



SOCIAL CASH TRANSFER
INVESTING IN PEOPLE'S LIVES, TRANSFORMING COMMUNITIES

MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

Hybrid Approaches to Targeting – Experiences in Zambia

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Background

- ❑ Zambia has been implementing the Social Cash Transfers (SCT) since 2003.
- ❑ The SCT falls under the **Social Assistance Pillar** of the Government's **National Social Protection Policy**.
- ❑ The SCT aims to contribute towards **reduction in extreme poverty in incapacitated households**.
- ❑ The programme currently reaches a caseload of about 242,000 households receiving the transfers in 78 districts.
- ❑ The 2017 scale-up to **national scale** will reach all **109 Districts (with 106 SW offices)**. This includes expanding within the **78** implementing Districts and retargeting of obsolete pilot models. The scale-up is projected to reach a total beneficiary caseload of **590,000** households by December, 2017.

Pre-2014 Pilots

- ❑ Inclusive “Kalomo” Model targeted the bottom decile in a district or community based on incapacitation criteria. Community Based poverty assessment
- ❑ Social pensions model paid pension to individuals 60 and above based on NRC and as individual benefit (not household).
- ❑ Child grant model targeted households where the oldest child is under 5 based on under-5-card. Geographical Targeting (high poverty and high under-5-mortality). No poverty test, excluded civil servants. Entry under 36 months old (under 14 with physical disability).
- ❑ Multiple Categorical grant model targeted female headed household keeping orphans, elderly headed households (60 years and above) keeping orphans, households with at least one person with disabilities. Community based poverty assessment

Pilot Targeting Models Assessment

- In 2013 assessment of all targeting models.
 - The 10% inclusive model included all the incapacitated categories and targeted the poorest of the poor.
- Recommendations;
 - Remove the 10% ceiling
 - Conduct poverty assessment through a Wealth Index (Proxy Means Test - PMT) rather than ranking by community members
 - Incorporate key parameters from other models
 - Phase out the other models

2014 Inclusive Model

■ Eligibility

- **Residency:** Period of residence should not be less than 6 months
- **Incapacity:** All household members unfit for work or dependency ratio of three or higher. This means for every fit for work household member there are three or more dependents (=unfit for work). A person considered unfit for work if
 - Younger than 19 years,
 - Elderly (above 65years),
 - 19 – 64 years but bed ridden/chronically ill or still going to school, or
 - With severe disability.
- **Welfare estimation:** The household estimated welfare is not above a certain predetermined threshold based on the household living index (PMT).

■ Enumeration by public workers (teachers)

■ Listing of potential beneficiaries by the Community Welfare Assistance Committees (CWACS)

■ Severe disability determined during enumeration

■ Community validation

2016 Inclusive Model

The 2014 Inclusive Model was reviewed due to complaints regarding exclusion and inclusion errors.

- **New Targeting criteria:** households with
 - *older persons 65 years and over, or*
 - *a member with a disability (severe or profound) with disability certification*
- Certification done by medical practitioners
- PMT continues using affluence test to determine welfare (not poverty) status. It does not correlate to consumption, but indexes wealth based on a list of assets.
- Community Validation
- Enumeration done by Officers within Ministry and DWAC

2017 Inclusive Model

- **Residency** – the household should have lived in the community for 6 months or more
- **Incapacitation** – the Household should
 - have an elderly member aged 65 years and above
 - have a chronically ill member on palliative care (medically certified)
 - have a severely disabled member in possession of a disability certificate indicating the level of disability
 - be a Child headed household (0-18 years = under 19) (but not married)
 - be a Female headed household with 3+ children (=unmarried woman)
- **Affluence Test** – estimates a households welfare levels using information collected from households through the Social Cash Transfer Management Information System (MIS). The purpose of the criteria is to ensure that well-off households are not included in the programme

Experience with Multiple Pilots in Zambia

- The country has used multiple targeting methodologies, with a substantial role of the community volunteers in sensitising, guiding or leading members of the community.
- When implementing multiple pilot models note the following:
 - *There is need for comprehensive communication and a communication strategy for stakeholders to understand the different targeting parameters.*
 - *Tend to be expensive due to implementing different models with different requirements.*
 - *Pilots can provide valuable experiences and this is also valuable in picking a required model for scale up to national scale. Timely assessments and impact evaluation were critical in this.*

