

Using Delivery Systems to Link Safety Nets and Human Capital

20 March 2014

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Using Delivery Systems to Link Safety Nets and Human Capital Session Brief

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Speakers:

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Harouna Moumouni Moussa, ICT Manager, Cabinet du Premier Ministre - Cellule Filets Sociaux, Niger

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Background

While much has been written about conditional cash transfers and their potential role in building human capital, an increasing number of programs are developing innovative ancillary services that target children and youth in order to lay the foundation for escaping intergenerational poverty. This session will highlight the efforts of three countries to leverage cash transfer programs for the delivery of additional services that enhance human capital and nutritional outcomes toward a more holistic approach. These interventions are particularly focused on children and youth both in terms of early childhood development, and the facilitation of productive employment for young people. A key element in all programs is the ability to expand underlying delivery systems to efficiently incorporate these new services.

Country Cases

Djibouti

Originally structured as a short-term response to the negative impacts of the financial crisis, an innovative Social Safety Net Program with a particular focus on women has been developed and implemented in Djibouti. The SSN program links employment creation opportunities to the improvement of nutrition practices. From the delivery perspective, common processes for eligibility and enrolment are brought together in the Management Information System (MIS). The MIS allows automated processes to support the implementation of program components for nutrition and workfare for household males and females, as well as the enabling of payment

processes related to the provision of these services and the support for monitoring and evaluation tasks through the generation of indicators, statistics, and performance reports. Nevertheless, challenges remain with regard to beneficiary identification and transactions.

Niger

Niger's Cash-for-Work program includes innovative ancillary services aimed at improving children's development by encouraging parents' behavioral change. The measures include nutrition, health, and sanitation, as well as stimulation and language development. Activities in the last 18 months have included monthly community meetings for all households in the village, monthly small group meetings, and monthly household visits. The activities are implemented using a mix of trained community educators and NGO workers, with strong oversight and quality control.

Colombia

Colombia now offers a package of services well beyond cash transfers, with the aim of further increasing human capital and earnings opportunities. This package of services is known as Mas Familias. It incorporates complementary initiatives, including Jovenes en Accion, a program that focuses on skills building initiatives for the youth. Jovenes en Accion provides an example of the establishment of a transition system for youth, from social assistance programs to Active Labor Market Programs (ALMPs).

Using Delivery Systems to Link Safety Nets and Human Capital Session Summary

The session presented examples of safety nets programs interrelated with interventions fostering human capital. The case studies presented were Djibouti, Niger and Colombia.

The questions and answers detailed further the human-capital component of interventions such as:

- Programs of early childhood development combined to cash-for-work programs for women.
- Psychological support and life skills training in complement to vocational training for young displaced due to conflict.

Additional components of safety nets were highlighted as well:

- Components to respond rapidly to disasters and droughts.
- Partnership with microfinance institutions for cash-for-work beneficiaries.

The role of women as primary recipients of safety nets was discussed. In particular, the rationale for prioritizing women as beneficiaries, the reaction of neighboring men to this, and program arrangements for pregnant women.

Some participants were interested to hear about the cost-efficiency of human-capital interventions such as trainings.

Finally the institutional arrangements used to link safety nets and human capital interventions were questioned, in particular about their potential replication in less developed countries and their advantages on other alternatives.

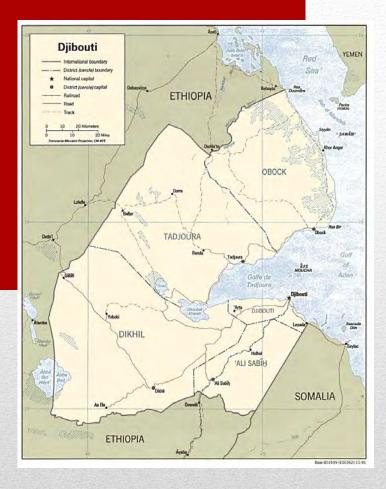


Republic of Djibouti



Nutrition Sensitive Social Safety Net

Zahra Kayad Minister of Social Solidarity (Secrétariat d'Etat charge de la Solidarité Nationale)





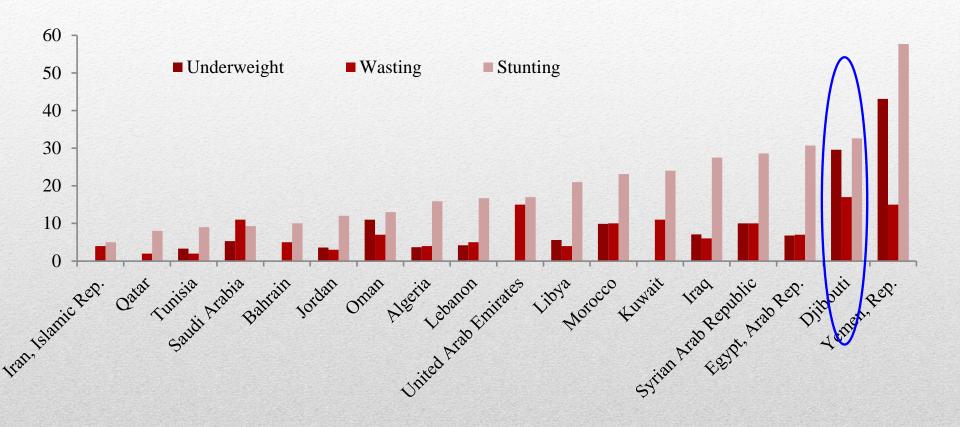


Country context

- Small low-income country, with 850,000 people (40% under 15 years)
- Little natural resources
- High level of urbanization (over 70% of population lives in urban areas)
- Poverty is widespread
- Official unemployment is estimated at 45 percent
- Since 2008 Djibouti suffers from food insecurity, drought and increasing levels of malnutrition

