CASH TRANSFERS: INTRODUCTION & OVERVIEW



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Social Safety Nets Core Course December 2014



CLICKER QUESTION

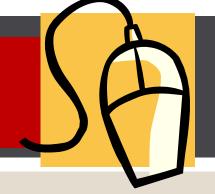


"We have poverty-targeted cash transfer programs in my home country."

■Your Answers:

- A. "I agree"
- B. "I disagree"
- C. "I don't know"

CLICKER QUESTION



"My job involves working with cash transfer a program (in any country)."

■Your Answers:

- A. "Yes and the program is already operating"
- B. "Yes but the program hasn't started yet"
- C. "No but we are considering it"
- D. "No"

OUTLINE



WHAT ARE CASH TRANSFERS?

Cash transfer programs provide (predictable and regular) income support to the poor and certain vulnerable groups

COMMON OBJECTIVES OF CASH TRANSFERS

Increase the incomes of the poor:

- Ideally in a "predictable manner"
- To help alleviate poverty
- Also used for redistribution objectives, to compensate for inequality in labor markets
- ■Smooth consumption: Help people cope with the consequences of shocks
- **■** Facilitate other government reforms, e.g.,
 - Consolidate other social programs
 - Compensatory measures for other reforms (such as energy subsidies)

WHY GIVE 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.

CLICKER QUESTION



"If we give poor people cash, they will just spend it on stuff like alcohol, tobacco, or luxury items."

■Your Answers:

- A. "I agree"
- B. "I disagree"
- C. "I sort of agree.... And I sort of disagree"

HOW DO BENEFICIARIES

SPEND THEIR CASH?

Example from Philippines CCT

Most of Pantawid cash grants finance basic needs:

- Food (almost half of grants)
- Spending in Human Capital (25% education, 7% health)
- Virtually none of them finances recreation or alcohol.



Data source: FIES 2012

WHEN & WHEN NOT TO USE CASH AS PART OF THE SAFETY NET

When is Cash Appropriate?

- Situations of Chronic Poverty
- Situations of Shocks
 - Emergencies with adequate food supply
 - Transitory shocks
- When delivery of benefits feasible:
 - Access to financial facilities (permanent or mobile)
 - Food and other necessities are available

When is Cash Inappropriate?

- When supply of essential goods disrupted (wars, natural disasters)
- Shallow financial markets (hard to move cash)
- When safety net is funded with in-kind contributions (food aid)

CASH IN EMERGENCIES

(USUALLY AS PART OF BROADER RELIEF PACKAGE)

Philippines Typhoon Yolanda 2013

- 7 million people affected,4 million people displaced
- Pantawid CCT transfers were distributed as part of a broader response (also food, shelter, reconstruction, etc.)
- Conditionalities for education & health waived during disaster (as a matter of policy)

Pakistan 2010 Floods

- 52% suffered the total collapse of all housing structures; 72% were displaced from their homes
- Phase-1 cash disbursed to
 1.7 million families in first
 6 months (geographic targeting)
- Phase-2 cash disbursed to 1.2 million households (using housing damage as a proxy)
- Majority spent transfer on food, medicine, housing repairs, & debt repayment

OUTLINE



SO SIMPLE, RIGHT? (DESIGN PARAMETERS)

Who to
Support?
(Target Group)

How much should they receive?
(Size of Benefit)

How to
Structure
Benefits with
Conditions?
(CCTs)



Who to Pay? (Designated Recipients)

How long
Should they
receive
benefits?
(Length of
Enrolment)

How many to support? (Coverage & Budget)

How often to pay benefits? (Frequency of Payments)

WHO TO SUPPORT? CHOOSING A TARGET GROUP

Who to Support? (Target Group)



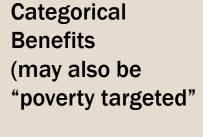
The Poor



People with Disabilities



Children





The Elderly

TARGETING THE POOR: DESIGNING ELIGIBILITY CRITERIA



Targeting mechanisms (often in combination):

- Geographic targeting
- Household Eligibility Criteria: Means-tests & proxy means tests (PMT)
- 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?

