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# GUIDELINES FOR THE ON - DEMAND REGISTRATION OF NICHE BENEFICIARIES

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# ABBREVIATIONS

AAC	Area Advisory Committee
BWC	Beneficiary Welfare Committee
CHASP	Capacities for Health and Social Policy
CHU	Community Health Units
CHV	Community Health Volunteer
CHW	Community Health Worker
CP	Child Protection
CPO	Child Protection Officer
CPV	Child Protection Volunteers
CT	Cash Transfer
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DCS	Department of Children Services
DSAU	Directorate of Social Assistance Unit
FBO	Faith Based Organizations
GCM	Grievance and Compliance Mechanism
GoK	Government of Kenya
IP	Implementing Partner
MIS	Management Information System
MLSP	Ministry of Labor and Social Protection

NDMA	National Drought Management Authority
NGAO	National Government Administration Office
NGO	Non-Governmental Organization
NICHE	Nutritional Improvements through Cash and Health Education
NNTAC	National NICHE Technical Advisory Committee
NSNP	National Safety Net Program
ODR	On-Demand Registration
SHARE	Supporting Horn of Africa Resilience
SCCHFP	Sub-County Community Health Focal Person
SCCO	Sub-County Children's Officer
SCNO	Sub-County Nutrition Officer
SCSDO	Sub County Social Development Officer
TA	Technical Assistance
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WVI	World Vision International

## ACKNOWLEDGEMENTS

These Guidelines for On-Demand Registration (ODR) of NICHE beneficiaries were developed after a comprehensive analysis of established systems and existing practices. We acknowledge the contribution (and the continued commitment) of several government and UNICEF teams to the process.

In particular, the process benefited greatly from the dedicated leadership and coordination from the Ministry of Labor and Social Protection (Directorate of Children Services, led by Jane Muyanga - Kitili). There was significant participation from the Directorate of Social Assistance (led by John Gachigi), the Ministry of Health (Division of Nutrition and Dietetics led by Veronica Kirogo, and the Division of Community Health Services led by Dr. Daniel Kavoo). Notable contribution was also received from the National Drought Management Authority, National Council for Persons with Disability and UNICEF Kenya Country Office (Nutrition, Social Policy and Child Protection sections).

Technical Assistance for the development and drafting of guidelines was provided by CHASP Advisory led by Omondi Otieno - with the involvement of Kidist Negash, Lucas Chacha, Paul Omole, Collins Bulinda, Derick Betz, Oruko Joram and Mable Serem.

# FOREWORD

Governments have a responsibility to provide essential social services to ensure the development and enhancement of human capital. This means creating an environment in which every individual can develop and grow skills and capacities to sustain their livelihoods, and contribute to the collective national and global growth. The creation of such an environment requires strategic investment in social sectors that will protect vulnerable populations from disruptions of livelihoods, incomes or markets.

As a result, there has been increased investment and global attention to social protection interventions in recent years, especially within developing economies, subsequently creating the compelling need to continuously expand, and strengthen policy and strategic frameworks to support the delivery of the various programmes.

However, despite significant expansion of the Social Protection sector in Kenya over the recent years, most schemes within the country only prioritise those living in extreme poverty, due to the limited resources invested in social protection – but because the majority of Kenyans live on low incomes, many vulnerable populations miss out on the necessary support.

Whilst recognising such resource challenges, a harmonized policy and programme delivery for Social Assistance was adopted in Kenya in 2016, to allow all cash transfer programmes to develop and use streamlined tools for targeting, payment system, and grievance management. The harmonized targeting tool for all the four government cash transfer programmes was piloted in 2018, and has since been approved for use in the targeting and enrolment in the various programmes. Moreover, one of the other notable improvements in the Social Protection sector in Kenya is the adoption of the life-cycle approach, and the investment in integrated Social Protection programmes anchored within the existing Cash Transfer programmes.

In addition, the introduction of a consolidated management information system for the four cash transfer programmes under the State Department of Social Protection enhanced the adoption of technology in beneficiary registration. The presence of the consolidated MIS was particularly instrumental in the mass registration of NICHE beneficiaries and will continue to be critical to the continuous registration.

Notably, the set up and operationalization of beneficiary registration processes can be complex considering; the involvement of several stakeholders, the diverse case definitions of poverty, the fluid interpretation of eligibility, the adoption of MIS systems, and the requirement to meet a desired threshold of community participation. We are however very encouraged by the completion of mass beneficiary registration for the NICHE programme and further applaud the efforts to ensure that mechanisms have been created to allow for the registration of additional beneficiaries as they become eligible – through this Guideline Document for On-Demand Registration (ODR). The development of the ODR Guidelines, being the first of its kind in Kenya, is certainly another major milestone for the sector and will provide a basis for future learning on the approaches for continuous beneficiary registration.

We therefore encourage the respective county teams to establish frameworks for On-Demand Registration as provided for within this Guideline Document, and to support mechanisms to improve accountability. The effectiveness of the ODR process will require multisectoral collaboration and coordination in the registration and case management processes.

We would also wish to affirm our commitment to the implementation of all provisions of this Guideline Document, and urge all relevant line departments, development partners, and other stakeholders involved at both national and county level, to adhere to these guidelines through out the implementation of the NICHE Programme, and to ensure the highest level of accountability in the continuous registration of beneficiaries.

Finally, we would wish to thank that the WorldBank, and the Foreign, Commonwealth & Development Office (FCDO) for their financial support. We are also very grateful for the Technical Support provided by UNICEF and CHASP Advisory towards the development of these Guidelines for the On-Demand Registration of NICHE Beneficiaries.

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# 1. INTRODUCTION & BACKGROUND

The Nutrition Improvements through Cash and Health Education (NICHE) Programme is designed to improve the nutritional status of children in the first 1,000 days of life, through intense nutritional counselling and additional cash to eligible households that are already recipients of the Government of Kenya (GoK) Cash Transfers under the National Safety Net Programmes (NSNP).

