



PROCESS REPORT.

MASS REGISTRATION OF BENEFEICIARIES FOR THE UCB PILOT
IN KISUMU, KAJIADO, AND EMBU COUNTIES

NOVEMBER 2021.





Acknowledgements.

The successful completion of the registration process has been made possible by the commitments and sacrifices by a number of Government, UNICEF and CHASP teams at the National and County levels

The process benefited from immense support and leadership from the State Department for Social Protection, Senior Citizens Affairs & Special Programme, Ministry of health, Nutrition department, the department of children services at the National and County level in Kisumu, Embu and Kajiado.

We would particularly wish to acknowledge the contributions of the following:

- The able leadership of Madam Jacynte Omondi and the entire team at Social Protection Secretariat
- Madam Cecilia Mbaka and the rest of team at SPS
- Madam Jane Muyanga and the entire team at the Directorate of Children services, Nairobi.
- The UNICEF Social Policy Section (Gaby Guerrero Serdan, Lisa Marie Ouedrago-Wasi, and Debora Camaione)
- The UNICEF Nutrition Team for the support received by the Nutrition Support Officers at Kajiado and Kisumu Counties.
- County Coordinators of Children services in Kisumu, Kajiado and Embu Counties;
- Sub County Children Officers in Kajiado, Embu and Kisumu
- County and Sub–County Nutrition Officers in Nyando, Mbeere North and Kajiado central Sub Counties
- The County Commissioners, deputy county commissioners, the Chiefs, assistant chiefs and village elders in the respective Counties.
- National Council for Persons with Disabilities (NCPWD) staff in the respective counties
- The Kenya Red Cross
- CHASP Advisory team and the team of 149 enumerators.

Contents.

Acknowledgements.	2
Acronyms.	4
1. INTRODUCTION AND BACKGROUND.	5
2. SCOPE OF ACTIVITY.	6
3. THE APPROACH.	7
3.1. Inception and Planning.	8
3.2. Community and Stakeholder Sensitization.	9
3.3. Training of Data Enumerators.	11
3.4. Centralized Community Listing.	12
3.5. Household Registration Exercise.	13
3.5.1. Kajiado County.	13
3.5.2. Kisumu County.	14
3.5.3. Embu County.	14
3.6. Community Based Validation.	15
3.7. Payroll Generation.	16
4. CHALLENGES AND LEARNINGS.	17
5. OTHER OBSERVATIONS.	19
ANNEXES.	21
ANNEX 1: STAKEHOLDERS MEETING TIME-TABLE.	22
ANNEX 2. UCB ENUMERATOR TRAINING - TIME TABLE.	22
ANNEX 3: UCB DATA COLLECTION TOOL.	24
ANNEX 4: COMMUNITY LISTING TOOL.	29
ANNEX 5: UCB BROCHURE.	30
ANNEX 6: BROCHURE (KISWAHILI).	34
ANNEX 7: LIST OF ENUMERATORS.	36

Acronyms.

OM	Operations Manual
UCB	Universal Child Benefits
DCS	Directorate of Children’s Services
CHASP	Capacities for Health and Social Policy
ID	Identification
MIS	Management information System
CCTP-MIS	Consolidated Cash Transfer – Management Information System
MOH	Ministry of Health
NCPWD	National Council for People With Disability
TOR	Terms of Reference
UNICEF	United Nations Children Fund

1. INTRODUCTION AND BACKGROUND.

The COVID-19 crisis has demonstrated the absolute necessity for countries globally to have effective and comprehensive national social protection systems in place. The countries with such systems in place have been able to respond much better to the crisis, providing their citizens with essential income support in response to the significant disruptions in income that most families have experienced, in low- and middle-income countries.

There is growing recognition that effective social protection systems should protect people across the lifecycle, from the cradle to the grave. Core schemes that every country should have in place are child benefits, disability benefits and old age pensions - complemented by a range of other schemes that address additional lifecycle risks (such as unemployment, sickness, maternity/paternity, loss of a breadwinner, etc.).

Kenya has developed a progressive vision for building a comprehensive national social protection system, as set out in its Draft Social Protection Investment Plan (SPIP). The country has already established a universal old age pension and another core proposal in the SPIP is to develop a Universal Child benefit. The UCB aims to reach all Children by year 2030. **To support the development of the UCB, the MLSP is piloting UCB for children under the age of 36 months, in three counties: Kajiado County** (Kajiado Central Sub- County, locations of Ildamat and Kaloleni), **Embu County** (Mbeere North Sub-County, locations of Riandu, Nthawa, Gitiburi and Thura), **and Kisumu County** (Nyando Sub-County, locations of Kachogo and Kakola).

These counties and sub-counties have been selected based on multiple criteria:

- They represent a range of diverse contexts, mixing rural, peri-urban and urban contexts and therefore offer an opportunity to test the scheme in different environments;
- Are relatively easy to access and well connected;

- Have a number of children in line with the fixed budget available for the pilot. As the programme is universal by definition, it is crucial to cover all children in the target areas and hence to identify areas with a number of children in line with the budget;
- Have good on-the-ground presence of implementing institutions;
- Have relatively high malnutrition rates.

The scheme will be financed/supported by; UNICEF, WFP, and Save the Children. The purpose of the UCB pilot will be to provide financial support to families with young children affected by the COVID-19 crisis, test out the delivery of a UCB, and provide evidence on the impacts of a UCB on families and communities. The pilot will provide beneficiaries with bi-monthly cash transfers of KES 1,600 to be paid to a female caregiver or an alternative caregiver within the same household using mobile money. Has integrated nutrition and positive parenting messaging and counselling through community structures (CHVs and CPVs), mass media and community groups. The beneficiaries will also receive specific services for PWDs, as well as trainings on disability inclusion and gender-sensitive complimentary services.

The pilot will help inform the design of the long-term UCB and contribute to advocacy and visibility efforts. Specifically, the pilot Universal Child Benefits program aims to; cushion children and their families from the lasting socio-economic impacts of the Covid-19 crisis, generate lessons for introducing a long-term UCB and strengthen advocacy efforts and visibility for the UCB.

2. SCOPE OF ACTIVITY

The purpose of this assignment was to design and technically support a one-off mass registration of beneficiaries for the UCB pilot in Kajiado County (Kajiado Central Sub- County, locations of Ildamat and Kaloleni), Embu County (Mbeere North Sub-County, locations of Riandu, Nthawa, Gitiburi and Thura), and Kisumu County (Nyando Sub-County, locations of Kachogo and Kakola). The assignment also includes support to government in mobilization and awareness raising among beneficiaries and communities before the registration and orientation and capacity building to government officers to implement the UCB pilot.

In line with the detailed **ToR (LRPS NO 2021-9169223)**, the Specific objectives of the assignment were to:

- Support with the registration of 8,300 children eligible for UCB in the selected sub-counties and locations across the three target counties.

