



Policy Brief

Social protection measures that work for women in Africa: Policy and programmatic lessons for Kenya

Introduction

Globally, social protection (SP) increasingly is becoming recognized as a powerful tool for promoting human development, advancing gender equality, and responding to shocks and crises.¹ Defined as policies and initiatives that support people and families to lessen poverty, vulnerability, and social exclusion, SP ensures at least a minimal quality of life and supports people to manage life's hazards and shocks, such as illness, disability, old age, or unemployment.²

From Algeria's Social Security Law to Zimbabwe's Harmonised Social Cash Transfer Programme, African states have several initiatives to protect its citizens from shocks and poverty, strengthen human capital, promote dignity and equality, support economic and social stability, and build resilience. Nonetheless, SP in Africa remains limited in coverage, adequacy, and sustainability.³ Currently, a sizeable share of the region's population lacks access to SP. According to the International Labour Organization, only approximately 19% of Africans receive at least one SP benefit (compared to a global average of more than 52%). Furthermore, most African countries' SP spending is currently less than 5% of GDP, considerably below what is required to provide minimum coverage, and characterized by heavy reliance on donor financing and erratic political will.⁴ Additionally, the region's SP efforts are fragmented, uncoordinated, and small-scale; and some are pilot programs implemented by numerous agencies or NGOs in contexts with poor data systems, weak digital infrastructure, and frail institutional coordination capabilities.⁵ Many vulnerable groups, particularly women and girls, also continue to be left behind in SP across the continent, due in part to a lack of robust data systems and limited availability of evidence on SP interventions that work for marginalized groups.⁶

Following these challenges, there have been calls to synthesize evidence on effective SP measures to assist SP policymakers and implementers in Africa in designing and delivering programs.⁷ In Africa, the many governments facing funding constraints could use such evidence to prioritize promising initiatives and decrease waste. Additionally, a better understanding of effective SP measures could demonstrate how and why programs work for various populations and in various contexts, enabling stakeholders to customize interventions to meet local needs and circumstances. Synthesis of evidence also provides a well-informed foundation for defending SP spending, fostering public confidence and bolstering the argument for ongoing or expanded funding of these initiatives. In addition, a variety of stakeholders would be able to use this evidence to improve coordination of SP initiatives, contributing to more cohesive and comprehensive policymaking.

This brief contributes to building a comprehensive SP evidence base, summarizing emerging data from a literature review on SP programs that benefit women in Africa, including findings on the benefits they produce and their mechanisms of delivery. While the brief is based on evidence from many sub-Saharan African countries, its focus is on SP policymakers, implementers, and related stakeholders in Kenya, where momentum for SP programs is growing, as evidenced recently by the launch of the Social Health Authority, a new SP framework that replaces the National Health Insurance Fund and promises every Kenyan access to affordable, quality healthcare.



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Women and social protection in Kenya

Kenya provides an important context for supporting marginalized women through SP initiatives. The country has defined social protection as a “set of policies, programs, interventions, and legislative measures aimed at cushioning all Kenyans against poverty, vulnerability, exclusion, risks, contingencies, and shocks throughout their life cycles, and promoting the realization of economic and social rights.”⁸ Although the country’s SP system has evolved from fragmented, ad hoc programs to a structured, multi-scheme architecture, coordination inefficiencies, targeting challenges, limited reliance on evidence, and pockets of exclusion—especially among women and informal workers—continue to hamper efforts to achieve impact at scale.⁹ Currently, Kenyan women confront several gendered barriers to SP resulting from informal work, asset challenges, and program designs that are gender-blind and not based on robust evidence. With around 74% of women working in vulnerable employment compared to 56% of males, most women in Kenya fall outside formal contributory schemes such as pension or health insurance, resulting in reduced SP coverage. For instance, during the COVID-19 pandemic, Kenya rapidly expanded emergency cash transfers. While studies suggest that those efforts were effective, women—particularly non-pensionable adult women and those working in informal settings—suffered disproportionately from pandemic-related income loss, food insecurity, increased unpaid care, and violence, but received the fewest benefits from national pandemic social protection and relief programs.¹⁰

Widows, single mothers, and women living in hard-to-reach communities in Kenya face high rates of economic distress, denial of inheritance, and social stigma, and they continue to be among the least-reached by SP initiatives. Furthermore, while some government assistance is available (for example, housing and employment assistance), many women are excluded from legal and benefits systems due to a variety of social, economic, and cultural factors, including limited literacy and a lack of access to critical networks and connections that can facilitate their participation in such programs.

