

# **INSTITUTIONAL DETERMINANTS INFLUENCING IMPLEMENTATION OF HUNGER SAFETY NET PROGRAMME IN MARSABIT COUNTY, KENYA**

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## **ABSTRACT**

Hunger safety net programme are guaranteed, predictable, timely and multi-year transfers to human vulnerable to food insecurity. It is social protection aimed at reducing extreme poverty and building the resilience levels of vulnerable members in the society. The purpose of this study was to establish institutional determinate influencing the Implementation of hunger safety net Programme in Marsabit, Kenya. The study sought to achieve the following objectives; to evaluate the extent to which targeting efficiency, monitoring and evaluation, delivery mechanism and staff capacity influences implementation of hunger safety net Programme in Marsabit County, Kenya. The study was grounded on theory of change and stakeholder's theory. The study adopted a descriptive research design. The population under consideration which is the unit of analysis comprised of 207 stakeholders Hunger Safety Net Programmed in Marsabit. Stratified simple random sampling techniques was used to select a sample of 86 respondents. Primary data was obtained using self-administered questionnaires while secondary data was obtained using data collection sheet. Data was analyzed using Statistical Package for Social Sciences (SPSS Version 22.0) which is the most recent version. Descriptive statistics such as frequencies, percentages, mean score and standard deviation were estimated for all the quantitative variables and information presented in form of tables. The qualitative data from the open-ended questions was analyzed using conceptual content analysis and presented in prose. Inferential data analysis was done using

multiple regression analysis. The study found that targeting approach/ strategies influences implementation of hunger safety net programme very greatly while the availability of updated information and program design also influence implementation of hunger safety net programme greatly. The results implied that monitoring and evaluation had a significant relationship with implementation of Hunger Safety Net Programme in Marsabit County. The findings revealed that payment delays and coordinating among agencies were of very great influence on the implementation of Hunger Safety Net Programme in Marsabit while exit strategy, fraud and corruption, conditionality of the funding and payment systems were of great influence on the implementation of Hunger Safety Net Programme in Marsabit. The results implied that staff capacity aspects had a significant influence on implementation of Hunger Safety Net Programme in Marsabit. The study concluded that monitoring and evaluation had the most influence on the implementation of Hunger Safety Net Programme in Marsabit County, followed by staff capacity, then delivery mechanism while targeting efficiency had the least influence. The study recommends that pay points for cash transfers should be sufficiently accessible to beneficiaries and the payment mechanism should seek to be linked to savings accounts for beneficiaries so that they can retain funds in their accounts, if they desire, and have greater freedom to withdraw funds. Further, the study information and data should be up-to-date for efficiency in dialogue and decision-making to enhance transparency.

**Key Words:** *institutional determinants, programme, Marsabit County, Kenya implementation, hunger safety net*

## **INTRODUCTION**

According to Attah, Farhat and Kardan (2012), hunger safety nets are guaranteed, predictable, timely, and multi-year transfers to human beings vulnerable to food insecurity. Hunger Safety Net Programme is a social protection aimed at reducing extreme poverty and building the resilience levels of vulnerable members in the Society. Hunger safety nets are appropriate for any chronic food insecurity context, such as that food/cash transfers are necessary every year, or contexts in which crises are expected or predictable (yearly floods/ drought/ harsh winter). The hunger season, where periods of severe chronic hunger lead to erosive adaptation mechanisms, households de-capitalization and in many contexts, a seasonal peak in acute malnutrition in children. The hunger safety nets are likely to be an adequate response to this unacceptable situation, as the book Seasons of Hunger discusses, suggesting a minimal social protection offer to limit the number of families who need emergency help during that time of year (Devereux, 2009).

A hunger safety net is used in response to chronic food insecurity. Therefore, it should be implemented for as long as the existence of chronic food insecurity persists. While the hunger safety net is not intended to stop, beneficiaries of the hunger safety net can change. When a household no longer fits the outlined criteria, it can be assumed that the household no longer suffers from food insecurity and support should therefore be discontinued and transferred to those whose coping mechanisms is distressful. As KHSNP (2013) asserts that, ultimately, national governments are responsible for delivering social protection to their citizens and building this social contract is the exit strategy that all external actors or development partners should be working towards.” Moreover, in countries where the State is not able or willing to implement hunger safety nets and where there is acute food insecurity of a chronic nature, the humanitarian community can and must respond to the vital needs of a population by implementing multi-annual transfers. These multi-annual transfers will ensure sustainability by working as much as possible in coordination / consortia and advocate for multi-year funding from donors (Merttens, et al., 2013).

## **Global Perspective**

Globally, most evidence on the impacts of social protection programmes in poor and middle income countries comes from conditional Hunger Safety Net Programmes in Latin America, many of which have been rigorously evaluated. While many of these programmes achieved short-term outcomes in terms of increased household food consumption, the impacts on nutrition, as measured by anthropometric outcomes or reduced prevalence of micronutrient deficiencies,

are mixed. Programmes in Mexico and Nicaragua showed improvements in child height, but in Brazil and Honduras hardly any effects on pre-school nutritional status were found. Improvements in iron status were observed in Mexico, but not in the other countries (Honduras and Nicaragua) where this outcome was studied. Furthermore, the pathways through which these results occurred and the role of different programming components, are unclear. An open question in this regard is whether it was the transfer itself or the conditionality that drove the impact (Attah, Farhat&Kardan, 2012).

In countries in transition, and in particular in Latin America, hunger safety nets have been implemented since the 80's, with a wide range of mechanisms and designs, as well as objectives. In Latin America, long-term hunger safety nets (often based on the condition that children will be sent to school and to the health center for growth monitoring) has resulted in improved health and nutrition, improved school enrollment and a reduction in the poverty gap and wealth inequalities (quoted in Harvey et al., 2007). For instance in Mexico, the program “Oportunidades “ transfers cash to women only if they follow the health program and send their children to school. In addition, the nutritional aspect of the program includes fortified foods for children and mothers, as well as a nutritional education (Barrientos, Byrne, Villa & Peña, 2013).

India and Bangladesh have also developed an important social protection offer. However, the majority of the experience so far has been in short-term cash transfers (or cash and food) and with limited coverage, since the pilots were put in place to assess the potential impact of transfers that would eventually cover greater areas and periods of time. Evidence based information is still to be collected in the field, although existing data on implementation of hunger safety nets in fragile or transitional states suggest positive outcome thus far (Berhane, Gilligan, Hoddinott, Kumar &Taffesse, 2014).

## **Regional Perspective**

In developing countries, Amaya and Prain (2017) asserts that with respect to emergency response, hunger safety nets aim at preventing crisis, or at the very least, at mitigating the scope of a crisis by protecting the livelihoods and reinforcing the resilience of populations. However, hunger safety nets are not substitutes for additional emergency measures that could become necessary for example, a severe drought in an area already covered by a hunger safety net can still create food insecurity. An emergency response must, then, be effectively coordinated within the existing framework of hunger safety nets, as is the case, for example, in Ethiopia. In development programs, that might aim, for instance, at improving an agricultural or livestock system, the two approaches can either be parallel (different beneficiaries) or complementary (the hunger safety net can protect the program beneficiaries during the hunger gap, protecting the expected impact (Kingston, 2012).

Formal safety nets have been implemented in wealthy contexts for years, as part of the social protection package guaranteed by national institutions for example, unemployment protection,

old-age pensions, and child benefits. In fragile countries, hunger safety nets are at their beginning, with experience gathered in particular in Southern Africa (HIV-AIDS context), Ethiopia (PSNP), and Kenya (HSNP). In Zambia, the cash transfers did not only have an impact on the food quantity, but also on the dietary diversity of the beneficiaries (Plewa& Koch Giese, 2017).