- Provide technical guidance and support to the county teams on the registration.
- Provide technical support to the registration process for high quality data and align the process to the GoK systems.
- Provide technical support to the registration process aligned with the UCB Operations Manual (OM) and Management Information System (MIS)
- Provide Operation Manual orientation to the implementing counties and the Ministry of Labour, also for continuity of registration to the long term UCB.
- Support the government and development partners on awareness raising and mobilization before registration
- Design and support an inclusive registration process, that takes into accounts the needs of children and caregivers with disabilities and of those who cannot travel to registration points

3. THE APPROACH

The registration for the pilot program was a one-off, given the short duration of the intervention. Although a specific mechanism for on demand registration is not foreseen at this stage, the possibility of few registrations after the one-off registration window (for example, as an effect of complaints for exclusion), as well as of case management changes (like the change of caregiver) should be provided for.

The process of beneficiary registration for social protection programmes can be a complex activity given the multiple considerations that need to be in place. There is a need for adequate stakeholder engagement, community sensitization on the program and eligibility criteria adequate preparation of teams doing registration and tools used for registration. This therefore necessitated a four-step approach during the registration exercise.

Illustrated below are the critical stages involved in the beneficiary mapping and Registration process;



The process described above was executed through a set of key activities as below;

3.1. Inception and Planning

This stage involved holding Inception meetings with the key stakeholders at national and county levels from both national and county governments in the target areas. Other participants included WFP, Save the children, UNICEF teams. The key objective was for consultation and integration of their comments to the UCB registration methodology.

Inception and planning included the following sub-activities;

- Rapid literature review on international and national experiences highlighting the registration process of similar programmes,
- Building on the provisions of the OM,
- Specifying roles and responsibilities of stakeholders for the registration process.

This led to the development of a roll-out plan for the registration of 8,300 beneficiary children and data collection tool aligned to the UCB MIS and the CCTP-MIS under the complementary module.

The inception meetings also provided an opportunity for CHASP teams to further understand the expectations of the county and National level stakeholders and were useful in clarifying some of the key issues flagged during document review that included;

- The eligibility criteria for the beneficiaries.
- Agreements on the roles of the county Government staff, and the National level actors, including DCS at national and county levels
- Details of the Cash Transfers (amounts, payroll structure, cycles, payment mechanisms)
- Approach to Community listing and validation in the context of Covid 19
- Resourcing at county level

3.2. Community and Stakeholder Sensitization



The UCB-Pilot is a multi-stakeholder programme which requires a sustained engagement of various actors at the national and county levels. In particular, the beneficiary registration process would benefit greatly from the involvement/support of key actors in facilitating and planning, the recruitment of enumerators, community sensitization, and other social capital critical for the roll-out of the registration exercise.

Given such diverse stakeholders involved in the programme, there was need for absolute clarity on the process of beneficiary registration, the

roles of each stakeholder, and the expectations of the final outputs.

Picture 1: Sub-county Children's officer Nyando, M/s Hariet sensitizing key county stakeholders on the UCB program and roll out plans

The County level orientation meetings were also useful in clarifying key programme design/process issues flagged at inception, including such aspects as;

- The eligibility criteria for the beneficiaries based on local contexts.
- Planning and agreeing on localized and contextualized community sensitization processes
- Consensus on the approach to Community listing in the context of Covid 19
- Agreements on the approach to Community validation
- Resourcing for County teams to facilitate their involvement, supervision and movement
- Agreements on timelines and roles for the different actors and deliverables
- Detailed activity planning to ensure delivery of final outputs before 25th November 2021

The Stakeholders meetings were held in the three target counties as follows:

- Kisumu County: 29th of October 2021 at the social development offices in Ahero Township, Nyando sub-county.
- Embu County: 29th October 2021 in Embu Town, at the Embu youth empowerment
- Kajiado County: 1st November 2021 in Kajiado Town, at ACK Kajiado Tenebo Hall

Across all the sub-counties, the stakeholder meetings were attended by the following categories of Government Officers and stakeholders:

- Directorate of Children’s Services (Staff at county and Sub-County levels) , Ministry of Health, Nutrition Staff, National Government Administration office (County Commissioners office) County Commissioners Deputy County Commissioners Assistant County Commissioners, Chiefs, Assistant Chiefs, Department of Social Services, National Council for persons with Disabilities, Civil Society Organizations like Redcross, UNICEF (NSOs) & CHASP Advisory

The County level stakeholder meetings provided an opportunity to introduce the Universal Child Benefit Registration Process to the stakeholders, whilst highlighting and establishing county level consensus on; the Objectives of UCB Registration Process, Eligibility Criteria, Requirements at registration (documentary evidence), and the Roles and responsibilities of Various stakeholders. In addition, participants at the orientation meetings were engaged in the development of; a Sensitization Plan, a Listing Plan, and a County Specific Work plan.

Each County Stakeholder meeting developed a County specific activity plan for the registration exercise in line with the November 25th, 2021 deadline for the finalization of registration and submission of beneficiary payroll. The County plans are annexed.

The table below summarizes the agreed Activity plans from the respective counties;

Activity	Who	When		
		Embu	Kajiado	Kisumu
Enumerator/Supervisor Recruitments	CHASP/DCS/NGAO	26 th – 29 th	27 th – 28 th Oct	27 th – 28 th Oct
Enumerator Training/Pretesting	CHASP/DCS/NUTRITION	1 st – 2 nd Nov	29 th – 30 th Oct	29 th – 30 th Oct
Community Sensitization	DCS/NGAO	30 th – 2 nd Nov	30 th Oct – 1 st Nov	30 th Oct – 1 st Nov
Community Listing	DCS/NGAO/REGISTRAR/CHV	3 rd – 4 th Nov	2 nd – 3 rd Nov	2 nd – 3 rd Nov
Household Registration	CHASP/DCS/NGAO	5 th – 10 th Nov	5 th – 8 th Nov	5 th – 10 th Nov
Post registration debrief meeting	ALL	11 th Nov	11 th Nov	11 Nov
Community Validation	CHASP/DCS/NGAO	12 th – 13 th Nov	12 th – 13 th Nov	12 th – 13 th Nov

3.3. Training of Data Enumerators

Upon completion of community sensitization activities, a two-day training workshop for all the personnel who would be involved in the UCB programme beneficiary mapping and registration process was conducted. **A total of 149 enumerators were trained.** The training provided them with details on the background of the UCB programme, an understanding of the beneficiary registration process, the data collection tool, insights into the key messages document, among other important elements.

The content covered during this two-day training is annexed.



Picture 2: Nyando Sub-county Nutritionist supporting the enumerators on screening for malnutrition

3.4. Centralized Community Listing

This step involved simultaneous community-based mass listing exercises organized at specific centrally located venues at the village level within the selected sub counties. Each village had a designated beneficiary registration center.



Picture 3: Embu County listing activity

Registration at these centers integrated three core activities, including the gathering of basic demographic data and assessment for beneficiary eligibility in readiness for the actual household beneficiary registration.

The information gathered at this stage was guided by the integrated community listing tool, as annexed. The tool was administered by a team of enumerators, who had been identified and taken through a two-day training. The enumerators were required to take photographs of the agreed-upon documents to support the eligibility of the beneficiaries and complete the structured questionnaire using data collection devices that were provided.

During the listing exercise, the rights and obligations of the beneficiaries was emphasized with a clear indication that the provision of inaccurate data at any point in the registration process would compromise their chances of enrolment into the programme.

The centralized mass listing activity lasted two days during which all households that showed up for the listing exercise had their details captured. Those that did not have the necessary documents were encouraged to acquire the documents in readiness for household registration.