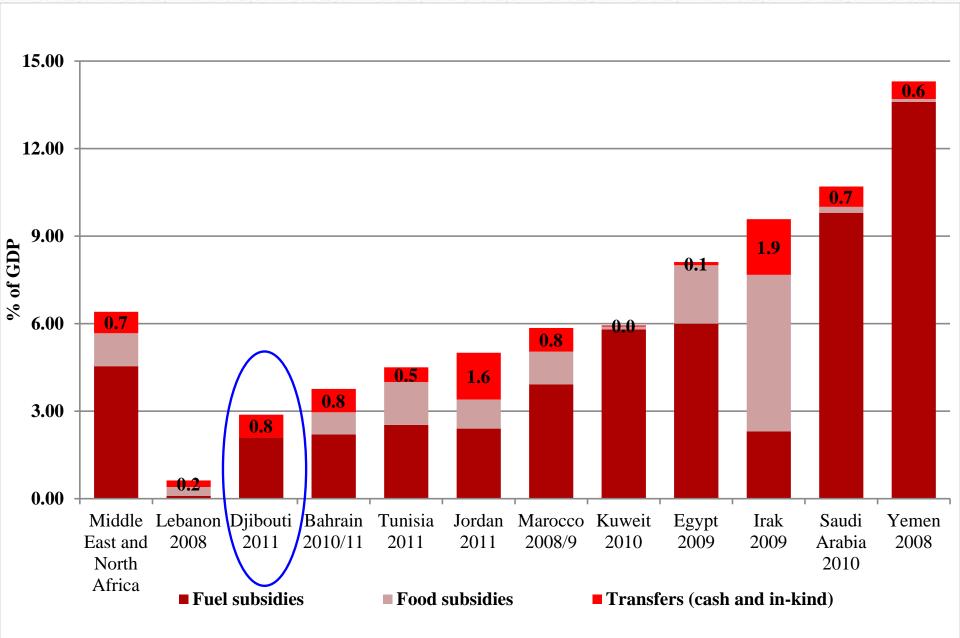
Under five malnutrition rates (SMART 2010 and 2013)	2010 (%)	2013 (%)
Chronic Malnutrition	31	30
Acute Malnutrition	10	18
Underweight	23	30

High rates of malnutrition



Source: Adapted from World Bank 2010 Health Report. Stunting and underweight rates from WHO World Health Statistics 2010. Wasting rates from UNICEF 2009. Rates are based on 2006 WHO Child Growth Standards.

Little investment in targeted safety nets



Source: World Bank (2012): Inclusion and Resilience

Program Design and Objective

What?

- Integrated nutrition and cash-for-work intervention
- Preventing malnutrition and improving nutrition practices through behavioral change, availability of micronutrients, and additional household income to act on knowledge

Who?

- Pregnant /lactating women and children less than 2 years of age in targeted poor neighborhoods
- Woman can delegate work to a household member

Why?

- Focuses on the first 1000 days of life: malnutrition starts during pregnancy. Early damage from malnutrition is irreversible after the child reaches 24 months of age
- Focus on mothers: income controlled by women has greater positive effect on child nutrition and household food security

Who?

Pregnant women:

• Four pre-natal consultation including one in the first 12 weeks of pregnancy, consumption of iron/folate tablets, consumption of a nutritious diet, assisted delivery, etc.

Lactating women:

• Optimal infant feeding practices, post-natal consultation, iron/folate supplementation for at least 3 months after delivery, breastfeeding support and promotion of consumption of a nutritious diet and post-partum vitamin A supplementation

Children 0-2 years old:

• Early initiation and exclusive breastfeeding up to the age of 6 months, proper introduction of nutritious complementary foods at 6 months, complete vaccination, regular growth monitoring, micronutrient supplementation, use of food supplements during the lean season







How? Enhanced nutrition practices

Monthly community meetings:

- Include behavior change communication and cooking demonstrations
- A community agent supervises these meetings
- Health agent provides complementary health care (e.g., micronutrient distribution)
- A Mom "role model" provides peer support in the form of mentoring (volunteer, receives food rations from Word Food Program)

Bi-weekly household visits by community agents

 Tracks emergency signs and provides advice on good child caring practices, household hygiene and sanitation, referral and encourages the parents to use health services



How? Workfare, increased household income

Focus is on providing work to women rather then men, but delegation possible

Community-driven public services and works

- Labor-intensive works (construction, rehabilitation) of small infrastructure and small community facilities
- Shift towards women friendly artisan projects which create options for household assess building and under control of women
- Choice of the public works is done at community level by the "Local Development Committee" and according to the local needs of the community

Maximum 50 days per year and only for households who have attended nutrition sessions (exceptions in rural areas with 2 rounds per beneficiary)

