

3. Beyond Education and Health in CCT programs: The case of Nepal

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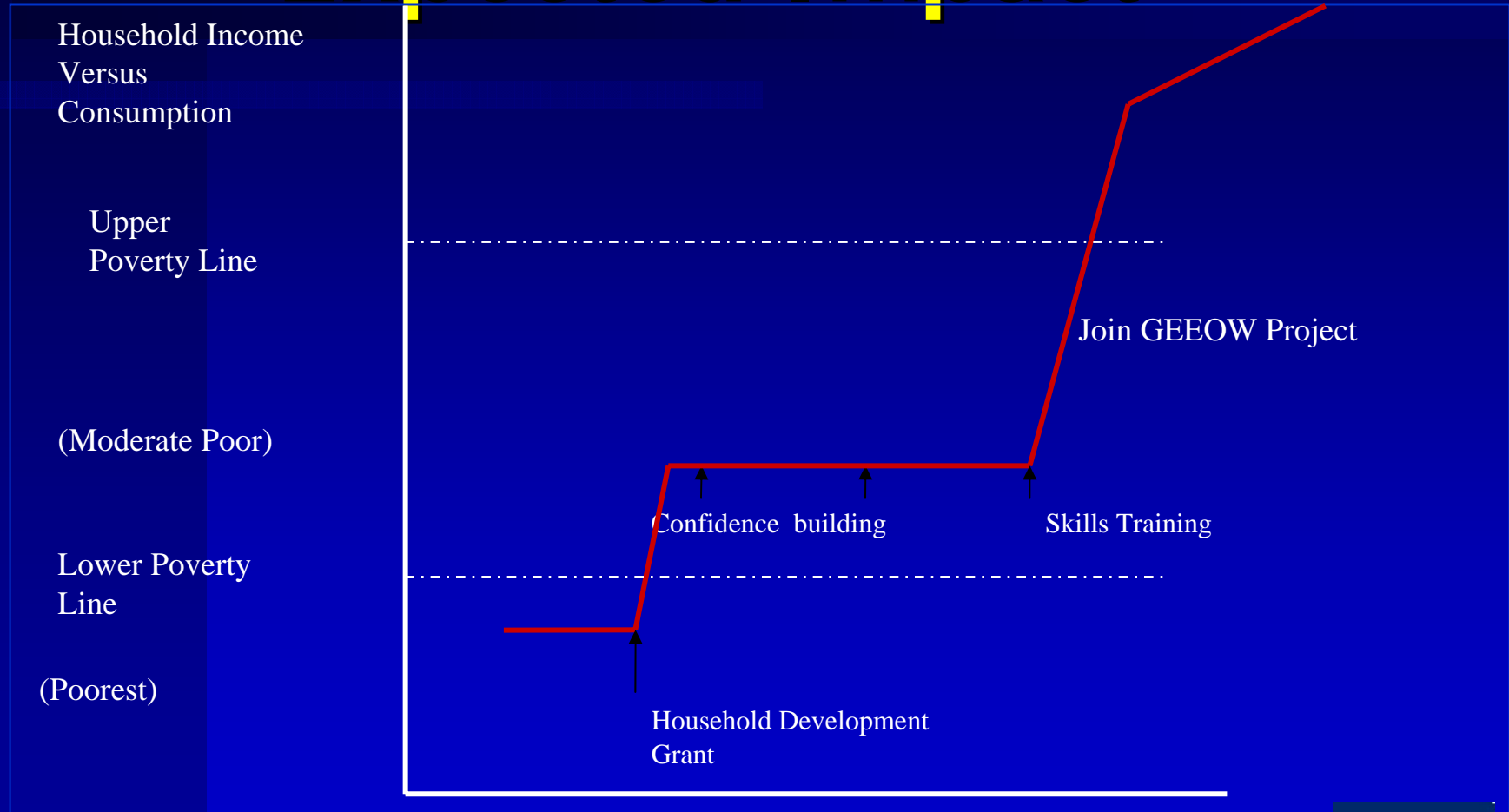
ADB's involvement in Nepal

