



“Cash Plus” Country Case Studies
Transfer Project Workshop, 6-8 April 2016

Social cash transfers can greatly improve the lives of poor and vulnerable people through reduced poverty and improved food security. However, for households that are exposed to several stressors, a cash transfer program might not be sufficient to respond to all of the households’ needs.

There are some specific areas where the cash transfers have not yet showed a strong impact. One of the most important of these is child anthropometrics, even though programs consistently improve food security. This has led to a number of examples of cash transfer programs being combined with additional services to the households and programs addressing structural constraints to overcome these challenges.

During the Transfer Project workshop, which was held 6-8 April 2016, a number of country case studies were presented including planned and ongoing interventions that complement social cash transfer programmes. Below we have documented these case studies for other countries that might be considering ‘cash+’ type interventions. Please note this is an ‘unofficial’ summary of what was presented and/or discussed at the Transfer Project Workshop, and we encourage readers to contact the program focal point directly for further details about program design.

Below are examples from Ethiopia, Ghana, Kenya, Lesotho, Madagascar, Mauretania, Tanzania and Zimbabwe.

Ethiopia	
The cash transfer program	The Productive Safety Net Program (PSNP) provides food and cash transfers to 8 million chronically food insecure households in exchange for work in community projects or through direct unconditional transfers (labor constrained households). The PSNP started in 2005 and is now in its 4 th phase stretching from 2015/16 to 2019/20.
The 'plus' components	<p>Although the PSNP have improved the food security among its beneficiaries, high levels of child malnutrition persist and access to basic services among the poor is limited. In response to this, the PSNP4 is now linking beneficiaries to nutrition and health services. In addition, specific modalities for pregnant and lactating women and malnourished children are implemented.</p> <ul style="list-style-type: none"> • The PSNP is used as a platform for behaviour change communication where participants are asked to attend information sessions on health nutrition and sanitation; • Pregnant and lactating women and caretakers of malnourished children are asked to adhere to “soft conditionalities” to increase uptake of services, including: nutrition counselling, antenatal care, post-natal care, vaccinations, health and nutrition check-up of children and care of malnourished children; • Pregnant and Lactating Women transition from Public Work to Direct Support (unconditional transfers); • In addition, there are parallel interventions which aim to increase access to health care through a reduction of out of pocket expenditures for health through a community based health insurance.
Implementation and evaluation	<p>A pilot is currently undertaken in Oromia and SNNP regions to evaluate the integrated social services with social cash transfers (IN-SCT). The evaluation of the pilot aims to estimate the impact of the cash transfer and the presence of social workers on child nutrition, child health and child protection and assess the impact on soft conditionalities related to nutrition.</p> <p>The pilot is led by the Ministry of Labour and Social Affairs (MOLSA).</p>
Links	<p>Ethiopia's Social Cash Transfer Pilot Programme (SCTPP)</p> <p>Evaluation of the social cash transfer pilot programme, Tigray Region, Ethiopia</p>
Focal points	<p>Remy Pigois, UNICEF Ethiopia, rpigois@unicef.org</p> <p>Ato Abebe G. Medhin, Advisor to the Minister Labour and Social Affairs (MoLSA), agmedhin64@gmail.com</p>

Ghana	
The cash transfer program	<p>The livelihood empowerment against poverty (LEAP) program has provided cash transfers and health insurance to elderly, disabled and caretakers of orphans and vulnerable children (OVC) in extremely poor households since 2008. In 2015, the targeting was expanded to pregnant women and infants (children under 1 year of age) to respond to high levels of malnutrition and reduce the risk of stunting.</p>
The 'plus' components	<p>An MOU between the Ministry of Gender, Children and Social Protection (MoGCSP) and the Ministry of Health (MoH) is providing the link between LEAP and the National Health Insurance Scheme (NHIS).</p> <ul style="list-style-type: none"> Beneficiaries are automatically entitled to free health care through the NHIS. This has led to high enrolment of beneficiary households in the NHIS, households are spending less on health and health care utilization has increased.
Implementation and evaluation	<p>LEAP, NHIS and the linkages between the two programs have been implemented and evaluated. A new evaluation among pregnant women and children under 2 years is ongoing. Baseline data was collected in 2015 with a follow-up planned for 2017. A new evaluation of the entire LEAP program will commence in 2016 with a baseline and 24 month follow-up. For further details on the design of these impact evaluations go to (transfer project website on Ghana).</p> <p>LEAP is implemented by: the Department of Social Welfare (DSW) and Ministry of Gender, Children and Social Protection (MoGCSP), Government of Ghana</p>
Links	<p>LEAP as a tool to alleviating poverty (Government of Ghana)</p> <p>LEAP Impact Evaluation</p>
Focal point	<p>Luigi Peter Ragno, UNICEF Ghana, lragno@unicef.org</p>