Daily wage below minimum wage (US\$6) and adapted to female work schedule (only 5 hours/day incl. 1 h break)









Implementation: Identification & Enrollment

1. Identification and eligibility determination

- Geographic targeting of poor neighborhoods and areas (no poverty map at outset)
- 4-step identification of eligible households:
 - Door-to-door household census/survey (name of head of household, #of household members, pregnant woman or children 0-2 in household, ID available, ID #)
 - Data entry in Excel
 - Upload to computerized Management Information System (MIS)
 - MIS provides unique program number and determines eligibility

2. Enrollment in the program – nutrition component

• Enrollment stations opened in each neighborhood (1 facilitator per 200 households) and provided with lists of eligible households for nutrition intervention

3. Enrollment in workfare component

- Among households registered for nutrition intervention, selection of households for workfare in chronological order of registration (by community meeting site)
- Women have first choice to work with option to delegate to household member

Implementation: Payment and MIS

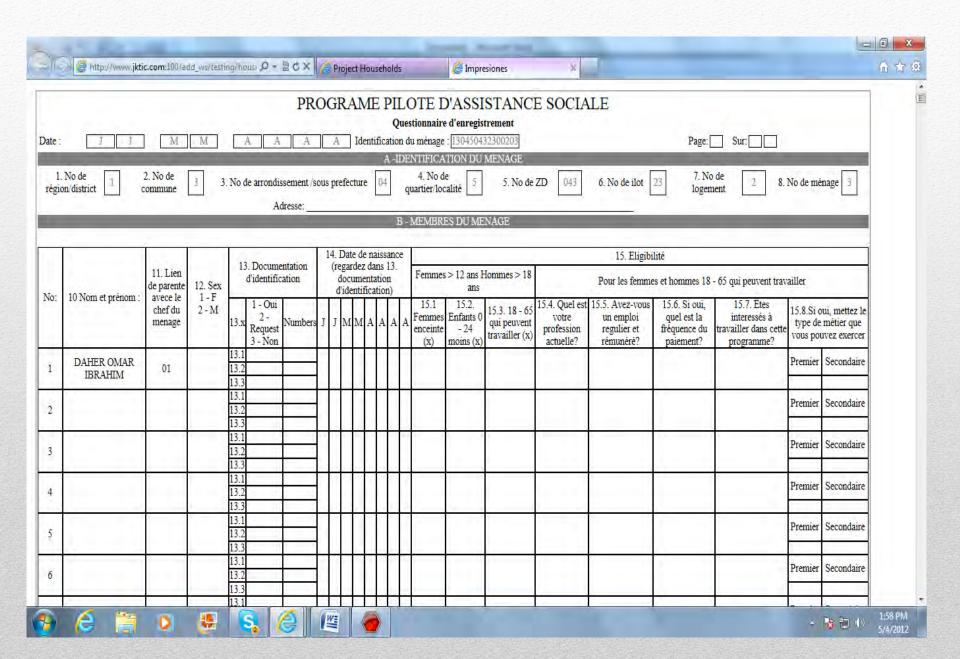
4. Payment

- Printing of beneficiary card (for cash withdrawal at bank)
- Bank account opened in the name of the beneficiary working (over 70% women) at micro-credit institution
- Daily attendance on the worksite; weekly update in MIS
- Transmitting of payment orders to Bank weekly, signature required of accountant and worksite coordinator
- Bank credits beneficiary accounts within 24 hours

5. Management Information System (MIS)

- Different modules:
 - Eligibility determination: contains demographic and socioeconomic information from census (challenge: needs to be updated regularly)
 - Enrollment information: beneficiaries of nutrition and workfare program
 - Attendance information: for nutrition and workfare components
 - Payment information: for workfare beneficiaries
 - Monitoring of nutrition sessions: Growth (height, weight), referrals to health centers, micronutrient usage, iron usage, etc.
 - Monitoring of workfare: Hours/days worked, salaries paid, number and type of subprojects, geographical distribution of worksites, etc.
- Web-based system accessible from any browser

Data collection for eligibility determination





Implementation Challenges

1. Identification and eligibility determination

- Need for census:
 - No visible boundaries of neighborhoods
 - Low capacity of NGO responsible for census/nutrition intervention
 - Migration of households to project neighborhood during data collection
 - Household refusals to provide information or provision of wrong information (e.g., not revealing pregnancy)
- Need for ID papers
 - Many poor without any form of documentation
 - Many household heads with similar names (e.g., Ahmed Mohamed Ali)
 - Some beneficiaries with same name → name multiple times on eligibility list
 - Mismatch between name provided during initial data collection and at time of enrollment → households could not be found on eligibility list
 - Difficult to enroll and determine age of children without birth certificate, health card, etc.

