



SELECTION & IDENTIFICATION

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LIST OF ABBREVIATIONS

BISP	Income Support Programme
BLT	Bantuan Langsung Tunai
CBT	Community based targeting
CSG	Child Support Grant
CT-PwD	Cash Transfer for Persons with Severe Disabilities
FAP	Family Assistance Programme
FIN	Financing and Financial Management
GDP	Gross Domestic Product
GOV	Governance
ICROP	Integrated Community Registration Outreach
ID	Programme Identity
ILO L	International Labour Organisation
EAP	Livelihood Empowerment Against Poverty
M&E	Monitoring and Evaluation
MIS	Management Information System
NGOs	Non-Governmental Organisations
NREGA	National Rural Employment Guarantee Act
PKH	Programme Keluarga Harapan
PMT	Proxy Means Test
PPPP	Philippines Pantawid Pamilyang Pilipino
PSNP	Programme Productive Safety Net Programme
PSSB	Basic Social Subsidy Programme (Programmea Subsidio Social Basico)
SAGE	Social Assistance Grants for Empowerment Scheme
SASSA	South African Social Security Agency
SCT	Social Cash Transfer
TSA	Targeted Social Assistance
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank

1

INTRODUCTION

This Module aims to give participants:

- An understanding of selection processes – often known as targeting – as comprising four key stages: policy choices, fiscal choices, design choices, and implementation.
- An understanding of how policy choices can determine the inclusion or exclusion of people at later stages in the selection process, and how policy choices are closely linked to social, ethical, and value considerations.
- Once a policy choice is made, how that can be further modified by fiscal choices, which are played out in decisions on the level of coverage of a scheme. Participants will understand how coverage is critical in determining the effectiveness of a scheme.
- An understanding of the range of design options for selection mechanisms, when a decision is taken to reduce coverage from universal coverage, as well as the implications of these choices.
- An understanding of the challenges of implementing selection processes and how the delivery of schemes can also contribute to the exclusion of people. Participants will build an awareness of the importance of understanding social exclusion and how this interacts with programme design to undermine access to schemes.
- An awareness of how to measure targeting accuracy and how different measures can be used to demonstrate that the same programme is either successful or unsuccessful.
- An understanding of how gender and disability are considered in the selection and identification processes and how these mechanisms can be designed and delivered in an inclusive way.

The module comprises three sections:

- The first section focuses on:
 - a. an overview
 - b. policy choices
 - c. fiscal choices
 - d. methods for measuring targeting accuracy
- The second section focuses on the third stage of the selection process: design choices when decisions are taken not to provide universal coverage.
- The third section examines the challenges of implementing selection processes, in particular through registration, which is the point at which people apply for programmes.

2

“TARGETING” POLICY AND FISCAL CHOICES IN THE SELECTION PROCESS

A critical issue faced by all countries developing systems of social protection is how to select recipients. No country has ever been able to effectively cover everyone in need of transfers during the early stages of developing their social protection systems. The number of people in need is too great and it places excessive demands on a country's financial resources. Developed countries have taken decades to develop comprehensive social protection systems, which gradually expand as resources become available. Therefore, developing countries need to take a long-term vision for their social protection schemes, expanding them as resources become available and greater priority is given to social protection.

As a result, in the early stages of the development of their social protection systems, countries have to make hard choices about which people to prioritise. Fortunately, there is significant international evidence about the consequences of the range of choices that have been made by countries, both historical evidence from developed countries and contemporary evidence from low and middle-income countries.

2.1 “TARGETING”: IS IT AN APPROPRIATE TERM?

Often, in developing countries, the process of selecting recipients is referred to as “targeting.” Some people question whether it is an appropriate term, as it could be seen as dehumanising people. It could be implied and understood as an “attack” and it is often not used in developed countries. Alternatives could be more neutral terms such as “selection” or “identification” processes.

Furthermore, debates on “targeting” are often very narrow, focusing on how best to design particular social transfer schemes to accurately identify those living in poverty.¹ In reality, questions on the selection of recipients should be considered more broadly, especially when taking into account that social transfer schemes often have multiple objectives, beyond just providing those living in poverty with a minimum income.

For example, selecting women and people with disabilities as recipients of social assistance schemes serves several objectives: it achieves equity by reducing gender and disability gaps in poverty rates and social protection coverage and improves their income (women are over-represented in the informal sector and thus more likely to be excluded from social security, while people with disabilities are overrepresented amongst people living in poverty) (UN Women, 2016; Razavi, 2021; Banks et al, 2017). Well-designed social protection programmes can also go beyond a narrow focus on economic security to address women's and people with disabilities' lifecycle risks and promote their empowerment, voice, and agency, for more transformative effects and sustained poverty reduction (Bastagli et al, 2016; Peterman et al., 2019).

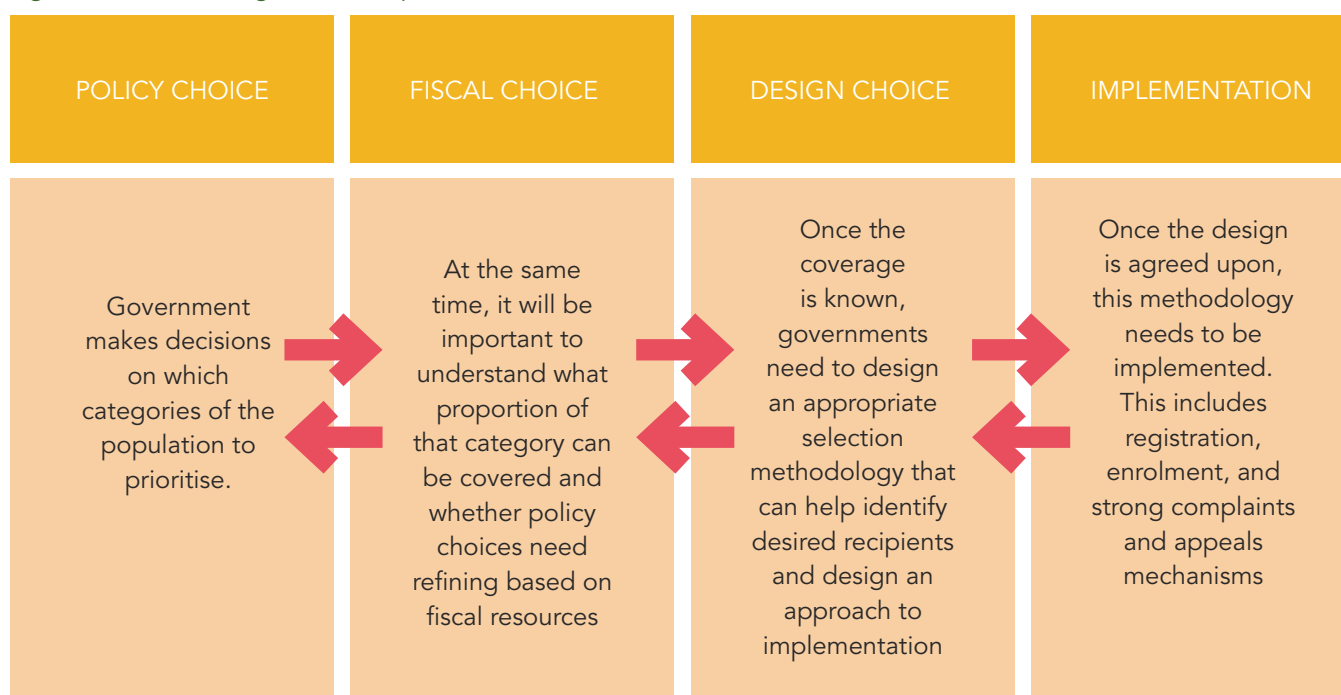
1 See Kidd (2013) for a more detailed discussion on the appropriateness of the term “targeting”



2.2 OVERVIEW OF SELECTION PROCESSES

In fact, the process of selecting recipients has at least four stages, as set out in Figure 1. Governments initially have to make decisions on which category of the population to prioritise. This may be a particular demographic category – such as older people, people with disabilities or children – or it may be an economic category such as the “poor.” In Africa, the majority of social protection programmes combine economic and socio-demographic factors to identify and select recipients (Cirillo and Tebaldi, 2016). Once this decision is made, governments need to decide on the coverage of people within this category: do they, for example, choose to provide the transfer to everyone in the category or to a sub-set, such as the poorest 10%, 30% or 70%? To a large extent, governments make this decision based on the level of finance they wish to invest in the programme (while also taking into account the value of the transfer to be provided). Policy and fiscal choices around social protection also signal government priorities and ideas about who in the society (e.g. the state or individual) has the responsibility of addressing poverty, who should receive support, and how. Once the level of coverage is agreed upon, governments move to the next stage to design a selection mechanism that identifies the right people: in the context of a universal programme, the selection mechanism is relatively simple but, if governments decide on a lower coverage based on level of incomes or wealth, they need to determine how to measure incomes or wealth. The final stage is the implementation of the design. This includes the process of registration – which, if not done well, could erect barriers that inhibit eligible people from entering the programme – but also grievance mechanisms so that those who are incorrectly excluded can appeal.

Figure 1: The four-stage selection process for social assistance transfers



Source: Authors

This module, therefore, examines the selection process in detail, examines the four stages in more detail and shows how exclusion from social protection schemes are a consequence of decisions made at each stage of the selection process. It also examines how principles of inclusion, focusing particularly on issues of gender and disability are accounted for (or not) during each step of the selection and identification process and the implications for people’s access to social protection. In Box 1 we briefly discuss the key characteristics of an inclusive approach to social protection.

Box 1: What do we mean by inclusive social protection?

Inclusive social protection calls for acknowledging and responding to the specific needs of disadvantaged and marginalised groups in society to promote their equitable access to social protection. Disadvantaged groups include, but not limited to, women and girls, people with disability, indigenous populations, ethnic minorities, refugees and displaced people. Inclusive social protection is grounded in a rights-based framework and The 2030 Agenda for Sustainable Development focusing on the establishment of "nationally appropriate social protection measures and systems for all, including floors." Inclusive social protection programming has three core objectives:

Achieving universal coverage and ensuring quality social protection schemes are available to all people on individual basis throughout the life cycle

Addressing the barriers that diverse groups face in accessing social protection for all through inclusive programme design and implementation

Offering adequate benefits to ensure income security and close the income gaps among groups

Realizing the universal coverage in low and middle-income countries requires the incremental expansion of investments focusing on the most disadvantaged. Affirmative measures are also required to ensure those left behind have the opportunity to benefit from social protection. Social protection needs to be embedded in a broader set of economic and social policies to address drivers of social exclusion underpinning poverty and vulnerability among these groups. In this module we specifically focus on gender and disability inclusion, while recognising that similar considerations apply for all other types of (intersectional) exclusionary factors, such as age, ethnicity, class, race, social identity, etc.

Source: Authors and Roig et al, 2018

2.3 POLICY CHOICES

Governments always make policy choices on which categories of the population to prioritise for all types of public services, not just social transfers. However, when deciding their policy approach to social transfers, governments tend to make choices between two approaches. They either decide to direct their social transfers to the category of the population regarded as "poor"; or, they follow a more complex policy direction by designing their social transfer systems to address challenges and risks faced by individuals across their lifecycle. The former can be referred to as a "Poor Relief" approach while the latter can be categorised as a "Lifecycle" approach. Each will be examined in more detail.

2.3.1 Poor Relief approach

The Poor Relief approach was adopted by developed countries in the 18th and 19th centuries when they took the policy choice to address the needs of the "poor". Several countries developed schemes directed at those regarded as "poor" with England, in 1820, investing 2.7% of GDP in its Poor Laws scheme (Lindert 2004). However, these schemes were developed while these countries still had authoritarian governments and, as democracy strengthened, levels of investment in Poor Relief fell, with expenditure in England, for example, falling to 0.75% by 1880. The fall in investment was the result of the middle class gaining the vote and opposing their taxes being spent on the "poor," while they themselves were excluded. In response to the demands of the middle class, developed countries began to move towards a lifecycle approach, with Poor Relief eventually comprising only a tiny proportion of investment in social transfers.

In recent years, several developing countries have similarly adopted a Poor Relief approach during the initial establishment of their social transfer system. The box below sets out some countries that have adopted Poor Relief as their main social transfer instrument, directing their resources at "poor households," irrespective of their demographic composition.

Prominent schemes include China’s Minimum Living Standards (MLS) scheme, the Philippines Pantawid Pamilyang Pilipino Programme (PPPP) scheme, Pakistan’s Benazir Income Support Programme (BISP), Mexico’s Oportunidades programme, and Indonesia’s Programme Keluarga Harapan (PKH) scheme. However, coverage of these schemes is relatively low, usually a maximum of around 20% of the population, but often much less. In Indonesia for example, the PKH scheme reaches less than 5% of households. Furthermore, budgets tend to be low: internationally, similar schemes rarely reach more than 0.4% of GDP and are often much less. China, for example, invests only 0.14% of GDP in its MLS scheme, Pakistan’s investment in the BISP is around 0.38% of GDP, while Mexico invests 0.4% of GDP in Oportunidades.

In sub-Saharan Africa, there are a limited number of schemes that can be considered as pure Poor Relief programmes. For example, Social Safety Nets programmes in Cameroon and Sierra Leone respectively target a small fraction of chronically and extremely poor households without assets, without applying any additional demographic criteria to select recipients (Cirillo and Tebaldi, 2018). Malawi’s Social Cash Transfer scheme can also be regarded as Poor Relief, as it targets the poorest 10% of the population. However, this is a large donor-funded scheme and there are ongoing discussions about the need to relax the current focus on the ultra-poor.

Box 2: Examples of countries prioritising Poor Relief

Mexico established the Progresa programme in the mid-1990s which currently – as Oportunidades – provides a transfer to around 20% of the population
Ecuador established the Bono de Desarrollo Humano (BDH) scheme in 1998, reaching around 40% of the population
Pakistan established the Benazir Income Support Programme (BISP) in 2008, which reaches around 15% of households
Indonesia established the PKH programme in the mid-2000s, and it now reaches around 5% of households
The Philippines established the Pantawid Pamilyang Pilipino Programme (4Ps) in 2008, reaching around 20% of households
Colombia established the Familias en Accion programme in 2001 and, by 2007, it was reaching nearly 20% of households
Cameroon established Social Safety Nets project in 2014, reaching around 40,000 households
Sierra Leone established Social Safety Net Programme in 2014, and by 2018 it was expected to reach more than 100,000 recipients

Source: Authors; Cirillo and Tebaldi, 2018.

As in 19th Century Europe, many Poor Relief schemes are developed as a means of addressing fears of social conflict, offering the poorest members of society a minimum level of income. However, some developing countries that initially prioritised Poor Relief are already moving to a Lifecycle system: for example, China and Mexico have recently established comprehensive old-age pension schemes. Also in Africa, countries like Mozambique, Kenya, Zambia, and Lesotho are gradually building a social protection system based on the lifecycle approach. To a large extent, Poor Relief schemes address the symptoms of poverty rather than the underlying causes. In effect, they tackle the challenge of low incomes by providing additional and regular income. As they are directed only at those who are under the poverty line, their aim is protective rather than preventive: in other words, they are not designed to stop people from falling into poverty, but only help people once they are in poverty. They often provide similar levels of benefit to households, irrespective of the composition and capabilities of the household.

Poor Relief schemes have significant weaknesses in that – as will be discussed in the second section of the module – the concept of a fixed group of the “poor” is to a large extent an imaginary construct (also see Knox [2014] for further information). Household incomes are highly variable and the standards of living of households can change significantly over short periods. So, there is often significant churning around poverty lines as households move in and out of poverty. Therefore, income dynamics is one explanation for the high exclusion errors found in Poor Relief schemes. Furthermore, the value of transfers provided by Poor Relief schemes tends to be low and insufficient to provide families with income security.

Poor Relief schemes have implications for inclusive social protection in several ways. First, while women and people with disability are not explicitly prioritised in poverty-targeted schemes as recipients, they are more likely to benefit from these programmes, given the higher likelihood of them being poor and/or living in low-income households compared to the general population (Razavi, 2021; UN Women, 2016). As both women and people with disability have limited access to contributory measures, cash transfers (even when narrowly targeted) are an important strategy for protecting their basic consumption and welfare. However, owing to a relatively low coverage of programmes and generally small value of benefits, Poor Relief schemes are not inclusive. They leave a sizable proportion of the disadvantaged population – the so-called vulnerable missing middle – without coverage and sustainable income security (Reig et al, 2018). They are also typically not grounded in legal frameworks which guarantee the individual's right to social protection.

Second, programmes are targeted at "poor households" defined only according to economic criteria without specifically addressing demography, household size, and composition (ie. polygamous families etc.). These factors determine and shape women's and people with disability's risk of poverty and vulnerability. For example, the presence of persons with disability raises household costs and requires higher income to maintain standards of living equivalent to the mainstream population. However, Poor Relief schemes rarely account for extra disability-related costs when determining eligibility or benefit levels, as discussed in Box 3.

Box 3. What are disability-related extra costs and why do they matter as determinants of poverty?

People with disabilities often incur additional costs required to support their full and effective participation, including assistive devices, rehabilitation, and specialist services. They may also experience additional costs when attending school or work or participating in social life – such as for personal assistance, inclusive education resources, workplace accommodations or paying for private transportation if public systems are not available and accessible. Disability-related costs include indirect costs to families in terms of foregone wages of both persons with disability and family members (usually women). The burden of these costs is pronounced particularly in non-inclusive environments (e.g. inaccessible facilities and transportation, lack of coverage of assistive devices and rehabilitation in health insurance policies), substantially affecting their standard of living and risk of poverty. Accounting for extra costs can significantly affect the determination of poverty and, subsequently, the eligibility for social protection. For example, in Bosnia and Herzegovina, Vietnam, Ghana, and Cambodia, it was estimated that households with members with disabilities spent 14%, 9%, 26% and 19% of their income on disability-related costs, respectively (Braithwaite et al., 2009; Palmer et al., 2019; Asuman et al., 2020). Adjusting poverty lines by these costs increased the poverty headcount amongst people with disabilities by 10, 4, 14, and 18 percentage points, respectively. As such, social protection programmes that do not consider differences in consumption needs by disability will underestimate poverty and exclude households with people with disabilities.

Source: Authors.

Third, Poor Relief programmes generally adopt household-level targeting, instead of individual entitlements, which may disadvantage poor women and people with disabilities, or other vulnerable members of the household. In such instances, cash is provided to the household head (in most cases a man, i.e. a husband) who is registered as a recipient. Potentially, such household-level targeting will have important spillover benefits for all household members, but this should not be assumed. Cash may not automatically be shared equally or allocated according to overall household needs. Intrahousehold inequalities, shaped by gender, age, disability or marital dynamics, might prevent members from benefiting equally from schemes.

Alternatively, programmes may designate women as recipients of benefits, rather than household heads (UN Women, 2016; FAO, 2018; UN Women, 2020; Camilletti et al., 2021). For instance, in Cameroon's Social Safety Net Programme, cash is provided to the oldest woman in the household, if there are no adult women in the household, the male household head can be the designated recipient (Cirillo and Tebaldi, 2018). This approach is based on a premise that women are more likely to spend the resources to benefit their children (even though this is not necessarily supported by evidence – see ODI, 2016; Hangen_Zanker, 2017). Channelling cash to women as recipients is also implicitly understood as a strategy to empower women by improving their access to cash and influence over household spending decisions.

However, evidence suggests that making women transfer recipients does not automatically result in their control over cash or shifts in gender power dynamics (Molyneux and Thomson, 2012; Bastagli et al., 2016; Peterman et al., 2019). Similarly, even if a person with a disability is the named recipient, they may have a limited role in spending decisions due to poor access to banking services or discrimination within the household. For example, studies from the Maldives and Vietnam found that 18% and 37% of adults with disabilities who were the named recipient of a cash transfer reported no control over spending decisions (Banks et al., 2018; Hameed et al., forthcoming).

Finally, poverty-targeted schemes rarely consider different gender and disability-specific vulnerabilities across the lifecycle, including structural causes that underpin women’s and people with disability’s poverty status and social exclusion (these are illustrated in Box 4). Cash alone is an insufficient means of overcoming unequal intrahousehold dynamics, discriminatory disability and gender norms, and practices embedded in decision-making patterns. Thus, there is a need for social protection to adopt a more transformative and inclusive programme design, including individual entitlements, combined with complementary measures, to tackle structural barriers and discrimination that underpin poverty and vulnerability of women and people with disabilities and other vulnerable social groups (Tebaldi and Bilo, 2019).

Box 4. Understanding patterns of gender and disability-specific vulnerabilities across the lifecycle

Women and people with disability face multifaceted barriers to the enjoyment of their rights, including the right to social security. A complex set of factors contributes to and exacerbates women’s and people with disability’s vulnerability to risks and poverty. Structural drivers, such as discriminatory social and gender norms and practices, and discriminatory policies result in women’s limited access to economic resources and decent employment, disproportionate work and care burdens, and limited participation in decision-making at the household and community levels. These inequalities make women and girls more vulnerable to low and irregular income, food insecurity and malnutrition, asset poverty, ill health and limited education, gender-based violence, and time poverty.

Similarly, people with disability face stigma, discrimination and attitudinal barriers that hinder their participation in social, economic and, political life. They have less access to resources and assets, including education, poorer health outcomes and lower participation in the formal labour market than people without disabilities. As a result, they are also at a considerable risk of poverty.

These vulnerabilities also change across the main stages of the lifecycle. For example, during childhood, girl children are vulnerable to survival risks, including malnutrition and disability. At adolescence, girls are affected by maternal mortality, HIV/AIDS and child marriage, and early pregnancy, while boys face disproportionate risks of harmful types of child labour and substance abuse and interpersonal (non-sexual) violence. During adulthood, women are vulnerable to unemployment and income insecurity, maternal-related risks, care burdens, time poverty, and interpersonal violence including sexual and psychological abuse. Men are more vulnerable to substance abuse and employment-related injuries that may result in disability. During old age, women are susceptible to poverty, care burdens, social marginalisation, and widowhood.

Disability cuts across these life stages, while these lifecycle risks can increase the risk of acquiring a disability. At the same time, disability and other demographic factors, such as marital status, ethnicity, caste and sexual orientation exacerbate vulnerability to these lifecycle risks, further increasing the risk of poverty.

Source: Adapted from FAO, 2018 and Camilletti et al, 2021.

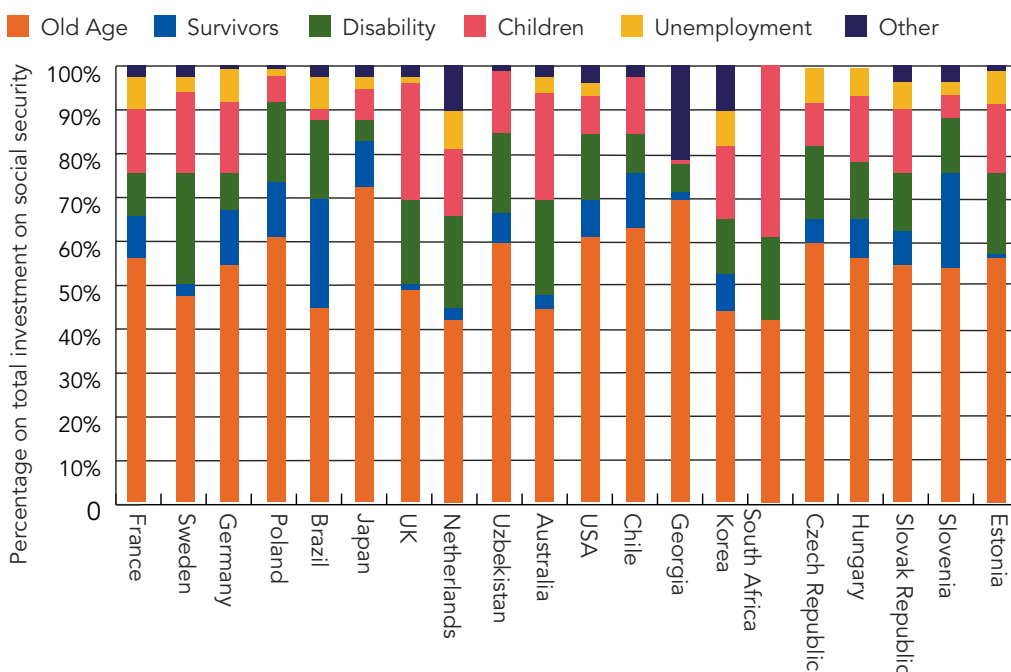
2.3.2 Lifecycle approach

The lifecycle approach is based on a broader concept of vulnerability. It considers that the role of social protection consists in guaranteeing basic income security and promoting human development throughout different stages of an individual’s life. There are many causes of poverty and insecurity but, often, they are related to stages in an individual’s lifecycle. Individuals face challenges and risks at each stage of their lives, which also impact their broader social networks, including their families, households, kinship groups, and communities. The type of challenges faced by individuals that make them vulnerable to falls in living standards varies as people move across their life course.

Most countries, even when they initially adopt a poor-relief approach, eventually move towards a lifecycle approach. Countries usually develop social assistance transfer systems – and broader social security systems – by establishing schemes that address particular stages of the lifecycle, as a means of increasing people’s resilience to the risks they face. The main lifecycle stages and risks addressed by countries are childhood, disability, widow(er)hood, old age and unemployment – all of which have gender dimensions, as illustrated earlier in Box 4. Disability and other demographic factors, such as marital status, ethnicity, caste and sexual orientation exacerbate vulnerability to these lifecycle risks, further increasing the risk of poverty, while catastrophic spending on disability-related goods and services is one of the key drivers of poverty among this group.

Figure 2 demonstrates the relative proportions of investment by a range of developed middle-income countries in lifecycle schemes. Often, lifecycle schemes – that can be implemented by a combination of social assistance and social insurance approaches – are supplemented by small Poor Relief schemes for those continuing to live in poverty or who fall through the gaps, but investment in them is usually very limited.

Figure 2: Relative proportion of investment by developed and middle-income countries in lifecycle schemes



Source: Authors

As noted earlier, as developed countries moved away from Poor Relief during the 19th Century, they began to invest in lifecycle schemes, initially taking the policy choice to prioritise tackling insecurity in old age and establish pension systems. However, for decades investment expanded, with countries gradually taking policy decisions to develop schemes tackling other lifecycle contingencies. Eventually, developed countries moved towards the shape of systems found in Figure 2 (although this includes investment in both tax-funded social assistance schemes and social insurance schemes, that are at least partially funded with contributions from workers and employers). Increasing numbers of developing countries are also following a lifecycle approach, including those in sub-Saharan Africa, such as South Africa, Namibia, Lesotho, Kenya and Mauritius.

The lifecycle approach is more gender and disability-responsive compared to poor-relief interventions, as it explicitly recognises and addresses specific needs and vulnerabilities of women and girls and people with disabilities at different stages of the lifecycle (Holmes and Jones, 2013). Lifecycle schemes are more frequently anchored in national legislation, they guarantee coverage as a matter of right, and provide entitlements to eligible individuals, although there are exceptions. Examples of programmes that address different gender and disability-related vulnerabilities across the lifecycle are provided in Box 5.

Box 5: Example of lifecycle schemes with a gender and disability focus

Childhood: South Africa's Child Support Grant and Care Dependency Grant for children with disabilities
Adolescence: Bangladesh's Female Secondary School Assistance Programme, Malawi's Zomba Cash Transfer
Youth: Kenya's Youth Empowerment project, Sierra Leone's Cash for Work
Adulthood (working and reproductive age): Mozambique's Child Grant Programme pilot (0-2) for pregnant women, Namibia's Child Maintenance and Foster Care Grants, Rwanda's Vision 2020 Umurenge Programme
Old age: Botswana's Old Age Pension, Mauritius' Old Age Pension for people with disabilities, Basic Widow pension in Mauritius, Vietnam's Old Age pension
Disability grants that cut across lifecycle: South Africa's Disability Grant, Namibia's Disability Grant, Kenya's Cash Transfer for Persons with Severe Disabilities

Source: Cirillo and Tebaldi, 2018.

Disability-targeted grants, which consider disability as a key criterion for eligibility, are available in many countries to address disability-related costs or increased risk of poverty amongst people with disability (see Box 6 for examples). The World Social Protection Database managed by the ILO lists 70 countries with non-contributory disability-targeted cash benefits (ILO, 2021). Almost all countries (164 according to the ILO) have contributory schemes, such as social insurance for people who develop disabilities during their working years. It is important to note, however, that coverage of both of these types of programmes is often very low. The ILO estimates that 33.5% of people with severe disabilities worldwide receive any type of disability benefit, although there is substantial variation by country and region. For example, coverage is 86% in Europe and Central Asia, but only 9% in Africa (ILO, 2021).

Disability grants may be provided to all people with an eligible disability (universal scheme such as the Basic Invalidation Pension in Mauritius or the Disability Allowance in the Maldives), or to people with disabilities who meet additional criteria:

- Level/type of impairment e.g. South Africa's Care Dependency Grant for children with severe disability
- Poverty and/or work status e.g. Kenya's Cash Transfer for Persons with Severe Disabilities restricted to people living in households that are considered extremely poor and the recipient cannot be earning any income
- Age e.g. Namibia's Disability Grant for citizens aged 16-59 years

Importantly, disability-specific grants may also benefit women and gender equality. By better addressing disability, one can also address gender disparities related to the care of persons with disabilities which typically falls to women and girls reducing their ability to attend school or work. Ensuring there are programmes to either

1. replace lost income through caregiver benefits - usually for children (South Africa's Care Dependency Grant), or
2. provide specific benefits to persons with disabilities to pay for a non-family caregiver (Mauritius' Caregiver's Allowance), or
3. provide personal assistants through social care programmes can reduce the burden of unpaid care.

Box 6: How are people with disability included in social protection

Disability-targeted individual benefits: Some countries have disability-targeted benefits targeted at the individual level. For example, Vietnam, South Africa, the Maldives, and Nepal have Disability Grants. These programmes may be universal (i.e. any person with an eligible disability can apply) or have other targeting criteria (e.g. based on poverty, ability to work, and severity of impairment). In theory, these programmes are often intended to cover disability-related costs (e.g. additional health care and assistive devices, personal assistance). However, the benefit values are often too low to cover the full range of disability-related goods and services required.

Disability-targeting within household schemes: Some programmes include the disability status of household members as part of their eligibility criteria within household schemes. For example, Ghana’s LEAP programme and Zambia’s Social Cash Transfer use different criteria to determine if a household is at risk of poverty, and having a member with a disability is one of the criteria used to make that determination. Most household-level schemes with disability targeting do not consider extra costs of disability, as they only offer a uniform benefit level to all recipient households. However, in Zambia, the Social Cash Transfer value is increased slightly for households with members with disability.

Mainstream schemes without disability targeting: People with disability may be indirectly targeted by other schemes due to their overrepresentation in other vulnerable groups. For example, globally, 38% of adults over 60 have a disability and so many adults receiving Old Age Pensions will also have a disability. Similarly, given the link between disability and poverty, many people with disabilities should be eligible for poverty-targeted schemes.

Source: Authors.

Coverage and focus remain uneven when gender-specific vulnerabilities are taken into account, as illustrated in Box 7.

Box 7: An overview of gender-responsive lifecycle schemes

A recent global gender review of social assistance schemes in forty low and middle-income countries by Camilletti and colleagues (2021) revealed that most countries adopt a life-course approach in their strategies. Yet, the majority of programmes prioritise specific health, income, and care-related vulnerabilities faced by women during their reproductive years, and in particular, motherhood. Child grant programmes, for instance, typically target pregnant and lactating women with children (aged 0–2 years) to promote safe motherhood and the survival and early development of children, while family allowances target single-parent families (usually mothers and female carers) to reduce the costs of childrearing and enhance income security. Fewer programmes, however, address risks faced by adolescent girls, such as child marriage and adolescent pregnancy, even in countries facing elevated rates of teenage pregnancy and HIV/AIDS (Camilletti et al., 2021). There is also a critical dearth of schemes focusing on employment and income-related risks faced by women working in the informal sector – although during the recent COVID-19 pandemic there has been a positive change in expanding access to this very vulnerable group (e.g. in Togo, Brazil, and Argentina). While the importance of non-contributory pensions for old-age poverty prevention is generally recognised, particularly in the context of high levels of employment informality, the coverage of old-age pensions generally remains low. There are notable efforts, however, to eliminate gender gaps in pension coverage (e.g. in Kyrgyzstan, Bolivia, Botswana, Namibia, and Mauritius) (UN Women 2016; UN Women, 2020).

Source: Camilletti et al., 2021; Razavi, 2021.

A lifecycle approach contrasts with a poor-relief approach in that it directly addresses the causes of poverty that are linked to lifecycle contingencies, rather than merely the symptoms. They are also preventive as well as protective, since they can stop people from falling into poverty if they face a particular contingency, such as disability, unemployment or old age. Since benefits are individual entitlements (although there are exceptions), households are able to receive multiple transfers, meaning that the value of transfers received by a household is related to their demographic composition, labour capacity, and capabilities.



