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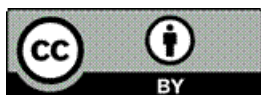
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ABSTRACT

Community-Based Inclusive Development (CBID) projects in Kenya aim at empowering marginalized groups, especially people with disabilities (PWDs) and rural poor people by encouraging them to be integrated in health, education, livelihood, and social lives. Although somewhat promising, many CBID projects are challenged by the problem of long-term sustainability, which is, in part, explained by the lack of engagement with beneficiaries and the implementation models that are not based on bottom-up principles. The traditional monitoring and evaluation (M&E) approaches utilized in such projects emphasize quantitative deliverables (e.g. number of beneficiaries served or activities accomplished) but pay little attention to the qualitative aspects of lived experiences, perceptions, and changing priorities of beneficiaries. The practice of Beneficiary Contact Monitoring (BCM), a participatory version of impact monitoring, which constitutes direct, continuous interaction with target beneficiaries to receive their feedback, experiences, and levels of satisfaction, is a vital practice which is highlighted as underutilized in this conceptual paper. The paper is based on the thematic analysis of the literature on the subject matter on the theory of participatory development principles and stakeholder theory along with the empowerment frameworks and the Kenyan practices of development monitoring to formulate an understanding of the concept of BCM and conceptualize it as a process that involves building real-time feedback loops. Some of the ways that the implementers of the projects would determine improved ways of aligning the intervention with the local needs and context include field visits, focus group discussions, beneficiary led tracking, and community voice platforms among others. The discussion reveals that BCM is advantageous in that it enhances the sense of project accountability, initial detection of issues, a dynamic management approach, and civic ownership. Particularly, the barriers to including the vulnerable populations should be addressed because their peculiarities are usually not considered in aggregate reporting. Finally BCM transcends technical surveillance into becoming an ethical imperative of equal and sustainable development that supports the notion of leaving none behind. The article promotes the systematic incorporation of iterative BCM strategies, including the formalized Beneficiary Voice Mechanisms, throughout the CBID project lifecycle to bring about the true inclusivity and strength to Kenyan community development initiatives.

Keywords: Beneficiary Contact Monitoring, Community-Based Inclusive Development, Kenya, Project Sustainability, Participatory M&E, Marginalized Groups, Persons with Disabilities, Feedback Mechanisms.

INTRODUCTION

Background of the Study

Inclusive and community-based approaches have become the focus of the global development agenda as critical pathways towards achieving Sustainable Development Goals (SDGs) especially in low- and middle-income countries. In Kenya, this has been seen through the replacement of traditional community-based rehabilitation (CBR) by Community-Based Inclusive Development (CBID) that aims at mainstreaming persons with disabilities (PWDs) and other marginalized individuals in every facet of community living (Gona et al., 2020). CBID projects are designed as partnerships between the governments of nations and counties, non-governmental organizations and local communities, aiming at the critical areas, such as health, education, livelihoods, and social protection.

The adoption of CBID initiatives within Kenya has been accelerated by the progressive legal system in place, which is based on the constitution of 2010 and the persons with disabilities act. These endeavors are supposed to resolve the past discrimination of PWDs and rural poor as they seek to advance rights-based, participatory development (Bunning et al., 2020). Nevertheless, even with massive investment and existing such projects, there has been a lot of sustainability problems in most CBID projects. Top-down management practices have traditionally led to low levels of ownership by the target communities, hence low long-term outcomes.

Concurrently, with the national and international requirements of heightened accountability, transparency, and evidence-based programming in development interventions have been increasing. Traditional systems of monitoring and evaluation that pay more attention to the output indicators have not proven useful in reflecting the lived experiences and changing requirements of the beneficiaries (Kimote & Muchai, 2024; Oginga, 2023). Such ignorance of the impact at the ground level, in terms of project design, highlights the necessity of more informed and participatory monitoring systems.

Conceptualization of Beneficiary Contact Monitoring

Beneficiary Contact Monitoring (BCM) refers to a more direct and systematic approach of engaging project beneficiaries to collect their opinions, experiences, and feedback on the relevance, effectiveness and impact of development interventions (Munene & Severina, 2020). It

goes beyond traditional monitoring because it focuses on personal interaction with, and qualitative data gathering by traditional practices like household visitation, focus group conversations, key informant interviews, and community scorecards.

Unlike the top-down M&E systems where in most cases it uses proxy indicators and self-reporting by the implementers, BCM places beneficiaries at the central point of monitoring process. It considers them as major channels of information, but not as recipients of services. The method is especially important in Community-Based Inclusive Development (CBID) initiatives whose objectives are varied and situation-specific, such as persons with disabilities.

According to Kadurira (2021), the participation of active stakeholders in the monitoring and evaluation process is essential in the sustainability of projects because of the sense of ownership and accountability. BCM can thus serve as both a learning process and an accountability mechanism to allow project teams to identify emerging issues, modify strategies as well as make interventions responsive to the realities of beneficiaries. It is a change in approach towards beneficiary surveillance to beneficiary surveillance.

Problem Statement

Although Community-Based Inclusive Development (CBID) projects in Kenya are rapidly expanding, there still remains a fundamental gap in the gap in project design and reality on the ground. Although these projects are expected to foster inclusivity and empowerment of persons with disabilities and other marginalized populations, most of them do not attain any long-term results because of the insufficient direct contact with beneficiaries during the implementation and monitoring of such initiatives (Mutinda, 2024).

The majority of CBID initiatives continue to operate on the basis of traditional top-down monitoring and evaluation systems which place a high priority on quantitative outputs indicators and self-reported data by implementing agencies. The method often lacks important information on real experiences of beneficiaries, accessibility issues, evolving needs, and satisfaction levels. Consequently, the new issues are not addressed even before the project has failed to perform (Kamau et al., 2025).

This lack of systematic Beneficiary Contact Monitoring has been associated with low community ownership, lack of accountability, and marginalization of voice of the most vulnerable groups

especially persons with disabilities. This does not only negate the effectiveness of the project, but also goes against the principles of the participatory and rights-based nature of CBID. Most projects have problems with relevance, adaptability, long-term sustainability without a system of continuous and direct feedback on beneficiaries.

Rationale/Significance of the Study

This study's rationale stems the fact there is an urgent need to bridge the gap that exists between the traditional monitoring practices and the realities experienced by beneficiaries of Community-Based Inclusive Development (CBID) projects in Kenya. It is through the conceptualization of Beneficiary Contact Monitoring (BCM) that the paper is able to make a contribution to the scarce literature in the area of participatory impact monitoring, particularly where projects are aimed at persons with disabilities and poor people living in rural areas. It enlarges the current body of knowledge in the stakeholder theory and participatory development in the Kenyan context (Amuni et al., 2025).

Practically, the study offers development actors with the strategy to promote project relevance, accountability and sustainability by organizing the feedback on beneficiaries. This plays a critical role in minimizing wastage and enhancing the long term effects of CBID initiatives. Policy-wise, the findings can justify the improvement of monitoring frameworks in Kenya according to the Bottom-Up Economic Transformation Agenda and the disability inclusive policies. The research eventually enhances the principle of leave no one behind by encouraging more effective and accommodating developmental practices (Jirma & Mbataru, 2026).

Research Objectives

The conceptual paper intends to discuss the role, and opportunities of Beneficiary Contact Monitoring (BCM) in context of enhancing the effectiveness, accountability and sustainability of Community-Based Inclusive Development (CBID) projects in Kenya.

Specific objectives include:

1. To conceptualize BCM in the context of participatory frameworks of monitoring and evaluation that are used in inclusive development programs.

2. To examine how way systematic and direct beneficiary engagement can fill gaps in the conventional top-down M&E strategies, which are generally applied in Kenyan CBID projects.
3. To explore how BCM can be used to enhance project flexibility, social inclusion, community ownership and sustainability over the long term.
4. To propose feasible plans on how iterative BCM practices can be incorporated into the project cycle of CBID interventions in Kenya.

CONCEPTUAL AND THEORETICAL FRAMEWORK

Theoretical Foundation

The theoretical foundation of this conceptual paper is anchored on four of the complementary frameworks namely; Participatory Development Theory, Stakeholder Theory, Empowerment Theory and Sustainability Theory. All these theories explain why Community-Based Inclusive Development (CBID) projects in Kenya need Beneficiary Contact Monitoring (BCM) to be successful and inclusive.