TARGETING THE DISABLED: FUNCTIONAL VS MEDICAL CRITERIA FOR DETERMINING DISABILITY



Definition	Advantages	Disadvantages
Functional: Degree of "Inability to work"	•Conceptually appropriate •Consider full set of medical and other circumstances •Sensitive to context (accessibility of transportation, buildings, types of jobs, etc.)	 More complex to implement Possible "discretionary" decisions Moral hazard
Medical: Based on official list of impairments or diagnoses	•Simpler to guarantee equal treatment of people with same conditions •Easier to verify	 Does not recognize differences in severity Does not recognize interactions among multiple conditions Lists can be politically difficult to agree on

TARGETING CHILDREN: CHILD-RELATED BENEFITS



Many programs target children:

- Family and Child Allowances (universal or poverty-targeted)
- Benefits for Orphans & Caregivers
- Conditional Cash Transfers (CCTs)

■ Targeting Criteria:

- AGE: (varies)
 - Newborns (0-2) birth allowances (ECA: to promote fertility)
 - 0-5 (very young children)
 - School Age: 6-15, or extend to 18
 - Youths Only

SOCIO-ECONOMIC STATUS:

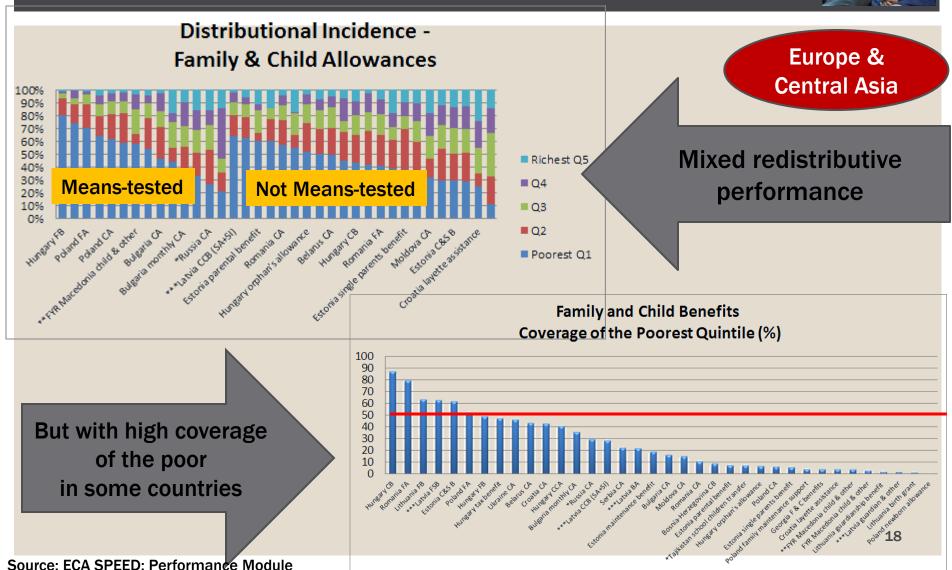
- Orphans
- Poverty-targeted vs Universal

• OTHER CONSIDERATIONS:

- Child linked to which adult? Or which household?
- What happens with divorced parents (or missing parents)?
- Payment to whom? (Designated recipient)
- Need strong social registry

FAMILY & CHILD ALLOWANCES NOT ALWAYS TARGETED TO POOR





BENEFITS FOR THE ELDERLY: SOCIAL PENSIONS



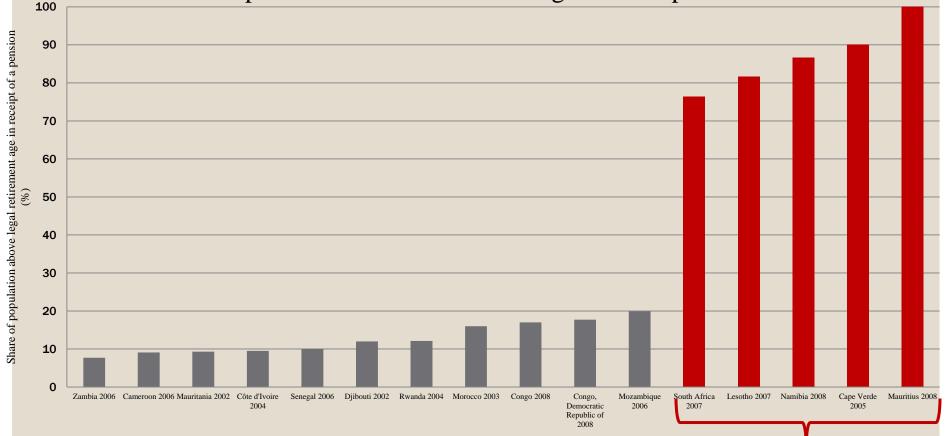
- Objectives: To ensure some base level of income support for the elderly (non-contributory)
- Targeting Criteria:
 - AGE:
 - Usually 65+ or 70+
 - Need strong social or civil registry
 - "Ghost beneficiaries" (death records)
 - SOCIO-ECONOMIC STATUS: Targeted or universal?
 - Universal basic benefit for all elderly: e.g., Botswana, Mauritius, Namibia,
 Seychelles, Georgia, Bolivia, Japan, Korea, New Zealand, etc.
 - Targeted to poor elderly (usually means-tested): e.g., South Africa, Cape Verde, Peru, Colombia, Costa Rica, Ecuador. El Salvador, Paraguay, US, Germany, UK, etc.
 - TARGETING BASED ON "PENSION STATUS"
 - Some countries use "social pensions" to reach populations not covered by contributory pensions – to reach "universality" of old-age coverage
 - Examples include: Lesotho, Swaziland, Panama, Mexico, Argentina, Chile, Uruguay, etc.