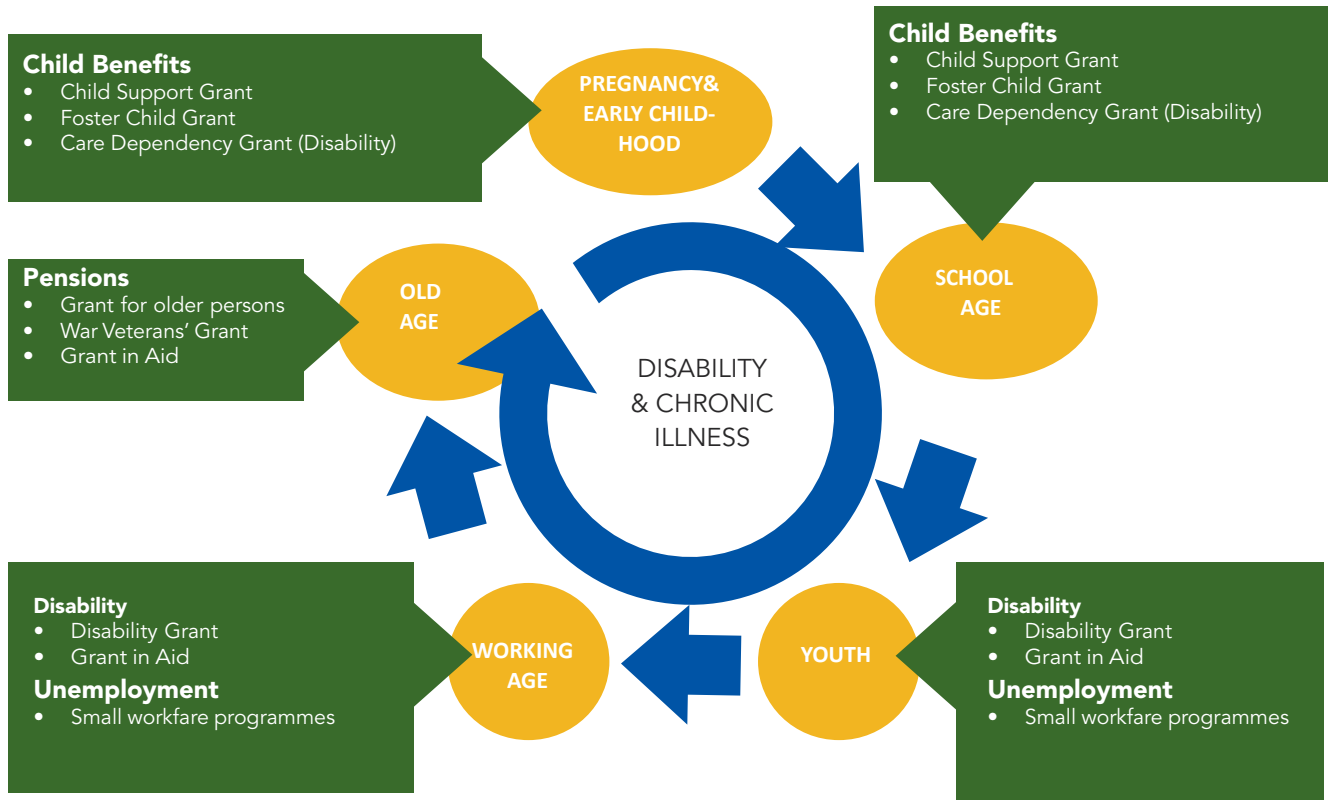
Provision of individual entitlements can potentially enhance recipients' access and control of cash, however, in practice this still depends on intrahousehold dynamics and pre-existing norms and practices related to resource allocation, which may be biased against vulnerable members. In Nepal, for example, money from a disability grant was in most instances managed by the male decision-maker of the household, rather than the main recipient (Holmes et al., 2019). Moreover, existing programmes with a lifecycle approach still tend to focus on practical gender needs, primarily related to women's motherhood roles, rather than tackling women's and girls' strategic interests and the structural inequalities underlying their poverty. Very few programmes reduce and redistribute women's and girls' reproductive and domestic care burdens beyond compensating women for their time and providing support. Public works programmes (e.g. India's MGNREGS, Ethiopia's PSNP, Rwanda's VUP) establish childcare provisions for programme recipients, but these largely aim to enable women's participation in work, rather than trying to redistribute care work between sexes. Finally, despite growing interest in linking social transfers with efforts to reduce and prevent gender-based violence, very few schemes do so systematically (e.g. Albania, Chile) (Camilletti et al., 2021).

Similarly, cash transfers alone are unlikely to tackle many systemic barriers to participation faced by people with disabilities (e.g. widespread discrimination, inaccessible infrastructure, poor availability and quality of inclusive health, education and other services). Poorly designed disability benefits can also reinforce systemic barriers, stigma and poverty faced by persons with disabilities. Including persons with disabilities under labour-constrained labour without proper guidance about determining if the person can work, reaffirms the belief that persons with disabilities are incapable of work, which puts them in a position of dependence.

Fully tax-funded lifecycle approaches are, necessarily, more costly than Poor Relief, although the overall cost depends on decisions regarding coverage, which happen during the next stage of the selection process (and they also depend on the value of transfers). Some middle-income countries with more established lifecycle systems – such as South Africa, Georgia, Brazil and Mauritius – invest more than 3% of GDP in lifecycle systems. However, as in developed countries, this level of investment develops over decades, with countries initially investing lower amounts in selected lifecycle schemes. Indeed, almost all countries take the initial policy choice to prioritise old age and develop pension schemes and old age pensions. These are the most common social transfer schemes in developing countries. However, several countries have moved beyond old age pensions and have taken policy decisions to address the needs of people with disabilities, single women, children, and the unemployed. Even Nepal, one of the poorest countries in the world, already has social transfer schemes for older people, people with disabilities, single women and children. A gender and social inclusion review of the Social Security Allowance (SSA) schemes in Nepal by Holmes and colleagues (2019) revealed that women disproportionately benefit from these provisions. However, gender gaps remain in terms of coverage of disability allowance, with a higher percentage of male recipients (approximately 60%) receiving transfers compared to female recipients (approximately 40%) due to an under-identification of eligible female applicants (Ibid).

In Africa, countries such as Lesotho, Mozambique, Kenya, and Zambia are gradually moving towards a life-cycle approach to social protection that combines social pension programmes for the elderly and people with disabilities (e.g. the Old Age Pension in Lesotho, PSSB in Mozambique, SCT in Zambia, Older Person's Cash Transfer and Cash Transfer for Persons with Severe Disabilities in Kenya), with the progressive introduction of transfers addressing the needs of infants and/or vulnerable children (e.g. the CT-OVC in Kenya, proposed introduction of an Infant Grant in Lesotho). In Zambia, for example, the Social Cash Transfer Programme recognises the specific needs of persons with disability and addresses them through programme design by providing a top-up directly to this group to compensate them for additional living costs. These can be further expanded to address gender and disability-related vulnerabilities. Mozambique, for example, has recently piloted a Child Grant Programme (0–2) (CGP) in its four poorest provinces, focusing on mothers and children aged 0–2. In addition to cash benefits, mothers receive nutrition, education, and case management support to address multidimensional gender and child-protection risks (including violence). Examples of countries with more developed lifecycle approaches are South Africa and Brazil (see below Boxes 8 and 9).

Figure 3: South Africa's tax-financed social protection schemes set against the lifecycle



Source: Authors

Box 8: Lifecycle approach in South Africa

Before the fall of apartheid, South Africa had a long-established state social protection system that provided lifecycle benefits on racial lines, centred on a Grant for Older Persons and a Disability Grant. In effect, it was an early stage – but highly discriminatory – Lifecycle social protection system. With the fall of apartheid, the Lifecycle system began to evolve and become more inclusive, initially by ensuring that all racial groups had access to the existing benefits on equal terms. However, other lifecycle benefits were gradually put in place. The main new scheme was a Child Support Grant, which commenced in 1998 and was offered to children up to age 7. Subsequently, the age of eligibility has risen and it is now provided to children up to 18 years of age. Other schemes for children include a Care Dependency Grant for children with disabilities and a Foster Care Grant for orphans. A number of smaller schemes are in place including workfare, a Veterans' Benefit, and a Grant-in-Aid Scheme that provides additional support to recipients of old age pension and disability benefit. An overview of the schemes against the different stages of the lifecycle is set out in Figure 3.

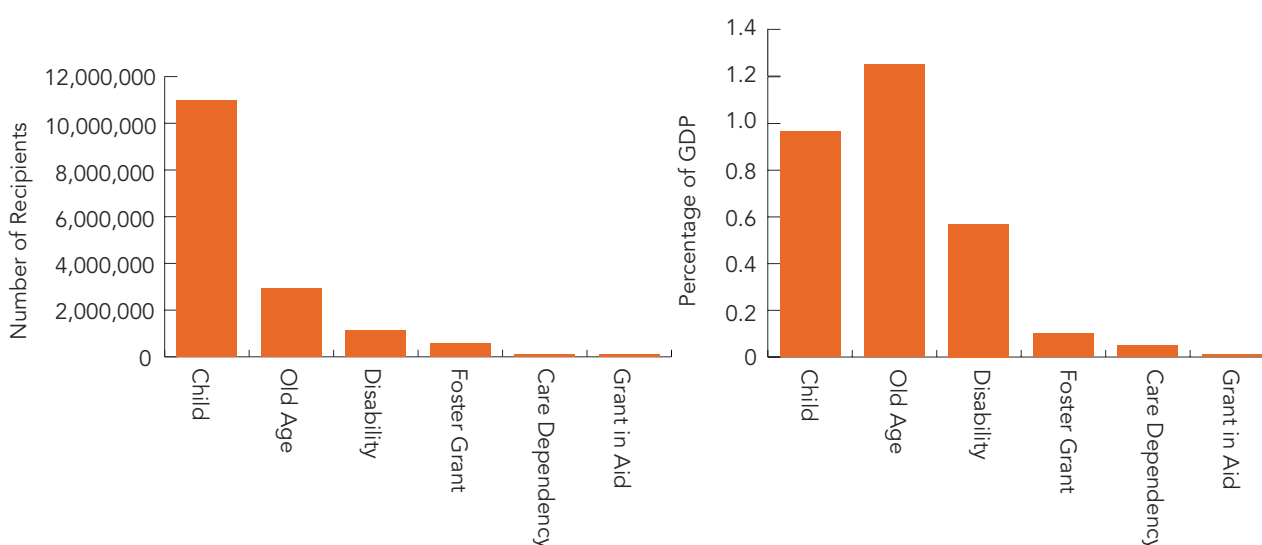
South Africa's lifecycle social protection system has, therefore, been characterised by a gradual expansion over decades. While the system is meant to direct resources to people living in poverty, in reality it focuses on excluding the rich via a form of affluence testing (which is discussed in the next section). Poverty lines for the means test are set so high that most people are able to qualify. Furthermore, the Grant for Older Persons is complemented by contributory Civil Service and private pensions, so that almost all older people are covered by some form of pension.²

2 Over 300,000 people receive the Civil Service Pension. See: The Government Employees Pension Fund (GEPF)

Box 8: Continued

Figure 4 sets out the number of people receiving the main tax financed social protection schemes in South Africa. The Child Support Grant benefits around 11 million children, reaching around 58% of those aged up to 18 years, with higher proportions in some age groups. Around 73% of over-60s receive the Grant for Older Persons while most people with a severe disability are in receipt of the Disability Grant. Overall, the vast majority of households in South Africa are in receipt of a social grant, with many receiving multiple grants. The spending on schemes as a proportion of GDP is also set out in Figure 4, with the Grant for Older Persons costing around 1.2% of GDP and the Child Support Grant around 0.9% of GDP. Overall spending is around 3% of GDP.

Figure 4: Number of recipients and budgets for the main social protection schemes in South Africa



Source: Authors

Box 9: Lifecycle approach in Brazil

Brazil has been developing a social protection system for many decades, essentially based around the lifecycle. Figure 5 sets out the main schemes in Brazil, mapped across the lifecycle. While Brazil’s Bolsa Familia programme is well known, in reality Brazil directs most of its social protection investment to the elderly, through a pension system known as the Previdencia Social, complemented by a Civil Service Pension.³ While the Previdencia Social is mainly a contributory scheme, it is underpinned by investment from tax, in particular through the provision of pensions to those who have worked in rural activities. Another core scheme – the Beneficio de Prestacao Continuado – provides transfers to people with disabilities and the elderly poor. There are also a range of child benefits. One is integrated within Bolsa Familia while there are two other benefits for the children of formal sector workers: the Salario Familia and Income Tax Deduction. An unemployment benefit scheme is also in place. In addition, Bolsa Familia provides a small Poor Relief scheme for the most destitute families while the Previdencia Social offers a range of further benefits that deal with other lifecycle contingencies – such as for maternity, disability, accidents and sickness – but only for members who have paid contributions.

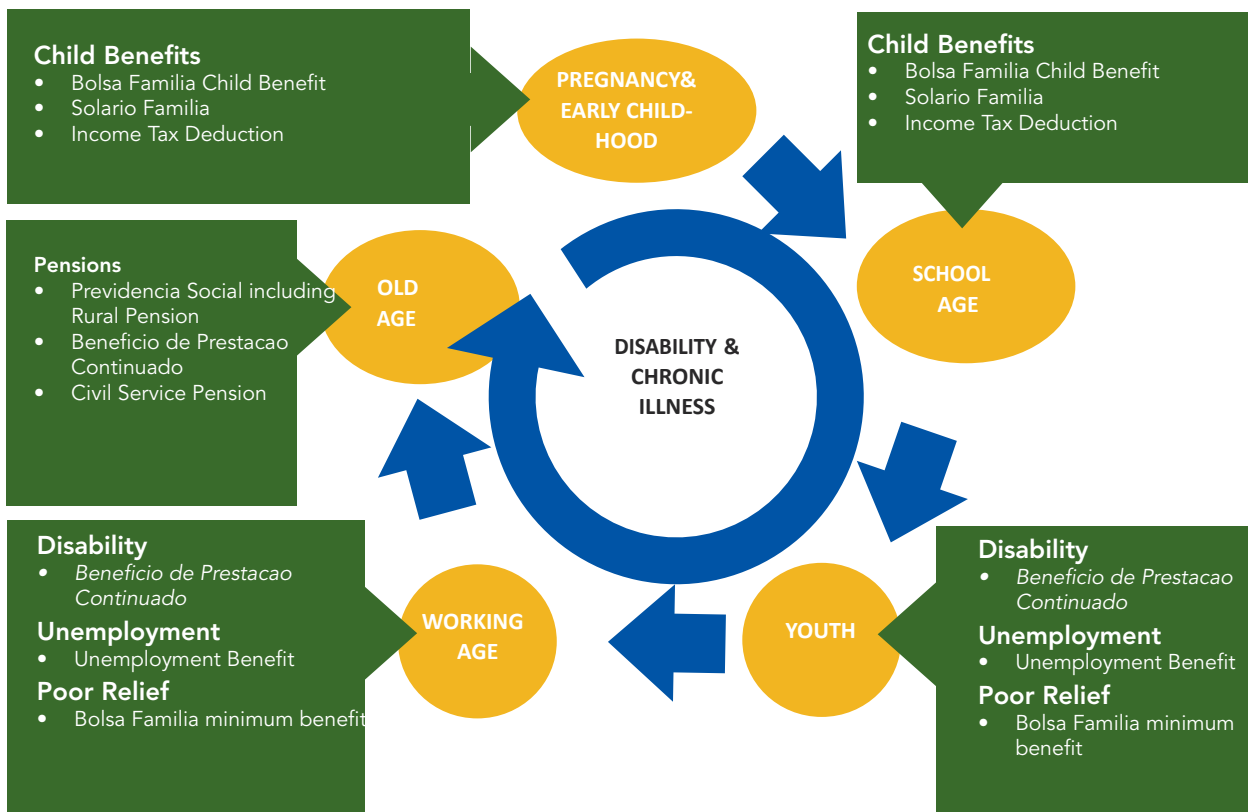
3 See Kidd and Huda (2013) for a comprehensive description of Brazil’s social security system.

Box 9: Continued

Brazil’s lifecycle approach to social protection ensures that a high proportion of the population are recipients of social protection schemes. Figure 6 indicates that old age pensioners are the main recipients of Brazil’s social protection system, both in terms of numbers and budgets. Around 29 million people – or 15% of the total population, and almost all older people – receive old age pensions, with the state investing around 3.8% of GDP across the Previdencia Social, BPC and the Civil Service Pension. There are also 39.5 million children in receipt of benefits – around 63% of all children – at a cost of 0.3% of GDP. In 2010, there were 7.46 million recipients of unemployment insurance while around 1.6 million people with disabilities receive a benefit from BPC, at a cost of just over 0.2% of GDP. Overall, a very significant proportion of households in Brazil – almost certainly more than half – receive some form of social protection benefit, ensuring that a minimum social protection floor is well on the way to being established.

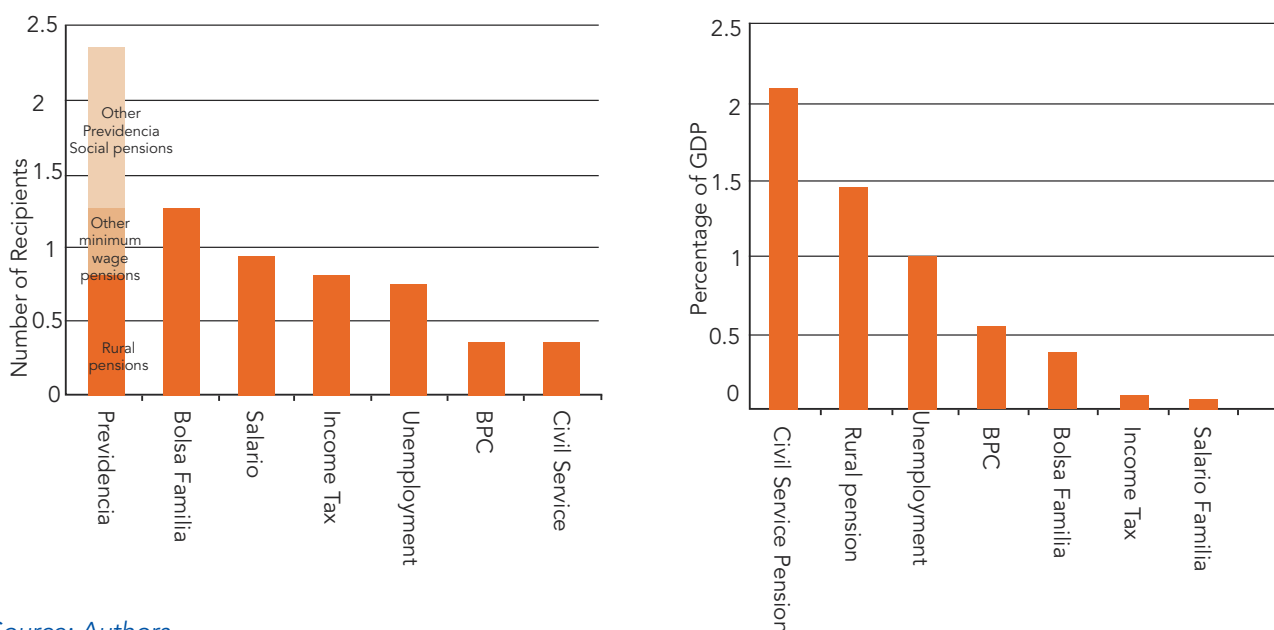
Source: Authors

Figure 5: Brazil’s main social protection schemes, mapped across the lifecycle



Source: Authors

Figure 6: Number of recipients and budgets – from general government revenues – of Brazil’s main social protection schemes⁴



Source: Authors

2.3.3 Hybrid policy models in Africa

Many countries in Africa adopt a mixed policy approach, which appears to combine poverty relief and lifecycle objectives. In some countries, particularly in Southern Africa, social assistance programmes originated as a response to the needs of the “deserving poor”, often identified as households with no capacity to work, or the so-called “labour constrained”. This approach mixes dimensions of both the poverty relief model and the lifecycle model. On the one hand, the lack of capacity to work resulting from the absence of breadwinners is associated – in the intention of the policymakers – with destitution and extreme poverty, and as a result of this, the coverage of social assistance programmes has been – particularly in the early stages – extremely limited (very often less than 10% of households).

These type of programmes take account of gender and disability in their eligibility criteria in both direct and indirect ways, and can improve access to social transfers for these groups. For example, women and girls (female or girl child-headed households) can be prioritised as direct recipients in these schemes, as these are often assessed and considered as poorer and more vulnerable compared to dual-headed or male-headed families (although this is not always supported by evidence). Nigeria’s In Care of People scheme, Zambia’s SCTP, Sierra Leone’s Cash for Work scheme, and Angola’s Kikua Card Cash Transfer Programme all prioritise the selection of female-headed households in their targeting to ensure women with dependents have income support. For example, in Ethiopia’s Productive Safety Net Programme (PSNP), while the primary targeting criteria (set at the federal level) relates to household food insecurity status, the programme targeting guidelines advise that female-headed households and women in polygamous households are given priority in selection for public works. Programmes, which include labour constraints within their eligibility criteria also indirectly prioritise households headed by or including adult members with disability who cannot work, such as Malawi’s SCTP and Zimbabwe’s Harmonised Social Cash Transfer. These schemes do not necessarily respond to disability-specific extra costs or needs, but rather treat disability as a household characteristic that increases poverty risks.

On the other hand, the demographic structure of the household is the primary criterion to determine eligibility, as the presence of the elderly, people with disabilities, orphans, and vulnerable children in the family is a socially accepted justification for the provision of public support. This category also includes programmes which target households with many dependents and channel resources to female careproviders (although sex of the benefit recipient may not be explicitly specified in the programme design).

⁴ Source: Kidd and Huda (2013) and Global Extension of Social Security Database at: ilo.org.



This is the genesis of many programmes in the region e.g. LEAP in Ghana, SCT in Malawi and Zambia and PSSB in Mozambique – which are household-targeted – and South Africa's Disability Grant and Kenya's Inua Jamii Senior Citizens Scheme – which are individually targeted.

Although these programmes may not explicitly target women instrumentally as transfer recipients, they deliver cash to caretakers/heads of the family, who are predominantly women and thus have a potential to address gender-specific needs. Nevertheless, the ways in which these programmes are framed (i.e. as compensation for women's time input or explicitly dissociating care work from women's responsibility) will influence gender equality outcomes. For example, in South Africa's Child Support Grant, the policy choice was made to dissociate care work as an intrinsically female responsibility through messaging and complementary measures, such as employment skills training (Camilletti et al., 2021).

It is interesting to note that as a further evolution of this model, a large number of countries in Africa are gradually building a social protection system that is more strongly rooted in the lifecycle approach, with the progressive expansion of (mostly means-tested) transfer for the elderly and persons with disabilities (e.g. in Kenya, Zambia, Mozambique), and planned or gradual introduction of child benefits (e.g. Kenya, Lesotho and Mozambique). In the case of Mozambique, the CGP (0–2) pilot is delivered universally to all eligible women in the four poorest provinces in the country.

2.4 FISCAL CHOICES (LINKED TO COVERAGE CHOICES)

The policy choice discussed above – to address the needs of particular categories of the population – goes hand in hand with complementary fiscal choices and commitments. These choices determine the effectiveness of a scheme in terms of its exclusion of eligible people. This section, therefore, examines the next stage of the process, when decisions are made on coverage, which, to a significant degree, are dependent on fiscal choices.

The degree of commitment of governments to their policy choices is indicated, to a large extent, by their level of investment in implementing the policy. As noted earlier, a key determining factor in the cost of a scheme is the level of coverage of that scheme. For example, a country may decide to address the needs of the "poor" through Poor Relief but it also needs to determine the level of coverage (See also MODULE FIN). So, while Indonesia selects less than 5% of households for the PKH scheme, Ecuador selects 40% of households for its similar Bono de Desarrollo Humano programme. Similarly, a country could offer its old age pension to everyone over the age of 60 or only to a sub-set of older people. Bangladesh, for example, has decided to only cover 24% of older people over the age of 60, while India has chosen to reach only 16%. At a similar value of transfer, lower coverage translates into lower financial cost. The political economy of selection of social protection programmes is ultimately linked to choices on fiscal space. Here two views are debated and summarized in Table 1.





Table 1: Economic Targeting vs. Universal Coverage. Key considerations at play

	CONSIDERATIONS IN FAVOUR OF ECONOMIC TARGETING	CONSIDERATIONS IN FAVOUR OF UNIVERSAL COVERAGE
Ideological	<p>Redistribution and equity principle. Give more to those who have larger needs. In theory women and people with disability tend to benefit more disproportionately from economic targeting, as they are poorer compared to the general population. It is morally unacceptable to support those who are already better off.</p>	<p>Leave no-one behind. It is imperative to cover all to make sure none of those in need is excluded. Because of targeting errors, targeted programmes necessarily exclude some of the poor, including poor individuals living in better-off households (e.g. orphan girls, people with disabilities, second wives in polygamous marriages). Redistribution can be more effectively achieved through a progressive tax system even when benefits are universal.</p>
Fiscal Constraints & Efficiency	<p>In the face of fixed budgets, it is a matter of efficiency to maximize the impact of public spending by targeting resources on the poorest and most needy.</p>	<p>Budgets are not fixed and depend on political choices. Universal programmes enjoy broader political support and they are more difficult to scale back.</p> <p>Universal programmes also have larger multiplier effect on the economy, adding to the overall economic efficiency from a macro perspective.</p>
Political Economy	<p>Middle-class and median voters prefer to support social assistance schemes if they are reassured that tax money will reach those who are really in need of that support (and does not foster dependency).</p> <p>Political support from the middle class for universal transfers can reinforce regressive social spending (e.g. subsidies).</p>	<p>Middle-class and median voters support universal programmes because they also benefit from them. Due to political pressure, they can achieve larger benefits and broader coverage, including for the poor. Economic targeting is an argument to reduce spending on social protection. The focus on the “deserving poor” is paternalistic and segregating. Universal coverage can also strengthen the social contract between citizens across socioeconomic groups and government.</p>
Social Acceptability and Social Cohesion		<p>Universal programmes are more transparent and understandable for people, they enjoy broader social support. Targeted programmes offer grounds for being politicized.</p> <p>Poverty targeting leads to stigma and can create tension and division in communities. Stigma can deepen the social marginalisation of disadvantaged groups or force them to opt-out of schemes.</p>

Table 1: Continued

	CONSIDERATIONS IN FAVOUR OF ECONOMIC TARGETING	CONSIDERATIONS IN FAVOUR OF UNIVERSAL COVERAGE
<p>Targeting Accuracy and Administrative Costs</p>	<p>Even if imperfect, economic targeting improves the allocation of resources to those most in need. The additional cost of poverty targeting will not offset the benefits of resources unless in very extreme cases (very high poverty rates, very high targeting costs or large targeting errors). Although categorical mechanisms (e.g. pensions) are simpler, they leave out a large number of poor individuals (e.g. children) unless they cover the whole life-cycle.</p>	<p>It is extremely challenging to identify the poor, especially in countries where poverty is widespread and dynamic. As a result economic targeting is always associated with very large exclusion errors. Categorically targeted universal programmes can be almost as good as poverty-targeted programmes in reaching the poor, but they are by far simpler, more transparent and more economical to implement. Economic targeting is expensive. Savings in the administrative costs of targeting can be reallocated towards expanding coverage and mainstreaming strategies and activities to design and implement gender and disability-inclusive social protection programmes.</p>
<p>Social Acceptability and Social Cohesion</p>		<p>Universal programmes are more transparent and understandable for people, they enjoy broader social support. Targeted programmes offer grounds for being politicized.</p> <p>Poverty targeting leads to stigma and can create tension and division in communities. Stigma can deepen the social marginalisation of disadvantaged groups or force them to opt-out of schemes.</p>
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Table 1: Continued

	CONSIDERATIONS IN FAVOUR OF ECONOMIC TARGETING	CONSIDERATIONS IN FAVOUR OF UNIVERSAL COVERAGE
Perverse Incentives		Targeted benefits create incentives for citizens to reduce labour supply or hide information from the government, as a way to access or remain on the programme. These perverse incentives harm women and people with disabilities disproportionately, given their disadvantaged position in the labour market and regarding income security. Childcare responsibilities and costs of care increase “perverse” incentives, as the net gain from employment or income generation is low and prohibitive.

Source: Authors

2.4.1 The equity and efficiency arguments for “targeting” in a resource-scarce environment⁵

Two powerful arguments can be made for targeting social transfers: redistributive equity and efficient allocation of social budgets. Both arguments support the ‘need’ principle of redistributive justice. (Devereux, 2016).

- **The ideological argument:** “Targeting aims to transfer resources from those who have more than they need to those who have less than they need to sustain a minimum subsistence or a decent standard of living. Targeted transfers are prerequisite for redistributive justice: if they are well designed and delivered, they will reduce inequality and poverty.” (Devereux, 2016) Proponents of such approach argue that targeted measures are necessary to redress socio-economic disadvantage and income gaps for the most disadvantaged groups of the population, including poor women and girls and people with disability. Indeed, available evidence confirms that, in countries where women are more likely than men to live in poor households before transfers, the gender gap in poverty narrows substantially after transfers (UN Women, 2016). Additionally, people with disability often have extra disability-related costs and other specific needs that should be addressed through social protection.
- **The pragmatic (or economic) argument:** “Policy-makers operate in a real-world of budget constraints. There is never enough money budgeted to distribute to all the poor – if there was, the problem of poverty could be solved simply through generous social assistance programmes. Given the reality of budget constraints, scarce public resources must be used optimally and allocated efficiently, where they can achieve the maximum impact.” (Devereux, 2016).

If the objective of social protection is the redistribution of resources in favour of the poor and the reduction of inequality, it appears logical that in the presence of a fixed budget, by “targeting” the “poor” they can be provided with higher transfers and hence a higher efficiency outcome can be achieved.

Under a fixed-budget assumption, achieving an ethical distribution of wealth requires “transferring enough income or assets to those whose income is considered too low, such that everyone reaches a socially acceptable level of income (equality of outcomes).” (Devereux, 2016). “Narrow targeting is more efficient as it reaches the poorest and excludes the non-poorest while transferring enough resources to make a difference to poverty and inequality. This satisfies the need principle of redistributive justice” (Devereux, 2016). “Universal programmes are cost-ineffective because they do not allocate public resources efficiently to achieve the greatest impact.”

⁵ This section is largely taken from Devereux (2016)

A further political-economy argument in favour of targeting is that middle-class voters (and elites) would be more inclined to ensure their political support to social assistance schemes if they are targeted and hence clearly directed to those in need.

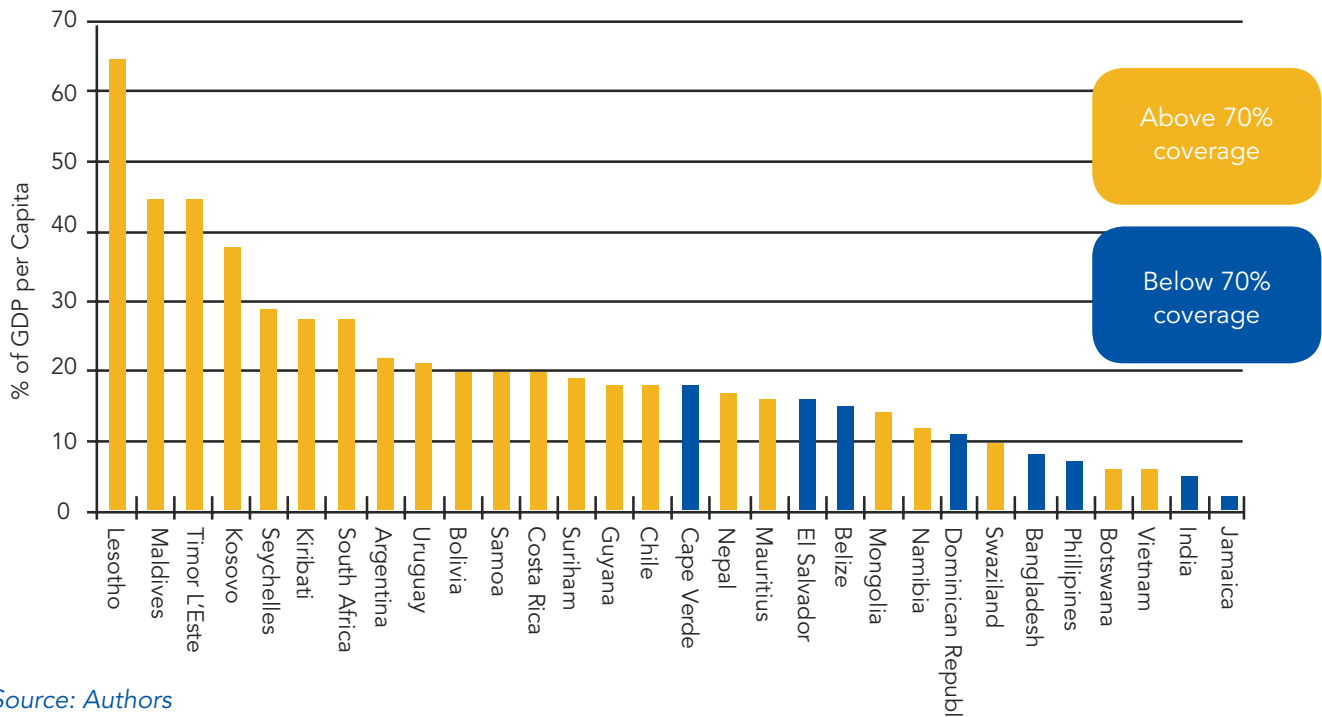
2.4.2 The political economy and inclusion argument for “universality”

Proponents of targeting those living in poverty often argue that, when financial resources are fixed or limited, it is preferable to target schemes at the “poor” since they can be provided with a higher transfer. However, the reality is somewhat different since historical and international evidence indicates that **schemes with universal or broader coverage will not only have higher budgets but also provide recipients – including those living in poverty – with higher value transfers.** The core principles of inclusive social protection systems highlight the importance of ensuring universal coverage alongside the provision of adequate as well as accessible benefits, as articulated in the ILO Social Protection Floors Recommendation (No. 202) (UN Women, 2018; Roig et al, 2018).

As Pritchett (2005) explains, there is no such thing as a “fixed budget.” If a policy is politically popular, governments are prepared to increase budgets – and the value of transfers – since they will be rewarded politically. And, governments are more likely to respond to the demands of citizens that are more powerful politically. Nonetheless, research shows that marginalised groups, including poor women and people with disability, often lack the voice and power to influence public decision-making processes and advocate for gender-responsive investments in social protection. However, there are exceptions. In Bolivia, for example, collective action by poor women and men has been an important factor in the introduction of legislation to enact the universal pension scheme (Holmes and Jones, 2016). During the recent COVID-19 crisis, organisations of informal women workers have been very influential in raising awareness of their right to social protection, which led some countries, such as Togo and Brazil to expand benefits to this group. Likewise, official recognition of their rights in legal frameworks helps to secure the political commitments and funding to ensure greater equity and social inclusion through universal social protection, as is illustrated by South Africa’s right and lifecycle-based social assistance (also known as grants) system.