Kenya	
The cash transfer program	<p>The Kenya National Safety Net Program (NSNP) comprise four cash transfer programs: 1.) Cash Transfer to Orphans and Vulnerable Children (CT-OVC) 2.) The Hunger Safety net Programme (HSNP) 3.) The Older Persons Cash Transfer (OPCT) and 4.) The People with Severe Disability Cash Transfer (PWSD-CT).</p> <p>Three programmes are implemented by Ministry of labour, under the Department of Social Development (OPCT and PWSD-CT and the Department of Children’s Services (CT-OVC) the other HSHP under the Ministry of Devolution and Planning, National Draught Management Authority).</p>
The ‘plus’ components	<p>A mix of approaches are planned and tested in order to respond to high levels of malnutrition, low rates of delivery at health facilities and high levels of HIV.</p> <ul style="list-style-type: none"> • Households with children 0-2 years participating in the CT-OVC or the WFP cash for assets in Kitale are targeted to for a nutrition intervention. The intervention has two components, an increase of the transfer and nutrition counselling. • An initiative from the county government in Kakamega targeted to poor mothers provide a separate cash transfer to mothers who deliver at a health facility. The transfer is disbursed at 6 instances before and after delivery. Total transfer is KES 12,000. • At the inceptive stage, work is done to explore how to integrate HIV programs with existing cash transfers in Western Kenya. The intervention would be specifically targeted to adolescents. • There is an ongoing effort to register CT-OVC participants in the National Hospital Insurance Fund (NHIF). The aim is to register 20,000 cash transfer beneficiaries. Promoted by the World Bank.
Implementation and evaluation	<p>The nutrition intervention is about to be implemented in 2016 and is being evaluated using three groups: 1.) increase in transfer (400 shilling) 2.) Increase in transfer + nutrition counselling 3.) control group (receiving the normal cash transfer).</p> <p>The separate transfer to mothers delivering at health facility is implemented and integrated at the health facility level. Baseline data for an evaluation has been collected.</p> <p>The integrated HIV programs with Cash transfers are being planned and the registration of the CT-OVC participants in National Hospital Insurance Fund (NHIF) is ongoing.</p>
Focal points	<p>Cecilia Mbaka, Social Protection Secretariat, ceciliambaka@gmail.com</p> <p>Luis Corral, UNICEF Kenya, lcorral@unicef.org</p> <p>Susan Momanyi , UNICEF Kenya, smomanyi@unicef.org</p> <p>Michael Munavo, World Bank, mmunavu@worldbank.org</p>

Lesotho	
The cash transfer program	The Child Grant Program (CGP) is an unconditional cash transfer program targeted to poor households with children implemented by the Ministry of Social Development (MoSD).
The 'plus' components	<p>High levels of food insecurity and malnutrition and 70% of the population depending on agriculture for their livelihood is the motivation behind linking food security to social protection through agriculture interventions.</p> <ul style="list-style-type: none"> • In the home gardening and nutrition program, the child grant recipients receive vegetable seeds and training for home gardening and nutrition in addition to the cash transfer. This has led to greater impacts in terms of food security. Households that were not labour constrained made greater investments in staple food production while labour constrained households increased their home gardening production. This model, with an improved home gardening productive package and technical support provided by extension services is now being applied in response to El Niño induced drought among CGP beneficiaries. • A new program, SPRINGS: Sustainable Poverty Reduction through Income, Nutrition and Government Services started in 2015 and is currently being evaluated. The package provides: community-based savings and lending, income generation, home gardening, training and improved access to government services (health, nutrition, education and protection).
Implementation and evaluation	The home gardening program has been implemented and evaluated, while SPRINGS is being implemented and evaluated over 2015/16.
Links	Lesotho Child Grant Programme and Linking Food Security to Social Protection Programme
Focal points	Mookho Thaane, UNICEF, Mthaane@unicef.org Borja Miguelez, FAO, Borja.Miguelez@fao.org

Madagascar	
The cash transfer program	<p>Le Transfert Monétaire pour le Développement Humain (TMDH) is a conditional cash transfers for human development targeting primarily poor households with children 0 to 12 years (but not excluding having older children). A second component has been added targeting same households as TMDH with children between 11-17 with the aim to increase transition rates from primary to secondary school and to keep children in secondary school.</p> <p>The objectives are:</p> <ul style="list-style-type: none"> • Improved nutritional status of children age 0-5 • Increased schooling (age 6-12) and • To improve attendance and transition of children aged 11-17 to secondary school
The 'plus' components	<p>Program elements include:</p> <ul style="list-style-type: none"> • Women's empowerment through selecting leading mothers who receive additional training and serve as leaders and facilitators for smaller groups of beneficiaries. • Coups de Pouce (nudges): including self-affirmation and plan-making as a means to guide beneficiaries how to make good choices and set out a direction for their lives. • Co-responsibilities: Households sign a contract where co-responsibilities include school attendance for children age 6-12 and a flexible co-responsibility for households with children 0-5 to attend nutrition sites.
Implementation stage and evaluation	<p>An impact evaluation will take place 2016-2018 and aim to measure impact of the cash transfer, impact of the leading mothers and the nudges (self-affirmation and planning).</p>
Links	<p>Le Transfert Monétaire « TMDH » FILET SOCIAUX DE SECURITE : 40 MILLIONS DE DOLLARS POUR 750 000 BENEFICIAIRES</p>
Focal points	<p>Mr Ratsima Rasendra, DG du Fond Intervention pour le Developement, dirgen1@fid.mg</p> <p>Docteur HANTA BARAKA Charlotte, Directeur Général de la Protection Sociale, hanta_9baraka@yahoo.fr , Tél 261 34 05 170 15 / 34 41 223 87</p>