Participatory Development Theory posits that the local community should be actively involved in the process of determining the nature of interventions by effectively shaping them instead of only receiving them (Mwangangi et al., 2024). The theory was founded on the critique of the top-down models of colonial and post-independence, with the main focus on actual involvement in the monitoring and evaluation of the project to make it more relevant, to provide ownership, and to increase long-term feasibility. BCM operationalises this theory in CBID settings by changing beneficiaries particularly persons with disabilities and rural poor to co-monitors who offer real-time qualitative feedbacks.

This is supplemented by the Stakeholder Theory that states that the success of the project relies on the organization of the relationships with all parties involved, such as beneficiaries who are the main stakeholders (Njue et al., 2021). The theory maintains that, without the inclusion of major stakeholders in the process of monitoring, there is misalignment, low accountability and failure of the project. The Kenyan public project situation presented by Njue et al. (2021) shows that the relationship between implementation and sustainability depends on stakeholder participation.

The Empowerment Theory further strengthens the foundation by developing the process in which the marginalised groups exercise control, voice and influence in the decisions that impact their lives (Orondo, 2025). BCM serves as an empowerment tool since it allows persons with disabilities and other vulnerable populations to express barriers, priorities, and lived experiences that are usually not addressed through the conventional quantitative M&E.

Lastly, Sustainability Theory emphasizes the fact that the long-term project impact must be managed through continuous loops of feedback and adaptive management (Zakayo, 2025). Combined, these theories make a sound lens whereby BCM is not a choice but a theoretical compulsion of really inclusive and sustainable CBID in Kenya.

Conceptual Model

The paper presents a conceptual model, the independent variable is Beneficiary Contact Monitoring (BCM), which has a direct effect on CBID Project Success and Inclusion as the dependent variables in Kenyan Community-Based Inclusive Development projects.

The four dimensions of observation operationalised in BCM include the following; (1) the frequency of direct field interactions with beneficiaries, (2) the systematic gathering of qualitative feedback through participatory instruments (household visits, focus group discussion and community scorecards), (3) the timeliness and depth of corresponding beneficiary voices, and (4) the incorporation of the feedback in project decisions. These dimensions create dynamically functioning feedback loops that make it possible to identify deficits in inclusions early.

CBID Project Success and Inclusion is the dependent variable that is measured using four variables, namely sustainability of interventions, level of social inclusion (particularly among persons with disabilities and rural poor), community ownership and the overall project effectiveness/adaptability.

BCM is mediated by two variables between the outcome of the projects; (a) increased accountability and transparency and (b) adaptive management capacity. BCM enhances accountability through lessening the dependency on proxy data and enables communities to keep implementers accountable, whereas adaptive management enables the projects to change strategies in response to lived realities, instead of fixed pointers.

Moderating variables are geographical accessibility, technological infrastructure and cultural appropriateness that might make or limit the BCM-success relationship in rural Kenyan settings. This model is based on the existing participatory frameworks, which indicate that the practices of community-based monitoring have a positive impact on the project performance due to the presence of shared decision processes and the mechanisms of actionable feedback (Makori & Ombui, 2024). It also corresponds with facts that stakeholder engagement in M&E planning and governance results greatly in timely accomplishment, budgetary compliance, and scope accomplishment (Dahir and Mose, 2024; Leariwala, 2021).

The proposed conceptual model shifts the top-down and output-oriented CBID monitoring to the dynamic and beneficiary-centred system, in which persons with disabilities and marginalised populations will be the active co-monitors. Such a framework will offer the theoretical framework through which further sections will be presented and the practical roadmap that will be used to implement BCM in the project cycle.

Key Concepts in CBID in Kenya

Community-Based Inclusive Development (CBID) in Kenya has evolved into a more expanded and rights-based approach in Kenya instead of the traditional Community-Based Rehabilitation (CBR), which mainly included rehabilitation services into the model (Gona et al., 2020). CBID targets various areas such as health, education, livelihoods, social participation, and empowerment with focus on systemic change but not individual interventions.

The foundational concept is inclusion that involves the elimination of barriers, physical, attitudinal, institutional, and environmental to allow equitable participation of the PWDs in the society. This method does not consider disability a personal deficit but rather as a consequence of the interplay between impairments and unaccommodative environments (Bunning et al., 2022). Central to meaningful participation is the central role of ensuring that PWDs and their representative organizations are actively involved in the processes of planning, implementation, and monitoring to ensure that interventions are driven by their priorities so as to create a sense of ownership.

Another core element is empowerment which entails developing the ability among the PWDs and families, as well as communities to mobilize rights, resources and oppose exclusion. CBID in Kenya is also aligned to national framework including the Constitution of 2010 (Article 54) as

well as the commitments of the United Nations Convention on the Rights of Persons with Disabilities that strengthen non-discrimination, accessibility and equal opportunities (Karisa et al., 2025).

Community ownership and sustainability focus on local leadership, culturally relevant approaches, and using the existing organizational forms such as self-help groups as well as community health promoters in creating long-term change. CBID, in contrast to top-down models, assigns PWDs as change agents as opposed to passive recipients, and it is especially important in rural areas where marginalization is aggravated by poverty, stigma, and isolation (Bunning et al., 2020). The two interrelated ideas strive to build resilient and inclusive communities that embrace the concept of the leave no one behind principle.

THE CONTEXT OF COMMUNITY BASED INCLUSIVE DEVELOPMENT IN KENYA

Overview of CBID Projects in Kenya

CBID is a significant evolution on earlier Community-Based Rehabilitation (CBR) models in Kenya, transitioning to a model that focuses on the active inclusion of persons with disabilities in all aspects of community life. This has changed greatly due to international non-governmental organizations and their local partners which aim at creating a systemic change as opposed to mere medical intervention. An example is CBM Kenya that has become the leading player in this sector, holding annual partner sensitization workshops with a wide range of needs, such as livelihoods, accessibility, education, and humanitarian action (Girl Child Network Kenya, 2024). It is characterized by a unique methodology in combining both the neglected tropical disease work with Disease Management Disability and Inclusion (DMDI), which is a strategy aimed at strengthening the existing health systems to make them owned by the community and the government (Medbox, n.d.).

A practical application of these principles can be found in Kilifi County in the Inclusive Communities project that started in 2023. This initiative was undertaken by the Basic Needs Kenya with the help of the Irish Aid and is aimed at the rights and the participation of persons with disabilities, specifically, women, girls, and the persons with mental health/psychosocial disabilities (IATI Standard, 2023). This project has the following architecture; empowerment of Organizations

of Persons with Disabilities (OPDs) to advocate themselves, economic visibility through Village Savings and Loan Associations (VSLAs), and the inclusion of all in both civil and governmental structures (Basic Needs Kenya, 2023).

CBID in Kenya is further expanded geographically and thematically to a humanitarian and specialized health setting. MERU Inclusive Trachoma Wash-plus Project (MINT) in the Meru County makes CBID intersect with emergency response, as it supports families with drought consequences and has its core focus on disability inclusion (CBM Global, 2023). Locally, these local endeavors are planned to conform to Kenya Eye Health Strategic Plan where community-based programs would be directly linked to the five years plan of the country regarding health system fortification (Medbox, n.d.). Moreover, Kenyan organizations also continue to engage in the African discussion on disability rights; the fact that the Kenya Society of the Blind took part in the 7th CBR/CBID Africa Conference in 2024 in Entebbe, Uganda, emphasizes the necessity to share knowledge on the regional level and adopt cross-border best practices (Kenya Society for the Blind, 2024).

Challenges in Traditional Monitoring

The problem of traditional monitoring and evaluation (M&E) of Community-Based Inclusive Development (CBID) projects in Kenya are associated with entrenched systemic challenges that tend to hinder the achievement of their potentials. One of the issues that are of concern is how the top-down administrative frameworks are still in place to the disadvantage of the very individuals they are supposed to benefit. Studies undertaken in Machakos County point to the exclusion of people with disabilities as key decision-makers and overseers of project accounts since even though community involvement is always mentioned in project documents, it is usually limited to the lower-level group activities (Kimani, 2016). This unnatural engagement is augmented by deplorable deficits in resources. In slums such as Kibera, surveillance activities are often paralyzed by inadequacy of skilled employees and professional workforce ability, and financial perennial insufficiency to enforce stringent and comprehensive data gathering (Teshome, 2017).