In the pilot phase implemented in Kitui County, the programme (NICHE) provided a top-up of Kshs 500 (approximately 5 USD) per target child under 24 months and/or pregnant woman - capped at Kshs 1,000 (approximately USD 10) per household per month. The top-up was aligned to the NSNP payment mechanisms. Targeted households also received nutritional counselling from Community Health Volunteers (CHVs). The CHVs delivered specific nutrition messages to encourage the adoption of optimal health and nutrition practices related to the care of young children and pregnancy.

According to findings from the evaluation of the pilot phase, the programme demonstrated a positive improvement in the health and well-being of children under 24 months, pregnant women and caregivers - despite the relatively short time span of implementation. Some of the most important gains included: improvements in the rates of exclusive breast feeding; an enhancement in the quality of diet; greater use of handwashing, water treatment and improved sanitation facilities; and a reduction in the incidence of illness.

Accordingly, the Government of Kenya, jointly with development partners, have chosen to expand coverage of the intervention to four additional counties (West Pokot, Turkana, Marsabit, and Kilifi). The four additional counties have been selected on account of their level of deprivation related to overall child poverty, chronic and acute malnutrition (stunting and wasting), level of food insecurity, and the prevailing challenges in the delivery of healthcare, nutrition and WASH related services.

The NICHE Scale-up is implemented by Government of Kenya (GoK) through the State Department of Social Protection and the Department of Nutrition and Dietetics, with the involvement of the National Drought Management Authority (NDMA) and the National Council for Persons with Disabilities. UNICEF provides the Technical Assistance either directly or through contracted Implementing Partners and Technical Service Providers.

The programme's overall goal is to ensure that most vulnerable children from 23,500 households in intervention areas of selected counties, show improved well-being in the areas of nutrition, social protection and child protection.

Towards this goal, the GoK with the technical support of UNICEF and CHASP Advisory have undertaken to develop processes for beneficiary identification and registration, both at start-up and continuously – based on beneficiary demand. The Mass/Start-Up registration exercise has been concluded with a total of 12, 582 beneficiaries having been registered. However, given the dynamic characteristics of the households, there is need to set up clear workflows for the identification and registration of additional NICHE beneficiaries as they become eligible.

These Guidelines are prepared to respond to this need, and specifically to provide contextually relevant and feasible guidance on the processes for On Demand Registration (ODR) of beneficiaries.

For the avoidance of numerous operational documents within the programme, the NICHE Secretariat/National NICHE Technical Advisory Committee (NNTAC) needs to consider integrating this document within the NICHE Operations Manual.

## 1.1. Purpose of the Guidelines

This ODR Guidelines Document details the steps and actions necessary in the continuous identification and registration of NICHE beneficiaries. The guidelines have incorporated lessons learnt, and recommendations generated from the mass registration exercise. They are also built on the existing systems and structures for the delivery of cash transfer, nutrition and child protection services, and on the experiences of ODR models in other integrated social assistance programmes across Africa.

The ODR Workflow is detailed in this guidelines document to enable users understand the specific actions required of them as part of the process of enrolment of the beneficiaries. The guidelines also define the roles and responsibilities of the various stakeholders, outline the mechanisms for tracking the efficiency of the registration process (including the application of the Management Information System), and prescribe the programme structures necessary to sustain the flow of registration.

The ODR Guidelines have been developed to apply uniformly across all target counties, and just like the NICHE Operations Manual, the provisions and prescribed timelines **MUST** be adhered to - and any need for departure from the provided guidelines must be discussed and approved by the NICHE National Steering Committee. However, within these target counties, **the provisions of this guidelines document may only be triggered in Sub-Counties where Mass Registration has been completed.**

As with all manuals and guidelines, there will be need to update and revise these operational guidelines as the design of NICHE evolves, on the basis of consultations with county and sub-county implementers, and on the basis of lessons from implementation. **Revisions to this guidelines document will be proposed and integrated within the framework provided by the NICHE Operations Manual.**

## 1.2. Users of the ODR Guidelines

In line with the list of Programme Stakeholders as listed in the Operations Manual, the main users of this ODR Guidelines document will be; the national and county teams of Ministry of Labour and Social Protection (Social Protection Secretariat, Social assistance unit, Department of Children's Services, Department for Social Development, National Council for Persons with Disability), Ministry of Health (Division of Nutrition and Dietetics, Division of Community Health, Monitoring and evaluation) at national and county level, National Drought Management

Authority (NDMA), and other actors including any contracted implementing partners or Technical Assistance (TA) providers.

### 1.3. Process of Developing the Guidelines

These Guidelines have been developed through a process involving review of literature to consolidate learnings from existing ODR models and to isolate systemic, structural and contextual factors that would inform the ODR workflow. The process also involved the in-depth consultations with actors (Government, Implementing Partners and UNICEF) at the National and County levels. The desk review and consultations sought to gather and organize information on critical building blocks to the ODR guidelines. These included;

- Partner mapping- key implementing partners, structures, strengths and capacity gaps
- Existing approaches- established practices, community engagement, contextual differences and similarities across counties
- Linkages and referrals- existing mechanisms for linkages and referrals, engagement of the community health structures
- Lessons, successes and challenges of mass registration for NICHE program.
- Recommendations and considerations for NICHE On-Demand Registration

Overall, the process timeline below summarizes the entire process of developing the Guidelines, from conceptualization to Roll-out.



Figure 1: Guideline Development Process

## 2. REFLECTIONS FROM THE RAPID ASSESSMENT

### 2.1. Partner Mapping

There are various government structures at the National, County, Sub-County, and locational/community level that support the various components of NICHE and which could be utilized in the coordination of the process of On-Demand Registration.

**At the Community level;** these structures include the Beneficiary Welfare Committees (BWCs), the Local Administration (Chiefs, Assistant Chiefs and Village Elders), County Administration, Child Protection Volunteers, the Community Health Units, Community Health Volunteers and the link facilities/MCH clinics. The implementing partners also have Community Own resource Persons/Community Mobilizers who would be of equal importance.