SOCIAL PENSIONS CAN HELP INCREASE COVERAGE OF ELDERLY





Share of Population above Retirement Age in Receipt of a Pension

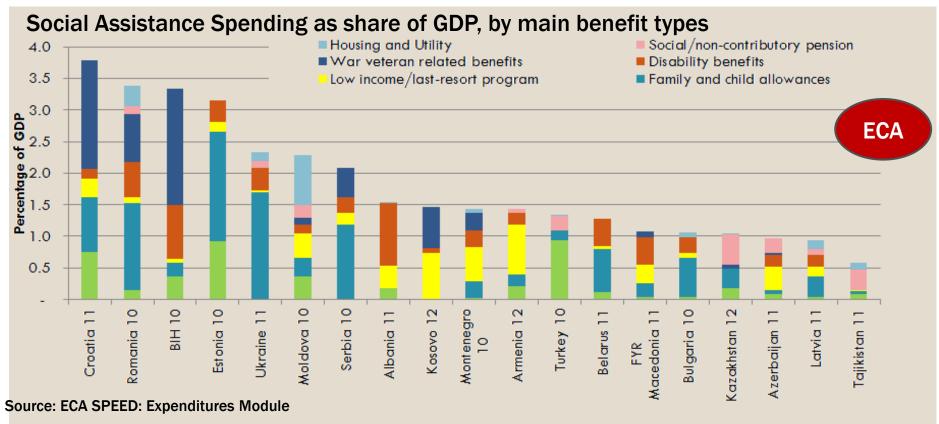


Source: ILO 2014

AFR Countries with Social Pensions

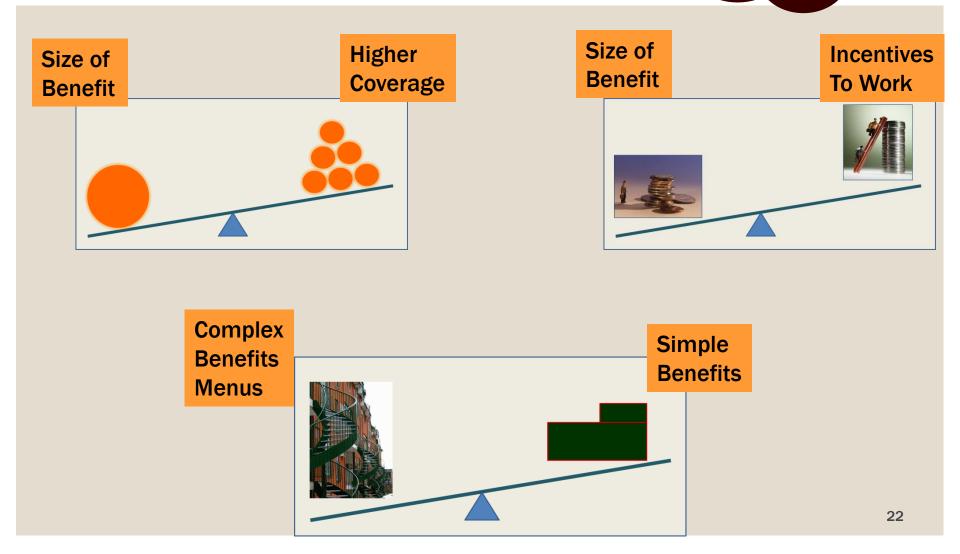
COMMON CHALLENGE: FRAGMENTED SAFETY NET SYSTEMS





SETTING CASH TRANSFER BENEFITS KEY TRADE-OFFS

How much should they receive?
(Size of Benefit)



CLICKER QUESTION



"I think it's better for cash transfers to have:"

■Your Answers:

- A. "Bigger transfers for fewer people"
- B. "Smaller transfers for more people"
- C. "It depends."