Government initiatives such as the Women Enterprise Fund, Uwezo Fund, Hustler Fund, and specific vocational/microcredit schemes have been crucial in providing financial support to women who want to start a business and generate their own incomes. However, a number of these programs lack adequate funding, employ exclusionary digital funding methods, offer sporadic assistance, require laborious registration procedures, deploy unproven interventions, and do not specifically target the most vulnerable women groups. Women in Kenya also own less land and other assets than men. This effectively excludes them from accessing certain SP initiatives, especially those run by NGOs and other private groups, which require collateral or evidence of property, and also limits their access to credit, savings, and program membership¹¹. Additionally, though inclusion is one of its publicly stated objectives, there is no indication that Kenya’s recently established Social Health Authority has critically considered gender issues. Yet, gender-responsive SP schemes will be a crucial component to achieving true inclusion and growth in the country.

To strengthen the research base of evidence-based policy and programmatic lessons for Kenya, this learning brief highlights existing research evidence on effective SP interventions for women in Africa, identifies their impact mechanisms, and draws lessons and recommendations for creating effective SP systems for women in Kenya.



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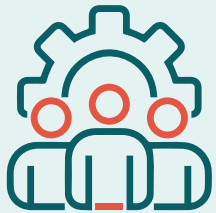
Social protection measures with proven positive impacts for vulnerable women in sub-Saharan Africa

Effective social protection interventions	Proven impacts	Supporting research	Effective social protection interventions	Proven impacts	Supporting research
<p>Cash transfers</p> <p>Direct payments to individuals or households from a government or organization. These can be conditional or unconditional.</p>	<ul style="list-style-type: none"> Improved women's economic security, (better savings, more resilience to economic shocks, establishment and expansion of women's businesses) Improved household food security Improved women's agency and decision-making power Reduced risk of participation in risky sexual practices Improved health outcomes (better access to health services, improved nutrition, improved treatment outcomes, and increased access to maternal health services, including family planning) Improved mental health (reduced drudgery, stress, and economic anxiety) 	<p>Haushofer and Shapiro¹²</p> <p>Pega et al.¹³</p> <p>Karimli et al.¹⁴</p> <p>Baird et al.¹⁵</p> <p>Tuthil et al.¹⁶</p> <p>Gobin et al.¹⁷</p> <p>Joshi et al.¹⁸</p> <p>Palmer et al.¹⁹</p>	<p>Universal health coverage and insurance schemes</p> <p>Free health insurance schemes, fee waivers, free maternal health services</p>	<ul style="list-style-type: none"> Increased healthcare utilization Reduced catastrophic expenditure Improved health outcomes, including sexual and reproductive health and rights outcomes Reduced maternal morbidity and mortality 	<p>Edoka et al.²⁷</p> <p>Mulat et al.²⁸</p> <p>Ugo et al.²⁹</p> <p>CluverLucie et al.³⁰</p> <p>Okeke et al.³¹</p>
<p>Land transfers</p> <p>Allocation of land and farms</p>	<ul style="list-style-type: none"> Improved women's economic security (increased women's asset ownership, improved income stability, enhanced economic diversification, and increased productivity and financial independence) Improved nutritional outcomes Improved productivity among women 	<p>Joshi et al.²⁰</p> <p>Alik-Lagrange et al.²¹</p> <p>Verma²²</p> <p>Grat & Kevane²³</p>	<p>Public works and employment guarantees</p> <p>(Often designed as workfare initiatives)</p>	<ul style="list-style-type: none"> Enhanced women's labor market participation Improved income security Diversified income sources for women Improved job skills for women 	<p>Alik-Lagrange et al.³²</p> <p>Austrian et al.³³</p> <p>Mohapi³⁴</p>
<p>Food transfers</p> <p>Provision of food items</p>	<ul style="list-style-type: none"> Improved nutritional outcomes and medication adherence Improved food security and overall well-being Reduced sexual risk-taking 	<p>Kadota et al.²⁴</p> <p>Belete and Bayu²⁵</p>	<p>Education subsidies and child support grants</p> <p>Education subsidies</p> <p>Free tuition, vouchers, school feeding programs, textbook provisions, and cash incentives for school attendance</p> <p>Child support grants Cash transfers to families with children</p>	<ul style="list-style-type: none"> Improved school retention rates and academic outcomes for young women Better grade completion rates for young women Reduced financial burdens on families, improving both nutritional and educational outcomes 	<p>Milimo et al.³⁵</p> <p>Pettifor et al.³⁶</p> <p>Patel et al.³⁷</p>
<p>Financial inclusion and credit access</p> <p>No collateral requirements, and access to microfinance, government-backed lending programs, and cooperative savings initiatives</p>	<ul style="list-style-type: none"> Increased women's economic empowerment (women able to start and sustain businesses) Strengthened women's financial resilience (income-generating activities) Reduced poverty, financial indebtedness, and dependence 	<p>Bongomin et al.²⁶</p>	<p>Social and legal protection policies</p> <p>Legal reforms addressing gender-based violence, inheritance rights, and property ownership</p>	<ul style="list-style-type: none"> Promotion of gender equality Enhanced women's socio-economic participation Protection of women's rights 	<p>Peterman et al.³⁸</p> <p>Angelucci et al.³⁹</p>