**At the Sub-County level;** the main structure is the Sub-county NICHE Coordination Committee which is constituted by the Sub-County Children's Officer, Sub-County Social Development Officer, Sub-County Nutrition Officer, Sub-County Health Information Officer, and representatives of NDMA in HSNP counties (Marsabit and Turkana).

**At the County level;** the main structure is the County NICHE Coordination Committee that is constituted by the relevant officers of the MoH, MLSP, NDMA, UNICEF and the Implementing Partners in the respective counties. Some of the counties also have County Steering Groups who would be platforms for collaboration with the National Government (Office of the County Commissioner) and other county level actors. In addition, the Area Advisory Children Councils could also be a useful structure for Child protection related linkages in Kilifi County.

**At the National level;** the applicable structures include the National NICHE Secretariat and the National NICHE Technical Advisory Committee (NNTAC). In particular, the Directorate of Social Assistance, and NDMA at the National level would be critical players to the ODR process.

The specific roles of these structures relative to the process of On-Demand Registration is further highlighted in Section 4 below (Institutional Arrangements).

### 2.2. Existing Models for ODR

The Kenya National Safety Net Programme (NSNP) is in place to reduce vulnerability and poverty by improving the wellbeing and resilience of specific vulnerable groups, and subsequently cushioning the targeted families from the effects of economic, social or environmental vulnerabilities.

Leveraging the NICHE Programme on these existing social assistance programmes therefore comes with the strategic opportunity to utilize the NSNP's existing structures – whilst recognizing any unique challenges and strengths that these structures may come with.

Notably, there aren't any models for ODR within any of the NSNP programmes in Kenya and therefore this guideline is an opportunity to innovatively think through what such a process should look like for an integrated social assistance programme - in the context of the respective counties.

In the absence of ODR models within Kenya, literature review was conducted to gather and organize relevant lessons from other countries with similar context. The examples below only serve to provide guides on possible approaches, that could be borrowed, but a careful analysis was done to establish their appropriateness and adaptability to local contexts.

**In the Republic of South Africa;** the South African Child Support Grant programme covers 12.4 million children or 64% of all children under 18 (citizens of the Republic of South Africa and non-citizen children that are permanent residents). It embraced technology (an online birth registration system), to increase efficiency of applications and reduce fraud. Road shows, radio, schools, and traditional rural authority officials were used to sustain awareness of the programme, and to capture any possible household changes that may affect eligibility of beneficiaries. **From this experience; there is need to underscore the critical role of technology (MIS), sustained sensitization, and proactive community level structures.**

**In the Kingdom of Lesotho;** the Old Age Pension programme targets all citizens aged 70 and older who do not receive other government retirement benefits – just like in the case of Kenya. A community council has been formed to help in the on-going identification and verification of potential beneficiaries. The council convenes every month to approve or decline the applicants and submit the names and ID numbers of those approved to authorities of the Ministry of Social Development. A similar structure, referred to as the Community Social Protection Committee, is equally in use in Malawi. **This experience emphasizes the potential effectiveness of a community-centered/community-driven model to ODR, and on the need for collaborative/complementing systems across actors at different levels.**

### 2.3. Linkages and Referrals

In seeking to establish critical points of linkage, various points of care can provide opportunities for access to information, listing, or verification. Community Health Volunteers (CHVs), Link health facilities, Child Protection Volunteers (CPVs), BWCs, and the local administration are in the unique position to support frontline/community level linkages, while Area Advisory Committee (AAC), Child Protection Working Groups, Gender and Child Protection Networks, Community Based Organizations, the Implementing partners and other County/Sub-County Government structures of Ministry of Labor and Social Protection (MLSP), MoH and NDMA have potential to play an equally critical role in supporting ODR.

However, to facilitate necessary linkages, there will be need to develop and adopt the use of single-use standard referral tools, sustain the levels of awareness, and train the relevant actors involved in the ODR process.

In addition to the pointers above, some of the highlights gathered from examining practices in countries with similar context include;

- **In Mozambique**, where the National Basic Social Security Strategy undertakes to strengthen a community-based case management system to link vulnerable children and their families (including social protection beneficiaries) to the available health and social services. Linkages between social protection and HIV have been created through the organization of health and social action fairs providing social services (including HIV counseling and testing) at site, and to communities and members of social protection beneficiary households. Such integration and service linkage is very similar to that which is expected within NICHE.
- **In Kenya**, the Imarisha Afya Ya Mama Na Mtoto (*Oparanya care*) programme aims to respond to the high maternal and child mortality rates. The programme utilizes CHVs to support the delivery of MCH related services for programme beneficiaries in line with national policy recommendations. The CHVs equally play a critical in the continuous identification and registration of beneficiaries.

## 2.4. Lessons from the NICHE Mass registration

Following reflections on the NICHE Mass registration exercise and the lessons that could be drawn in relevance to the ODR, the table below summarizes some of the key strengths and challenges;

Table 1: Lessons from the Mass Registration

<b>Successes relevant to ODR</b>
<ul style="list-style-type: none"> <li>▪ The presence and effective engagement of the office of the County Commissioner (through the Chief's and Assistant Chiefs) and community level structures such as BWCs, NICHE Coordination committees, CHUs along with its network of CHVs.</li> <li>▪ Availability of the NICHE operational manual to guide the overall processes of the programme as well as clear and pre-developed implementation plan.</li> <li>▪ Completion of orientation on the NICHE operations manual, and the beneficiary registration process to all actors from national, county and sub-county levels.</li> <li>▪ Core messages developed, and community awareness conducted during "Barazas" in select Sub-Counties.</li> <li>▪ BWCs, local administration and the CHVs provided with the beneficiary lists for the validation exercise. This provided an earlier opportunity to link the beneficiaries with the CHV's and link facilities.</li> </ul>

### Challenges relevant to ODR

- Incidences of misconceptions/misinformation related to poor messaging. *For example;* Some community members thought the KSH500 top-up would replace the KSH 2000 transfer, yet some believed that the mobilization for registration was would have been for COVID-19 vaccine trial, while some Area Chiefs mobilized for households with children under the age of five months – instead of under 2 years as required.
- Numerous cases of the absence of beneficiary details of some of the eligible beneficiaries from the MIS database.
- Challenge of access due to distance to some of the listing sites.
- A significant number of mothers from qualifying households lacking critical documentary evidence (as required by the Operations Manual) to facilitate registration.
- Occasional MIS errors (log in errors, calendar issues, upload errors, etc), and incidences of server downtime.
- Outdated/misaligned lists of link health facilities and community units (CHU's).