In addition to these structural problems, there exists a major gap in data that compromises accountability and resource monitoring in different counties of Kenya. The prevalent budgeting habits are more inclined to the integrated model rather than the actual flow of funds towards disability-specific interventions which is likely to be obscured. Such absence of separate budget

lines leaves it almost impossible to ensure that the disability advocates can check the way the resources are being spent or to ensure that the local governments are meeting the inclusion targets (Nyagaka, 2022). Moreover, such an extreme use of formal disability registration causes systematic underestimation of the population relative to a national census, which inevitably causes a lack of resource allocation and incorrect impact measurement (Nyagaka, 2022). The lack of disaggregated information is one of the most intractable challenges to the realization of whether the CBID projects are actually reducing the inequality gap.

Monitoring also faces the problem of practical implementation because of internal organizational dynamics and unexpected expenses. The experience of the OPD LEAD Project shows that monitoring activities can be stalled by the leadership conflicts and unstable governance in Organizations of Persons with Disabilities (OPDs) (CBM Australia, 2025). More so, most project planners do not properly budget on reasonable accommodation, including the provision of assistive devices or accessible means of transportation, which persons with disabilities need to be able to take part in the very process of monitoring (CBM Australia, 2025). Devoid of such a transition to continuous auditing and stronger feedback loops, projects may be abandoned halfway; in Embu County, almost a third of community projects had not been completed because of inadequate appraisal and clear decision-making (Mukaria, 2021). It is, therefore, necessary to empower the human resource by organizing special training on inclusive monitoring practices to ensure that M&E systems go beyond complying to actual empowerment (Owuor, 2016).

The Role of Community Health Promoters (CHPs) and Local Structures

Under the new legislation of the primary health care act in 2023, Community Health Promoters (CHPs) officially become sanctioned by the government as the first point of the Kenya health system and new opportunities of disability-inclusive development at the local level are now open (Repository of Kenya 2023). The Act acknowledges CHPs as community members who have been trained to provide health services to identified households and community health unit as the structure of service delivery with each unit having a maximum population of one thousand households (Republic of Kenya, 2023). The specified legislation provides a rich entry point upon which the concept of CBID can be implemented into the daily community health processes since CHPs are situated in a location where they can reach those families that cannot afford formal health services.

The practical contribution of CHPs in promoting the inclusive development is poignantly described by the experience of Angela Nzilani, a blind Community Health Volunteer in her community where she manages one hundred households (Wanjiru, 2021). The experience of Angela as a recipient and a provider of community health services shows how local structures can provide services and problematise stigmatising attitudes towards disability. She leads the health education on preventing COVID-19, trains the mother on family planning, and mentors other persons with disabilities in her community explaining that when I am practicing my work I am always reminded of my trying moments, losing sight is no joke. This would always push me to work harder to benefit others" (Wanjiru, 2021, para. 8). Through her experience, CHPs with disabilities have their own source of credibility and insightfulness when interacting with households that are affected by disability.

This potential has started to be used systematically by innovative programming. An Amref Health Africa and Roche East Africa partnership developed a two-year programme that will train community health workers living with disabilities on how to create awareness of breast and cervical cancer in 7 counties in Kenya (Amref Health Africa, 2021). The project educated thirty blind and forty-two deaf community health workers together with those people without disabilities, with adaptive technologies such as use of smartphones by deaf workers as well as the interactive voice record feature by blind workers (Amref Health Africa, 2021). This strategy acknowledges that CHPs with disabilities are not merely participants in an inclusive programming, but empowers who can broaden the reach of the health system to marginalised groups besides showing that disability does not reduce capabilities of contribution.

The informal health systems are also important through the local structures. The community-based mapping and participation planning projects available in informal settlements reflect how structured communities can produce evidence that can inform development (Marano, 2022). The example of Mukuru Special Planning Area in Nairobi demonstrates how transdisciplinary activism and community-created data can facilitate the local government in the upgrading efforts to combat structural barriers to inclusion (Marano, 2022). Likewise, youth participatory research that employs photovoice techniques has guided the young individuals to capture the hindrances to inclusion and come up with tangible interventions to the most urgent among them (Mburu et al.,

2022). These strategies are in line with the CBID principles that make communities as a source of knowledge and decision-makers, as opposed to passive beneficiaries.

The Primary Health Care Act clearly stipulates that county governments must make sure that CHPs are properly provided by remuneration, training, supervising and supplying them (Republic of Kenya, 2023). To actualise this mandate of inclusive CBID, long-term investment in legislative framework and the grassroots set up to actualise it is important.

WHY BENEFICIARY CONTACT MONITORING MATTERS: CORE ARGUMENTS

Enhancing Accuracy and Data Quality

The fundamental weaknesses of the data quality that afflict conventional reporting in community-based programming are resolved by beneficiary contact monitoring. The shortcomings of traditional methods became highly evident with the 2020-2021 report on Kenya conducted by the Auditor General, which found systematic malpractices such as commission payments to administering banks in irregularities, deceased beneficiaries stayed on the payroll, individuals with the same bank account number, and those beneficiaries registered in more than one programme (Wanzala, 2024). These results indicate that administrative information, without direct checks on beneficiaries, cannot be used to guarantee integrity in the program and capture the real beneficiary services.

The Enhanced Single Registry (ESR) is a strategic approach to these issues of data quality in Kenya, a socio-economic database that will automate the elements of social registry and integrated beneficiary registry (Joint SDG Fund, 2021). The ESR has shown the ability to handle information on more than one million beneficiaries of four national cash transfer programmes since its launch and social registry module has registered households in Makueni and Vihiga counties at a rate of more than ninety per cent of targets (Joint SDG Fund, 2021). The infrastructure establishes the technical basis of beneficiary contact monitoring, this is through the creation of a central point of truth against which the programme implementers can check the status of beneficiaries and the receipt of services.

The significance of personal contact with beneficiaries to get data accuracy is not limited to financial programmes to disability inclusion per se. Kenya State Department for Social Protection

with the National Council of Persons with Disabilities and UNICEF have initiated the Humanitarian Innovation Program-NIKO that has been the first to implement parent-led, crowd-sourced data collection where families, via digital self-registration portals, formally recognise children who previously did not exist in the official systems (Ministry of Labour and Social Protection et al., 2026). This model essentially restructures the production of information on disability whereby the external professional who evaluates the beneficiaries, is replaced by the beneficiaries and their families who detail their situation. The model assumes a combination of demographic, medical, and functional data collection using One-Stop-Shop models of Bootcamp that entail Ministries of Health and Education and specialised partners with the creation of directories to inform humanitarian response and market shaping assistive products (Ministry of Labour and Social Protection et al., 2026).

Regional comparative experience underscore why contact with the beneficiaries is critical to sound disability information. Although both Kenya and South Africa have incorporated internationally comparable disability data collection instruments like the Washington Group Short Set into national surveys, disability statistics are still disaggregated across sectors with studies showing that disability is more prevalent in women and older individuals with poorer functional outcomes among those noting greater impairment (University of Rwanda College of Education, 2026). These results indicate that even standardised tools fail to cover the lack of direct contact with different disability groups. The inability to unify data even with a powerful survey instrument is the problem that only the University of Rwanda College of Education (2026) refers to as the basic difference between the genuine intentions of the policy and the actual experiences of the persons with disabilities, and only the active involvement of the beneficiaries can help to overcome it.

The Gombe State benchmarking visit to the ESR in Kenya showed that the social registries become outdated rapidly in case of the absence of regular re-updating of the list with the help of beneficiary contacts. The Nigerian delegation clearly mentioned that their current data on single registry was old, and located information on beneficiaries was problematic, one-on-one groups like fishing communities particularly had gaps, and political interference and duplication of the information was a continuing problem (National Social Protection Secretariat, 2023). What Kenya did in contrast is to realise that data quality does not only need initial registration, but continued

verification by interacting with beneficiaries themselves, so that data on household composition, circumstances and needs become up to date and useful to those who implement the programmes.