The numbers at listing are as depicted in the table below:

COUNTY	Listed HH
Kisumu	2708
Kajiado	2043
Embu	3237
Total	7988

3.5. Household Registration Exercise

This step involved registration of beneficiaries at the household level. 149 enumerators were assigned specific households from the listing exercise to visit. Registration at the household integrated three core activities; the gathering of demographic data, capturing supporting documents to support the eligibility of the beneficiaries and assessment for malnutrition.

The information gathered at this stage was guided by the household registration tool, as annexed. The tool was administered by a team of enumerators, who had been identified and taken through a two-day training.

The household registration exercise lasted four days and an additional day included in specific counties for mop up of any households that may have been locked out of registration exercise during the designated 4 day period.



Picture 4: Illustration of household registration exercise

A critical Quality Assurance Measure adopted during the household level registration was the randomized household call backs. In this approach, the supervisors randomly visited some of the households already interviewed and conducted a re-interview to establish accuracy of data collected.

The final Registration numbers per County were as follows:

3.5.1. Kajiado County

	Name of Location	Count
Location	Kajiado Township	1931
	Ildamat	373
	Total	2304
Sub-Location		
	Name of Sub-Location	Count
	Hospital	274
	Majengo	1076
	Market	581
	Esokota	152
	Olkiloriti	221
	Total	2304
		Count

Disaggregation by Gender	Male	1191
	Female	1113
	Total	2304

3.5.2. Kisumu County

	Name of Location	Count
Location	Kachogo	997
	Kakola	1898
	Total	2895

	Name of Sub-Location	Count
Sub-Location	Kachogo Central	162
	Kachogo North	441
	Kachogo South	394
	Tura	731
	Kakola Ombaka	287
	Kakola Ahero	880
	Total	2895

		Count
Disaggregation by Gender	Male	1506
	Female	1389
	Total	2895

3.5.3. Embu County

	Name of Location	Count
Location	Riandu	890
	Nthawa	1222
	Gitiburi	458
	Thura	447
	Total	3017

	Name of Sub-Location	Count
Sub-Location	Riandu	586
	Muthanu	304

	Siakago	890
	Kune	332
	Gitiburi	232
	Muchonoke	226
	Thura	254
	Kwanduambogo	193
	Total	3017
		Count
Disaggregation by Gender	Male	1515
	Female	1502
	Total	3017

A detailed analysis of the beneficiary data has been provided in a separate excel worksheet.

3.6. Community Based Validation



Upon the successful completion of the beneficiary registration process, there was the process of printing of the registered beneficiaries per location for onward community validation. The printed beneficiary lists were then forwarded to chiefs who were mandated to perform the beneficiary validation process in collaboration with various village elders and Nyumba Kumi heads.

During the validation process, any errors were noted by the CHVs/Asst Chiefs. The most notable errors included mismatches or missing ID Numbers, Dates of Birth of Children and Caregivers, Registered Tel Numbers etc.

Corrections were received and applied to the beneficiary data base.

Figure 5: Community members reviewing the registration list

Below is a sample of the Final Validated Lists.

3.7. Payroll Generation

Using the standard UNICEF payroll format, relevant details of the registered beneficiaries were extracted from the validated database and organized into a payroll. The payroll contained information on; the Name of Head of household, name of the child, Telephone and ID numbers.

Given the cash transfers are designed to be completed through mobile money platforms, it was necessary that the telephone numbers collected from beneficiaries were validated with mobile money services providers for correctness and accuracy as an extra step to ensure that moneys, once disbursed would reach the intended beneficiaries.

The data on telephone numbers was run through safaricom, to verify registration of the numbers. Below is a summary of phone numbers (per Sub County) found **not** to have been registered on the Safaricom M-PESA payment platform:

County	Unregistered Phone Numbers
Kisumu	39
Kajiado	31
Embu	50
TOTAL	120

These will require further follow up by the Children’s Officers, so they can be eligible for inclusion in the subsequent payrolls.

Due to data protection regulations, the final payroll has been shared separately and is therefore not included as part of this report.

4. CHALLENGES AND LEARNINGS

Activity	Comments, Challenges and Remedial Actions
Stakeholder meeting	<p>There was a delay in scheduling the county meeting due to lack of clarity on the stakeholders meeting budget. This slightly affected the kick-off of the registration process and the respective activity timelines.</p> <p>In future all stakeholders should ensure there is clarity on roles and resourcing channels to avoid last minute disruptions of planned activities.</p>
Community Mobilization and Sensitization	<p>The delays in stakeholder’s meetings delayed the onset of sensitization activities at the community level. This meant that some of the households may have missed out on the information on the upcoming registration.</p> <p>The delays had the implications of a very short period between the sensitization time and registration time. We recommend that in future, an exercise of this nature requires at least three clear weeks of intense community sensitization before onset of Registration. That said, the teams were able to innovate and adopt a more community-based approach to sensitization.</p> <p>Households without valid documents could not access the necessary documents for UCB registration within the short timelines. This also prompted the need for continuous sensitization even as the listing activities progressed.</p> <p>Adequate time should be allowed between sensitization and household registration in future to allow households without the basic requirements to access the documents in readiness for the registration exercise.</p> <p>The National Government Administrative structures remain effective in Community sensitization. Investing in community administration structures, national governments administration officers- mostly chiefs, assistant chiefs and village elders, used printed out flyers distributed to the public, and the key messages documented pinned at strategic locations across the County. It was however observed that in the absence of a printed summary of the message, there were cases when the information was distorted when transmitted from one person to the other, by word of mouth. It is therefore critical that the messages are printed and chiefs/Asst Chiefs/Elders use a coherent message across communities.</p> <p>While community sensitization was generally a success, it could have benefited from the use of complimentary channels including Radio and TV, particularly in the urban areas of the target areas.</p>

	<p>The experience in Kajiado demonstrated the power of Social Media as a channel for sensitizing communities particularly in urban environments. However, Social media must be used alongside other complimentary channels. When used, Social media should have a well-designed, easy read and catchy image/Message that is proofed against edits by mischievous persons.</p>
<p>Centralized listing exercise</p>	<p>In all the counties, we observed a level of confusion between the listing and registration steps. Many beneficiaries assumed that they had been registered after going through the listing process. This could be improved by:</p> <ul style="list-style-type: none"> ▪ Ensuring an effective messaging process that explains the purpose and approach of the two activities ▪ Due to time limitations, the two activities merged, one into the other, with no break between the activities. A practical approach would be to make the two activities distinct, to minimize the confusion. One way to achieve this would be to make a time difference between Listing and registration, the other would be to ensure the activities adopt different approaches.
<p>County level planning</p>	<p>While the consultants had a clear plan for execution of the exercise across the counties, the need to have county based, county owned specific plans ensured that the plans were domesticated to context, and ensured maximum stakeholder participation.</p> <p>The approach of providing regular feedback for progress at National and county levels ensured accurate and sustained information flow. The exercise had briefing at start of the exercise, after Listing, after Registration, and after validation. This strategy ensured that any gaps were resolved amicably and in good time</p>
<p>Documentation</p>	<p>Across the exercise, many cases were noted, where eligible beneficiaries could not produce required documentation, including Birth Certificates/ Notifications, Id Cards, Mother/Child Handbooks, etc. This would be expected in an exercise of this nature. However, advance mechanisms should be agreed upon and put in place to ensure that Caregivers/Parents have an easier access to secure alternative documentation, for example through the Chief/Asset Chief being on standby to provide such documents. This minimizes chances of exclusion on the basis of failure to produce these important documents.</p> <p>The database highlights which household did not produce which document. There is need for this information to be made available to the registrars of births to follow-up these cases and provide these important documents to those in need</p>
<p>Follow-up of Malnutrition cases</p>	<p>During the exercise, MUAC measurements were taken. While the enumerators had been briefed to refer any cases of suspected malnutrition to the nearest health facility, there is need for a more comprehensive follow-up</p>