## 2.5. Key Considerations for Work-Flow Design

In summary, some of the design considerations for ODR emerging from the rapid assessment of systems, structures, models and contexts include;

- **The critical role of community mobilization and engagement to the success of continuous registration processes.** It is important that structures for community engagement are identified, and requisite capacity provided to sustain community level interaction. Community level interaction, in this case, may include sensitization, verification and case updates. Achieving a desirable level of community/beneficiary engagement would require deliberate efforts to pass messages in a way that is accurate, consistent and timely.
- **The appropriateness/effectiveness of channels for passing messages on the eligibility criteria, the registration process, transfer value, grievances and case management channels, and other aspects of the programme.** It is important to consider various context specific channels such as; posters at strategic public places (like clinics), Chief's barazas, vernacular radio stations, home visits by CHVs, other community gatherings (local elders), religious events, cultural events, etc. These channels may be unique to the context of each county.
- **The need to think through an alternative approach to household verification that may rely on existing actors - as there are no financial provisions to continuously engage enumerators.** The utilization of Beneficiary Welfare Committees, Community Health Volunteers and Child Protection Volunteers should be explored.

- **The importance of developing user friendly standardized referral and application tools - and ensuring the tools are consistently available at all the service points.** The availability of the tools should also be complemented by an orientation (of relevant programme actors) on the tools and the on-ward processes.
- **The vitality of MIS readiness.** There needs to be adequate testing of MIS and any data collection devices, to ensure the process of data collection envisages and captures all possible scenarios, and that the occurrence of bug-related systemic errors is significantly reduced. Trainings on the MIS also need to be cascaded to the lowest levels necessary for its implementation.
- **The reality that household characteristics are highly dynamic and therefore an ODR process needs to heavily rely on/compliment the broader mechanisms for updates and case management.** Such clear intra-programme linkages **MUST** be created for the ODR process to be integrated into NICHE frameworks for implementation - such as GCM, M&E, SBCC and the institutional arrangements.

### 3. THE ODR WORKFLOW & PROCEDURES

The ODR process will have seven(7) important steps as presented in the sections below – with several partners and actors having well defined roles and responsibilities. It must however be noted, that, in line with the Operations Manual guidelines, the overall responsibility for on demand registration rests with the County Children’s Coordinator, in consultation with the County NICHE Coordinating Committee.

The seven (7) key processes/steps are as described below;

#### 3.1. STEP 1: Sensitization and Awareness Creation

The rest of the steps in the ODR workflow presume that communities will receive continuous and sustained information on the programme, which means, the effectiveness of the ODR process will therefore be dependent on the programme-wide strategies for community engagement. Notably, some of the applicable modalities and channels for community sensitization and engagement may be county/context specific.

Sensitization will be an ongoing process throughout the life of the NICHE project - subject to availability of resources and capacity to onboard new beneficiaries. **This critical step involves providing information and sensitization to communities on the broad objectives of the programme, eligibility criteria, the procedures of registration, the transfer value, the transfer cycle, and the mechanisms for grievances and case management.** The messages will be pre-developed by GoK MOH/MLSP/UNICEF communication teams and approved by the National NICHE Secretariat. The messages will be presented in appropriate language, like Kiswahili which is commonly spoken in Kenya, or other local language depending on the needs of specific county context, and as may be deemed necessary by the County NICHE Coordination Committee. Appropriate orientation and training will be provided to all actors involved in the dissemination of messages.

This critical function will be carried out by the following actors;

- **The Local Administration (Chiefs/Assistant Chiefs/Village Elders), and County Government Administration:** They remain a critical link between the NICHE project and respective target communities and beneficiaries. They have authority and influence over community level activities and have networks that link to every individual household in their jurisdictions. The Chief’s and Assistant Chief’s will utilize the *barazas* as forums to consistently pass programme related messages, but where necessary, they will task the Village Elders to provide updates of any new eligible households in their respective villages and proceed to provide the household(s) with information on the registration procedures. On the other hand, the County Government Administration such as the Members of County Assembly may also utilize various routine gatherings to sensitize the communities on the eligibility, benefits and registration procedures for the NICHE programme.
- **Community Health Workers based at the Community Health Units:** Staff working within the link health facilities along with the Community Health Volunteers will provide

basic health information, plus information on NICHE eligibility and registration procedure for all potential beneficiaries. Many Community Health Workers are deployed to the MCH Units and have regular contact with mothers seeking pre and post-natal health services.

- **Community Based Structures:** These include the Child Protection Volunteers (applicable to Kilifi County) and Beneficiary Welfare Committees who are in the unique position to support sensitization efforts. They would particularly compliment broader community level mobilization and offer individualized guidance to potential beneficiaries on the registration procedures.
- **The Implementing Partners:** The partners already have a substantive presence in the target counties and have therefore established various dependable community level structures (resource persons) that would be utilized to support community sensitization. The Partners include; World Vision in Kilifi, Kitui and Turkana Counties, Concern Worldwide in Marsabit County, and Action Against Hunger in West Pokot County.