Improving Accountability and Transparency

Contact monitoring of beneficiaries is an important tool that enhances accountability and transparency in social protection and CBID programmes. The recurrent records of systemic breakdowns of the cash transfer programmes in Kenya reveal that until direct interaction with beneficiaries, the funds to be given to vulnerable groups such as persons with disabilities are much vulnerable to misuse and diversion. According to the report released by the Auditor General in the financial year 2019-2020, 12,188 beneficiaries were enrolled in two different social programmes at the same time, which led to Sh266 million payments under both programmes with no documents indicating why they were registered to be under two different programmes (Odhiambo, 2021). This result reveals the facilitation of administrative opacities that allow what the Auditor General defined as a failure to verify that payments were a legitimate charge on the public funds (Odhiambo, 2021, para. 8).

In the case of the COVID-19 pandemic cash transfer programme, the lack of significant accountability due to the lack of contact with beneficiaries was evidenced. The research by Human Rights Watch revealed that the programme, which was aimed to assist vulnerable families, including people with disabilities, has covered less than five per cent of the eligible families in the informal settlements of Nairobi (Human Rights Watch, 2021). The researchers noted that before the selection of beneficiaries, the role assigned to the village elders and chiefs was to make sure that friends and relatives were registered, and one of the chief admitted that he did not know how the officials came to the beneficiary numbers because they did not ask him on the ground (Human Rights Watch, 2021, p. 9). This system failure in transparency implied that thousands of families based on the persons with disabilities or taking care of the family members (with underlying conditions) were not given a chance to receive support; they were at the same time not provided with the means of requesting and contesting such decisions (Human Rights Watch, 2021).

The compliance monitoring of the Older Persons Cash Transfer programme by the Ethics and Anti-Corruption Commission admittedly acknowledged that transparency needs direct contact with the beneficiaries. According to the EACC Director Vincent Okong'o, it was required that monitoring be conducted to ensure the programme is transparent, accountable, efficient, effective and

responsive to the needs of targeted beneficiaries, and the monitoring exercise was to visit the regional offices and discuss the policies, procedures, and practices with government departments and stakeholders (Wanzala, 2024, para. 6). Importantly, terms of reference of the EACC identified weak points, loopholes and escape routes of the non-compliance that can only be identified using administrative data (Wanzala, 2024, para. 17). This will recognize the fact that as the Auditor General investigation repeatedly illustrates, the revenue review and its absence of conduction of benefits checks will not uncover the problem like consumers with the same bank account number being included in the payment lists or the payment of the dead (Wanzala, 2024).

These failures in accountability were also reported to be systemic as investigative journalists identified that millions of climate adaptation funds did not reach the target farmers in Turkana County with the auditor general of Kenya reporting billions of shillings that were unaccounted at the supposed responsible agencies (Jemsby, Thompson and Atellah, 2020). The enquiry found that the faults were caused by a set of bad communication, low-level corruption, and late delivery, which substantiates the idea that cash transfers are not as corruption-free and transparent as their adherents want to make them out to be without strong beneficiary interaction (Jemsby, Thompson and Atellah, 2020, para. 5). In the case of CBID programming in particular, where the disabled are already disadvantaged by other factors in seeking access to information and redress mechanisms, contact monitoring by the beneficiaries is not just an added value to demanding transparency promises become actionable accountability promises to the most marginalised.

Promoting Social Inclusion and Equity

Contact monitoring of beneficiaries is an effective tool of facilitating social inclusion and equity by exposing those people to the systems who are invisibly treated. A study of informal settlements in the city of Nairobi namely Korogocho, Viwandani, and Mathare has shown that the most vulnerable members of the society such as persons with disabilities, children as head of households, and the elderly are usually out of sight of the support of the government and as a result end up missing out on important services despite them specifically targeted (Arise, 2024). The Ajibika initiative of the ARISE consortium has specifically adopted the leaving no one behind agenda to increase equity of the vulnerable members of the community and giving them a voice and making them visible through direct interaction (Arise, 2024). This observation highlights the

fact that even the best programmes do not produce equal results in the absence of deliberate strategies to target the marginalised groups.

The Persons with Disabilities National Policy 2024 is categorical in acknowledging that in order to foster inclusion, intersectional inequalities of women, children, youth, and older persons with disabilities must be tackled (Kisia, 2025). The policy enhances gender-sensitive projects like Community-Based Care Support Systems to cover the unique problems of vulnerable populations, and entails a renewed interest in data and evidence-based planning by a National Survey on Persons with Disabilities and a targeted Disability Census (Kisia, 2025). These commitments take into consideration that no equity can be realized without systematic interaction with persons with disabilities themselves to be aware of their situation and needs.

The Mama Siri helpline project of This Ability Trust can show how close interaction with beneficiaries can turn inclusion from a righteous theory to an actual practice. The toll-free service, which operates in twelve counties (Kwale, Mombasa, Nairobi, Kilifi, Kisumu and Kakamega), allows women and girls with disabilities to report problems and get timely assistance, and is expected to be expanded to twenty counties by January 2026 (Kenya Tribune, 2025). Most importantly, the project focuses on the issue of communication accessibility through offering voice and text messages as it acknowledges that members of the deaf community should be offered alternative engagement avenues (Kenya Tribune, 2025). This physical contact has recorded that women with disabilities are often not allowed to make their own healthcare choices, with parents/caregivers deciding instead, as well as structural causes such as inaccessible sanitation facilities, high occupancy in the maternity wards, and absence of sign language interpreters (Kenya Tribune, 2025). Such insights, which are only accessible as a result of contact with beneficiaries, are the direct inputs to the four policy recommendations by the organisation such as training Community Health Promoters on disability inclusion and providing women with disabilities with the opportunity to make independent decisions about their lives and health (Kenya Tribune, 2025).

Women and girls with disabilities in Isiolo County still encounter significant obstacles receiving the necessary services, and the deaf community is one of the most vulnerable groups despite Kenyan Sign Language becoming the third official language in the country (The Standard, 2025). Abdia Abdi is an advocate and disabled mother who goes by the name Mama Siri who is an important liaison between the disabled and those providing the services in the industry, aided by

This Ability Trust to facilitate the access of women and girls with disabilities to important services such as reproductive health care (The Standard, 2025). The fact that there is a paucity of trusted data about persons with disabilities has been shown to be one of the most significant challenges in her work since most of them are not registered and are unable to receive disability cards that can enable them to access essential support services (The Standard, 2025). Darmi Kosi is a deaf widow and a mother of four employed in the judiciary who is not able to receive reproductive health care due to poor communication skills by most health care providers who do not understand sign language, and who poorly attend to the client despite her professional status (The Standard, 2025). These testimonies were collected using the first hand experience and it proves that equity should not be satisfied with the presence of the services but the real access to them, and the only constant communication with the beneficiaries could confirm this point.

Jumuisha project, a three-year project initiated in partnership with the Consortium of Disabled Persons in Kenya by the National Council of Persons with Disabilities with the help of CBM, is an example of how organized interactions with persons with disabilities can lead to inclusive results at a large scale (Kaiga, 2025). The project, which is piloted in the counties of Kakamega, Nakuru, Kilifi, and Isiolo, will focus on enhancing the livelihoods, promoting inclusive education, and decreasing the prevalence of diseases by the means of capacity building, advocacy, and multi-stakeholder partnership (Kaiga, 2025). The project operates in Kakamega, in particular, in five sub-counties that assist in provision of assistive devices and mobility in assisting in registering Social Health Insurance Authority, and obtaining a birth certificate and national identity cards (Kaiga, 2025). Kakamega County Coordinator said more than 350 people were registered and awarded disability certificates in a single day upon receiving outreach programmes, which otherwise took a very long time to get at the health facilities at the individual level (Kaiga, 2025). This face-to-face, community-based approach has a significant impact on equity through its elimination of bureaucracy that leaves persons with disabilities systematically out of their rights.