Implementation Challenges

2. Enrollment in the program – nutrition component

- Enrollment sites
 - Low enrollment in some project sites due to poor communication by NGOs
 - Some enrollment sites far for certain households
 - Registration of same household in multiple enrollment sites (oftentimes due to lack of clear guidelines of appropriate enrollment site)
 - Massive influx of households to become enrolled
- Delay between census and enrollment
 - Many eligible households not eligible anymore because children >2 years
 - Many newly eligible households with pregnant woman but not "eligible" according to the MIS

3. Enrollment in the workfare component

- From project identification to implementation some neighborhoods went through economic change (less need for workfare program)
- Male household members in some project sites not interested in working (day laborers)
- Challenge to find nutrition sensitive public works which are adaptable to the local situation and suitable for women
- Rural and urban areas require different approaches: more demand in rural areas and easier to find suitable community-driven services/works but very expensive to implement

Implementation Challenges

4. Payment

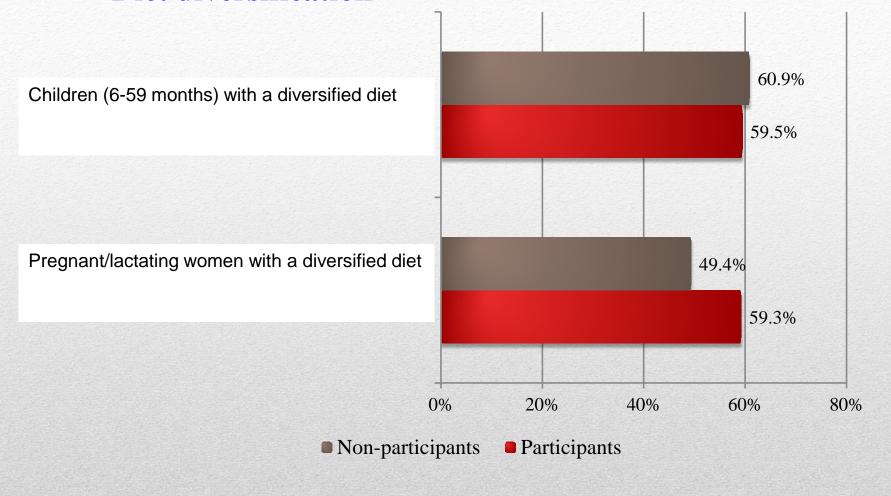
- Implementing agency (ADDS) needs to hand-deliver list of beneficiaries to be paid to Bank (no electronic way)
- Bank can only handle 50 customers a day
- Identification document (ID, birth/marriage certificate) required to open bank account, but many poor without papers
- ADDS needs to assure logistics for payment of beneficiaries in rural areas

5. Management Information System (MIS)

- Not yet fully operational as project was being rolled out
- Delay in data entry, i.e. a lot of information on paper that needs to be entered
- Data entry very slow due to poor internet connection (esp. in rural areas)
- Programming language not well known in Djibouti (modifications need to be done by international consultant)
- Programming modifications needed, e.g., not prepared to handle polygamy, mother's name not linked to child beneficiary, etc.