The evidence indicates that transfer schemes with higher coverage provide higher transfers to those living in poverty. Figure 7 indicates a comparison of social pensions, in which the higher transfers – as a percentage of GDP per capita – are generally found in countries with higher coverage. Vietnam is an exception and it should be noted that it is not a democracy, so the normal political economy influence would not be expected. The result from Botswana is probably influenced by the exceptionally high level of inequality in Botswana: for most people, this would probably be a relatively higher value of pension.

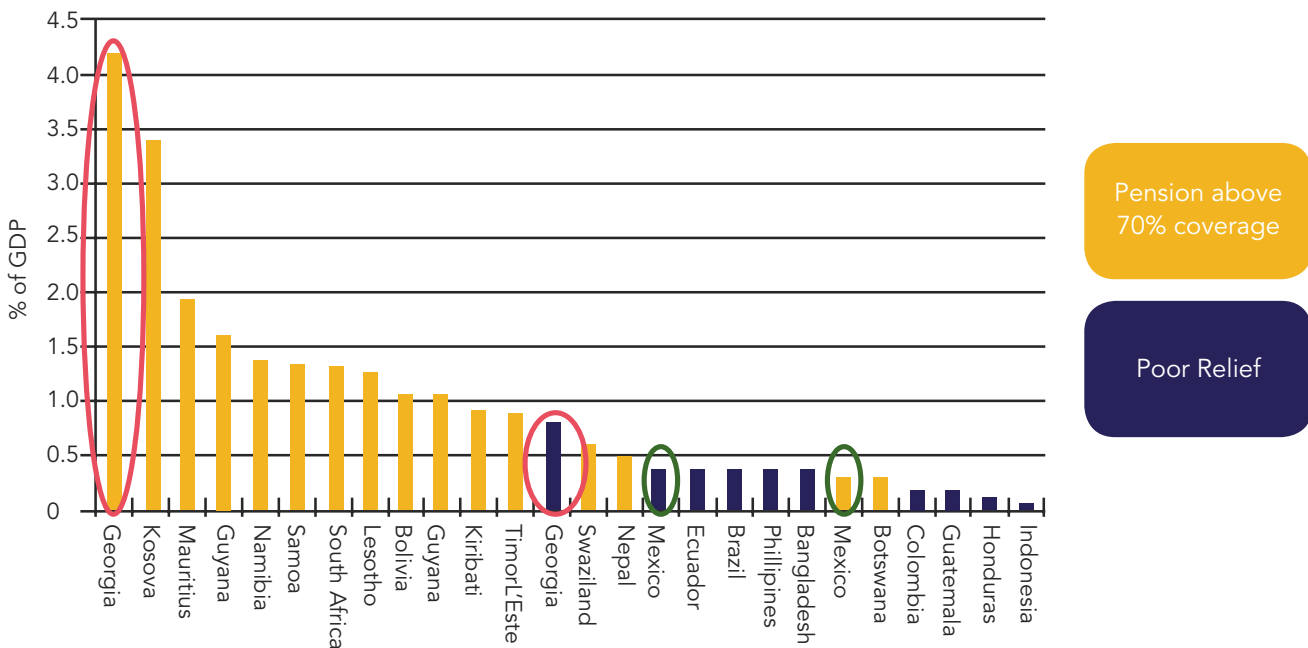
Figure 7: Value of transfers of social pensions, compared to coverage of recipients



Source: Authors

Similarly, pension programmes with high coverage are more popular than Poor Relief programmes, as shown by Figure 8 which compares the budgets of social pensions with high coverage with well-known Poor Relief schemes. It indicates that investment in social pensions is generally much higher than in Poor Relief schemes. A comparison is made in red between the pension in Georgia and the country's Targeted Social Assistance (TSA) scheme (Poor Relief). Although the TSA has a high level of investment compared to other Poor Relief schemes, it is very low compared to the country's pension. And, in April 2015, Georgia introduced a child benefit and, to do so, reduced its investment in the TSA: it is to be expected that the level of investment continues to fall as the government is likely to come under pressure to invest in the more popular child benefit. In green, there is a comparison between Mexico's Oportunidades scheme (Poor Relief) with its social pension. Although the social pension has just been introduced, it is already almost the same size as Oportunidades. It is to be expected that the pension will continue to grow, since it is almost universal, while Oportunidades will probably remain at the same cost (as it has for many years).

Figure 8: Comparison between budgets of universal pensions and well-known Poor Relief



Source: Authors

The explanation for this is relatively simple. Social transfers are financed by taxes and most taxes are paid by the more affluent. So, when social transfers are targeted at the “poor”, the “non-poor” – who effectively finance transfers through their taxes – are excluded. As a result, they are reluctant to provide political support for poverty-targeted transfers and, as a result, these schemes receive limited financial support. Furthermore, as Sen (1995) argues, the “poor” are politically weak and cannot argue effectively for higher budgets and transfers. According to this view, the main motivation behind “targeting the poor” is to reduce cost, limiting expenditure and, therefore, reducing taxation.

In contrast, when social transfers are provided to everyone – or the majority – in a particular category, implicit political alliances are generated between those living in poverty, those in the middle of the income spectrum and, in the case of universal transfers, with the affluent. The affluent and those in the middle of the income spectrum are more powerful politically and, out of self-interest, are more likely to fight for budgets to be maintained and for the value of transfers to increase.

There is also an ethical argument in support of universal coverage: **covering all is the most effective way to ensure that no one of those in need is left out of a social protection programme.** This is particularly relevant for vulnerable women and people with disability who may not be living in poor households (the so-called “missing middle”), and yet they may be suffering disadvantage and income poverty due to intra-household gender and social inequalities and lack of access to contributory social security (UN Women, 2016; UN Women, 2018). For example, universal pensions are more gender equitable, as both women and men receive support regardless of their work histories. The positive effects of universal schemes, however, can go beyond economic benefits, as illustrated in Box 10.

Box 10: The Transformative Potential of Universal Basic Income Policy for Women and Girls

In recent years, the role of cash transfers in achieving gender equality has expanded to promote women’s and girls’ empowerment, voice and agency. Basic universal cash transfer can provide the following important benefits to women and girls:

Effectively and rapidly provide income to women irrespective of their employment and income status, or productive capacity

Guarantee women’s economic autonomy in the face of ongoing discrimination in employment and increase their bargaining power and autonomy in household and communities

Remove the exclusionary stigma attached to means-tested schemes, and improve women’s dignity and personhood by treating women as “right-holders”

Allow women seeking to leave violent partners, or exit exploitative working conditions by cushioning the financial shocks of partnership or employment dissolution

Reshape patriarchal gender norms around paid work and unpaid care, since benefits are not tied to person’s either masculinized ‘breadwinner’ or feminized ‘caretaker’ status

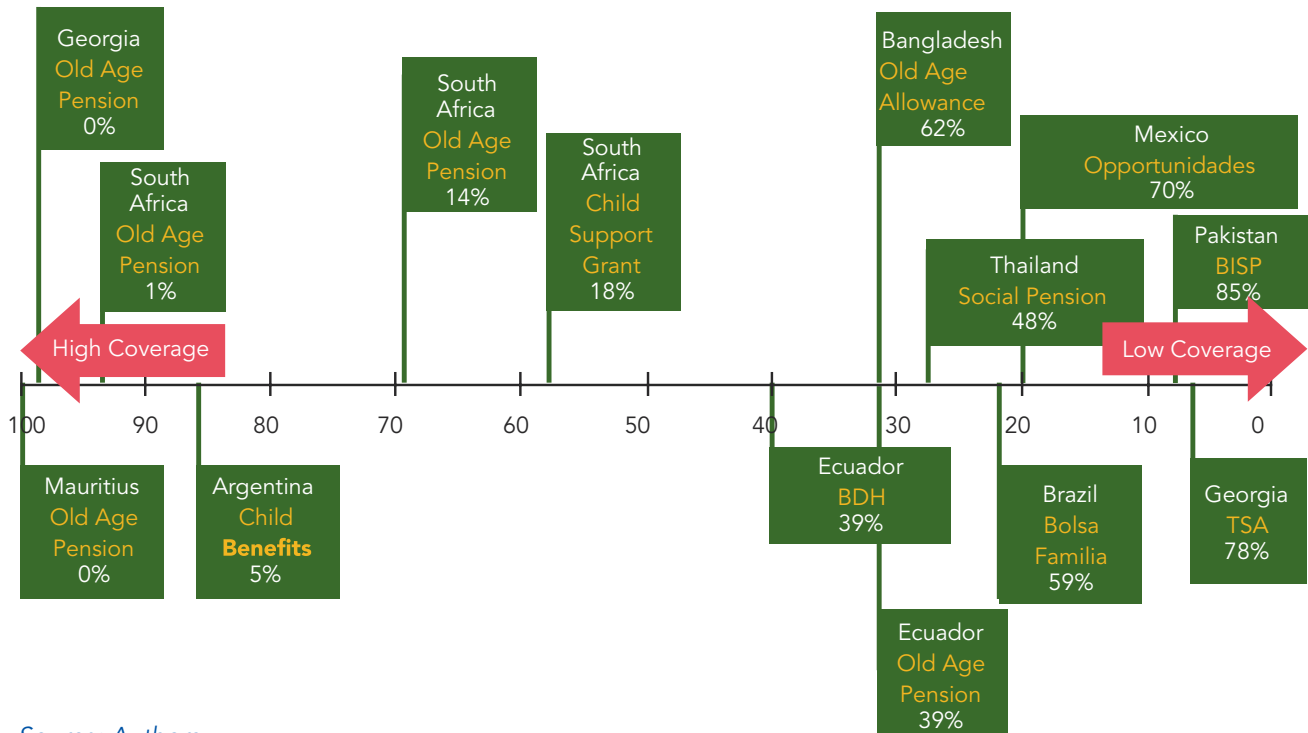
Encourage a more equitable distribution of caregiving responsibilities among genders when combined with the provision of affordable quality care services

Source: Adapted from Williams, 2021 and Gavrilovic and Jaramillo-Mejia, forthcoming.

Decisions on coverage have a significant impact on rates of exclusion from schemes, including the exclusion of those living in poverty. Necessarily, the higher the coverage of a particular category of the population, the lower the rate of exclusion of people within that category. Figure 9 indicates the relationship between decisions on coverage and the exclusion of people in the poorest 20% of the population. It maps a range of social transfer schemes along a scale indicating the coverage of the intended category of recipients. On the right hand side of the scale, zero indicates no coverage while, on the left, 100 indicates universal coverage. The number within the boxes indicates the proportion of the poorest 20% of the selected category – used here as a proxy for the extremely poor – excluded from the scheme.

Calculating rates of gender or disability exclusion from the schemes is generally difficult to quantify, partly due to the lack of disaggregated coverage data (UN Women, 2020). However, existing evidence confirms that the more narrowly a programme is targeted, the greater the gender gaps in coverage. For example, a recent UN Women study found that, on average, about three-quarters of underweight women and undernourished children were not found in the poorest quintile that is usually targeted for assistance, as many of these women and children were living in households that are not among the poorest (UN Women, 2020).

Figure 9: Relationship between coverage and effectiveness of a sample of social security schemes, measured as a percentage of the poorest 20% of the selected category of recipients who are excluded⁶



Source: Authors

The diagram demonstrates that the higher the coverage, the greater the inclusion of the poorest 20% of the population in a scheme. So, for example, the universal Old Age Pension in Mauritius covers 100% of intended recipients – i.e. all those over 60 years – and, logically, all of the poorest older people. In contrast, Brazil’s Bolsa Familia programme covers just over 20% of the population but excludes nearly 60% of those living in extreme poverty. Schemes with intermediate coverage – such as Ecuador’s Bono de Desarrollo Humano – tend to achieve intermediate coverage of those living in the greatest poverty (in this case, around 39% are excluded).

Therefore, higher coverage of those living in the greatest poverty can be achieved by expanding the coverage of schemes. Evidently, universal schemes are the most effective while, when coverage is low, a high proportion of those living in the greatest poverty are excluded. This is the result of a combination of low coverage, inadequacies in selection design, and problematic registration (discussed in the remainder of the module). Increased coverage requires larger fiscal allocation, but larger (or universal) schemes may also gain greater political economy support.

6 Source: Kidd (2013). The diagram only considers coverage within the specific category of the population addressed by the programme. So, Poor Relief programmes examine households in general while old age pensions and child benefits only consider those within the particular age group that are eligible, rather than all older people or all children

Box 11: The opinion – The benefits of universal over poverty targeting (by Stephen Kidd)

When a comprehensive assessment is undertaken of selection processes, on objective grounds the provision of universal access to social protection schemes appears to have advantages over poverty-based selection. The inclusion of the “poor” is much higher, administrative costs are lower, the fiduciary risk is less, perverse incentives are lower, people are not rewarded for deceiving the state, and social cohesion is more likely to be strengthened. One of the main arguments in favour of poverty-based selection – that higher benefits can be provided to recipients from a fixed budget – has been shown to be naïve since, as Pritchett (2005) of the World Bank has indicated – see earlier – fixed budgets within the context of national expenditure do not exist. Governments can always raise taxes, take loans or shift expenditure from one area of government to another, if they so wish. Within the context of old age pensions, the World Bank is clear on the advantages of universal schemes. In its classic publication on pensions – *Averting the Old Age Crisis* (World Bank 1994:240) – it argued that a fully inclusive and, indeed, universal tax-financed pension would have significant advantages

“Administratively, this is the simplest structure, with the lowest transaction costs for the public pillar - an important advantage in developing countries with limited institutional capacities and incomplete recordkeeping systems. It avoids the disincentive to work and save inherent in means-tested plans. Its universal coverage helps ensure that the poverty reduction objectives are met, [and] provides a basic income for all old people.”

A more recent World Bank report re-affirms this view, stating that a universal age pension “is probably the best way to provide poverty relief to the elderly. Considering the difficulty of identifying who among the elderly is poor, the principal merit of the programme is that its universality avoids the targeting issue” (Holzmann et al. 2005).

Indeed, the only argument in favour of poverty-based selection is that programmes for families living in poverty require less investment – due to lower coverage – thereby reducing taxation. Yet, this putative advantage comes at the cost of less successful and lower quality programmes, with a high proportion of eligible people excluded and impacts reduced. Indeed, when examined from the standpoint of a more progressive perspective, the higher cost of universal provision is not necessarily disadvantageous, since such schemes will be more effective. It is for this reason that countries with a more social democratic tradition – such as the Nordic countries – tend to offer a more universal approach to the provision of social services.

A further disadvantage of poverty-based selection – which is rarely considered – is that such schemes have smaller budgets than universal schemes and, as a result, necessarily generate less consumption. Yet, consumption is a driver of economic growth, creating markets for entrepreneurs, both large and small. Universal schemes are, therefore, more likely to generate a greater economic stimulus by creating a higher level of demand than programmes attempting to select only those living in poverty.

However, countries can’t offer universal access to all social protection schemes. The cost would be prohibitive and it is noticeable that most countries providing universal provision do so initially for old age pensions (or for other areas of social policy, such as primary education or health). Nonetheless, in the longer-term – as economies grow – increasing coverage across a wider set of programmes becomes more feasible. Indeed, this has been the process followed in many developed countries as they have built comprehensive social protection schemes over many decades. But, even in those countries that have a strong commitment to universal access to social services, there are always some small residual schemes for low-income families.

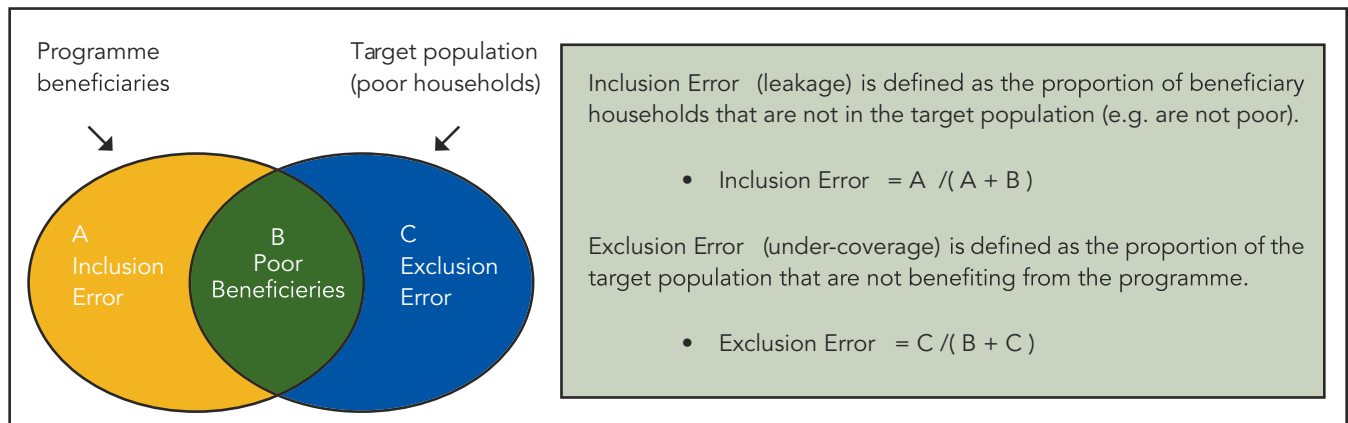
2.5 MEASURING THE ACCURACY OF SELECTION MECHANISMS

There are a range of ways of measuring the accuracy of selection mechanisms and the option chosen can depend on whether the analyst wants to show that a particular mechanism is good or bad. And, the choice of measure can reflect the ideological preference of the analyst.

The analysis of targeting accuracy is based on two concepts:

- Exclusion Errors, the number of recipient households that do not belong to the target population
- Inclusion Errors, the number of households in the target population not benefiting from the programme

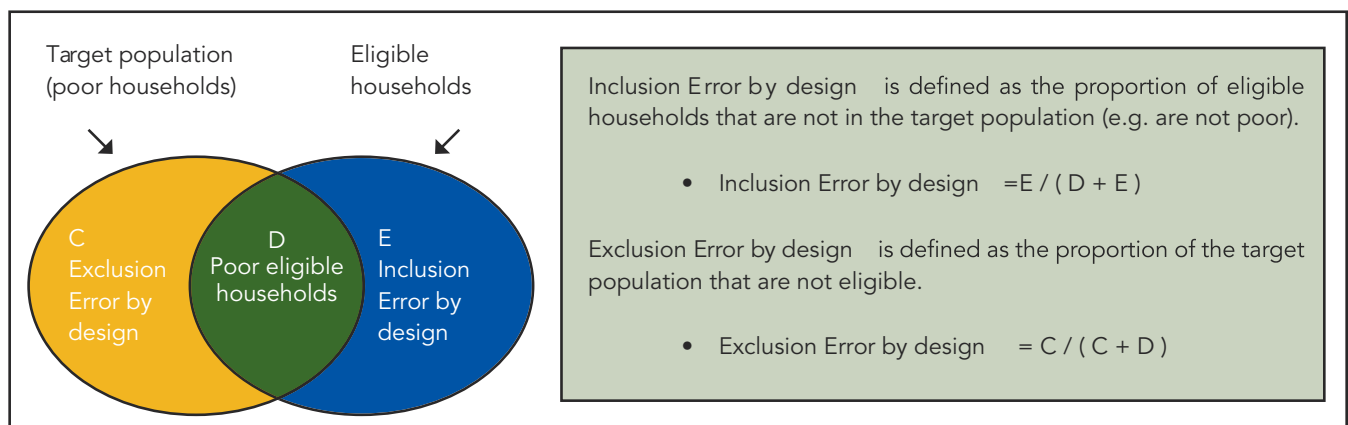
Figure 10: Inclusion and exclusion errors



Source: Adapted from Hurrell (2009)

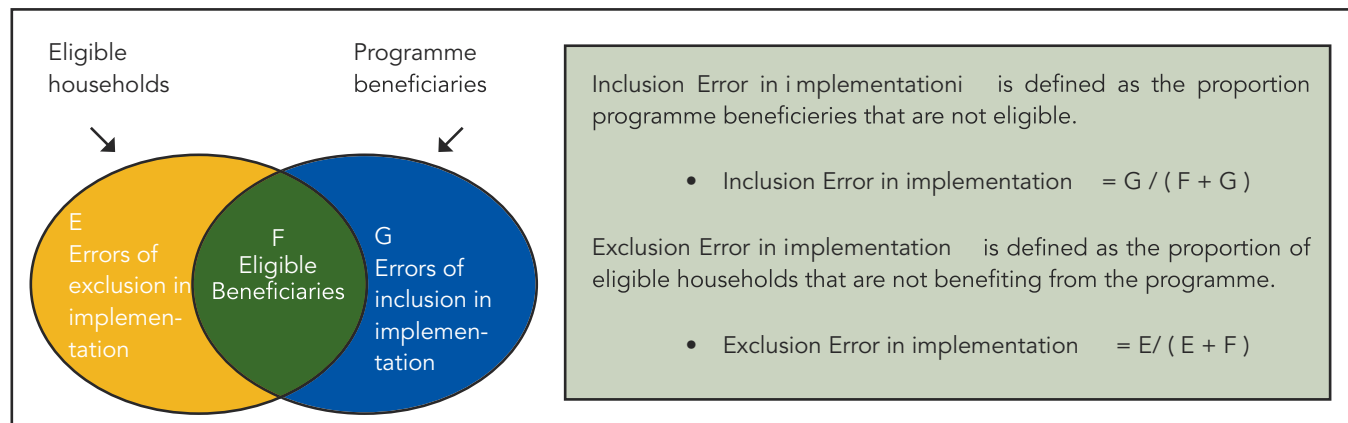
Exclusion and inclusion errors can result from both the design of selection mechanisms (see next section of the module) and their implementation (see last section of the module).

Figure 11: Inclusion and exclusion errors resulting from the design of selection processes



Source: Adapted from Hurrell (2009)

Figure 12: Inclusion and exclusion errors resulting from the implementation of selection processes



Source: Adapted from Hurrell (2009)

Much of the discussion on targeting in social protection centres around the relative importance that should be given ideologically, politically, and in practice to exclusion and inclusion errors. “The first error is ‘inclusion’, a financial inefficiency caused by giving transfers to non-poor people who do not need this assistance. The second error is ‘exclusion’, a humanitarian cost with ethical consequences, caused by failing to identify someone as needing assistance and/or failing to deliver assistance to them.”

As Brown et al. (2016) observe the difference is important when deciding how much to spend on a programme. “Inclusion errors are generally costly to the public budget while exclusion errors save public money. Governments and international financial institutions concerned about the fiscal cost of social policies have thus put greater emphasis on avoiding inclusion errors as a means of cutting the cost to the government without hurting poor people.” Cornia and Stewart proposed instead weighting exclusion error three times higher than inclusion error, arguing that exclusion errors (the moral duty of leaving no one behind) should get higher weight when the policy objective is to minimize poverty.

Three common types of measuring targeting accuracy are suggested here, which put different emphasis on the relative importance of inclusion and exclusion errors:

- **Accuracy:** this is a measure of the proportion of the target population that is included in the programme as recipients. Inclusion and exclusion errors are exactly the same.
- **Incidence:** this is a measure of the percentage of overall benefits that reach the poorest 40% of the population. It is the measure used by Coady Grosh and Hoddinot (2004) in their manual on “targeting.” It favours small schemes targeted at the “poor”, as it focuses on minimizing the inclusion errors.
- **Effectiveness:** this is a measure of the percentage of the poorest 40% (in the selected category) that are included. This measure favours large schemes, as it focuses on minimizing exclusion errors.

Table 2 indicates simply the concept of inclusion and exclusion errors. In this programme, the population is 100 and 20% (20 people) belong to the “target” group. 20 people are recipients, however, 10 of those selected are eligible and 10 are non-eligible. This provides inclusion and exclusion errors of 50% since only half of those selected are, in fact, eligible and half are non-eligible.

Table 2: Simple depiction of exclusion and inclusion errors, in a population of 100 and coverage of a scheme of 20%.

	ELIGIBLE	NON-ELIGIBLE	TOTAL
People excluded from the scheme	10 (Exclusion error = 50%)	70	80
People included in the scheme	10	10 (Inclusion error = 50%)	20
Total	20	80	100

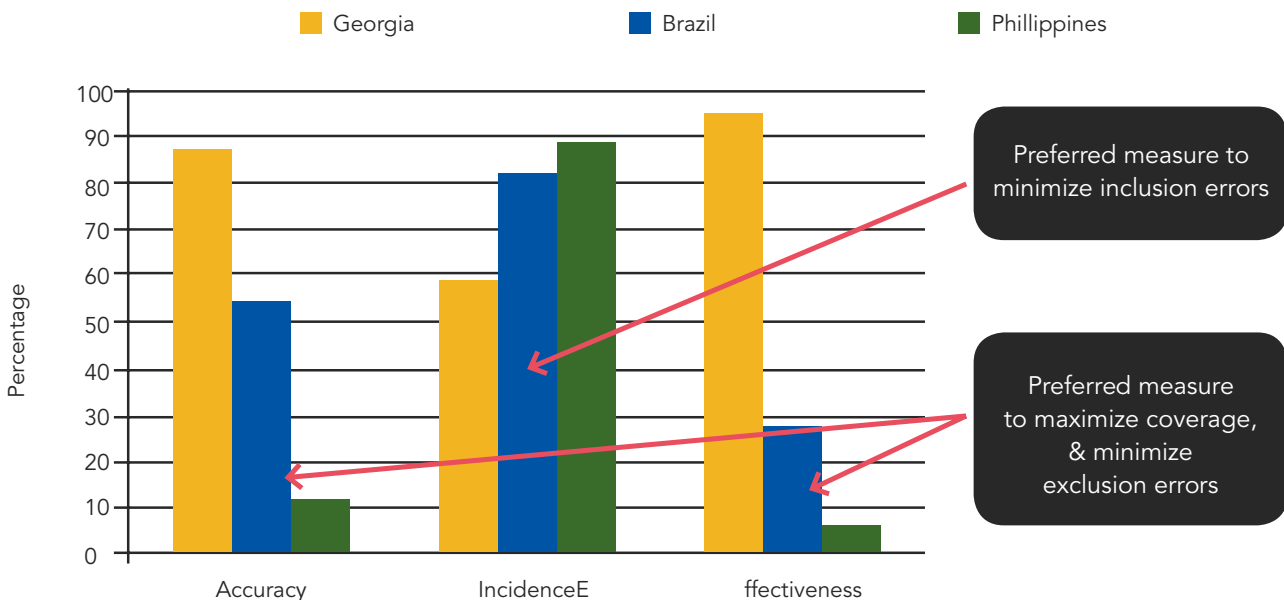
Source: Authors

Figure 13 uses three schemes to illustrate the “targeting” accuracy measures. The programmes are:

- Georgia’s old age pension in 2007, which was universal and, at the time, reached 87% of the eligible population (all women over 60 years and men over 65 years);
- Brazil’s Bolsa Familia programme in 2006, which was “targeted” at around the poorest 20% of households;
- The Philippines PPPP scheme, which in 2009 was “targeted” at around 7% of the population.

Figure 13 indicates how the different schemes perform against the different measures of "targeting accuracy." The Georgia pension performs well on accuracy and effectiveness, while the Brazilian and Philippine schemes perform best on incidence. It indicates how progressives would prefer the measures of accuracy and effectiveness, as a more universal programme will always perform better against these measures. Bolsa Familia and the Philippines PPPP perform worse because they have smaller coverage and the PPPP has particularly low coverage. However, neoliberals prefer Incidence as this gives higher values for schemes with low coverage, and is particularly favourable for very small schemes targeted at a small proportion of the population since most will be among the poorest 40%. For this reason, the Philippines PPPP does very well on a measure of Incidence, although, in reality, few people living in poverty in the Philippines were reached by the programme in 2009. It has since expanded and currently reaches around 20% of the population. Notably, methods that assess targeting accuracy are gender and disability-blind, and therefore they rarely provide nuanced insights and evidence about the profiles of excluded groups, beyond their poverty status. More efforts are needed to design tools that can explore targeting accuracy in the context of gender and disability as well as other categories of the disadvantaged population.

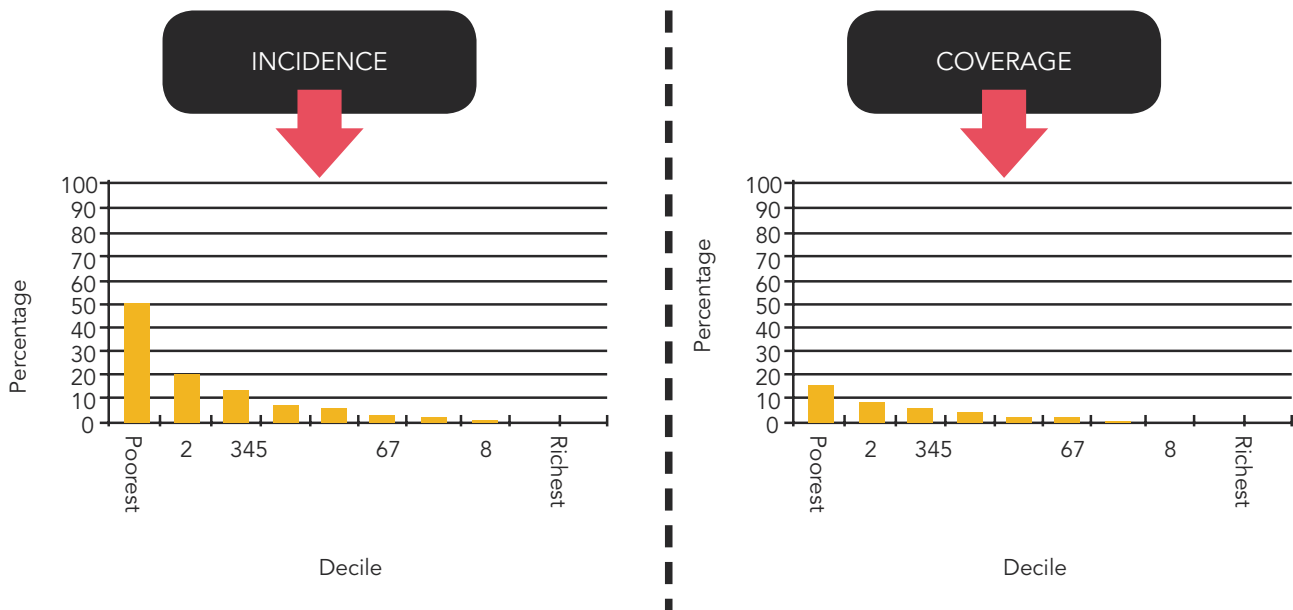
Figure 13: Measures of "targeting accuracy" of social transfer schemes in Georgia, Brazil and the Philippines



Source: Authors

Graphs showing expenditure deciles can also be used to indicate selection effectiveness for poverty-targeted programmes. In Figure 14, the left hand graph shows the Incidence (ie. the proportion of all recipients in each decile) for the Philippines PPPP scheme. However, the right hand graph shows the coverage of each decile. Evidently, the PPPP does better under Incidence, but much worse under coverage (which is highly influenced by the overall coverage of the scheme, which is low at around 7%).

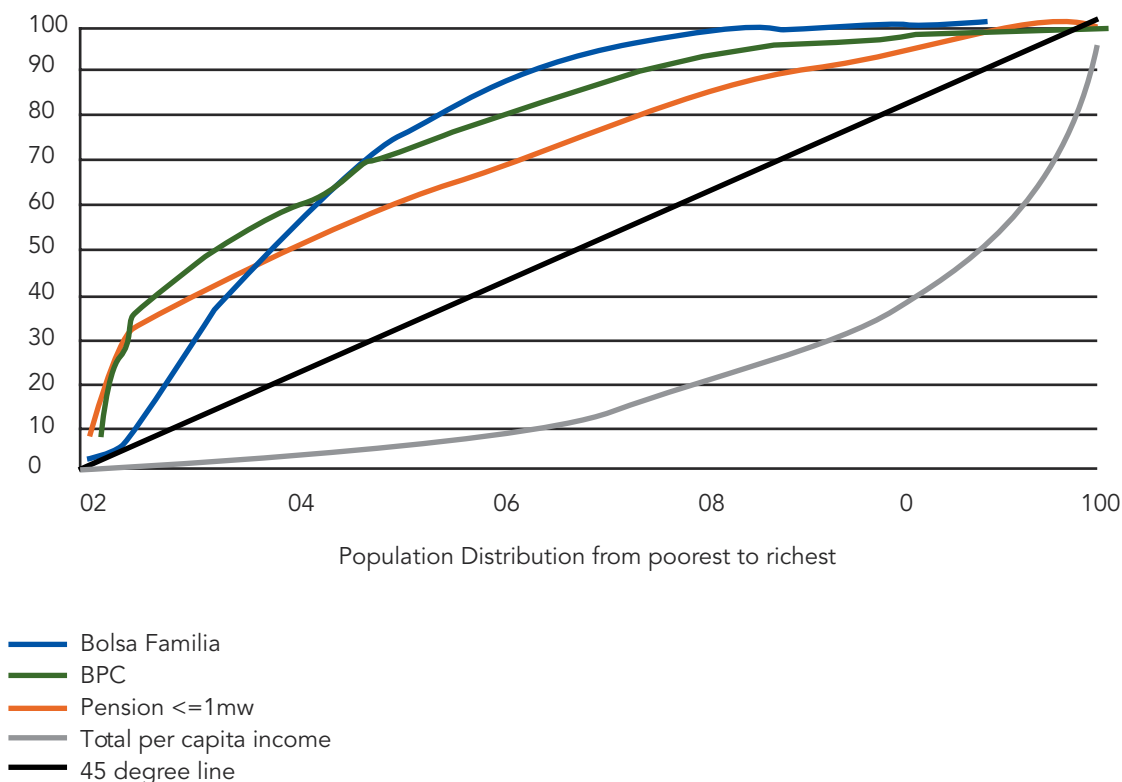
Figure 14: Graphs showing the targeting incidence and coverage of the Philippines PPPP scheme across consumption deciles



Source: Authors

Another means of doing incidence analysis is presented in Figure 15, providing examples from several Brazilian schemes. Programmes with curves above the black diagonal line are “pro-poor” in their incidence. An interesting point with this graph is to show how the minimum wage pensions – which are part of a pension system providing almost universal coverage – are much better at providing benefits to the poorest households when compared to the poverty-targeted Bolsa Familia.