- **TA No. 4759-NEP: Reaching the Most Disadvantaged Groups in Mainstream Rural Development** [PRF-funded and linked to the Gender Equality and Empowerment of Women Project]
- an innovative mechanism to effectively reach the most disadvantaged groups of the society: the Household Development Grant
- a small in kind and cash transfer to the most disadvantaged households of a community, conditional on them attending community activities and skills training programs.
- The Executing Agency is the Department of Women Development of the Ministry of Women, Children and Social Welfare

The household development grant: a pilot

- Beneficiaries: 1,000 households
- The grant is of about \$350.00 per household over a period of 18 months.
- Total cost of the pilot program: \$800,000
- 50% of the grant, to be spent in the first 9 months of implementation, will be entirely in-kind and designed to allow the members of the most disadvantaged households to participate in community activities and social mobilization and awareness programs by paying for the social costs:
 - 25% of the grant (\$87.50 per household) will cover basic needs (such as food during the lean period, house repairs, equipment for cooking and sleeping, clothing, and health care [basic])
 - 25% of the grant (\$87.50 per household) will cover the opportunity cost related to beneficiaries attending community-based activities and skill development trainings
- 50% of the grant, to be provided either in cash or in-kind over the last 9 months, will facilitate basic economic activities, such as livestock raising and micro-businesses and small-scale agriculture and off-farm employment.
- The cash transfer is to meet urgent needs of households (livelihood protection) and at the same time to build lasting assets for additional income (livelihood promotion).

Expected Impact



GEEOW = Gender Equality and Empowerment of Women.

Source = Adapted from the Income Generation for Vulnerable Group Development Program model of the Bangladesh Rural Advancement Committee.

How to implement it?

- This Project is first in its nature for both the EA and ADB.
- During preparation of the Implementation Guidelines of the TA, still a lot unanswered questions: how to target? How to arrange payments? How to deliver the services? How to administer the program? How to avoid complaints? How to link it with other services? What is the role of Civil Society? Etc.
- PRF funded the Nepalese counterpart and the ADB project officer to attend the conference to learn from experience and knowledge of countries with extensive experience in CCT on what works and what does not work both from a policy and operational perspectives.

Lessons Learned relevant for Nepal's Pilot

- Kenya: applicability of CCTs in low income countries
- Zambia: community-based targeting
- Chile: how to reach the most excluded groups
- Brazil/Ecuador: linking CCTs with complementary Programs
- Colombia/Mexico: CCTs to empower women
- Colombia/Palestine: implementation in post-conflict countries