	from the local health facilities, based on the MUAC readings. The Database will provide a list of all moderate to severe malnutrition. This information should be used to closely follow-up these cases and provide necessary education/Interventions
Community Validation	Community validation not only ensures accuracy of data, but promotes participation and transparency. Printing out the list of beneficiaries and subjecting it to community validation was useful in identifying genuine beneficiaries from the community and those that did not come from the community. The local administration provided a layer to verify the beneficiaries and minimize the risk of registering non- residents. However, there was a concern that the two days may have been short. The community recommended that future validation activities should take at least one week to allow most community members to participate.
Payroll generation	<p>Mismatch of details provided by the registered beneficiaries is inevitable in exercise of this nature. To ensure accuracy of data, it was necessary to take the following steps:</p> <ul style="list-style-type: none"> ▪ Make phone calls to get the right payment details of Phone numbers where possible to facilitate the electronic transfer of the cash transfers. ▪ Cross check the registration status of the phone numbers provided, as an additional measure to ensure funds reach then target beneficiaries.
The need for follow-up of Unregistered Numbers	The failure to have a registered line could be a factor of exclusion, when it shouldn't be. The data base has generated a list of such numbers/beneficiaries. These individuals should be followed up and encouraged to register the numbers, with a view for inclusion in the next cycle of payments. A universal Programme should not have any reason to leave our any eligible child
Planning and coordination to minimize conflicts between activities	The registration exercise was undertaken alongside an equally important national exercise that aims to open new accounts for the OVC cash transfer. While it is commendable that the children's officers ant county and Sub County levels put in immense efforts and commitment to see this exercise succeed, future exercises of this nature should consider a time when there are no competing activities that reduce the availability of Government officers to engage in the process.

5. OTHER OBSERVATIONS

- a) **Displaced families in Nyando Sub-County:** The stakeholders' meeting in Kisumu County raised the issue of hundreds of displaced families that moved from flood prone areas in 2019,

and were resettled by Government in the target locations. While these families meet the eligibility criteria for residency having lived in the area for the last two years, it is unclear how long they will be resident in the area. This poses the challenge of uncertainty with regards to whether they will be available for nutrition counselling over the next one year, as required of the one-year pilot phase of the project. The stakeholders agreed that the households be registered, so as to minimize chances of the Children's displacement status being a factor of exclusion from being registered into the programme. It was however resolved that the chiefs would take the responsibility of ensuring that only those who fit in this category are listed.

- b) **Chiefs providing letters as proof of residence or age of a child:** This was exhaustively discussed across the counties. There were concerns and fears that introducing an additional layer of this requirement, posed the risk of either introducing bias of excluding some children, as the issuance of the letter was at the discretion of the Chief/Assistant Chief. The highlighted concerns aside, the letters will however remain acceptable proof of age in the absence of a birth certificate/notification.
- c) **The challenge of resident employees and short-term workers,** particularly in urban setups: This programme being universal, aims at minimizing possibility of excluding any child currently living in these areas. However, during the stakeholder meetings, members observed that there are employees of Government and other organizations who have lived in these areas, but whose period of stay is uncertain, for purposes of the Nutrition counselling. The general rule would be to check if the families/Children are likely to remain residents in the areas over the next one year.
- d) **The potential risk of borrowed/imported children:** Communities do not have distinct boundaries in their social interactions across the target programme areas. Concerns were raised on the possibility of neighboring families across locations importing children for purposes of registration, motivated by the cash transfer component of the pilot. Generally, the agreement was that to address this potential challenge, a strict community validation mechanism will be instituted across the target areas, to identify and edit out such cases before development of the final payroll(s).
- e) **Referrals for malnourished children:** Stakeholders made suggestions that since the enumerators will take MUAC Measurements at the point of registering the children, there was a need for children found to be malnourished to be immediately referred to the nearest health facility for counselling and appropriate management. This would be complemented with a comprehensive database of all malnourished children per location and sub-location that will be generated after analysis of the data that will be collected from the Households. This list will support the CHAs and CHVs in targeting these children

ANNEXES.

ANNEX 1: STAKEHOLDERS MEETING TIME-TABLE

Time	Agenda Item	Lead
09:00 – 9:45	<ul style="list-style-type: none"> • Registration/Introductions • Opening Remarks • Meeting Objectives & Outputs 	DCS
09:45 – 10:45	<ul style="list-style-type: none"> • UCB Program Overview 	DCS
10:30 – 10:45	<ul style="list-style-type: none"> • Role of CHASP Advisory 	CHASP
10:45 – 11:15	TEA BREAK	ALL
11:15 – 11:45	<ul style="list-style-type: none"> • UCB registration process and work plan 	CHASP
11:45 – 12:30	<ul style="list-style-type: none"> • Roles of the stakeholders 	DCS
12;30 – 13:00	<ul style="list-style-type: none"> • Q&A Session/Way forward 	DCS
13:00 – 14:00	LUNCH BREAK/DEPARTURE	ALL

ANNEX 2. UCB ENUMERATOR TRAINING - TIME TABLE

DAY 1

Time	Agenda Item	Lead
8:30 – 9:00	Welcome Remarks and introductions	Gov't
9:00 – 9:15	<ul style="list-style-type: none"> • Who is CHASP? • Why are we here? 	CHASP Gov't
9:15 – 10:00	Introducing the UCB Project <ul style="list-style-type: none"> • Background, Its Origins • Target Counties, Numbers, Objectives • Eligibility • Brief of Processes (Sensitization, Listing, Registration and Validation) 	County DCS

10:00 – 10:30	Basics of Nutrition assessment and Disability assessment?	Nutrition department
10:30 – 11:00	TEA BREAK	All
11:00 – 13:30	Kobo Registration and logins Understanding the Questionnaire/ Research tools Listing Questionnaire Q & A Session	CHASP
13:00 - 14:00	LUNCH BREAK	All
14:00 – 15:30	Registration Questionnaire	CHASP
15:30 – 17:30	Field Scenarios and the What if questions. Do's and Don'ts	CHASP
17:30 – 17:45	TEA & END OF DAY 1	All
DAY 2		
Time	Agenda Item	Lead
08:30 – 09:30	<ul style="list-style-type: none"> • Recap of Day 1 • Question/Answer Session • Any Emerging issues from Day 1 	CHASP
09:30 – 11:00	Simulating HH Registration (County Based)-In Swahili and Local language <ul style="list-style-type: none"> • Introducing Self • Introducing UCB • Interviewing 	Lucas
11:00 – 11:30	TEA BREAK	ALL
11:30 – 12:30	Simulating HH Registration (County Based)-In Swahili and Local language <ul style="list-style-type: none"> • Introducing Self • Introducing UCB • Interviewing 	CHASP
12:30 – 13:00	Plan of activities and Gantt Chart (County Based) Sensitization plans, Listing plans and Registration	CHASP
13:00 – 14:00	LUNCH	ALL
14:00 – 16:45	County Based <ul style="list-style-type: none"> • Planning and Deployment • Logistics • Contract Signing 	CHASP

	<ul style="list-style-type: none"> • Signing of safeguarding policy • Discussing roles, responsibilities, confidentiality, integrity issues in the registration 	
16:45 – 17:00	Photo Session	ALL
17:00 – 17:30	TEA BREAK & END OF DAY 2	ALL

ANNEX 3: UCB DATA COLLECTION TOOL

INTRODUCTION & INFORMED CONSENT

This statement is to be addressed to the parent/caregiver.

