



CASH PLUS IN PRACTICE

Integrating nutrition and access to services in the PSNP in Ethiopia

Lessons learned from qualitative mid-term research on the IN-SCT pilot in SNNP region¹

The fourth phase of the Productive Safety Net Programme (PSNP4) was launched in 2015, introducing several innovations designed to strengthen the programme and its multiple impacts. The 'cash plus' Improved Nutrition through Integrated Basic Social Services with Social Cash Transfer (IN-SCT) pilot is implemented by the Ministry of Labour and Social Affairs (MoLSA) under the umbrella of PSNP4 in SNNP and Oromia regions. It tests a model of case management and integrated package of nutrition-sensitive interventions aiming to improve multiple outcomes in the areas of nutrition, health, education and access to complementary social services. The system relies on social workers, who are the driving workforce behind this integrated systems approach.

This policy brief presents findings based on the qualitative midline evaluation and additional operational research assessing service providers' and clients' perceptions in SNNP region. Research took place in five kebeles² in accessible and more remote areas in Halaba and Shashego woredas. It included 31 key informant interviews with service providers, 31 focus group discussions with PSNP- and non-clients, 5 discussions with Community Care Coalitions and 22 case studies with PSNP clients. Analysis clearly points towards the importance of a systems-approach for improving multiple outcomes of social cash transfers, the need for building capacity among service providers for making such a systems-approach work and the engagement with other sectors, including agriculture and WASH, to reinforce and sustain positive impacts.



PSNP4 AND IN-SCT PILOT

PSNP4 introduced a number of innovations in order to improve impacts. Permanent Direct Support (PDS) clients – clients who experience no temporary changes in their labour constrained capacity – now receive payments for 12 months as opposed to just 6 months per year. Pregnant and lactating women (PLW) and caregivers of malnourished children are moved from Public Works (PW) to Temporary Direct Support (TDS). TDS and PDS clients are provided with co-responsibilities, including take-up of antenatal and postnatal care, attendance at behaviour change communication (BCC) sessions and monthly growth monitoring for children. Regular school attendance for children aged 6-18 years of age is an additional co-responsibility within the IN-SCT pilot. Failure to comply with co-responsibilities does not lead to reduction of transfers or withdrawal from PSNP.

The IN-SCT pilot seeks to reinforce these innovations and achieve increased uptake of social services by PDS and TDS clients. It also works to achieve improved knowledge, attitudes and practices of all PSNP clients regarding nutritional, sanitary, health, child protection and educational behaviour. Case management represents the main mechanism for monitoring co-responsibilities and setting up linkages between services for PDS and TDS clients. Case management is undertaken by social workers (SWs) and Community Care Coalitions (CCCs). Nutrition-sensitive interventions related to sustainable agriculture in SNNP region – supported by Concern Worldwide – serve to improve nutritional outcomes of PSNP clients. Interventions include the establishment of nutrition clubs at schools, cooking demonstrations for PSNP clients, establishment of additional water points and upgrading/rehabilitation of existing Farming Training Centres (FTCs), as well as provision of seeds and/or animals to PSNP clients.

The IN-SCT pilot is implemented by the Ministry of Labour and Social Affairs (MoLSA), with support from UNICEF and Irish Aid, in collaboration with regional and woreda level representatives of the Ministry of Agriculture and Natural Resources (MoANR), Ministry of Education (MoE), and Ministry of Health (MoH). While MoANR has in previous phases of the PSNP been responsible for implementation and administration of both Public Works and Direct Support components within the PSNP, responsibility for implementation of Direct Support has been moved from MoANR to MoLSA.

NEED FOR SYSTEMS-APPROACH

Research findings provide clear evidence for the need for a systems-approach with a coherent combination of cash transfers and provision of (access to) services in order to improve multiple outcomes with respect to nutrition, health, education and child protection.

Case management by SWs and Community Care Coalitions (CCCs) facilitates crucial linkages to services by informing clients of their co-responsibilities, monitoring compliance with co-responsibilities and providing follow-up advice or support in cases of non-compliance. Such coordination across services – including policy and judicial services – also proves vital for the response to child protection cases such as abduction³. The establishment of a purposively developed Management Information System (MIS) is a key tool for SWs to facilitate programme implementation, monitor support to TDS and PDS clients and coordinate responses with other service providers. The IN-SCT pilot has provided a firm foundation for case management, allowing a move from offering ad hoc to more streamlined and harmonised responses.

Case management serves as an umbrella overarching individual components of the integrated approach that each play important roles.

