

Policy Brief

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

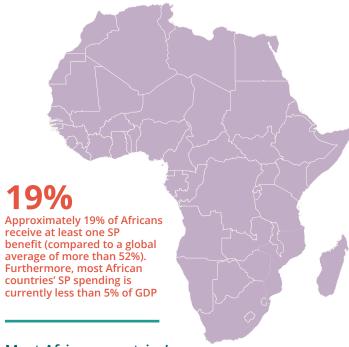
Introduction

Globally, social protection (SP) increasingly is becoming recognized as a powerful tool for promoting human development, advancing gender equality, and responding to shocks and crises.¹ Defined as policies and initiatives that support people and families to lessen poverty, vulnerability, and social exclusion, SP ensures at least a minimal quality of life and supports people to manage life's hazards and shocks, such as illness, disability, old age, or unemployment²

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

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

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



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Women and social protection in Kenya

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

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

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

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



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

Effective social protection interventions	Proven impacts	Supporting research
Cash transfers	Improved women's economic security, (better savings, more resilience to economic shocks, establishment and	Haushofer and Shapiro ¹²
5	expansion of women's businesses) • Improved household food security	Pega et al. ¹³
Direct payments to individuals or households from a government or	Improved women's agency and decision-making power	Karimli et al. ¹⁴
organization. These can be conditional or unconditional.	Reduced risk of participation in risky sexual practices	Baird et al. ¹⁵
	Improved health outcomes (better access to health services, improved)	Tuthil et al. ¹⁶
	nutrition, improved treatment outcomes, and increased access to maternal health services, including	Gobin et al. ¹⁷
	family planning)	Joshi et al. ¹⁸
	Improved mental health (reduced drudgery, stress, and economic anxiety)	Palmer et al. ¹⁹
Land transfers Allocation of land and farms	Improved women's economic security (increased women's asset ownership, improved income stability, enhanced economic diversification, and increased productivity and financial independence)	Joshi et al. ²⁰ Alik-Lagrange et al. ²¹
	Improved nutritional outcomes	Verma ²²
	Improved productivity among women	Grat & Kevane ²³
Food transfers	Improved nutritional outcomes and medication adherence	Kadota et al. ²⁴
Provision of food items	Improved food security and overall well-being	Belete and Bayu ²⁵
	Reduced sexual risk-taking	
Financial inclusion and credit access No collateral	Increased women's economic empowerment (women able to start and sustain businesses)	Bongomin et al. ²⁶
requirements, and access to microfinance, government-backed lending programs, and	Strengthened women's financial resilience (income-generating activities)	
cooperative savings initiatives	Reduced poverty, financial indebtedness, and dependence	

Effective social protection interventions	Proven impacts	Supporting research
Universal health coverage and insurance schemes Free health insurance schemes, fee waivers, free maternal health services Public works and employment guarantees (Often designed as workfare initiatives)	 Increased healthcare utilization Reduced catastrophic expenditure Improved health outcomes, including sexual and reproductive health and rights outcomes Reduced maternal morbidity and mortality Enhanced women's labor market participation Improved income security Diversified income sources for women Improved job skills for women 	Edoka et al. ²⁷ Mulat et al. ²⁸ Ugo et al. ²⁹ CluverLucie et al. ³⁰ Okeke et al. ³¹ Alik-Lagrange et al. ³² Austrian et al. ³³ Mohapi ³⁴
Education subsidies and child support grants Education subsidies Free tuition, vouchers, school feeding programs, textbook provisions, and cash incentives for school attendance Child support grants Cash transfers to families with children	Improved school retention rates and academic outcomes for young women Better grade completion rates for young women Reduced financial burdens on families, improving both nutritional and educational outcomes	Milimo et al. ³⁵ Pettifor et al. ³⁶ Patel et al. ³⁷
Social and legal protection policies Legal reforms addressing gender-based violence, inheritance rights, and property ownership	 Promotion of gender equality Enhanced women's socio-economic participation Protection of women's rights 	Peterman et al. ³⁸ Angelucci et al. ³⁹

Policy and programmatic lessons for Kenya's social protection efforts

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

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





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

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





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

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



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



Endnotes

¹Holzmann, Robert. "Risk and vulnerability: The forward-looking role of social protection in a globalizing world." Poverty and Exclusion in North and South. Routledge, 2005. 59-92.

²https://www.ilo.org/topics-and-sectors/social-protection#:~:text=Social%20protection%2C%20or%20social%20 security,general%20poverty%20and%20social%20exclusion.