Good morning/afternoon, my name isand I am supporting the Government in the registration of children under the age of 36 months in this location. We are gathering information from potential beneficiaries for the UCB programme in order to inform various services/activities that target children of this age group – with the intention being to better understand their needs and determine the nature of services that you may require in relation to nutrition and other social services. The information you provide will be useful for Government and partners to plan and deliver better services to the children and their caregivers.

All caregivers/households within the location with one or more children under the age of 36 months have an EQUAL chance of willingly participating in this registration exercise, and therefore you do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, we hope you can participate fully as any information you provide would be very important to the exercise.

We shall keep your responses confidential and only those involved in this study will review the discussion notes, and this phone I have at hand will be used to record your responses.

Are you a resident of this Location? 1=Yes 2=No (*to be understood as having stayed in the location for over 6 months*)

Do you agree to participate in the survey? 1=Yes 2=No

If respondent agrees to be interviewed, proceed with the interview. If respondent does not agree to be interviewed, thank the respondent and move to the next (based on the substitution procedure provided.

Before we begin the interview, it would be important for us to establish if you have the following documents as was communicated.

- a. Parent/Caregiver’s National ID
- b. Child’s Birth Certificate/ Birth Notification/Baptismal Card

- c. A stamped letter from the Area Chief/Assistant Chief to support the absence of a Birth Certificate/Birth Notification
- d. Child’s MCH Booklet
- e. Child’s NCPWD disability registration card (if available)

SECTION 1. DEMOGRAPHICS

1.1. RESIDENCE

- 1.1.1. **County:** (Dropdown Options)
- 1.1.2. **Sub-County:** (Dropdown Options to appear based on County Selected)
- 1.1.3. **Location:** (Dropdown Options to appear based on Sub-County Selected)
- 1.1.4. **Sub-Location** (Dropdown Options to appear based on Location Selected)
- 1.1.5. Village/Estate: _____

1.2. CHILD’S DETAILS

- 1.2.1. How many children of ages between 0-36 months stay in this household: _____
(Create a repeat group for the questions that follow to ask for all the children)
- 1.2.2. Name of the child: _____
- 1.2.3. Sex: 1=Male 2= Female 00=Other _____
- 1.2.4. Child’s Date of Birth: dd/mm/yyyy
- 1.2.5. Does the Child have a Birth Certificate/Birth Notification 1=Yes 2=No
- 1.2.6. If Yes, Enter birth certificate number _____

Allow Photo capture of the following documents: Mother and Child Booklet, Health facility issued Birth Notification, Certificate of Birth, Baptismal Card, signed note from health facility confirming age of child, letter from the area chief/assistant chiefs.

- 1.2.7. Does the child have any disability? Yes/No
- 1.2.8. If yes, which type of disability?
 - 1=upper body mobility impairment
 - 2=lower body mobility impairment
 - 3=intellectual impairment
 - 4=psychosocial impairment
 - 5=hearing impairment
 - 6=hard of hearing
 - 7=deafness
 - 8=visual impairment
 - 9=low vision
 - 10=total blindness
 - 11=deaf blindness
 - 12=speech impairment
 - 13=short stature
 - 14=epilepsy
 - 15=albinism
 - 00=Other (specify)
- 1.2.9. Does the child have a disability card? Yes/No

1.2.10. If yes, what is the number? _____

1.3. PARENT'S/CAREGIVER'S DETAILS

1.3.1. What is the name of the household head? _____

1.3.2. What is the common name of the HHH (aka/commonly known as)

1.3.3. Does the Child have? (Check in the boxes that follow): Father() Mother () Caretaker ()

a) Name of Father _____ DoB _____ ID Number _____

b) Name of Mother _____ DoB _____ ID Number _____

c) Highest level of education attained by Father/or Mother

- 1= No formal education
- 2= Some primary education
- 3= Primary completed
- 4= Some secondary education
- 5= Secondary completed
- 6=Some tertiary college education
- 7=Tertiary college completed
- 8= Some university education
- 9=University degree and beyond
- 99=Don't Know

1.2.3. Contact Telephone Number: _____ Occupation: _____

1.2.4. If Caregiver to 1.2.1 above;

a) Name of Caregiver _____ DoB _____ ID Number _____

b) Relationship to the Child 1= Relative 2= Legal Guardian 3=Other

c) Highest level of education attained by Caregiver

- 1= No formal education
- 2= Some primary education
- 3= Primary completed
- 4= Some secondary education
- 5= Secondary completed
- 6=Some tertiary college education
- 7=Tertiary college completed
- 8= Some university education
- 9=University degree and beyond
- 99=Don't Know

d) Contact Telephone Number: _____

e) Occupation: _____

1.2.5. Who is the head of the Household where the child stays?

1=Mother 2=Father 3= Caregiver

Allow Photo capture of the following documents: National ID Card/Passport/Alien Card/stamped letter from the area chief/assistant chiefs/NHIF card

1.4. OTHER HOUSEHOLD CHARACTERISTICS

- 1.4.1. Total Number of children in family _____
- 1.4.2. Does anyone in the family have a disability? 1=Yes. 2=No
- 1.4.3. If yes, what type of disability? _____
- 1=upper body mobility impairment
 - 2=lower body mobility impairment
 - 3=intellectual impairment
 - 4=psychosocial impairment
 - 5=hearing impairment
 - 6=hard of hearing
 - 7=deafness
 - 8=visual impairment
 - 9=low vision
 - 10=total blindness
 - 11=deaf blindness
 - 12=speech impairment
 - 13=short stature
 - 14=epilepsy
 - 15=albinism
 - 00Other..... If other specify _____

SECTION 2. CASH TRANSFERS

- 2.1. Is anyone in the household receiving benefits from any of the National Safety Net Programmes? 1=Yes 2=No
- 2.1.1. If yes; which programme are they registered to (tick all that apply)?
- 1=CT OVC
 - 2= OP-CT
 - 3=CT-PWSD
 - 5= UPS
 - 00= Other (Specify)
- b) How much was the last receipt? _____
- c) When was your last receipt? _____
- 2.2. Is the head of household/Caregiver registered for mobile money? 1=Yes. 2=No
- 2.2.1. If yes;
- A) which one? 1= M-PESA 2= Airtel-Money
 - B) What is the registered mobile money line/contact through which you would like to receive the Cash Transfer? _____
 - C) Is it registered in your name? 1=Yes 2=No
- 2.2.2. If not registered in parent/caregiver's name, probe for details of the Alternate Phone Number Provided; Name _____ ID. Number _____
- 2.3. Does this line/contact registered with the indicated national ID number and captured names? 1=Yes 2=No
- 2.3.1. If no, are you able get a mobile money registered line/contact within the next one week? 1=Yes 2=No