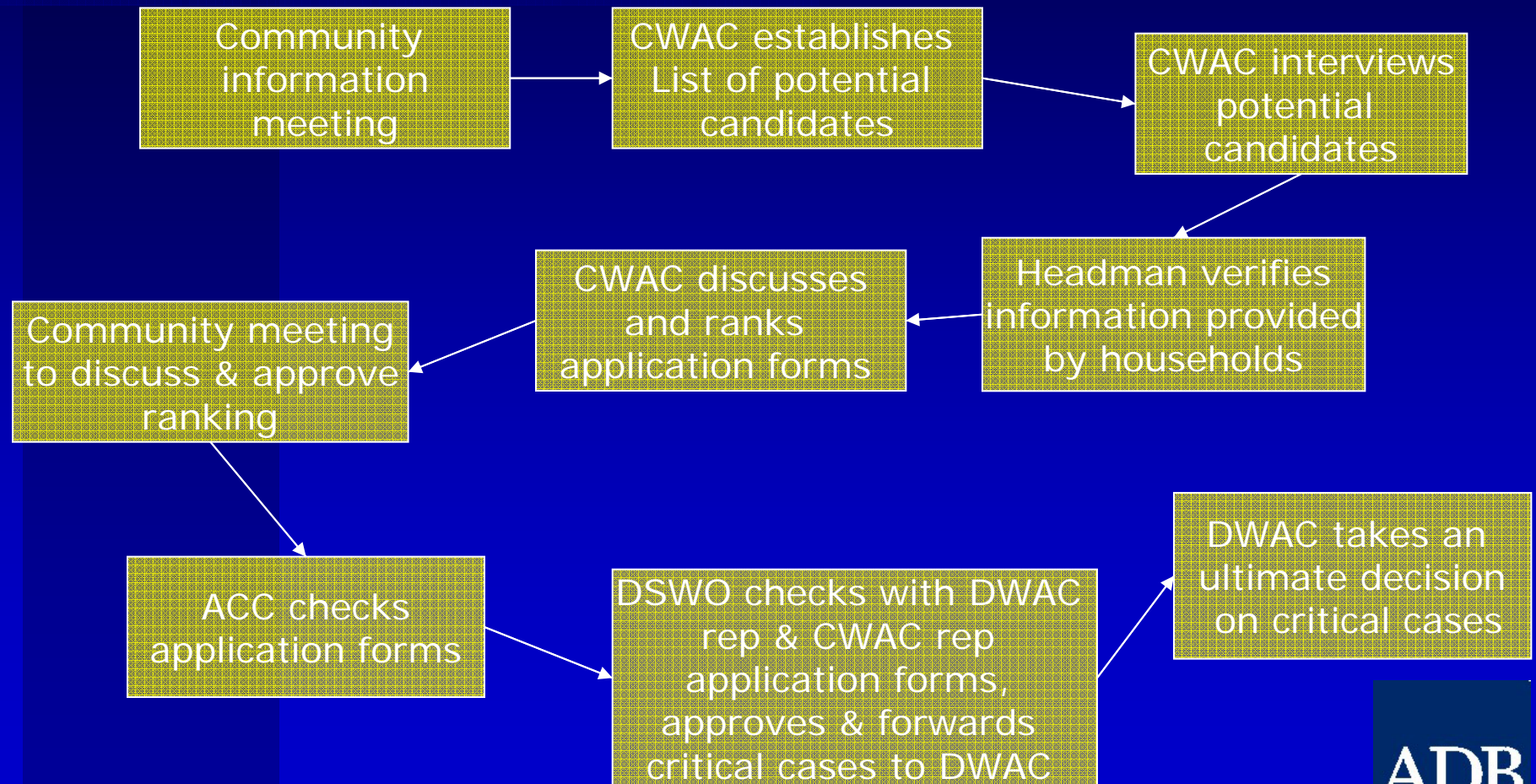
Kenya: applicability of CCTs in low income countries

- Program: \$14 transfer per month to families with orphans and vulnerable children
- 'Double targeting' : first geographical + community targeting
- Conditionalities and not: poorest areas have no conditionalities
- Payment mechanism: money is delivered in cash by hand using existing government machinery
- Operational challenges: lack of long term resources, inadequate social services, no skilled personnel, beneficiaries without ID

Zambia: community-based targeting I

- Decentralized system:
 - the District Welfare Assistance Committee (DWAC), ie. subcommittee of the dis
 - Area Coordinating Committee (ACC)
 - Community Welfare Assistance Committee (CWAC)
- CWAC members:
 - are voluntaries
 - chosen during the first community meeting
 - Receive training based on operational manual
 - propose ranking of households to community
- Challenges: reliance on volunteers, influence of local leaders, wrong targeting and reaction from the affected

Zambia: community-based targeting II



Chile: how to reach the most excluded groups I

- When inequality is extremely high... the challenge is to 'bring' the most excluded into the existing social networks: LOOK FOR THEM!
- The scheme has to meet the specific needs of each household: the development agent to escort the household in a personalized effort.
- The capacity of each member of the household should be strengthened
- Psycho-social support for each member of the household is key
- Duration: 24 months with CCTs with decreasing installments
- After the CCT: linking the beneficiaries to other development programs in microfinance and employment creation

Chile: how to reach the most excluded groups II

An operating safety net: preferential guarantees and service access apply. The family links spontaneously to the network.

