OUTLINE

- What, Why, and When to Use Cash?
- Types of cash transfer programs
- Design & Implementation
WHAT ARE CASH TRANSFERS?

- **Cash transfer programs** provide cash assistance to the poor and certain vulnerable groups who could fall into poverty.

- **Objectives:**
  - Increase the incomes of the poor
  - Help individuals and families cope with the consequences of shocks
  - Facilitate government reforms (e.g., consolidation of other social programs; compensatory measures for other reforms such as energy subsidies)
WHY CASH?

1. **Cost Effective (supply-side factors).** Can be cheaper vehicle to deliver benefits than in-kind benefits (e.g., food).

2. **Consumer choice (demand-side factors).** Because cash doesn’t distort consumer preferences or presume to know what the individual families need.
When is Cash Appropriate?

- Situations of Chronic Poverty
- Situations of Shocks
  - Emergencies with adequate food supply
  - Transitory shocks
- When delivery of benefits feasible:
  - Poor can access financial facilities (permanent or mobile)
  - Food is available

When is Cash Inappropriate?

- When supply of essential goods disrupted (e.g., wars, natural disasters)
- When administrative targeting is not possible
- Shallow financial markets (hard to move cash)
- When safety net is funded with in-kind contributions (e.g., food aid)
OUTLINE

- What, Why, and When to Use Cash?
- Types of cash transfer programs
- Design & Implementation
**TYPES OF CASH TRANSFER PROGRAMS**

- **Poverty-Targeted Programs** ("Last Resort Programs")
  - Unconditional Cash Transfers (UCTs)
  - Conditional Cash Transfers (CCTs)

- **Categorical Programs:**
  - Social Pensions (non-contributory pensions to the elderly)
  - Disability assistance
  - Family & child allowances
  - (Unemployment assistance)

- **“Near Cash” Benefits:**
  - Food stamps
  - Other vouchers
TARGETED CASH TRANSFERS: GUARANTEED MINIMUM INCOME PROGRAMS (GMI)

- **Objectives:** Guarantee a minimum income for poor households below an income threshold
- **Benefit levels:** Generally equal to the difference between monthly household income and the threshold, but vary according to household size
- **Unconditional** (usually no co-responsibilities)
- **Coverage:** A safety net for the poorest. In practice, most cover less than 5%
- **Targeting:** Usually based on income and asset testing by social workers through social welfare offices
- **Complementary** to other social protection (pensions, unemployment benefits, family allowances)

**EXAMPLES:**
- Most OECD countries
- Most ECA countries (EU new member states, Caucasus, Balkans)
- Some LICs: (e.g., Kyrgyz Republic, Moldova)
- China (Dibao program)
GMI PROGRAMS:
SIMPLIFIED ILLUSTRATION OF BENEFITS CALCULATIONS

Minimum Subsistence Level of Income

Actual pre-transfer income

Benefits vary by distance to minimum subsistence level

... There are many ways to complicate a program
TARGETING ACCURACY OF GMI PROGRAMS IN ECA (LRSA)

Usually very well targeted (but also with very low coverage)

**Distributional Incidence - Last Resort Social Assistance Programs (LRSA)**

TARGETED PROGRAMS: CONDITIONAL CASH TRANSFERS

- Twin objectives:
  - Immediate poverty relief through provision of cash transfers
  - Long-term poverty reduction by linking transfers to incentives for investments in human capital (co-responsibilities)

- Principle of Shared Responsibility
  - Give cash stipend to the poor
  - Poor need to ensure they carry out co-responsibilities

- Targeting:
  - Usually means-tested or proxy means-tested
  - Often in combination with geographic targeting

- Benefit levels and coverage vary

EXAMPLES:
- Most countries in LAC
- Several countries in East Asia & South Asia
- Several countries in Africa
- Several countries in ECA
- Several OECD countries
CCTs: MENU OF CO-RESPONSIBILITIES
(SOME EXAMPLES – PROGRAMS VERY DIVERSE)