2.4. If you were to receive the transfer of 800 amount, how do you think your household would utilize it? (tick all that apply)

- 1=Pay school fees
- 2=Daily Subsistence
- 3= Capital injection for Business
- 4=Purchase of learning materials
- 5=Clothing
- 6=Purchase of Household furniture/equipment
- 00=Other (specify)

SECTION 3. NUTRITION SCREENING

3.1. Has the child been given the following vaccines (*confirm responses with the MCH Booklet if available*)?

VACCINE	1=YES	2=NO	99=DON'T KNOW
BCG (TB)			
Diphtherias Tetanus Hepatitis B/ Aemophilus influenza type			
Oral Polio Vaccine (OPV)			
Measles			
Did the child interrupt/terminate immunization			

3.2. Is the child up to date with the MCH clinic visits (*confirm responses with the MCH Booklet if available*)?
YES/NO

3.2.1. If yes, obtain child's weight, height and age as of last visit: Weight: ____, Age____ Height____

3.3. I would now request that you allow me to measure the child's upper arm so we can establish whether or not the child is mal-nourished. In doing so, I will use this tape (shows the MUAC tape) which is has been provided to us by the Ministry of Health afterwhich I will record the measurement. Allowed ? YES/NO

3.4. Record of Child's MUAC Measurement;

SECTION 4. CHILD PROTECTION

1.1. Are there children in this household who are under alternative care? YES/NO

1.1.1. If Yes, Kinship, Foster Care, Adoption, Guardianship, Kafaalah

1.2. Are there any children from this household living elsewhere under alternative care arrangement? YES/NO

1.2.1. If Yes, Kinship, Foster Care, Adoption, Guardianship, Kafaalah

1.3. Are there children from this household who live in children's homes? Charitable Children Institutions or Statutory Children Institutions? YES/NO

REMEMBER TO THANK THE RESPONDENT FOR PROVIDING SUCH USEFUL INFORMATION

ANNEX 4: COMMUNITY LISTING TOOL

RESIDENCE

- 1.1. **County:** (Dropdown Options)
- 1.2. **Sub-County:** (Dropdown Options to appear based on County Selected)
- 1.3. **Location:** (Dropdown Options to appear based on Sub-County Selected)
- 1.4. **Sub-Location** (Dropdown Options to appear based on Location Selected)
- 1.5. Village/Estate: _____

PARENT'S/CAREGIVER'S DETAILS

- 2.1. What is the name of the household head? _____
- 2.2. What is the common name of the HHH (aka/commonly known as) _____?
- 2.3. Contact telephone number _____

CHILD'S DETAILS

- 3.1. How many children of ages between 0-36 months stay in your household: _____
(Create a repeat group for the questions that follow to ask for all the children)
- 3.2. Name of the child: _____
- 3.3. Sex: 1=Male 2= Female 00=Other _____
- 3.4. Child's Date of Birth: dd/mm/yyyy
- 3.5 Does the Child have a Birth Certificate/Birth Notification 1=Yes 2=No (If No encourage parent/caregiver to ensure either of these will be available during the Household Registration)
- 3.5.1. If Yes, Enter birth certificate number _____
Allow Photo capture of the following documents: Mother and Child Booklet, Health facility issued Birth Notification, Certificate of Birth, Baptismal Card, signed note from health facility confirming age of child, letter from the area chief/assistant chiefs.
- 3.6. Does the child have any disability? Yes/No
- 3.7. Who is the child's main caregiver: Father () Mother () Caretaker ()
Name of main caregiver _____ DoB _____ ID Number _____

MPESA ACCOUNT DETAILS

- 4.1. Which Safaricom/airtel line do you use for receiving and sending money? _____
- 4.2. Is this mpesa/airtel account registered with your id No? 1=Yes 2=No
- 4.2.1. If No, advice the respondent to get a line registered in their name in the next 3 days?

ANNEX 5: UCB BROCHURE



**Ministry of Public Service, Gender, Senior Citizens Affairs and
Special Programmes**

**State Department for Social Protection, Senior Citizens Affairs
& Special Programme**

Universal Child Benefit Pilot



Save the Children



unicef 

Background to a Universal Child Benefit in the social protection sector in Kenya

Kenya has developed a progressive vision for building a comprehensive national social protection system, which adopts a life-cycle and right-based approach, as set out in its Social Protection Policy (currently under review).

The Ministry of Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes is currently generating evidence and developing options for introducing a Universal Child Benefit in the country, which would start with a certain age group and geographical area and gradually expand to reach all children by 2030.

A UCB is a cash payment paid on a regular basis, targeting the whole population of children (usually under 18) in the country, and unconditional (i.e. not bound to a specific use or behavior from recipients). Countries often UCBs introduce UCBs gradually, starting with a certain age bracket and/or geographical area.

To support the development of the UCB, the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes has decided to pilot the programme for young children in three counties: Embu, Kajiado and Kisumu, starting with the registration of beneficiaries in October 2021.

Rationale for UCB in Kenya

In recent years, Kenya has made good progress in providing its children with access to education and health services. Yet, there is still much to do if Kenya is to give its children the future they deserve given the high poverty levels in most counties.

Current data show that 31 per cent of households with children report not having enough food to eat, 67 per cent of children under 5 years do not consume iron-rich foods – including meat, fish, poultry, and over a quarter of children under 5 years of age are stunted. The Government of Kenya (2019) has estimated that, in 2014, 6.9% of GDP was lost due to child undernutrition.

According to the 2017 Social Protection Sector Review, only around 10 per cent of children in Kenya were members of households in receipt of a social protection benefit. Further, the main benefit for children – the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) – tends to benefits older children since they are more likely to be orphaned, leaving a significant number of – especially very young children – uncovered.

Social protection – and particularly Cash plus, i.e. social protection programmes combining cash transfers with other services – has proven to be an effective means to reduce monetary and multidimensional poverty and improve several dimensions of well-being.

A universal approach to social protection, with progressive realization based on fiscal sustainability, can be justified from a right-based perspective and also acknowledging that, even prior to the recent COVID-19 economic crisis, poverty was widespread in Kenya and incomes volatile, which means that most families are in need and that poverty-targeting is very difficult to implement accurately and burdensome, leading at risk of significant exclusion errors.

The purpose of the UCB pilot programme is to help improve child well-being and development, while strengthening local economic recovery following the COVID-19 crisis and generating evidence on the impacts of a UCB and lessons for the long-term measure.

The scheme will be financed by UNICEF, WFP and Save the Children, under the leadership of the State Department for Social Protection, Senior Citizens Affairs and Special Programs (within Ministry of Public Service), and specifically under the coordination and leadership of the Social Protection Secretariat, in collaboration with other relevant government departments at national and county level.

