are defined as eligible for resource transfers and simultaneously screening out those who are defined as ineligible.¹ It means including some people as beneficiaries and excluding others. Thus, in programmes that aim at producing nutrition improvements, targeting means limiting the intervention to the selected groups that are deemed most in need of such improvements.

Selecting the most appropriate criteria is key to minimizing inclusion and exclusion errors when potential beneficiaries at the household or individual level are being screened.² Well-targeted programmes have proven to be a key tool to not only address the poverty challenges facing the poor and the most vulnerable population but also to meet their food security and nutritional needs.

Most of the low and middle-income countries spend on average 1.5 per cent of their Gross Domestic Product (GDP) on social assistance. These investments have helped individuals and families escape poverty, manage risks and improve resilience and opportunity. In addition, the households have met their social goals through investment in the health and nutritional needs of children, pregnant and lactating mothers.

Although the countries aspire to achieve universal social protection coverage for eligible populations, they have limited coverage for social assistance depending on the objective of the programme.³ By targeting the poor and increasing their ability to purchase food, social assistance programmes have continued to play a key role in addressing the problem of malnutrition at the national level.

Further, evidence shows that for a cash transfer programme to be effective, it is important that households are identified based on a criterion that minimizes both exclusion and inclusion errors. The criteria for targeting need to consider the key objective of the programme being implemented. For instance, a nutrition-sensitive programme should include a measure of nutrition as a criterion for targeting beneficiaries. This policy brief focuses on effective targeting of cash transfers in Kenya. The policy brief is based on a KIPPRA KNBS Study (Nafula, Kipruto and Ngugi, 2023) on effective targeting criteria for nutrition improvement through cash programme for households in Kenya.

2 Towards Effective Targeting of Cash Transfers in Kenya

2.1 Targeting for Nutrition Improvement

Investing in the first 1,000 days of life, i.e. between a woman's pregnancy and her child's second birthday, is critical for child survival, growth and development. Older children (5-9 years) and adolescents (10-19 years) face significant transitions in their growth and a high rate of cognitive, social and emotional development. In addition, these groups are faced with

¹ Sabates-Wheeler, Hurrell and Devereux (2015)

² FAO (2001)

³ Premand and Schnitzer (2021)

social and nutritional challenges that impact their overall well-being. While this is the case, it is important that only those who are poor and suffer from malnutrition are identified and put on a nutrition-sensitive programme.

Evidence shows that out of the 7.22 million under 5 years children, 1.9 million (26%) are stunted, 290,000 (4%) wasted and 794,200 (11%) underweight.⁴ There are notable geographic and socio-demographic variations in the severity of malnutrition in Kenya. Out of the 47 counties, 9 (19%) experience a stunting prevalence of over 30 per cent, a level categorized as severe and of public health concern.

The Nutrition Improvement for Children through Cash and Health Education (NICHE) programme is one approach to addressing nutritional requirements. NICHE is limited and only selects beneficiaries from existing social protection programmes. The nutrition-sensitive programme is implemented in 5 counties and targets children under 2 years, pregnant and lactating mothers. The selection of programme beneficiaries is only limited to those who are currently registered in a cash transfer programme. Further, the selection criteria for targeting the beneficiary households do not include an element of nutrition. It is possible that among the beneficiaries, some may not be suffering from malnutrition, yet they are on the programme. Similarly, some of the potentially at-risk households may have been excluded at the design stage or programme implementation stage. When a programme is not benefiting those in need, then it means that the resources are not being utilized efficiently.

Although, in general, all social protection programmes address nutrition challenges indirectly as the target groups who are the poor often tend to be more predisposed to nutrition challenges, implementing nutrition-specific programmes has a more immediate impact on malnutrition.⁵ Additionally, the evidence on the impact of social protection programmes has largely focused on poverty indicators, with little focus on nutrition outcomes, which are equally important.

Therefore, instruments such as nutrient fortification, food vouchers, promoting kitchen gardens, and social behaviour change have been introduced as cash-plus options to make social protection nutrition-sensitive.⁶ Indeed, using both direct pathways to nutrition through cash transfers and indirect pathways through the cash-plus components has been found to yield better nutrition outcomes.

2.2 Importance of Effective Targeting Criteria

Where the policy focus is to address malnutrition, which is mostly a problem of a segment of the population, effective targeting is key if the programme is to succeed. The process of targeting is therefore made up of many stages of decision-making during the stages of design and implementation. It involves information gathering and analysis of the food and nutrition situation, the benefits, and the costs of programming and implementation. Alderman (2016) found that unconditional cash transfers and conditional cash transfers (tying conditions to

⁴ Kenya Demographic and Health Survey (2014)

⁵ Van De Bold et al. (2021)

⁶ Devereux and Nzabamwita (2018)

health and school activities) have not led to nutrition improvements commensurate to their success in poverty reductions.