In Ethiopia, the Meket project implemented by Save the Children found that the frequency of children's meals increased since the cash transfers began (Berhane, Gilligan &Hoddinott, 2014). In addition, the women could spend more time with their children. In Niger, Save UK has implemented a pilot hunger safety net project 3, with a cash transfer to 1500 very poor households during the hunger gap, contingent upon recipient's participation in training sessions on nutrition and health. The monitoring and evaluation showed no measurable impact on the malnutrition levels, but a positive impact on the coverage of the basic food needs of the recipients, as well as on the quality of their diet. In addition, it helped beneficiaries avoid erosive coping mechanisms, and enabled part of the targeted population to resume income-generating activities. Finally, the program had an impact on the local trade (despite a supply problem in local markets), and an unexpected positive impact on the local daily wage which increased. Less labour offer from very poor households, and more labourers demand, including from the program beneficiaries (Calp, 2015).

The wealthier countries of the Southern Cone, Botswana, Namibia and South Africa have a stronger social assistance focus relying on grants for vulnerable groups, especially the elderly and children. More recently, social pensions have been introduced in Swaziland and Lesotho, perhaps signaling the emergence of a distinct approach to social assistance in the sub region. Social pensions in South Africa and Namibia reflect the successful adaptation of colonial forms of social protection, once focused on providing a minimum income floor for whites and color reds, but later extended to the population as a whole, and providing vital income redistribution poorer black households against the background of the end of apartheid.

The impact of HIV/AIDS on household structures, the rise in the incidence of households with“ the missing middle”, suggest yet a further adaptation of the social pension to address a new problem. The introduction of the Child Support Grant in South Africa constitutes an extension of social assistance with human development objectives (De Brauw&Hoddinott, 2010). While the evolution of social protection in South Africa is closely related to its political history, the country's experience shows the way in which a deeply embedded programme—the social pension—has been adapted over time to address changing vulnerability, including most recently, the rise in the incidence of households with the missing middle as a result of AIDS or migration.

### **Local Perspective**

In Kenya, the Hunger Safety Net Program (HSNP) was started in Northern part of the country in May 2008 with a 4-year pilot phase, after Department for International Development (DFID)

committed approximately GBP 122 Million in funding over a period of 10 years. Hunger Safety Net Programme popularly known as HSNP is social welfare programme that aims to reduce chronic shocks inherent among pastoralist community of Northern Kenya. The programme was implemented in Wajir, Turkana, Mandera and Marsabit Counties since 2009 and it still continues to develop livelihoods. At the beginning the programme targeted 69,000 beneficiaries' households or 496,800 individuals and it provided cash transfer of Kshs. 2,150 per household and it was later increased to 3,500 Kenya Shillings. In the pilot phase, 69,000 households were targeted for cash transfers and a strong partnership was initiated between the State, the donor, NGOs and civil society (Attah, Farhat,&Kardan, 2012).

During the pilot phase, four independent components were put in place to manage the program: Administration which was responsible for targeting, enrolling and registering beneficiaries in all four districts of the program. This component was to be managed by a consortium headed by Oxfam GB; Payments which provided cost effective, efficient, accessible and secure cash transfers. This was to be implemented by the private sector, by the Financial Sector Deepening Trust (FSD-Kenya) working with Equity Bank; Monitoring and evaluation which was to provide independent means to monitor progress, effectiveness and impact (Hunter & Sugiyama, 2009). This was to be implemented through Oxford Policy Management (OPM) and Research Solutions and finally social Protection Rights (or Ombudsperson) who were to work with communities and program Governance & Structure implementers to protect the rights of recipients and other program participants, Helpage International in Kenya being the implementer of this component (Ikara, 2013). This Hunger safety net programme was doubled during the 2011 drought and currently, Hunger Safety Net Programme II targets 100,000 beneficiaries out of which 19,200 are from Marsabit County while the rest are from Turkana, Marsabit and Mandera Counties. However, the programme still faces some challenges and it against the above backdrop that this study sought to find out the factors affecting the success of hunger safety net programme in the Vulnerable Livelihoods in Northern Kenya with a particular focus on Marsabit County

## **STATEMENT OF THE PROBLEM**

The HSNP is an unconditional cash transfer programme that aims to reduce poverty in Northern Kenya. During the pilot phase the HSNP have delivered regular cash transfers to beneficiary households (for community-based targeting (CBT) and dependency ratio (DR) beneficiaries) or to individuals (for social pension (SP) beneficiaries) in the counties of Mandera, Marsabit, Turkana and Wajir. The pilot programme operated under the Ministry of State for the Development of Northern Kenya and other Arid Lands and was delivered by several contracted service providers, with financial support from the UK Department for International Development (DFID). Food insecurity due to poverty exists when all people at all times have no access to sufficient, safe, nutritious food to maintain a healthy and active life". This implies that sufficient quantities of food are not available on a consistent basis (food availability); households have no sufficient resources available to obtain appropriate foods for a nutritious diet (food access); and



that food is not consumed appropriately, based on knowledge of basic nutrition and care, as well as lack of adequate water and sanitation (Mohamed, 2012). The Hunger safety net programme in northern Kenya was initiated in 2008 and increased food security was one of its key intended impacts. The programme aimed at improving food security by increasing food expenditure, reducing reliance on food aid and reducing malnutrition rates. Data from the Kenya Demographic and Health Survey (DHS) (2008–09) and other nutrition surveys reveal high rates of malnutrition in Kenya with 35.3% of children under five are stunted, 16.1% are underweight and 6.7% are wasted. According to the findings of an evaluation study conducted by Merttens, Hurrell, Marzi, Attah, Farhat, Kardan and MacAuslan (2013) on Kenya hunger safety net programme monitoring and evaluation component impact evaluation final report: 2009 to 2012, there is some evidence of positive impact on retention of livestock, with HSNP households six percentage points more likely to own some form of livestock after two years of programme operations than control households; this result is even more pronounced for goats/sheep, at seven percentage points. However, this result is not robust when ones control for community-and household-level factors, nor for any specific categories of households under the heterogeneity analysis. At the same time, there is much qualitative testimony to the positive impact of the programme enabling households to retain livestock. Therefore, there is some strong evidence that the HSNP is enabling households to retain livestock but it is not fully conclusive. In terms of the retention and accumulation of non-livestock productive assets, the HSNP is not having a significant impact on ownership of a range of key productive assets (Mirera, 2012). The evaluation also found no significant impact on child nutrition. This is not surprising given the variety of factors external to the HSNP and beyond simple access to food that affect child nutrition, which a cash transfer by itself is unlikely to influence. The same evaluation also found out that the HSNP is having a small but significant positive impact on health expenditure. This result is being driven by poorer households. The magnitude of this impact on health expenditure is relatively small. For every additional KES 2,000 received per household member over the evaluation period, average spending on health expenditure is increased by just KES 5 per household member per month. Alongside health sector supply-side constraints, this may help explain why the programme is not having an impact on health status. Qualitative research reveals a possible link between receipt of the HSNP and the type of health care that beneficiaries choose, because the cash transfers give people access to more expensive healthcare providers than were previously affordable (Merttens et al., 2013). The above discussion therefore shows mixed results on the implementation of hunger safety net Programme in Marsabit County, Kenya. Various studies have been done on implementation of Hunger Safety Net Programme. For instance, Mbungua (2014) focused on the challenges in management of older persons cash transfer programme in Kenya based on the ministry of labour, social security and services and specifically looked at management of older persons cash transfer programmes and the factors affecting it. Further, Njuguna (2015) did a study on utilization of social cash transfer allocation by older persons in Kirinyaga County, Kenya and focused on different ways in which older persons utilize OPCTP benefits and also suggested improvements to enhance the programme in

order to optimize its ability to meet needs of the older persons. In addition, Abdi (2015) studied on factors influencing successful implementation of Hunger Safety Net Programme in the vulnerable livelihoods in Wajir County, Northern Kenya. However, among these studies none of the focused-on implementation of Hunger Safety Net Programme in Marsabit. This leaves a gap that this study sought to bridge.