Figure 15: Targeting incidence among a range of Brazilian social protection schemes⁷



2.5.1 Causes of exclusion

Once policy decisions are made, there are three sources of exclusion from social protection schemes:

- **Under-coverage**, which is generally the result of insufficient investment and is linked to the political economy of social protection. Investment may also lack an inclusive lens and thus gaps in coverage may be more prominent among certain groups.
- **Targeting design**, which will be dealt with in the next session and is linked to issues such as the mechanism chosen for selection and whether quotas are used. The next session will indicate that many mechanisms that use poverty targeting could more accurately be described as “rationing”. Different selection methods also have implications for gender and disability;
- **Targeting implementation**: this is the actual selection process and is often ignored in discussions on selection. But, many people can be excluded from schemes at this stage of the selection process if their specific needs for support are not accounted for in design and implementation, which will be discussed in section 4.

7 Source: Soares et al (2006).

2.6 TAKE-AWAY LESSONS

The session finishes with these key takeaways:

- The selection process includes four key stages and decisions at each stage are critical in determining who is included and excluded from social protection schemes
- So-called categorical targeting is a policy choice rather than an example of targeting design. Pritchett (2005) from the World Bank: “Social welfare is maximized in political equilibrium only when all revenues are spent on universal transfers and none spent on targeted ones”
- All countries eventually implement a lifecycle system of social protection, which ultimately is much more effective in ensuring the inclusion of the most vulnerable members of society
- A lifecycle approach is more gender and disability-responsive compared to poor-relief interventions, as it explicitly recognises and addresses specific needs and vulnerabilities of women and girls and people with disabilities at different stages of the lifecycle (Holmes and Jones, 2013). Universal schemes and focus on individual entitlements - also reduce the risks of gender and disability-specific gaps in coverage.
- Higher coverage in schemes necessarily leads to reductions in exclusion from schemes; “Targeting the poor” may not necessarily be the best for the “poor”. Sen (1995): “Benefits intended exclusively for the poor often end up being poor benefits”
- Choices on how to measure “targeting performance” can be ideological, particularly in the choice between minimizing inclusion errors or exclusion errors.

3

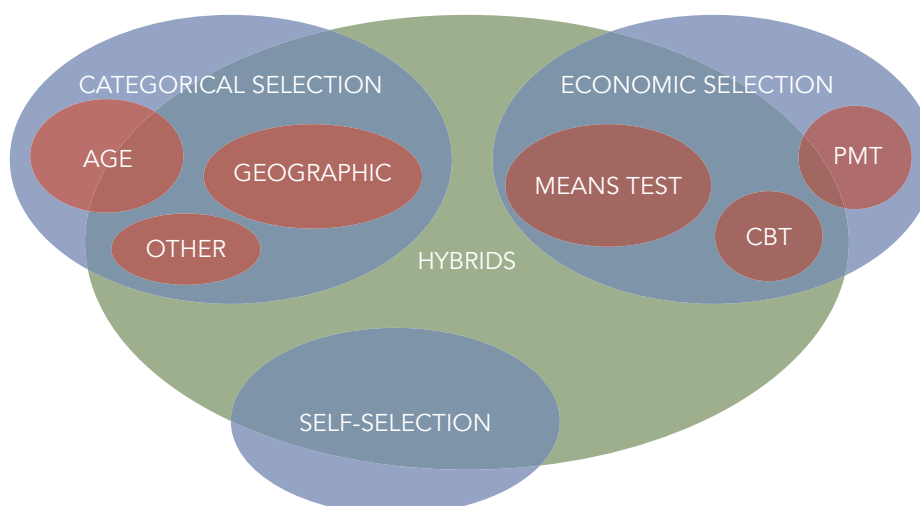
DESIGN CHOICES IN SELECTION PROCESSES

If countries decide not to provide universal access to a scheme, they need to design a mechanism that can identify those who are eligible. There is a range of design options used by countries to select recipients when coverage is limited, some are simple while others are more complex. They can broadly be classified into three categories (see Figure 16 below):

- **Categorical selection**, where eligibility is determined based on demographic characteristics (or demogrants) such as age, disability, gender, household structure, marital status, or geographical location.
- **Economic selection**, where eligibility is determined based on the economic well-being of the household or individuals, which may include income poverty, food poverty, and/or low consumption levels.
- **Self-selection**, where all individuals or households are free to access the programme but the administrative procedures or the nature of the transfer are set in a way that discourages better-off individuals or households from participating.

As discussed in the previous section, most countries in sub-Saharan Africa adopt a **hybrid selection model**, whereby specific categories of individuals (eg. persons with severe disability) or households (eg. labour constrained) who fall below a certain poverty threshold are eligible for assistance. As will be illustrated in the following sections, a choice and specific design of targeting methods, including the definition of eligibility criteria can have important pros and cons for the inclusion of disadvantaged groups, such as women, girls, and people with disabilities. A well-designed selection process can be leveraged to promote and improve programme enrolment and avoid unintended effects among vulnerable groups, enhancing their empowerment and dignity. The gender and disability implications of different targeting methods are discussed further in section 3.2.

Figure 16: Approaches to Selection in Social Protection programmes
Source: Authors





The selection of people for support can also be organised on a **universal basis**. The term **universal selection or universal coverage** can be utilized with different meanings concerning the selection approaches of social assistance programmes (Devereux, 2016):

- In a more narrow form, it applies to cases where social benefits are provided to all citizens of a given country irrespective of economic, geographical or demographic status. As Devereux puts it, “the only social programmes that are guaranteed to reach all poor people are those that are genuinely universal – such as free health care for all, a general food subsidy, or a ‘basic income grant’ (BIG) for all citizens.” Examples of applications of Basic Income Grants are limited in Africa to the experiment promoted by the BIG platform in Namibia (see box below)
- Universal coverage is also often used for ‘categorical’ programmes that target age-eligible individuals or other categories of people from a particular socio-demographic category (e.g., people with disability, widows, war veterans, pregnant women, orphans, children, etc.) with no form of economic targeting (e.g. a social pension is often called universal if it is given to all persons aged over 60 years rather than being means-tested). In the rest of the module, we will use the term “universal categorical programmes” for this group of programmes.

Universal coverage for certain categories of people (eg. elderly, people with disability, women) is quite rare in sub-Saharan Africa. There are a few examples of old-age pensions delivered to all citizens of a certain age – for example, citizens aged at least 65 in Botswana, 60 years old in Mauritius and Namibia, and 70 years old in Lesotho, are eligible for pension. There are several universal categorical programmes for people with disability, although the type and threshold of disability (severe/profound) often differ in the eligibility criteria to entitle people. In Mauritius, the Basic Invalidity pension is provided to all people aged 15-60 who hold a disability certificate from a Medical Board, while in Namibia Disability grant is available to all citizens and residents with disability (aged 16-59), and those living with AIDS (Cirillo and Tebaldi, 2016).

Universal categorical programmes can also consider different dimensions of gender vulnerabilities and/or gender status in eligibility criteria. For example, a Child Grant Programme pilot (0-2) in Mozambique is distributed universally to all mothers with newborn children up to two years of age, irrespective of their economic or poverty status. Similarly, Mauritius has a universal Basic Widow’s pension for recipients under the age of 60, who have been legally married, and Child’s Allowance directed at children (up to age 20) who reside in households receiving a Basic Widow’s Pension or Basic Invalidity Pension (Cirillo and Tebaldi, 2016).

Box 12: Universal Income Grant experiment in Namibia

In 2008, the Namibian Basic Income Grant Coalition implemented the world’s first universal cash transfer pilot project, disbursing N\$100 per month (about US\$14) for 2 years to all 930 residents in one poor peri-urban community. Positive impacts were recorded across a range of outcomes, including community mobilisation, women’s empowerment, child nutrition status, (self-)employment, local economic growth, school attendance, access to health services – even crime rates fell. Despite this evidence of success and estimates that the BIG is affordable – ‘a national, universal BIG of N\$ 200 per person per month will be about 2-3% of GDP annually ... equivalent to 5–6% of the national budget’– it has not been implemented at scale by the government of Namibia

Source: (Devereux, 2016)

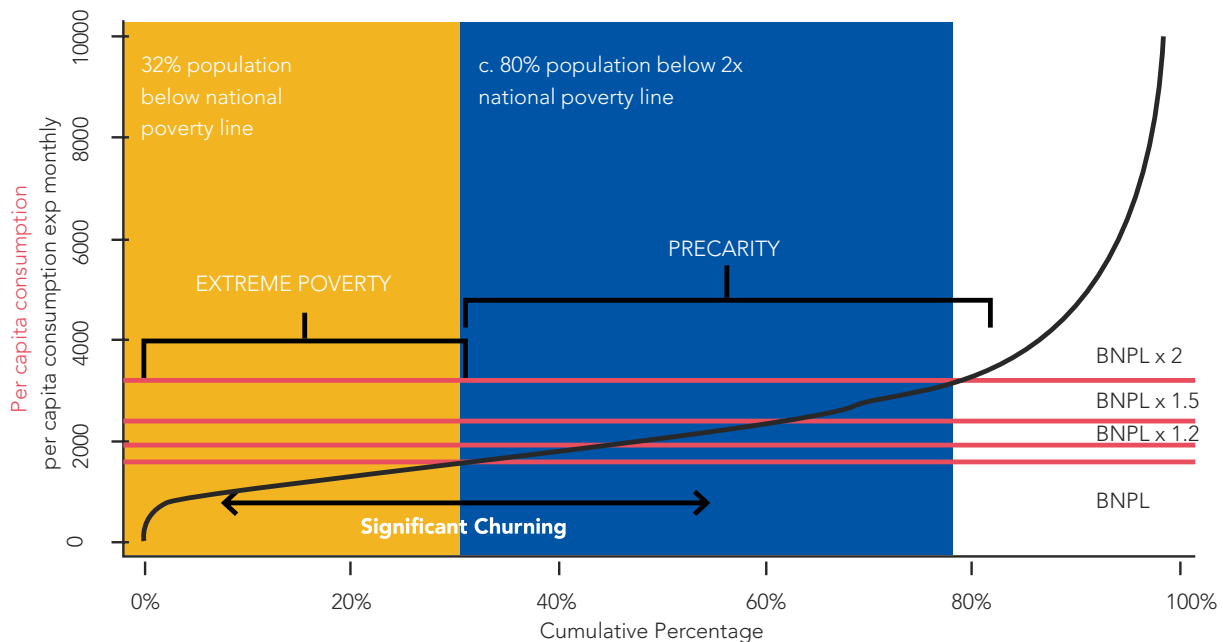
3.1 THE CHALLENGES OF ECONOMIC SELECTION (I.E. POVERTY TARGETING) IN AFRICA

There is a range of challenges that need to be taken into account when designing selection mechanisms based on economic status.

- **There is little difference in well-being between the majority of the population in any country, so it is difficult to differentiate between them**

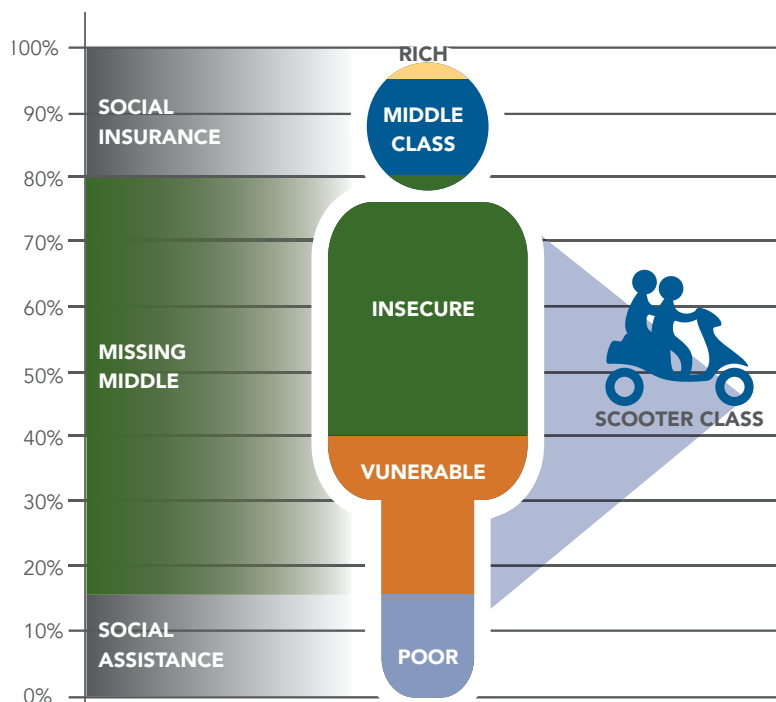
Figure 17 shows the per capita consumption of households in Bangladesh from poorest to richest. It indicates that the curve is relatively flat among the majority of the population so there is little difference between them in terms of per capita consumption. There is also significant churning around the extreme poverty line, which will be discussed later in more detail. Finally, around 80% of the population live on less than US\$2 PPP per day in Bangladesh; this is a more reasonable poverty line – \$1.25 is too extreme – and means that at least 80% of the population of Bangladesh should be regarded as living in poverty – and in precarity or insecurity – and therefore in need of SP. They are highly susceptible to shocks that will push them into extreme poverty or a significant fall in living standards.

Figure 17: Distribution of the population by per capita consumption in Bangladesh and poverty rates



Source: Authors

Figure 18: Economic classes in Vietnam



Source: Authors

Another way of looking at this is through the type of graph in Figure 18. It divides the population of Vietnam

– which is a middle-income country – into economic classes. Yet, around 80% of the population live on less than US\$4.50 per day, which means that they are still insecure and would

benefit from access to social protection. Furthermore, the social protection system in Indonesia mainly supports the affluent – through social insurance – and those living in extreme poverty, through Poor Relief (social assistance) schemes.

As a result of the flat income distribution, a high proportion of the population in developing countries should be included in social protection systems. Some leading analysts – such as Lant Pritchett – are arguing that a more reasonable poverty line in developing countries should be set at US\$10 PPP. But, in developed countries, if people had the incomes of the majority of people in developing countries, they would be regarded as living in poverty and would receive social

protection benefits, which would be very important in supporting the well-being of their families.

Another limitation of income poverty assessments is that they are predominantly income based and conducted at the household level, rather than the individual level which may mask intra-household differences in members’ exposure to, level and experience of poverty. For example, women and men often experience poverty differently (even within the same household), and different factors may affect their capacity to achieve an adequate standard of living and level of well-being. Women’s and girls’ poverty goes beyond income and consumption to also include other dimensions such as time poverty, unpaid work burdens, health and education deprivations, gender-based violence, and limited decision-making, to name a few. For people with disability, non-income poverty dimensions, include discrimination and stigmatization, and lack of inclusive design and planning in infrastructure, health, education, and social services. These dimensions are rarely captured in traditional poverty-targeted selection.

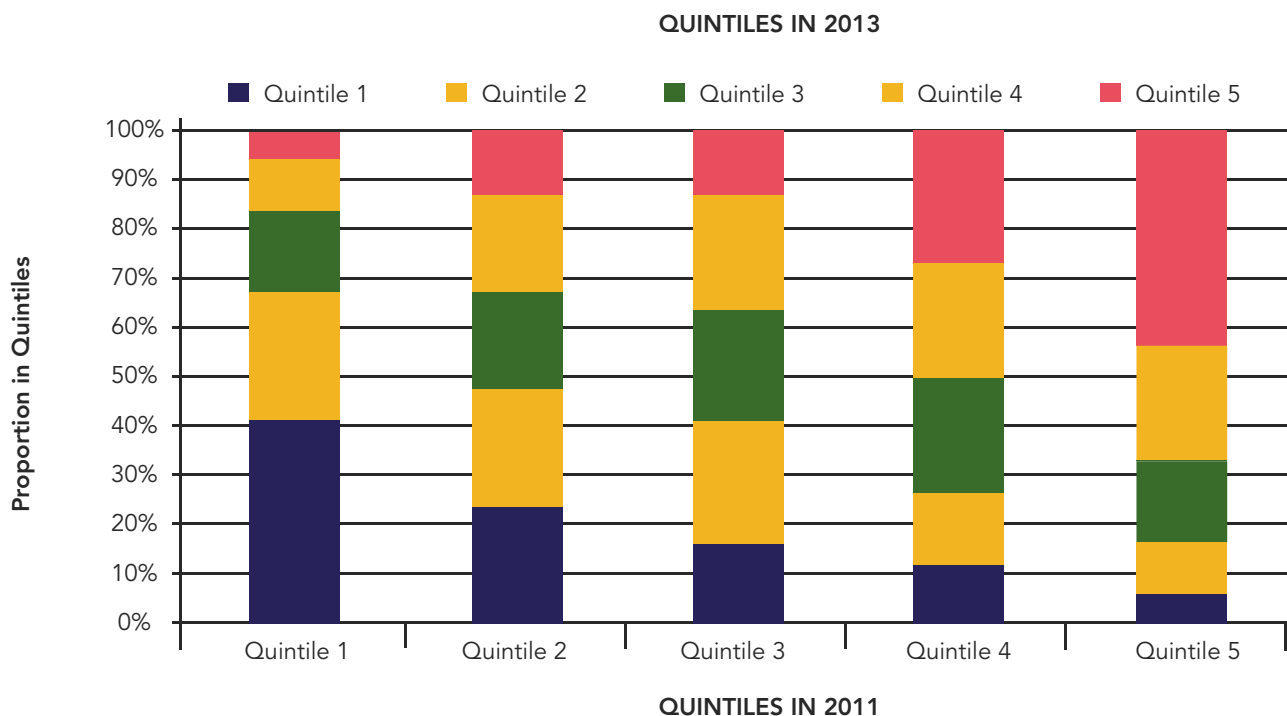
Moreover, the economic selection is often set at one ‘universal’ poverty line, which typically assumes all individuals and households require the same goods and services. The use of a standard threshold does not take into account the extra costs that may be required by people with different circumstances to achieve a basic standard of living – including people with disability and/or those experiencing lifecycle risks, such as pregnant and lactating women. As seen in Box 4, people with disability typically incur additional costs to achieve an adequate standard of living and this determines their poverty levels. If poverty thresholds are not adjusted for disability-related costs, these individuals and/or families may miss out on social protection. In summary, because of the little differences in well-being between most households at the bottom of the distribution and the multidimensional nature of poverty, it is extremely complex to devise approaches that can determine transparently and reliably who should benefit from social assistance and who should not based purely on the economic status of a household.

- **Poverty is not static, but highly dynamic**

Secondly, when designing selection mechanisms, it is important not to confuse poverty rates with the number of people in poverty. Poverty rates provide a static snapshot in time and do not take into account that there is always significant churning around poverty lines, with people moving in and out of poverty due to changes in their economic position and/or exposure to unpredictable shocks and stresses, including lifecycle, disability, health and environmental risks. Vulnerable groups such as women and girls, people with a disability, and others may also have fewer resources to cope with shocks (including those related to employment loss, catastrophic health costs, pandemics, or climate events), thus putting them at a higher risk of moving (back) into poverty.

Individual and household incomes are dynamic and they rise and fall as people succumb to shocks – such as illness, disability, or unemployment – or respond to opportunities. Figure 19 shows how household well-being changed between 2011 and 2013 in Georgia. It indicates the expenditure quintile where households were located in 2011 and where they had moved to by 2013. Around 60% of those that were in the poorest quintile in 2011 had moved into a more affluent quintile by 2013, with a similar amount falling into the poorest quintile.

Figure 19: Movement across expenditure quintiles between 2011 and 2013 in Georgia



Source: Authors

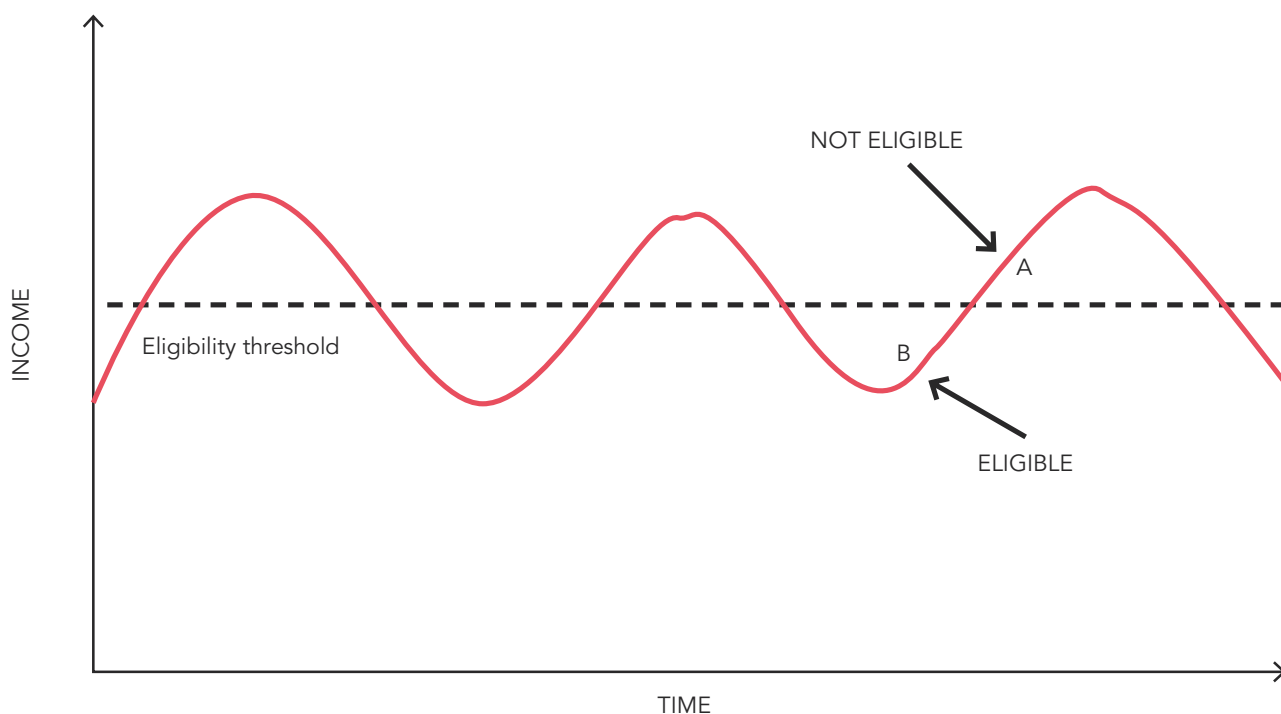
One reason for the extensive movement in and out of poverty – which would be even higher if more frequent surveys were undertaken – as discussed earlier, is that there is little difference in consumption between the majority of households. Furthermore, the movement of households between the middle three quintiles is relatively large.

Therefore, when developing a social protection policy, it is useful to conceptualise poverty in more dynamic terms, which implies that a higher proportion of the population should be considered as living in or being vulnerable to poverty than the number indicated by the poverty rate. A high proportion of those above the poverty line could, at any time, fall into poverty. Therefore, it makes sense to design schemes that not only protect people once they are in poverty but also prevent them from falling into poverty, such as inclusive lifecycle schemes which offer support to people at stages in their lives when they are most vulnerable in line with the ILO’s legal recommendation for establishing inclusive “leave none behind” Social Protection Floors (ILO Recommendation 202).

Income dynamics, however, has implications for “poverty targeting,” with household incomes varying significantly even over relatively short periods. Figure 20 illustrates how, when income dynamics are taken into account, a household or individual may be assessed at one point in time and be found to be eligible but, if assessed at another point in time, could be ineligible. Therefore, “poverty targeting” attempts to “hit” a moving rather than a static target, which significantly increases its complexity.

One way to conceptualise poverty in more dynamic terms includes incorporating lifecycle assessments in more mainstream poverty-targeted programmes to identify eligible recipients who experience changes in their needs and well-being. The Productive Safety Net Programme (PSNP) in Ethiopia, for example, offers pregnant and lactating women temporary direct support to protect them from health-related risks during pregnancy and lactation and to safeguard the survival and early development of children. Annual retargeting exercises and regular client visits by frontline workers are used to identify household members eligible for such support (Unicef Office of Research, Innocenti, 2021).

Figure 20: “Poverty targeting” in the context of income dynamics



Source: Author

Box 13: Analogy of selection processes in developing countries

In the context of income dynamics and the limitations of poverty targeting mechanisms, current selection mechanisms for identifying poverty can be deemed to be equivalent to one of the very first cameras developed two centuries ago (as shown in Figure 21). The image that the camera – when undertaking poverty targeting – is trying to capture is not a static landscape, but more akin to a football match in full swing. What is needed is a high-definition video camera, but the instruments for “targeting” used in developing countries are far from up to the task. So the question can be asked: if a two-hundred-year-old camera was used at a football match and 3-4 four photos were taken, could they be passed on to someone to write a comprehensive match report?

Figure 21: Niépce’s View from the Window at Le Gras (1826), the earliest surviving photograph of a scene from nature taken with a camera obscura



Source: Authors

3.2 METHODOLOGIES FOR IDENTIFYING PEOPLE LIVING IN POVERTY

In the context of the flat and dynamic income distribution described above, identifying the “poor” (or the “ultra-poor” as some countries attempt to do) requires complex methodologies and therefore, to be done well, requires higher administrative capacity and resources. Poverty targeting is particularly challenging to undertake in developing countries, with few people in the formal sector. It is challenging to measure accurately the incomes of those working in the subsistence or informal economies. And, as explained earlier, income dynamics make it even more challenging. Moreover, individuals and households may experience multidimensional poverty in different ways, and at different points in their life-course, which makes accurate targeting even more challenging.

This section will examine a range of popular “poverty targeting” methodologies and scrutinise them from gender and disability-responsive perspective.

3.2.1 Means test

In developed countries, it is common to use means testing to identify people on low incomes, since most people have to report their incomes when paying their taxes.

Means testing is rarely used in developing countries, although there are exceptions. South Africa and Brazil’s Bolsa Familia programme use “unverified” means tests, with people declaring their incomes, without the government taking measures to verify whether the declarations are accurate (although, in South Africa, checks are made against income tax records, which affects a small proportion of applicants). In South Africa, however, the income eligibility threshold is high and between 70% and 80% of the target population – such as older people and children – are eligible. In Brazil, the income eligibility threshold is relatively low and quotas are set at the municipal level (which is discussed later).

While means tests can enhance targeting transparency and efficiency, they may also increase the likelihood of excluding disadvantaged groups of people from the assessment process. Gender and disability-blind (or neutral) design of means test can disadvantage poor and vulnerable women and people with disability in terms of social protection access for three key reasons (FAO, 2018).

First, means tests are typically administered at the household level and require that households – rather than individuals – have no other income source. By assuming that income is shared equally across the household, it can exclude potentially eligible persons with disabilities (and women) living in households above the poverty threshold, even if they have no access to personal income. Likewise, a household with a member with a disability may have an income beyond the means test threshold but still be poor given that a large portion of their income is used to cover disability-related extra costs.



Second, the reliance of means tests on official income assessments can exclude those who cannot supply evidence of income, such as informal female workers and unpaid family farmers. Means tests are particularly problematic in the context of sub-Saharan Africa, where rates of informal work among women is exceptionally high (e.g. 74% of women work informally as self-employed, own-account, home-based and/or domestic workers) (Razavi, 2021). These women may face difficulties in verifying their income to satisfy eligibility requirements, and their socially marginalised status and lack of official documents may also expose them to discrimination or mistreatment by programme staff. In South Africa, local officials imposed arbitrary requirements on women applying for the benefit. These requirements were described by women as being discriminatory and demeaning to them (UN Women, 2016).

Finally, means tested interventions are also more likely to be stigmatizing for applicants compared to contributory or rights-based universal schemes. A fear of publically being labelled as “poor” and “needy”, and/or facing discriminatory attitudes, harassment and abuse by staff or non-participants may discourage women and persons with disabilities from accessing their transfers and affect their dignity (UN Women, 2016). For instance, in South Africa female recipients of means-tested Child Support Grant were faced with the stereotype of being lazy and intentionally having more children to receive higher benefits which affected their decision to apply for the benefits (Fritz and Fulton, 2013).

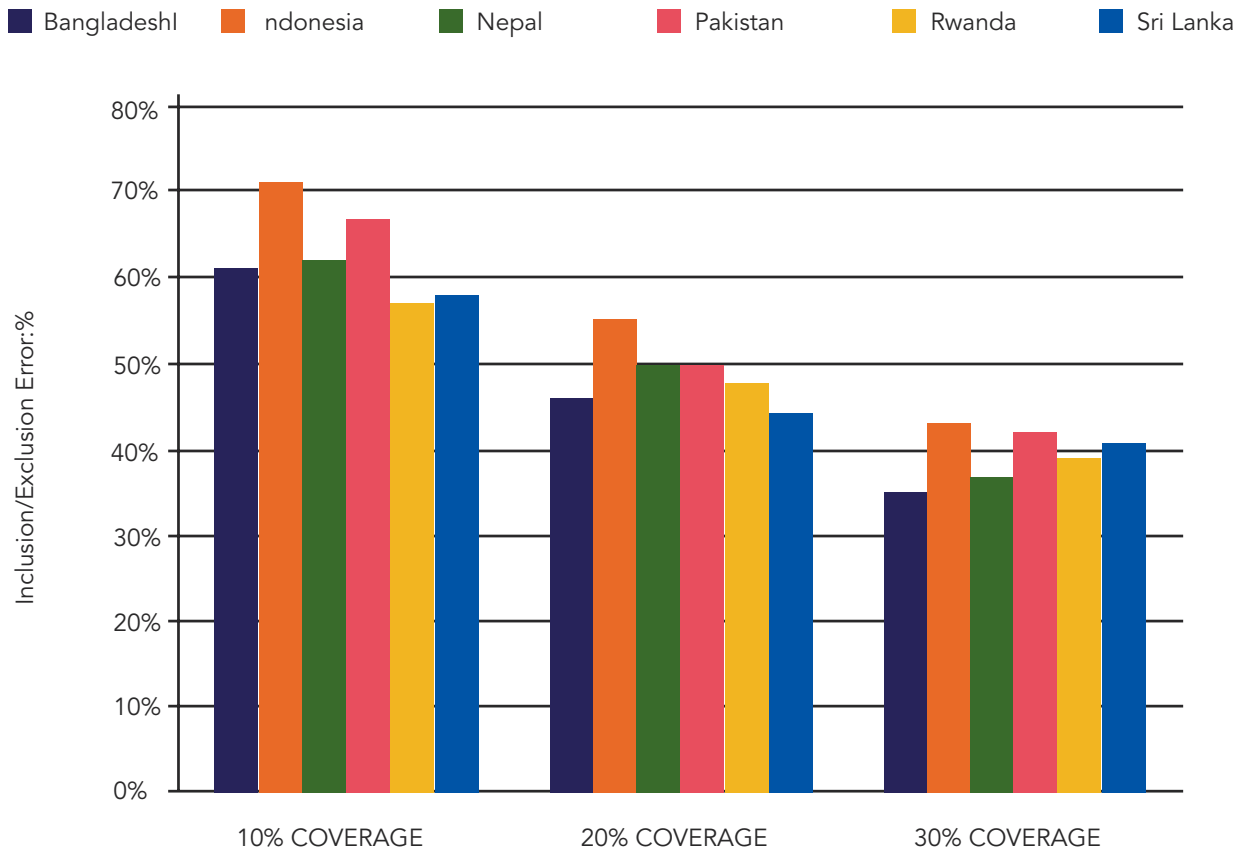
3.2.2 Proxy means test

In recent years, the Proxy Means Test (PMT) methodology has become a particularly popular targeting mechanism, and it is strongly promoted by the World Bank among others. The PMT methodology uses national household surveys to identify “proxies” held by households – usually based on their demographics, human capital, type of housing, durable goods and productive assets – that have some correlation with household consumption. A set of proxies with the best correlations – and which can be easily measured and observed – are chosen and households are surveyed to assess them against these proxies. A score is generated for each household, which is regarded as an estimate of its consumption. A comprehensive mapping of con-contributory schemes in Africa conducted by Cirillo and Tebaldi in 2016 revealed that the majority of social assistance programmes apply proxy means tests to identify eligible beneficiaries, often in combination with categorical, geographical or community-based targeting methods.

Evidence indicates that due to the income distribution in developing countries, particularly in Sub-Saharan Africa the PMT can be a relatively arbitrary selection mechanism (Kidd and Wylde 2011; Brown et al 2016). This is the result of the combination of two factors: methodological inadequacies and informational/data limitations (Brown et al, 2016).

A significant disadvantage of the proxy means test is that it has a large in-built design error. While “perfect targeting” would require an R-squared value of 1, it is common for the R-squared value in proxy means tests to be between 0.4 and 0.6. While in statistics, this may be regarded as relatively good, for a “targeting” mechanism meant to accurately identify recipients, it is highly problematic. So, as Figure 22 indicates, even prior to households being surveyed (which brings additional errors due to measurement imprecisions), a high proportion of the intended recipients are excluded: when targeted at 10% of the population, these design exclusion errors are between 50% and 70% while, when coverage is 20% of the population, they are around 40-55%.