ILO 2021. Africa Regional Social Protection Strategy, 2021-2025 Towards 40% – a social protection coverage acceleration framework to achieve the SDGs. https://www.ilo.org/publications/africa-regional-social-protection-strategy-2021-2025

4lbid.

⁵Belli et al. 2022. Seizing the crisis moment: Advancing social protection in Africa. https://blogs.worldbank.org/en/africacan/seizing-crisis-moment-advancing-social-protection-africa

⁶Delpy, Léo. "Three challenges of social protection in sub□Saharan Africa: informality, climate change and pandemics." International Journal of Social Welfare 34, no. 1 (2025): e12716.

⁷Surender R. Social policy in Africa: Risks, protection, and dynamics. Journal of International and Comparative Social Policy. 2023;39(3):239-246. doi:10.1017/ics.2024.7

Ministry of Labour and Social Protection. Kenya Social Protection Policy – 2023. https://www.socialprotection.go.ke/sites/default/files/Downloads/KENYA%20SOCIAL%20PROTECTION%20POLICY.pdf

Menon, R., Odindo, J., Galinié, A. (2024). Policy Impact: How evidence informed the evolution of social protection in Kenya. Oxford: Oxford Policy Management.

¹⁰ OPM and itad. Social protection responses to COVID-19 in Kenya: Synthesis report 2022. https://www.opml.co.uk/sites/default/files/migrated_bolt_files/synthesis-report-social-protection-responses-to-covid19.pdf

11KIPPRA (2024). Promoting Land Ownership among Women in Kenya. https://kippra.or.ke/promoting-land-ownership-among-women-in-kenya/

¹²Haushofer J, Shapiro J. The Short-Term Impact of Unconditional Cash Transfers to the Poor: Experimental Evidence from Kenya. Q J Econ. 2016;131(4):1973–2042. doi:10.1093/qje/qjw025.

¹³ Pega F, Liu S, Walter S, Pabayo R, Saith R, Lhachimi S. Unconditional cash transfers for reducing poverty and vulnerabilities: effect on use of health services and health outcomes in low- and middle-income countries. Cochrane Database Syst Rev. 2017;(11). 10.1002/14651858.CD011135. pub2.

¹⁴ Karimli L, Bose B, Kagotho N. Integrated Graduation Program and Its Effect on Women and Household Economic Well-being: Findings from a Randomised Controlled Trial in Burkina Faso. J Dev Stud. Published online 2019. doi:10.1080/00220388.2019.1677887.

¹⁵Baird SJ, Chirwa E, de Hoop J, Ozler B. Girl Power: Cash Transfers and Adolescent Welfare. Evidence from a Cluster-Randomized Experiment in Malawi. Published online 2013.

¹⁶ Tuthill EL, Maltby AE, Odhiambo BC, et al. "It has changed my life": Unconditional cash transfers and personalized infant feeding support—a feasibility intervention trial among women living with HIV in western Kenya. Int Breastfeed J. 2023;18(1):1-15.

¹⁷Gobin VJ, Santos P, Toth R. No Longer Trapped? Promoting Entrepreneurship through Cash Trans fers to Ultra-poor Women in Northern Kenya. Am | Agric Econ Am | Agric Econ. 2017;99(5):1362-1383.

¹⁸ Joshi C, Maisonnave H, Baroki R, Mariam A. Pro-gender policies and the empowerment of women in the DRC. J Agribus Dev Emerg Econ. Published online 2023. doi:10.1108/JADEE-01-2022-0016.

¹⁹Palmer T, Batura N, Skordis J, et al. Economic evaluation of a conditional cash transfer to retain women in the continuum of care during pregnancy, birth and the postnatal period in Kenya. PLOS Glob Public Health. 2022;2(3): e0000128. doi: 10.1371/journal.pgph.0000128.

20 Joshi et al., Op cit.

²¹Alik-Lagrange A, Buehren N, Goldstein M, Hoogeveen J. Welfare impacts of public works in fragile and conflict affected economies: The Lond public works in the Central African Republic. Labour Econ. 2023;81. doi: 10.1016/j. labeco.2022.102293.

22Verma R. "Without Land You Are Nobody": Critical Dimensions of Women's Access to Land and Relations in Tenure in East Africa. Unpublished IDRC Scoping Study. East Afr Women's Access Rights Land Gender Relation Tenure. Published online 2007.

²³Gray L, Kevane M. Diminished access, diverted exclusion: Women and land tenure in sub-Saharan Africa. Afr Stud Rev. 1999;42(2):15-39.