HOW MUCH COVERAGE? FISCAL SPACE

How many to support? (Coverage & Budget)

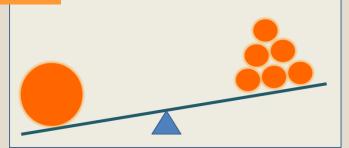
- Scope of coverage largely depends on budget
- Trade offs between coverage & size of benefit
- Budget needs to cover:
 - Annual total benefit outlays
 - And administrative costs (central + local)

■ With insufficient budgets...

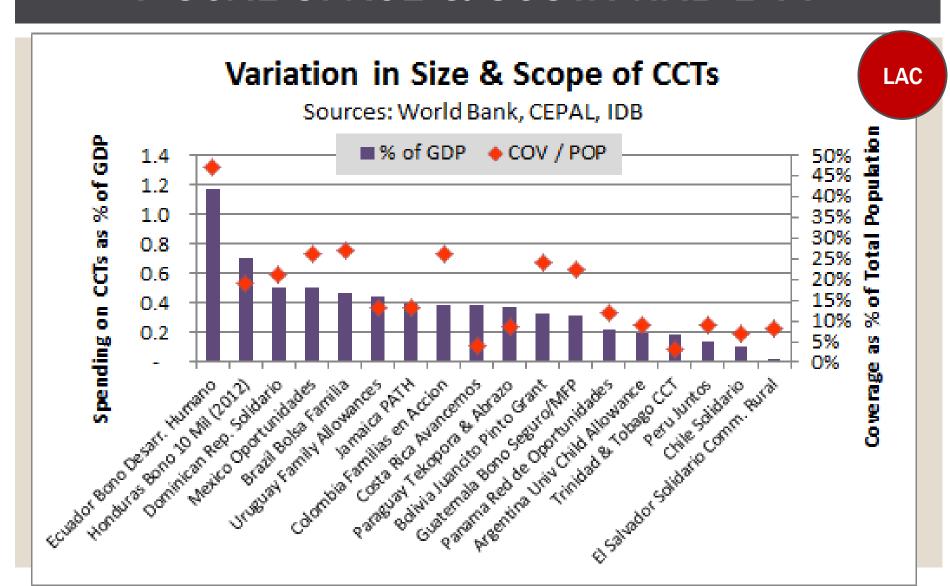
- Arrears, unsustainable
- Discretionary allocation of benefits
- Partial or irregular payments
- Understaffing (poor quality)
- Erosion of purchasing power
- = > reduce impacts



Higher Coverage



HOW MUCH COVERAGE? FISCAL SPACE & SUSTAINABILITY

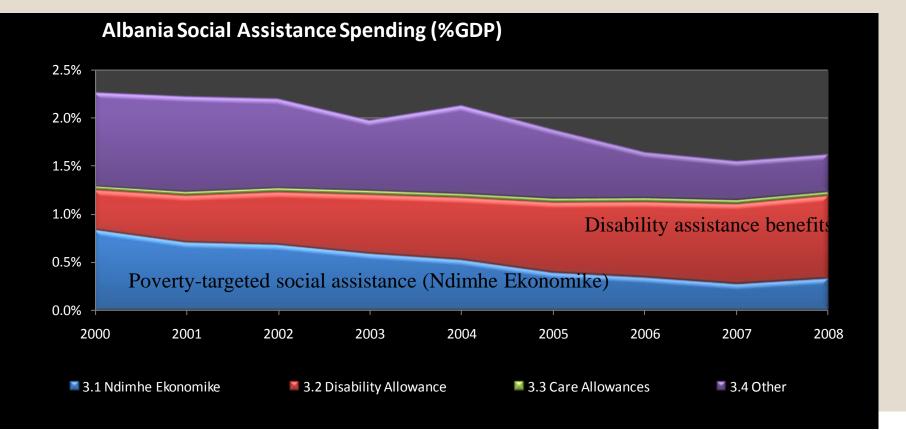


ANOTHER CONSIDERATION:

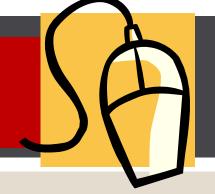
BENEFIT LEVELS S & INCENTIVE COMPATIBILITY IN SP SYSTEMS (ACROSS PROGRAMS)

Albania Example

- Benefit levels: Disability 3 times > Targeted SA
- Coverage: Disability increasing, SA decreasing
- Expenditures on Disability Benefits crowding out SA
- Moral hazard?