Policy and programmatic lessons for Kenya's social protection efforts

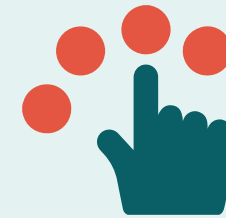
The evidence summarized above has critical implications and lessons for Kenya's effort to reach vulnerable women with SP programs. Recent developments indicate that Kenya has the requisite political will for SP, and existing literature shows that the country is already implementing some SP interventions known to have a favorable impact on women. Kenya can further leverage its current SP efforts and political will to deliver intended outcomes for women by considering the following recommendation which have emerged from this review:

1. Scale up non-contributory schemes tailored specifically to vulnerable women, including informal workers, non-pensionable adult women, women-headed households, women without access to digital payment systems, and women in hard-to-reach areas.



2. Improve SP targeting and gender-disaggregated data systems to track SP benefits usage, ensure accurate identification of beneficiaries and their needs, and ensure inclusion of vulnerable and marginalized populations—especially women. Data disaggregation by gender, as well as by age, disability status, marital status, ethnicity, and gender identity will enable the identification and redress of intersectional vulnerabilities, such as widowed women, women with disabilities, landless women, women with literacy challenges,

3. Implement SP programs with complementary services such as legal aid, childcare, support for women experiencing gender-based violence, nutrition supplementation, skills training, and health insurance. While standalone SP interventions such as cash transfers or health insurance schemes can be effective, they deliver expanded benefits for women when coupled with other services or types of support.



4. Pursue unconditional universal or near-universal SP programs, such as universal benefits, caregiver benefits, or pensions for vulnerable women to simplify access and eliminate eligibility filters that inadvertently exclude the most vulnerable women. Universal SP programs are critical for reaching marginalized women groups, ensuring continuous protection of women across different life cycles, and preventing the exclusion of women who lack identity documents, are unaware of their eligibility, are not formally registered as heads of households, move frequently (e.g., migrants, informal workers), or live in indigenous settings or in difficult-to-reach communities.

5. Strengthen Kenyan women's property and inheritance rights to increase asset ownership and program access, as well as to address some of the structural inequalities that frequently prevent women from meeting eligibility criteria or fully benefiting from effective SP programs like housing subsidies, agricultural support, or asset-based pensions that require proof of land or property ownership. Strengthening these rights will allow Kenyan women to qualify independently, rather than being compelled to rely on male relatives.



6. Develop policies that mandate gender impact assessments in SP programs' design, as well as gender evaluations of programs, to ensure that interventions are grounded in evidence of what works for women and are delivering the anticipated impacts.

Endnotes

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