A first and vital component is the regular and timely payment of cash transfers. Payment delays are a common occurrence, making it harder for PSNP clients to make ends meet and sometimes leading to children no longer being able to attend school or becoming malnourished. This takes place within a context of transfers being deemed too small to provide for household needs in an adequate manner.

A second component that is deemed crucial by clients and service providers in terms of promoting health and nutrition outcomes in particular is the transition from Public Works (PW) to Temporary Direct Support (TDS) for pregnant and lactating women (PLW) and caregivers of malnourished children. No longer having the requirement to work improves women's and children's wellbeing directly, while the reduced time burden also facilitates the ability to attend ante- or postnatal care and BCC sessions and to diversify diets. While there are some knowledge gaps on behalf of clients and service providers regarding the exact protocol underpinning the transition into TDS, findings indicate that this component is generally well implemented.

A third component of the systems-approach consists of linkages to social services, most notably health and education. Co-responsibilities prove instrumental in incentivising take-up of services, with clients reporting that they are now more likely to send their children to school and to attend ante- and postnatal care sessions when pregnant or lactating. Lack of awareness of co-responsibilities among some clients, limited interactions with service providers and lack of financial resources are constraining factors in clients' abilities to comply with co-responsibilities. Service providers' lack of awareness of their own roles within the implementation of co-responsibilities coupled with capacity constraints challenge their effectiveness.

STRENGTHENING SERVICE PROVIDERS

Social workers (SWs) and Community Care Coalitions (CCCs) – being relatively new stakeholders in Ethiopia – collaborate with established public service providers including Development Agents (DAs), Health Extension Workers (HEWs) and school directors and teachers in order to implement the transition from PW to TDS, co-responsibilities and case management. Findings highlight that strong collaboration between service providers is crucial for implementing all components of the IN-SCT systems-approach. They also point towards the need for adequate capacity – staff, equipment, coordination mechanisms – for effective service provision. Case management of PLW that are TDS clients, for example, requires collaboration between SWs, HEWs, DAs and CCCs to ensure a smooth transition from PW to TDS, implementation and monitoring of co-responsibilities such as ante- and post-natal care and follow-up in case of non-compliance.

SWs typically cover eight to nine kebeles, aiming to visit each kebele every week or every other week. This presents a high workload, undermining the ability of SWs to offer in-depth individual case management. Remoteness of certain kebeles further constrains social workers' abilities to perform their duties as envisaged.

The extent to which SWs can undertake their role is also greatly dependent on the capacity of other frontline workers in the kebele. SWs in kebeles with capacity constraints on behalf of the HEWs and DAs find it more difficult to reach out to clients and implement the IN-SCT as foreseen. Equally, clients in kebeles with greater service provider capacity report more frequent interactions with SWs and other service providers, greater awareness of co-responsibilities and higher intensities of monitoring and follow-up support. Key challenges that emerged from the research include the low numbers of staff in kebeles (particularly HEWs) and lack of physical presence in the kebeles (both HEWs and DAs).

CCCs are considered vital for offering community-based support in terms of monitoring TDS and PDS clients and offering advice or additional support when they are unable to comply with co-responsibilities or face other needs. However, experiences are mixed across CCCs; some CCCs offer proactive support such as the generation of additional resources to support those in dire need while other CCCs have not met since their establishment. Perceptions of CCCs also differ between service providers and clients, with service providers generally reporting that CCCs play a valuable role but many clients conveying limited awareness of the existence of CCCs.



ENGAGING WITH EXTERNAL CONDITIONS

The assessment of clients' and service providers' understandings of causes of food insecurity and malnutrition clearly indicate that factors outside the realm of IN-SCT play an important role. Lack of access to water for drinking and cultivation, low agricultural productivity and limited opportunities with respect to income generating activities are considered to undermine people's efforts to build livelihoods, improve material outcomes and lead more healthy lives. These factors also constrain the potential positive impacts of IN-SCT. For example, clients indicated that although they have learned and now know about the importance of good handwashing practices, exclusive breastfeeding and sending children to school, the lack of water has meant having to ration water use, spending long hours in queues to obtain water or having to send children to fetch water. Prevailing gender inequalities mean that the brunt of this burden is primarily born by women.

RECOMMENDATIONS

Research suggests that implementation of the systems-approach and its components could be strengthened in various ways.

Ensuring regular, timely and full payment of adequate cash transfers is crucial for securing clients' widely reported most essential need, namely a regular and predictable income. The widely experienced delays in payments as well as reported incidences of deductions from payments need to be addressed with the relevant agencies responsible for PSNP payments. The strongly expressed need for more financial resources for clients to be able to comply with co-responsibilities and improve living conditions at large calls for a high-level discussion about the size of transfers and the need to increase them in line with inflation at the very least.