CLICKER QUESTION



"I think that giving cash transfers to the poor makes them lazy and reduce their work efforts"

■Your Answers:

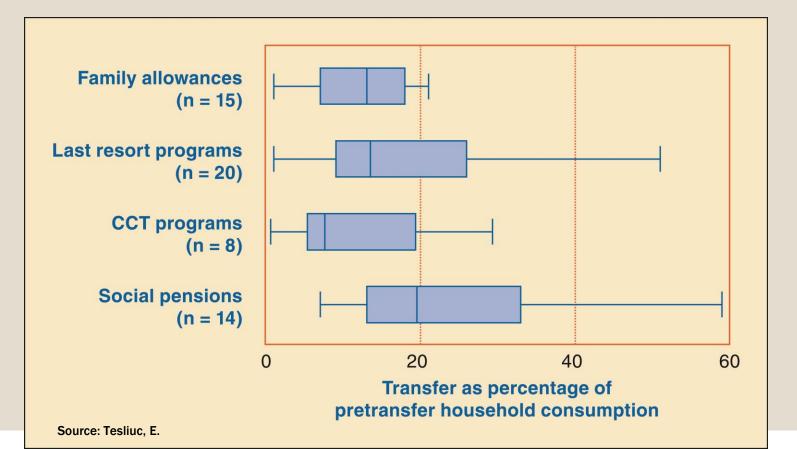
- A. "I agree"
- B. "I disagree"
- C. "It depends"

.

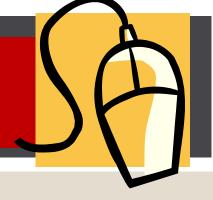


DISINCENTIVES TO WORK?

- Generosity of benefits is lower in developing countries ... with median program adding 10% to 20% to pre-transfer consumption
- Little evidence that such transfers are reducing ADULT work effort



CLICKER QUESTION

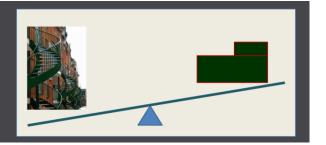


"I think it's better to have:"

■Your Answers:

- A. "A flat benefit for everyone" (all beneficiaries get the same amount)
- B. "A benefit amount that is calculated to bring each family up to the poverty line"
- C. "Something in between"
- D. "I don't know"

BENEFITS MENUS SIMPLE OR COMPLEX



Example 1:

"Simplicity is good."

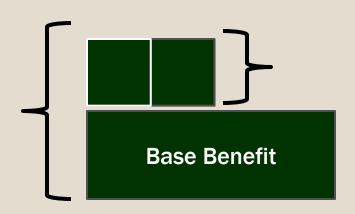
FLAT BENEFIT

Easy to administer More Transparent Less "divisive"

Common for: child allowances, social pensions, some poverty-targeted benefits

Example 2:

Extreme Poor Receive Both

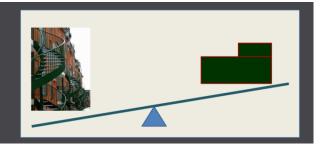


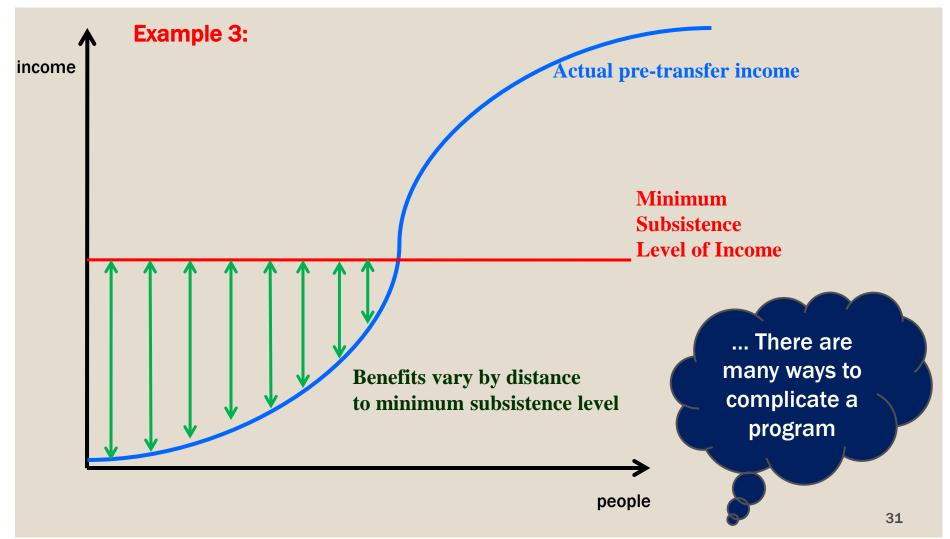
Moderately Poor Receive
Only Variable Benefits
(e.g., per school-aged child)