**Education**
(Enrollment, School attendance)
* All LAC countries with CCTs
  * Macedonia, Romania, Turkey
  * Cambodia, Pakistan, The Philippines
  * Kenya

**Health Visits**
(prenatal, vaccines, child growth)
* E.g., Brazil, Chile, Colombia, Ecuador, Honduras, Jamaica, Mexico, Panama, Peru
  * Kazakhstan, Turkey
  * The Philippines

**Participate in Workshops / Sessions with Promotores**
* Chile Solidario (tailored family contract; meetings with social workers)
  * Colombia, Mexico, Panama (workshops)
  * The Philippines (Family Development Sessions)

**Productive Activities / Other**
Often as complementary services (not conditions)
* Brazil, Mexico, Ecuador
  * Kazakhstan
  * India, China
CCTs HAVE SPREAD TO OVER 40 COUNTRIES AROUND THE WORLD – WHY?

Countries with Conditional Cash Transfer Programs

1997

Why So Popular?

2010
Among the most studied of all social programs
Hundreds of studies, including academic
Widespread media scrutiny
### PROVEN RESULTS OF CCTS:
#### SUMMARY OF IMPACTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Impacts</th>
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<tbody>
<tr>
<td><strong>Social Inclusion</strong></td>
<td>• Extensive coverage in many cases</td>
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<tr>
<td></td>
<td>• Bringing poor to formal economy, “identity” &amp; use of services</td>
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<td></td>
<td>• Good targeting accuracy (high share of benefits to poor)</td>
</tr>
<tr>
<td><strong>Poverty &amp; Inequality Impacts</strong></td>
<td>• Strong in many countries</td>
</tr>
<tr>
<td></td>
<td>• Redistributive impacts depend on size of transfer, coverage of poor</td>
</tr>
<tr>
<td><strong>Labor + Positive Economic Incentives</strong></td>
<td>• Substantial reduction in child work</td>
</tr>
<tr>
<td></td>
<td>• Modest or no impacts on adult work effort (may ↑ LFP)</td>
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<td></td>
<td>• Households invest part of the transfer (income-generating)</td>
</tr>
<tr>
<td><strong>Education Impacts</strong></td>
<td>• ↑ enrollment, attendance (bring the kids to school)</td>
</tr>
<tr>
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<td>• ↓ drop-out (keep them in school longer)</td>
</tr>
<tr>
<td></td>
<td>• But less evidence of impacts on learning &amp; test scores</td>
</tr>
<tr>
<td></td>
<td>(supply-side issue; quality of education system)</td>
</tr>
<tr>
<td><strong>Food, Nutrition, Health Impacts</strong></td>
<td>• Some evidence of impacts on malnutrition &amp; food cons.</td>
</tr>
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<td></td>
<td>• More use of health services, especially among poorest</td>
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<td></td>
<td>• Some evidence of lower morbidity &amp; reduced child mortality</td>
</tr>
<tr>
<td></td>
<td>• Some evidence of higher detection of breast cancer &amp; diabetes</td>
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<tr>
<td><strong>Encouraging effects on Early childhood Development</strong></td>
<td>• Improvements in receptive language (Nicaragua)</td>
</tr>
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<td></td>
<td>• Memory gains (Ecuador)</td>
</tr>
<tr>
<td></td>
<td>• Socio-Emotional (Ecuador)</td>
</tr>
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<td></td>
<td>• Fine Motor Skills (Ecuador)</td>
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</tbody>
</table>
PROVEN RESULTS OF CCTs:
FOR A RELATIVELY LOW COST

- **Total costs of CCTs:**
  - About 0.4% of GDP for larger programs
  - CCTs often replace more expensive, badly targeted programs (fiscal consolidation)
  - Countries spend far more on regressive programs: e.g., 4% of GDP on deficits in pension systems (which largely benefit higher-income people)