## **PURPOSE OF THE STUDY**

The purpose of this study was to establish the institutional determinants influencing implementation of hunger safety net Programme in Marsabit County, Kenya.

## **OBJECTIVES OF THE STUDY**

1. To evaluate the extent to which targeting efficiency influences the implementation of hunger safety net Programme in Marsabit County.
2. To examine the influence of monitoring and evaluation on implementation of hunger safety net Programme in Marsabit County.
3. To evaluate the influence of delivery mechanism influences implementation of hunger safety net Programme in Marsabit County.
4. To examine the extent to which staff capacity influences implementation of hunger safety net Programme in Marsabit County.

## **LITERATURE REVIEW**

### **Implementation of Hunger Safety Net Programme**

Kenya is one of the African countries that have implemented Hunger Safety Net Programme and scaled it up to protect the poor and promote human rights. The programme is grounded on multiple national legal and policy frameworks and international commitments. In particular, Article 53 of the 2010 Constitution of Kenya spells out the rights of children and the need for their protection. Every child has the right to: free and compulsory education, basic nutrition, shelter and healthcare; protection from abuse, neglect, harmful cultural practices, exploitative labor, parental care and protection. The national policy on orphans and vulnerable children developed in 2005 is one of the earliest policy frameworks that grounded in the Cash Transfer programme for Orphans and Vulnerable Children (CT-OVC) in the pilot and scale up phase (Kenya National Gender and Equality Commission Report, 2014).

The Hunger Safety Net Programme which is also known as Cash Transfer programme targeting Orphans and Vulnerable Children is implemented by the Government of Kenya through Department of Children Services in collaboration with partners such as UNICEF, World Bank and DfID. It is one of the flagships programmes in Kenya's Vision 2030 and a core part of the government's national Safety net programme (Oxford Management Policy, 2013). The CT-OVC



programme broad objective entails strengthening households' capacities to provide a social protection system through regular cash transfers to vulnerable households with OVC, in order to encourage fostering and retention of orphans and vulnerable children in their families within the communities and to promote their human capital development. CT- OVC is currently the largest Cash Transfer programs in the country. In advent of expansion of these programmes, issues to do with design and implementation have begun to dominate policy debate including participation levels of recipients, the economic viability, targeting and measurability of the impact of the programmes (Kenya National Gender and Equality Commission Report, 2014).

The programme started as a pre-pilot project covering 500 OVC households in three districts (Nairobi, Garissa and Kwale) in 2004. By 2009, the government funding to the programme increased to US \$9 million from USD US\$800,000 allocated in 2005 and coverage increased to 47 districts. Every year since then, the programme has received increased budget allocations from the government. For example in 2011/2012 the programme was allocated Kshs. 2.8 billion, and in 2012/2013 Kshs 4.4 billion. In 2013/2014, the programme received a lion share of Kshs. 8 billion (Kenya National Gender & Equality Commission Report, 2014). The intervention areas and geographical targeting is guided by a CT-OVC programme Expansion Plan which is developed at the national level on the basis of poverty and vulnerability criteria. Once locations have been identified, operational structures like Constituency Social Assistance Committee, the Location OVC Committee (LOC) members and Beneficiary Welfare Committees (BWCs) are established and trained (Mirera, 2012).

Household-level data is collected and analyzed to assess their likelihood of being poor against national standards. A list of potential beneficiaries is generated, and validated at the community baraza. The approved list of households targeted for support is then entered into the management information system, enrolled in the programme and issued with a programme identity card (Ikara, 2013). According to CT- OVC operational manual (2015), supported households receive payments of Ksh 4,000, in cash, every two months via a Payments Service Provider. These are the Postal Corporation of Kenya (PCK), Equity Bank and Kenya Commercial Bank. The programme implementation organs are responsible for follow up with households in the communities where concerns are raised about the care being received by a child. Locational OVC Committee members are required to visit households to raise awareness on appropriate care and to provide advice on problems households are encountering in caring for children (Oversees Development Institute, 2013).

Community awareness sessions are also conducted in the community to promote understanding of the program and to help households deal with health and family issues. The programme covers children below the age of 18 years. The program places developmental responsibilities to care givers of the beneficiaries that include; ensuring OVC aged 0-5 years receive immunization and growth monitoring, OVC aged 6-7 years regularly attend basic education; OVC acquire birth certificates and care givers attend awareness sessions. The exit from CT-OVC programme is triggered by the following: a) When there are no more OVCs in the household either because the

OVC is over 18 4 years age limit or through death, b) In case households fail to comply with the set conditions for three consecutive payments. An evaluation conducted between 2007 and 2011 to analyze impact of CT-OVC program in Kenya revealed that CT-OVC has had a broad range of positive impacts on beneficiary households, including poverty reduction, increase in food consumption and dietary diversity, improvement in schooling and health care utilization, and strengthening of the local economy. Evidence from the impact evaluation also indicates that the CT-OVC program impacted some aspects of the livelihoods of household beneficiaries (Oxford Management Policy, 2013). It is estimated that currently, 264,000 households are beneficiaries of the program in Kenya.

Marsabit County has more than 300 household's benefiting from the program (Children Services Department report, 2014- 2015). The DFID 2012 report, on a study conducted on government administered-unconditional cash transfer programs in Kenya, \_Mozambique, \_Uganda, \_Yemen and Occupied Palestinian Territories (Gaza & the West Bank) that gathered views and perceptions of beneficiaries, communities and program implementers in regard to the impact and functioning of the program revealed a number of challenges on the program. Regarding payment mechanisms, timeliness and predictability of payments had been an issue for CT-OVC. Cross-agency coordination and referral systems within and across government, development partners and NGOs was particularly weak, often leading to fragmentation and duplication of effort, and undermining potential synergies that could be achieved. In addition, grievance and complaints mechanism had varied implementation record with all exhibiting potential for further improvement.

In the sub-Saharan African programs, the transfers are largely seen as a gift – either from political leaders or God – the volume of complaints and grievances was generally low. As one Kenyan caregiver noted, ‘‘I think if you have been given something for free you cannot complain’’. DFID report further said that even though there was a formal appeal process which Sub -County Children Officers were reported to help beneficiaries access, there was a general view that people were often reluctant to express their grievances, concerned that they may be victimized and lose their entitlement. Moreover, some beneficiaries observed that even when they had raised their concerns about the programme to local council chairpersons, parish chiefs and sub-county officials, they had rarely been provided with feedback. Limited human resource capacity constrained all stages of the program cycle and has been a critical shortcoming in program rollout, but had received scant explicit attention from national policy-makers and development partners. In some cases, staff had been unable to carry out their core professional work supporting vulnerable households because their time is taken up with carrying out means-testing or other implementation activities. Where capacity-building efforts were underway, these tended to benefit senior staff rather than ‘frontline’ staff working directly with beneficiaries. Kenya Social Protection Program Review Report of 2013 revealed that lack of integrated management information systems (MISs) has impeded effective management of complaints and grievances in CT-OVC.