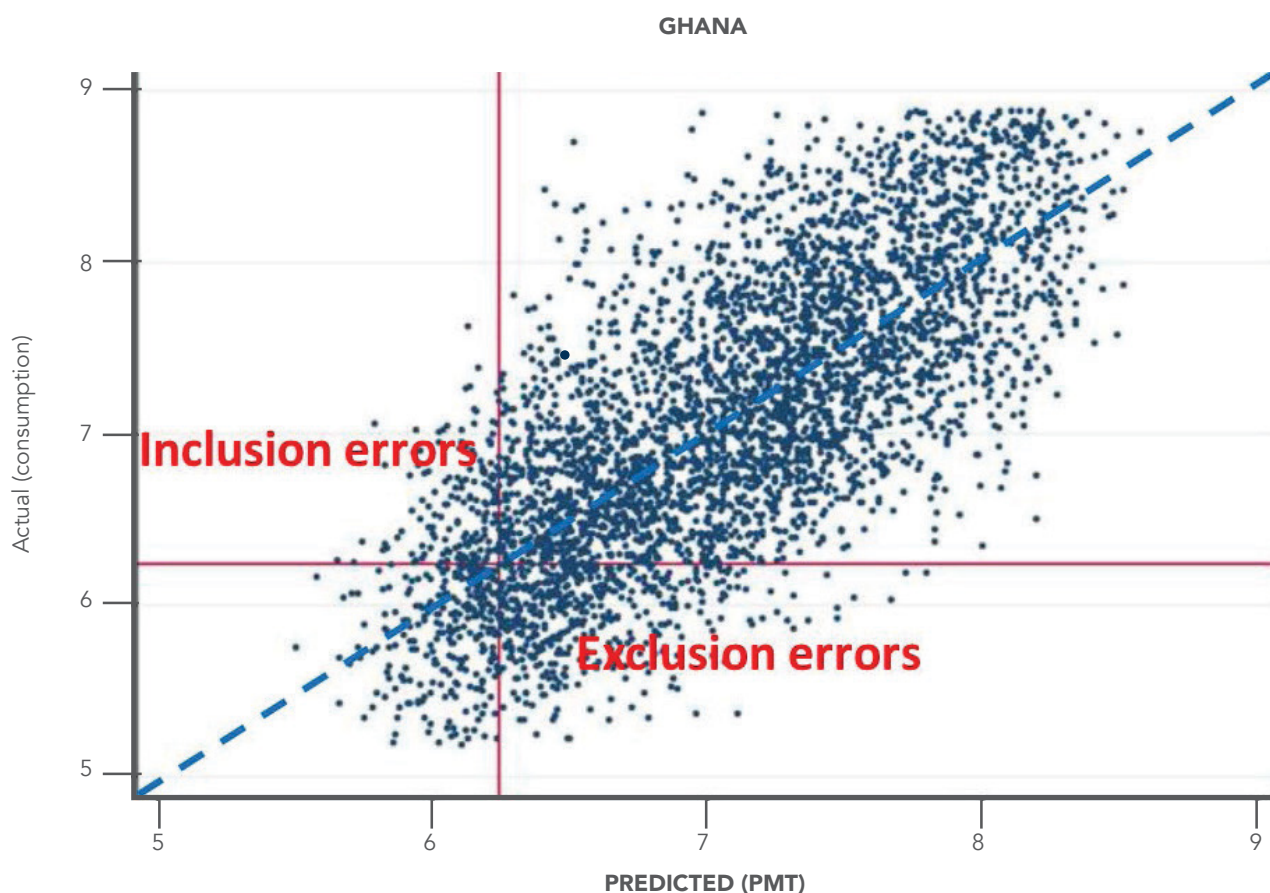
Figure 22: Theoretical exclusion and inclusion errors for a proxy means test against various coverage rates



Source: Authors

Figure 23 sets out a scattergraph in which each household in national household surveys in some African countries is mapped according to its ranking of income predicted by the PMT and its actual expenditure as recorded in the household survey. If the PMT were accurate, all households would be lined up along the dashed blue line from the bottom left corner to the top right. In reality, there is a significant scatter of households across the graph. Households above the red line have their relative consumption over-estimated, while it is under-estimated for those under the red line.

Figure 23: Scattergraph indicating the consumption and estimated consumption – through the proxy means test score – of households in Ghana⁸

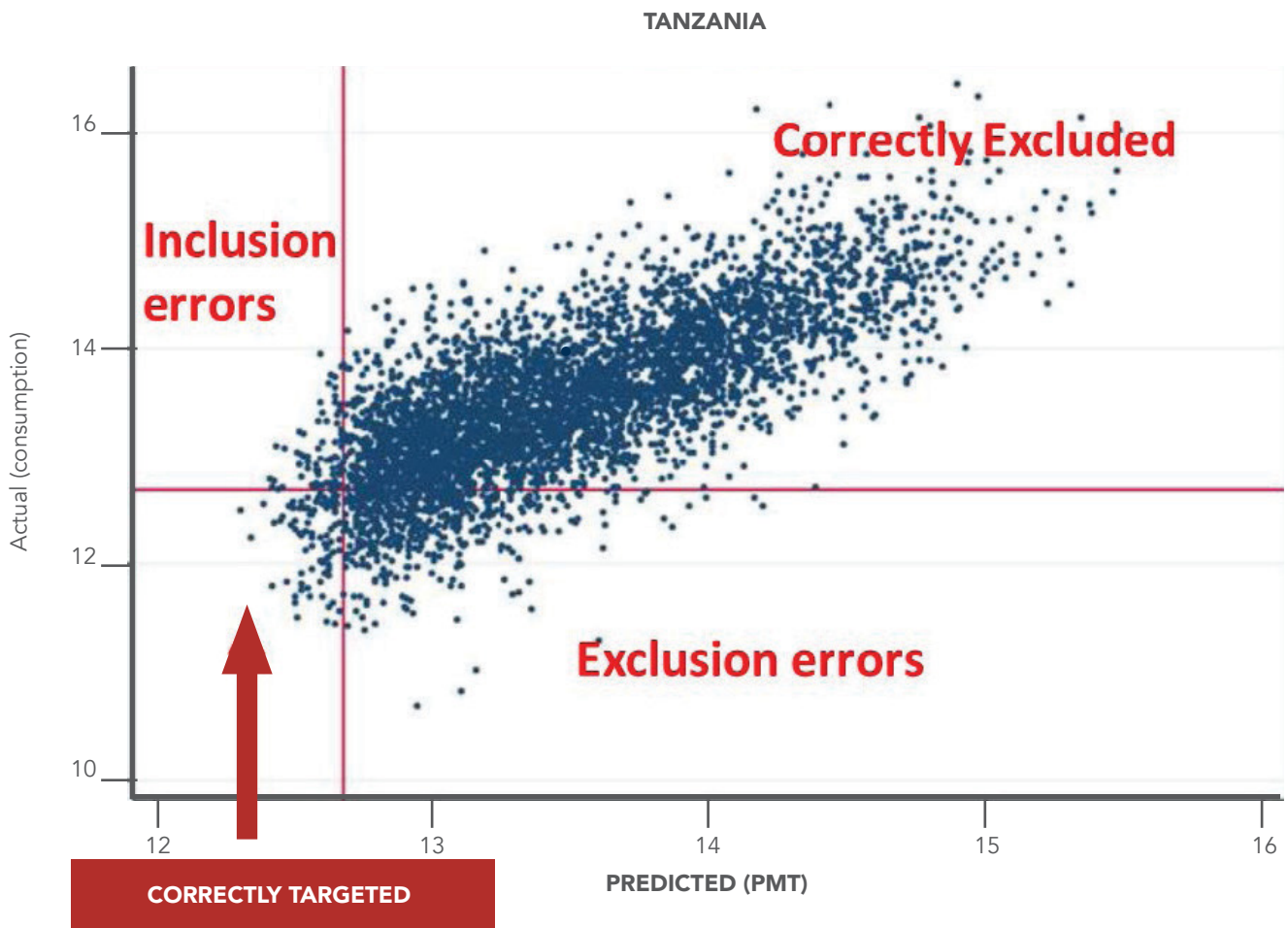


Source: Authors

Brown et al. (2016) analyse the targeting effect of PMT (called by the authors “econometric targeting”) in 9 African countries (Burkina Faso, Ethiopia, Ghana, Malawi, Mali, Niger, Nigeria, Tanzania, and Uganda). Taking Tanzania as an example in Figure 24, one can observe that when coverage is set at 20% the only households that would be accurately selected by the PMT are those in the bottom left quadrant, while those in the bottom right quadrant would be households in the poorest 20% of the population that are excluded, as the PMT over-estimates their consumption.

⁸ Adapted from Brown et al. (2016)

Figure 24: Scattergraph mapping actual and predicted expenditures of households in Tanzania and accuracy of targeting with 20% coverage⁹



Source: Authors

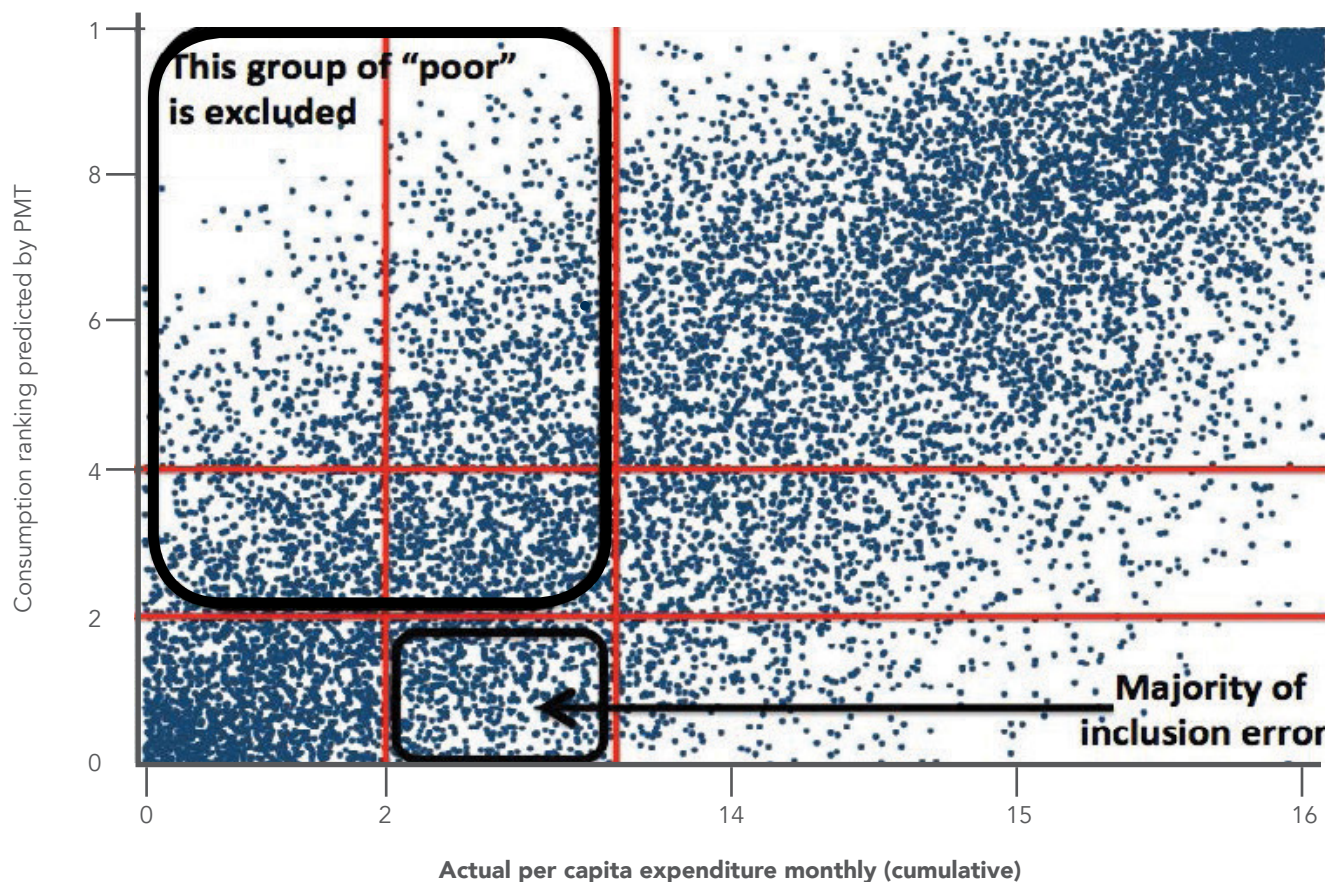
The study concludes that while PMT contributes to reducing inclusion errors, this comes at the expense of very high exclusion errors. Across the 9 counties for a poverty rate of 20%, the PMT method has nearly halved the rate of inclusion errors that would be obtained with a uniform (universal) transfer payment. However, “the average exclusion error is sizeable, with 81% of those who are in the poorest 20% in terms of survey-based consumption being incorrectly identified as non-poor by the PMT method”.

The study also finds that both inclusion and exclusion errors are lower when adopting a higher poverty line, leading to a conclusion that “the finding that the errors tend to be higher using the lower poverty line again suggests that econometric targeting may have difficulty in identifying those who are very poor”. A more encouraging finding is that “households who are incorrectly included do not seem to be among the wealthiest households, that is, many of these households have actual consumption values that are relatively close to the poverty line.”

In fact, it is probably appropriate to regard the PMT as a “rationing” rather than a “targeting” mechanism. Figure 25 indicates how the majority of those excluded by the PMT – when coverage is at 20% – are in the poorest 40% of the population. Yet, by the same measure, the vast majority of those in the poorest 40% of the population are excluded. So, when coverage is low, the PMT tends to select a relatively small group of those in the poorest 40% of the population from a much larger group of equally deserving households.

⁹ Source: the VHLSS 2012 was used to generate these results and analysis was undertaken by Tareq Abu-el-Haj

Figure 25: Scattergraph showing the effectiveness of the PMT methodology in selecting recipients from among the poorest 40% of the population in Bangladesh¹⁰



Source: Authors

The arbitrariness of the PMT selection methodology explains why it is often referred to by community members as a lottery (Kidd and Wylde 2011). “One can understand why many of those accepted or rejected might be tempted to believe that econometric targeting is something like a random lottery, or maybe even divine intervention” (Brown et al. 2016).

Transparency has also been a concern. “Sometimes the score variables and weights are deliberately kept secret for incentive reasons. In other cases, the method and formula are too complicated, or too poorly explained, for public consumption. Either way, observers on the ground do not always understand why some people are selected and some are not based on these targeting methods” (Brown et al. 2016). The complexity and opaqueness of these methods make it particularly difficult for poor women and persons with disabilities (especially those with severe learning and physical impairments) to understand and scrutinise the targeting process, spot mistakes or errors, and hold administrators accountable for exclusion errors through appeal processes (Bottea et al., 2021). On a positive note, the verification of data applied in PMT methods is much less burdensome compared to means testing. This facilitates the application process for potential recipients, and benefits women particularly, who face greater challenges in supplying formal evidence of income compared to men due to informal status of employment.

There is a range of reasons for the inaccuracies in PMTs, with the R-squared – as explained earlier – not particularly high for a methodology that makes incredibly important decisions about the future well-being of households by providing them with – or denying them – transfers. The low R-squared has a range of explanations including the fact that it does not take into account the age of assets and, often, the number of assets (such as the number of cattle). It also can have inherent biases against middle-aged and older people.

¹⁰ Source: the VHLSS 2012 was used to generate these results and analysis was undertaken by Tareq Abu-el-Haj

Methodological biases and weaknesses in a PMT design may also disproportionately disadvantage women and people with disability and deny eligible individuals or households access to programmes. There are two inherent risks. First, definitions of proxies or indicators of well-being may be gender or disability-blind and lead to exclusion errors among certain individuals or types of households. For example, in many settings women and men have different consumption and expenditure needs even when residing in the same household (eg. nutritional needs during pregnancy, menstrual hygiene supplies) or they may rely on different types of assets for income generation (FAO, 2018). For example with the same amount of land, a household with only adult females has less productive capacity due to restricted access to other resources or markets. Proxy indicators used to assess consumption may also exclude those of particular importance to women, such as the need for food, housing, labour-saving assets, healthcare and child-care support, as well as those dimensions of poverty that are difficult to observe and verify, such as limited bargaining power, time poverty and exposure to intimate partner violence. Likewise, PMT methods may estimate consumption but not take into account the extra expenditures arising from disability, and/or types of assets of relevance to this specific group (eg. ramps, improved WASH facilities, assistive devices etc.).

Second, PMT, like means tests also prioritise assessments of socioeconomic status and are typically conducted at the household level rather than the individual level, thereby obscuring intrahousehold differences in consumption patterns that tend to disadvantage girls, women and persons with disabilities due to their social exclusion and unequal status in the household. For example, limited bargaining power, discrimination and exposure to violence may limit women's control over resources and assets, and result in a lack of personal income. For example, household-level assessments in polygamous households may overlook inequalities between the different family units associated with each co-wife and her dependents. Similarly, people with disabilities' control over and use of household resources may be affected by attitudes on disability within the family and the accessibility of resources (e.g. household may have a cellphone, TV, internet, improved WASH facilities that the member with disability cannot use because they are not accessible). By failing to accurately capture these gender and disability-specific dimensions in weighting scales, it may exclude female-headed households or households with a higher proportion of female members or those with disability.

In Box 14 we provide an example of how the Proxy Means Targeting methodology was improved in social safety net programmes in six Caribbean countries following the UN Women's gender assessment.

Box 14: Adjusting the PMT model in the social safety nets programmes in the Caribbean to enhance women's access to schemes

Following the Social Safety Net Assessments, in 2016, the six Eastern Caribbean countries started to develop proxy means tests (PMTs) as part of their social protection reforms. In the Caribbean, the proxy variables—such as spending on food and non-food items—tend to be derived from expenditure surveys. Given that income data was perceived as unreliable, PMTs were proposed as a more robust, transparent and objective alternative. Yet, UN Women's analysis of PMTs in the region revealed serious gender biases that were not in line with international best practices. In particular, it showed that sex-differentiated equivalence scales were used widely to assess poverty. Instead of a 'per capita' household expenditure, these scales established a 'per male adult equivalent' expenditure, dividing total expenditure by the sum of the individuals, with women counting as only a fraction of men. In Saint Lucia, this differentiation started at the age of one, discriminating directly against girls by assigning them less weight than boys. While children are often assigned a lower weight than adults, there is no evidence for girl children having lower nutritional needs than boy children. As for adult women, their nutritional needs may sometimes exceed those of men—e.g., during pregnancy—a situation that was not accounted for. In addition, non-food expenditures can be significant for women (e.g., menstrual hygiene supplies) and children (e.g., diapers, clothing, school transport). By failing to accurately capture these, the PMTs underestimated the numbers of women and girls in poverty, disproportionately excluding single-mother households and households with a higher proportion of female members. Based on this assessment, UN Women generated recommendations on how to improve the gender sensitivity of PMTs in the region. In response, the Government of Saint Lucia eliminated sex-differentiated equivalence scales and raised the weight assigned to children—a measure that also benefits women, because they are more likely to live with children.

Source: Adapted from Iyahen, 2017.

Regarding measurement issues, PMTs in their traditional form are estimated using the information on consumption expenditure that is collected through national household surveys. The accuracy of PMT formulas therefore depend on the quality of consumption expenditure data. Unfortunately challenges to the reliability of consumption aggregates are not uncommon in Africa, also due to the complexity of measurement, particularly for poor households. Moreover, nationally representative household surveys are collected only periodically (with a space of 5 to 10 years in some countries). This creates a significant lag between when the PMT formulas are estimated and when they are implemented, and lowers PMT performance. Finally, enumerators tasked with survey data collection may lack specific skills and familiarity with the inclusive assessment methodologies needed to measure well-being in holistic rather than solely monetary terms.

Box 15: Case Study – Targeting in Fiji’s Family Assistance Programme (FAP)

It should not be assumed that a PMT will lead to an improvement in selection outcomes, when compared to other methodologies. Fiji’s Family Assistance Programme (FAP) is an example of how a poorly designed proxy means test can impact on vulnerable individuals and households.¹¹ The World Bank (2011) found that the FAP (which became known later as the Poverty Benefit), which used a form of means test, had a very good targeting – or, rather, rationing – performance: indeed, it was probably one of the best performing schemes in the world. Nonetheless, a proxy means test was introduced to re-target FAP recipients and move them onto a new Poverty Benefit, with the result that around 75% of FAP recipients – many of whom were elderly, disabled, chronically ill or single parents – were identified as no longer eligible for the scheme (despite the evidence from the household survey and qualitative research that the vast majority had been correctly selected).¹² In fact, on one remote island, out of 72 recipients, 71 were found to be ineligible by the proxy means test, probably due to the recipients having taken greater care of their housing throughout their lifetimes. Social Welfare officials – who are responsible for administering the re-targeting – have used their judgement and common sense to override the most obvious errors of the proxy means test selection, although it has considerably increased their workload (and, impacted on the overall efficacy of the scheme). In Costa Rica, Mexico, and Peru, enumerators have similarly used their judgement – including information taken on incomes – to correct errors in the proxy means test.¹³

Source: Authors

In summary, PMT methods “may look fine when the sole aim is to reduce inclusion errors—to prevent non-poor people from receiving benefits when judged against a fixed poverty line. However, if poverty reduction is the objective then policymakers with a given budget should be more worried about exclusion errors than inclusion errors” (Brown et al, 2016). Special efforts must be undertaken to ensure that PMT assessment design considers various needs when developing proxy indicators and scores, as a means of better responding to multidimensional poverty and deprivation experienced by women and persons to ensure their inclusion in schemes. For example, PMT targeting can allocate a higher score to female-headed households or families with a member with a disability. Furthermore, benefit levels may need to be adjusted depending on household composition. For example, households with members with disability may require a higher income level to cover both shortfalls in reaching the poverty line and disability-related extra costs.

3.2.3 Community-based targeting

Community-based targeting (CBT) is another popular targeting mechanism, although it is rarely used for national schemes: Rwanda’s Ubudehe mechanism is one example of it being attempted nationally.

However, there are very different types of methodology that are called CBT including:

- Wealth ranking e.g., Rwanda VUP)
- Parallel validation (e.g., Lesotho CGP)
- Application of external criteria (e.g., Malawi TIP)
- “The great and the good” (e.g., Bangladesh stipend)
- Community members using their own criteria (e.g., HSNP Kenya)

11 Much of the information in this paragraph has been provided by Gabrielle Smith, based on her findings during qualitative research undertaken for UNICEF in 2014.

12 World Bank (2011) and Sibley (2011).

13 Orozco and Hubert (2005), Viquez (2005) and Huber et al (2008)



The main arguments proposed in favour of community-based targeting are that: community members are more likely to understand the real situation of each member and, therefore, can identify those most in need more accurately than government officials, communities are given the ability to identify “need” according to their local understandings, and, people are less likely to lie because they may fear repercussions (Coady et al 2004). The rationale for community-based targeting is based on the belief that communities are relatively cohesive and will naturally want to prioritise those most in need. Yet, while some communities may act in this way, many do not and resemble rather more the following characterisation of Abraham and Platteau (2002):

“Rather than idyllic ‘village democracies’ whose members interact in a free atmosphere of trustful cooperation based on well-accepted social norms, they appear as repressive societies where mutual control is constantly exercised, suspicions are continuously entertained about others’ intentions, inter-personal conflicts are pervasive, and a rigid rank-based hierarchical structure governs people’s life.”

Differential power relations and processes of social exclusion and discrimination can be highly influential within community-based targeting (Coady et al 2004). It is common for more powerful community members to “steer” selection decisions, while those with less voice can be sidelined.¹⁴

The Malawi SCT example is particularly illustrative of these risks. The programme has used CBT to select its recipients, choosing the poorest 10% of the population. Seaman et al (2008) found that households that had been both physically and socially excluded from the community – due to alcohol problems and mental health conditions – were not selected despite their extreme poverty.¹⁵ In fact, although the community was meant to select the 10% poorest families, of those chosen, only 24% were in the lowest income quintile while 32% were in the two wealthiest quintiles.

Gender and disability-driven discriminatory practices may heighten the risks of exclusion among women and persons with disability due to unequal power relations and gender dynamics in the community. Women and persons with disability may be less involved in community life, underrepresented in public meetings due to physical or social barriers, or, even if they do attend, lacking the confidence to speak up and express their views. Community leaders may not want to include women and community members with disabilities in the targeting process and consultations due to discrimination (FAO, 2018). Nonetheless, exclusion from the process may also be unintended as persons with disabilities may be hidden at home due to stigma and not known by the community even if disability is an eligibility criteria. Additionally, women in traditional cultural settings may face resistance and a backlash from men in their households (e.g. spouses, or older sons) or the broader community, and may be prevented from freely accessing public spaces and joining community meetings.

Inclusive design of CBT methods, including the establishment of a diverse selection committee with female members and people with disabilities, has the potential to reduce these risks. Special awareness-raising efforts and monitoring mechanisms are required to ensure that members, particularly those in charge of the targeting process, are not biased and that both men and women participate in the selection process (Wasilkowska, 2012). For example, in Ethiopia’s PSNP, community-based targeting is conducted through community committees which must involve at least two female and youth members, although their representation varies substantively across the regions. Women are often prohibited from participating actively in these committees due to time constraints, literacy issues, and low self-esteem.

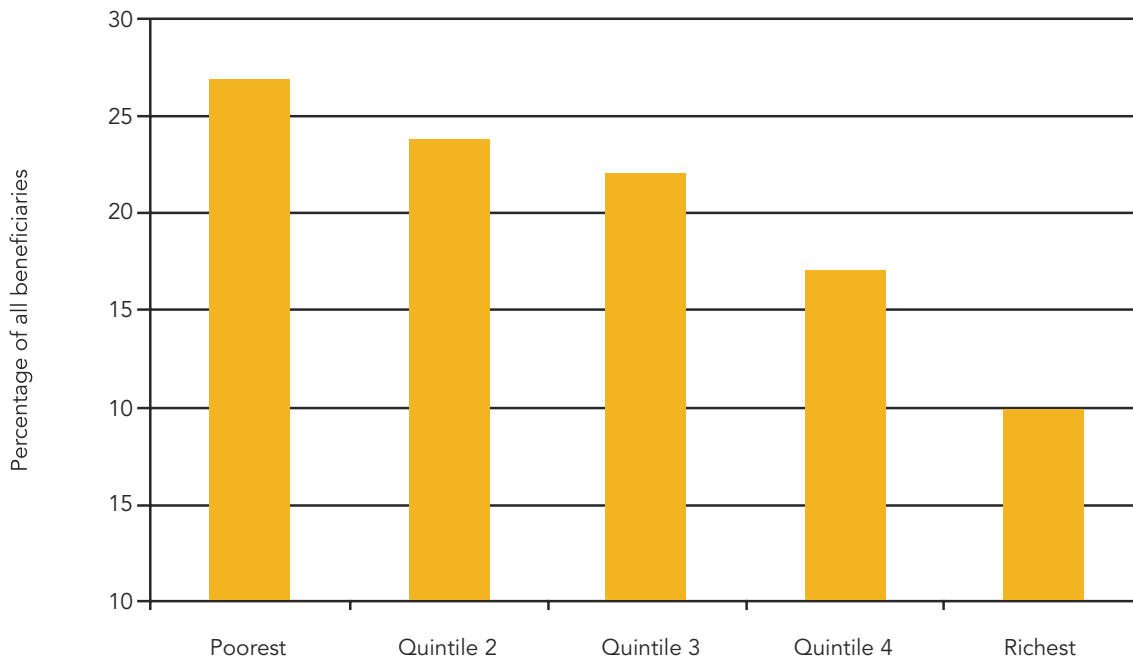
However, qualitative evidence suggests that inclusive targeting outcomes are higher in those settings with more gender and age-diverse targeting committees (Gavrilovic et al., forthcoming). Examples from Rwanda and Indonesia reveal how CBT mechanisms can lead to high exclusion and/or inclusion errors, despite their potential for a more transparent and participatory approach to selection.

Figure 26 shows the results from the Ubudehe CBT mechanism in Rwanda, which is used at the national level in the targeting of the VUP cash transfer and reaches around 5% of the population. Figure 25 indicates, there are very significant inclusion errors. Also note that when the Ubudehe mechanism was used to select recipients of free health care, the proportion of those identified as “poor” increased significantly as communities were attempting to gain as many benefits as they could for themselves (the government then set about changing the scheme).

¹⁴ Cf. Chinsinga (2005); Coady et al (2004), Coady and Parker (2005); Hossain (2007); Conning and Kevane (2002); and, Alatas et al (2012)

¹⁵ Evidence for Development (2007)

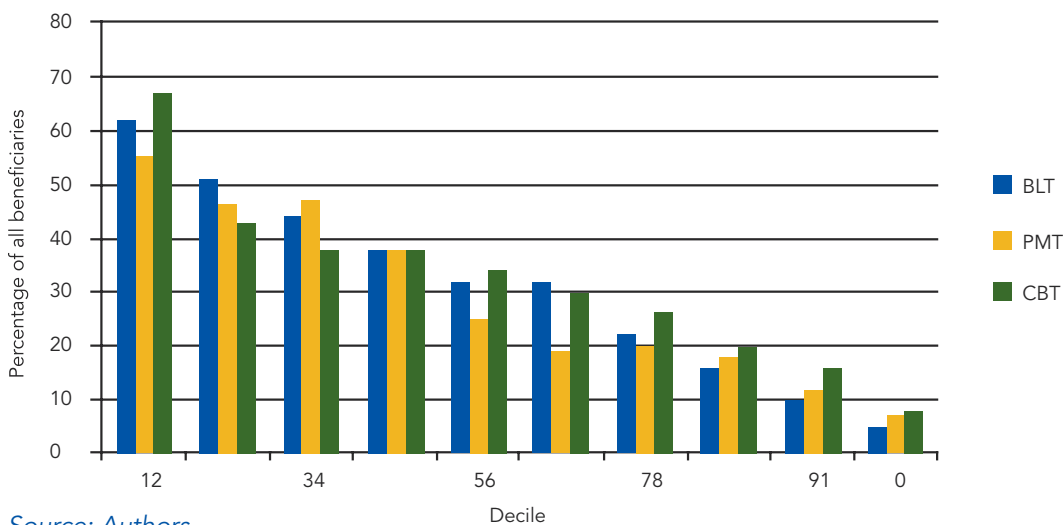
Figure 26: Proportion of all recipients of Rwanda's VUP scheme in each wealth quintile¹⁶



Source: Authors

Figure 27 compares a real scheme – the BLT cash transfer in Indonesia which was provided in 2008 for 9 months as compensation for a cut in fuel subsidies – with an experiment undertaken by the World Bank, using CBT and PMT. The WB experiment was at a small scale and did not include any “prize”, so it should have produced much better results than the BLT, as there was no reason for people to falsify their answers or the selection. Coverage was around 30% in all cases. In reality, all three mechanisms performed about the same. However, the CBT probably found it easier to identify those living in destitution, but less easily differentiated from the rest of the community, who would be much more similar. All, however, excluded the majority of the population in the poorest 30%, their target group.

Figure 27: Comparison of efficacy of selection mechanisms in Indonesia: the BLT programme and an experiment with CBT and PMT undertaken by the World Bank



Source: Authors

16 DFID (2013).

Similar to the means testing, the CBT methods can also perpetuate and deepen the stigmatisation of certain groups, given the public nature of the selection process. There may be stigmas associated with publicly identifying people as ‘poor’ or ‘vulnerable’ (e.g. persons with disabilities, elderly women caring for orphans and vulnerable children, widows, and divorced mothers), leading to these groups opting out of programme participation and causing them significant psychosocial harm. For example, during public consultations in WFP’s cash-for-work scheme in Kenya, single women were exposed to heavy criticism by other community members due to negative perceptions associated with divorce and single motherhood (Gelders, 2018). It affected their mental health, and, in a few cases, it led to their withdrawal from the programme (Ibid). Similar risks are faced by individuals who have severe impairments and/or chronic illness and have to disclose private information in public consultations thereby affecting their psychological well-being and dignity.

Gender and disability-blind design of CBT methods can exacerbate financial, time and opportunity costs for potential recipients. Participation in community consultations may incur transportation, time, and opportunity costs (with associated loss of income or other forgone opportunities). These costs are particularly constraining for women (and caregivers) who are usually time-poor as a result of their competing work and care responsibilities. In Kenya, women described facing significant stress as their participation in public meetings lasted one-and-a-half days, which forced them to forgo their farm and housework (Gelders, 2018). People with disabilities meanwhile may require assistance, often from another household member, to attend community consultations, increasing time and opportunity costs borne by the household.

3.2.3 Quotas

Some countries use quotas for a geographic area to limit access to benefits when using poverty targeting. Examples are Brazil’s Bolsa Familia programme and Malawi’s SCT: Brazil limits the number of recipients in each community while Malawi provides benefits to 10% of the population in each community. In the case of Brazil – which uses an unverified means test – the quota system may be a key reason for the continuing high errors. It would be expected that people under-declare their incomes, yet only a fixed proportion of people can enter the programme. Given that 49% of eligible recipients are excluded from the programme,¹⁷ it suggests that the scheme may prioritise those who can either more effectively “game” the system or are less vulnerable and, therefore, more able to get to the front of the queue. People with disabilities in particular may be excluded from quotas due to the stigma of disability, inaccessible application procedures or inappropriate designs (e.g. cash-for-work schemes focused only on manual labour).

When quotas are set at a specific ratio across all communities – as in Malawi – then there is a bias against poorer communities which, in reality, are likely to have a higher proportion of people living in poverty than more affluent communities. Also, as discussed for Bolsa Familia, in all quota systems, the more disadvantaged members of communities are likely to lose out in the race for accessing benefits, which is discussed further in the session on implementation. Quotas also place a significant burden on front-line staff or community leaders, since they are often given the responsibility of selecting a lucky few from among the many who are eligible. Quotas are another example of rationing, rather than targeting, in selection processes.