Simple "benefits Menu"

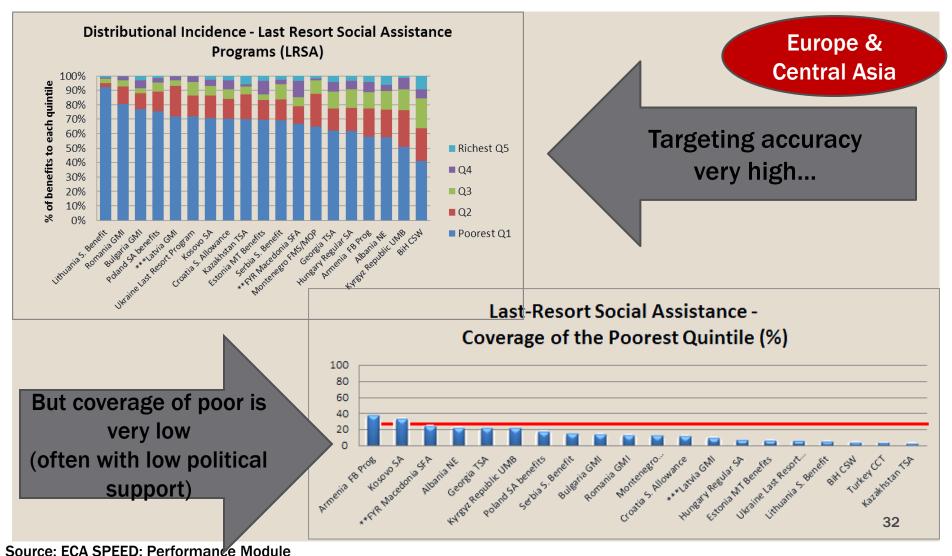
Common for poverty-targeted benefits – conditional or unconditional

SIMPLE OR COMPLEX? GUARANTEED MINIMUM INCOME PROGRAMS





GMI PROGRAMS: OFTEN WELL TARGETED BUT WITH LOW COVERAGE OF POOR

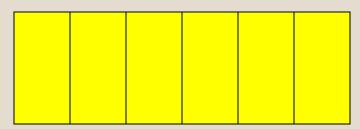


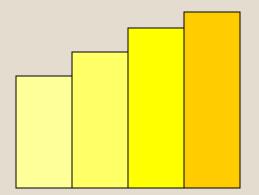
BENEFITS WITH CONDITIONALITIES

- MANY OPTIONS FOR STRUCTURING BENEFITS How to
Structure
Benefits with
Conditions?
(CCTs)

Option 1:

Equal payments within and across years

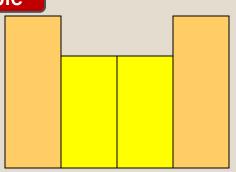




Option 3: Higher payments across years (grades/classes)

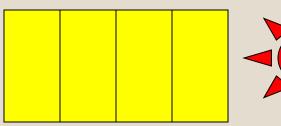
More on this topic in CCT session

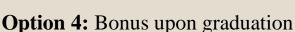
Education Example



Option 2:

Higher payments at beginning & end of school year





Other options:

- •Vary benefits by household size and composition
- •Vary benefits by poverty level
- •Adaptations for health conditionalities

FREQUENCY OF BENEFITS

How often to pay benefits? (Frequency of Payments)

Frequency of benefits:

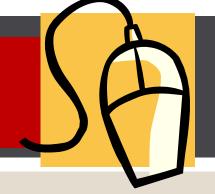
- Depends on goals & implementation capacity
- Once?
- Monthly?
- Bi-Monthly?
- Quarterly?

