



REPUBLIC OF KENYA

Government of Kenya

**Second Kenya Social and Economic Inclusion Project
(P504218)**

Additional Financing

**Stakeholder Engagement Plan
(SEP)**

May, 2026

Table of Contents

Table of Contents	1
Abbreviations	2
1. Introduction/Project Description.....	1
1.1 Project Structure.....	2
Table 1: Components of the proposed KSEIP II	3
1.2 Key Results	5
1.3 Beneficiaries.....	6
2. Objective/Description of SEP.....	6
3. Stakeholder identification and analysis per project component.....	7
3.1 Methodology	7
3.2. Project-Affected Parties (PAPs).....	7
Table 2: Project Affected Parties under the project.....	7
3.3. Other Interested Parties	7
3.4. Disadvantaged / vulnerable individuals or groups.....	9
Table 3: Disadvantaged and vulnerable individual/groups and likely barriers in accessing project benefits across the four components	9
4. Stakeholder Engagement Program	10
4.1. Summary of stakeholder engagement done during project preparation.....	10
Lessons Learnt from KSEIP I.....	12
Lessons, challenges and recommendations from KSEIP 1.....	13
4.2. Summary of stakeholder needs, methods, tools and techniques for engagement	16
Table 4: SEP Summary Table	16
5. Resources and Responsibilities for implementing stakeholder engagement.....	20
5.8 Budget	22
6. Grievance Mechanism	22
7. Monitoring and Reporting	26
7.1 Summary of how SEP will be monitored and reported upon (including indicators)	26
7.2 Reporting back to stakeholder groups	26

Abbreviations

APSP	Africa Platform for Social Protection
ASALs	Arid and Semi-Arid Lands
CCTP	Consolidated Cash Transfer Program
CIFF	Children Investment Fund Foundation
CoG	Council of Governors
CoK	Constitution of Kenya
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DRM	Disaster Response Management
DSA	Directorate of Social Assistance (DSA)
E&S	Environmental and Social
EIP	Economic Inclusion Program
ESF	Environmental and Social Framework
ESR	Enhanced Single Registry
ESRS	Environmental and Social Review Summary
ESS	Environmental and Social Standards
FCDO	United Kingdoms' Foreign and Commonwealth Development Office
FGD	Focus Group Discussion
GCM	Grievance and Case Management
GFSS	Global Shield Financing Facility
GM	Grievance Mechanism
GoK	Government of Kenya
GRM	Grievance Redress Mechanisms
IAs	Implementing Agencies
ICT	Information, Communication and Technology
IEC	Information, Education and Communication
IGA	Income-Generating Activity
ILO	International Labor Organization
IP	Indigenous Peoples
IP/SSAHUTLC	IP/Sub-Saharan African Historically Underserved Traditional Local Com.
KEPSA	Kenya Private Sector Alliance
KHRC	Kenya Human Rights Commission
KSEIP2	Second Kenya Social Economic Inclusion Project
MEACARD	Ministry of East African Community, ASALs & Regional Development
MIS (s)	Management Information System (s)
MLSP	Ministry of Labor and Social Protection
MGCCS	Ministry of Gender, Culture and Children Services
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH	Ministry of Health
NCPWD	National Council for People with Disabilities
NDMA	National Drought Management Authority
NEMA	National Environment Management Authority
NGEC	National Gender Equality Commission
NGOs	Non-Governmental Organizations
NHIF	National Health Insurance Fund
NICHE	Nutritional Improvements through Cash and Health Education
NSNP	National Safety Net Program
NSPS	National Social Protection Secretariat
NSSF	National Social Security Fund
NT	National Treasury
OPCT	Older Persons Cash Transfer
PAD	Project Appraisal Document
PCU	Project Coordination Unit
PDO	Project Development Objective
PSPs	Payment Service Providers
PWD	Persons with Disabilities
PwsD-CT	Persons with Severe Disabilities Cash Tra

SA	Social Assessment
SDSP& SCA	State Department for Social Protection and Senior Citizen Affairs
SDCS	State Department for Children Services
SEA	Sexual Exploitation and Abuse
SEA/SH	Sexual Exploitation Abuse and Sexual Harassment
SEP	Stakeholder Engagement Plan
SIDA	Swedish International Development Agency
SP	Social Protection
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VMG	Vulnerable and Marginalized Group
WB	World Bank
WFP	World Food Program
WV	World Vision

1. Introduction/Project Description

Despite significant improvements in economic growth over the last decade, poverty remains high in the country¹ with 39 and 36 percent of Kenyans living below the national (as of 2023) and international poverty line of US\$2.15 a day (2017 Purchasing Power Parity)² respectively. The high poverty rates in the country are predominately in the arid north/north-eastern/coastal counties, largely populated by refugees and pastoralists that bear the largest social, economic, and environmental costs of droughts and floods. Kenya is also highly vulnerable to climate change, particularly extreme floods and droughts, which has affected food security for millions of people.

The national context is further amplified by the existing social and geographic inequalities whereby the poverty rate is higher amongst female-headed households compared to male-headed ones (41 percent compared with 38 percent).⁵ Unemployment among the growing youth population, aged 15 to 24, is more than double that of the total population.³ Moreover, female youth unemployment (17.2 percent) is more than double that of male youth (8.2 percent). In poorer regions (the ASAL north/north-eastern counties), protection from harmful cultural practices such as child marriage and limited access to basic services contribute to gender inequalities in employment. Child stunting remains high (above 20 percent) in 15 counties, with the highest rates in poorer households, rural regions, and among children whose mothers lack formal education.⁴

To overcome these challenges, Kenya has in place a Social Protection (SP) system guided by Kenya Social Protection Policy (2023) and the Social Protection Act 2025 and the Regulations 2026. Additionally, Disaster Risk Management (DRM) Act 2026 restructures and clarifies roles and responsibilities within the institutional architecture for DRM in Kenya. Further, Kenya's flagship National Safety Net Program (NSNP), also called *Inua Jamii*, whose primary objective is to uplift the lives of poor and vulnerable Kenyans through regular and reliable monthly cash transfers, comprises the four largest cash transfer programs in the country, serving a total of 1,775,889 million households. These include (i) Hunger Safety Net Program (HSNP, 133,800 households), (ii) Older Persons Cash Transfer (OPCT, 1,149,102 households)⁵ (iii) Cash Transfer for Orphans and Vulnerable Children (CT-OVC, 429,023 households), and (iv) Persons with Severe Disabilities Cash Transfer (PwSD-CT, 63,964 households).

The HSNP is implemented by the National Drought Management Authority (NDMA) under the Ministry of East African Community, Arid and Semi-Arid Lands (ASALs) & Regional Development (MEACARD) and provides routine cash transfers of 2,700 Kenyan Shillings (KES) per month (~US\$18) to poor households in eight northern counties. The HSNP also has a shock-responsive component which provides 2,700 KES per month to poverty-targeted households when their sub-counties are affected by severe or extreme drought.⁶ Over 750,000 households are enrolled in the shock-responsive component and are eligible to receive this emergency assistance. The other three cash transfer programs make up the nationwide Consolidated Cash Transfer Program (CCTP), led by the Directorate of Social Assistance (DSA) within the State Department of Social Protection and Senior Citizens Affairs (SDSP&SCAs). The CCTP provides 2,000 KES per month to all beneficiary households. In April 2023, a Presidential directive called for an expansion of coverage of *Inua Jamii* to 2.5 million households in the next three years, the first phase of which is underway.

Worth mentioning is that, the building blocks of Kenya's SP system is in place as all NSNP utilize the GoK's Enhanced Single Registry (ESR) for: i) poverty targeting of beneficiaries (except OPCT, which is not poverty-targeted); ii) electronic transfers to bank accounts, iii) secure management information

¹ World Bank Group. 2023. *Kenya Poverty and Equity Assessment 2023: From Poverty to Prosperity: Making Growth More Inclusive in Kenya*.

² http://macropovertyoutlook.worldbank.org/mpo_files/mpo/mpo-sm24-ken-scope.pdf

³ The World Bank. (2023). World Bank Open Data. <https://data.worldbank.org/>

⁴ KNBS and ICF. 2023. *Kenya Demographic and Health Survey 2022*.