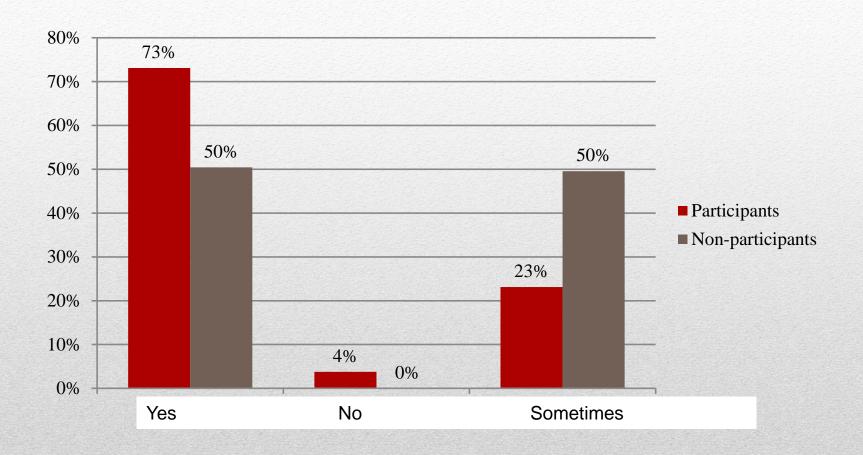
Success: Behavioral change

Diet diversification



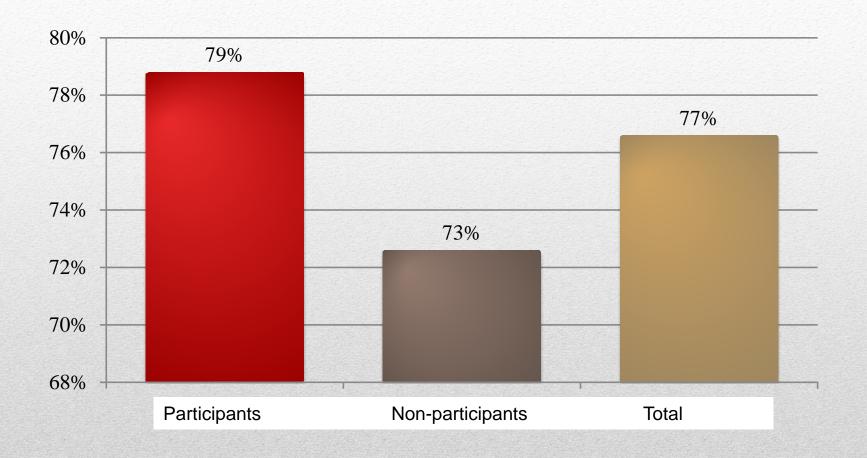
Success: Behavioral change

Regular use of soap



Success: Behavioral change

Received iron supplements during last pregnancy



Success: Spending of additional income

Savings for difficult times

Electronic equipment

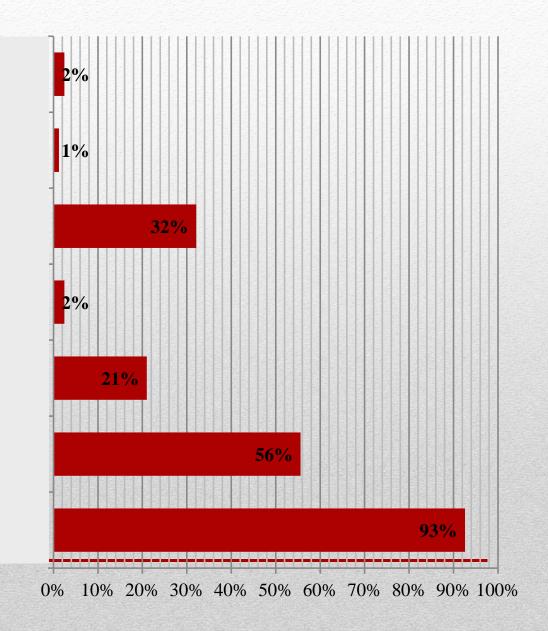
Clothes, home improvements

Khat, tabac, alcohol

Pay back debt

Health care for family

Nutrition/food for family



Success: scale-up

- Pilot program: 2012 to 2014
 - Target: 5000 beneficiaries
 - Urban + rural areas
 - Rigorous impact evaluation: Testing added value of workfare + nutrition component
 - National Social Safety Nets Strategy with focus on prevention of malnutrition
 - Japanese Social Development Fund (JSDF)
 - Strategic Impact Evaluation Fund (SIEF)
- Scale-up I: 2013 2016
 - Target: 8000 beneficiaries
 - Further expansion in urban areas
 - Introducing training for beneficiaries and linking them up with microfinance
 - Focusing on more nutrition sensitive works, such as building community gardens
 - World Bank IDA crisis-response
- Scale-up II: 2015-2018
 - World Bank additional financing
 - Seeking more resources from the government to make this program sustainable

National Social Safety Nets Strategy

Target populations and main programs



Improvement of nutrition of pregnant/breast-feeding women and children under 2 years

PREVENTION



Minimum assistance in-kind or cash for people without resources (e.g., orphans, disabled, elderly)

PROTECTION



Training, cash and in-kind transfer for work for the non-qualified

PROMOTION

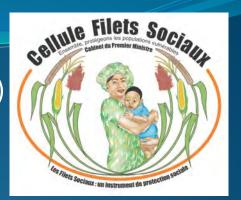
Next steps

- Generate evidence to adjust program and inform scale-up: impact evaluation (ongoing) and analysis of MIS data to monitor results
- Launch national multi-sector dialogue on malnutrition and scale-up the nutrition sensitive social safety net program
- March 2014: Obligation to import fortified food (cooking oil, flour)
- Build a foundation to deliver benefits to reduce costs and without duplicating systems: unified registry
 - uniquely identify individuals/households (proper identification with biometrics)
 - targeting of the poorest households (proxy means test)
 - consolidate programs and introduce cash transfer program
 - facilitate obtaining identification papers





Republic of Niger
Prime Minister Office
Safety Net Unit (Cellule Filets Sociaux)



Technical Management Unit

Niger Safety Net Project

South South Learning Forum Rio de Janeiro, March 17-21, 2014

Plan of presentation

- I. Strategic context
- II. Institutional context
- III. Main Programs
- IV. Accompanying Measures for the Cash Transfer
- V. Main results until 2013

Strategic context

- Niger is a landlocked African country located in the desert of the Sahel
- The economy is largely based on agricultural and pastoral activities, which account for more than 40 percent of GDP and provide the livelihood of more than 80 percent of the population.
- In Niger, more than 50% of households are poor and 22% are food insecure
- Poor households' response to covariate risks only increases their vulnerability

Institutional context

- The Prime Minister of Niger established a Safety Net Unit, CFS (*Cellule Filets Sociaux*) through a decree (December 14, 2010).
- The **objective of this Unit** is to **establish and manage an effective safety net system** in order to improve the living conditions of poor households, to protect them from the impact of shocks, and to reduce their level of food insecurity.
- The CFS is under the direct auspices of the Office of the Prime Minister. It includes:
 - A Steering Committee (Comité de Pilotage),
 - A Technical Management Unit, UGT (Unité de Gestion Technique),
 - Regional offices (*Antennes Régionales AR*)

Programs managed by the CFS

- The cash transfer program with accompagning measures:
 - Target: 80,000 registered households with access to the cash transfer system over 4 years
- Cash for work
 - Target: 60,000 of individuals with access to public works program over 4 years
- The cash and workfare programs operate in 5 regions: Dosso, Maradi, Tahoua, Tillaberi, and Zinder
 - target: 1,000,000 direct and indirect project beneficiaries

Cash Transfer Component

- The cash transfers and accompanying measures support poor and food insecure households by increasing their income and help investing in their human capital.
- Monthly transfers to poor households of 10,000 FCFA (about US\$20) are paid for a period of 24 months.
- Two cycles of two years each of 40,000 poor households benefit from the program over four years of implementation.
- The beneficiaries are selected using geographical targeting (to identify poor and vulnerable villages) and the Proxy Means Testing, Community validation, for individual targeting.
- The transfers are paid to women as representatives of their households and they are expected to increase the level and quality of food consumption.