## **Targeting Efficiency and Implementation of hunger safety net Programme**

Hunger Safety Net Programme have been criticized both for under-coverage of poor households (exclusion errors) and for leakage to non-poor households (inclusion errors). Studies reveal that Hunger Safety Net Programme generally performed well at targeting benefits to the poor, but there is still evidence of both leakage and, more significantly, under-coverage as a result of imperfect targeting and inadequate program size (Barrientos&Santibañez 2009). Soares, Ribas, and Osório (2010) found that both BolsaFamilia and Oportunidades did well with respect to leakage, which means that most benefits went to poor households. Data from the 2004 national household survey in Brazil revealed that the poorest quartile of the population received 80 percent of all Bolsa Familia benefits, and 85 percent of the leakages to the non-target group went to families in the next poorest quartile (Lindert, et al. 2007). Similarly, Coady and Parker found that poor households received 78 percent of Progresas-Oportunidades benefits, and that most of the program's leakage went to households immediately above the threshold for program eligibility. Honduras's PRAF II was also found to be well targeted – about 80 percent of the beneficiary families fell under the poverty line, and 70 percent were in extreme poverty (Cohen et al. 2006).

A fundamental starting point in the design of a program is having the most updated information on who will benefit and where the beneficiaries are located. In the case this information does not exist or that an update is required, it is important to identify a concrete mechanism inside the organization that facilitates or allows this update, since starting from the appropriate information will facilitate the compliance of the objectives outlined in the programs. In Colombia, updated information was not available and therefore it was only possible to cover less than 50% of the poorest population in each of the municipalities. The program had to therefore extend from 300 municipalities to more than 600 in order to reach the goals, leaving uncovered extremely poor families in all the municipalities because there was no updated data to reach them (Lindert, et al. 2007).

Although Hunger Safety Net Programme did well at avoiding errors of inclusion, they did poorly at avoiding errors of exclusion. As compared with Brazil's BolsaFamilia, Mexico's Oportunidades included a lower percentage of non-poor citizens as beneficiaries, but also excluded a higher proportion of the eligible poor (Lindert, et al. 2007). Qualitative research on Mexico's Progresas (the precursor to Oportunidades) revealed that in some cases, families were not home when the enumerator came to their house and the enumerator did not return, or people overstated their resources because they were ashamed to admit their poverty (Skoufias 2005). Problems with program design also generated errors of exclusion. In Mexico, for example, families with school-age children could be excluded from receiving a transfer under Progresas if their region lacked health and education facilities. For Colombia's Familias en Acción, only areas with a bank and adequate schools and health facilities were considered eligible to receive

the transfer (Republic of Kenya, 2012). By design, some programs have excluded the most impoverished areas.

The exclusion of potential beneficiaries in Mexico and Colombia highlights the importance of supply-side investment to complement CCT demand stimulation. Hunger Safety Net Programme that employ targeting strategies thus perform relatively well at delivering benefits principally to the poor, but there are significant under-coverage problems resulting both from faulty program design and inadequate size. Because precise targeting is neither technically feasible nor politically sustainable, the best option for policymakers, it will be argued here, is to universalize the programs, thereby not only reducing exclusion errors, but also broadening the base of political support and thus enhancing the political sustainability of the programs. Although they are more expensive than targeted programs (holding the size of the transfer constant) universal programs are affordable even for poor countries (Schubert, 2010).

The choice of targeting method should balance the need to minimize fiduciary risk with the need to focus on particularly vulnerable groups in the population. Targeting inevitably increases the risk of transfers reaching those that are not eligible. There are several possible targeting methods, each with strengths and weaknesses. Individuals or households can be targeted by income (or asset) level, usually by interviewing the applicant, known as means testing. Verifying information on income or assets is expensive, for both the beneficiary and government. For example, in South Africa, initial take-up of the Child Support Grant was only 10% of eligible households because of the burden of providing evidence (the rules were later relaxed and take-up improved dramatically). But failure to verify income also carries costs, as the programme is vulnerable to a substantial under-reporting of incomes (Sugiyama, 2010).

An alternative is proxy means testing using more easily observed indicators in survey data associated with poverty, such as the nature of the household dwelling. Proxy means testing is by definition likely to be less accurate than verified means testing and also relies on a high administrative capacity. Chile pioneered proxy means testing in 1980 with its Ficha CAS programme, and Colombia and Mexico subsequently adopted the technique for programmes involving public works and conditional cash transfers. Various forms of proxy means tests operate in programmes or pilots throughout Latin America and in countries such as Egypt, Indonesia, Russia, Sri Lanka, Turkey, the West Bank and Gaza, and Zimbabwe.

Categorical targeting means targeting groups in the population more likely than others to be in poverty, such as children or older people. Information gathering is easier and cheaper, though gathering documentary evidence of age will still be costly in poorer countries. Targeting older people through a universal non-contributory pension is an important social transfer instrument in many developing countries. The main disadvantage of universal categorical targeting is that overall costs are likely to be higher. But there may be important advantages, such as political

acceptability among the non-poor, and also practical feasibility. Categorically targeted transfers such as pensions can be means tested, as in South Africa and Brazil.

Geographical targeting determines eligibility by area of residence. Social transfer programmes frequently restrict their scope to areas with the highest concentration of poverty. A key advantage of geographical targeting is its simplicity, which can be especially important in acute emergencies, but, used alone, it tends to generate large errors of both exclusion and inclusion (depending on the level of disaggregation used). Programmes such as Brazil's Bolsa Familia conditional cash transfer programme combine geographical targeting with means testing. Unconditional transfer programmes are less likely to use geographical targeting (Jones et. al, 2009).

Self-targeting programmes discourage participation by the non-poor, by imposing conditions such as a work requirement and paying the transfer at a very low level. Both methods have been used in public works programmes, but wages have been too low in many programmes to allow households to protect their household assets and to have a lasting impact on poverty. In addition the work requirement excludes labour-poor households, and may favour less-poor, larger families.

Community-based targeting is a relatively new targeting method that is as yet unproven in long-term large-scale social protection programmes. It uses community representatives with local information to identify eligible individuals. The main risks are that local elites deviate from targeting guidelines, and the selection process can cause social tension and resentment. Ethiopia's experience with community targeting yielded positive and negative results varying from region to region – depending on the socio-economic and cultural circumstances of each locality. Evidence from Bangladesh suggests that the average impact is to improve targeting to the poor – but with a great degree of variability across communities (Turner et al., 2010).

### **Monitoring and Evaluation and Implementation of Hunger Safety Net Programme**

This includes MIS, audits (processes, fiduciary), internal and external quality control mechanisms, complaint management, social controls, and evaluation of impact measured from a baseline. Many programs have been effective in inducing poor parents to invest in the human capital of their older persons. This includes the massive interventions through conditional cash transfers on the demand side, and large investment programs in educational and health improvement on the supply side. Yet, the older persons of vulnerable non-poor households remain exposed to shocks as they are disqualified from inclusion in social protection programs for not being among the chronic poor. The ability of these households to keep their older persons in good health may be as low as that of the poor when hit by large shocks (Jones et. al, 2009).

Programme design should include an M&E framework which can efficiently collect information on indicators at each level of the log frame and test the validity of the assumptions underpinning

the results chain, provide timely information for adjusting programme design and process as required during implementation, and inform lesson-learning both during and after the programme (Turner et al, 2010). A good M&E system will be flexible to incorporate changes in programme design or implementation context, operational in its links with MIS tools and with strategic and management decision-making, client-focused to accommodate client feedback and complaints, cost-efficient in selection of indicators and data collection, intelligible to its target audiences and accountable for its results and findings (Yamoah, 2014).

Appropriate M&E indicators for cash transfers depend very much on specific programme objectives, but tend to fall into the following categories: cost indicators relate most directly to the 'money' side of value for money (VfM) and include costs of different programme inputs and operations; cost per recipient; cost per unit of transfer (cost-efficiency); and cost per measure of wider benefits (cost-effectiveness); targeting indicators which shed light on the efficiency and effectiveness of the targeting system and its appropriateness in supporting programme objectives; implementation indicators assessing how well a programme is being operated, covering recipient registration, enrolment and identification; payments; grievance procedures; recognition of rights and entitlements; impact indicators at the level of individuals, households and wider economy and polity (World Bank, 2013).