Quotas are used in some schemes (particularly cash-for-work interventions) to prioritise people with disabilities and vulnerable women’s selection into the programme. When designed with a gender and disability-sensitivity lens they are an important strategy for improving equity in access to income and livelihood security. For example, public works and employment guarantee schemes in Bangladesh, South Africa, Uganda, and Rwanda all use gender quotas, with a focus on female-headed households, to improve women’s opportunities to engage in work. Nevertheless, gender quotas alone are not able to address the limitations women face in joining social protection schemes. In the case of public works, women’s willingness and ability to enrol are moderated by sociocultural norms around women’s right to work outside the home, mobility constraints, and care responsibilities. For example, in Rwanda, eligible women – particularly those with dependents requiring care – excluded themselves from participation in public works as a result of work burdens and care responsibilities (Pavanello et al., 2016). In Ethiopia, discriminatory gender norms and limited mobility prevented women from working in public sites and therefore precluded them from joining the public works scheme (UNICEF Office of Research, Innocenti, 2020). Some public works programmes are increasingly adopting gender-sensitive features, such as flexible and women-friendly work conditions, livelihood support, and childcare services to incentivise women to take part.

¹⁷ Soares et al (2010)..

Similarly, some settings such as Bangladesh and Kenya have quotas for public or private sector jobs for people with disabilities. However, these quotas are often not fulfilled or filled predominantly with people with milder impairments due to reasons such as lack of awareness of programmes, poor compliance amongst employers, and failure to provide accommodations to support inclusion in the workplace (Hameed, 2019).

Box 16: Assessing individual entitlements using household wellbeing

Simplistic assumptions can lead to individual entitlements – such as pensions and disability benefits – being assessed against the incomes of others, such as other members of their household. This can deny applicants the right to social security, which is an individual right. Household-based targeting does not take into account the intra-household distribution of wealth and income and can have implications for vulnerable individuals, in particular those unable to generate independent incomes, such as people with disabilities (including those in old age). Such individuals are denied access to social protection schemes if they are in households assessed as non-poor and, therefore, ineligible. Many countries take a very different approach by providing individual benefits such as old age pensions and disability benefits, assessing only the individual income and not that of the household.

In some countries – such as Kenya and Fiji – government policy insists that households can only receive one social protection benefit. This can result in vulnerable people being excluded from schemes, due to their residence in a household in which someone else receives a benefit. In the context of individual benefits, restricting the number of recipients in households appears to be based on a weak logic, including the belief that benefits are equally shared within the household. Some countries place no restrictions on the number of benefits that can be received by a household, since schemes are directed at individuals.

Source: Authors

3.3 SELF-TARGETING

Another option is self-targeting when people themselves decide whether to join a scheme. In some workfare schemes – such as India’s NREGA, Niger’s and Sierra Leone’s Cash for Work projects – people can decide to join the scheme, but wages are kept low so that, in theory, only those who really need the cash participate. Often, though, larger households send their spare labour capacity – often young men – while small households with insufficient labour capacity cannot afford to join the scheme. This process is explained well in McCord (2005).

There are other means of self-targeting, such as providing inferior goods. For example, Bangladesh sells poor quality rice in its Open Sales programme, which is only really accessed by those living in poverty (and there are also long queues which dissuade people who are not desperate).

Self-targeting sometimes works in universal schemes: often the rich don’t participate, because it is not worth their while. In Nepal, the lowest coverage of the pension is among those in Kathmandu, where people are better off and the value of the pension is too low to make it worthwhile. As previously discussed, this targeting method can reduce gender and disability-based exclusion errors. However, certain self-selection criteria can be stigmatising and/or impose heavy costs on participants, such as the provision of very low and irregular payments, inadequate working conditions, or physically demanding work. Women also may not have the authority to enrol into programmes. A review of gender barriers to public works programmes revealed that spousal permission and preferences influenced Indian women’s willingness to take advantage of self-targeted employment guarantees (UN Women, 2020).

Persons with disabilities also face specific barriers to taking advantage of self-selection. Information about the scheme and application procedures is often not accessible (e.g. websites that are not screen-reader compatible, application points located in inaccessible buildings, and inaccessible/unavailable transportation to application points). Therefore, self-selection mechanisms must be accompanied by other gender and disability-responsive design provisions, including adequate information and outreach, to encourage access among these groups.

Box 17: Promoting women's engagement in public works through childcare: example of Burkina Faso

Public works programmes in Burkina Faso supply a key safety net for vulnerable households through temporary jobs. Women are prioritised in programme selection. Yet, many young mothers working at construction sites were forced to bring their children with them to work in the absence of viable childcare services. This caused significant stress for mothers and programme implementers as children were often left unaccompanied near dangerous work areas. To address this problem, the programme introduced innovative measures, such as the mobile crèches and mobile daycare groups that would provide care to children as women moved from one work site to another. These services offered safe spaces and stimulation for children of public programme workers and enabled mothers to take advantage of public works opportunities. New jobs in social services were also created for childcare providers who were also predominantly poor women. Similar interventions have been piloted in Cameroon and Madagascar, while programmes in the Democratic Republic of Congo and Ethiopia have launched local adaptations of the model recently.

Source: Adapted from Botea et al, 2021

3.4 CATEGORICAL TARGETING

Lifecycle social protection programmes by definition adopt an approach to targeting that establishes eligibility based on specific geographical or demographic characteristics (e.g. age, household composition, individual conditions such as an illness, disability or widowhood). In many occasions categorical targeting is combined with forms of economic targeting: for example, a majority of cash transfers in Africa target selected categories (vulnerable children, elderly, people with disabilities, single women) but also adopt additional economic targeting “filters” in the form of means tests, PMT or CBT to restrict access to the poor – or at least non-rich – households (see next Section). In some cases, access is provided on a universal basis to all households or individuals falling in the determined category (e.g. social pension, universal disability or child grant).

Categorical targeting is a very important means of addressing gender-specific risks across the lifecycle – a task much more difficult to achieve through purely economic targeting methods. Women are often targeted directly based on specific demographic and social characteristics (e.g. widows, adolescent girls at risk, female caregivers) and lifecycle risks (e.g. pregnant and lactating women, elderly women). They also benefit indirectly from categorical targeting in schemes which prioritize caregivers as transfer recipients and/or recipients (eg. foster, child maintenance or care dependency grants).

Categorical methods are generally preferred over other targeting methods for several reasons including its grounding in human rights and move towards universal coverage, as well as fewer risks of exclusion errors. Categorical targeting typically involves a simple and less time-consuming process of registration and verification, and as such can be more advantageous to poor women, increasing their ability to enrol in programmes. However, the challenge posed by categorical targeting is its narrow selection based on social identity or demographic characteristics, which may risk the exclusion of individuals in poor households who do not fit categorical eligibility criteria but are still in the need of support. Depending on specific design and implementation, categorical targeting is also not “stigma-proof” and can cause psychosocial harm to potential recipients if they are identified with a category of people that face discrimination and marginalization in a wider community.

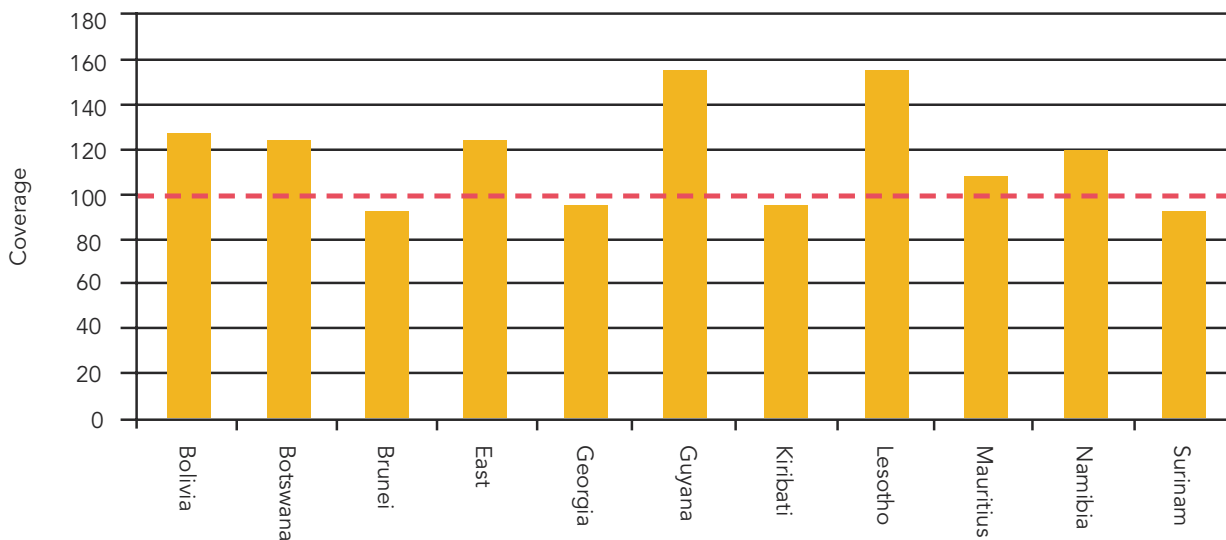
Disability is a common characteristic used for categorical targeting. Unlike age or gender, disability can be complex and costly to ascertain. For example, most settings require individuals to undergo a medical assessment to certify that an individual has a government-recognised disability. Definitions of disability for categorical testing can be restrictive, limiting access to people with severe or certain types of impairments. Further, these assessments often require specialist medical personnel – who are in limited supply in many settings. Consequently, many people with disabilities face high costs in traveling to often urban-based assessment points and paying for services, which can prevent them from applying.

Medical assessment models are incompatible with the principles of CRPD and a rights-based approach. They may also not fully capture the severity of a person’s disability, which will depend on factors such as the accessibility of their environment and their access to assistive devices and other supports. Therefore, some countries have moved away from a purely medical approach to determining disability. For example, in Nepal, disability is determined primarily through functional assessments, based on the level of support a person needs to do daily life activities (e.g. fulfil their basic needs, communicate, etc.). These assessments can be performed by non-medical staff, which can reduce the costs to individuals in applying. Other countries have combined medical assessments of disability with functional approaches, which is in line with a biopsychosocial model of disability. For example, in Zambia’s Social Cash Transfer Programme, disability determination involves a medical assessment, in which a team of health personnel assess, certify, and grade the level of disability. However, more recently, this medical assessment has been combined with a functional assessment. The combination of these two types of assessments can provide a more holistic understanding of a person’s disability and what type of supports they need, which can strengthen disability management information systems. Still, the requirement for a medical assessment can put a high burden on individuals if they are responsible for the direct and indirect costs of obtaining the needed medical documentation.

3.4.1 Efficacy of programmes offering universal categorical access

A big advantage of a universal categorical scheme is that its design and implementation are relatively simple and Figure 28 provides examples of coverage of intended recipients of social pension programmes in developing countries. Exclusion errors are very low, particularly for categorical selection based on age: the problem seems to be that there are more people in the schemes than are eligible (probably because younger people access the schemes). However, on a measure of Incidence, the programmes could be made to look quite bad, since the majority of benefits probably do not go to those in the poorest 40%: but the vast majority would, as explained earlier, still require the support.

Figure 28: Coverage of universal pensions when compared to the population eligible for the pensions¹⁸



Source: Authors

Design and implementation is, however, more complex for categorical targeting by disability. It is much more difficult to identify eligible recipients based on disability criteria as compared to age. For example, in the Maldives both the Disability Grant and the Old Age Pension are ‘universal’ (and can be received concurrently) however, coverage was 25.6% and approximately 84%, respectively (paper forthcoming). Assessment of gender gaps in coverage of the disability allowance in Nepal revealed that women with disabilities faced higher rates of exclusion from the programme compared to men: approximately 60% of females and 30% of males were eligible for the allowance but were not receiving it, partly due to gender discrimination and administrative failures in the identification of certain groups (Holmes et al., 2019).

18 Source: Kidd and Hossain (2015).

Universal categorical targeting approaches do not perform significantly worse compared to other economic targeting approaches (PMT or CBT) in selecting the poor. Brown et al. (2016) simulate the performance of PMT and traditional categorical targeting approaches for 9 African countries (Figure 29 below).

Figure 29: The performance of targeting approaches in African countries

	NIGER	NIGERIA	TANZANIA	UGANDA	MEAN
Universal (basic income)	0.177	0.169	0.183	0.168	0.171
Basic PMT covariates					
Basic PMT					
Categorical Targeting					
Elderly 65+	0.185	0.182	0.185	0.171	0.181
Widowed or disabled	0.192	0.181	0.187	0.174	0.182
Elderly, widows & disabled	0.182	0.180	0.188	0.169	0.180
Children under 14 (max 3)	0.179	0.169	0.178	0.165	0.170
Elderly, widows, disabled & children	0.179	0.170	0.183	0.163	0.171
Female heads with children	0.191	0.190	0.179	0.166	0.185
Shock: drought, flood or livestock death	0.192	0.196	0.196	0.197	0.196

Source: Brown et al. (2016)

When judged in terms of the impact on poverty for a given budget (equal to the aggregate poverty gap), they find that PMT “does only slightly better on average than a universal basic income” and the “simple demographic “scorecard” method can do almost as well as econometric (PMT) targeting in terms of the impacts on poverty. Indeed, on allowing for likely lags in implementing PMT, the simpler categorical targeting methods perform better on average in bringing down the current poverty rate. This conclusion would undoubtedly be strengthened once the full costs of targeting are taken into account.” (Brown et al. 2016).

They conclude that “while categorical targeting does not have quite as much impact on poverty as the Basic PMT, it clearly comes close and is simpler and more transparent”.

3.4.2 Options for reducing coverage in lifecycle schemes

Lifecycle social transfer programmes offer a range of simple design options for reducing coverage (hence cost), in the form of a more narrow definition of the eligible categories. For example, in the case of old age pensions and child benefits, decisions can be taken to change the age of eligibility. So, for example, some old age pensions are offered on a universal basis, but with an age of eligibility that is above 60 years. Georgia, for example, offers its pension to all women over 60 years, but only to men over 65 years. To a degree, Vietnam has adopted this approach by initially limiting its Social Allowance for Older Persons to those over 90 years and gradually reducing it to 85 years and then 80 years (and lower in some Provinces), although it has been combined with “pension-testing” (see below). Nepal offered its pension initially at 75 years and it was reduced after some years to 70 years (and 60 years for some categories of the population). Similarly, a Child Benefit could be offered initially to younger children: South Africa, initially offered its Child Support Grant to children under 7 years, gradually increasing the age of eligibility to 18 years (although the programme also uses means-testing).

Another simple method of limiting coverage is to focus schemes on particular geographic areas while providing the programme to everyone in the category living in that area. When geographic “targeting” is used, programmes often prioritise the poorest regions or districts in a country. It also can be used to prioritise regions with high gender inequalities and gender indicators of interest to policymakers (e.g. gender gaps in school enrolment and drop-outs, child marriage). Nepal’s National School Meals Programme selected schools based on gender and social gaps in enrolment and poor retention rates of girls (Esser et al., 2019). However, geographic targeting should be used as the first stage of a gradual expansion across a country.

In disability benefits, it is possible to reduce coverage by focusing on those with more severe disabilities. However, this is relatively complex to undertake and will be discussed further in the next section on implementation.

3.5 HYBRID APPROACHES THAT COMBINE CATEGORICAL AND ECONOMIC TARGETING

Even life cycle-based systems may include a form of poverty/economic targeting, to identify people in need at a certain stage in the life cycle and weed out the ones considered undeserving/not in need. This is very common in Africa, where most social assistance programmes adopt life-cycle characteristics as a primary selection criterion and combine them with economic selection criteria as a way to ensure a stronger orientation towards the poor and disadvantaged populations. The use of poverty targeting in combination with categorical targeting is subject to all the challenges and limitations discussed above when the objective is to “select the poor”. Instead, economic targeting can perform more effectively where it is conceived as a mechanism to “filter out the rich”, de facto creating grounds for a “quasi-universal” coverage. This is an approach that is being explored in some African countries (e.g. Zambia, Lesotho, Mozambique) whereby economic targeting is combined with categorical targeting for life-cycle programmes in the form of a so-called “affluence testing”.

A hybrid approach to targeting using categorical and poverty-based criteria typically benefits women, even in cases of gender-neutral targeting. For example, many cash transfer and family allowance schemes in Africa prioritise the enrolment of poor female-headed households as they are usually deemed poorer and more vulnerable to poverty, compared to dual households. Examples include Angola’s Kikuia Card Cash Transfer Programme, Mozambique’s Labour Intensive Public Work programme, Nigeria’s In Care of the Poor social transfer, and Zambia’s Social Transfer Programme. In sub-Saharan Africa these choices are also driven by demographic factors, including high rates of women raising children on their own, caring for families with high dependency ratios and widowhood (related to AIDS, migration and conflict).

Disability is also typically used as one of the eligibility criteria for selection into social assistance programmes, in combination with poverty levels. South Africa’s Care Dependency and Disability Grants and Zambia’s SCT programme prioritise persons with disability who live in households below a poverty threshold (in the case of Zambia the poorest 10 per cent of households are eligible). Depending on the programme design, categorical targeting may be applied as priority criteria, followed by economic targeting to narrow the coverage. Schemes which use labour constraints, as one of the eligibility criteria, may also indirectly benefit persons with disability. For example, Ghana’s LEAP is primarily a poverty-targeted programme (those living in extreme poverty) with disability as one of the additional eligibility criteria, but only in the sense that it impacts the household’s ability to generate income, i.e. only houses without ‘abled bodied persons’. So households in extreme poverty with able-bodied adults and a member with disability would not qualify.

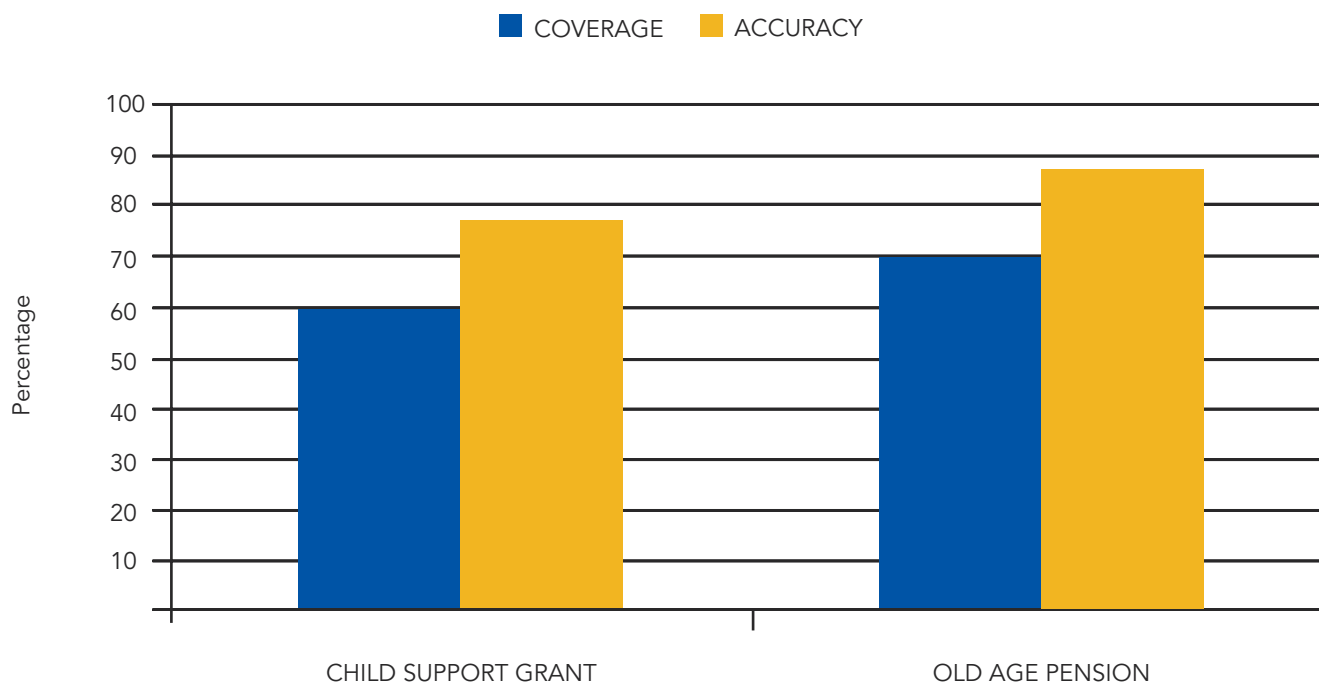
3.5.1 Affluence testing

As noted above, the efficacy of poverty targeting varies depending on coverage. Some countries take the policy choice to have higher coverage and focus on excluding the most affluent rather than trying to identify those living in the greatest poverty. “Affluence testing” is likely to be easier to design than mechanisms to identify those living in poverty. South Africa does this with its unverified means test, setting the income eligibility levels at a high value so that most people qualify.



Figure 30 indicates the targeting efficacy of South Africa’s old age pension and Child Support Grant. Coverage is relatively high and the accuracy – in terms of the proportion of the intended group included – is also high.¹⁹ Under an Incidence measure – i.e. the proportion of benefits going to the poorest 40% of the category – they would not be assessed so well. But, their effectiveness is very good. In reality, most of the errors in South Africa are likely to be due to problems during implementation, which are discussed in the next section. It should also be noted that the South African government decided to make its pension universal in 2015 since it is administratively too much effort to withdraw the pension from a few people.

Figure 30: Coverage and selection accuracy of South Africa’s old age pension and Child Support Grant

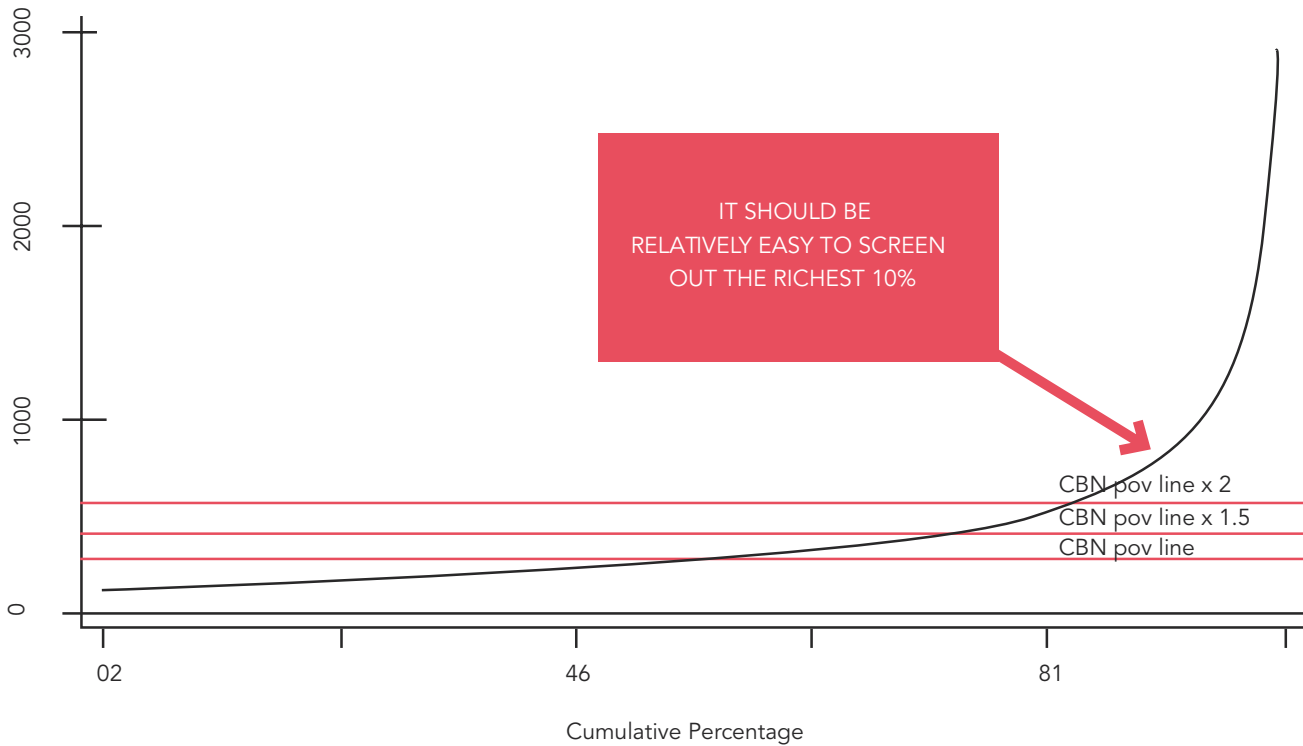


Source: Author

Figure 31 shows the distribution of households in Lesotho in terms of their relative wealth, from poorest to richest. As noted earlier for Bangladesh, while the distribution is relatively flat across the majority of the population, it steepens as it reaches the most affluent. At this point, it should be easier to differentiate between the most affluent and the rest of the population, using relatively simple criteria. For example, assessments could be made based on income tax declarations or social insurance contributions.

19 UNICEF and SASSA (2014) and Samson et al (2007).

Figure 31: Distribution of expenditure in Lesotho, illustrating the potential of affluence testing



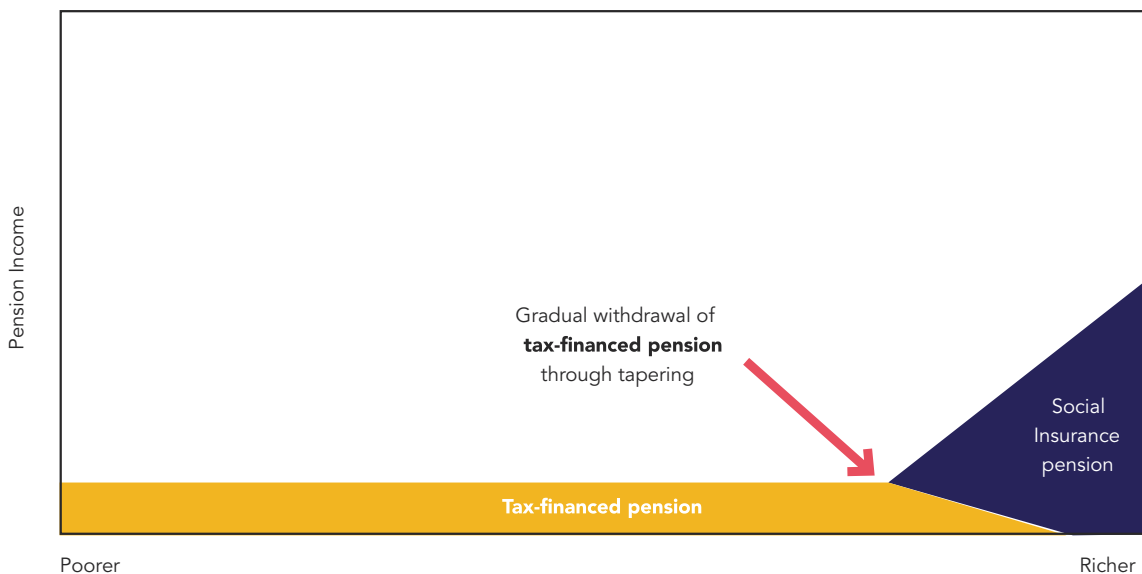
Source: Authors

3.5.2 Pension testing

There are other options for excluding the most affluent through relatively simple methods. One option is pension testing. In effect, this means that those already in receipt of a public pension – such as a civil service or social insurance pension – would not be able to receive a tax-financed scheme. However, if the value of the tax-financed pension is similar to those of the lowest contributory schemes, pension testing could create disincentives for people to enter contributory schemes. One means of reducing the disincentive effect is to introduce a form of tapering, as in Figure 32. The tax-financed pension would be gradually withdrawn from those who have the contributory pension, with the rate of withdrawal increasing as the value of the contributory pension rises. Chile uses a form of tapering to withdraw its social pension from recipients of contributory schemes, with the rate of withdrawal at a ratio of 3:1.



Figure 32: Model of pension-testing with tapering



Source: Authors

Table 3 indicates the impact of a withdrawal ratio of 5:1 on a Tier 1 pension of \$300 per month. Those with a contributory pension of \$100 per month would have \$20 withdrawn from the tax-financed pension, receiving a total of \$380, while those with a contributory pension of \$500 would have \$100 withdrawn, obtaining a total pension income of \$700 per month. Anyone receiving \$1,500 or more would not benefit from the Tier 1 pension. Of course, if administrative capacity is limited, withdrawals could be done more simply: in the Maldives, for example, anyone in receipt of a contributory pension receives 50% of the Tier 1 universal pension.

Table 3: Impact on overall pension income of a withdrawal ratio of 5:1 from the contributory pension, assuming a tax-financed pension of \$300 per month

Contributory pension income (\$)	Amount of Tier 1 pension withdrawn (\$)	Overall pension income (\$)
0	0	300
100	20	380
500	100	700
1,000	200	1,100
1,500	300	1,500

Source: Authors

3.6 OTHER CHALLENGES WITH POVERTY TARGETING

There is a range of other challenges with poverty targeting which go beyond accuracy. These are summarized below.

3.6.1 Administrative costs

Selection processes to identify people living in poverty are, necessarily, much more complex than those offering categorical access (with the possible exception of disability categorical targeting). They require more steps to be taken, more information to be captured and transferred, and many more people involved. For example, the proxy means test requires a large amount of information to be captured – which is often difficult to obtain – and large numbers of enumerators, while a universal pension essentially requires only one piece of information a person’s age. Integrating an inclusive lens into targeting processes also calls for more investment and time to build enumerator and administrative staff capacity to carry out multidimensional poverty assessments. Therefore, administrative costs are, significantly higher with poverty targeting when compared to simple universal categorical schemes. The costs of selection also vary depending on the frequency of recertification, which will be discussed in the next section. Importantly, targeting methods also create private costs for eligible recipients, which may include travel-related or other costs, as well as the opportunity cost of lost wages or time working to apply for programmes. These costs hit poor women and persons with disabilities particularly hard, as they are poorer and less mobile compared to the general poor population (UN Women 2016; UN Women, 2020).

As a matter of fact, in the context of widespread poverty of many African countries, targeting becomes essentially an issue of rationing. With a limited budget, none of the methods can be considered to perform especially well from the perspective of economic targeting. Hence cost – together with social acceptability – should be a determining factor in the choice of targeting approach. As Brown et al. (2016) put it “prevailing methods do not reliably reach the poorest. The costs of each method in practice may then be decisive in the choice.”

3.6.2 Perverse incentives

Social protection schemes should be designed to encourage people to engage in the labour market and invest in income-generating activities. They should not encourage people to remain in poverty. However, a significant concern with poverty-based selection processes is that they can create disincentives for people to engage in work. In effect, people are told by the state that they will only receive benefits if they remain “poor.” So, if the benefit is set at a rate that is similar to real wages, people may be tempted not to work: if they do take work, they will lose their benefit while only receiving a small increase in income. The effective “marginal rate of taxation” is, therefore, very high. Disincentives to work are particularly common in means-tested disability allowances, where incapacity to work is considered a key eligibility criterion. Female-headed households and single mothers with children are also disadvantaged, as they risk losing their benefits should they increase their labour force participation, leading to ‘unemployment’ traps and deepened disadvantage in the labour market. Moreover, people with a disability should be supported with social protection to increase their capacity to participate in the labour force (through assistive devices, aides, etc.), and this support will likely need to continue indefinitely. The Box below provides a simple explanation of how perverse incentives can function.

Box 18: Poverty-based election and disincentives to work - a simple illustrative example

Let us assume that a country provides families with young children with a social protection benefit of \$10,000 per year. The type of selection mechanism used is likely to have a significant impact on the actual incomes of those families.

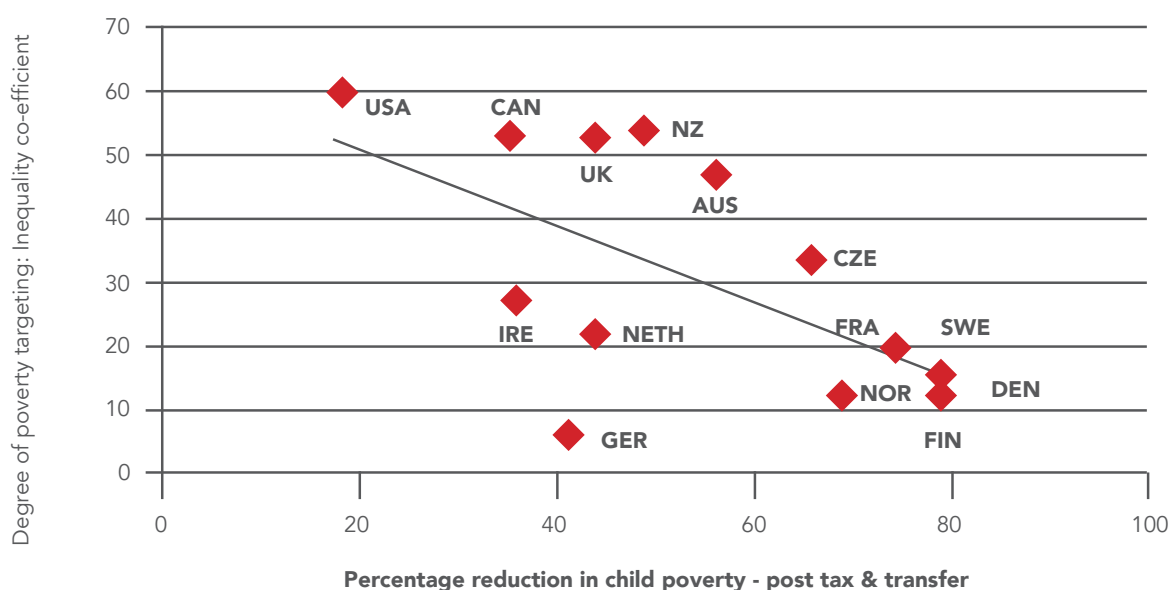
In a country that sets the income eligibility threshold at \$10,000, a family earning \$9,000 would receive an income of \$19,000. However, a family earning \$11,000 would have the entire social protection benefit withdrawn – an extremely high marginal rate of taxation – leaving them with only their income from work, in other words \$11,000. It would make sense for them to work less and earn \$9,000 since this would increase their income to \$19,000.22 In contrast, in a country providing universal benefits, a family earning \$9,000 would have an overall income of \$19,000 while a family with an earned income of \$11,000 would have an overall income of \$21,000. There would be no disincentive to work. Instead, work would guarantee a higher income.