### 3.2. STEP 2: Beneficiary Application

NICHE Beneficiary Application forms will be made available from the offices of the Chiefs and Assistant Chiefs, Community Health Assistants, and within local health facilities. If deemed necessary (with the requisite administrative mechanisms to ensure accountability of the application forms in place), the forms could further be issued to Child Protection Volunteers (CPVs), and chairperson of the local Beneficiary Welfare Committees (BWCs). Such decision to avail the forms with the CPVs and BWCs will need to be endorsed by the County NICHE Coordination Committee. **The forms will be made available free of charge and eligible beneficiaries will be assisted, at the various access points, to fill the relevant details as required by the form (see sample attached).** The applicants will be required to provide hard copies of the documentary evidence of eligibility as prescribed by the NICHE Operations Manual, and in line with the listing module of the NICHE MIS. For accountability, and ease of reference and tracing, **the application forms will be serialized.** The serialization would also support the process of filing and tracking any grievances arising from the process.

### 3.3. STEP 3: Consolidation of Application forms

The filled application forms from the various points of application are then to be forwarded to the Sub-County Children's Coordinator or the Sub-County Nutrition Coordinator at any point across the month **but not later than the first Friday of the subsequent month.** Those that will not have reached the SCCC's/ SCNC's office by this deadline will be evaluated in the following month. Upon receipt of forms, the respective officers will check them for completeness, verify the legitimacy of the application forms used, and confirm that applicants exist in the NICHE MIS pre-populated database.

### 3.4. STEP 4: Confirmation of Eligibility/Listing

Upon receipt of the fully completed forms, they are to be presented at the monthly meetings of the Sub-County NICHE Coordination committee, which consists of all programme actors at the Sub-County level as detailed in the Operations Manual. The

applications will be presented to the committee by the Sub-County Children's Coordinator or his/her designate. The Committee will then review each application against the NICHE beneficiary eligibility criteria and make decisions on whether to accept or reject the applications. **Accepted applications will then be listed into the NICHE MIS by the Sub-County Children's Officer** (upon approval for listing by the Sub County NICHE Committee) **and rejected applications returned to the primary collection points for re-application or onward feedback to the beneficiary applicant.** The process of listing should conclude within 5 days of the Sub-County NICHE Committee meeting.

### **3.5. STEP 5: Household level Verification**

The Sub-County NICHE committee will designate the role of a Registration Assistant to specific community frontline workers at the sub-location level. These could include select CHVs or CHAs, CPVs, BWC members or Community level representatives of the Implementing Partners - who will be trained and equipped with the requisite Smart Phone/Tablet pre-loaded with the Listing Module of the NICHE Registration software. The NICHE Registration assistants will visit the listed Households and register the household directly using the form provided in the registration module of the NICHE MIS. All relevant documentation to support eligibility will be captured and uploaded as required. **Verification of listed beneficiaries should begin and conclude within 14 days after completion of listing.**

### **3.6. STEP 6: Final Approval**

The list of verified/registered beneficiary households will then be presented at the meeting of the County NICHE Coordination Committee for approval/rejection. This will follow the existing mechanisms for County level approval as integrated with the MIS with the overall responsibility allocated to the County Children's Coordinator. Once this approval is completed, the beneficiary household will be enlisted to receive the NICHE top-up amount in the immediate next disbursement cycle – in line with the payment procedures outlined in the Operations Manual. The list of rejected applications and their reason for rejection will be generated monthly and feedback shared with the respective applicants through CHVs and BWCs. Applicants will be provided with the options to appeal or file a complaint through the established Grievances and Case Management mechanisms within the NICHE programme.

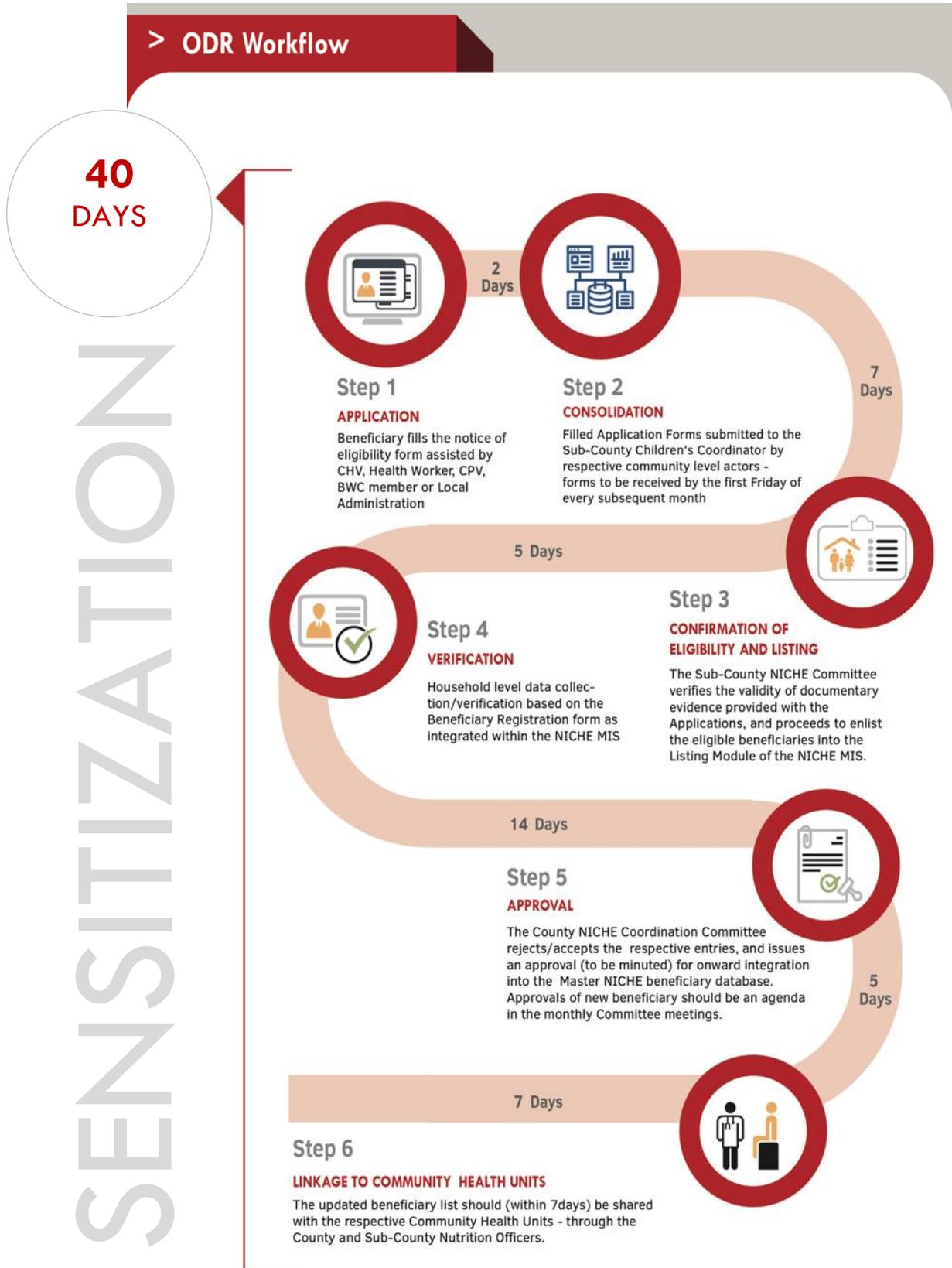
One of the considerations that need to be made at the point of county level approvals (by the Committee) is the geographical balance and the limits of programme targets/quotas.