The progression of the Inua Jamii programme into more non-discriminative payment systems is another example of how working with beneficiaries facilitates equity. Upon realising the difficulties faced by elderly people, especially those with disabilities, the programme has come up with the M-PESA payments, with more priority given to persons with disabilities to access this new mode to receive payments easily through near agents instead of waiting in long queues to

transact their business in crowded banks (Akinyi and Atieno, 2024). The local committees set in the villages of beneficiaries make the programme more responsive to the beneficiaries since concerns are addressed very quickly through the local committees, facilitating timely follow-ups (Akinyi and Atieno, 2024). These modifications, which are the result of the direct experience in the lived life experiences of beneficiaries, prove that equity needs to be engaged in consistent learning and adaptation in accordance with what persons with disabilities themselves state as the obstructions to their full involvement.

Facilitating Adaptive Management and Learning

Beneficiary contact monitoring is a very important tool that will aid in adaptive management and learning within the organisation in CBID programming. The constraints of conventional, top-down monitoring are especially apparent where programmes are exposed to challenging real-world implementation issues that are subject to constant change due to feedback on beneficiaries.

The improved feedback mechanisms that are already being incorporated into the social protection systems of Kenya symbolize the fact that direct interaction with beneficiaries would result in more responsive program management. According to the work on the Enhanced Single Registry by the Joint SDG Fund, social protection systems are becoming more aware of the fact that the feedback mechanisms have been established to enable the non-governmental organisations to monitor the programme delivery (Joint SDG Fund, 2021, para. 3). These mechanisms enable implementing agencies to track challenges arising as they go by and make timely adjustments, instead of finding out failures only after end-of-project appraisals when it is too late to take some corrective measures.

The importance of adaptive management informed by beneficiary contact was directly identified in the structure of the NIKO initiative in Kenya, designed and implemented by the State Department of Social Protection in collaboration with the National Council of Persons with Disabilities and UNICEF (Ministry of Labor and Social Protection et al., 2026). This project actively shifted the focus of the static registration to the ongoing activity, relying on parent-mediated crowdsourced data collection, when the families are filling in online self-registration websites that they provide records of their conditions (Ministry of Labour and Social Protection et al., 2026). The model shows that beneficiary learning is not a single event but a continuous process that should be put into programme systems. The initiative develops directories to communicate

both short-term humanitarian response and long-term market creation of assistive products based on demographic, medical, and functional data collection through "One-Stop-Shop" Bootcamp models, which show how data generated by the beneficiaries can be used to improve iterative programme design in many areas (Ministry of Labour and Social Protection et al., 2026).

The comparative experiences of other regions support the centrality of the beneficiary feedback in adapting the management. The modernisation of the Jamaica social protection systems explicitly focused on inclusive implementation strategies that embraced the involvement of a broad group of actors, including government, financial institutions, payment providers, micro-, small-and medium-sized businesses, advocacy groups, and above all the beneficiaries themselves (Joint SDG Fund, 2023, para. 11). This consultation was not just a consultation but a constructive programme direction towards the end result, which was to support the government by having an established direction of travel in future innovation in this vital sector of service provision (Joint SDG Fund, 2023, para. 11). The Jamaican experience has shown that contact of beneficiaries leads to creation of practical insights required to ensure that the systems develop as per the needs of the users.

The Indonesia adaptive social protection programme is also a good example of how learning and adjustment are made possible through feedback mechanisms. The programme established mechanisms to make stakeholders unite to enhance cohesion of the policy and enable integration of the social protection system and feedback systems gave civil society organisations power to monitor service delivery (Joint SDG Fund, 2021). Most importantly, partners were gathered to support the methodological strategies of managing disasters and climate change by enhancing the use of early warning systems and risk monitoring tools, providing evidence that the beneficiaries and communities could learn to shape immediate programme adaptations as well as future strategic development (Joint SDG Fund, 2021). In the case of CBID programming in particular, where individuals with disabilities encounter a variety of challenges, which can be highly contextually specific, to inclusion, it is not only beneficial but necessary to have an ability to adaptively manage these challenges.

Building Trust and Ownership

The importance of beneficiary contact monitoring is fundamental in establishing confidence between the implementers of the programmes and the communities, and at the same time, encouraging true ownership of persons with disabilities themselves. The link between direct

involvement and trust building is established in the literature on development studies, as the studies have shown that social capital, as well as trust is inherently connected with effective cooperation performance in community-based projects (Zhou et al., 2023). The consistent attempt to involve beneficiaries in programmes is a good sign that the voices and experiences of persons with disabilities are important, and thus the relationships between programmes and beneficiaries may be built on mutual respect and not on transactional service provision.

The development of the social protection systems in Kenya shows how the contact of the beneficiary develops institutional trust. The design of the Enhanced Single Registry includes purposeful input of feedback mechanisms to enable civil society organisations to monitor the programme delivery of the monitoring programme, which opens a path through which beneficiaries can report their concerns and create an agenda to adjust the programme (Joint SDG Fund, 2021). This method acknowledges that trust cannot be freely given but rather it should be earned, by showing responsiveness to the needs of the beneficiaries. As communities realise that their feedback is being translated into practical changes be it in the payment schedule, the availability of services or the way they are being treated by the programme staff, their trust in the particular programme as well as the entire social protection system grows.

The role of trust is especially high when the focus is set on the programmes that have not managed to involve the beneficiaries in any meaningful ways. A study of commercialisation in agricultural systems in Kenya shows that there are more complicated interactions in which declining informal sharing systems are accompanied by market integration, but such shifts may not always signify a failure of solidarity within communities (Kubitza et al., 2024). However, the research established that even though some farmers were experiencing diminished solidarity because of less informal exchange of vegetables, others considered traditional solidarity to be a compulsion to some extent, and a new source of social exchange in the form of cooperatives and exchange of knowledge to be developing (Kubitza et al., 2024). This observation highlights that trust and solidarity are not fixed but they change in response to the changing conditions and that the programmes should keep on interacting with communities to comprehend how the connections are being changed.

Community ownership in CBID programming means shifting the token consultation to actual partnership in the decision-making. The Trust Maturity Framework working through the experience of South Africa community trusts provides critical insights to the implementers of

CBID, reminding them that regulatory compliance may not change the needle on the community prosperity without including more fundamental capacity and empowerment concerns (Firfirey et al., 2025). The framework determines that it is important to instil the significance of the community members as a unit as well as offer them meaningful support in order to unlock inherent barriers that constrain the potential of trusts in order to guarantee community empowerment and growth (Firfirey et al., 2025). In the case of CBID programming, this will mean that organisations of persons with disabilities are not just consulted but they participate in the monitoring design, data interpretation, and adjusting the programmes.

The Jumuisha project's approach in the Kakamega County relating to disability certificate registration can be used to show how direct involvement creates trust and ownership. With the use of outreach programmes, more than 350 individuals were registered and given disability certificates within a day compared to the long-term process of visiting health facilities one by one (Kaiga, 2025). This community-based strategy eliminated bureaucracies at the same time showing that the programme was aware of the time and situations of beneficiaries. Correspondingly, the fact that Mama Siri helpline has been extended to twelve counties and added voice and text message services, signifies how features of accessibility convey respect to a varied range of communication requirements and establish trust among the members of the deaf community who are often marginalized in the mainstream communication processes (Kenya Tribune, 2025).

The fact that community-based monitoring is governed is in itself important in terms of the ownership development. Beneficiaries gain stake in programme success when they actually have some control over what is monitored, the collection of data and the way the findings can be utilized. It is a stark contrast to the situations when communities are not involved in financial and governance decisions, but are made on their behalf, which creates a disillusionment and wears down trust (Firfirey et al., 2025). The articulate utilization of the Ajibika project of the so-called leaving no one behind agenda, where the voices of vulnerable members of the community, such as persons with disabilities, are given more attention, testifies to how the practice of monitoring can be redesigned into an empowerment, but not surveillance instrument (Arise, 2024). In the case of CBID programming in particular, where historically persons with disabilities were the objects of charity and not agents of their own development, beneficiary contact monitoring would provide a solution to a way of radically restructuring power relationships.