Strengthening the awareness of co-responsibilities – both on behalf of clients and service providers – would improve their effectiveness. Clients could be provided with visual information about their specific co-responsibilities (in addition to the oral guidance that they have already received) while service providers would benefit from a refresher training on the processes surrounding co-responsibilities. In light of recent changes in policy around vital registration, one area requiring particular attention is that of birth registration and the introduction of a birth registration system.

Addressing capacity constraints on the part of service providers will be imperative to ensure effective implementation of the IN-SCT model and innovations within PSNP4.

A reduction of the caseload for SWs would greatly benefit their capacity to undertake case management and provide



tailored support that respond to clients' needs. Options to address SWs' capacity constraints within the current caseload include provision of more suitable transport for remote kebeles and stronger mandates for SWs that allows them to more firmly call on the support of other service providers in the implementation of PSNP provisions.

Support from other service providers would be enhanced by addressing staff shortages and staff turnover. The existence of staff shortages were particularly apparent for HEWs, with many kebeles not having the full-time presence of two HEWs. Turnovers in staff members at kebele level were reported on behalf of all service providers, i.e. HEWs, DAs and school staff. Underlying issues include relatively unattractive working conditions, such as low pay, high workload and poor living conditions within and remote location of communities. The provision of refresher trainings on PSNP4 and IN-SCT could motivate greater engagement with the programme and at the same time ensure that new staff obtain the required knowledge soon after being appointed. Awareness creation about service providers' roles and responsibilities on behalf of clients and community members at large can prevent undue expectations and pressure placed on service providers, such as receiving treatment at health posts by HEWs.

While the MIS is in the process of shifting from a paper-based to electronic system, the availability of in-house technical capacity regarding MIS and its software at regional as well as woreda level will be crucial to respond to any technical issues in a timely manner and to reduce dependency on outside partners. Existing MIS focal persons should be equipped with the necessary skills through training and by having access to a responsive helpdesk.

Cross-sectoral collaboration could be strengthened by creating greater clarity regarding the role of the woreda IN-SCT steering committee and its members, such as by developing clear terms of reference and accountability framework. Community-level collaboration could be

fostered by the establishment of regular coordination meetings at kebele level. These could also enhance the response to child protection cases by serving as platforms for greater awareness creation. This would require the involvement of service providers that are not directly involved in the implementation of PNSP4 and IN-SCT, most notably representatives from the police and judiciary.

The important role of external factors such as lack of water, low agricultural productivity, gendered roles and responsibilities in terms of unpaid work and care demands more engagement with such factors in order for IN-SCT to reach its final objectives.

Initiatives to improve water supply, strengthen agricultural practices and increase production already exist within the PW component of PSNP, offering a first route towards the creation of stronger engagement with such external factors. PW activities could be intensified or adapted even further to local needs. A second route could consist of placing more emphasis on support water supply and agriculture as part of the nutrition-sensitive package of support to IN-SCT. These activities do currently include the establishment of water points and upgrading of Farmer Training Centres (FTCs) but this constitutes a fairly small component.

While the transition from PW into TDS for pregnant and



lactating women (PLW) addresses women's complex juggling of paid and unpaid work responsibilities, gender inequalities remain with women bearing the brunt of unpaid work and care responsibilities. These could be addressed by BCC sessions more explicitly discussing traditional gender patterns and highlighting the role of men in the provision of care and supporting good hygiene and feeding practices. The provision of childcare at PW sites and reduction of workload of women in PW would help to lessen the burden on women when they move back from TDS into PW.

¹ This policy brief was written by Keetie Roelen, Stephen Devereux and Dereje Kebede in August 2017 and is based on Roelen, K., Devereux, S. and D. Kebede (2017) Evaluation of the UNICEF Social Cash Transfer Pilot Programme in SNNPR, Ethiopia. Midline report. Brighton: Institute of Development Studies and Roelen, K., Devereux, S., Kebede, D. and M. Ulrichs (2017) Assessing perceptions and feedback from clients and service providers of interventions carried out under the Integrated Nutrition and Social Cash Transfer (IN-SCT) Pilot, SNNP region, Ethiopia. Research Report. Brighton: Institute of Development Studies.

² The kebeles included in this research are Galato, Girme and Udana Cholkota in Halaba woreda and Shayambe Wanchikota and Shemsa Jemaye in Shashego woreda.

³ Abduction refers to the practice of kidnapping and forcing a young girl into marriage.

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