In contrast, if benefits are provided on a universal basis, this should create no disincentive to work, assuming the transfer is set at an appropriate level. Even if people increase their income significantly, they will never be punished by the loss of their benefits.

There is good evidence from developed countries of poverty-based selection creating perverse incentives. Figure 33 indicates that, in developed countries, there is a strong negative correlation between poverty-based selection and success in tackling child poverty (with the “inequality coefficient” measuring the degree of poverty-based selection: the higher the coefficient, the greater the level of poverty selection²⁰). It is evident that countries providing more universal access to social protection schemes – such as Sweden, Norway, Denmark, Finland, France and the Czech Republic – tend to have lower levels of poverty than countries committed to selecting only poor families and children (mainly the Anglo-Saxon countries).

Figure 33: Relationship between the level of poverty targeting and the percentage reduction in child poverty²¹



Source: Authors

A key reason for the correlation between greater poverty-based selection and lower impacts on child poverty is that poverty-based selection creates disincentives for young mothers to work, reducing incomes and impacting negatively on children. This is a significant challenge in Anglo-Saxon countries. In contrast, in countries with more universal transfers – such as the Nordic countries – if women enter the workforce, they are not punished by the withdrawal of transfers. A recent paper by Hirsh and Hartfree (2013) explains how reforms to the British social security system are continuing to create perverse incentives despite their aim of reducing them.

20 See Whiteford and Adema (2007) for a more detailed explanation.

21 Source: Whiteford and Adema (2007)

There is also evidence that tax-financed pensions using poverty-based selection can undermine contributory pension schemes. In both Australia and South Africa – where the more affluent are barred from the tax-financed pensions – members of contributory pension schemes have withdrawn their savings as lump sums before retiring, rather than converting them into a regular pension. As a result, they throw themselves into poverty so that they can claim the state’s means-tested pension.²² This perverse incentive may well explain why Australia has the highest rates of old age poverty among developed countries whereas New Zealand – which uses a universal pension – has the lowest.²³ In New Zealand, all older people can receive both the universal state pension and contributory pensions, without punishment. However, as noted earlier, New Zealand claws back some of the cost of its universal pension from the tax system, a more sensible approach for reducing costs than Australia’s minimum pension in a contributory scheme, why would people save for many years only to find that they receive the same value of pension as people who have never saved but qualify based on having a low income? If this happens, it could well undermine the extension of contributory pension schemes to the informal sector in developing countries.

In developing countries, there is little evidence of perverse incentives being created by Poor Relief schemes. However, this is probably the result of poor quality selection processes. A high proportion of scheme recipients are already “inclusion errors,” in other words, too well off to receive the programme. Furthermore, given the infrequent re-selection that is mentioned above – sometimes up to every ten years – recipients are unaware that they can be removed from schemes if their incomes improve. Indeed, given that schemes such as the proxy means test do not directly measure incomes, any increase in income may not be registered, if it has not been converted into changes in relevant assets or proxies. Nonetheless, there is recent research from Georgia by the World Bank that indicates that mothers of young children are withdrawing from the labour force, in response to the proxy means test: they apparently do not want to increase their incomes for fear of being excluded (Kits et al 2013).

In Ethiopia’s Productive Safety Net Programme (PSNP) – which uses relatively frequent community poverty-based selection – it is evident that the contribution of “own production” of recipients to overall consumption has fallen considerably between 2006 and 2010 (Berhane et al 2011). Indeed, overall consumption among recipient families has reduced as a result of being on the scheme (Tafere and Woldehanna 2012). The reasons for this are unclear. It may be that the poverty-based selection of the PSNP is creating perverse incentives to reduce their production or it may be that demand to engage in public works is reducing the ability of families to engage in their own income-generating activities. Given that the latter challenge would have been present in both 2006 and 2010, it may well be that the perverse incentive created by the selection process is the main factor.

There is no evidence of schemes providing universal access creating perverse incentives as a result of their selection process. Indeed, there is no reason why they should. As indicated earlier, the evidence from developed countries is that universal access facilitates the entry of recipients into the labour market. In developing countries, the only social protection programmes providing universal access are old age pensions and there is evidence of many older people – and their families – actively using their transfers for income generating activities.²⁴

3.6.3 The moral costs of selection methodologies

Sen (1995) argues that poverty-based selection processes implicitly reward dishonesty and cheating. If the non-poor can successfully lie about their income – or, in the case of the proxy means test, the assets they possess or their characteristics – they are rewarded by the state with access to a social protection programme. Given the rewards for deceit, cheating is common in poverty-based selection processes. In Malawi’s Social Cash Transfer programme, for example, 9% of households created “ghost” members, presumably to increase their chances of being selected for the programme.²⁵ A key reason for Mauritius’s move from poverty based selection to universal access for its old age pension in 1958 was because of complaints from those honestly declaring their income that they were losing out while those cheating the system were being rewarded.²⁶

22 Sass (2004) and Samson et al (2007)

23 Kidd and Whitehouse (2009).

24 Croome (2006), Croome and Nyanguru (2007), RHVP (2007), Uprety (2010), Bukuluki and Watson (2012), Kidd (2011) and Ibrahim (2013).²⁵ Miller et al (2008).

26 Willmore (2006).



There is no reason for people to lie about their income to access a universal benefit. They may, of course, lie about other criteria for access – such as about their age in the case of an old age pension – but, as noted earlier, this also happens in programmes using poverty-based selection. It is, however, easier to deal with in a universal programme since it is the only area of potential misreporting by applicants: with poverty-based selection, programme administrators have to deal with other potential areas of misreporting which are harder to verify, in particular on income.

The challenge that governments face by instituting poverty-based selection processes is that they may well incentivize moral degeneration across society, potentially undermining the social contract. It is evidently not in a nation's interest to create a group in society that believes that “cheating the system” is an acceptable livelihoods choice.

3.6.4 Impacts on community and social cohesion

There is strong evidence that selecting people for programmes on the basis of their poverty can undermine community cohesion. There are many examples of poverty-based selection causing social conflict in communities, in particular with proxy means tests.²⁷ In part, this is due to the relatively arbitrary nature of the proxy means test selection methodology – see Figure 34 * - and its inaccuracy. Community members cannot understand why some poor people are selected while others are excluded.

In Mexico and Nicaragua, non-recipients – many of whom are living in poverty – have remonstrated about their feelings of despair, frustration, envy, resentment, and jealousy. In Mexico, Nicaragua and Indonesia, non-recipients have withdrawn their labour from voluntary community activities.²⁸ There is evidence of direct conflict: for example, in some communities in Mexico, when Progresa recipients were cleaning the streets, the non-recipients threw rubbish, in another case, fences mended by recipients were subsequently knocked down by non-recipients.²⁹ In Kenya's CT-OVC programme, the absence of significant discord in communities following the selection of recipients using a proxy means test was due to programme administrators deceiving those excluded by telling them that they would be incorporated into the programme in the near future.³⁰

As Figure 34 indicates, Widjaja (2009) found significant challenges in Indonesia when the BLT programme – which used a form of proxy means test – was rolled out. Protests about the selection process took place in around 30% of villages. Indeed, Cameron and Shah (2011) found that crime increased by 5.8% as a result of the poverty-based selection process. In a community visited by Hannigan (2010), the initial distribution of the Indonesia PKH programme – again, using a proxy means test – provoked stone throwing and the burning down of a building. Similar problems have been found in Lebanon where the introduction of proxy means testing led to riots in some refugee camps.³¹

In Lesotho, community tensions were reported in relation to the implementation of the PMT for the CGP programme (which has not happened with the country's universal pension).

Such challenges and social conflicts may also emerge in relatively simpler forms of targeting, such as universal categorical approaches. In Mozambique, for example, female recipients and non-recipients of the cash plus Child Grant Programme pilot (ages 0–2) generally understood the eligibility criteria for the cash component, though most were unclear on who could benefit from the care component. This negatively affected the relationships of recipients with their friends and neighbours (and with recipients of the cash-only component), who felt unjustly excluded from care support, even if they were unaware of its intended purpose (Dias et al., forthcoming). The screening process for inclusion of eligible women and children in the care component was handled with sensitivity and privacy to ensure that clients were not exposed to stigma and exclusion from the broader community, however, the process was perceived as non-transparent to other members of the community, leading to feelings of resentment and jealousy (Ibid). This underscores the importance of a carefully tailored outreach and communication activities (discussed in section 4.6.1).

27 Adato (2000), Adato et al. (2000), Adato and Roopnaraine (2004), Widjaja (2009), Ellis (2008), Hobley and Paudyal (2008), Mgemezulu (2008), Huber et al (2009), Hannigan (2010), Kidd and Wylde (2011a), Cameron and Shah (2011) and Hossain (2012)

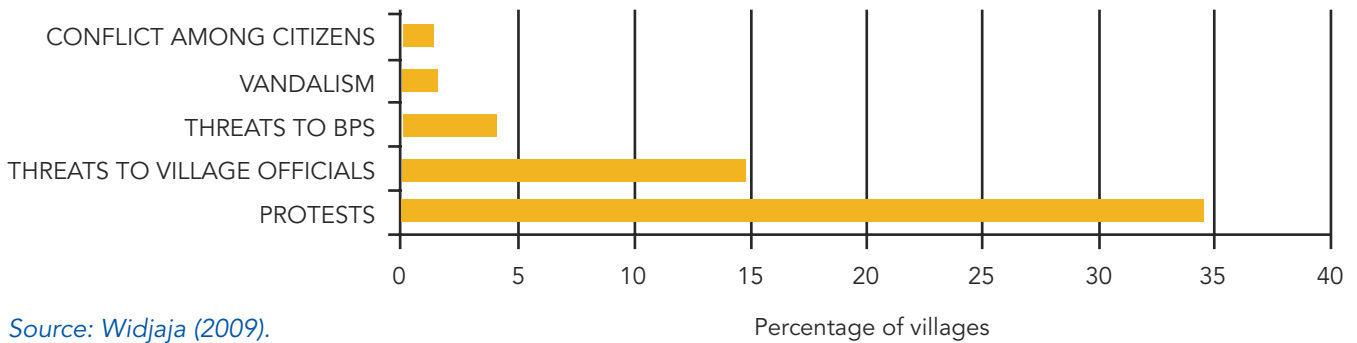
28 Adato (2000), Adato et al. (2000), Adato and Roopnaraine (2004) and Hannigan (2010).

29 Adato (2000).

30 Calder et al. (2011).

31 Kidd et al. (2011).

Figure 34: Incidence of conflict and other challenges during Indonesia’s BLT programme



Source: Widjaja (2009).

Indeed, there is good evidence of communities across developing countries opposing selection based on poverty. In Asia, Africa and Latin America, communities often claim: “We are all poor here.”³² In Malawi, for example, a community argued “We are one group of people, therefore, targeting some and leaving out others is not right.”³³ Indeed, there are many instances of communities subverting selection processes by redistributing benefits to everyone.

All of these examples of conflict relate selection of all recipients on a large scale, at one period. It is possible that when poverty selection is done on an on-demand basis – and the recipients are not so obvious – the impacts on social cohesion may be reduced. Evidence, on the contrary, does suggest that universal schemes are popular within communities, even when specific categories of the population are chosen. The evidence available refers to old age pensions where it has been noted that schemes are successful in strengthening the social networks of older people.³⁴

A further social cost of poverty-based selection is the stigmatization of potential recipients, as noted by Sen (1995) and Grosh et al (2008). Sen (1995) argues that “Any system of subsidy that requires people to be identified as poor and that is seen as a special benefaction for those who cannot fend for themselves would tend to have some effects on their self-respect as well as on the respect accorded them by others.” In Malawi’s Social Cash Transfer programme, some recipients found the process of publicizing their names to be very painful.³⁵ In the Nepal context, Jha et al (2009) noted how community-based selection can result in greater stigmatization of those chosen. In fact, Hopley and Paudyal (2008) found evidence of people manipulating wealth-ranking processes to avoid being labelled as “poor” since this affects the social status of the household and their daughters’ marriage chances.

Evidence from the Bono Desarrollo Humano Programme in Ecuador shows that eligible women have been self-excluding from the programme because they faced harassment and abuse from community members and some staff, who stereotyped them as lazy or having more children in order to receive benefits (FAO, 2018). Risks of stigma and marginalisation are common to both women and men. However, they typically affect women and persons with disabilities disproportionately, given their lower status in the community and limited agency and confidence to contest and report such mistreatment through grievance channels.

As entitlements, universal schemes are believed to strengthen the social contract between government and citizens. The universal pension in Mauritius is believed to have played a key role in enabling the country to overcome its racial divisions and accept structural reforms as it moved from a mono-crop economy to becoming Africa’s most successful economy.³⁶ The old age pension in Nepal is believed to have contributed to the country overcoming its civil war since it was one of the few services that could reach conflict areas and demonstrate a commitment from the central government. Following the fall of the former Yugoslavia, the residents of Kosovo were left without access to pensions, with pension funds remaining in Serbia. A universal old age pension was established – under the mandate of the United Nations – which was likely to have helped the residents overcome the scars of civil war (Gubbels et al 2007).

32 See: Kidd (1999), Adato (2000), Adato et al (2000), Adato and Roopnaraine (2004), Mgemezulu (2008), Huber et al. (2009), Ellis (2008) and Hannigan (2010).

33 Mgemezulu (2008).

34 Neves et al (2009), Knox (2009), Uprety (2010), Kidd S.D. (2011), Barrientos and Lloyd-Sherlock (2011) and Bukuluki and Watson (2012)

35 Miller et al (2008).

36 Subramanian and Roy (2001).



There are exceptions, however. For instance, recipients of the universal disability allowance in the Maldives reported feeling stigmatised for receiving benefits, particularly in small communities where receipt of the allowance was public knowledge and there was speculation as to who was 'undeserving' (i.e. didn't have a disability others considered 'legitimate' or were not poor/still working – although these weren't criteria imposed by the allowance) (Hameed et al, forthcoming).

3.7 TAKE-AWAY LESSONS

- Economic or poverty targeting is associated with methodological and measurement challenges in the context of widespread and dynamic poverty in Africa: it leads to large targeting errors if the objective is to target the poor, or the ultra-poor.
- The most commonly used approach to poverty targeting (Proxy Means Test) can contribute to reducing inclusions errors, but that comes at the cost of lower coverage and the exclusion of larger numbers of the poor. “Success at avoiding leakage to the non-poor comes with seemingly weak coverage of poor people—a high rate of exclusion errors. In other words, the method helps exclude the poor as well as the non-poor.”
- Brown et al. (2016).
- Categorical targeting approaches can achieve almost the same poverty reduction effects as economic targeting approaches, but they are simpler, less expensive, more transparent and more socially acceptable. Overall, categorical models are preferable to economic (poverty) targeting methods as they are grounded in a lifecycle framework and facilitate a progressive shift towards universal coverage in line with rights-based frameworks.
- Categorical programmes can be combined with poverty targeting approaches to be used as a “corrective way” to minimize inclusion of “the rich” (e.g. pension test or affluence test).
- The pros and cons of each targeting method needs to be carefully assessed from a gender and disability perspective to facilitate programme enrolment among these groups and avoid unintended effects, such as stigma, stereotyping, psychosocial and financial costs. Targeting mechanisms can also be designed explicitly to promote empowerment and dignity of marginalised groups.

4

IMPLEMENTATION OF SELECTION PROCESSES IN SOCIAL PROTECTION SCHEMES

This section of the module examines the final stage in the selection process, which is the implementation of registration, identification and enrolment of applicants in the programme. Often, little attention is given to this stage in the process but, in reality, many errors can occur at this point resulting in the exclusion of eligible applicants from the scheme. These can be the result of weaknesses in delivery, which can introduce barriers, but they are also the result of “weaknesses” on the part of applicants, particularly those experiencing social exclusion.

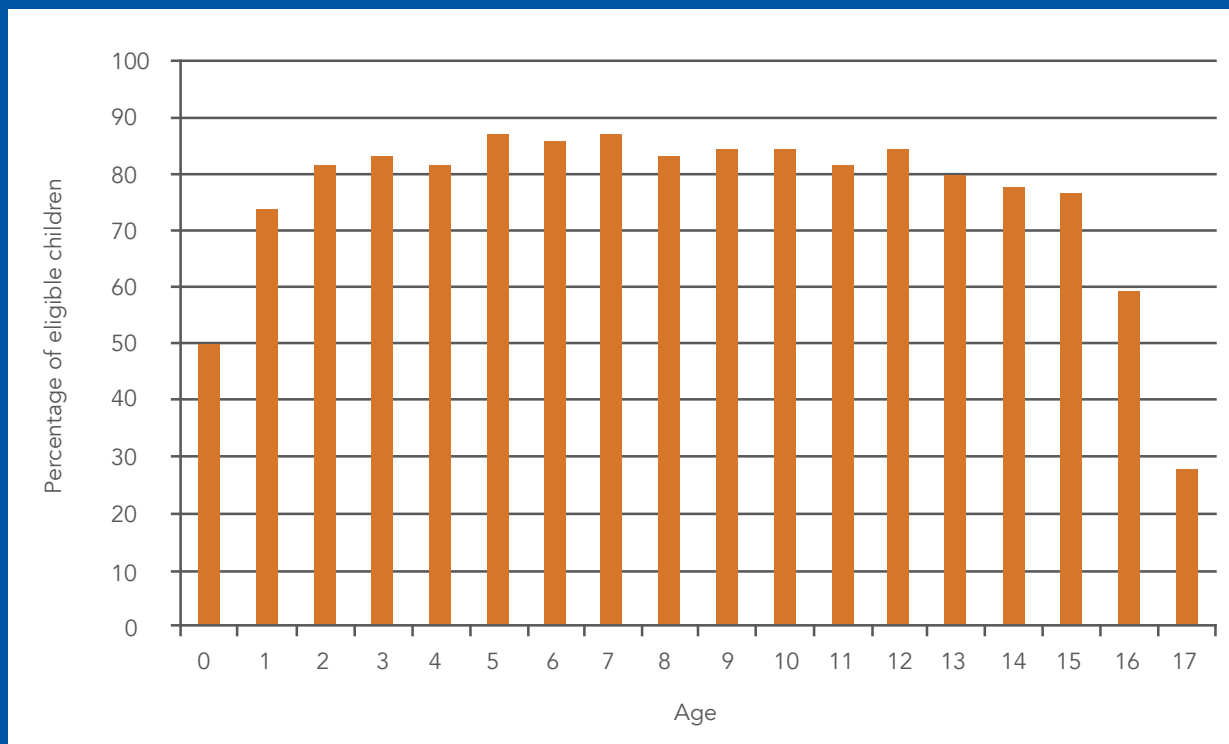
The more complex the registration mechanism, the more likely that people will find it difficult to navigate the process and access the scheme. The simplicity of universal programmes is one reason for the relatively low exclusion errors in these schemes.

Diverse groups face different types of constraints in applying for and accessing programmes. Socio-demographic factors and discrimination based on applicants’ age, gender, disability status, ethnicity and race often exacerbate barriers to access and exclusion of certain groups from their entitlements. Despite this, programmes rarely incorporate gender and disability-responsive features in their outreach, registration and enrolment processes to reduce barriers and improve take-up (Holmes et al., 2020). This not only undermines the reach and participation of women and persons with disabilities in social protection but in some instances – when delivery systems are gender or disability-blind – it can reinforce discrimination and disempowerment. As will be demonstrated in this section, inclusive implementation calls for the adoption of special design measures – tailored to the needs of different groups – to identify and remove barriers to participation and improve accessibility.

Box 19: Example of exclusion during implementation

Even social protection schemes that are regarded as having effective implementation systems and which use relatively simple selection designs can incur exclusion errors during implementation. Figure 35 shows the exclusion – by age – of eligible children in South Africa’s Child Support Grant, which uses an unverified means test (it is not the exclusion of all children but only those who are eligible). The largest exclusion is among the youngest and oldest children. But, among other children, exclusion is still around 15% of those who are eligible. The main reason for exclusion among the youngest is lack of birth certificates – to be discussed later – and the challenges faced by new parents in registering children. The main reason for exclusion among older children is that they were not on the scheme when it was restricted to younger children and so have not entered it as they have grown older.

Figure 35: Inclusion and exclusion of eligible children from South Africa’s Child Support Grant, by age³⁷



Source: Authors

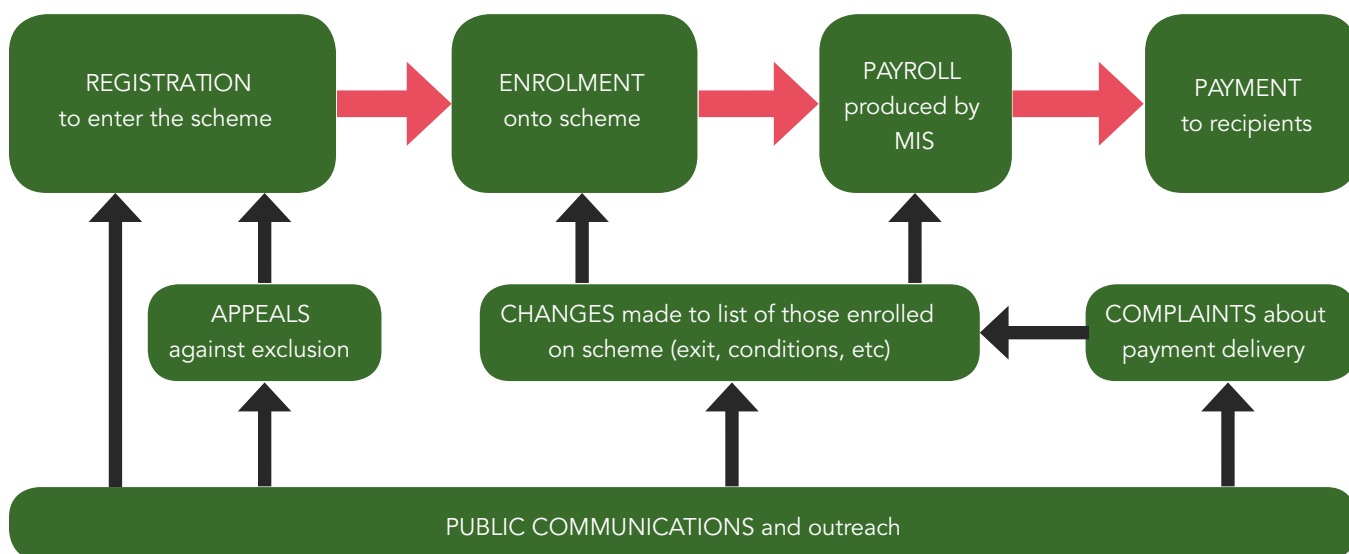
4.1 IMPLEMENTATION OF SELECTION AS PART OF THE OPERATIONAL PROCESS

The implementation of selection and identification mechanisms is the fourth stage of the selection process. It is a key component in the operational cycle of a social protection programme, as outlined in Figure 36. It can be understood as the administrative implementation of selection policy and involves a series of operational steps:

- **Registration**, or the collection of personal data from applicants – such as age, disability status and income/wealth.
- **Identification**, Verification and Validation involve verifying the accuracy of data submitted and assessing whether it complies with the programme’s eligibility criteria.
- **Enrolment**, or the recording and digitisation of an individual or household’s personal data within the programme’s Management Information System (MIS), assuming that the programme has an effective MIS.

37 Source: UNICEF and SASSA (2014)

Figure 36: An ideal depiction of the operational cycle of a social transfer programme³⁸



Source: Barrett and Kidd (2015)

Programmes need to systematically mainstream gender-responsive and disability-inclusive principles and actions in each step of the implementation process to reduce risks of exclusion from schemes. This needs to be backed by adequate investment in administrative systems and capacity building for implementation and monitoring and evaluation.

The complexity of the implementation of selection depends on a programme’s selection policy, which is set out in its eligibility criteria. Eligibility criteria for cash transfer programmes tend to involve combinations of geographic, political, demographic, social and economic indicators. Relatively simple programmes such as universal child grants or pensions might only require data on age and citizenship to be collected whereas more complex selection mechanisms require additional information. For example, a poverty-targeted scheme for orphaned children in a specific age bracket may require data on citizenship, age, sex, orphan status, household income, asset ownership, and school enrolment (as well as attendance on an ongoing basis). Proxy means tests require a significant amount of information to be collected.

Therefore, during registration, verification and enrolment, people need to provide a range of information to determine their eligibility. However, other information can also be collected for monitoring processes. Nonetheless, it is important to consider the costs of collecting information. Each additional piece of information takes time and is an additional cost to both programme administration and potential clients. So, the amount of information should be limited to that which is strictly necessary. Sometimes it is not just the amount of data, but also the type of information that prevents people from applying and programme officials from identifying eligible applicants, as illustrated by the example in Ethiopia, in Box 20.

Box 20: Social barriers to applying and registering for benefits in Ethiopian

In Ethiopia’s Productive Safety Net Programme, female recipients of the public works component are eligible for temporary direct support (TDS) and exemption from work during their pregnancy and lactation. The process for identifying and referring clients to TDS is complex and it involves several steps and a group of actors. According to the official programme guidelines, pregnant and lactating women are referred to HEWs for confirmation of their pregnancy status and issued ‘certificates’ as proof to be granted permission to transition. In practice, however, deeply rooted gender barriers and gaps in programme coordination prevent some women from visiting health centres to undergo examination. Likewise, women’s hesitancy to reveal their pregnancies to public officials often delays the screening and transition process.

Source: Gavrilovic et al, forthcoming.

38 Source: Barrett and Kidd (2015).

These challenges are heightened when social protection schemes combine several programmatic elements. Increasingly, cash transfers are designed with complementary components (eg. care and nutrition services, health insurance, and livelihood support), delivered in addition to cash. The enrolment into cash-plus programmes may require several assessment stages (with different eligibility criteria and identification methods) to identify and select eligible people. The Child Grant (0-2) pilot programme in Mozambique illustrates the case in point, in Box 21. Importantly, application burdens disproportionately affect women as they are typically the ones responsible for registration, as core applicants and recipients of benefits.

Box 21: A multi-stage registration process in the Child Grant Programme (0–2) pilot in Mozambique

In Ethiopia’s Productive Safety Net Programme, female recipients of the public works component are eligible for temporary direct support (TDS) and exemption from work during their pregnancy and lactation. The process for identifying and referring clients to TDS is complex and it involves several steps and a group of actors. According to the official programme guidelines, pregnant and lactating women are referred to HEWs for confirmation of their pregnancy status and issued ‘certificates’ as proof to be granted permission to transition. In practice, however, deeply rooted gender barriers and gaps in programme coordination prevent some women from visiting health centres to undergo examination. Likewise, women’s hesitancy to reveal their pregnancies to public officials often delays the screening and transition process.

Source: *Dias et al, forthcoming.*

4.1.1 Good practice in the implementation of selection processes

When designing a registration, verification and enrolment mechanism for a cash transfer programme, the following issues need to be considered:

- **Accessibility:** Mechanisms should be accessible to everyone and measures should be taken to ensure that the most vulnerable individuals and families have equal access. Inclusive situational analysis is required to understand the specific impediments (e.g. time, financial costs, mobility, lack of information, confidence) faced by potential applicants in receiving information and registering into schemes, in order to better inform the design of these mechanisms.
- **Robustness:** Clear policies on acceptable forms of proof of eligibility for schemes should be established, such as identity cards or birth certificates. Poor women and persons with disabilities often lack such documents. If these are not available, schemes need to develop alternative solutions.
- **Auditability:** Since the implementation of selection processes determines who benefits from a programme, it is a key source of fiduciary risk. Registration, verification and enrolment mechanisms, therefore, need to be auditable, with clear accountability for decision-making.
- **Transparency of information:** All information held on applicants from registration to enrolment should be made available to them if requested. This introduces an important check within the process since officials who know that their work can be easily accessed are less likely to take advantage of applicants by falsifying information. However, this information needs to be delivered promptly and tailored to respond to the specific communication needs of recipients. However, individuals should be able to access information that is held on them.

Box 22: Key actions for ensuring inclusive implementation practices t preliminary assessments to identify supply and

Conduct preliminary assessments to identify supply and demand-based barriers (eg. physical, financial, institutional, social etc.) to programme registration and enrolment.

Based on gender and disability-sensitive assessments develop strategies and action plans to remove these constraints for higher take-up (eg. remove ID requirements, decentralise application points, reimburse application costs, provide support with filling out application forms etc).

Ensure gender and disability-sensitive language is used in all communication materials and channels used to inform people of programme requirements and registration processes. Ensure communication materials are accessible to people with different impairments (e.g. Braille, audio formats, sign language, screen reader compatible websites)

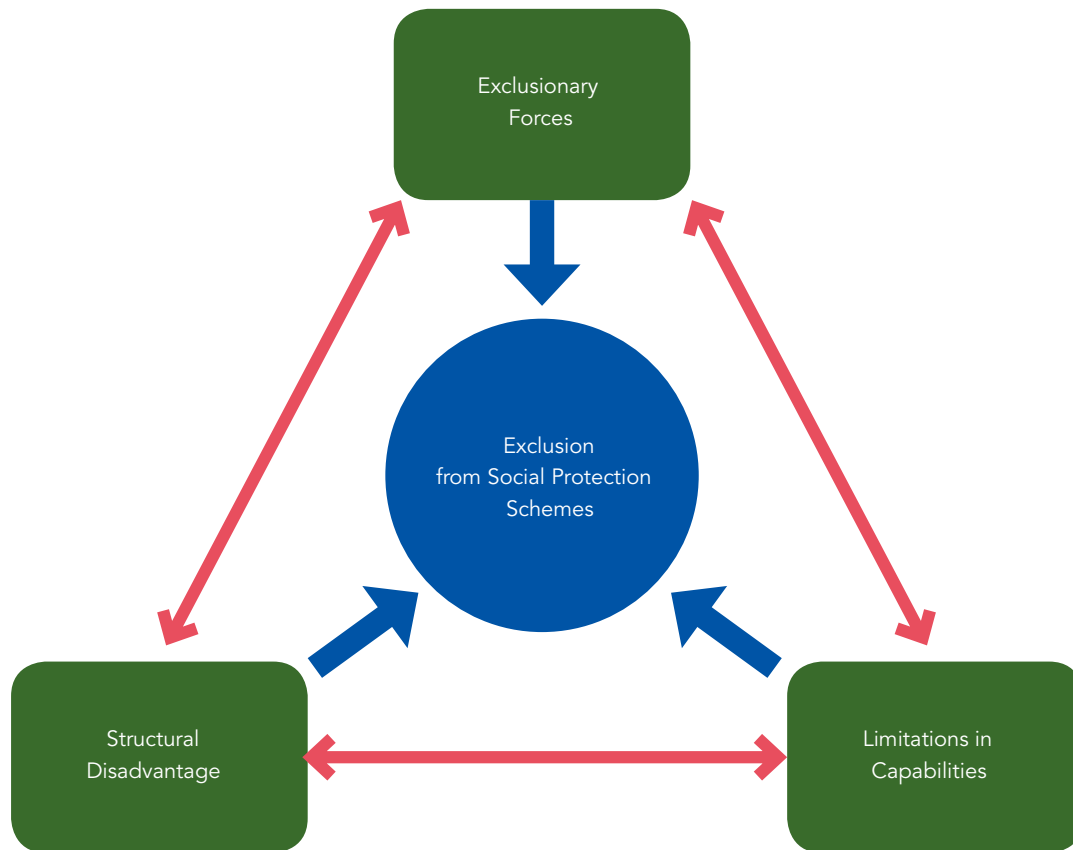
Set up administrative systems and personnel structures – training, evaluation, performance incentives – to promote gender-responsive and disability-inclusive implementation objectives.

Source: Authors

4.2 SOCIAL EXCLUSION AND THE CHALLENGES OF ACCESSING SOCIAL TRANSFER SCHEMES

Social exclusion processes underpin many of the barriers to access to social protection schemes. Processes of social exclusion are found in all societies and determine access to public resources, not just social protection. Social exclusion can be understood as: the processes through which individuals or categories of the population are wholly or partially excluded from full participation in the society in which they live.³⁹ While any social group can be subjected to social exclusion, and drivers and outcomes of social exclusion are context-specific, in most situations poor women and girls and persons with disabilities are disproportionately disadvantaged owing to multifaceted inequalities. Gender and disability often intersect with other dimensions of social identity, including class, race, ethnicity, religion and sexual orientation resulting in cumulative and intersecting disadvantages. Social exclusion not only predisposes people to poverty and vulnerability and reduces their ability to cope with shocks, but it also determines their chances of having adequate and equitable access to social protection. As indicated by Figure 37, social exclusion comprises three distinct but interrelated dimensions: exclusionary forces, structural disadvantage, and limitations in capabilities. While each of these components can individually generate exclusion from social protection schemes, when they intersect, the likelihood of exclusion is reinforced. Each dimension is described in more detail below.

³⁹ The discussion of social exclusion draws chiefly on the following sources: (Hickey and Du Toit 2007; Zohir 2008; Silver 1994; Kabeer 2000; Bhalla and Lapeyre 1997; Babajanian and Hagen-Zanker 2012; Haan 1998; Rodgers, Gore, and Figueiredo 1995).



Source: Authors

4.2.1 Exclusionary forces

Exclusionary forces often derive from prejudices held by more powerful members of society, as manifested in discriminatory practices, institutionalised biases against marginalised groups, blindness to the needs of vulnerable categories of the population (such as people with disabilities and women and girls) and cultural and social practices that delegitimise claims. These exclusionary forces ultimately result in unequal power relations at all levels of society, influencing the framework within which national policies are made, while shaping the design of schemes and the practices of service providers at national and local levels. An example of exclusionary forces is provided in the box below among the Adivasi people of Bangladesh. While exclusionary forces can be explicit and derived from deeply held prejudices, in many cases it is a lack of awareness of the needs of particular groups that drives exclusion.