⁵ The OPCT is an individual entitlement, not household. 730,000 is the approximate number of households in which OPCT beneficiaries reside.

⁶ HSNP emergency cash transfers are triggered by external monitoring of a Vegetation Cover Index (VCI) through satellite data.

systems (MIS), and iv) multi-channel grievance and redress mechanisms. The ESR is a national targeting system for pro-poor programs with household welfare data collection completed in 35 Counties, the remaining 12 will be completed by December, 2024.

These efforts notwithstanding, gaps in Kenya's SP system remain, and these include low coverage of SP programs, with only about 10 percent of Kenyan households receiving any social assistance despite 35 percent of households living in poverty. Further, only 20 percent of the adult workers are covered by any social insurance while children, adolescents (ages 10-19), and youth (ages 16-29) receive little or no support through Kenya's social protection system. Demographic projections indicate that the years 2020 to 2060 represent the optimal period for Kenya to harness the demographic dividend and achieve significant economic growth if effective investments are made in human capital and job creation. Otherwise, the current generation of children and youth will continue to experience high rates of poverty and require assistance into adulthood. More important, additional investments in Kenya's SP system is required to enhance its ability to support climate adaptation, food and nutrition security of vulnerable households living in high-risk areas.

Against this backdrop, the Government of Kenya (GoK) in partnership with the World Bank (WB) is in the process of implementing the Second Kenya Social and Economic Inclusion Project (KSEIP 2). The project which became effective in February 2026 is aimed at providing social and economic inclusion services to poor and vulnerable households and strengthen adaptive social protection in Kenya. **The project has received additional financing of US\$22 million as a grant from CIFF and will be channeled through the World Bank's RSR Trust Fund.** The AF will go to project Subcomponent *1b (Building Human Capital of Adolescents)*. **Additionally the project is being restructured to formally include the State Department for Children Services as an implementing agency.** At the time of negotiations in May 2025, the State Department for Children Services was in transition, having only recently been elevated from the Directorate under the State Department for Social Protection (another project IA). Due to tight timelines for negotiations and Board approval, it was agreed that the project would proceed with SDSP as the IA, with the understanding that SDCS would be formally included through a subsequent restructuring. Since April 2025, SDCS has been formally established as an independent state Department under the Ministry of Gender, Culture and Children Services, with a clear mandate for children and adolescent-focused programming. The Minutes of Negotiations explicitly record agreement between the GoK and the World Bank to include SDCS as an IA through restructuring after approval. The proposed AF will operationalize this agreement by formally adding SDCS as an IA, thereby strengthening institutional alignment, accountability, and implementation efficiency for Component 1.

This SEP is structured into 7 lean chapters and more detailed information (on aspects such as consultations done with both KSEIP 1 beneficiaries and non beneficiaries and other stakeholders, SEP monitoring and reporting framework, a review of KSEIP 1 Grievance Mechanism (GM) and breakdown of the SEP budget among others) are provided in the annexes.

1.1 Project Structure

The operation is organized into four components as outlined in Table 1 below:

Table 1: Components of the proposed KSEIP II

Component	Sub-Components	Area of Focus
<p>Component 1: Building human capital of children and adolescents</p>	<p>1a: Nutrition-sensitive cash-plus program for children under three and pregnant or lactating women (PLW)</p>	<p>Expanding the coverage of NICHE to twenty-five counties to provide monthly cash top-up of 1000 KES and nutrition counseling to support the growth and development of young children. Nutrition counseling is delivered by Community Health Promoters (CHPs) of the Ministry of Health (MoH) and includes mother-to-mother and father to fathersupport groups and community-wide counseling on optimal health and nutrition practices for both Pregnant and Lactating Women and children below 3 years.</p> <p>Testing NICHE-plus, which includes a positive parenting package and anticipatory shock responsive support in target counties.</p>
	<p>1b: Cash-plus program to support adolescent education and</p>	<p>Addressing the coverage gap of adolescents in Kenya’s existing social protection system, this subcomponent will test a cash-plus program that supports poor and vulnerable</p>
	<p>prevent teen pregnancy</p>	<p>adolescents to remain in or re-enter school and prevent teen pregnancy.</p> <p>Providing a comprehensive package of support to adolescents and their families depending on the presence/severity of risk factors among adolescents and their willingness to remain in or re-enter education. Cash top-ups will be provided to support enrolment and attendance in basic primary or secondary school among adolescent boys and girls in poor and vulnerable households. Supplemental services to some or all beneficiaries include: (i) skills training for adolescents who do not wish to return to school (in lieu of cash support); (ii) social and behavioral change activities for all parents and communities; (iii) case management, psychosocial support, and childcare support for teenage mothers seeking to re-enter school; (iv) life skills training, mentorship, and peer support for all adolescents; and (v) linkages to relevant social services.</p>

Component 2: Climate Resilient Economic Inclusion	2a: Economic Inclusion Program (EIP)	<p>Improve economic lives of adults in poor households by supporting livelihood diversification and investments in more productive household enterprises.</p> <p>To strengthen households' climate resilience by promoting climate-resilient livelihoods and encouraging diversification from those vulnerable to climate change. Climate-resilient livelihoods are income-generating activities designed to withstand climate shocks and reduce vulnerability by integrating adaptation strategies.</p> <p>To address systemic barriers preventing women from fully participating in the economy.</p>
	2b: Linkages and co-investments in green livelihoods in selected communities	Finance a climate-focused EIP-PLUS intervention that will be piloted in a subset of 8 NEDI counties with high climate vulnerability, limited transportation and access to markets, and high rates of poverty.
	2c: Linking EIP beneficiaries to social insurance schemes	<p>To provide social insurance in the form of savings opportunities and incentives to EIP beneficiaries. Key design features have been informed by learning accrued through the Kenya National Youth Opportunities Towards Advancement Project (P179414) and will include:</p> <p>(a) Auto-enrollment: All EIP beneficiaries will be registered in the social insurance scheme with a flat benefit under this sub-component. Intensive behavior change communication will be carried out by mentors engaged under Component 2a.</p> <p>(b) Matching contributions to inculcate a savings habit: During the first six months, beneficiaries will receive a 100 percent matching, subject to a cap of US\$2 per month per beneficiary, if they contribute to the scheme. This nudge is intended to reinforce behavior, change communication and promote a long-term saving habit.</p>

Component 3: Systems Strengthening and Adaptive Social Protection	3a: Enhanced Single Registry (ESR)	<p>Improve the coverage, accuracy, and effectiveness of the ESR to bolster its legitimacy and capacity as a targeting platform for pro-poor programs.</p> <p>Make key investments in the MIS and human resource capacity of the ESR.</p>
	3b: Consolidated Cash Transfer Program (CCTP) Enhancements	<p>Support critical reforms and enhancements to CCTP to improve its efficiency and poverty impact</p> <p>Other key reforms to CCTP that will be supported under this sub-component include: (i) updating payment systems to maximize beneficiary choice, automation, and financial inclusion, (ii) upgrading program MISs to enhance interoperability, functionality, and flexibility, and (iii) developing and strengthening CCTP M&E functions and capacities, with a focus on devolving responsibilities to county-level staff.</p> <p>Support innovations to improve two-way citizen engagement.</p>
	3c: Enhancing Shock-Responsive Social Protection	<p>Support the expansion of HSNP and enhancements to its shock-responsive capacity by introducing anticipatory actions and enabling a risk-based, multi-hazard and multi-layered response mechanism under a renewed Disaster Risk Financing Strategy (DRFS).</p> <p>Expansion of HSNP to almost all ASAL counties will be supported by investments in its delivery systems. The project will finance third-party, census-style data collection in the new sub-counties using the ESR registration tool to identify and enroll new beneficiaries. Additional investment areas will include: i) implementation of ODR in all HSNP counties to allow dynamic data updates, ii) upgrades to the MIS data center for improved functionalities, iii) establishment of a modern call center to enhance two-way citizen engagement, iv) the remodeling of payment systems to enable beneficiary choice of payment service providers and withdrawals tools, and v) linking with existing or new early warning triggers/systems for droughts and floods.</p>
Component 4: Project Management, Monitoring and Evaluation, and Policy and Legislation		<p>Will finance project management, including capacity building, monitoring and evaluation, and environmental and social (E&S) risk management for both SDSP and NDMA.</p> <p>Will also finance activities related to development of critical policy and legislation in the SP sector and coordination between national and county governments on policy development for devolved functions such as childcare.</p>

1.2 Key Results

Progress toward achievement of the PDO will be specifically measured by the following outcome indicators:

- (a) Households participating in NICHE that report following MIYCN best practices⁷ (Percentage);
- (b) Participating households that graduate from the Economic Inclusion Program (EIP)⁸ (Percentage);
- (c) Participating adolescent girls (ages 10 to 18) with improved educational attainment⁹ (Percentage);
- (d) Eligible households who have received emergency cash transfers within nine months of a qualifying climate or weather event (Percentage);
- (e) Coverage and accuracy of ESR increased through On-Demand Registration (Number).