CHALLENGES AND OPPORTUNITIES IN KENYA

Barriers to Effective Contact Monitoring

Implementing beneficiary contact monitoring in CBID programmes is an intervention with multidimensional barriers in terms of infrastructural, social, and systemic. A study conducted in the largest informal settlement in Nairobi, Kibera, shows that people with mobility problems face massive physical barriers to access that block their involvement in monitoring efforts directly (Bührer et al., 2023). The research results identified that traditional assistive products, including wheelchairs, though necessary and being considered a human right, are not easily accessible, and so many persons with disabilities have to go around spaces in which physical access is too complicated and use alternative methods (Bührer et al., 2023, p. 12). Such physical marginalisation of spaces of community where monitoring usually takes place, implies that the most marginalised persons are excluded in a systematic manner, when it comes to feedback.

Communication barriers is a major barrier especially to populations that are hearing impaired. A study of refugees and individuals with disabilities in Nairobi revealed that hearing-impaired individuals always experience difficulties with communication with service providers, and health professionals, as well as mobile money agents, are no exception (Prazak and Meyer, 2022). The researchers identified that since not all people know how to operate sign language and most services are voice-based, such as call centres or hotlines, the study observed that participants had to feel marginalized, which researchers have termed as communication challenges and hinder meaningful interaction with the monitoring systems (Prazak and Meyer, 2022, p. 27). Such obstacles do not stop at the interactions between individuals to the systemic exclusion of feedback systems that are not designed considering the needs of different communication patterns.

The digital divide is providing all the more barriers as the monitoring systems move to technological based platforms. Although higher levels of mobile phone ownership are among persons with disabilities in Kenya, the number of people who have access to smartphones is still low, and the cost of the data is still prohibitive to many people (Bührer et al., 2023). These challenges are specifically recognized in the Humanitarian Innovation Program-NIKO partnership, with the idea that involving populations into data collection will necessitate conscious efforts of reaching those who will not be able to use digital self-registration portals (Ministry of Labour and

Social Protection et al., 2026). In the absence of other engagement opportunities, technology-based monitoring is prone to the disappearance of exactly the beneficiaries who need the most urgent services.

These challenges are also compounded by systemic barriers in implementing organisations. A study of community-based projects in the Embu County determined that a lack of continuous auditing and appraisal, with thirty-seven percent not completely done, was indicative of the failure of the system to develop sustainable monitoring frameworks (Mukaria, 2021). The research highlighted that proper monitoring would be impossible without strong feedbacks and open decision-making during project stages, which lack commonality (Mukaria, 2021). The resource limitations recorded in Kibera such as a lack of skilled personnel (34.4%), staff capacity (34.4%), and financial limitations (18.8%) prove that the even the most well-intended monitoring activities do not succeed without a long-term commitment of institutions (Teshome, 2017).

The monitoring of contacts may be hindered by governance issues in organisations of persons with disabilities themselves. Leadership wrangles, lack of consistent governance structures, which make the monitoring process challenging, and underestimation of costs towards inclusive support such as assistive devices and reasonable accommodation by implementers is an experience that has led to gaps in the planned and actual monitoring activities of the OPD LEAD Project (CBM Australia, 2025). These results highlight the importance of the fact that the development of effective monitoring of beneficiary contact necessitates not only the need to tackle the barriers facing the persons with disabilities but the need to enhance the organisational ecosystems within which such monitoring takes place.

Technological Opportunities

The opportunities associated with technological innovations offer the possibility to overcome the traditional barriers in benefits monitoring through contact of beneficiaries in CBID programmes. Enhanced Single Registry (ESR) in Kenya illustrates how digital infrastructure can revolutionize data gathering and interactions with beneficiaries since it will be a socio-economic database that automates the social registry and the integrated beneficiary registry features (Joint SDG Fund, 2021). The ESR has been able to handle data of more than one million beneficiaries in four national cash transfer programmes since its inception in July 2021, and the social registry module has successfully registered households in Makueni and Vihiga counties at more than ninety percent

rates (Joint SDG Fund, 2021). The infrastructure develops the technical basis of systematic contact with beneficiaries by developing a center of truth against which programme implementers can check the status of beneficiaries and receipt of service.

Mobile money systems provide rather promising opportunities in regard to combining monitoring with the provision of services. Individuals with disabilities, beneficiaries of the Inua Jamii programme, are prioritized in the introduction of M-PESA payments, which allows them to benefit the new method without having to wait in a long line at a bank (Akinyi and Atieno, 2024). This new payment technology can also open up possibilities of tracking via mobile transaction data that can give an organisation real-time data on whether the payment has been made, and satisfaction surveys and feedback systems can be hosted on digital platforms. The use of local committees in the village of beneficiaries provides the immediate response to follow-ups and address the concerns in a timely manner, which proves how technology can be used as a complement rather than another tool to engage human interaction (Akinyi and Atieno, 2024).

The NIKO initiative is a groundbreaking example of using crowdsourcing to collect data, a project by the State Department of Social Protection, Kenya, along with the National Council of Persons with Disabilities and UNICEF, which uses digital self-registration portals to engage the parent in officially recognising previously invisible children (Ministry of Labour and Social Protection et al., 2026). This practice transforms the very nature of those who produce information on disability by placing the role of generating knowledge via the data collection efforts of external professionals who evaluate the beneficiaries of the program to those of the beneficiaries and their families, who describe their situation. The model uses the One-Stop-Shop Bootcamp models of Ministries of Health and Education and specialised partners to collect demographic, medical, and functional information and formats to make directories that inform both humanitarian response and market Shaping assistive products (Ministry of Labour and Social Protection et al., 2026).

Adaptive technologies that are specifically tailored to address the needs of persons with disabilities increase the scope of monitoring to hitherto marginalized groups of people. Amref Health Africa and Roche East Africa collaborated to train thirty blind and forty-two deaf community health workers based on adaptive technologies such as smartphones, which deaf workers use and interactive voice recording feature, which blind workers use (Amref Health Africa, 2021). The same technologies can be implemented in the monitoring of contacts of beneficiaries and allow

different people with disabilities to engage in feedback mechanisms on equal terms. On the same note, the accessibility of communication provided by the Mama Siri helpline, which offers voice and text messaging services, shows that the access to communication can be integrated into the monitoring systems since deaf people in the community are to be engaged through alternative means of communication (Kenya Tribune, 2025).

Cultural Appropriateness

Cultural appropriateness of the beneficiary contact monitoring needs profound knowledge of the community norms, power relations, and their social organization that influence the experience and engagement of people with disabilities in program activities. A study of the African indigenous vegetables in Kenya shows that even with the integration of the market, the decrease in informal sharing schemes occurs, but the shift does not invariably signify the deterioration of community solidarity (Kubitza et al., 2024). The authors discovered that although solidarity was perceived to be weaker among some farmers because of the decreased informal sharing of vegetables, other participants felt that old-fashioned solidarity was coerced to some extent and novel types of social interaction like cooperatives and the exchange of knowledge were introduced (Kubitza et al., 2024). In the context of CBID monitoring, this discovery highlights the fact that cultural appropriateness is a process that needs continued interaction with the community in order to learn how interrelations change as opposed to a traditional framework.

The intersection of disability with other social identities requires culturally sensitive surveillance methods. A study of the women and girls with disabilities in the Isiolo County indicated that though the Kenyan Sign language is recognised as the third official language in the country, the deaf community members are still among the most vulnerable groups to service exclusion, and the healthcare providers, can communicate with them in a very poor way (The Standard, 2025). Darmi Kosi is a deaf widow and mother of four who works with the judiciary and has trouble accessing reproductive health services since most medical professionals do not know sign language, which leads to poor care as well despite her professional status (The Standard, 2025). Monitoring should be culturally responsive as the deaf communities form a linguistic and cultural minority whose communication requirements are not addressed by generic inclusion approaches.

Family and community dynamics play a great role in the way the persons with disabilities can be involved in monitoring activities. A Mama Siri project reported that women with disabilities were

often deprived of agency in their healthcare facilities with a parent or a caregiver making health-related decisions on their behalf, a fact that underscores the cultural dictum regarding disability and gender in silencing direct beneficiary voices (Kenya Tribune, 2025). Monitoring should be culturally appropriate and it has to work around these dynamics, by providing safe spaces, where individuals with disabilities can express themselves without interfering with family structure. The policy considerations of the initiative such as training Community Health Promoters on issues related to disability inclusion and making sure that women with disabilities have the autonomy to choose show how monitoring insights can be used to inform culturally sensitive programme improvements (Kenya Tribune, 2025).