### **3.7. STEP 7: Linkage with health facilities**

The Approved beneficiary list should (within 7 days) be shared with the respective Community Health Units. – through the Sub-County Community Health Focal Person (SCCHFP). The CHUs should then allocate the newly registered Households to specific CHVs for purposes of providing the required nutrition support services. The responsibility of ensuring the newly registered beneficiaries are allocated CHVs will rest with the SCCHFP with the support of respective County Implementing Partners.

The steps/processes detailed above can be summarized as shown in diagram on the next page;

Figure 2: ODR Workflow



## 4. INSTITUTIONAL ARRANGEMENTS IN ODR

Considering the multi-sectoral nature of the NICHE programme, a broad range of actors will be engaged in the process of ODR, with each having distinct roles and responsibilities. The diagram below shows some the various actors at different levels of the process. Their roles and responsibilities are further described in table 2 below.

Figure 3: Actors in the ODR Workflow

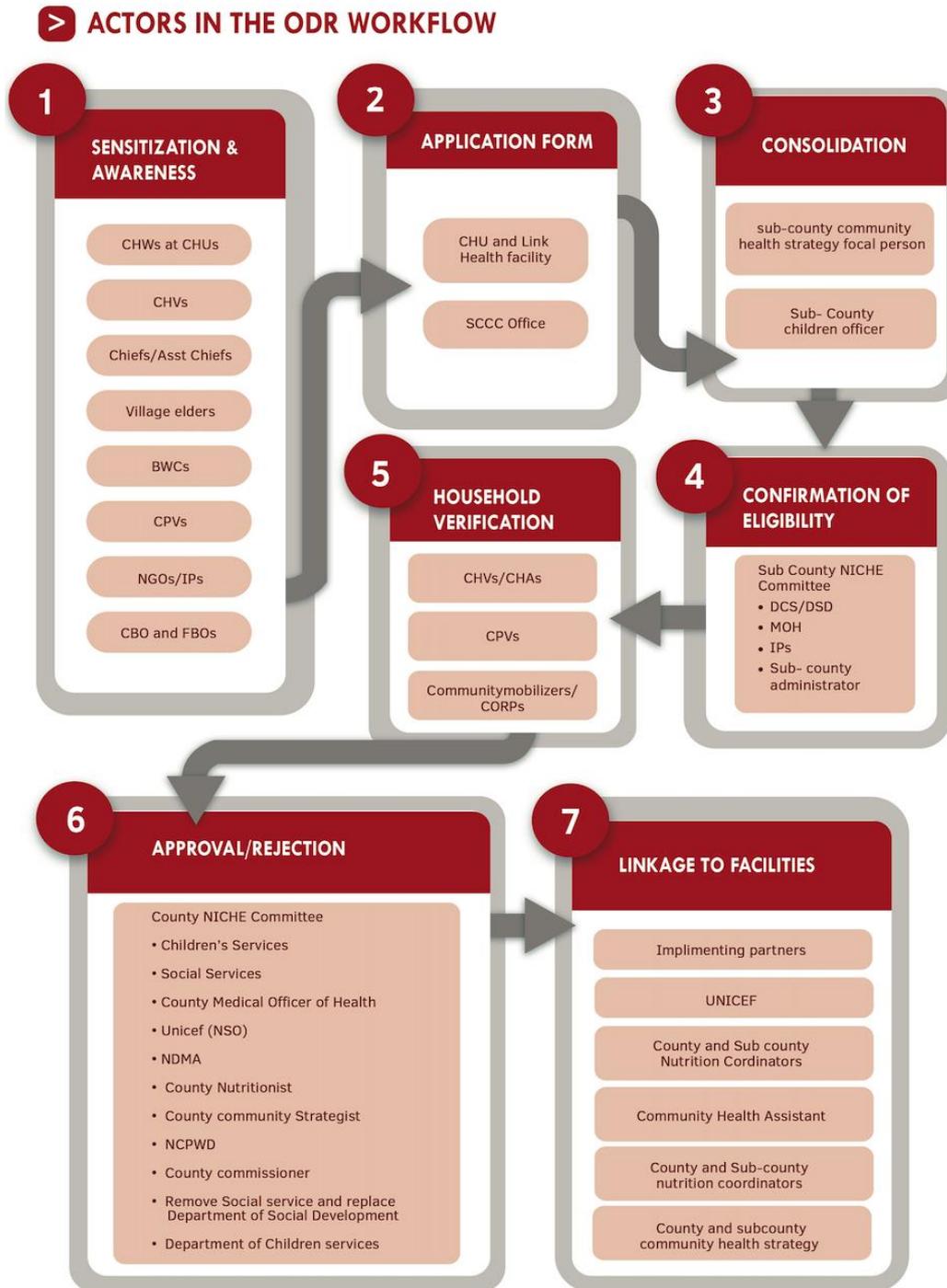


Table 2: Roles and Responsibilities of Key Actors

Actor	Roles and Responsibilities
<p>MLSP - The Directorate of Children Services (National and County levels)</p>	<p>Coordination and implementation of NICHE Registration both at the National and County level</p> <p>Participate in the development, dissemination and review/updates of the guidelines as may be necessary from time to time.</p> <p>Ensure the availability of serialized registration forms at identified points in the community</p> <p>Provide leadership in the Resolution (or contribute to the resolution of) any complaints or case management issues related to NICHE Registration process</p> <p>Lead and coordinate the regular community mobilization and sensitization actions through the County Children’s Officers, and other relevant Government structures</p> <p>Coordinate the process of data entry into the relevant MIS modules for the continuous registration process, and provide access to MIS credentials to relevant officers</p> <p>Facilitate and ensure relevant county teams are available for orientations and other engagements related to the NICHE Registration.</p> <p>As part of the NICHE committees, confirm eligibility of applicant households, provide guidance for household level verification and approval of registration.</p>
<p>MOH -Department of Nutrition and Dietetics (National and County levels)</p>	<p>Participate in joint planning meetings for NICHE registration at the county and national level</p> <p>Provide feedback to applicants on rejected applications</p> <p>Quality assurance in the process of ODR</p> <p>Participate in future reviews of the ODR Guidelines</p> <p>Provide timely updates related to occurrences during pre/post natal care – such as incidences of miscarriage or still-birth</p> <p>Support community awareness, beneficiary identification and referral of eligible beneficiaries to the NICHE Programme</p> <p>Provide access points for Beneficiary application forms (CHVs, and Link facilities), and help consolidate application forms received through its structures</p> <p>Co-lead in NICHE coordination structures necessary to support the process of ODR (in collaboration with DCS)</p> <p>Lead the process of linking new beneficiaries to the CHUs.</p> <p>As part of NICHE committee, confirm eligibility of applicant households, provide guidance for household level verification and approval of registration.</p>

<p>NDMA (National and County levels)</p>	<p>Participate in joint planning meetings for NICHE registration at the county and national level</p> <p>Sensitization of communities on ODR in Marsabit and Turkana Counties.</p> <p>Utilize its community level structures to support community awareness, beneficiary identification and referral of eligible beneficiaries to the NICHE Program.</p> <p>As part of NICHE committee, confirm eligibility of applicant households, provide guidance for household level verification and approval of registration.</p>