1.3 Beneficiaries

KSEIP 2 will benefit all 1.8 million existing NSNP households with improved delivery systems for GoK-financed cash transfers under Component 3., Under Component 1, 57,000 households will be supported under the NICHE program.. Under component 1(b) 36,000 adolescents in 22,000 households will be supported from IDA. Additionally 52,800 adolescents will be supported with additional financing from CIFF through Multi Donor Trust Fund (MDTF) . Under Component 2, there will be no change as 50,000 households will be supported under EIP. There can be overlap between households that participate in various programs given there will be (intentional) geographic overlap across some counties¹⁰, and households may be eligible and interested to participate in multiple programs. Beneficiary households of all programs must be poor but do not necessarily need to already be enrolled in NSNP to be eligible. Beneficiary households will be selected using ESR data to assess their poverty status along with other relevant eligibility criteria for each respective program. Beneficiaries of HSNP's shock responsive program will be pre-registered using ESR data to assess poverty status and residence in qualifying HSNP areas in ASAL counties.

2. Objective/Description of SEP

The overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation throughout the entire project cycle. The SEP outlines ways in which the State Department of Social Protection and Senior Citizen Affairs (SDSP&CAs) within the Ministry of Labor and Social Protection (MLSP), the State Department for Children Services, within the Ministry of Gender, Culture and Children Services, the NDMA within the Ministry of East African Community, ASALs & Regional Development (MEACARD) and implementing partners will communicate with stakeholders. It also describes a mechanism by which stakeholders can raise concerns, provide feedback, or make complaints about the project and any activities related to the project. Further, the SEP outlines approaches and methods for effective engagement of community groups considered most vulnerable and at risk of exclusion from accessing project benefits and opportunities.

⁷ Maternal, infant and young child nutrition practices (MIYCN), such as breastfeeding, complementary feeding, and other key nutritional behaviors.

⁸ The criteria for graduation from the program include achieving all of the following: improved food security, establishing a sustainable and stable source of income, increased household assets, increased savings and access to credit, improved social inclusion, participation in all graduation interventions.

⁹ Educational attainment is measured as completing at least one additional year of schooling or, for those out of school at baseline, re-entering primary or secondary school.

¹⁰ EIP is expected to expand to the following counties: Kwale, Kilifi, Tana River, Taita Taveta, Garissa, Wajir, Mandera, Marsabit, Isiolo, Tharaka-Nithi, Machakos, Makueni, Nyeri, Murang'a, Kiambu, Turkana, West Pokot, Samburu, Baringo, Kakamega, Busia, Kisumu, Homa Bay, Migori, Kisii.

NICHE is expected to expand to the following counties: Kwale, Kilifi, Tana Rive, Garissa, Wajir, Mandera, Marsabit, Isiolo, Meru,

Tharaka-Nithi, Embu, Kitui, Machakos, Makueni, Turkana, West Pokot, Samburu, Elgeyo/Marakwet, Baringo, Narok, Kericho, Bomet, Busia, Siaya, Nyamira, Nairobi. The adolescent program is expected to reach the following counties: Kilifi, Mandera, Marsabit, Turkana, Migori, Bungoma.

3. Stakeholder identification and analysis per project component

3.1 Methodology

2. For KSEIP2, the following stakeholders were identified and analyzed per project component. These stakeholders include Project Affected Parties (as defined in section 3.2), Other Interested Parties (as defined in section 3.3) and disadvantaged/vulnerable individuals or groups (as defined in section 3.4).

3.2. Project-Affected Parties (PAPs)

3. According to Environmental and Social Standard 10 (ESS10), Project-Affected Parties (PAPs) include *individuals or groups that are affected or likely to be affected* by the project. In KSEIP 2 such PAPs include the following individuals and groups.

Table 2: Project Affected Parties under the project

Category of Stakeholder	Sub-categories
Beneficiary Community Members	<ul style="list-style-type: none"> ○ Children under 3 in target households; ○ Pregnant and Lactating Women ○ Adolescents and Youth in target communities; ○ Youth living with disability; ○ Teenage/young mothers; ○ Orphaned and vulnerable children (OVC); ○ Female headed households; ○ Internally Displaced Persons (IDPs); ○ Religious and Ethnic (non VMGs) minority groups; ○ Minority Vulnerable and Marginalized Groups (VMGs) ○ Older persons; ○ Informal adult workers from poor and vulnerable households; ○ Persons With Disabilities (PWDs).
Local leadership	Village elders, religious leaders, Peace Committees, Traditional grievance management committees.
Members of community volunteer groups.	Beneficiary Welfare Committees (BWCs), Lay Volunteer Counselors (LVCs),Community Health Promoters(CHPs) Community Drought and Food security Committees (CDFSCs), Child Protection Volunteers (CPVs), and Sub-location Validation Committees (SLVCs).

3.3. Other Interested Parties

The projects' stakeholders also include parties other than the affected communities, include key Social Protection stakeholders at the National and County levels and other relevant stakeholders who may have an interest in the project as listed below:

Category of Stakeholder	Sub-categories of Stakeholders
Implementing agencies	<ul style="list-style-type: none"> ○ State Department for Social Protection and Senior Citizen Affairs (SDSP &SCA) within the Ministry of Labor and Social Protection (MLSP) ; ○ State Department for Children Services, within the Ministry of Gender, Culture and Children Services. ○ National Drought Management Authority (NDMA within the Ministry

	of East African Community, Arid and Semi-Arid Lands and Regional Development (MEACA&RD);
Implementing Partners	<ul style="list-style-type: none">○ United Nations Children’s Fund (UNICEF);○ The World Food program (WFP);○ Ministry of Education (MoE);○ The Council of Governors (CoG);○ County Governments.

	<ul style="list-style-type: none"> ○ Ministry of Agriculture (MoA); ○ Other relevant Ministries, Departments and Agencies (MDAs);
Other Government Agencies	<ul style="list-style-type: none"> ○ National Treasury (NT); ○ State Department for Labor and Skills Development; ○ National Social Security Fund (NSSF); ○ Social Health Authority (SHA); ○ National Gender Equality Commission (NGEC); ○ National Council of Persons with Disability (NCPWD); ○ Ministry of Health (MoH); ○ National Environmental Management Authority (NEMA).
Project Financiers	<ul style="list-style-type: none"> ○ The World Bank (WB); ○ United Kingdoms' Foreign and Commonwealth Development Office (FCDO); ○ Global Shield Financing Facility (GFSS); ○ Children Investment Fund Foundation (CIFF).
Other Development Partners	<p>Multilateral Agencies such as</p> <ul style="list-style-type: none"> ○ The Swedish International Development Agency (SIDA); ○ United States Agency for International Development (USAID); ○ Department of International Development (DFID); ○ International Labor Organization (ILO), etc.
Academia	<ul style="list-style-type: none"> ○ University of Nairobi's Institute of Development Studies
Civil Society Organizations	<p>Representative of NGOs</p> <ul style="list-style-type: none"> ○ The Africa Platform for Social Protection (APSP); ○ World Vision (WV); ○ GROOTS Kenya; ○ Kenya Human Rights Commission (KHRC); ○ Dhamira Moja; ○ Blue Cross; ○ FLEP Community-Based Organization; ○ Save the Children International ; ○ The Kenya Cash Working Group); among others.
Private Sector	<ul style="list-style-type: none"> ○ Kenya Private Sector Alliance (KEPSA)
Media	<ul style="list-style-type: none"> ○ Media Owners Association; ○ Kenya Union of Journalists; ○ Kenya News Agency.
Firms and individuals contracted to provide services to the project and their workers	<ul style="list-style-type: none"> ○ Mentors, trainers, technical assistance providers, Payment Service Providers, among others.