- **Administrative costs:**
  - Around 10-12% for most mature, large CCT programs
  - Start-up costs can be much higher:
    - For example, in Mexico, administrative costs of beneficiary selection fell from 61% in first year (1997) to 3% in 2001.
Philosophical appeal for “social compact” along the political spectrum – but with nuanced “interpretations”

CCTs viewed as less “assistencialista” by both sides

“Left:”
Social debt to the poor
Structural impacts on poverty
Conditionalities as basic rights

“Right:”
Not so expensive (cost/GDP)
Not just a cash handout
Conditionalities as contracts

Broad political support for CCTs by parties along political spectrum in many countries:
- CCTs introduced & supported across political parties & changes in administration in Brazil, Mexico and elsewhere
“Window of opportunity” for other reforms – with important role for fiscal consolidation:

- Consolidating social programs (BR Bolsa Familia, Romania)
- Replacing less efficient in-kind transfers (Mexico)
- Facilitating reduction or consolidation of energy subsidies (Brazil, Indonesia, Moldova, etc.)

CCTs can help integrate & coordinate social policy:

- Boosting demand for health & education
- Enhancing focus on need for improving service quality (supply-side)
- Linking to other complementary services
**Objectives:** To ensure basic old-age security for those not covered by the contributory pension system.

**Eligibility:** Varies. Universal for all elderly or targeted to poor elderly.

**Financing:** mostly financed by general tax revenues.

**Benefit level & Incentive Compatibility:**
- Setting appropriate benefit level is important:
  - If high relative to minimum contributory pensions undermines incentives to contribute (Uruguay case).
  - If too low, won’t contribute to poverty alleviation, admin costs become large share of total (Argentina, Turkey).

**EXAMPLES:**
- **OECD Countries** (Australia, New Zealand, Canada)
- **Africa** (SA, Namibia, Mauritius, Botswana)
- **South Asia** (India, Bangladesh, Nepal)
- **LAC: many countries**
- **ECA: most**
SOCIAL PENSIONS: EXAMPLES

- **Universal social pensions** – Bolivia provides a *universal* social pensions (fixed cash transfer) to all citizens over 65. *Multiple objectives:* to return the equity in the privatized state enterprises to the people, to cover the large majority of elderly not covered by the pension program, and to help reduce poverty. The program costs about 1% of GDP and covers 0.7% of the population. **Georgia** is another example.

- **Targeted social pensions** – South Africa old-age pension covers all women above 60 and men above 65, subject to a means-test. The program covered about 4.2% of the population and is funded through general taxes. The total program expenditure is about 1.4% of GDP in 2000.
  
  **Impact:** Incidence of poverty; Health status of children and older people; Enrollment rates of school age children
CATEGORICAL BENEFITS: DISABILITY ASSISTANCE

- **Objectives:** To provide cash assistance to the disabled as a vulnerable group for those not covered by disability insurance

- **Eligibility:** Varies. Universal for all disabled or targeted to poor disabled. This raises two levels for screening:
  - **Disability certification.** Classification of disability, institutional set-up / roles, time limits for recertification, etc.
  - **Means-testing** / Screening based on (poverty) need
  - (Also sometimes focused on disabled children – categorically)

- **Financing:** mostly financed by general tax revenues

- **Benefit level & Incentive Compatibility:** Setting appropriate benefit level is important
  - If high relative to disability insurance undermines incentives to contribute
  - If high relative to other social assistance benefits, incentives to “get certified” for disability benefits

**EXAMPLES:**

- **Most OECD Countries**
- **ECA:** most countries
  - LAC: (e.g., Brazil, Chile, Uruguay, Barbados, Bermuda, Trinidad and Tobago)
  - Hong Kong (China)
- **Africa:** Liberia, South Africa
## Operational Definitions of Disability