Valuable insights into VfM in scheme operation and impacts can often be gained by comparing these indicators across different administrative areas or communities covered by a cash transfer programme, or, in assessing impacts, between areas/communities with and without the programme, or in different phases of incorporation into it. This will require systems to be developed for regular monitoring of inputs, outputs and outcome during implementation (based on the aforementioned MIS) and arrangements for periodic independent evaluation of process, outcome and impacts against a baseline established at programme inception. Taking the log frame as a starting point, programme design should include an M&E framework which can efficiently collect information on indicators at each level and test the validity of the assumptions underpinning the results chain, provide timely information for adjusting programme design and process as required during implementation, and inform lesson-learning both during and after the programme. A good M&E system will be flexible to incorporate changes in programme design or implementation context, operational in its links with MIS tools and with strategic and management decision-making, client-focused to accommodate client feedback and complaints, cost-efficient in selection of indicators and data collection, intelligible to its target audiences and accountable for its results and findings (Minujín et al., 2011).

During implementation and *ex post* evaluation it is often useful to compare cost, targeting and implementation indicators between different administrative areas or communities in which the programme is or has been in operation. This can shed light on reasons behind observed patterns and help lesson learning. For assessing impacts, comparisons between areas/communities with and without the programme, or in different phases of entry into the programme, are particularly



useful. A range of statistical techniques is available for deriving unbiased estimators of programme impacts based on such comparisons, including *ex ante* quasi-experimental sampling designs in which communities are randomly selected for phasing into the programme in one time period and compared with those which are due for incorporation at a later stage. An early application of this latter approach to cash transfers in Africa was in assessing the impacts of rolling out social cash transfers across Monze District in Zambia (Schuring, 2017).

### **Delivery Mechanism and Implementation of Hunger Safety Net Programme**

Any aspect of Hunger Safety Net Programme design that enhances administrative discretion presents the possibility for patronage, clientelism, and corruption. An important question is thus: are Hunger Safety Net Programmes capable of operating in a way that makes them resistant to these scourges, or do they merely reinforce the systems of clientelism that have historically plagued Latin American countries? Wendy Hunter and Natasha Sugiyama's study of clientelism and BolsaFamília in Brazil in 2009 found that the method of transfer (a debit card that cuts out the middleman) and provisions for lodging complaints (a toll-free telephone number rather than a report submitted to a local official) seem to have prevented BolsaFamília from becoming a program that is easily manipulated by local officials for political gain (Hunter & Sugiyama, 2013). Each stage of program design presents opportunities for corruption, but the method of benefit delivery affects the likelihood that a program will end up being manipulated for political gain. Programs like Bolsa Familia, which have managed to remove middlemen by mechanizing the delivery of funds, reduce the likelihood of corruption at the local level.

Hunger Safety Net Programmes have inherent fiduciary risk, which can be mitigated most effectively at the design phase of programmes. The greatest risk of loss from error or fraud through Hunger Safety Net Programmes arises from complexity in the eligibility criteria and operations; To condition social assistance on particular behaviors raises important questions about the forces that inhibit families from investing in the health and education of their older persons (Deaton, 2011). Policymakers impose conditions because they believe that something more than income deficiency (e.g., inadequate information about the benefits of certain practices) prevents parents from sending older persons to school or from taking them to health centers. Opponents of conditionality argue, however, that conditions are unnecessary to achieve desired improvements in health service utilization and school enrollment. Furthermore, critics also argue that conditions are fundamentally paternalistic and costly to both the government and to mothers, who tend to be responsible for bearing the burdens involved in meeting the conditions (Holzmann & Hinz, 2015).

Conditions may therefore allow cash transfers to be viewed as part of a social contract (De Brauw & Hoddinott, 2010). Gaining the support of the middle classes is not only important for the introduction of a program, but also for its sustainability. Conditions do not give the middle sectors a personal stake in the program, however, but rather merely make them feel that their tax

money is not being wasted. Another problematic area related to conditionality is the dismissal from Hunger Safety Net Programmes of beneficiary families who have failed to comply with the conditions stipulated for the transfer (Minujín et al, 2007). A main argument for instituting demand-side programs like CTs is to allow families to overcome the income-related obstacles to investing in the human development of older persons. Thus, the dismissal of eligible beneficiaries on the basis of their inability to overcome those obstacles appears to be inimical to the goals of the programs. Brazil's BolsaFamília is an example of a program that attempts to address these concerns about conditionality from a rights-based perspective. Unlike in some other Hunger Safety Net Programmes, a violation of conditions does not immediately result in exclusion from the program under BolsaFamília, whose designers seem to have recognized that it is often the most desperate households that are unable to meet all of the conditions, and that punitive conditions "penalize those who need help most" (Hanlon, Barrientos&Hulme, 2010).

The money is paid per household at the rate of 2000/= per month. Thus, if there are 1, 2 or more Elderly people in the household, they receive the same amount Ksh2000 per month. The programme prefers to pay every 2 months partly because the monthly figure is too small for effective budgeting by the beneficiary households and partly because it is more cost effective in terms of time and administrative costs. The money is paid to the care giver who may be the guardian or a elderly peoplein case of elderly peopleheaded households (Ellis, 2007).

Organizer pushes delivery down to the level of the individual cash-transfer recipient (Bankable Frontier Associates, 2006). The aim of electronic delivery systems is to improve cost efficiency by reducing the fiduciary risk to implementing agencies (through enforcing stringent banking rules on the reconciliation of accounts, thus preventing the risk of cash going astray), reducing the management load on donors and implementers, and ensuring enhanced flexibility and convenience of access for recipients.

Official data shows that an increasing volume of money transfers in Kenya is taking place by cell phone compared to traditional channels, such as the post office, commercial money-transfer companies such as Western Union or through friends and family. Factors contributing to this rapid growth include the wider penetration of cell phones amongst those who do not have a personal bank account, the low cost of transfers relative to the formal banking sector, and the convenience which includes the ability to remit money more securely. However, one reason for the slow introduction, to date, of similar cell phone-based cash transfer platforms elsewhere in southern Africa is the existence of more stringent financial regulations in some countries (Turner et al, 2010). In South Africa, for example, the Reserve Bank limits the provision and management of electronic money to banks — and prevents cell phone operators from offering these services. That said, there are other opportunities to be seized by financial institutions,especially by banks,in the electronic delivery of cash transfers

## **Staff Capacity and Implementation of Hunger Safety Net Programme**

The staff capacity is about ensuring that an organization has enough people with the necessary skills to achieve its objectives. This means that an organization has to focus on the areas of planning, staffing, and training of employees. The greatest assets of any organization are its human resource and organizations spend considerable resources in building the capacities of their employees (Yamoah, 2014). The main goal of employees' training and empowerment is to help the organization achieve its mission and business goals (Pinnington& Edwards, 2000). It is a fact that the provision of quality goods and services by any organization depends on the quality of its workforce.

There may also be costs to other programmes, as government staff are diverted from their duties on other programmes. In the Hunger Safety Net Programme, for example, targeting is conducted by village chiefs, elders, and specially elected committee members, who are not paid for their work and who have other duties and activities, and targeting suffered because of these low resources (Deaton, 2011). However, the argument that low administrative capacity in sub-Saharan Africa makes targeted programmes less well targeted does not mean they are inoperable. Moreover, it overlooks a broader problem: that most governments' capacity to implement large Hunger Safety Net Programmes is limited, and that distributing cash may be at least as challenging as targeting them. For instance, the Swaziland Old Age Grant (which is a universal programme) was effectively targeted but the Post Office was unable to maintain the distribution (Ellis, 2007).