<p>MLSP - Department of Social Development</p>	<p>Participate in development, dissemination, and review of the guidelines</p>
<p>MLSP - National Social Protection Secretariat</p>	<p>Participate in development, dissemination, and review of the guidelines</p>
<p>Directorate of Social Assistance (DSA)</p>	<p>Provide Realtime updated CCTP-MIS for use in listing, and Verification for eligibility and Household Registration</p> <p>Ensure the proper functioning of the MIS</p>
<p>National Council for Persons with Disabilities</p>	<p>Participate in joint planning meetings for NICHE registration at the county and national level</p> <p>Support community awareness, beneficiary identification and referral of eligible beneficiaries to the NICHE Programme</p> <p>As part of NICHE committee, confirm eligibility of applicant households, provide guidance for household level verification and approval of registration.</p> <p>Participate in development, dissemination and review of the guidelines</p>
<p>National Government Admin Office: (County Commissioners Office and Chiefs Office)</p>	<p>Coordinate community awareness on the ODR process with the guidance of DCS.</p> <p>Provide security as and when required during ODR related activities</p> <p>Consolidate the application forms and pass to sub county NICHE committee for confirmation of eligibility</p>
<p>UNICEF</p>	<p>Provide technical assistance to the ODR process, including coordination and linkages with government, monitoring and evaluation, and programme communications.</p> <p>Support MOH in Nutrition Linkages at community level</p> <p>As part of NICHE County committee, participate in the approval of verified beneficiary applications</p>

<p>Implementing partners (IPs)</p>	<p>Utilize their community structures to support the enrolment of NICHE beneficiaries through conducting awareness and referral of eligible households</p> <p>Assist in consolidation of application forms at county/sub-county levels</p> <p>Support Implementation of NICHE, in collaboration with county/sub-county level structures of DCS and MOH</p> <p>As part of Sub-county and County NICHE committees, confirm eligibility of applicant households, provide guidance for household level verification and approval of registration.</p>
<p>Community Health Structures</p>	<p>Support the enrolment of NICHE beneficiaries through conducting awareness education, referral of eligible households and providing evidence of eligibility</p> <p>Distribute application forms</p> <p>Fill out application/referral forms for beneficiaries as applicable</p> <p>Support household level verification and registration</p>
<p>BWCs &amp; CPVs</p>	<p>Support community sensitization and referral of eligible households.</p> <p>Receipt and referral of grievances related to NICHE ODR process, and provide feedback on the outcome of the grievances raised.</p>

## 5. MONITORING & QUALITY ASSURANCE

Monitoring and Quality assurance remains a critical aspect of the ODR Process and ensures delivery of the actions as planned, and provides mitigation measures when challenges are noted. The Monitoring and Evaluation Guidelines provided below **should compliment the comprehensive M&E guidelines already contained in the NICHE Operations Manual**. The Monitoring and quality assurance role will be undertaken by all players along the ODR Process, based on respective roles and actions as provided for in these guidelines. The overall responsibility of ensuring that the process runs smoothly as envisaged rests with the Directorate of Children services. The ODR process which has various actors at different levels, need to integrate actions that ensure the flows provided for function as expected. This creates the requirement to track the movement of the applications from Step 1 to Step 7.