Key facts on UCB Pilot

Why: Objectives of the UCB Pilot

The objectives of the UCB are to:

- Help improve the well-being of children and their families in the target locations, by reducing poverty and improving nutrition and care behaviors
- Contribute to protect families and stimulate the local economy in the current economic crisis caused by Covid-19
- Generate evidence and lessons on the effects and functioning of a UCB in the context of the Kenyan community
- Inform the long-term roll out of a national UCB

When and where: UCB Pilot Duration and Coverage

The pilot targets approximately 8,300 children between the age of zero and 36 months (i.e. under the age of 3 at the moment of registration) in selected sub-counties and locations in Kajiado (Kajiado Town and Ildamat in Kajiado Central), Embu (Riandi, Nthawa, Gitiburi and Thura in Mbeere North) and Kisumu (Kachogo and Kakola in Nyando).

These counties and sub-counties have been selected based on multiple criteria: i) they represent a range of diverse contexts, mixing rural, peri-urban and urban contexts and therefore offer an opportunity to test the scheme in different environments; ii) are relatively easy to access and well connected; iii) have a number of children in line with the fixed budget available for the pilot. As the programme is universal by definition, it is crucial to cover all children in the target areas and hence to identify areas with a number of children in line with the budget; iv) have good on-the-ground presence of implementing institutions; v) have relatively high malnutrition rates.

What: UCB Cash and Other Benefits

The UCB pilot will provide to beneficiary children and their families:

- Cash transfers, amounting to 800 KES per month per child, which will be paid bi-monthly to a female caregiver or an alternative caregiver within the same household, using mobile money
- Nutrition messaging and counselling through community structures (CHVs and CPVs), mass media and community groups
- Positive parenting messaging and counselling through community structures (CHVs and CPVs)
- If applicable, referral to the National Council For Persons With Disabilities and other specific services for PWDs, as well as trainings on disability inclusion

How: Registration and Enrolment

Recipients for the programme will be registered and enrolled during a one-off registration period. As the pilot has a limited duration, for simplicity there will be no on demand registration or exit from the programme, meaning that registered children will stay on the programme for 12 months.

Children under 3 (on the day of registration) from households residing in the target locations for at least the past 12 months are eligible.

When registering and enrolling in the programme, caregivers must be accompanied by the child(ren) to be registered.

Applicants should show the following documents when registering:

- National ID of caregiver who will receive the payments
- Birth Certificates/Birth Notification of child – IMPORTANT: potential beneficiaries are encouraged to get a birth notification or birth certificate before registration, as this is necessary to be part of the programme
- Foster care certificate; where applicable
- Disability card; where applicable
- SIM card for the Safaricom payment – IMPORTANT: potential beneficiaries are encouraged to register with a Safaricom simcard

Applicants will have to provide the following information:

- Date of birth of the child (from the birth certificate or notification);
- ID number of the caregiver to whom the benefit will be paid;
- Disability card number of child, if relevant;
- Address of the caregiver and child; and,
- Mobile phone number with an MPESA account to facilitate the Safaricom payment.
- Nutrition and Disability Screening if available

The registration is planned for the month of October, in specific registration points in the locations (which will be communicated).

Efforts will be made to avail birth registration upon registration into the programme but, as this cannot be guaranteed in every location and every day at this stage, beneficiaries are encouraged to get a birth notification or birth certificate before registration.

Payments and the provision of counseling are expected to start in November. Payments will be bi-monthly (so if the first payment is in November the others will be in January, March, May, July, September). Beneficiaries will receive a flyer with the payment cycles upon registration.

ANNEX 6: BROCHURE (KISWAHILI)

Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes
State Department for Social Protection, Senior Citizens Affairs & Special Programme

MAJARIBIO YA MANUFAA KWA WATOTO WOTE



Serikali ya Kenya, Pamoja na washirika wake, inasajili watoto wote walio chini ya umri wa miaka mitatu katika mpango wa kuwasajili watoto wote katika sehemu tajika

- Je Una Mtoto wa umri wa chini ya miaka mitatu?
- Je wewe ni mkaazi wa kata ya Kajiado Township ama Ildamat?

Kati ya tarehe 6 hadi 10 Novemba, Wahesabu watatembelea kaya zote husika kuwasajili watoto

Kusajiliwa, unahitaji yafuatayo:

1. Watoto wote wanaostahili kusajiliwa
2. Kitambulisho cha mhusika mkuu wa mtoto
3. Birth Certificates/Birth Notification of child, or letter from the area chief confirming age of the child
4. Mother Child Health (MCH) Booklet
5. Foster care certificate; where applicable
6. Disability card; where applicable
7. A Mobile money number registered in the name of the principal caregiver

Mtoto wako anastahili kusajiliwa

Jamii ninazostahiki zitasajiliwa kato ta tarehe 4th na 5th Novemba 2021 kama ifuatavyo:

Kata	Kata Ndogo	
Kajiado Township	1 Market	Chiefs Office
	2 Majengo	ACC's/D.O's Office
	3 Hospital	Saint Paul ACK Church(Moipel Primary/Uwanja ya Hospitali)
Ildamat	1 Esokota	Chiefs Office Oloilalel Dispensary
	2 Olkiloriti	Chiefs Office (Duka Moja) Osimlai School

Kwa maelezo zaidi, wasiliana na wafuatao:

1. Chifu ama naibu wa chifu
2. Afisa wa watoto aliye karibu
3. Zahanati ya afya iliyo karibu

**Mpango huu unalenga Watoto wote
MTOTO YEYOTE ASIACHWE NYUMA**



ANNEX 7: LIST OF ENUMERATORS**EMBU COUNTY**

NO.	NAME	I.D NUMBER	PHONE NO
1	Isabella Muthoni Mwangi	36675669	705582051
2	Job Mugendi Mwaniki	29415247	707017680
3	Moureen Nyamburah Kaigai	32271579	716668722
4	Vincent Mutugi Njagi	34789006	793292418
5	Lewis Mwangi Mucheru	29523084	701394871
6	Onesmus Mugambi Njiru	32974056	792934357
7	Evans Nyaga Mugo	32496278	799317978
8	Muturi Simon Waweru	34157486	710490079
9	Isaac Kithaka Kiura	22795248	721553719
10	Njagi Tyson Nyaga	38764706	110448077
11	Njeru Isaac Mbogo	29712807	719843840
12	Nthigah Mercy Ngendo	38477595	745019638
13	Patrick Kimanti Njue	33338552	790213004
14	Elias Murimi Ngaari	32841822	712490015
15	Irungu Regan Maina	36753451	769640817
16	Amos Nyaga Mbura	28878357	706106551
17	Njiru Alfonse Kinyua	32939563	769518494
18	Joseph Mugendi Ngari	31364772	712123185
19	Ann Karugi Namu	35606662	741232153
20	Martin Thatima Wainaina	30231156	718649235
21	Samson Mburu Kamau	27469201	720137502
22	Marvin Mark Masika	33959910	715053782
23	Ephantus Njoroge Babu	27957425	726998873
24	Mwangangi Martin Mugendi	33943823	714913664
25	Morris Muchira Nthia	34938158	702758305
26	Elias ngari murimi	25638261	711364333
27	Mutaba Brian Wachira	34197217	795199728
28	Fidesio Muchiri Mbaka	30118457	705118915
29	Boniface Njuki Mbaka	32379350	712624535
30	Christine Wangari Nyaga	32925285	701675971
31	Ephon Wawira Njue	40027730	799503320
32	Zerah Gaceri Njagi	36655677	745046786
33	Dorcas Kagunda Njiru	35851125	741581640
34	Pauline Wanjira Nyawira	33186826	792551112
35	Evelesley Thaara Njeru	36162685	723007048
36	Charles Kariuki	33800670	725471196
37	Silvia Wanja	37837359	713170278