Education

Identification

Health

Family Relations

Housing

Employment

Income

Service Network

Household

Family Supporter

Psychological and social support: a development agent -the Family Supporter- makes diagnosis, sets priorities and establishes commitments with the family.



Brazil/Ecuador: linking CCTs with Complementary Programs

- Linking to Microfinance: to allow generation of income for the household after CCTs
- Linking to public works programs: to increase employment of the family members
- Linking to institutions: provision of identification documentation and extension of access to social rights
- Linking to natural disasters alleviation programs: to support risk mitigation
- Joint management agreements: state and municipalities commit to joint implementation and coordination for complementary programs

Colombia/Mexico: CCTs to empower women

- Cash transfer to the women and mothers
- Higher transfer for investment in the human capital of daughters
- Parallel literacy training for illiterate women
- New forms of collective activities were empowering for beneficiaries (E.g. mothers meetings; health & nutrition workshops; parents organizations; quality improvement teams):
 - Assembly of women (information, consultation, deliberation, and decision making) =>
 - Leading Mothers (1 per 100 titular mothers) =>
 - Leading Mothers Committee (train to train titular mothers, monitoring of conditions, complaints, linking beneficiaries to local governments)
 - Care-get-together meetings (among leading mothers, social unity, discussions)
- Pilot: internet points for women of the next generation
- Involvement of men to increase awareness and to have 'involved fathers'

Impact of CCTs on women's empowerment

- Increased participation in formal institutions
- Obtaining marriage & birth certificates, ID cards, bank accounts
- Increased Participation in meetings, organizations & collective activities
- Increased control over income and expenditure decisions
- New attention given to the importance of the role of women in the household and to girls education
- Reduced social strain due to new household resources
- Reduced domestic violence
- Increased economic independence of women
- For elected beneficiary-program liaisons, new leadership and capacities.

Colombia/Palestine: implementation in post-conflict countries I

- Why:
 - Quick increase in consumption levels
 - Immediate cash benefits for people can release and diminish after conflict tensions between people in need and government
 - Conditions may accelerate the healing process of families as well as go back to normal life
 - Broader objective of peace, stability and reconciliation?
- When:
 - the following infrastructure is in place:
 - Well established coordinating Unit with regional/provincial/district units
 - Well designed project cycle and reliable MIS
 - Clear rules for targeting and selection of beneficiaries
 - Supply services in place
 - However, a country after a conflict generally lacks this type of infrastructure

Colombia/Palestine: implementation in post-conflict countries II

- Different options:
 - First a UCT and then a CCT when infrastructure is rehabilitated with heavy external technical assistance
 - Implementation of a very simple CCT with heavy external technical assistance from NGOs, IT firms, consulting firms with experience on this type of projects
 - Make this type of project a national priority so that national human and capital resources can go into these types of programs.
- Challenges:
 - When the emergency assistance culture prevails
 - Poor governance and economic mismanagement
 - Mistrust in institutions
 - Lack of access to information
 - Lack of or weak supply side
 - Lack of administrative capacity
 - Risk for cash transfers
 - Lack of private sector providers
 - Security issues

Colombia/Palestine: implementation in post-conflict countries III

- How to overcome the Challenges:
 - Focus on a very specific target group (ie. IDPs, ex-combatants, war widows, etc): easy to identify and to get consensus on
 - Need for an initial phase of reconstruction of local infrastructure and social capital
 - Use of an artificial institution, with clear exit strategy and planned transfer of responsibilities
 - Outsourcing services to NGOs or private sector providers
 - Partnering at local level with the local entities that help people get services (for instance in Angola: church)
 - Full involvement of communities

For More Information

Web site:

<http://www.virtualcct.net>

ADB