Despite the importance of the targeting criteria in the success and effectiveness of a nutrition improvement programme, some programmes have relied on previous target groups or single incomprehensive targeting criteria. For instance, the NICHE programme beneficiaries were previous beneficiaries targeted for a cash transfer programme whose objective was poverty reduction. The targeting strategies for the social protection programme in Kenya are based on socio-economic criteria, such as poverty, consumption expenditure, asset ownership, among others. These characteristics are household-based and are intended to address poverty. This objective of poverty reduction may or may not necessarily have a nutrition focus.

A well-targeted programme can therefore potentially deliver nutritional benefits in a more cost-effective way than a universal programme that is poorly targeted. The social assistance programme does not incorporate a nutrition component in the targeting processes, thus limiting the impact of the programme on intended nutritional outcomes. Re-engineering the targeting criteria to include nutrition components will potentially identify the poor households that are nutritionally vulnerable and may have been excluded from the programme or identify those households that are not nutritionally vulnerable and are included in the programme.

2.3 Multi-dimensional Approach to Cash Transfers Targeting

Tackling nutritional challenges requires a multi-sectoral approach. The Government of Kenya has put in place various policies, plans and programmes across the health, agriculture, education and social protection sectors with the aim of addressing malnutrition. In the health sector, the Kenya Health Policy 2012-2030 recognizes the nutrition status of children and mothers as key determinants of health and calls for policy interventions in health financing and health education to address malnutrition.

In the agriculture sector, the attainment of nutrition security is guided by the National Food and Nutrition Security Policy 2012, the Kenya National Nutrition Action Plan 2018-2022 (which operationalizes the 2012 policy) and the Kenya Agri-Nutrition Strategy 2020-2024. Since agriculture is one of the devolved functions in Kenya, County Governments have also developed County Nutrition Action Plans to offer local solutions to the challenges of malnutrition.

In the education sector, there are school feeding programmes supported by development partners and the Ministry of Education (MoE) since the 1980s. Government budgeting towards the school feeding programmes has also been increasing as development partners hand over more responsibilities to governments, signifying increased government commitments (WFP, 2018). Although the initial aim of the programmes was for school retention and increased enrollment, they are now emerging as key interventions in addressing malnutrition. This is evident in the establishment of the National School Meals and Nutrition Strategy 2017-2022, which guides the provision of nutrition-sensitive school meals at national and sub-national levels (OCHA, 2018). There is consensus among development partners and researchers that the provision of social protection provides a unique opportunity to tackle hunger and malnutrition

(Alderman, 2015). Although the objectives of the Kenya National Social Protection Policy do not mention nutrition explicitly, addressing malnutrition is implied in the first objective that aims at protecting the population from shocks that may impact their consumption (Government of Kenya, 2011).

Nutritional challenges are also addressed in programmes such as the cash transfer programme to orphans and vulnerable children that cites improved nutrition as one of the key objectives of the cash transfer (Social Protection, 2022). Other social protection programmes such as the Hunger Safety Net Programme (HSNP) also directly and indirectly tackle malnutrition.

In Kenya, the integration of nutrition into social protection is envisioned in the Kenya Nutrition Action Plan (2018-2022) key result area 14, which aims at having nutrition in social protection promoted. The result area further provides strategies to achieve the objective by having explicit nutrition objectives, target criteria and indicators incorporated in the social protection interventions and integrating nutrition education in social protection programmes. The *Cost of Hunger in Africa* study in Kenya, likewise, recommended that nutrition indicators be integrated into the targeting component of social protection programmes for vulnerable groups (Government of Kenya, 2019).

More deliberate programmes that leverage social protection to tackle malnutrition in Kenya are evident through the Nutrition Improvement through Cash and Health Education (NICHE) programme. The programme targets nutritionally at-risk groups such as pregnant or breastfeeding women, or children under 2 years are targeted among vulnerable households already recruited into the National Safety Net Programme (UNICEF, 2021). There are, however, inadequate nutrition-sensitive objectives and nutrition-sensitive criteria in the current Social Protection Policy in Kenya. Therefore, a category of poor people who are nutritionally at-risk but do not fit in the three categories of vulnerability (orphanage, disability and old age) or are not in the four counties targeted by Hunger Safety Net Programme (HSNP) are likely to be left out of the social protection system.