Targeting Model Implications

- Financial Capacity - Targeting method determines affordability of a programme
- Complexity in programme design is a big challenge when it comes to implementation.
- Programme financing/expansion and sustainability depends on social and political acceptability. There is need to capture the political will.
- Targeting requires a lot of flexibility. It is challenging to deal with inclusion and exclusion errors.
- There is need for implementation capacity and stakeholder involvement.
- The role of the community volunteers remains topical and should be further explored.
- Although there is no one single targeting model without inclusion and exclusion errors, there is need to ensure that the two errors are minimised.
- There is need for wider dialogue and explore ways and means of reaching out to the intended beneficiaries and making programme design a predictable too. Acceptance of design to different stakeholders is key.

Challenges

■ Certifications

- *Terminal Illness is defined as likely death in 6 months. Targeting takes 6 months. With MoH re-defined as chronic illness on palliative care. Thus dual focus, on the affected person and the caregivers (women and children).*
- *Previous disability certification was not UNCRPD-compliant. New certification developed that now partially includes environmental barriers (ZAPD plans to provide fully compliant certification in 2018)*

■ Urban targeting

- *Targeting mechanism – missing community validation*
- *Communication – how acceptable are the categories in dense population settings?*
- *What are the priorities in multi-dimensional poverty and how do they relate to the existing categories?*

“Inclusive Model” = Hybrid Targeting

- Zambia’s SCT uses a hybrid targeting methodology.
- It combines both categorical approaches with proxy means testing.

	Advantages	Disadvantages
Proxy Means Testing	<ul style="list-style-type: none">• Inclusive – anyone can qualify• Accountable• High Legitimacy – people understand targeting is not arbitrary	<ul style="list-style-type: none">• Inaccurate due to nature of proxies, huge exclusion and inclusion errors• Inadequate for not income-correlated vulnerabilities• Costly – enumeration takes time and money• Intransparent – difficult to explain
Categorical Approach	<ul style="list-style-type: none">• Cheap to implement• Transparent – easy to explain• Aligns with other objectives – disability inclusion, human capital development, women’s empowerment	<ul style="list-style-type: none">• Inclusion errors high, especially in urban areas• Excludes people outside the categories• Reinforces stigmatization

Advantages of Hybrid Targeting

- The Combination allows cross-model mitigation:
 - The reintroduction of categories simplified procedures and communication.
 - The combination allows for almost non-existent inclusion errors.
 - The combination has managed fiscal space and sustained political will.
 - The added accountability/legitimacy through PMT mitigates the stigmatization by categories.
- Further improvements
 - By reversing the Proxy Means Test from a poverty-burden of proof to an affluence burden of proof exclusion errors were further reduced. Indexing wealth based on assets avoids errors incurred from proxy measuring consumption.
 - Conceptual exclusion by selection of categories is reduced by incrementally adding more categories. This is informed by poverty profiles. For example, the dependency ratio of three (2014 model) reappears in the 2017 category female-headed with three or more children.
 - Move from push to pull-registration. Introduction of periodic registration.

Concluding considerations

- Zambia is managing a scale-up from 13 pilot districts in 2013 to 106 (109) in 2017. This is flanked by decentralised MIS, complaints mechanism, electronic payment provision, robust monitoring and evaluation and linkages to services such as SRH.
- Zambian PMT performs better because it piggy-backs on vulnerability categories.
- The Zambian PMT uses a welfare estimation to filter the top 1-3 deciles, it is not a burden of poverty proof. It measures assets, not consumption.
- There is a drive to integrate programmes in single registries and unified targeting tools. Use of PMTs should remain tailor-cut to individual programme objectives, not applied across the board.
- Currently the PMT hardly filters clients in rural areas. But it paves the ground for greater programming in urban areas and including untypical vulnerabilities in rural areas.



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THANK YOU

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