This guideline proposes the following actions to monitor the implementation of ODR Workflow;

- **Use of Serialized application forms** that are issued centrally to respective access points. The forms will be printed and issued by the National Director of Children's Services to the respective Counties. These will be cascaded down to the County Children's Coordinators, then to Sub County Children's Officer and finally to the CHU's. Chiefs and Assistant Chiefs have access to the forms through the health facilities.
- **A register of issuance of application forms will be kept for accountability.** Registers will need to be updated at every interaction point of the application forms to keep track of the time taken between the point the application forms are filled/received and the time the requisite action is taken. The Sub-County NICHE Committee will review the flow of actions and identify and address delays/deviations in the workflow.
- **The County and Sub-County NICHE Coordination Committees will convene monthly,** as provided by the Operations Manual, **to review the progress of the ODR process.** Any issues arising will be addressed during these meetings. Any unresolved issues from these meetings that may require the intervention of the National teams will be flagged and brought to the attention of the National Steering Committee. Such issues may include the Challenges with the MIS.
- **Every two months, a register/summary data of all newly registered households will be shared** with the National NICHE Steering Committee using the usual communication channels in the Inua Jamii and HSNP programs. Such summary data need to be broken down by County, Sub-County, Gender and parent NSNP programmes.
- **The NICHE committees, at all levels, will conduct periodic spot checks** including an assessment of the ODR workflow within the agenda/objectives of their field visits. During these visits, the monitoring teams may identify any disruptions to the Workflow and suggest appropriate actions to ensure an efficient process.

# ANNEXES



Ministry of Labor and Social Protection  
Directorate of Children Services

Serial No XXXXXXXXXXXXXXX

## NUTRITION IMPROVEMENTS THROUGH CASH AND HEALTH EDUCATION (NICHE)

### The Principal Beneficiary Application Form

Applicants Name..... ID No.....

NSNP No/Programme No.....

Chiefs Contact.....

#### PART 1: Cash Transfer Programme Membership

In which of these NSNP Cash Transfers are you currently registered? *(please tick as applicable)*

- I. Orphans and Vulnerable Children Cash Transfer Programme
- II. Older Persons Cash Transfer Programme
- III. Persons with severe Disability Cash Transfer Programme
- IV. Hunger Safety Net Programme

#### **PART 2: LOCATION DETAILS OF APPLICANT**

COUNTY... SUB-COUNTY.....

Ward.....Location.....

Sub Location ..... Village.....

Principal Beneficiary Contact.....Alternative Contact.....

Relationship to Principal Beneficiary.....

#### **PART 3: NICHE ELIGIBILITY**

##### **3.1 Household Eligibility**

- I. Is there a child in your household under the age of 15 Months? YES/NO *(If Yes, please provide copy of birth notification/certificate or immunization card)*
- II. Are you, or do you have a pregnant woman in your Household? YES/NO *(If yes please provide a copy of MCH Booklet, or other document confirming pregnancy from the health facility)*
- III. Which is your nearest Health Facility?.....

Applicants Signature/Thumb Print

A

Date.....

**NB: Please remember to attach copies of the following documents as may available;**

ID Card of Applicant, Cash Transfer Beneficiary Card, Mother-Child booklet; Birth Cert or notifications of all eligible children under 15 months

**PART 4: APPROVALS**

**3.1 To be filled by Sub County NICHE Coordination Committee**

*(Only approve when all eligibility criteria have been met)*

Application Approved

Application Rejected

**Reasons for Rejection**

.....  
.....  
.....  
.....  
.....  
.....

**For Department of Children Services**

Name .....

Designation.....

Signature.....

Date.....

**OFFICIAL STAMP**

**NB: This form should be appropriately filled, and safely kept at the Sub-County Children’s Office for future reference**



Ministry of Labour and Social Protection  
Directorate of Children Services

Serial No XXXXXXXXXXXXX

**NUTRITION IMPROVEMENTS THROUGH CASH AND HEALTH EDUCATION (NICHE)**

**Collection Form for ODR Applications**

**NB:** This form must accompany all new Application forms as submitted for consideration by the Sub-County NICHE Coordination Committee

**To be filled by Sub-County Children's Officer/Sub-County Nutrition Coordinator**

No. of Application Forms Received .....

Serial No.s Allocated:

- 1..... 6.....
- 2..... 7.....
- 3..... 8.....
- 4..... 9.....
- 5..... 10.....

Received from:

Name .....

Designation (Chief/Asst Chief/CHA/CHW/BWC/Implementing Partner)

County.....Sub County .....Location.....

Signature.....

Date.....

Received by:

**For Children's Department**

Name .....

Designation .....

Signature.....

Date.....

**For Ministry of Health**

Name.....

Designation.....

Signature.....

Date.....

Stamp..... Stamp.....

**NB: This form should be appropriately filled, and safely kept at the Sub-County Children's Office for future reference.**



Ministry of Labour and Social Protection  
Directorate of Children Services

Serial No XXXXXXXXXXXXXXXXXXXX

**NUTRITION IMPROVEMENTS THROUGH CASH AND HEALTH EDUCATION (NICHE)**

**FEEDBACK FORM FOR ODR APPLICATIONS**

*(To be filled by Sub-County Children's Officer)*

**DATE**.....

**TO:** .....

**SubCounty:**..... **Location**..... **Sub location**.....

**Nearest Health Facility:** .....

This is to acknowledge that we received your application for enrollment to the NICHE programme.

We hereby inform you that your application was:

**Approved**

**Not Approved**

*The section below to be filled for unsuccessful applications only*

**Your application was not Approved for the following reasons:**

1.....

2.....

3.....

**\*Please note that you can make another application, once the reasons for the Dis-approval are addressed**

**For Children's Department**

Name.....

Designation .....

Signature.....

Date.....

**OFFICIAL STAMP**

**NB: This form should be appropriately filled, and safely kept at the Sub-County Children's Office for future reference.**



Ministry of Labour and Social Protection  
Directorate of Children Services

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