3.4. Disadvantaged / vulnerable individuals or groups

Vulnerable or disadvantaged groups within the project are the stakeholders who may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project's benefits.

Table 3: Disadvantaged and vulnerable individual/groups and likely barriers in accessing project benefits across the four components.

Component	Disadvantaged/vulnerable individuals or groups	Possible barriers in accessing information and project benefits
Component 1	<p>This will include:</p> <ul style="list-style-type: none"> ● Children under 3 in target households in 25 counties; ● Pregnant and Lactating Women. ● Adolescents in target 	<p>Exclusion of disadvantaged and vulnerable individuals or groups from accessing project information and benefits due to:</p>

	communities;	
	<ul style="list-style-type: none"> • Informal adult workers; • Youth living with disability; • Teenage/young mothers; • Orphaned and Vulnerable Children (OVC); • Single mothers; • Internally Displaced Persons (IDPs); • Ethnic (non VMGs)/religious minorities; • Indigenous People, Sub-Saharan Africa, historically underserved traditional local communities (IPHUTLCs) also known as Vulnerable and Marginalized Groups (VMGs) in Kenya; • VMGs living in hard-to-reach areas such as the Boni and the Waatta. 	<ul style="list-style-type: none"> • Inadequate identification and mapping of disadvantaged and vulnerable individuals or groups; • Lack of legal identification documents; • Security concerns impacting physical access for stakeholder engagement and monitoring; • Disability challenges; • Nascent digital financial infrastructure; • Ineffective management of project related grievances which may arise due to competing interests; • Low digital literacy,; • Limited resources against widespread needs of the disadvantaged/vulnerable individuals or groups; • Language barrier impeding communication between the project teams and the VMGs; • Limited/delayed disclosure of project information to allow for effective engagement; • Inadequate resource allocation for effective and continuous engagement with disadvantaged/vulnerable individuals or groups; • Inappropriate methods of communication limiting understanding of the project benefits by the disadvantaged/vulnerable individuals or groups; • Inaccessibility of meeting venues to disadvantaged/vulnerable individuals or groups; • Social stigma impeding effective consultation with PWDs; • Lack of awareness of the project benefits, and/or poor consultation and; • Cultural beliefs that disadvantaged/ vulnerable individuals or groups are not able to participate or benefit from economic activities or have limited productive roles in society.
Component 2	<p>Poor and vulnerable households in 25 target counties. This will include:</p> <ul style="list-style-type: none"> • Older persons; • Informal adult workers from poor and vulnerable households; • Persons with Disability; • Ethnic (non VMGs) and religious minorities; • Female-headed households • Child-headed households; • Teenage/young mothers; • Illiterate people; • People living in informal settlements; • VMGs. 	

4. Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

4. Stakeholder Engagement Program

4.1. Summary of stakeholder engagement done during project preparation

During project preparation, consultations with key stakeholders were done to discuss among others: i)

lessons and best practices from implementation of Environmental and Social (E&S) risk management under KSEIP 1; ii) strategies for enhancing E&S risk management under KSEIP 2; and iii) ways of overcoming barriers impeding vulnerable individuals and groups from accessing project benefits and opportunities associated with various causes of vulnerability, how to effectively engage them throughout the project cycle, managing grievances arising from project activities including preventing and responding to SEA/SH and other forms of GBV. More details on the key issues discussed during consultations are presented in Annex 4 and 5.

a. National Level Consultations with implementing and technical partners in August and September, 2024. At national level, invited to the consultation sessions were staff of the SDSP, NDMA, State Department for Gender and Affirmative Action, State Department for Children Services, National Council for Persons with Disabilities (NCPWD), National Environment Management Authority (NEMA), UNICEF, USAID, WFP, and Ministry of Health . Among the recommendations from the consultations were: (i) the need to undertake more capacity building of project workers at national, county and sub-county levels in implementing and monitoring E&S instruments; (ii) enhance sensitization of project beneficiaries, local leadership and other project participants on the requirements of the E&S instruments; (iii) put in place a grievance mechanism that is responsive to SEA/SH.

b. Consultations with various stakeholders including beneficiaries were held in Kilifi and Tana River counties on 11-17th August 2024. Further consultations were held on 15th-21st September in the Counties of Bungoma, Busia, Laikipia, Isiolo, Migori, Kericho, Baringo and Samburu. in August and September, 2024. Invited to the consultation sessions comprised KSEIP 1 beneficiaries and potential KSEIP 2 beneficiaries, including youths, adolescents, older persons, informal workers, young mothers, 15 minority VMG communities (i.e. Bajuni, Watta, Wardei, , Munyoyaya, Wailwana, Orma, Ogiek-Kericho, Abakhenye, Sakuye, Wayyu (Waata), , Illchamus, , Lkunono, Dorobo, Abasuba, , Ogiek-Mt. Elgon), implementing agencies at national, county and sub-county level, National Government Administration (comprising County Commissioners, Deputy and Assistant County Commissioners, Chiefs), community volunteer groups (LVC, BWCs, CDFSCs, CPVs and SLVCs) mentors, Early Warning Monitors (Field Monitors); Community Elders, Religious Leaders and stakeholders from the wider Social Protection Sector such as development partners, academia and civil society organizations.

In each County, a courtesy call was made to either the County Commissioner, Deputy County Commissioner or Assistant County Commissioner on the first day. This was followed by a Focus Group Discussions (FGDs) with the County Social Protection team. On day two, a courtesy call was made to the Chiefs followed by conducting FGDs at the villages with KSEIP 1 beneficiaries and potential KSEIP 2 beneficiaries where separate meetings for men, women and youth (male and female) were held to provide an opportunity for the various groups to express themselves freely without fear. Ideas and feedback on areas of improvement for consideration in the design of KSEIP 2 were discussed and carefully documented. In summary, a total of 29 FGDs, Key Informant Interviews and Public forums were held with 1,561 participants (839 men, 722 women).

Some of the key issues discussed included strategies to enhance stakeholder engagement under KSEIP 2 through holding community meetings closer to the villages and provision of adequate notices to the vulnerable individuals and groups prior to any engagement. Further discussions revolved around the need to ensure inclusion and effective targeting of vulnerable individual and groups by carrying out KSEIP 2 beneficiary registration at the sub-location level, enhancing disclosure of project information to stakeholders, adoption of traditional/local complaints resolution structures into the project grievance mechanism (GM) and the need to establish and operationalize a GM that is sensitive to SEA/SH related complaints and assures safety and confidentiality of the survivor. Detailed stakeholder consultations are presented in Annexes 4 and 5.

c. Consultations during the scoping and preparation missions in May and June, 2024. Furthermore, project teams comprising the implementing agencies, development partners, and the World Bank held scoping and preparation missions to inform the project design, including the management of E&S aspects such as the deliberate targeting and inclusion of all stakeholders, removing barriers to access, assessing

E&S performance and ensuring risk avoidance and sustainability of project interventions.

Consultations during the E&S dedicated workshop in September, 2024. SDSP, SDCS, NDMA, UNICEF, and the World Bank also held an E&S dedicated workshop to take stock of E&S management under KSEIP 1 and proposed measures to strengthen E&S aspects under KSEIP 2, such as an E&S dedicated sub- component with sufficient budgets; a project-wide GBV responsive GM in line with ESS 1, ESS 2, ESS 7 and ESS 10 provisions; a communication strategy to guide extensive dissemination of project information; season-based awareness creation in collaboration with VMG leaders/elders/ Chiefs to reach all beneficiaries including nomadic pastoralists; engaging National Registration Bureau (NRB) and Civil Registration Services (CRS) as project technical partners, and facilitate NRB and CRS to hold registration sessions in communities experiencing difficulties accessing legal documents.