²⁴Kadota J, Fahey C, Njau P, et al. The heterogeneous effect of short-term transfers for improving ART adherence among HIV-infected Tanzanian adults. AIDS Care-Psychol Socio-Med Asp AIDSHIV.2018; 30:18-26. doi:10.1080/09 540121.2018.1476666.

²⁵Belete B, Bayu T. Does social protection improve female-headed households' food security in Ebinat district, Ethiopia? Cogent Econ Finance. 2023;11(1). doi:10.1080/23322039.2023.2210854.

²⁶Bongomin G, Woldie A, Wakibi A. Microfinance accessibility, social cohesion and survival of women MSMEs in post-war communities in sub-Saharan Africa: Lessons from Northern Uganda. J Small Bus Enterp Dev. 2020;27(5):749-774. doi:10.1108/JSBED-12-2018-0383.

²⁷Edoka I, Ensor T, Mcpake B, Amara R, Tseng FM, Edem-Hotah J. Free Health Care for Under-Fives, Expectant And Recent Mothers? Evaluating The Impact of Sierra Leone's Free Health Care Initiative. Health Econ Rev. 2016;6(19). doi:10.1186/s13561-016-0096-4.

²⁸Mulat A, Mao W, Bharali I, Balkew R, Yamey G. Scaling up community-based health insurance in Ethiopia: a qualitative study of the benefits and challenges. BMC Health Serv Res. 2022;22(1). doi:10.1186/s12913-022-07889-4.

²⁹Ugo O, Laura M, Adetokunbo O, Pate MA, Chidimma A, Ado M. Conditional Cash Transfer Schemes. In Nigeria: Potential Gains for Maternal and Child Health Service Uptake In A National Pilot Programme. BMC Pregnancy Childbirth. 2014;14(408). doi:10.1186/s12884-014-0408-9.

3ºCluverLucie D, Orkin FM, Meinck F, Boyes ME, Yakubovich AR, Sherr L. Can Social Protection. Improve Sustainable Development Goals for Adolescent Health? PloS One. 2016;11(10):0164808-51.0164808.

³¹Okeke E, Wagner Z, Abubakar I. Maternal Cash Transfers Led to Increases in Facility Deliveries And Improved Quality of Delivery Care in Nigeria. Health Aff (Millwood). 2020;39(6):1051-1059.doi:10.1377/hlthaff.2019.00893.

³²Alik-Lagrange A, Buehren N, Goldstein M, Hoogeveen J. Welfare impacts of public works in fragile and conflict affected economies: The Lond public works in the Central African Republic. Labour Econ. 2023;81. doi: 10.1016/j. labeco.2022.102293.

³³Austrian K, Soler-Hampejsek E, Kangwana B, Wado Y, Abuya B, Maluccio J. Impacts of two-year multisectoral cash plus programs on young adolescent girls' education, health and economic outcomes: Adolescent Girls Initiative-Kenya (AGI-K) randomized trial. BMC Public Health. 2021;21(1). doi:10.1186/s12889-021-12224-3.

³⁴Mohapi BJ. The social sector of the Expanded Public Works Programme as a strategy to alleviate poverty amongst vulnerable groups in Gauteng. Dev South Afr. 2016;33(5). Accessed January 1, 2024.

³⁵Milimo J, Zulu J, Svanemyr J, Munsaka E, Mweemba O, Sandoy I. Economic support, education and sexual decision making among female adolescents in Zambia: a qualitative study. BMC Public Health. 2021;21(1). doi:10.1186/s12889-021-11372-w.

³⁶Pettifor A, Wamoyi J, Balvanz P, Gichane M, Maman S. Cash plus: exploring the mechanisms through which a cash transfer plus financial education programme in Tanzania reduced HIV risk for adolescent girls and young women. J Int AIDS Soc. 2019;22. doi:10.1002/jia2.25316.

³⁷Patel L, Knijn T, Van Wel F. Child Support Grants in South Africa: A Pathway to Women's Empowerment and Child Well-being? J Soc Policy. 2015;44(2):377-397. doi:10.1017/S0047279414000919.

³⁸Peterman A, Valli E, Palermo T. Government Antipoverty Programming and Intimate Partner Violence in Ghana. *Econ Dev Cult Change*. 2022;70(2):529-566. doi:10.1086/713767.

³⁹Angelucci M, Heath R, Noble E. Multifaceted programs targeting women in fragile settings: Evidence from the Democratic Republic of Congo. J Dev Econ. 2023;164. doi:10.1016/j.jdeveco.2023.103146.



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