Training and communications strategies are key to Hunger Safety Net Programmes. At registration, for example, beneficiaries are trained on their rights and responsibilities, including benefit amounts, frequency of payment, and co-responsibilities. Service providers, local governments, and program staff are trained in aspects such as management of payments, monitoring of co-responsibilities, and handling of complaints (Hanlon, Barrientos&Hulme, 2010).The important effects on human development of Hunger Safety Net Programmes and their massive popularity in Latin America warrant an examination of their chief characteristics. Hunger Safety Net Programme designs raise many interesting questions about social assistance in the developing world. To answer these questions, it is important to challenge the conventional wisdom that targeted programs are always more cost effective than universal ones; that need should be assessed on the basis of income rather than on the basis of non-monetary measures of unsatisfied basic needs; and that conditional cash transfers are invariably better than unconditional cash transfers at reducing poverty in the long run (Deaton, 2011).

Communications strategies complement training. Together, training and communication extend outreach and encourage buy-in from society in general. In many ways, the central function of managing a Hunger Safety Net Programme is to provide a "switch"—that is, to manage the databases that link and reconcile information on beneficiary eligibility, fulfillment of co-

responsibilities, and information to and from payment providers (Hunter & Sugiyama, 2009). The government needs to employ more staff to deal with the expansion of the program and better equip the current staff by capacity building.

Cole (1993) defined training as any learning activity which is directed towards the acquisition of specific knowledge and skills for the purposes of an occupation or task while Cascio (1992) referred to performance as an employee's accomplishment of assigned tasks. The relationship between training and employee performance have been well established in literature. According to the Ministry of Labour, Social Security and Services Strategic Plan 12 (2008-2012), several challenges were encountered during implementation of social protection programmes. Foremost among these challenges was inadequate human resource capacity to handle increased workloads, which were mainly occasioned by the increase in the number of districts during the 2008-2012 period which stretched the existing capacity. Effectiveness of services offered was greatly hampered by inadequate access by citizens mainly due to lack of offices and officers in most Districts then. As a result of transition into the devolved government system, increased civic awareness and the need by the county governments to have their citizens receive the services, therefore the Ministry is very likely to experience greater strain on its human, financial and infrastructure resources due to the high expectations of citizens.

The Ministry currently does not have all its departments with field offices in all the counties. Several key lessons were learnt during the implementation of the Strategic Plans for the 2008-2012 one being the importance of adequate staff and progressive capacity building of officers to equip them with relevant skills. Focusing on the Ministry of Labour, Social Security & Services Strategic Plan (2013-2017), four key result areas have been identified on which the Ministry will focus during the implementation of this Strategic Plan. These are: Best labour practices; Social protection and services; Manpower development, Employment and productivity management; and Policy coordination and capacity building. The successful implementation of this plan will require high level of coordination, dedication and personal drive of all staff. At policy and administrative levels, efforts will be directed towards streamlining operations and availing resources to facilitate timely delivery of expected outputs.

The number and type of personnel required to manage and implement such programmes effectively vary according to the type of programme being implemented. However, all Hunger Safety Net Programmes require as a minimum the following staff positions: Experienced programme manager (preferably experienced in managing Hunger Safety Net Programmes), Technical specialist with skills in emergency food security and/or livelihoods to assess needs and support programme design, implementation and monitoring, Database manager and data entry staff, Logistician, Finance/administration support staff and Monitors. Overseas Development Institute (2013) in partnership with the Kenyan national research teams conducted a qualitative research focusing on beneficiary and community perceptions of the CT Hunger Safety Net Programme in Kenya, as part of a multi-country study in five countries (Kenya, Mozambique, Occupied Palestinian Territory (OPT), Uganda and Yemen).

## **THEORETICAL ORIENTATION**

### **Theory of Change**

This theory was developed by Huey Chen, Peter Rossi and Michael Quinn Patton in 1980s. It states that in provision of support for the longer-term process of establishing a comprehensive social security system, the goal of Social Protection Activity (SPA) is for the Government to begin implementation of a progressive social security policy that includes support to the elderly and other vulnerable families. To support this medium-term objective, the purpose of the SPA is: improved livelihoods, incomes and resilience for families in rural areas and the application of these results to inform government policy development in social security. Thus, the purpose of the SPA is two-fold and the two social transfer schemes it utilizes are different in approach. First, the senior citizens' allowance provides a small, quarterly cash transfer to all citizens aged 65 and above, secondly, the Resilient Livelihoods for the Poor scheme specifically target particularly vulnerable families with a small allowance, a productive asset and technical training and mentoring to support development of a sustainable enterprise. The expected net effect however is similar in each case: a sustained – at least for the life of the activity – increase in income for the families included in either of the mechanisms.

With increased income from either source, the Theory of Change posits that this is likely to result in: increased savings; increased consumption of goods and services (including for example, more children attending school and for longer); and/or investment in new or existing enterprises. Determining the ways in which the additional income is actually used is a major part of the research supporting the SPA, while the existence of significant family debt is likely to limit these intended outcomes from the outset. Effects may also be manifested in changes in health and nutrition status. However, these may be difficult to assess initially owing to the relatively short implementation period for the social protection schemes. Analysis of the family and community changes attributable to these sustained increases in income provided important evidence of the efficacy (or otherwise) and impact of these social protection mechanisms.

### **Stakeholder Theory**

In defining Stakeholder Theory Clarkson (1994) states that a firm is a system of stake holders operating within the larger system of the host society that provides the necessary legal and market infrastructure for the firm's activities. The purpose of the firm is to create wealth or value for its stake holders by converting their stakes into goods and services'. This view is supported by Blair (2012) who proposes that the goal of directors and management should be maximizing total wealth creation by the firm. The key to achieving this is to enhance the voice of and provide ownership-like incentives to those participants in the firm who contribute or control critical, specialized inputs (firm specific human capital) and to align the interests of these critical stakeholders with the interests of outside, passive shareholders.

Consistent with this view by Blair to provide 'voice' and 'ownership-like incentives' to 'critical stakeholders', Porter (1992) recommended to US policy makers that they should 'encourage long-term employee ownership' and 'encourage board representation by significant customers, suppliers, financial advisers, employees, and community representatives'. Porter (1992) also recommended that corporations 'seek long-term owners and give them a direct voice in governance' (i.e. relationship investors) and to 'nominate significant owners, customers, suppliers, employees, and community representatives to the board of directors'.

All these recommendations would help establish the sort of business alliances, trade related networks and strategic associations which Hollingsworth and Lindberg (1985) noted had not evolved as much in the US as they had in continental Europe and Japan. In other words, Porter is suggesting that competitiveness can be improved by using all four institutional modes for governing transactions rather than just markets and hierarchy. This supports the need to expand the theory of the firm as suggested by Turnbull (1994a).

In larger enterprises, the high degree of detail in budget planning also is an important influence. Moreover, wasteful resource consumption occurs every time negotiating partners loop through the planning cycle until they finally approve the annual operating budget. Large firms usually commit 75 per cent to 95 per cent of their total controlling capacity to operational planning during the time they are engaged in budget preparation (Kopp & Leyk, 2004). Unfortunately, top management seldom considers the high cost involved relative to the meager benefit derived from such detailed instruments. It then is no wonder that cost, product, and strategic controlling often get little attention in the process. Thus, all the stakeholders in the older persons cash transfer programmes must play their part to ensure there is resource adequacy and enhance the delivery mechanism.

This theory is adopted since one of the main institutional determinants influencing implementation of hunger safety net Programme is targeting efficiency and staff capacity who are among the main stakeholders of the programme. Decomposing the cash down to the lowest hierarchical level requisite for detailed analysis consumes large quantities of human and monetary resources. Thus the staff should also be adequate and competent. Further, the theory postulate that the key to achieving success is to enhance the voice of and provide ownership-like incentives to those participants in the firm who contribute or control critical, specialized inputs (firm specific human capital) and to align the interests of these critical stakeholders with the interests of outside, passive shareholders. In this way, the stakeholders will own the process and enhance monitoring and evaluation of the funds.