Finally, the leadership of minority VMGs and organizations that champion/represent the interests of minority VMGs such as Council of Elders governing the affairs of minority VMGs, Hunter and Gatherers Forum Kenya (HUGAFO), Dakatcha Woodlands, Endorois Welfare Council, Cherengany indigenous Peoples Ethnic Minority Community of Kenya , Yaaku Indigenous Young Mothers, and Sengwer CBO) , among others were not engaged during preparation. However, SDSP and SDCS will consult minority VMG organizations when undertaking the Social Assessment and preparing community-specific Vulnerable and Marginalized Groups Plans (VMGPs) before commencement of project activities in areas where minority VMGs are present.

Lessons Learnt from KSEIP I

SDSP, SDCS and NDMA will draw on experiences, challenges and lessons from KSEIP 1 to inform and strengthen social risks management in KSEIP 2. The table below presents progress made under KSEIP 1 in some key areas including number of VMGs targeted under KSEIP 1, consultation held with minority VMGs communities, grievance management including handling of GBV SEA/SH incidences. On the basis of the progress, some of challenges, experiences and lessons learnt have been distilled to inform recommendation that will be applied in management of social risks under KSEIP 2.

Lessons, challenges and recommendations from KSEIP 1

Aspect	Progress	Challenges, lessons and recommendations
<p>No. of VMGs targeted under the various project components</p>	<p>Economic Inclusion Program: The number of VMGs that have benefitted from EIP;</p> <ul style="list-style-type: none"> • Cohort 1 - • Cohort 2 - 801 VMGs <p>The number of Village Savings and Loan Associations (VSLAs) established and maintained.</p> <ul style="list-style-type: none"> • Cohort 1 - A total of 303 (152 for Model A and 151 for model B) VSLA groups were formed and maintained and are still operational. • Cohort 2 - A total of 286 VSLAs have been formed (formation ongoing). • Cohort 2 Savings - KES 8,482,630. <p>The number of people who benefitted from skills training and asset transfer.</p> <ul style="list-style-type: none"> • Cohort 1 - 7,290 participants received skills training and AT. • Cohort 2 - 6582 participants (currently receiving skills training and awaiting disbursement of AT). 	<p>Challenges includes:</p> <ol style="list-style-type: none"> i. Limited information on EIP. ii. Deserving households were left out for several reasons: <ul style="list-style-type: none"> ○ registration points were far from the locations where VMGs and other beneficiaries are located, this was challenging for households with mobility, disability and accessibility challenges, ○ lack of information on the project, ○ lack of IDs cards and birth certificates. iii. Current exit plans for cash transfer (CTs) programs are poorly structured with many beneficiaries finding themselves unprepared for the transition out of the CTs. <p>Recommendations for KSEIP 2 include:</p> <ul style="list-style-type: none"> ○ Partner with Ministry of Interior -CRS, NRB. ○ Undertaking comprehensive VMG mapping and, provide timely and adequate resources for sensitization. ○ Communicate early through multiple channels ○ using transparent registration criteria. ○ Provide registration points at least at sub-location level and involve Chiefs, Elders and Sub-location committees. In ASAL areas, plan around seasons. ○ Develop an exit plan allowing beneficiaries to gradually decrease their dependence on cash
	<p><i>NB: Accounts opening is ongoing</i></p> <p>The number of business groups formed and maintained.</p> <ul style="list-style-type: none"> • Cohort 1 - A total of 5034 BGs are formed. • Cohort 2 - A total of 2307 BGs have been formed (Formation ongoing). 	<p>transfers while receiving support to build sustainable livelihoods.</p> <ul style="list-style-type: none"> ○ Implementation of KSEIP 2 should start with community sensitization on project requirements, enhancement of vocational skills and financial literacy, entrepreneurship and nutrition counselling. ○ Include all eligible community members including men.

<p>Extent of implementation of the VMGPs</p>	<p>A total of 26 VMGPs were implemented. A consolidated Report on the implementation of the VMGPs was prepared.</p>	<p>Challenges:</p> <ul style="list-style-type: none"> ○ Low levels of literacy and language barrier. ○ The VMGs are not willing to be profiled as VMGs for fear of discrimination. ○ Low awareness of the program by the chiefs, VMG focal person, Beneficiary Welfare Committees (BWCs). ○ Although the VMGPs were implemented, the frequency of engagement was low due to the vastness of their locations exacerbated by resource constraints. ○ KSEIP 1 did not provide for transport facilitation for communities. ○ There were challenges related to exclusion of eligible beneficiaries as registration happened at location level – which is far for most beneficiaries. <p>Recommendations:</p> <ul style="list-style-type: none"> ○ Engage, train and facilitate community-level volunteer groups such as BWCs. ○ Provide adequate resources for regular sensitization on the program to the Chiefs, VMGs, VMG focal persons, BWCs etc. ○ Engage VMGs to be at their localities. This should be preceded by comprehensive mapping of their locations to be undertaken during the Social Assessment. ○ Develop and adequately disseminate a clear and transparent criteria for registration. ○ Revise registration tools to capture VMGs at listing and registration. ○ Provide transport facilitation for beneficiaries to attend engagement sessions as applicable.
<p>No. of consultation sessions carried out with VMGs and some of the issues discussed</p>	<p>A total of 10 barazas and 29 FGDs were held with the VMGs.</p>	<p>Challenges cited include:</p> <ul style="list-style-type: none"> ○ Fear of being excluded from the project benefits and opportunities as they are located in remote areas with poor communication. ○ Inadequate engagement in a language understandable to them. ○ Discrimination. ○ Lack of representation in decision-making organs. ○ In some Counties - dislocation due to insecurity issues. ○ Climate extremes that often wipes out their livelihoods.

		<p>Recommendations for KSEIP 2:</p> <ul style="list-style-type: none"> ○ Comprehensive mapping of VMGs. ○ Sensitization and communication using appropriate local channels (Local Chiefs, elders, local radio stations where available). ○ Targeting of VMGs should be undertaken in convenient locations coupled with ample notices. ○ Include VMGs in all relevant project committees. ○ Prior planning to address insecurity challenges. ○ Support climate-resilient livelihoods.
Management of grievances and cases	<p>The KSEIP 1 has an improved eGCM that has been decentralized and staff at the County and Sub-County levels are able to access Case Management and related data and provided feedback for cases across the NSNP programmes including those under EIP, NICHE and HSNP.</p> <p>Currently it has been rolled out in 10 counties and there are plans of expanding to more counties under KSEIP 2</p>	<p>Challenge:</p> <ul style="list-style-type: none"> ○ Poor utilization of the eGCM mechanism with most Officers preferring to resolve issues through a WhatsApp platform. ○ Inability of the eGCM to capture other grievances such as poor targeting, labour-related issues, quality of services provided, accessibility grievances, accountability, information and communication and insufficient stakeholder engagement. <p>Recommendation:</p> <ul style="list-style-type: none"> ○ Roll-out the e-GCM to all KSEIP 2 counties. ○ Enhance awareness on G&CM to the officers and beneficiaries. ○ Capacity building for relevant stakeholders on G&CM module in the MIS. ○ Enhance the capacity of the eCGM to handle non-case grievances such as SEA/SH – GBV, labour-related grievances, targeting issues, discrimination, marginalization, inadequate stakeholder engagement, accessibility issues, quality of service, transparency and accountability.
Handling of GBV-SEA/SH Incidences	<p>Local channels involving village elders and Nyumba Kumi within the community are used. Chiefs and their Assistants are involved who, if need be, refer cases to police and local health facilities.</p>	<p>Challenges under KSEIP 1 include;</p> <p>Lack of reporting (no GBV cases were reported under KSEIP 1), traditional cultures that have normalized GBV-SEA/SH and local resolution mechanisms that are not survivor-centered.</p> <ul style="list-style-type: none"> ○ The MIS system and the operational manual do not explicitly provide for management of GBV/SEA/SH cases and other non-case grievances. ○ There is no formal grievance mechanism on addressing issues related to GBV/SEA/SH. ○ Lack of structured linkages to support institutions such as the Department of Gender, Ministry of Health, Ministry of Interior etc. ○ Lack of capacity on GBV/SEA/SH and Focal Persons at national and county levels. <p>Recommendations for KSEIP 2 include:</p> <ul style="list-style-type: none"> ○ Implement the SEA/SH Prevention and Response Action plan. ○ Sensitize the community and local leadership on various forms of GBV-SEA/SH, their roles in

		<p>prevention and response using appropriate channels.</p> <ul style="list-style-type: none"> ○ Provide a survivor-centric mechanism with various access channels for resolving GBV-SEAH grievances. ○ Assign GBV Focal Persons at national, county, sub-county and locational levels, within known contacts ○ Include women. ○ Facilitate access to support services such as psychosocial, treatment and safe spaces.
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4.2. Summary of stakeholder needs, methods, tools and techniques for engagement

The Stakeholder Engagement Plan (Table 5) below outlines the engagement process, methods, including sequencing, topics of consultations and target stakeholders. The World Bank and the Borrower do not tolerate reprisals and retaliation against project stakeholders who share their views about Bank-financed projects.