Mauritania	
The cash transfer program	<p>The <i>Tekavoul</i> Program targets households in extreme poverty nation-wide. The objective of the program is to contribute to household income and human capital through monthly transfers. In its first phase, the programme will be conditional on the attendance of beneficiaries to sensitisation sessions aimed at behavioural change at household level. In subsequent phases, after further strengthening of the availability and quality of services in intervention areas, the program is expected to add conditionalities related to the usage of education and health services.</p> <p>The Tekavoul programme is currently starting in M'Bout (Gorgol) with 5000 beneficiaries and is expected to scale up in the course of 2016-2017.</p>
The 'plus' components	<ul style="list-style-type: none"> • The Tekavoul program is to be used as a platform for behaviour change communication where participants are asked to attend information sessions on a variety of subjects as a conditionality related to the cash transfer component ; • In parallel to the program, interventions aimed at increasing access to health care and education in the most deprived areas are planned ; • The addition of a second social protection benefit for cash transfer beneficiaries, such as the free enrolment in the 'forfait obstétrical' (maternal health insurance covering four pre-natal consultations and delivery) of participating women, is under consideration.
Implementation and evaluation	<p>A pilot of the programme is currently underway in M'Bout (Gorgol region). The pilot – and the program – is led by <i>Tadamoune</i>, the National Agency in Charge of the Fight against the Consequences of Slavery, Inclusion and the Fight against Poverty.</p>
Links	<p>Agence Nationale TADAMOUN</p>
Focal points	<p>Mr Mohamedou Ahmedou M'Haimid, Tekavoul Program Coordinator, Agence Tadamoune, mohamedou.mhaimid.2015@gmail.com</p> <p>Ms Daniela Gregr, Chief of Social Policy, UNICEF Mauritania, dgregr@unicef.org</p>

Tanzania	
The cash transfer program	The Productive Social Safety Net (PSSN) provides poor and vulnerable households with a basic unconditional transfer. Targeted households with children or pregnant women are eligible for an additional transfer conditioned on educational attainment and use of health services and households with labour have the possibility to earn cash through participation in public works project.
The 'plus' components	<p>Additional programs available to PSSN beneficiaries:</p> <ul style="list-style-type: none"> • Livelihood enhancement through savings groups and financial capacity building; • Infrastructure development to improve supply of basic services. <p>A new component focusing on youth is being planned:</p> <ul style="list-style-type: none"> • This will be a bundled intervention including economic livelihoods, gender transformation, and HIV and sexual reproductive health information and services for youth in a sub-set of TASAF households.
Implementation and evaluation	<p>Baseline data for an impact evaluation of the PSSN was collected in 2015.</p> <p>The impact of the cash plus component for youth will be evaluated with the baseline implemented in 2016/17 and the end line survey in 2018.</p>
Links	<p>PSSN Project description</p> <p>Social protection "plus" workshop</p>
Focal points	<p>Beatrice Targa, UNICEF Tanzania, btarga@unicef.org, Victoria Chuwa, UNICEF Tanzania, vchuwa@unicef.org Tia Palermo, UNICEF Innocenti, tmpalermo@unicef.org Fariji Mishaal, GoT (TASAF/PSSN), fmishaal@tasaf.org Amadeus Kamagenge, GoT (TASAF/PSSN), akamagenge@tasaf.org</p>



Zimbabwe	
The cash transfer program	<p>The Harmonized Social Cash Transfers (HSCT) is targeted to food poor and labour constrained households and provides an unconditional cash transfer based on household size.</p> <p>The HSCT is implemented by Ministry of Public Service, Labour and Social Welfare (MPSLSW).</p>
The 'plus' components	<ul style="list-style-type: none"> • Child protection is an integrated part of the HSCT. During targeting, a child protection referral protocol is used to identify and follow-up child protection cases. • Before every disbursement of cash transfers in the communities, social services and child welfare officers provide information related to the transfers (entitlements, grievance mechanisms, roles and responsibilities of different stakeholders etc), child protection, disability and HIV. • Information and services, mainly focused around HIV and disability are available at pay-points. • Additional services are planned to be added including general health information, education related information and how to access other welfare related services in each district.
Implementation and evaluation	<p>The plus components are in place and integrated with the cash transfers. Baseline data for an impact evaluation was collected in 2013 and 12-months follow-up results are available.</p>
Links	<p>Zimbabwe's Harmonised Social Cash Transfer (HSCT) Programme</p>
Focal points	<p>Leon Muwoni, UNICEF, lmuwoni@unicef.org Noriko Izumi, UNICEF, nizumi@unicef.org Zororo Gandah, GoZ, zgandah@zimnapovc.co.zw Christina Chiware, GoZ, chiware@zimnapovc.co.zw</p>