2.4 Targeting Criteria for Social Protection

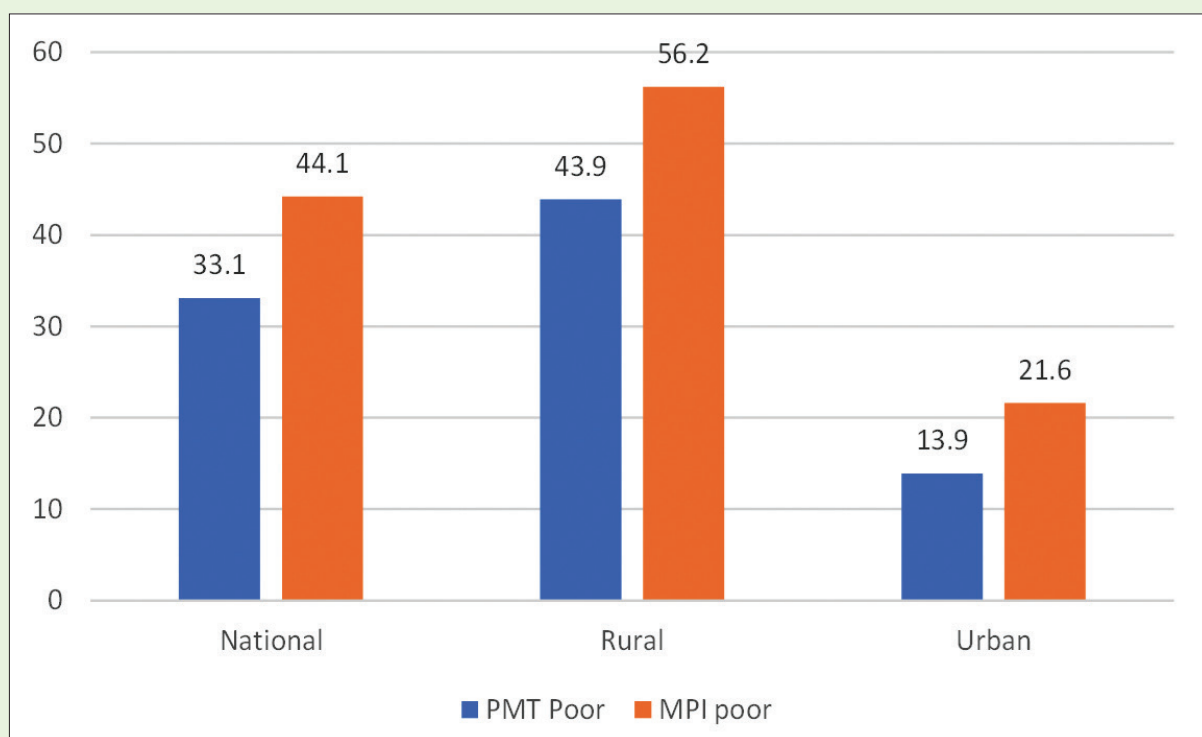
Nutrition is one of the priorities when designing social protection programmes in developing countries, with policy shifting from focusing resources on the poor, to focusing resources on other vulnerabilities such as nutrition (Grosh, Leite, Wai-Poi and Tesliuc, 2022). Bangladesh, Djibouti and Tanzania's social safety nets, for instance, have targeted the nutritionally vulnerable population in their national safety net programmes. Djibouti Social Safety Net Programme has an explicit objective to improve nutrition by targeting nutritionally vulnerable populations such as pregnant and lactating women and children 0-2 years (within the first 1,000 days of life (World Food Programme, 2017). The rationale for targeting lactating women, pregnant women and children under 2 years is that the prenatal period and the first two years (first 1,000 days) of life represent the most critical period in the cognitive and physical development of the child. It should be noted that the first 1,000 days are from the start of the mother's pregnancy until when the child is 2 years old. Social protection programmes that aim at preventing malnutrition are more effective than those that aim at targeting already malnourished children; therefore, the first 1,000 days present an opportunity to take necessary actions to prevent malnutrition.

The NICHE programme rides on the infrastructure of the already existing cash transfer programmes. By drawing beneficiaries from the already existing registry of beneficiaries, which was developed without any nutrition objective in mind, NICHE potentially leaves out eligible households. The Enhanced Single Registry (ESR) in Kenya was developed considering the socio-economic indicators in a multi-stage process combining Community-Based Targeting (CBT) and Proxy Means Testing (PMT). Targeting for social assistance programmes in Kenya combine CBT and PMT. The combination of CBT and PMT helps to correct errors, prevent fraud and address other dimensions of poverty not captured by PMT. Other mechanisms are categorical-targeting (orphans and vulnerable children, older people and people living with severe disabilities), self-targeting in public-works projects, Community-Based Targeting (CBT) to increase accountability and Proxy Means Testing (PMT) for validation. A combination of different targeting mechanisms is deployed with the aim of reducing targeting errors (Devereux, 2021).