The language and communication preferences between disability communities differ greatly and need different methods of monitoring. The voice and text messaging feature of the Mama Siri helpline acknowledges that the members of the deaf community have different ways of engagement, whereas the participants of the Amref Health Africa partnership, who exploit the interactive voice recording to the use of the blind workers, indicates that technology can be used to address various needs (Amref Health Africa, 2021; Kenya Tribune, 2025). Cultural appropriateness carries further than translation to understanding that certain societies might feel more at ease using an oral language than using a written language, sharing group discussion, instead of using an interview, or using a community leader who will be known and trusted by the community to do the interview instead of an outsider.

In cultural appropriateness, community-led monitoring projects provide good models. The Ajibika project by the ARISE consortium adopted the no one left behind agenda particularly to improve equity among the at-risk members of the community and allow them to be heard and seen by engaging them directly (Arise, 2024). According to the experience in Mukuru Special Planning Area in Nairobi, transdisciplinary activism and locally generated data can help the local government to spearhead upgrading programs that mitigate structural obstacles to inclusion (Marano, 2022). On the same note, youth participatory research through photovoice has empowered young individuals to record exclusion barriers and come up with tangible measures to their most urgent problems (Mburu et al., 2022). Such strategies place communities as the holders of the knowledge instead of the source of data, which is consistent with the cultural beliefs concerning the collective decision-making and the self-parliament of communities.

TOWARDS A MODEL FOR ENHANCED BENEFICIARY MONITORING

Integrating Participatory M&E Approaches

By integrating participatory monitoring and evaluation measures in the CBID programming, power dynamic changes radically as persons with disabilities become the active participants in the programme effectiveness and are not passive sources of information. An example of how participatory techniques can produce rich and contextualised knowledge of disability and inclusion is the Photovoice project in Korogocho and Viwandani informal settlements in partnership with LVCT Health, which was introduced by ARISE (Arise, 2023). The community co-researchers, which contained older people, community health volunteers, people with disabilities, and children leading households, were taught how to use smartphones in capturing their lived experiences in terms of ethics and techniques of photography. It was a consultative and co-creation process with the community groups and assisted us to uncover significant themes and priorities to the research work, with every participant choosing five images that aligned to their story, and the in-depth interviews helped to understand them more (Arise, 2023, para. 2). This strategy proves that participatory M&E is not only about the process of gathering information but allowing communities to put into context what is relevant.

The example of the Jaramogi Oginga Odinga University of Science and Technology project in the Siaya County explains how institutionalisation of participatory approaches will capacity-build disability inclusion at various levels. The project developed state-of-the-art Disability Skills Lab with assistive technologies such as JAWS, Orbit Reader and braille embossers, and at the same time created crucial parent and caregiver support groups especially women-led groups that facilitate peer learning and resource accessibility (National Research Fund Kenya, 2025). Most importantly, the project established a cohesive PWD leadership at the county level, which enabled self-advocacy and effectively impacted policy and budgetary allocations at the Siaya County Assembly to gain better support on persons with disabilities (National Research Fund Kenya, 2025). The multi-level approach evidences that participatory M&E needs to concede beneficiaries as informants but decision-maker that can convert findings to tangible policy change.

Participatory M&E design needs to be based on the principle of Nothing about us without us. The multi-stakeholder forum on the Persons with Disabilities Act 2025 organised by the National

Gender and Equality Commission highlighted that disability organisations representatives noted that they need to be directly involved in the process of barrier identification and solution-focused solutions that consider on-the-ground realities (National Gender and Equality Commission, 2025). In the case of CBID monitoring, this would mean that organisations of persons with disabilities are incorporated in the definition of indicators, in the choice of methodology, interpretation of data, and the programme modification responses to the results.

Photovoice-based youth participatory research has made youths record the obstacles to inclusion and develop tangible interventions to overcome the most urgent issues (Mburu et al., 2022). The Mukuru Special Planning Area process shows that transdisciplinary activism and community-generated data may facilitate the use of local government to spearhead upgrading efforts that meet structural barriers to inclusion (Marano, 2022). These methods make communities knowledge-bearers and decision-makers but not the passive receivers as prescribed by CBID concepts of empowerment and self-determination.

Strengthening Feedback Mechanisms

Effective feedback must be used to bridge the gap between monitoring beneficiary contacts and improving the programme, but the experience in Kenya demonstrates that there is still a gap in the feedback collection, processing, and action process. Kisumu County Inua Jamii programme portrays the potential and the shortfalls of the existing feedback mechanisms. Local committees in the village of the beneficiaries have been put in place so that the follow-ups can be done on time and any questions will be answered, and the registration and check of the addresses can be done with the local authorities (Omondi, 2025). Nonetheless, according to residents of Ombaka in Nyando, they have continued to face problems such as wrong identification information, failure to update the systems when beneficiaries die, time lag in receiving payments as a result of switching to mobile payments rather than bank deposits, and corruption in the form of ghost beneficiaries (Omondi, 2025). These failures recorded show that there should be more than paper-based structures to the feedback mechanisms; they need to be followed up and held accountable.

The Kenya Social and Economic Inclusion Project (KSEIP) under implementation in the Nyando area is supposed to reinforce the delivery mechanisms to improve the access to the services of social and economic inclusion (Omondi, 2025). The suspension of a crucial gap is in the testimony of Susan Orwa, who provided information about an orphan child and confirmed everything with

the chief and the committee, and, nevertheless, did not receive the benefit of this fund; many more deserving individuals are obviously missing this program due to irresponsible planning and implementation (Omondi, 2025, para. 5). The fact that she urges the responsible committee in the County Assembly to assist in the process of following up with local committees and the State Department of Social Protection point to the fact that feedback mechanisms need to be in place at various levels, which would tie up community-level issues and concerns with the oversight of the national programmes.

Technology can be used to enhance feedback and this is evidenced by the Mama Siri helpline that has both voice and text messaging options because it understands that the deaf people in the society need alternative means of engagement (Kenya Tribune, 2025). Nonetheless, Inua Jamii experience shows that technological change may build new barriers in case it was not properly handled. The replacement of the bank deposits with mobile payment although possibly more convenient, has impacted the elderly who find it hard to work with the new system, people with disability, and orphans (Omondi, 2025, para. 5). Enhancing the feedback processes will also require not only the creation of channels but also their maintenance during the development of systems.

The experience of OPD LEAD Project demonstrated that the feedback mechanisms should be properly resourced. Costs in supporting inclusiveness such as assistive devices and reasonable accommodation were underestimated by implementers, which created discrepancies between what was planned to be done and what is actually taking place in the monitoring activity (CBM Australia, 2025). Lack of specific resources that would help achieve accessibility means that feedback mechanisms will have the disadvantage of dismissing exactly the voices that are most needed. The needs assessment of AT2030 programme among 84 OPDs in Nairobi, Mombasa, and Kisumu revealed that the failure to access critical information and collaborative opportunities is one of the key factors that affect how OPDs can respond to the needs of persons with disabilities (Gebbett et al., 2025). Enhancing feedback mechanisms, therefore, should have the inclusion of OPD capacity building to interact with monitoring systems and promote the programme modifications based on the experience of the members.

Capacity Building for Local Staff

Building the capacity of the local personnel to conduct inclusive, participatory monitoring is a central activity of successful CBID programming. The needs assessment of AT2030 programme

in Nairobi, Mombasa, and Kisumu (interviews with representatives of 84 OPDs in focus groups and 209 OPDs in a survey) revealed that the key gaps in capacity included restricted access to assistive technologies and digital literacy, the lack of policy engagement, and inappropriate leadership and governance (Gebbett et al., 2025). These results are directly used in capacity-building interventions, and Kilimanjaro Blind Trust Africa and Global Disability Innovation Hub hold workshops on mobile-based assistive technologies, digital skills, writing grants, advocacy storytelling, and using generative AI-based systems to aid information access and build organisational capacity (Gebbett et al., 2025). This strategy acknowledges that, developing staff capacity should be based on needs that are evaluated and not based on generic training packages.