Table 4: SEP Summary Table

Project stage	Target stakeholders	Topic of consultation / message/activity	Method used	Responsibilities	Frequency/ Timeline
After appraisal	<p>Project-Affected Parties</p> <ul style="list-style-type: none"> -Beneficiaries community members ; -Local leadership; -Members of community volunteer groups; -Minority VMG communities and other disadvantaged groups. 	<p>Awareness creation to beneficiaries and local leadership about the project, including their Rights and entitlements, benefits and opportunities, E&S risks and impacts and the proposed mitigation measures.</p>	<p>Public meetings, FGDs with beneficiaries including minority VMGs, and other disadvantaged groups.</p>	<p>SDSP SDCS NDMA</p>	<p>January 2025</p>

		<p>Disclosure of summaries of E&S instruments (VMGF, VMGPs, LMP, SEA/SH Prevention and Response Action Plan, SEP, EGCM), displayed in accessible public locations, translated into languages understandable to all and in a format accessible to all.</p>			
		<p>Consultations to inform the Social Assessment.</p> <p>Validation of the generic VMGP With minority VMGs.</p>			
	<p>Interested Parties</p> <p>-Project workers at the national and county levels;</p> <p>-The public;</p> <p>-Ministries, Departments and Agencies at the National and County levels;</p> <p>-Media;</p> <p>-Academia;</p> <p>-Civil Society Groups.</p>	<p>Awareness creation about the project.</p> <p>Disclosure of E&S instruments.</p>	<p>Websites (SDSP, NDMA);</p> <p>Mobile phone block messages;</p> <p>Social Media platforms;</p> <p>Newspaper articles and Press releases;</p> <p>Emails with project information etc.</p>	<p>SDSP</p> <p>SDCS</p> <p>NDMA</p>	<p>November-December 2024</p>
Project Implementation Phase	Project-Affected Parties as captured above.	Regular updates on project progress and implementation of E&S mitigation measures.	Public forums and FGDs with beneficiaries including minority VMGs and other disadvantaged	SDSP SDCS NDMA	Quarterly

		Discussions with minority VMGs about the project with feedback generated. Engagement on complaints about project implementation.	groups.		
	Interested Parties as captured above.	Regular updates on project progress and E&S mitigation measures.	Printed materials (newsletter, flyers); Program progress reports; Regular project meetings; Social Media platforms	SDSP SDCS NDMA	Quarterly
Monitoring, evaluation and reporting	Project-Affected Parties as captured above.	Regular updates on project progress and implementation of E&S mitigation measures, status of grievance resolution, stakeholder engagement program etc.	Public forums and FGDs with beneficiaries including minority VMGs and other disadvantaged groups.	SDSP SDCS NDMA	Quarterly
	Interested Parties as captured above.	Regular updates on project progress and implementation of E&S mitigation measures.	Monitoring and Evaluation meetings; Regular project meetings; Program progress reports; Social Media platforms.	SDSP SDCS NDMA	Quarterly

4.3. Strategies for inclusion of minority VMGs and other vulnerable and marginalized Groups, as informed by the findings of the stakeholder consultations (more details on VMG consultation strategies are provided in the project VMGF)

1. The project will seek the views of the disadvantaged and vulnerable individuals or groups identified in section 3.4 through the following methods:
 - a. Project information will be disclosed in a timely and culturally appropriate manner ensuring meaningful consultations and provision of feedback by the minority VMGs. All project E&S documents will be disclosed and made available in hard copies, at easily accessible locations such as village offices and community centers. Meetings will be conducted in a language(s) understood by VMGs and if that is not vernacular language, translation will be provided. People living with disabilities will be provided with information in accessible formats.
 - b. To address the risk of exclusion, the existing community governance structures within the VMG communities will be involved in the process of identifying target beneficiaries for the planned interventions under the various project components. Once beneficiaries have been identified the lists will be publicly disclosed. All project governance structures will ensure adequate representation of the VMG communities. FGDs will be held with VMG communities (including those in voluntary isolation) where project interventions are being undertaken ensuring their participation. The discussions will be sensitive to the views of the VMGs communities and will provide an opportunity to discuss issues of concern.
 - c. The project team will ensure adequate and ongoing consultation on the basis of a pre-agreed consultation plan (and in line with this SEP) with VMG communities in a manner that is *free* of external manipulation, interference, coercion, discrimination, and intimidation. The project team shall consider and respond to feedback promptly and, document and disclose all consultations held with VMG communities clearly providing minutes, and signed list of attendance.
 - d. The project grievance mechanism that is SEA/SH-responsive will be designed for identified vulnerable groups and publicly disclosed. The project GM focal points will be instrumental in sensitizing the VMGs on the project GM including the grievance management structures and uptake channels. Feedback on reported grievances will be provided to all VMG communities in a timely manner as described in the project GM. The project GM shall incorporate existing traditional dispute resolution mechanism as the lowest tier. The GM focal points will ensure that all concerns/conflicts are addressed promptly and effectively, in a transparent manner that is culturally appropriate. All received grievances including those reported anonymously shall be logged, dated; processed, resolved and closed out.
 - e. Meetings shall be held in central locations which are easily accessible to the VMG communities and at appropriate timings to facilitate maximum attendance without interfering with economic and/or household activities. Meetings will be announced timely, and documents shared in advance for stakeholder's planning and participation.
 - f. SDSP,SDCS and NDMA need to adopt various methodologies to ease registration of VMGs the various project interventions. This may include the use of mobile application, *Huduma* centers, and Beneficiary Welfare Committees (BWCs) with adequate representation of VMGs and any other governance structures including those for grievance management.
 - g. Gender and social inclusion. It was noted that men are often left out of projects with the focus being on women and youth. This has led to women being the most economically active and shouldering most of the family responsibilities while men whirl their time away. Therefore, the project consultation should include all community segments including women, youth and men.
 - h. Inclusion of other interventions beyond cash transfer in their own words "to be taught how to fish rather than being given fish". The design of the project should include interventions such as supporting women, men and youth groups in empowerment.
 - i. Sensitization before project commencement was flagged out as a need to make project beneficiaries aware of the purpose of the various cash transfers and expected outcomes. This will address the poor understanding of issues such as NICHE top-ups in NICHE, the purpose of CT-OVC often misappropriated by care givers.
 - j. The risk of SEA/SH that is rampant in these counties including underage peer-to-peer SEA/SH, needs to be addressed to enhance the chances of girls involvement in the project activities.
 - k. Cash payment points. More accessible and less costly payment channels should be considered in the project design preferably *Mpesa*. There are 6 payment service providers. Only KCB deploys

KCB agents closer to the communities. For others, a lot of time and money is spent travelling to the major urban centres/towns.

5. Resources and Responsibilities for implementing stakeholder engagement

5.1. Institutional Implementation Arrangements

KSEIP 2 will be implemented by three main implementing agencies (IAs)- the SDSP, SDCS and the NDMA. The SDSP will have the overall implementation responsibility for the proposed project to be delivered through technical departments of the IAs. The SDCS-SDCS and the Directorate of Social Development - DSD have staff at both national and local levels and are responsible for the delivery of the cash transfer and complementary programs on the ground, in collaboration with the county governments, as appropriate. The NDMA is a semi-autonomous government agency (SAGA) mandated to establish mechanisms which ensure that drought does not result in emergencies and that the impacts of climate change are mitigated. It includes staff at both the national level and in the 23 ASAL counties in which it operates. The HSNP is implemented by NDMA staff and in collaboration with the county governments.