Regularity of payments:

- Crucial for impact: stability of cash flow matters to the poor
- Respect a clearly established & communicated schedule
- Timing of benefits & elections (!)
- Pay everyone the same day?
 - "Multiplier" impact on local markets & prices is smoother if payments staggered throughout the month (e.g., if paying with banking system)
 - Security concerns for physical delivery of cash (for providers & beneficiaries)



CLICKER QUESTION



"Cash transfer programs should always have time limits for how long people can benefit:"

■Your Answers:

- A. "I agree"
- B. "I disagree"
- C. "It depends"

DURATION, RECERTIFICATION, EXIT

How long
Should they
receive
benefits?

Duration of Benefits for Specific Groups:

- Chronic poor vs. transient poor?
- Young children or school children?
- Disabled (temporary or permanent disability)?
- Elderly (start age, death)

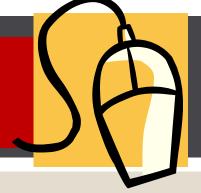
Recertification:

- Again, depends on type of target group
- And institutional capacity
- Monthly, quarterly too much (costs to beneficiaries)
- Many countries: two years
- Political will to remove beneficiaries who do not qualify

Exit conditions:

- Exit criteria? E.g., higher income thresholds, earned income "disregards"
- Time limits? (But.... Chronic poverty)

CLICKER QUESTION



"I think it's better to pay benefits to:"

■Your Answers:

- A. "The designated head of household"
- B. "The man in the household"
- C. "The woman in the household"
- D. "It depends."

WHO TO PAY? DESIGNATED RECIPIENT

Who to Pay? (Designated Recipients)

- Designated recipient ≠ target group
- Who will receive the payment on behalf of:
 - The family (head of household? Mother? Father?)
 - Children (parent? Which?)
 - Youths (themselves or parent)?
 - Severely Disabled (care giver, designee, institution)

Gender considerations:

- Many programs pay the benefits to the "woman / mother"
- Women may make better use of transfers (evidence-based)
- Empowering women can have impacts on women's health, child malnutrition, etc.
- Cultural norms also matter

OUTLINE



EXAMPLES OF "CASH PLUS" APPROACHES IN LATIN AMERICA

LAC









Conditional Cash Transfers (CCTs) Ex: Brasil Bolsa Familia Mexico Oportunidades

Incentives for Education & Health



Social Service Links



Productive Inclusion (Urban & Rural)



CCTs in broader
Strategic
Framwork
Example:
Brasil Sem
Miseria





Social Contracts for each Family



Psycho-Social Supports
At CENTER of the model

Integrated
Service Models:
Example:
Chile Solidario /
Programa Puente

EXAMPLES OF "CASH PLUS" APPROACHES

IN AFRICA

AFR







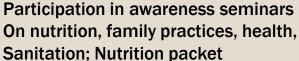


Accompanying

Measures – Human capital

Examples: Mali, Niger,

Burkina Faso, etc.











Accompanying

Measures - Productive

Examples: Ethiopia,

Cameroun, Malawi, etc.

Participation in awareness seminars

On productive practices, or public works









Incentives for Education & Health

CCTs with conditions

on school attendance or health care use Examples: Tanzania, Rep. Congo, Togo

Or with "Soft Conditions"

Examples: Kenya, Malawi, Ghana Leap, Lesotho & GP

IN MANY OECD COUNTRIES

OECD











Social Contracts
With Mutual Responsibilities

Incentives For Work









Social
Supports &
Links to other
Social
Services





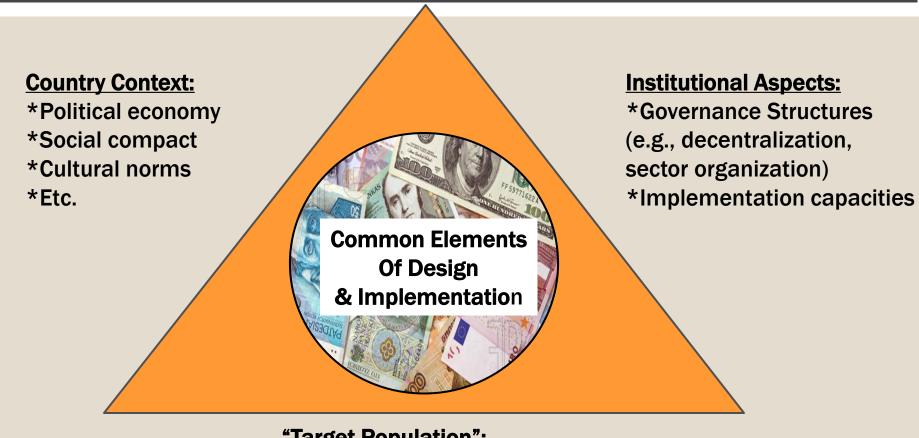
OUTLINE



IMPLEMENTATION MATTERS!