Accompanying measures for cash transfer component

Cash transfers are complemented with accompanying measures for targeted villages and households in :

- A "behavioral component" ("volet comportemental) aims to foster behavioral changes in essential family practices (EFP) and parenting practices related to nutrition, health, sanitation, and stimulation (as a soft condition to receiving the monthly payments)
- Activities to encourage investments in incomegenerating and productive activities, including by facilitating savings and investment through tontines and women's organizations.

Cash for Works Component

- This component provides short-term income support to individuals through cash for work programs in areas (in the 5 regions) affected by temporary acute food insecurity, and will produce and maintain public goods.
- On a yearly basis, this component will finance approximately 900,000 working days in communities experiencing an unusually high level of food insecurity (defined by the monitoring Unit).
 - The program will provide a wage rate of 1,300 FCFA \$2.5) for 60 days of to approximately 15,000 people annually, for a total of 60,000 people during the life of the project

MIS System

una MOUMOUNI

FOR FOOD AND NUTRITION SECURITY

CASH TRANSFER PROGRAM FOR FOOD AND NUTRITION SECURITY



Administration



Data Collection



Enrollment



Transfer



Soft Conditions



CFW



Updates



Beneficiary Card



Complaint



Indicators



Reports



Field Transfer Register

The accompanying measures ("volet comportemental") in practice: Video





Designing the "Volet Comportemental"

- The objective is to encourage 'behavioral changes' and foster investment in children's human capital.
- Covers holistic early childhood development: nutrition, stimulation, socio-emotional development, health, hygiene,...
 - Initially designed as "Essential Family Practices" package (Unicef)
 - But expanded to cover more themes relevant to the project
- Production and Piloting of a "Technical Guide" to detail the implementation modalities
- The behavioral component is developed with technical support from UNICEF and the World Bank (including a child development specialist)

Implemeting the "Volet Comportemental"

- The "Volet Comportemental" runs for 18-months
- Delivered through local NGOs, with intensive quality control
- Primarily targets beneficiary households, but open to nonbeneficiaries in target village
- The activities include
 - Monthly community assemblies ("delivered by NGOs")
 - Monthly meetings led by community educators ("relais")
 - Monthly household visits by community educators ("relais")
- Approximate cost
 - Direct cost of 80\$ per households for NGOs
 - Indirect cost of 20\$ per household for administration, oversight and supervision.

Implementing the Volet Comportemental

Safety net Unit

- Coordinate the design and implementation of the Volet Comportemental
- National coordinator, cash transfer expert, cash for works expert, M&E expert, IT expert, as well as 2 staffs to oversee the Volet Comportemental
- Receives technical Assistance from World Bank and UNICEF

5 Regional Antenna

- Oversee the implementation of the Volet Comportemental in the field
- •Regional coordinator, M&E staff, and staff responsible for the accompanying measures.
- •Oversee 'field operators' (one per commune)

Local NGOs

- Implement the Volet comportemental
- In charge of fields operations (organization of assemblies, oversight of relais communatutaires)
- Projet coordinator, M&E staff, quality controllers, and field workers (1 for 8-10 communities)
- Reporting back to the CFS central unit on the attendance (via the internet a the regional office on a monthly basis)

- •Community educators (relais communtaires) chosen in the community (1 for 25 beneficiaries)
- Beneficiaries participate in village assemblies, small group meetings and household visits
- •Non-Beneficiaries can participate in village assemblies