## RESEARCH METHODOLOGY

### Research Design

A research design is the overall strategy that you choose to integrate the different components of the study in a coherent and logical way, thereby, ensuring you address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data (Gorard, 2013). The study adopted a descriptive research design. A descriptive design is concerned with determining the frequency with which something occurs or the relationship between variables (Bryman & Bell, 2011). Descriptive research design was chosen because it enabled the researcher to generalize the findings to a larger population. This type of research design presents facts concerning the nature and status of a situation, as it exists at the time of the study (Creswell, 2014). It also brings out relationships and practices that exist, beliefs and processes that are ongoing, influences that are being felt or trends that are developing.

### Target population

A population is the entire group of persons or elements that have at least one thing in common. It is the mass of individuals, cases, events to which the statements of the study refer and which has to be delimited unambiguously beforehand with regard to the research question. According to Sekaran and Bougie (2010), a population is the total collection of elements about which we wish to make inferences. The population under consideration is 207 which is the unit of analysis comprises of stakeholders Hunger Safety Net Programme in Marsabit.

### Sample size and Sampling Procedures

Sampling is a deliberate choice of a number of people who are to provide the data from which a study draws conclusions about some larger group whom these people represent. The section focuses on the sampling size and sampling procedures. The sample size is a subset of the population that is taken to be representatives of the entire population (Kumar, 2011). A sample population of 86 was arrived at by calculating the target population of 188 with a 95% confidence level and an error of 0.05 using the Nassiuma (2000) formula as shown;

$$n = \frac{N(Cv^2)}{Cv^2 + (N-1)e^2}$$

Where:  $n$  = sample size;  $N$  = population (207);  $Cv$  = Coefficient of variation (take 0.6);  $e$  = tolerance of desired level of confidence (take 0.05) at 95% confidence level)

$$n = \frac{207(0.6^2)}{0.6^2 + (207-1)0.05^2} = 86.09 \text{ (Rounded off to 86)}$$

Sampling is the process of selecting a number of individuals or objectives from a population such that the selected group contains elements representative of the characteristics found in the

entire group. The study selected the respondents using stratified proportionate random sampling technique. Stratified random sampling is unbiased sampling method of grouping heterogeneous population into homogenous subsets then making a selection within the individual subset to ensure representativeness. The goal of stratified random sampling is to achieve the desired representation from various sub-groups in the population. In stratified random sampling subjects are selected in such a way that the existing sub-groups in the population are more or less represented in the sample (Kothari, 2004). The study used simple random sampling to pick the respondents in each stratum.

### **Research Instruments**

Data collection instrument is used in research to refer to a device that specifies and objectifies the data collecting process, instruments are usually written and may be given directly to the subject to collect data or may provide objective description of the collection of certain types of data. Primary data was obtained using self-administered questionnaires. The questionnaire was made up of both open ended and closed ended questions. The open-ended questions were used so as to encourage the respondent to give an in-depth and felt response without feeling held back in illuminating of any information and the closed ended questions allowed the respondent to respond from limited options that had been stated. According to Saunders (2011), the open ended or unstructured questions allow profound response from the respondents while the closed or structured questions are generally easier to evaluate. The questionnaires were used in an effort to conserve time and money as well as to facilitate an easier analysis as they are in immediate usable form.

### **Data Collection Procedures**

The study used primary data which was collected by use of questionnaires; use of questionnaires is based on the fact that they are suitable for a descriptive study given that they are easy to administer, ensure fast delivery and the respondent can answer at their convenience. The questionnaires were self-administered through drop and pick later method. The researcher delivered the questionnaire and give the selected respondent a maximum of 3 days after which the researcher collected the completed questionnaire for analysis. The researcher also assured the participants that the information they give was treated with strict confidentiality. An envelope marked questionnaire and thesis topic were provided so that once the employee completes the questionnaire, they sealed it to ensure confidentiality is maintained within the organization and guarded against potential victimization by the human resource division or the person designated by the company to co-ordinate the process. The researcher then proceeded to administer the questionnaires through the designated officers and co-ordinate with them to ensure respondents have adequate time to complete them. This enabled create a conducive environment for the distribution and administration of the questionnaire. Administration of the questionnaire followed the agreed schedule.

## **Data Analysis Techniques**

Data was analyzed using Statistical Package for Social Sciences (SPSS Version 25.0). All the questionnaires received were referenced and items in the questionnaire were coded to facilitate data entry. After data cleaning which entailed checking for errors in entry, descriptive statistics such as frequencies, percentages, mean score and standard deviation were estimated for all the quantitative variables and information presented in form of tables. The qualitative data from the open-ended questions were analyzed using thematic content analysis and presented in narrative form. Inferential data analysis was done using multiple regression analysis. Multiple regression analysis was used to establish the relations between the independent and dependent variables. The multiple regression model is chosen because it is useful in establishing the relative importance of independent variables to the dependent variable (Bryman & Cramer, 2012). Such importance is deduced from standardized regression coefficients (beta-weights), whose magnitudes show how much relative impact the independent variables have on the dependent variable, while the negative and positive signs associated with the coefficients show negative and positive impacts respectively (Park, 2008). Also, it is ideal for the dependent variable to be recorded at a continuous level of measurement. The multiple regression model generally assumed the following equation;

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Where: Y= Implementation of hunger safety net Programme in Marsabit Kenya;  $\beta_0$ =constant;  $\beta_1$ ,  $\beta_2$ ,  $\beta_3$ ,  $\beta_4$  and  $\beta_5$  = regression coefficients;  $X_1$ = Targeting efficiency;  $X_2$ = Monitoring and evaluation;  $X_3$ = Delivery mechanism;  $X_4$ = Staff capacity;  $\varepsilon$ =Error Term

## **RESEARCH RESULTS**

The first objective of the study was to evaluate the extent to which targeting efficiency influences the implementation of Hunger Safety Net Programme in Marsabit County. The study found that targeting approach/ strategies influence implementation of hunger safety net programme very greatly while the availability of updated information and program design also influence implementation of hunger safety net programme greatly. The study further found that a strong and positive relationship between targeting efficiency and implementation of hunger safety net programme in Marsabit. The outcomes imply that ICT infrastructure factors had a significant effect on implementation of hunger safety net programme in Marsabit; thus, targeting efficiency influences the implementation of Hunger Safety Net Programme in Marsabit County greatly.

On the relationship between monitoring and evaluation and implementation of Hunger Safety Net Programme in Marsabit County, the study findings reveal that evaluation of impact measured from a baseline influences implementation of Hunger Safety Net Programme very greatly. Further; audits (processes, fiduciary), complaint management, social controls and

internal and external quality control mechanisms were of great influence on implementation of Hunger Safety Net Programme. The results imply that monitoring and evaluation had a significant relationship with implementation of Hunger Safety Net Programme in Marsabit County; thus, the null hypothesis was not accepted.

The third objective of the study involved evaluating the influence of delivery mechanism influences implementation of Hunger Safety Net Programme in Marsabit County. The findings revealed that payment delays and coordinating among agencies were of very great influence on the implementation of Hunger Safety Net Programme in Marsabit while exit strategy, fraud and corruption, conditionality of the funding and payment systems were of great influence on the implementation of Hunger Safety Net Programme in Marsabit. The results imply that delivery mechanism had a significant relationship with implementation of Hunger Safety Net Programme in Marsabit. Hence, delivery mechanism influences implementation of hunger safety net Programme in Marsabit County greatly.