2.5 Policy Issues from the Research Findings

When PMT and MPI poverty measurements were compared, PMT identified 33.1 per cent of the population as poor, while MPI identified more households (44.1%) as poor.

Figure 1: Measuring the poor using PMT and MPI



Using the NICHE eligibility criteria, the bottom 15 per cent of the poor population could benefit from a nutrition sensitive cash transfer programme. There are no exclusion errors, whereas the inclusion errors are minimal and measure below the recommended 30 per cent. As the population increases, the exclusion errors increase initially but begin to decline while the inclusion errors oscillate between 24-25 per cent, which is still below the recommended 30 per cent. Depending on the resources available and the objective of the programme, targeting

the bottom 5 per cent would benefit 183,129 poor households with children under the age of 2 years (Table 1).

Table 1: Targeted households using the NICHE criteria

Percentile cut-off	Criteria	Number of Targeted HHS	Exclusion Error	Inclusion Error	Number of Excluded HHS	Number of Included HHs
5	Total	571,125	-	13.3	-	80,517
	Children under 2	183,129	-	12.4	-	22,829
	Breastfeeding	181,762	-	13.5	-	24,403
10	Total	1,142,207	-	21.2	-	252,594
	Children under 2	332,613	-	19.8	-	65,482
	Breastfeeding	331,257	-	19.2	-	63,605
15	Total	1,712,650	-	26.4	-	474,928
	Children under 2	485,257	-	23.3	-	115,983
	Breastfeeding	465,384	-	23.3	-	111,607
20	Total	1,889,415	51.8	27.9	205,410	552,535
	Children under 2	532,977	54.4	25.0	55,678	137,532
	Breastfeeding	508,720	56.7	25.1	52,462	131,481
25	Total	1,936,987	45.9	27.6	420,954	559,657
	Children under 2	542,946	47.0	24.9	103,394	138,816
	Breastfeeding	518,436	46.0	24.9	95,885	132,765
30	Total	1,989,327	41.0	27.4	587,990	570,417
	Children under 2	554,255	41.1	24.9	137,601	141,412
	Breastfeeding	528,379	40.1	24.8	126,234	134,554
35	Total	2,052,805	36.8	27.2	714,127	583,905
	Children under 2	567,288	36.3	25.1	169,660	145,893
	Breastfeeding	540,091	36.0	24.7	156,329	137,397
40	Total	2,145,124	33.7	27.1	808,395	605,338
	Children under 2	593,675	34.0	24.9	190,558	151,070
	Breastfeeding	565,277	33.7	24.7	175,777	142,574

Where poor children of under 5 years are considered, the inclusion error is lowest when the poorest 5 per cent are targeted. There is no exclusion error if the bottom 15 per cent of the poor are targeted.

Table 2: Targeted households based on the under 5 years criteria

Percentile cut-off	Criteria	Number of Targeted HHS	Exclusion Error	Inclusion Error	Number of Excluded HHS	Number of Included HHs
5	Under 5	335,765	-	13.0	-	45,716
10	Under 5	637,815	-	20.2	-	130,906
15	Under 5	935,669	-	24.5	-	237,246
20	Under 5	1,027,868	53.8	26.1	101,357	279,650
25	Under 5	1,051,644	46.2	25.9	200,082	283,610
30	Under 5	1,083,318	40.6	25.8	263,275	290,712
35	Under 5	1,111,962	35.9	25.7	321,661	296,462
40	Under 5	1,154,341	33.0	25.5	356,983	304,015

3 Policy Recommendations

- (i) Nutrition-sensitive cash transfer programmes are more effective in addressing the problem of malnutrition and poverty when they target the bottom 15 per cent of the poor households as opposed to when cash transfer programmes are targeting all the poor households. This is because they are focused on food security and nutritional needs of children and pregnant and lactating mothers from lowest income group.
- (ii) Other areas to focus with nutrition-sensitive cash programmes is to target the under 2 years through exclusive breast feeding; supporting breastfeeding mothers to access nutritious foods; and institutionalizing school feeding programmes in learning institutions in all levels, especially in basic education.
- (iii) The county governments to build schools for children under 5 years at ward level to enable easy access and avoid the children waking up early as this disturbs their growth process. This will require providing adequate land and reassuring quality is standardized across all Early Childhood Development Education (ECDE) centres.

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