38	Janice Kagendo	30410287	727204564
39	Peris Waithera	30583664	745047099
40	Earnest Makau	32407017	701074642
41	Joy Brenda Murugi	35388781	705546059
42	Rose Njoka Kiathi	31393841	706487556
43	Shelmith Njeri	33045398	703222647
44	Caroline Murugi Njuki	36969563	758660222
45	Mario Njagi Muturi	35050265	797127331
46	Solomon Munene Ngai	36312870	757091539
47	Mercy Murugi Njeru	35823136	791282974
48	Njuki Shalif Murangiri	29580878	704224603
49	cynthia Mukami Muturi	37610878	745866688
50	Daisy Kaari Munyi	33340392	714243449
51	Erickson Mugendi	34186842	707507360

KISUMU COUNTY

First Name	Middle Name	Third name	Phone No.	ID Number
Eve	Auma	Oyola	0729918447	30184608
Sylvia	Juma	Odongo	0704278818	28181622
Peter	Ochieng	Alando	0715540958	30002280
Evalyn	Atieno	Ngode	0723320767	23559909
Mary	Odwar	Aguko	0714993825	22402341
Julius	Akede	Ojwang	0740637368	2549392
Wheeler	Winston	Ouma	0714719714	40160178
Steve	Ochieng	Alai	0705294884	28638529
Charles	odhiambo	Ouma	0728868698	26890927
Helen	Akelo	Ochieng	0706306242	39232627
Susan	Anyango	Oricho	0714396780	12706696
Florence	Anyango	Oriwa	0702503770	30008926
Nereah	Adhiambo	Ochieng	0714941841	37689877
Sharon	Akoth	Owili	0742816419	36587792
Lavender	Owese	Omondi	0741650051	35792994
Ijai	Rose	Mbasu	0111412867	38933150
Pauline	Wanjiku	Kuria	0718857816	31542002
Vivian	Achieng	Onyango	0742098244	30218659
Anne	Akinyi	Ogola	0713322022	29720657
Victoria	Achieng	Oyola	0708776179	23587335
Emmah	Achieng	Ngere	0720731490	23629967
Doroth	Achieng	Ogur	0710304085	27275342
Emmaculate	Aoko	Ooro	0745431687	27896266
David	Odhiambo	Oyieko	0719641906	33872812

Sylvester	Otieno	Ariaro	0721866948	28740595
Phelix	Okoth	Ondiek	0798836642	35717580
Geofrey	Otieno	Ogala	0723566903	22707241
Russell	Otieno	Odhiambo	0721402088	35922336
Terry	Adhiambo	Wagara	0728036785	27493980
Joydawince	Otieno		0748131090	37922358
Charles	Obara	Odhiambo	0716858487	32907992
Agnes	Atieno	Odeny	0748465901	39414378
Donna	Domtyl	Anyango	0718919387	33601536
Pamela	Anyango	Ouno	0701536826	28978064
Victor	Ogweno	Adayo	0720159158	28978064
McDonald	Mumia	Shiundu	0704451281	28221714
Christine	Akinyi	Omondi	0715453875	22261844
Scovia	Awino	Abudha	0705663535	33763344
Hylina	Akoth	Opiyo	0700529383	36147831
Sharon	Akinyi	Aoko	0798653533	37694370
Bevaline	Akoth	Omolo	0716411708	39393959
Vincent	Onyango	Okiro	0748818575	35912880
Dan	Owuor	Olang	0790605400	33176271
Yona	Nyawalo		0791657309	33195511
Serphine	Aoko	Juma	0111910190	39165204
Wayne	Kaindoya	Onyango	0710634301	39851243
Trizer	Makungu	Mudenyoo	0708291896	32629174
Milka	Auma	Odero	0704911735	21471389
Terry	Emaulet	Adhiambo	0111609708	39174856
Carolyne	Akinyi	Odoyo	0748619145	36959437
Hellen	Marbel	Ondoo	0705017359	30503547

KAJIADO COUNTY

#	First Name	Middle Name	Third name	Phone No.	Id No
1	Annet		Oregeh	254799548285	23066030
2	Brenice		Nashipae	254727556084	35430378
3	Candittah		Njeri	254720223648	31466212
4	Christabel		Mbayisi	254722953121	11837773
5	Christine	Wairore	Wahome	254720417059	34498999
6	Cotildah		Cheptei	254707195380	32117296
7	Daniel		Kiptanui	254741863055	31817833
8	Dorcas		Wairimu	254768639364	25315132
9	Elvis	Mukonyo	Sencha	254711664265	30979598
10	Faith	Lanoi	Lesimpi	254740468950	39246086

PROCESS REPORT – MASS REGISTRATION OF BENEFICIARIES FOR THE UCB PILOT

11	Florence		Muthoni	254703589030	34326042
12	Francis		Ogutu	254706171982	30207043
13	Harriet	Simpano	Sayiore	254768898399	39133879
14	Jackline		Yiamoi	254707478720	31949628
15	Jacob		Motabo	254702267244	23288687
16	James		Ngoiri	254708603039	31208809
17	Janet	Sekeyian	Runkes	254758922898	37079169
18	Johnson		Katei	254721160304	28717313
19	Judy	Moraa	Mokua	254792090589	30595816
20	Kennedy		Mageto	254798138462	32118871
21	Khalfan		Magoso	254799591188	34045820
22	Kiprotich		Langat	254714693116	35592386
23	Larry		Shennah	254720992489	24607831
24	Leah	Wambui	Kamau	254718609773	35430441
25	Longinus		Shamatali	254701885078	32585674
26	Louisa		Kemuma	254792275432	37773917
27	Margaret	Wangeci	Mwangi	254745190016	30437306
28	Margaret	Wahito	Karoki	254724794359	22446338
29	Micheal	Muli	Kimile	254700085572	32543866
30	Miriam	Seita	Saisa	254724836217	24835442
31	Munira		Sadaa	254705412006	33223762
32	Oscar		Kiteki	254716737293	35041724
33	Philip		Ntimama	254792529014	30023619
34	Phillippah	Nairiantoi	Milanoi	254745175559	37393452
35	Rahma		Mohamed	254702721783	23471630
36	Richard		Kimeu	254700591067	34546945
37	Richard		Saoina	254723081886	35427740
38	Salome	Njoki	Njeri	254746330888	38441334
39	Sammy	Sumare	Ntooki	254729767578	33527652
40	Sharon		Lasiti	254716422474	35423966
41	Shirley		Nasei	254722779687	24969592
42	Sian		Sakina	254741215217	36027057
43	Sophie	Waiu	Kimeu	254720367434	22538078
44	Stephani		Nashipae	254718549945	36125792
45	Suwedi	Saruni	Adam	254718160659	33648184
46	Sylvia	P	Lemomo	254720315448	31060259
47	Willy	Machere	Gichimu	254790431312	37039325
48	Wilson	Ngala	Wechuli	254746139705	38400037
49	Winny		Koitee	254721254150	30641085