Other partners include the Ministry of Health (MoH), Ministry of Education (MoE), the United Kingdoms' Foreign and Commonwealth Development Office (FCDO), the United Nations Children's Fund UNICEF, and the World Food Programme (WFP). In addition, KSEIP 2 activities are supported by five community volunteer groups, Lay Volunteer Counselors (LVCs), Beneficiary Welfare Groups (BWCs), Community Drought and Food security Committees (CDFSCs), Child Protection Volunteers (CPVs), and Sub-location Validation Committees. Further, the Global Shield Financing Facility (GSFF) and the Children Investment Fund Foundation (CIFF) will finance project activities.

The SDSP will be in charge of stakeholder engagement activities through the Project Management Unit (PMU) that has full responsibility for engaging with the stakeholders with support from its structures at the county and sub-county levels. SDSP will hire qualified, experienced and full-time Environment,

Health and Safety (EHS) Specialist and Social specialist. The social specialist will possess a strong background, in social inclusion, grievance, and GBV management. SDCS and NDMA will also hire an EHS specialist and Social Specialist as part of its PIU and nominate E&S focal points in each participating county. UNICEF and WFP, shall each nominate E&S Focal Points, and DSA shall hire a Grievance Officer since the project GM shall be domiciled at the DSA. The Social Specialists will provide technical support in the delivery of the SEP.

The coordination of the SEP activities will be through the decentralized networks of DSD and DCS staff at the county and sub county level. The SDSP and SDCS will also engage other implementing partners such as the MoE, MoH, Volunteer community groups among others in the delivery of KSEIP 2 as well as ensuring effective stakeholder engagement Table 6 provides a summary of some of the key institutions and responsibility for the SEP. Annex 8 presents more details on the institutional implementation arrangements.

Table 5: Stakeholder engagement implementation arrangements

Actor/Institution	Responsibility
SDSP and PMU	<ul style="list-style-type: none"> ○ Overall coordination of stakeholder engagement activities. ○ Planning and Implementation of the SEP. ○ Management and resolution of project related grievances. ○ Collaboration with relevant stakeholders in the delivery of the SEP. ○ Undertake sensitization of all stakeholders on the SEP. ○ Engagement of requisite technical expertise for safe consultations with vulnerable groups, and/or on sensitive topics, as and when needed.
NDMA	<ul style="list-style-type: none"> ○ Liaise with the SDSP and PIU in planning and implementation of SEP. ○ Support PIU in the sensitization of all stakeholders on the SEP. ○ Build the capacity of the relevant technical departments within NDMA in the delivery of the SEP. ○ Support management, resolution and reporting of project related grievances.
SDCS	<ul style="list-style-type: none"> ○ Liaise with the SDSP in planning and implementation of SEP. ○ Sensitization of all stakeholders on the SEP. ○ Build the capacity of the relevant technical departments within SDCS in the delivery of the SEP. ○ Support management, resolution and reporting of project related grievances.
DSD, DCS and NDMA staff at the County and Sub county levels	<ul style="list-style-type: none"> ○ Implementation and review of the SEP. ○ Reporting on SEP and disclosure to the stakeholders. ○ Undertake logging of all received project grievances and ensure their timely resolution and reporting.
Project beneficiaries including minority VMGs and other disadvantaged groups, and community-level volunteer groups.	<ul style="list-style-type: none"> ○ Participate in project community governance structures to present the views/input of minority VMG communities and other disadvantaged groups. ○ Follow up on project implementation to ensure minority VMG communities and other disadvantaged groups have access to project information and benefits. ○ Present VMG and other disadvantaged groups' concerns to the project GM for resolution.
Project implementing partners (UNICEF, WFP, MoH, MoE)	<ul style="list-style-type: none"> ○ Liaise with the SDSP, SDCS, NDMA in planning and implementation of SEP. ○ Support PIU in the sensitization of all stakeholders on the SEP.

Community Volunteer Groups	<ul style="list-style-type: none"> ○ Support PIU in the sensitization of all stakeholders on the SEP. ○ The various volunteers will bridge the gap between program implementers and the community, ensuring that social support systems are effectively delivered.
Other project stakeholders	<ul style="list-style-type: none"> ○ Actively engage in project related interventions. ○ Monitor project implementation and recommend strategies to enhance inclusivity. ○ Review project progress and recommend areas of improvement, where necessary.

5.8 Budget

The budget estimate for implementing SEP is KES 29, 000, 000 as presented below. The budget includes costs related to awareness creation of beneficiaries and local leadership, induction of project participants, training of project workers including community volunteer groups on the provisions of the KSEIP 2 E&S instruments as well as a single budget to monitor the implementation of all E&S aspects. The cost of enhancing the KSEIP EGCM to be adopted to KSEIP 2 is covered by the project.

Item	Budget (KES) (5 Years)	Remarks
1. Capacity Building: (awareness creation, induction and trainings on E&S provisions)		
Summarize key provisions of E&S instruments (SEP, SEAH/SH, VMGF, VMGP, LMP, GBV, ESCP, SAP, ESMP).	0	To be undertaken by the E&S Consultant supporting project preparation.
Develop and print: (i) Posters of the GBV-SEA-SH responsive EGCM.	2, 000, 000	
Train project staff (at national and county/sub-county levels) on the provisions of the E&S instruments in 8 regions.	5,000,000	To be undertaken by the EHS and Social Specialists and County-level Staff.
Sensitize project beneficiaries, and local leadership and induct project participants on the provisions of the E&S instruments (7,000 sub-locations).	5,000,000	To be undertaken by the EHS and Social Specialists and county-level staff.
2. Quarterly Monitoring of Implementation of E&S Provisions		
Monitor the implementation of E&S provisions.	15, 000, 000	To be undertaken by the EHS and Social Specialists and county-level staff.
3. Grievance Management		
Enhance and maintain the EGCM.	0	Budgeted for under the project.
Maintain the toll-free lines.	2,000,000	
Total	29, 000, 000	

6. Grievance Mechanism

KSEIP 2 is committed to ensuring that all project-affected parties, beneficiaries and other stakeholders have access to a fair, transparent, and effective mechanism for raising concerns and grievances related to project activities. This Grievance Mechanism (GM) has been developed in accordance with Environmental and Social Standard 10 (ESS10) of the World Bank's Environmental and Social Framework (ESF) The GM builds on lessons learnt from KSEIP 1, incorporating recommendations from the KSEIP 1 GM Assessment and the World Bank review. It is designed to be accessible, culturally appropriate, free of charge, and free from retribution including for those who wish to submit complaints anonymously.

The Grievance Mechanism aims to:

- Provide an accessible, transparent, and effective channel for all stakeholders to raise concerns and grievances related to the project.
- Ensure timely and fair resolution of grievances at the lowest appropriate level.
- Protect the rights of complainants, including confidentiality and the right to appeal.
- Ensure timely referral of GBV-SEA-SH cases in a safe, confidential, and survivor-centered approach.
- Strengthen accountability and trust between the project and its stakeholders.
- Complement and not replace access to judicial, administrative, or other external redress mechanisms.

This Grievance Mechanism applies to all grievances arising from KSEIP 2 activities, including but not limited to:

- Beneficiary eligibility, targeting, and enrolment concerns
- Transfer payment issues and errors
- Quality of services delivered under the project
- Transparency and accountability concerns
- Discrimination and marginalization
- Inadequate or exclusionary stakeholder engagement
- GBV-SEA-SH complaints
- Concerns from Vulnerable and Marginalized Groups (VMGs)

Grievance Reporting Channels

To maximize accessibility, the Grievance Mechanism shall offer multiple channels for submitting and reporting grievances:

- In-person: Walk-in submissions at implementing agency offices (national, county, and sub-county levels), or verbally to a EGCM Focal Point or E&S Specialist.
- Phone/Call Centre: A dedicated toll-free hotline managed by GCM Specialists.
- Enhanced (EGCM): Online submission through the project's electronic grievance and case management (EGCM) system, accessible via the implementing agencies' websites.
- Written letters or completed grievance forms submitted to implementing agency offices.
- Suggestion Boxes: Anonymous/suggestion boxes placed at community-level strategic points and programme delivery sites.
- Community Structures: Through beneficiary welfare committees, community health promoters, chiefs, or other community-level intermediaries.
- *Huduma* Centers: Grievances may be submitted at designated *Huduma* Centres Desks (Social Development) accessible to public

All channels shall allow for anonymous submissions. Complainants shall not be required to provide identifying information.