Communities

MIS Volet comportemental participation reporting



MIS System helps track participation to the accompanying measures



140

140

139

139

1

Found 11 records

Awareness session

Village assembly

Behavioral Component

Behavioral Component

23-Aug-2013

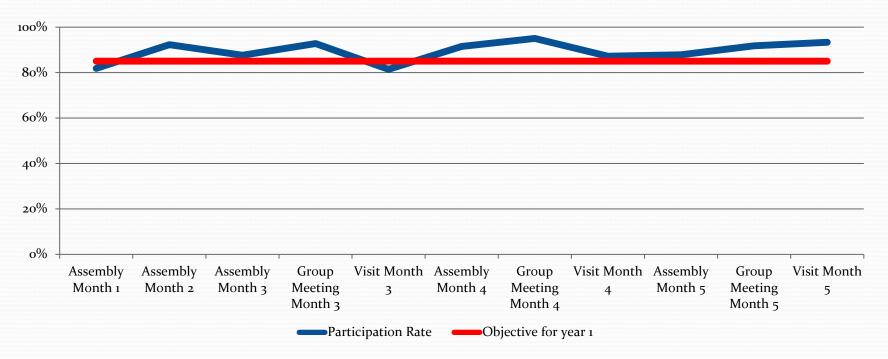
04-Jul-2013

99.29%

99.29%

1/2 | | | |

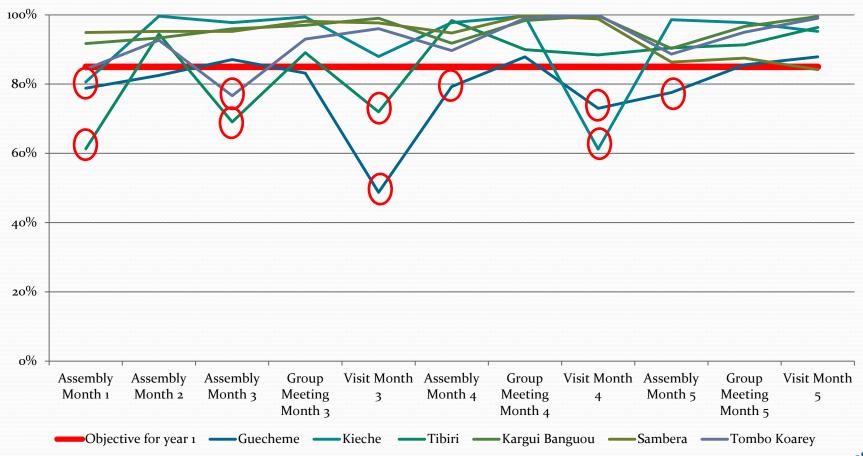
Participation to the "Volet Comportemental" is high



- The objective is 85% participation for year 1, and 95% for year 2.
- On average, participation averaged 89% during the first 5 months of activities.
- There was a large participation of non-beneficiaries, too.

MIS helps identify where quality control and adjustments are needed

Participation by activity and by region



Lessons in implementing the "Volet Comportemental"

- Important to tailor the accompanying measures to the program
 - Lots of efforts to develop the content and implementation strategy ("technical guide")
- Participation and interest from population is very high
 - But monitoring is critical to address bottlenecks
- Strong focus on quality is required
 - Training and refresher training of different actors (NGOs, community educators,...)
 - Supervision of NGOs and Community educators in the field
- Performance-based contracts for NGOs need to be enforced
- Difficulties in keeping the MIS up-to-date in remote areas with little connectivity

Results until 2013

- Implementation in three phases of (12,000+12,000+18,000)
- Conducted 44 regional and municipal meetings for geographical targeting (identification of CT departments, communes and villages)
- 612 complaints and grievance committees set up and operating
- Surveyed 72,002 households in the 5 CT regions to identify beneficiaries
- Enrolment of 27,000 Households for 2nd and 3rd phases
- Payment for CT
 - Phase 1: 5,956 HH in Maradi + 4,669 HH in Dosso
 - Phase 2 and 3:



Thanks!

Program: Training for young victims of the armed conflict in Colombia "YO CUENTO"



Limit Access to employability route for youth





people

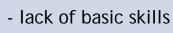
Labour Market



Más Familias en Acción



High School



- Opportunity Cost

Poverty

mobility

- lack of

- non social

Tertiary Education

(VET and University)



Childcare

What happened with youth people that was not eligible for Youth Training **Program?**

Taken from DPS







Reparation phase in terms of employment ...demands actions

BENEFICIARIES



How many young victims

- 859,163 young victims in the database.
- Potential beneficiaries of the program: 73,600
 young victims in reparation phase

Ages

 68% of young victims in reparation phase are between 23 and 28 years old.

Most common victimizing event...

 81% of young victims have registered murder of a family member as the victimizing event

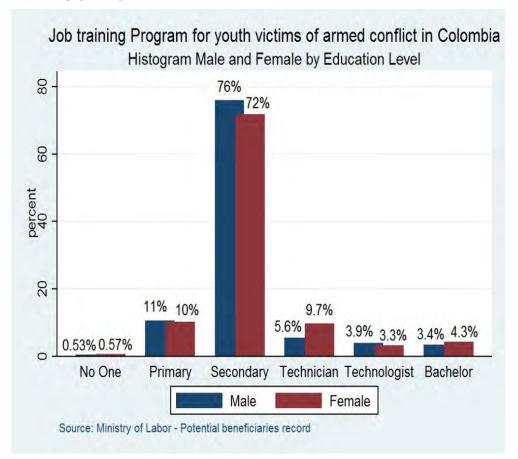
*Those who have suffered damage or violation of Human Rights since January 1th 1985: Murder, Forced displacement, Violence against sexual freedom and integrity, Kidnapping, Theft or land dispossession, Anti-personnel mines, Torture.





CHARACTERISTICS OF POTENTIAL BENEFICIARIES

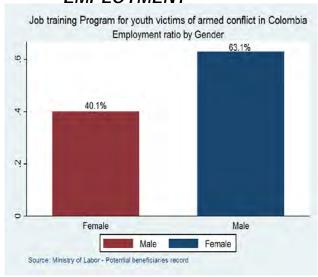
EDUCATIONAL LEVEL



CAREGIVERS

¿HAVE CHILDREN BETWEEN 0 AND 5 YEARS?	%
No	27%
Yes	73%
TOTAL	100%

EMPLOYMENT





Increase employability and income generation opportunities



Guarantee access to training services with providers organized with services specialized for victims' conditions



Training providers register organized take account young victims' preferences and productive sector demand





✓ TUITION SUBSIDIES✓ SUSTAINING SUPPORT IN CASH



the Ministry of Labour transferred the budget to ICETEX

Public Institution that manages and pays tuition and sustaining support for upper education level





INSTITUTIONAL ARRANGEMENT

¿WHAT ARE THE FUNCTIONS OF EACH ENTITY IN THIS PROGRAM?