The assessment revealed profound regional differences in capacity, where the urban OPDs in Nairobi and Mombasa usually had better equipment than their counterparts in the rural areas of Kisumu (Gebbett et al., 2025). In the case of CBID monitoring, the context-sensitive capacity building discussed in this finding is critical in the context of the particular resource constraints and accessibility issues of the staff operating in various locations. The necessity to work together and establish networks became the key in all regions, and the participants emphasized the significance of the need to create stronger networks and increase the impact of the collective (Gebbett et al., 2025). Capacity building among staff members should thus not be limited to a process of development of the individual skills, but must include the development of relationships and knowledge sharing platforms, which allow continuous peer learning.

The KISE Mashinani campaign by Kenya Institute of Special Education describes how outreach and mentorship enable staff capacity development in remote locations. With Educational Assessment and Resource Centres, KISE teams are guided through rough terrain to arrive at Modogashe in Wajir County where children with special needs get a chance to access professional assessment and support the first time (Kenya Institute of Special Education, 2025). The strategy is a combination of direct provision of services and capacity building of local educators and community health workers to be able to maintain the practices of inclusion after the visit to the outreach. The collaboration with MPESA Foundation and county governments assists in the logistics and mobilisation of the community, and it proves that to develop sustainable capacity building, it is essential to collaborate with multiple stakeholders (Kenya Institute of Special Education, 2025).

The area of leadership support in the OPD capacity building initiative is based on the identification of the representatives of the necessity to develop leadership and management skills in the executives of OPD in order to address the needs of the executives (Gebbett et al., 2025, p. 3). Paul Olang Akeyo of the Kenya Disabled Information Advisory Center underlines the fact that organisational capacity has to be invested in over a long period in order to enable OPDs to be empowered with the tools, knowledge, and networks necessary to bring change to the community in which they live (Global Disability Innovation Hub, 2025). To monitor CBID, it would be a requirement of making local staff and OPD heads possess not just the technical skills in M and E but also the advocacy, governance and mobilisation of resources needed to make the findings translate into programme improvements.

CONCLUSION AND RECOMMENDATIONS

Summary of Key Findings

The present review has discussed how the concept of beneficiary contact monitoring can be utilized under the Community-Based Inclusive Development programming in Kenya and has found that, although the principle of face-to-face contact with the beneficiary is of crucial importance, there are still certain obstacles that hinder its successful implementation. The data shows that conventional modes of monitoring which are highly dependent on administrative information and external evaluations are systematic failures to represent the lived experiences of persons with disabilities. The appearance of ghost beneficiaries, dual registrations, and dead people who still appear on payment rolls as revealed by Auditor General reports attest that programme integrity cannot be guaranteed unless they are verified directly.

Kenyan evidence is a solid source of argument in favor of beneficiary contact monitoring. One-on-one interaction increases the precision of the data because it allows the families to make self-reports about their situations as the parent-led crowdsourcing of data collection in the NIKO initiative exhibits. It enhances accountability and transparency when beneficiaries are able to report anomalies and other inconsistencies, but documentation on COVID-19 cash transfers exclusions by Human Rights Watch has indicated how easily programmes are able to neglect vulnerable populations without a proper feedback system. Social inclusion and equity relies on

visible those that systems invisibly treat on a regular basis, and Mama Siri helpline experiences expose that women with disability are deprived of healthcare autonomy.

Efficient tracking of beneficiary contact also fosters adaptive management such that programmes can change as feedback comes in real-time whilst establishing trust and ownership by communities who observe their contribution to real change. Nevertheless, there are still considerable obstacles, such as the physical inaccessibility, communication obstacles to deaf people, the digital divide of people who do not have smartphones, and the systemic resource limitations of the implementing organisations. The Enhanced Single Registry and mobile platforms are technological opportunities that can be used as avenues, but it should be applied in conjunction with culturally relevant strategies that are attentive to the community dynamics and make it accessible to all the forms of disability.

Policy Implications

The results of this review have great implication to the Kenyan policy frameworks that are concerned with social protection and disability inclusion. To begin with, the fact that persistent issues were reported in the implementation of Inua Jamii program, such as ghost beneficiaries, duplication, and the inability to enroll eligible persons with disabilities, shows that the current oversight measures are inadequate. The compliance monitoring initiative by the Ethics and Anti-Corruption Commission is a good move but should be formalised and extended to all social protection programmes extending to persons with disabilities with their findings published in an open way and taken proper action.

Second, the promises of the Persons with Disabilities National Policy 2024 to data and evidence-based planning by having a National Survey on Persons with Disabilities and a specific Disability Census should be realised with a real involvement of beneficiaries. The crowdsourcing model proposed by the NIKO initiative parent aids the development of a replicable model to be used in national data collection practices and make sure persons with disabilities and their families actively participate in the creation of the evidence shaping policy decisions impacting their lives.

Third, the acknowledgment of Community Health Promoters as the base level of the health system in Kenya, as proposed in the Primary Health Care Act 2023, opens up the opportunities like never before to use embedded beneficiary contact monitoring. CHP training regarding disability-

inclusive engagement ought to be made a requirement of policy, and clearly defined referral channels of disability issues that may be detected during household visits. CHP remuneration and support by county governments under the new Act should be dedicated by the government to inclusive monitoring equipment such as sign language interpretation and access to communication resources.

Fourth, the digital divide has been reported in this review and has implications on the wider digital transformation agenda of Kenya. With the growing shift of social protection programmes to mobile platforms, policy should ensure the maintenance of non-digital forms of engagement and demand accessibility testing with people with a wide range of disabilities prior to systems implementation. The fact that Mama Siri helpline has a voice and text option proves that the minimal level of accessibility that any government feedback platform should have is achieved.

Recommendations for Practitioners

To the CBID practitioners in Kenya, the evidence compiled in this review can be used to make a number of specific recommendations that will help enhance beneficiary contact monitoring. First, accessibility should be an essential consideration in every monitoring activity and not just a secondary consideration by the practitioners. This will involve carrying monitoring in places that can be physically visited, where necessary interpreting in the sign language, offering a variety of communicational options such as voice, text, pictorial and others and allocating sufficient budget towards these accessibility needs. The possibility of the Amref Health Africa collaboration with adaptive technologies to empower the blind and deaf community health workers proves that the access issue can be accomplished with the right planning and resources.

Second, the practitioners ought to incorporate monitoring in the current community platforms as opposed to establishing parallel systems that overloaded the beneficiaries. An example of how relying on local actors of trust can expand reach and develop ownership is the Jumuisha project in the counties of Kakamega, Kilifi, Nakuru, and Isiolo with Community Health Promoters and local OPDs. The creation of capacity of these local structures or structures by training, resource and sustainability through the assistance of the AT2030 programme OPD capacity building initiative will make sure that monitoring will be sustainable even after the cycle of a specific project.

Third, participation approaches should shift away on token consultation to actual collaborations in the designing of monitors and decision-making. The Photovoice project of the ARISE partner LVCT Health, in which community co-researchers documented their lived experiences with photography, is an example of the way participatory methods can produce more data whilst developing community capacity and ownership. Practitioners are advised to invest in training community members on the methods of monitoring and have a definite means through which findings of communities can shape changes in the programmes.

Fourth, feedback systems should be set in forms of closed loop systems where the beneficiaries should get a response on how their input was utilized. Inua Jamii programme in Kisumu where the residents report of persistent problems that have not been addressed reveals that feedback without follow-through kills trust instead of creating the same. It is important that clear guidelines are developed by practitioners on how to recognize feedback, how to communicate the decision and how to articulate cases where the suggestions cannot be adopted.

Fifth, technology is supposed to support human interaction and not to replace it. The benefits of the Enhanced Single Registry and mobile payment solutions come with increased efficiency, though still requires the ongoing investment in community-based personnel that can access those who are unable to use digital solutions. The integration of the phone access with community-based advocates by the Mama Siri helpline demonstrates the way the use of technology and human bonds may support one another.

Sixth, practitioners need to invest in organisational capacity building of OPD partners, as they understand that successful monitoring needs strong and representative organisations that would advocate on behalf of its members. The AT2030 analysis that OPDs require support in the areas of leadership, governance, digital skills, and policy engagement must be used to shape the capacity-building investments, which would empower the whole disability ecosystem instead of paying attention to such a limited number of projects.

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