COMMON ELEMENTS FOR CASH TRANSFERS BUT NEED TO TAILOR & ADAPT TO "LOCAL REALITIES"



"Target Population":

- *Poverty profile
- * Urban or rural? Special populations?
- *Level of education, health indicators

CLICKER QUESTION



"Implementing cash transfer programs requires:"

■Your Answers:

- A. A tool for managing information
- B. A payments mechanism (such as banking system, mobile transfers, hand-to-hand cash delivery, post)
- C. Clear institutional roles and functions
- D. E. All of the above.

IMPLEMENTATION:

COMMON ELEMENTS WITH TWO KEY PILLARS



Application Processes

Managing
Information
&
Registries

Managing Payments

Payments
Methods
& Frequency

Eligibility Determination

With CCTs:
Verification of
CoResponsibilities

Date processing and 100 antifording

Forms authorization

The state of tends

The stat

Bolsa Família

Audits,
Oversight &
Controls

Grievances,
Appeals,
Communication

Monitoring & Evaluation

IMPLEMENTATION:

NEED TO TAILOR TO INSTITUTIONAL ARRANGEMENTS & CAPACITY



•No single "blueprint"

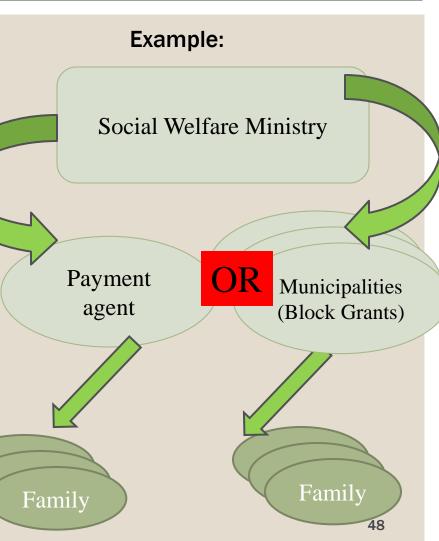
- Depends on country context
- Many models

•Two Aspects:

- Flows of Information
- Flows of Funds \$\$

•Challenges:

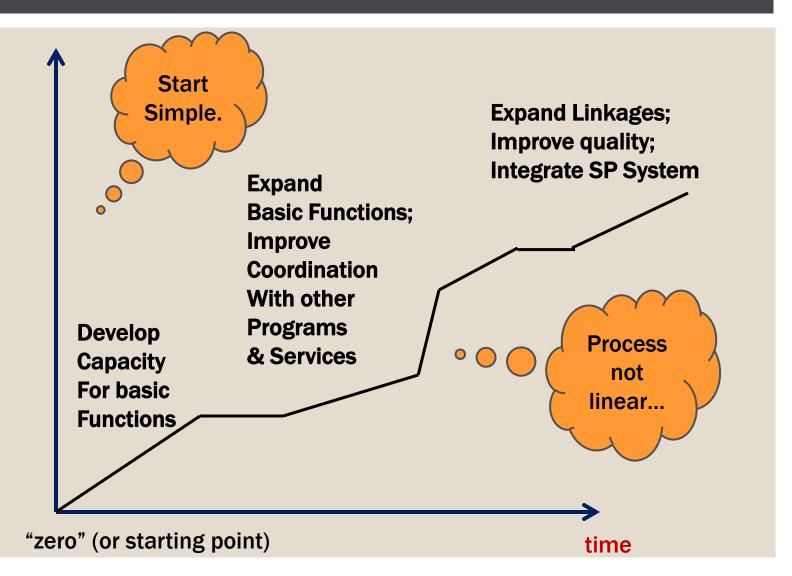
- **➤** Administrative Capacity (Central, Local)
- ➤ Many actors (especially in decentralized context)
- **➤** Mandates and jurisdictions
- ➤ "Third-party implementation" and need for performance monitoring & incentives



IMPLEMENTATION: PROGRAMS & SYSTEMS EVOLVE OVER TIME

Complexity, Range of Functions

(as capacity Develops, Programs & Technology Evolve)



There are many ways to complicate a program.

Keep it simple.

At least at the outset.

THANK YOU