### Functional vs Medical Criteria

<table>
<thead>
<tr>
<th>Definition</th>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td><strong>Functional:</strong></td>
<td>• Conceptually appropriate</td>
<td>• More complex to implement</td>
</tr>
<tr>
<td>Degree of “Inability to</td>
<td>• Conceptually appropriate</td>
<td>• Possible “discretionary” decisions</td>
</tr>
<tr>
<td>work”</td>
<td>• Consider full set of medical and other circumstances</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sensitive to context (accessibility of transportation, buildings, types</td>
<td></td>
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<tr>
<td></td>
<td>of jobs, etc.)</td>
<td>• Moral hazard</td>
</tr>
<tr>
<td><strong>Medical:</strong></td>
<td>• Simpler to guarantee equal treatment of people with same conditions</td>
<td>• Does not recognize differences in severity</td>
</tr>
<tr>
<td>Based on official list of</td>
<td>• Simpler to guarantee equal treatment of people with same conditions</td>
<td>• Does not recognize interactions among multiple conditions</td>
</tr>
<tr>
<td>impairments or diagnoses</td>
<td>• Easier to verify</td>
<td>• Lists can be politically difficult to agree on</td>
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</tbody>
</table>
INTERPLAY BETWEEN DISABILITY BENEFITS AND TARGETED SOCIAL ASSISTANCE: ALBANIA EXAMPLE

- Coverage: increasing for DB, decreasing for SA (NE)
- Benefit levels: DB 3 times > SA (NE)
- Expenditures on DB crowding out SA
- Moral hazard?

![Albania Social Assistance Spending (%GDP)](image)

**Albania Social Assistance Spending (%GDP)**

- 3.1 Ndimhe Ekonomike
- 3.2 Disability Allowance
- 3.3 Care Allowances
- 3.4 Other

Disability assistance benefits

Poverty-targeted social assistance (Ndimhe Ekonomike)
Multiple Objectives:
- Support families to reduce child-raising costs
- Child protection objectives (reduce abandonment potential)
- Support to orphans
- Pro-fertility policies (e.g., Birth allowances in ECA)

Eligibility: Varies significantly.
- Means-tested child benefit to the poor
- Universal benefit to all children under certain age (wide age range)

Benefit Levels: often flat rate

Common in OECD and East European and the Former Soviet Union

EXAMPLES:
Most OECD countries
ECA: virtually all
Africa: Malawi, South Africa
LAC: Argentina, Chile, Costa Rica
“NEAR CASH” BENEFITS: FOOD STAMPS AND VOUCHERS

- **What are they?**
  - Food stamps or coupons are cash-like instruments that can be used to purchase food at authorized retail locations.
  - Vouchers are cash-like instruments that can be used to purchase specific services.

- **Alternative Currency.** The value of the stamp or voucher is backed by government commitment to pay (reimburse retailers or service providers).

- **Benefit Levels:**
  - In theory, some link to minimum consumption basket or minimum cost of service. Some food stamps programs restrict households to only by specific foods.
  - In practice, food stamps benefits often only represent a small share of the cost of the food basket.

- **Eligibility and Administrative Requirements:**
  - Same as for cash but...
  - With added requirement of printing and distributing alternative currency.

---

Examples:

- **Food Stamps:**
  - United States
  - Jamaica (until 2002)
  - Sri Lanka

- **Vouchers:**
  - Numerous examples, see Georgia example next slide.
GEORGIA EXAMPLE: USING VOUCHERS TO COMPLEMENT TARGETED CASH ASSISTANCE

- **Cash benefits** (TSA, pensions, disability, IDP benefits, etc.)
- **PMT registry, MIS, One-Stop Shop Centers**
- **Social Services Vouchers + Child Protection**
- **Health Insurance Vouchers and other social insurance**
- **Electricity Vouchers**

Outside SSA:
- Education vouchers using PMT registry
- Ministry of justice using PMT registry for provision of legal services
OUTLINE

- What, Why, and When to Use Cash?
- Types of cash transfer programs
- Design & Implementation
COMMON ELEMENTS FOR CASH TRANSFERS
BUT NEED TO TAILOR & ADAPT TO “LOCAL REALITIES”

Country Context:
* Political economy
* Social compact
* Cultural norms
* Etc.