The study examined the extent to which staff capacity influences implementation of hunger safety net Programme in Marsabit County where it found that staff competency influenced implementation of Hunger Safety Net Programme in Marsabit to a very great extent. Similarly, training strategies affects implementation of Hunger Safety Net Programme in Marsabit to a very great extent. Administrative capacity and communications strategies influenced the implementation of Hunger Safety Net Programme in Marsabit to a great extent. The study revealed a positive relationship between staff capacity and implementation of Hunger Safety Net Programme in Marsabit. The results imply that staff capacity aspects had a significant influence the implementation of Hunger Safety Net Programme in Marsabit; thus, staff capacity influences implementation of hunger safety net Programme in Marsabit County to a great extent.

The research also sought to obtain the trend of aspects of implementation of Hunger Safety Net Programme in Marsabit, Kenya for the last five years. The study found that program's effectiveness had greatly improved. Project product delivery had also greatly improved. Further, sustainable project benefits, amount paid, programs accountability and consistency in payment had also improved during the last five years.

## **REGRESSION ANALYSIS**

Regression analysis was conducted as to determine the relationship between targeting efficiency, monitoring and evaluation, delivery mechanism and staff capacity against the implementation of Hunger Safety Net Programme in Marsabit County.

**Table 1: Model Summary**

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.864 <sup>a</sup>	0.747	0.733	2.345

Table 1 above is a model fit which establish how fit the model equation fits the data. The adjusted  $R^2$  was used to establish the predictive power of the study model and it was found to be 0.733 implying that 73.3% of the variations in implementation of Hunger Safety Net Programme in Marsabit County are explained by changes in targeting efficiency, monitoring and evaluation, delivery mechanism and staff capacity.

**Table 2: Analysis of Variance (ANOVA)**

Model	Sum of Squares	Df	Mean Square	F	Significance
Regression	1818.483	6	303.069	52.637	.000 <sup>b</sup>
Residual	616.076	107	5.758		
Total	2434.49	113			

From Table 2, the probability value of 0.000 indicates that the regression relationship was highly significant in predicting how the targeting efficiency, monitoring and evaluation, delivery mechanism and staff capacity influenced implementation of Hunger Safety Net Programme in Marsabit County. The F calculated at 5 per cent level of significance was 52.637. Since F calculated is greater than the F critical (value = 2.1750), this shows that the overall model was significant.

**Table 3: Regression Coefficients**

	Unstandardized Coefficients		Standardized Coefficients	t	Sig
	B	Std. Error	Beta		
(Constant)	.974	.286		3.406	.001
Targeting Efficiency	.738	.215	.716	3.433	.000
Monitoring and Evaluation	.846	.411	.812	2.058	.042
Delivery Mechanism	.812	.354	.796	2.294	.024
Staff Capacity	.822	.109	.801	7.541	.000

The regression equation obtained from this outcome was: -

$$Y = 0.974 + 0.738X_1 + 0.846X_2 + 0.812X_3 + 0.822X_4 + \varepsilon$$

From the findings the study found that if all independent variables were held constant at zero, then the implementation of Hunger Safety Net Programme in Marsabit County will be 0.974 which is significant since  $p=0.000$  is less than 0.05. From the findings the coefficient for targeting efficiency is 0.738 which is significant since  $p=0.001$  is less than 0.05, meaning that when a unit change in targeting efficiency changes leads to 0.738units change in implementation of Hunger Safety Net Programme in Marsabit County.This concurs with Schubert (2010) who notes that targeting is neither technically feasible nor politically sustainable, the best option for policymakers, it will be argued here, is to universalize the programs, thereby not only reducing

exclusion errors, but also broadening the base of political support and thus enhancing the political sustainability of the programs

The study further found that a unit change in monitoring and evaluation changes would lead to 0.846 units change in implementation of Hunger Safety Net Programme in Marsabit County. The variable was significant since  $p\text{-value}=0.042<0.05$ . This concurs with Yamoah, (2014) who affirms that a good M&E system will be flexible to incorporate changes in programme design or implementation context, operational in its links with MIS tools and with strategic and management decision-making, client-focused to accommodate client feedback and complaints, cost-efficient in selection of indicators and data collection, intelligible to its target audiences and accountable for its results and findings.

The study further found that a unit change in delivery mechanism changes would lead to 0.812 units change in implementation of Hunger Safety Net Programme in Marsabit County. The variable was significant since  $p\text{-value}=0.024<0.05$ . This is in line with Bankable Frontier Associates (2006) that affirms that the aim of electronic delivery systems is to improve cost efficiency by reducing the fiduciary risk to implementing agencies (through enforcing stringent banking rules on the reconciliation of accounts, thus preventing the risk of cash going astray), reducing the management load on donors and implementers, and ensuring enhanced flexibility and convenience of access for recipients.

The study further found that a unit change in staff capacity changes would lead to 0.822 units change in implementation of Hunger Safety Net Programme in Marsabit County. The variable was significant since  $p\text{-value}=0.000<0.05$ . This corelate with the Ministry of Labour, Social Security and Services Strategic Plan 12 (2008-2012) who confirms that effectiveness of services offered is greatly hampered by inadequate access by citizens mainly due to lack of offices and officers.

Generally, the study found that monitoring and evaluation had the most influence on the implementation of Hunger Safety Net Programme in Marsabit County, followed by staff capacity, then delivery mechanism while targeting efficiency had the least influence.

## **CONCLUSION**

Hunger safety in Marsabit County generally is the main challenge facing rural households. This needs immediate and long-term interventions and policies should be aligned with and diverse measures to alleviate the problem. Hunger Safety Net Programme in the Vulnerable Livelihoods in Marsabit County is among the integrated programs with the aim of enhancing food self-sufficiency and asset accumulation. However, the finding of the study insists the program suffers a lot problem during implementation. Hunger Safety Net Programme support the households for smooth consumption and prevent selling of their assets. However, the county potential in M&E, administration and transparency is very low. This leads to low confidence of households to leave



the program, develop sense of dependency syndrome and to believe the graduation process is a matter of time rather than reaching the hunger safety self-sufficiency threshold.

Moreover, the government support is often limited and lack of other development interventions in the county hamper the hunger safety self-sufficiency. Access to cash transfer services, M&E, administration and transparency increase the potential of households to become hunger safety self-sufficient and to achieve the broader food security program. While participants in the program have had better performance, those with large number of dependents and drought prone were found to be at grass-root level to be graduated. Consequently, the beneficiaries leave the program without reaching the appropriate benchmark and remain chronically food insecure. Therefore, success of Hunger Safety Net Programme in the Vulnerable Livelihoods in Marsabit County has always been considered a failure.

## **RECOMMENDATIONS**

The study recommends that pay points for cash transfers should be sufficiently accessible to beneficiaries and the payment mechanism should seek to be linked to savings accounts for beneficiaries so that they can retain funds in their accounts, if they desire, and have greater freedom to withdraw funds. The study also recommends that program administrations should put in place a process that is open to permanently forecast, analyze the evolution of the program scheme and identify shortcomings in existing provisions and emerging needs. The study should evaluate their program designs so as to minimize the inclusion and exclusion errors that occur during implementation.

The study recommends that information and data should be up-to-date for efficiency in dialogue and decision-making. This is important to enhance transparency. The study recommends better delivery mechanisms so as to encourage the community to enroll rather than shy away. This study recommends that management of Hunger Safety Net Programme should incorporate awareness in induction of new staff, allocate specific funds for training, sponsor staff for training outside the programme, incorporate training in the policy document and view training as a long-term cost saving measure and not a loss to the program. Also, it is recommendable that management provides training on a more frequent basis. The training programme should also incorporate refresher courses to sensitize staff of new hazards that may be brought about by introduction of new technology.

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