Grievance Management Procedure

Step 1: Receipt and Registration

Upon receiving a grievance through any channel, the EGCM Focal Point shall:

- Acknowledge receipt of the grievance promptly (within 2 working days).
- Register it in the EGCM system with a unique reference number, date, channel, nature of the complaint, and details of the complainant (if provided).
- Categorize the grievance (General, GBV-SEA-SH, labour-related, VMG-related, etc.).
- Provide the complainant with a unique tracking number and an explanation of the process and timelines.

Step 2: Assessment and Assignment

Within 5 working days of registration:

- The EGCM focal point shall review and assess the grievance.
- The grievance shall be assigned to the appropriate committee level (community, sub-county, county, or national) based on its nature and complexity.
- GBV-SEA-SH complaints shall be immediately referred to the designated GBV Focal Point and handled through the GBV-SEA-SH referral pathway

Step 3: Investigation and Resolution

- The assigned focal point or committee shall investigate the grievance, consulting relevant parties as needed.
- A resolution or response shall be communicated to the complainant within 10 working days of registration for standard grievances.
- Complex grievances requiring escalation may take up to 30 working days, with the complainant kept informed of progress.

Step 4: Communication of Outcome

- The outcome of the grievance resolution shall be communicated to the complainant in a language and format they understand.
- The complainant shall be asked to confirm whether they are satisfied with the resolution.

Step 5: Appeal

If a complainant is dissatisfied with the resolution, they may appeal within 10 working days of receiving the outcome. Appeals shall be escalated to the next level of the Grievance Committee. Final appeals at the national level shall be resolved within 20 working days.

Step 6: Closure

A grievance is closed when the complainant confirms satisfaction or when the appeal process is exhausted. All closures shall be documented in the EGCM system, including the resolution details and complainant feedback

Grievance Committees

Grievance Committees (GCs) shall be established at multiple levels:

Level	Composition
National	Chaired by the Project Coordinator; members include Social Specialists from SDSP, NDMA, and SDCS, plus procurement, finance, M&E, and communications staff
County	County-level E&S Focal Points and relevant county government representatives
Sub-County / Locational	Sub-county E&S Focal Points; Beneficiary Welfare Committees (BWCs) trained as EGCM/GBV Focal Points
Community	Village-level structures; BWCs and community volunteers

GBV-SEA-SH Referral Pathway

The preliminary assessment of the project-related GBVSEA and SH risk is high. The GBV specialist will be responsible for ensuring GBV-SEA-SH related complaints are addressed. Further, the project will provide various avenues for reporting GBV-SEA-SH cases, and the GBV Specialist will have a dedicated telephone line, SMS service and email address where such complaints can be raised.

In line with the survivor-centered approach, the grievance recipient to whom an allegation is disclosed will provide a safe, caring, and supportive environment. This means being non-judgmental, empathetic, and compassionate, and demonstrating emotional support to the survivor while clarifying relevant information. It also means respecting confidentiality and the wishes of the survivor. Once a case has been taken in by a EGCM focal points, informed consent of the survivor is obtained to proceed with the case, the case file/information will be submitted to the project E&S and GBV-SEA-SH, who will ensure that the survivor has been provided with all necessary GBV referral services, and he/she is safe.

All GBV-SEA-SH complaints shall be handled through a dedicated, confidential pathway as provided below

- Immediate referral: Upon receipt, the complaint will be immediately referred to the designated GBV Focal Point (Social Specialist with GBV expertise).
- Safety and consent: The survivor is provided with information on available services and asked for their consent before any action is taken.
- Referral to services: With the survivor's consent, the survivor is referred to relevant GBV service providers, including the county gender focal points, and local GBV service providers mapped in the area.
- Justice pathway: If the survivor wishes to seek legal recourse, the National Referral System for GBV-SEA-SH incidents is followed.
- Follow-up: The GBV Focal Point follows up with the survivor (with their consent) to ensure appropriate care and support.
- Confidential recording: All GBV-SEA-SH cases are recorded separately in a confidential log maintained by the GBV Specialist; they are not entered into the general EGCM system.

Complaints relating to GBV- SEA/SH will be addressed immediately by referring the SEA/SH survivors to support services as per the GBV-SEA-SH Referral Pathways. A comprehensive GBV -SEA/SH Prevention and Response Action Plan is in place.

Capacity Building and Public Awareness

Institutional Capacity Building

The implementing agencies (SDSP, NDMA, and SDCS) will continually raise awareness among all project staff on EGCM procedures. This includes training on:

- Grievance reporting and resolution procedures
- How to handle and refer complaints when received

Training shall be conducted prior to the commencement of project activities and refreshed periodically, with records maintained of all training sessions.

Public Awareness Campaigns

Public awareness campaigns will be conducted to inform all stakeholders and project beneficiaries on the availability and functioning of the EGCM. These campaigns will be designed to promote trust and ensure that all stakeholders feel comfortable raising concerns without fear of retribution.

The PIU will implement the following measures to ensure the public is aware of the grievance mechanism process.

- Leaflets: A one-pager leaflet will be developed providing details on the EGCM process. The leaflets will be distributed in all the counties where the project is implemented to ensure broad community reach.
- Use of social media: Social media platforms will be used to disseminate EGCM information, reach a wider audience, and promote awareness of complaint channels.
- FM Radio: The local FM radio stations in relevant counties will be used to reach remote communities, including through call-in programmes featuring panels of community and government representatives. These broadcasts will provide information on how complaints are handled and resolved.
- The Implementing Agencies websites. EGCM procedures and contact details including a dedicated phone number, email address, and physical address will be published on the respective websites to ensure easy access for all stakeholders.
- The implementing agencies shall continue to monitor the reach and effectiveness of awareness campaigns and adapt communication strategies as needed based on stakeholder feedback and engagement data.

Workers Grievance Mechanism

Typical workplace grievances include fair and equal opportunities for employment; discrimination, labor wages rates and delays in payment; disagreements over working conditions; and health and safety concerns in work environment. Therefore, in line with the ESS2 requirements, a separate EGCM is provided in the labour management procedures(LMP) to cater to all direct workers and contracted workers (and, where relevant, their organizations) to raise workplace concerns. Such workers will be informed of the EGCM at the time of recruitment and the measures put in place to protect them against any reprisal for its use.

7. Monitoring and Reporting

7.1 Summary of how SEP will be monitored and reported upon (including indicators)

The SEP will be monitored based on both qualitative reporting (based on progress reports) and quantitative reporting linked to results indicators on stakeholder engagement and grievance performance.

SEP reporting will include the following:

- (i) Progress reporting on the ESS10-Stakeholder Engagement commitments under the Environmental and Social Commitment Plan (ESCP)
- (ii) Cumulative qualitative reporting on the feedback received during SEP activities, in particular (a) issues that have been raised that can be addressed through changes in project scope and design, and reflected in the basic documentation such as the Project Appraisal Document, Social Assessment, VMG Plans, or SEA/SH Action Plan, if needed; (b) issues that have been raised and can be addressed during project implementation; (c) issues that have been raised that are beyond the scope of the project and are better addressed through alternative projects, programs or initiatives; and (d) issues that cannot be addressed by the project due to technical, jurisdictional or excessive cost-associated reasons. Minutes of meetings summarizing the views of the attendees can also be annexed to the monitoring reports.
- (iii) Quantitative reporting based on the indicators provided in **Annex 3**.

7.2 Reporting back to stakeholder groups

The SEP will be revised and updated as necessary during project implementation. On monthly basis, summaries and internal reports on stakeholder engagement, project related grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the project managers.

Specific mechanisms for monitoring and evaluation and reporting back to the stakeholders include review of project documents and progress reports, stakeholder interviews and group, discussions, feedback surveys, site visits. This reporting back to the stakeholders will be on quarterly, annual and bi annual basis as provided under **Annex 3**.

Annexes



SEP Annexes.doc