Institutional Aspects:
* Governance Structures (e.g., decentralization, sector organization)
* Implementation capacities

Common Elements Of Design & Implementation

“Target Population”:
* Poverty profile
* Urban or rural? Special populations?
* Level of education, health indicators
**Targeting mechanisms (usually a combination):**
- Geographic targeting
- Means-test (income, asset); proxy means
- Community-based targeting
  [To be covered in detail in another session]

**There is no “perfect” targeting:**
- Poor typically receive 40-80%
- Not efficient to narrowly target beyond 70-80% (costs, incentives, errors of exclusion)
- Political support for narrowly targeted programs?

**Entry and exit conditions:**
- Should be well known and enforced
- Recertification
- Political will to remove beneficiaries who do not qualify
- Exit criteria? E.g., higher income thresholds, earned income “disregards”
- Time limits? (But.... Chronic poverty)
DESIGN: HOW MUCH DO THEY RECEIVE?
KEY TRADE-OFFS IN SETTING BENEFITS

Size of Benefit

Higher Coverage

Size of Benefit

Incentives To Work

Complex Benefits Menus

Simple Benefits

... There are many ways to complicate a program
Option 1:
Equal payments within and across years

Option 2:
Higher payments at beginning & end of school year

Option 3: Higher payments across years (grades/classes)

Option 4: Bonus upon graduation

Other options:
• Vary benefits by household size and composition
• Vary benefits by poverty level
• Adaptations for health conditionalities

Example: CCT with Education Conditionalities
Scope of coverage largely depends on budget

Budget needs to cover:
- Annual total benefit outlays
- And administrative costs (central and local, operating agents)

With insufficient budgets...
- Arrears
- Discretionary, instead of rule-based allocation of benefits
- Partial payments
- Understaffing
- Ad hoc adjustment to inflation, erosion of purchasing power
- => reduce impacts
IMPLEMENTATION:
COMMON ELEMENTS WITH TWO KEY PILLARS

Managing Information & Registries

Managing Payments

Application Processes

Eligibility Determination

With CCTs: Verification of Co-Responsibilities

Monitoring & Evaluation

Payments Methods & Frequency

Audits, Oversight & Controls

Greivances, Appeals, Communication

Eligibility Determination

Monitoring & Evaluation

With CCTs: Verification of Co-Responsibilities

Payments Methods & Frequency

Audits, Oversight & Controls

Greivances, Appeals, Communication

Eligibility Determination

Monitoring & Evaluation

With CCTs: Verification of Co-Responsibilities

Payments Methods & Frequency

Audits, Oversight & Controls

Greivances, Appeals, Communication
IMPLEMENTATION:
NEED TO TAILOR TO INSTITUTIONAL ARRANGEMENTS & CAPACITY

• No single “blueprint”
  • Depends on country context
  • Many models

• Two Aspects:
  • Flows of Information
  • Flows of Funds $$

• Challenges:
  ➢ Administrative Capacity (Central, Local)
  ➢ Many actors (especially in decentralized context)
  ➢ Mandates and jurisdictions
  ➢ “Third-party implementation” – and need for performance monitoring & incentives

Social Welfare Ministry

Payment agent

OR

Municipalities (Block Grants)

Family

Family

Family
IMPLEMENTATION:
PROGRAMS EVOLVE OVER TIME

Complexity, Range of Functions
(as capacity develops, programs & technology evolve)

Start Simple.

Develop Capacity For basic Functions

Expand Basic Functions; Improve Coordination With other Programs & Services

Expand Linkages; Improve quality; Integrate SP System

Process not linear...

“zero” (or starting point)

time
THANK YOU