Unit for Attention and Integral Reparation of Victims (UAIRV)

- · Identify potential beneficiaries
- Collect data about Victims´ social conditions and needs. Model Attention, Assistance and Integral Reparation for Victims
- Collect valid and update the victims register



Ministry of Labour

- Give guidelines for curriculums designs and occupational
- Organize providers register based in quality standards
- Enrol beneficiaries register beneficiaries in the training program
- Monitor and evaluate the program.



ICETEX

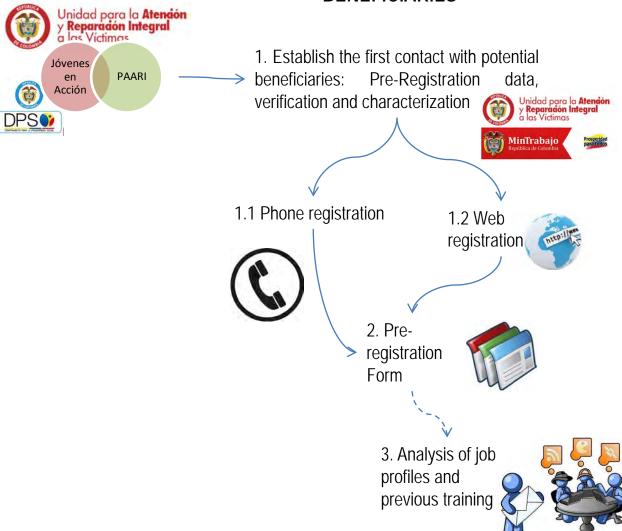
- Manage resources (Law 1012, 2006) *
- Pay tuitions subsidies and support subsidies. Monitoring training assistance by the beneficiaries throw payment of transfers



Pre-inscription process



BENEFICIARIES







PROVIDERS REGISTER

<u>Private training institutions</u> with quality standards could be chosen to be part of this providers register....

How does we chose training providers?

Occupational Profiles of our potential beneficiaries Geographic supply of training institutions

Productive nector needs:
a) Occupational analysis
system
b) Focal Groups
c) literature review

Guidelines for training content

- ✓ Types of skills that should be promoted
- Minimum quality conditions of training supply
- ✓ Timely Information about the dynamics of sectors and occupations

WHICH KIND OF TRAINING?



Mode 1

Vocational education and training



Mode 2
-Vocational education and training
- High School

Completation



Mode 3 High School completation

Initial Training Module (key and life skills)





ENROLMENT PROCESS

TRAINING INSTITUTIONS REGISTER

1. Training
Institutions Registration
through web
application MT



3.Training
Institutions and
Programs
Registration



2. Labour
Ministry
evaluates the
proposals



ENROLMENT OF BENEFICIARIES

4.1. Young victims are convened through a contact center to enrol in the training institutions



4.2.Training
Institutions call
the young
victims to



6. Training
Institutions mark the beneficiaries list in the system









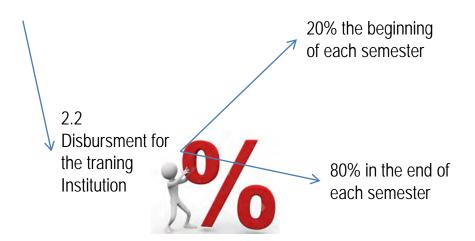
PAYMENTS TO TRAINING AND SUSTENANCE







2. Enrolments reports and academic results



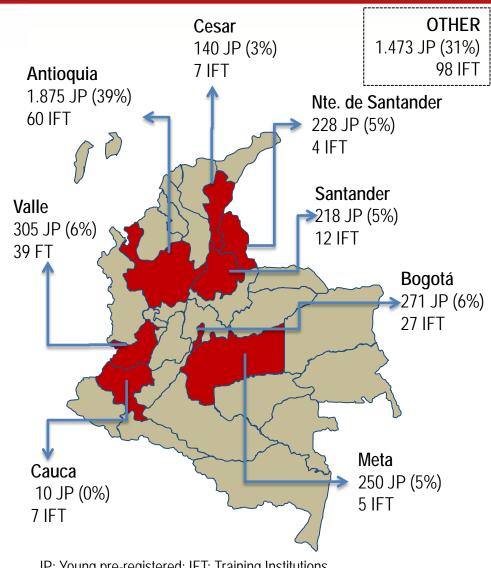




WHERE DEPARTMENTS WILL WE COVER?

TRAINING INSTITUTIONS

- Pre-registered Institutions (nation wide): 4.770
- Antioquia has 39% of pre-registered potential beneficiaries.
- In December 2013 a total of 259 training institutions where identified. Antioquia represents 23% of the institutions.



IMPACT EVALUATION

Electronic survey applied pre-register, internship and end Tools to measure kills transformations Administrative Data Job seeker Centers data





DIANA CÁRDENAS

Director of Mobility and Training

iTHANK YOU!