Discriminatory gender and social norms and practices present major limitations for poor women and girls and persons with disability to access and benefit fully from social protection schemes. For example in some traditional societies, as a result of discriminatory gender norms related to work segregation, women are not allowed to join public works sites and work alongside men even when they are officially enrolled (McCord, 2015; IEG, 2014). Women's low political representation in community life and welfare institutions also restricts their ability to engage with authorities and advocate for greater investments in social protection coverage and gender-responsive and transformative programme design. Often gender intersects with other exclusionary factors, such as age, disability, ethnicity, religion and caste to aggravate existing disadvantages. For example, in Nepal, women belonging to the Dalit caste group were hesitant to visit government offices to claim their allowance because of experiences of systemic discrimination from public authorities (Holmes et al., 2019). In the case of persons with disabilities, stigma and stereotyping (either by programme staff or family and community members) may lead people to self-select out of programmes to avoid identifying as a person with disability. In some situations, where the application for a disability grant requires caregivers to register the recipient, families may be reluctant to apply for the fear of facing shame and ostracism from the community caused by stigma and prejudice towards disability.

Box 23: Exclusionary forces experienced by the Adivasi of Bangladesh

A study by Hossain (2011) in the Naogaon district of Bangladesh found that 92% of Adivasis were eligible for social protection schemes but only 8% were recipients. Government policy did not mandate or monitor the equal access to schemes by Adivasis and, at local level, they were subject to widespread discrimination. As a result, they found it difficult to access information on schemes; they suffered from labelling and stereotypes (by those elites responsible for selection), such as being characterised as drunkards, nomads or already receiving support from NGOs and churches, they were excluded from participation in committees responsible for selecting recipients, and, they did not have the local political connections that were necessary to access social protection in Bangladesh.

Source: *The Authors*

4.2.2 Structural disadvantage

The exclusionary forces impacting many people can both result in and be exacerbated by structural disadvantages experienced by particular categories of the population. Poor women and persons with disability, particularly from rural areas and specific minority groups face high risks of structural disadvantage impeding their uptake of entitlements and services. Structural disadvantages can include inadequate infrastructure such as roads, weak communication systems (e.g. internet access, alternative communication formats for persons with disabilities), the absence of government and private sector services (e.g. registration and pay points, banks, social services), a greater likelihood of exposure to natural disasters, and lower levels of economic development. Often these structural disadvantages can be the result of geography or the reality that establishing infrastructures in more remote or physically challenging areas is more costly and, therefore, less likely to be prioritised by the government. So, while structural disadvantages may not be caused by discrimination, the fact that public services are more distant and more costly to access can generate social exclusion and reduce participation in schemes.

Physical structural barriers are more pronounced for people with disabilities. For example, travelling to registration points is difficult for all, but even more so for people with physical mobility limitations, including those who need additional assistance (e.g. caregiver or personal assistant to help navigate inaccessible processes). In many settings, registration facilities typically lack disability-sensitive infrastructure or case management support to improve accessibility and uptake of benefits. Remoteness and long distances, combined with inadequate transportation create mobility barriers also for pregnant, lactating, and elderly women. In Ethiopia, for example, one of the key obstacles for women participating in public works is difficulty in travelling for hours to public works sites, which often reduces their opportunities for income generation (Gavrilovic et al, forthcoming).

Structural disadvantages are not only physical. The absence of legislation to address discrimination – alongside effective agencies and structures to enforce legislation – can also be regarded as a structural disadvantage. For example, where equal opportunities legislation for groups such as women, people with disabilities or ethnic minorities is not in place, they may find it much more challenging to access public services and employment.

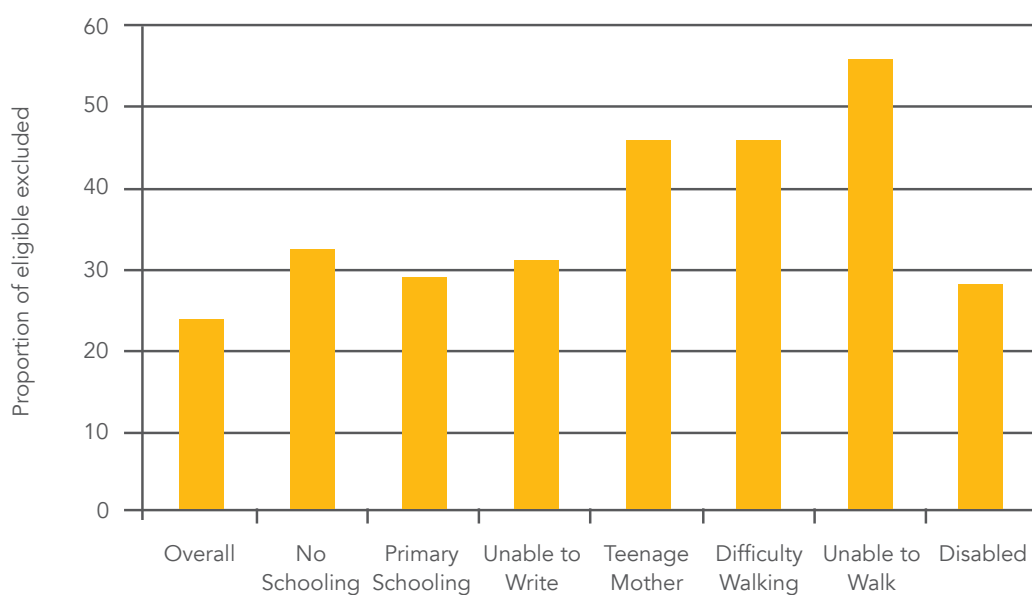
Structural disadvantages can be inherent within social protection schemes themselves. Insufficient investment in management and administrative capacity and systems necessarily makes it more challenging for people to access schemes. Furthermore, the administrative capacity within social protection schemes often varies between areas and regions. For example, urban areas are likely to have services – such as registration points – that are closer to potential recipients. Implementation staff and frontline workers often lack basic training in gender-responsive and disability-inclusive design and delivery, a situation compounded by limited resources and incentive structures. Ultimately these factors undermine equity in access.

4.2.3 Limitations in capabilities

The third dimension of social exclusion relates to the capabilities of individuals to engage with public authorities and access public services. Those who experience greater limitations in capabilities will necessarily find this engagement more challenging. Limitations in capabilities can have many sources, including disability, ill health, levels of psychological well-being and self-confidence, exposure to domestic violence or abuse, high work and care responsibilities for children or others, and levels of education, literacy and numeracy. Figure 38 illustrates how limitations in capabilities partly explain challenges in accessing South Africa’s Child Support Grant, with higher rates of exclusion apparent among those experiencing greater limitations, such as those with lower levels of education, people with disabilities and teenage mothers.

Women and people with disabilities typically face various gender or disability-related constraints in obtaining information or participating in the enrolment process. For example, people with disabilities are more likely to be illiterate due to exclusion from education, and enrolment information may not be published in accessible formats. For women, these constraints include mobility limitations (due to social norms of female seclusion, work responsibilities, security risks), time constraints linked to high work burdens (both paid and unpaid), literacy and language restrictions, and so on. Care burdens and time poverty are often cited as key reasons for women’s low uptake of public works programmes, even when they are preferentially targeted through job quotas (FAO, 2018).

Figure 38: Rates of exclusion from South Africa’s Child Support Grant, for particular categories of the population



Source: UNICEF and SASSA (2014)

Nonetheless, experiencing a limitation in capabilities does not necessarily result in social exclusion. For example, many people with disabilities can engage effectively with authorities and access public services because of their economic and social circumstances and relations, or, mothers of young children with strong care support networks – including supportive partners – are less affected by care responsibilities than single parents without such help.⁴⁰

⁴⁰ The term “vulnerable” group is often misleading – and, potentially, discriminatory – since many people in such groups are not at all vulnerable: for example, while it is common to refer to older people as a “vulnerable group,” many older people are, in reality, some of the most powerful members of society (indeed, they often run countries). However, the risk of becoming vulnerable is higher for the elderly, in particular as they become increasingly frail. A similar argument can be made for women and people with disabilities since they are often referred to as “vulnerable groups.”



Poverty can be regarded as both a limitation in capabilities and a factor exacerbating and accentuating existing limitations. People living on low incomes face greater difficulties in engaging with public authorities and accessing public services because they are less able to pay for transport or fees and are often more constrained by time, since they may be working long hours, often in physically challenging occupations. However, those experiencing additional inherent limitations – such as a frail older person or a single mother with a young child – find their ability to address their limitations further diminished by low incomes.

People with disabilities are more likely to live in poverty, and often incur extra costs when applying for assistance (e.g. needing someone to accompany them, particularly if procedures/locations are inaccessible, higher travel costs if public transport is not available/accessible). Costs for medical assessments for disability grants are typically borne by applicants and can be prohibitive. Some programmes include provisions to reduce these costs and the risk of impoverishment that can result from the application process. For example, the Medical Welfare fund in the Maldives can be used to cover the costs of applying for the Disability Allowance, including obtaining documentation of the medical assessment, although awareness of this programme is low (Hameed et al, 2022).

4.2.4 Multiple disadvantages

Embedded within the concept of social exclusion is an understanding that people can experience multiple disadvantages.

For example, a female member of an ethnic minority living in poverty and with a disability in a geographically remote area could experience disadvantages across all three dimensions of social exclusion, including discrimination, inadequate infrastructure and communications, and limitations in capabilities. Furthermore, these multiple disadvantages are likely to be exacerbated by poverty. For example, a gender and disability review of Nepal's Social Security Allowance scheme revealed that poor women belonging to the Dalit caste faced restricting factors – including time poverty due to the acute pressure to survive, life in segregated settlements and language barriers – that limited their access to information about schemes as well as their ultimate enrolment outcomes (Holmes et Al., 2019). Studies on coverage of universal Disability Grants have found lower coverage for women with disabilities in the Maldives and Nepal (Hameed et al, forthcoming; Banks et al .2019)

Indeed, in many respects, terms such as “the poor” or the “extremely poor” could be regarded as shorthand for social exclusion since poverty itself is often caused by multiple disadvantages.⁴¹ So, when social protection schemes “target” people living in poverty, to a large extent they are using a relatively blunt instrument to reach those experiencing social exclusion, yet without a sophisticated analysis and disaggregation that can differentiate degrees of disadvantage. In the case of gender, programmes rarely adopt comprehensive gender analysis to examine how gender-based norms and gender roles affect women's and girls' exposure to, and experience of poverty within a household, as well as their ability to benefit (or not) from social protection benefits. Similarly, these issues and constraints are also not considered in medical assessments of persons with disability and this limits the opportunities to design schemes with improved accessibility.

41 For a discussion on how the term “the poor” can be regarded as an exclusionary term, see: <http://www.developmentpathways.co.uk/resources/poor-practice-stigmatisation-families-living-low-incomes/>

Box 23: An example of the challenges of some registration mechanisms

In many countries, people face significant challenges in overcoming the barriers in registration mechanisms and this justifies why this is an aspect of programme design that needs to be stressed. A study by Pellissery (2005) in the Indian state of Maharashtra provides a good example. Applicants have to navigate a complex administrative process, completing long application forms and obtaining documents from different offices. For many people – in particular the most vulnerable, living in the greatest poverty – this is an almost impossible task as they do not have the time available, the resources with which to “pay” officials, or the social and political connections to even successfully approach the officials for the required documents and approvals. Those facing greater limitations in their capabilities – such as those with limited education, older people or mothers caring for children – find it even more challenging, particularly when exacerbated by poverty. To have any chance of success, they have to pay brokers to intercede on their behalf, giving them between US\$6 and US\$25 to fill in the application forms and obtain all necessary documents, even for benefits that offer little more than US\$3 per month. Indeed, many cannot afford these fees, and fail at this first barrier.

Even when the brokers successfully obtain all the documentation to demonstrate that the applicant is eligible, a further significant barrier remains. All applications are presented to a Social Security Committee of local elites and politicians who make decisions based on their own political advantage or whether the applicant has a personal connection to someone on the committee. So, even though all applications are in order, it is common for only around 30 out of 100-150 applications to be approved in each committee meeting. The mechanism effectively serves as a form of rationing, with the most vulnerable being the least able to compete.

Source: *The Authors*

4.3 APPROACHES TO REGISTRATION

Administrative systems for the registration of recipients can face several challenges in terms of ensuring access, which varies depending on the approach adopted. Although there are many types of registration processes, it is helpful to make a simple distinction between two basic types of registration:

- **On-demand registration** ('Pull') expects applicants to visit a specific location to apply for a scheme (e.g. relies on households to go to a local welfare office to register and apply for benefits). Depending on the programme design, pre-registration can also take place in health centres (e.g. the CGP pilot in Mozambique). Modern approaches to on-demand registration include the use of online applications or mobile phone apps (e.g. Argentina, Chile, and Australia). Some pull registration systems – such as Nepal's social transfers – provide a limited window for applications while others – such as South Africa's social transfers – allow on-demand registration, meaning that people can apply whenever they want or if their circumstances change (e.g. Ethiopia's PSNP Temporary Direct Support for pregnant and lactating women).
- **A push** – or census – mechanism involves enumerators visiting all potential applicants to determine whether they qualify. Census-survey registration ('Push') entails a labour-intensive approach by which all households in an area are interviewed (at selected intervals) and their eligibility assessed. Push mechanisms are often used with PMTs. Pakistan BISP's scheme undertook a census of the entire population in 2009, costing US\$60 million. To reduce costs, Indonesia visited 40% of households in 2011, again at a cost of US\$60 million. The selection of this 40% of households introduced a range of selection errors.

A third approach to 'data collection', implemented in conjunction with one of the two above to ensure registration, is increasingly being used in some countries (e.g. Chile, Turkey) implementing social registries: the integration of data from existing databases, including – potentially – a country's Civil Registry, Tax Registry, Land Registry, Disability Registry, Education and Health MIS. The pros and cons of each system, including the context where each may be most appropriate, are discussed in Table 4.



Table 4: Relative advantages and disadvantages of survey, on-demand and data-sharing data collection and registration approaches

	RELATIVE ADVANTAGES	DISADVANTAGES	BEST SUITED
On-demand application approach	<ul style="list-style-type: none"> • Lower total costs due to self-selection of the non-eligible out-of-registry process (interviewing fewer non-eligible households and individuals) • Dynamic, ongoing entry and easier to update (including changes linked to life-cycle events) • More democratic nationally—everyone has the right to be interviewed at any time • Permanent process helps build and maintain administrative and logistical structures • Increases mobility and interaction with public officials, which can be empowering to groups experiencing exclusion and marginalisation. 	<ul style="list-style-type: none"> • The poor may not participate because they lack information, fear stigma and face other barriers to access (illiteracy, distance, work burdens, etc) • Persons with disability may face logistical, communication and physical barriers to accessing registration sites • Costs can be higher if social workers must verify (via home visits) the information provided • Can be a slow process, involving long queues and bureaucracy • Requires a large network of staff at the local level and also women and disability-friendly spaces • Unlikely for people to report positive changes to household conditions • Can be stigmatising to people if their right to privacy is not respected, and if they are subjected to mistreatment by public officials. 	<ul style="list-style-type: none"> • In areas with low or moderate poverty/eligibility • In heterogeneous areas • When Registry is well known or well publicised (and outreach campaigns encourage applications in poor areas) • When people have higher education levels • In more progressive contexts where women and persons with disabilities have higher mobility and do not suffer structural discrimination in the communities • Where a network of social protection offices is available at the local level • When municipal staff are well trained to perform the registration function (eg. to minimise travel for applicants), and interact with and treat diverse and marginalised populations with respect and dignity.

Table 4: Continued

	RELATIVE ADVANTAGES	DISADVANTAGES	BEST SUITED
Census approach	<ul style="list-style-type: none"> Better chance to reach the poorest and other vulnerable groups, who are less informed, secluded and more stigmatised (less likely to apply) Lower marginal registry costs (per household interviewed) due to economies of scale with travel If conducted often enough, there is a higher chance of capturing positive changes to individual and household conditions (less likely to be reported) House-check conducted during the survey process (no misreporting assets, etc). 	<ul style="list-style-type: none"> Periodic surveys can lead to static/inflexible Registries – especially if the target population is linked to life-course events (e.g. pregnancy, children 0-3, widowhood, the onset of disability, etc.) Re-registration is very costly and often postponed beyond the recommended 2 years Members of eligible households may not be home or respond when the survey is conducted; women or persons with disabilities may lack the authority to respond to surveys Costly in areas with many non-eligible households or where households are very dispersed 	<ul style="list-style-type: none"> In areas with high poverty rates (more than 70 per cent) and/or high poverty density In homogeneous areas (rural areas and urban slums) In areas with relatively stable poverty dynamics and/or gender inequality gaps and vulnerabilities With new registries (programmes), particularly when a large programme needs to start quickly For Registries which also want to keep a record of near-poor and non-poor households (e.g. to be targeted in case of an emergency or linked to Social Insurance schemes)
Data integration/sharing from existing databases	<ul style="list-style-type: none"> Lower burden of proof and application time for citizens Lower overall data collection costs Data sharing arrangements for data collection can lead to further integration down the line Easier to ensure information is up-to-date (ongoing) and linked to life-cycle events (e.g. pregnancy, birth) Easier to prevent fraud and potential inclusion errors (instant verification of data). 	<ul style="list-style-type: none"> Requires additional and complementary data collection and registration process Requires some form of unique identifier, most usefully a National ID number Could exclude households who do not have access to National ID (poorest/most vulnerable/women) Financial and transaction costs to setting up adequate integration Risks to data privacy and ‘surveillance state’ In some settings, women may require permission to share information, leading to biased assessments and data reporting The quality of other databases may not be adequate. 	<ul style="list-style-type: none"> Where high quality administrative data already exists Where there is a wider shift towards e-government Where data can easily be linked using a National ID or another unique identifier Where there is sufficient capacity to manage the integration In contexts with higher levels of formality (e.g. data describes reality).

Source: Barca (2017) adapted and integrated from Castaneda and Lindert 2005, World Bank ‘How-To Note’ on Enrolment, and Eurofund (2015).

Whichever process is adopted for registration, a key challenge faced by many countries in this labour-intensive process (either periodic or ongoing) is the **lack of investment in administration including staffing**. There is also a large risk – which needs explicit mitigation – of **excluding the poorest and most vulnerable households** which the programmes are aiming to serve, as they are the ones facing the greatest **barriers to access** (physical barriers, financial barriers, illiteracy, stigma to name a few).

4.3.1 Good practice and challenges with push mechanisms

There are several principles of good practice that should be used in push mechanisms, such as using high-quality and educated enumerators, conducting reasonably regular surveys, integrating gender and disability-inclusive survey designs and data collection mechanisms, and engaging in proper outreach and sensitization of respondents to ensure high participation. Often push mechanisms are tendered out to the private sector or NGOs, since they require significant human resources that are not available to governments.

Pull mechanisms also need to be designed well, including having offices close to applicants to reduce their travel and opportunity costs, while also putting in place a hospitable and welcoming environment (e.g. women- and disability-inclusive and safe spaces).

4.3.2 Exclusion with push registration mechanisms

While coverage of households by push/census approaches is generally high – Pakistan’s BISP visited around 85% of households nationally (Kidd and Hossain 2015) – there are always households that miss out, and these are often the most vulnerable. Sometimes, those living in more accessible areas are prioritised, demonstrating the challenges of structural disadvantage. So, in Colombia, municipalities prioritised those communities located closer to municipal centres (Castañeda and Lindert 2004) while, in Pakistan, BISP enumerators refused to travel to more remote households and insecure areas. Indeed, many houses were too remote or isolated to be located, even when enumerators made the effort (GHK 2009). Often families are not at home when enumerators visit and, if they refuse to return, these families miss out. Often, those not at home are more vulnerable families, such as day labourers in Nicaragua, young mothers in Mozambique, and single-headed households in Uganda (Adato and Roopnaraine 2004; Calder and Nakafeero 2012). Tanhchareun (2014) describes how, in Uganda, entire communities were missed by a census registration. Furthermore, suspicion of the intentions of the state can lead to people boycotting mass registration exercises: in Mexico, for example, some people hid from Progresa enumerators because they did not want to provide personal information (Adato et al 2000) while, in Uganda, migrant communities were particularly suspicious, accounting for lower rates of inclusion in the SAGE cash transfer scheme (Bukuluki and Watson 2014).

4.3.3 Infrequent registration with push mechanisms

Poverty-based selection processes also demand frequent re-selection of recipients to assess whether they still qualify for the programme based on their economic status. In developing countries that use push mechanisms, this often implies regularly revisiting all families in the eligible category. Because this is expensive, it is rarely done as frequently as it should be. For example, Mexico’s Oportunidades programme has, in many areas, only undertaken re-selection every ten years, although it is planning to reduce it to every 5 years (although there is limited evidence that this aspiration can be achieved).⁴²

In Pakistan’s BISP programme, registration was done in 2009 and has not been repeated. However, this infrequent re-selection comes at the cost of increasing inaccuracy over time, since families move in and out of poverty. Yet, if re-certification were done on an annual basis, it would be prohibitively expensive.

42 See Escobedo (2011).

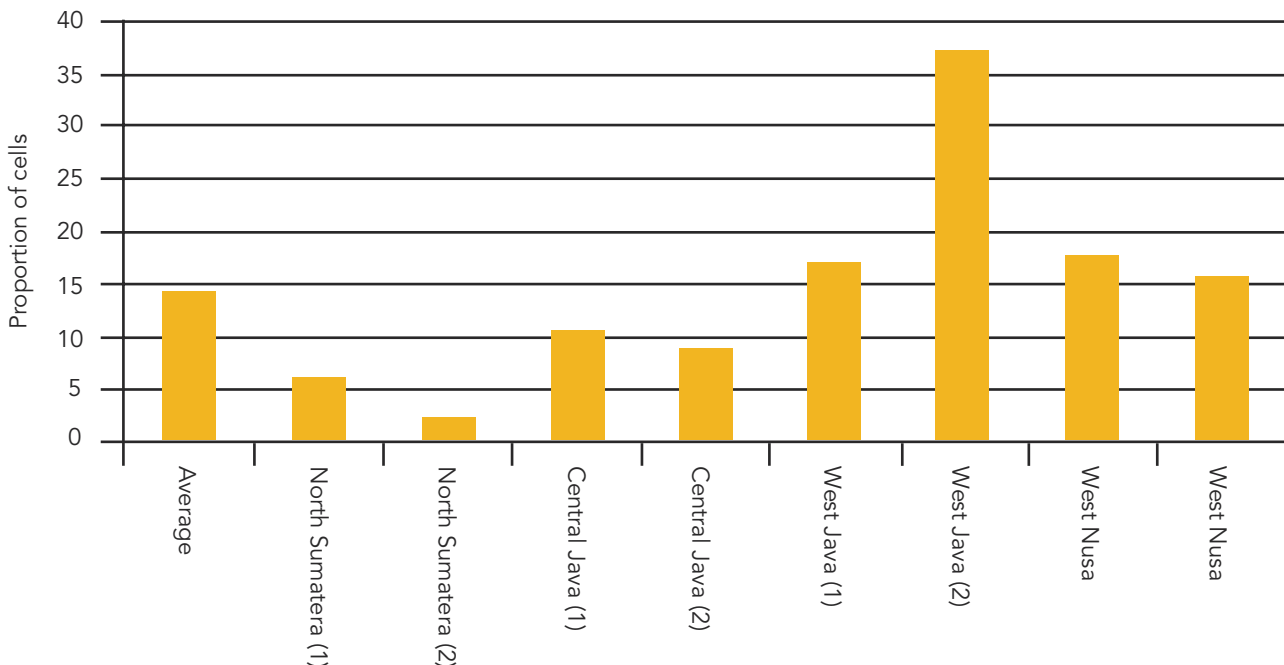
Furthermore, as a result of the infrequency of registration and re-certification, many Poor Relief and poverty-targeted programmes cannot act as safety nets. This is exacerbated by the PMT, which cannot register changes in well-being in short periods unless people divest themselves of their assets (which will make it more difficult for them to recover from a crisis). This has particular implications for poor women who, in times of shock, are more vulnerable to divesting their assets or adopting corrosive coping strategies, including reducing food and other essential expenditure, compared to other family members (FAO, 2018). If a safety net is to be effective, it should be there when people need it, and sensitive to these intra-household changes in consumption and well-being. If someone suffers a shock – for example, the family breadwinner passes away – then families must be able to access financial support immediately. If not, they may plunge into poverty, pull their children out of school or sell precious productive assets to provide immediate subsistence. This has long-term negative implications for families and makes it difficult for them to pull themselves out of poverty once more.

Importantly, even if re-certification is available on an annual basis, this does not automatically mean that vulnerable individuals or households will be identified and selected for support. In Ethiopia, for example, PSNP annual retargeting is conducted to identify any household members eligible for temporary direct support (e.g. pregnant and lactating women and caregivers of malnourished children) and refer them for transition to receive an unconditional cash benefit. Yet, inadequate transition protocols, and weak coordination and capacity of social workers and health extension workers to assess and identify eligible clients on time results in many women missing out on their entitlements (UNICEF Office of Research, 2020; Gavrilovic et al., forthcoming).

4.3.4 Inaccuracies in surveys when push registration mechanisms are used

It is often assumed that undertaking a census registration is relatively easy. However, a study by SMERU (2011) indicated that around 15% of the cells in the PMT survey form in Indonesia were filled in inaccurately and the figure was much higher in some areas (see Figure 39).

Figure 39: Proportion of cells filled in inaccurately in Indonesia's PPLS 11 survey, using a PMT



Source: Authors

There are many reasons for surveys being filled in inaccurately including:

Enumerators may not be of good quality or well enough trained. For example, Pakistan's BISP used a system of cascade training to build the capacity of enumerators but even at the highest level of the training – when the World Bank and BISP staff trained the organisations sub-contracted to undertake the survey –, the quality was inadequate. This probably had implications for training quality as it cascaded through the system.⁴³ Some enumerators could not speak English properly, although the survey was in English. When enumerators are not adequately trained or are rushed, they are less able to deal with challenging questions that may arise while conducting surveys. In Pakistan, some enumerators found it difficult to identify the household; while it was officially defined as a group of people sharing a cooking pot, some conflated it with a married couple (GHK 2009). Other challenging issues in Pakistan were knowing how to deal with, for example, households with migrant workers, seasonal workers, the status of livestock that was held but not owned, and the position of servants – often, presumably, poorly paid – in better-off households.

- For gender and disability-sensitive assessments, data must be collected at the individual level to allow for comparison between men and women and people with and without disabilities. Individual-level data can capture trends in intra-household dynamics and gender-specific patterns of decision-making, consumption, work burdens and asset ownership among other relevant topics. The results, however, depend on who in the household takes part in the survey. Surveys are predominantly administered to heads of households (in dual households these are usually men), potentially obscuring access to alternative information held by other members of the household (which may be more accurate or relevant). Evidence suggests that men and women in the same household may possess different knowledge and perspectives about income, household assets and consumption, leading to inaccurate and/or biased survey results. In Pakistan, for example, it was found that men and women in the same household would give different answers to the same question (GHK, 2009). Further, household-heads reporting rather than a household member with a disability self-reporting their disability status is linked to underreporting (Mactaggart et al., 2021).
- If the household head is not in, enumerators can ask other household members to answer questions, even children. In Mexico, for example, respondents only have to be over 15 years of age; in Peru, children as young as 12 years have been interviewed; and, in Cambodia, school children were asked to complete survey forms.⁴⁴
- Where data is collected can also affect survey results. While surveys are typically undertaken in respondents' houses to respect people's privacy and enable verification of answers, sometimes this is not possible. Enumerators can undertake the surveys quickly in public places rather than at houses. In Pakistan, BISP enumerators only entered 31% of houses (GHK 2009). Often they were not allowed in, because the enumerators were men and women were in the household. Surveys conducted in public spaces may prevent women and girls from participating, due to female seclusion norms and/or time poverty. Likewise, persons with disabilities may face physical barriers and stigma, thereby reducing their participation in data collection in public locations, although stigmatisation and attitudinal barriers may still hinder their participation in surveys conducted in private spaces.
- Although interviews often take 15 to 20 minutes, it is questionable if this is sufficient time to conduct a quality survey.

In Pakistan, the length of the interviews was inadequate to enable the survey to produce the required standards (GHK 2009). Indeed, in 90% of cases, enumerators could not even verify household composition at the time. Women with children typically have restricted time available to participate in surveys, while some people with disabilities may require longer to complete surveys accurately with needed accommodations. Gender and disability-based barriers need to be addressed to ensure women and people with disabilities can take part in these activities.

Presenters should read Kidd and Wylde (2011) to gain more information on the challenges of undertaking surveys.

⁴³ The training by the World Bank and BISP to the subcontractors lasted for one day and was generally regarded as inadequate (GHK 2009:65f, 80). Even the BISP staff were inadequately trained (GHK 2009:55).

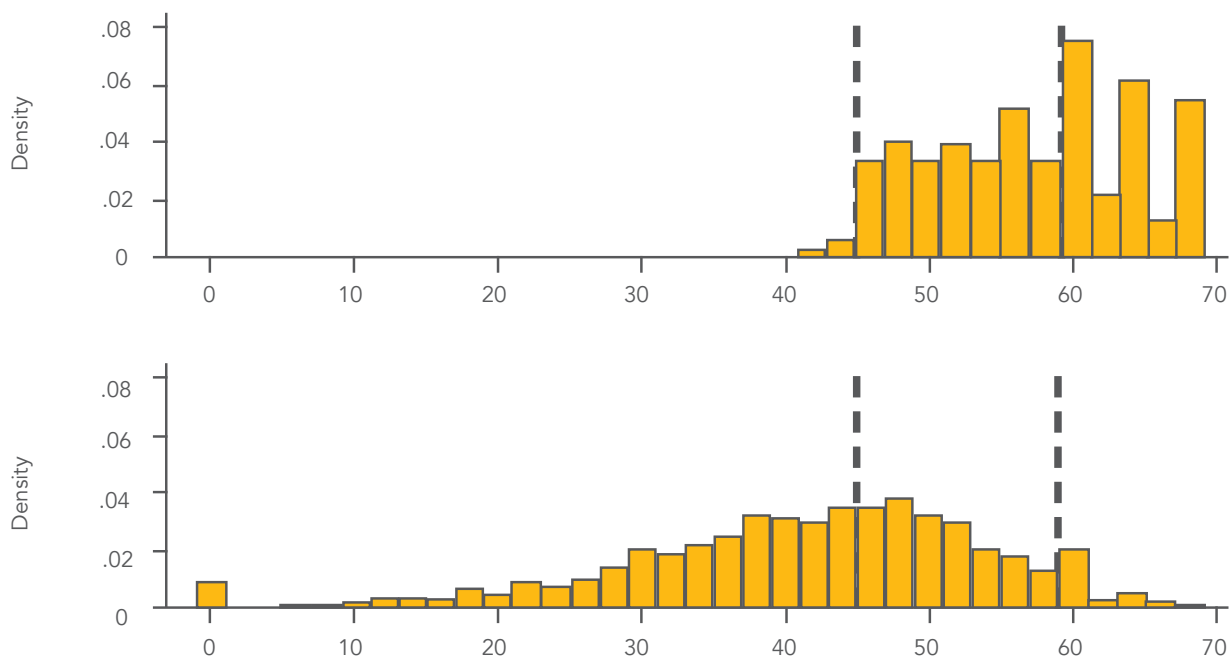
⁴⁴ Adato et al. (2000); Huber et al. (2008:45); Fiszbein and Schady (2009:71).⁴⁵ Adato et al. (2000). Coady and Parker (2005:33) suggest that the reporting of false information could be a problem in Mexico. In rural Mexico, Adato (2000) expressed concern that given that households have exaggerated their wealth for fear of being stigmatised—see Section 5.1—they may learn to exaggerate their poverty once they have seen the rewards associated with joining the programme.

4.3.5 Use of local enumerators

The use of local enumerators can cause additional challenges, as they may have strong incentives to falsify answers so that more people in their communities are identified as eligible. Figure 40 indicates the results of a PMT survey in Cambodia. In the top graph, the scores of households that were selected during the PMT are given. To the right of the dotted lines are the scores of those selected as poor and extremely poor, and the numbers with those scores (on the Y axis). However, the results were checked by independent enumerators, who give very different scores. The bottom graph shows the scores of the selected households when the independent enumerators were used and many of them had much lower scores and should not have been selected. The local enumerators appear to have inflated the scores of their community members.

Furthermore, respondents may give false answers to survey questions, especially once they understand how the PMT functions. In Mexico, it was impossible to verify if people owned the cars sitting outside of their houses because they claimed to be looking after them.⁴⁵ In Palestine, the Ministry of Social Affairs estimated that half of all households gave false answers to the initial PMT survey.⁴⁶ Chile stopped making its proxies publicly known due to fraud concerns.⁴⁷ The World Bank (2009) proposed that, due to the likelihood that people will “game the system,” proxy variables should be changed regularly. Yet, this could undermine the accuracy of PMT as the best explanatory variables are unlikely to change over time.⁴⁸

Figure 40: Original scores in ID-Poor survey in Cambodia compared with scores undertaken by independent enumerators



Source: Authors

Data collection can also be influenced by gender and disability biases and prejudice held by enumerators. Enumerators are typically male and are rarely properly trained in basic gender and disability concepts. They may also lack proper training in gender and disability-sensitive data collection methods, guidance on ethical research protocols and measures for protecting the identity and privacy of respondents, or accommodating people with disabilities (Botea et al., 2021). This underscores the importance of establishing effective reporting, accountability and grievance mechanisms (see Sections 4.6.2. and 4.6.3 for further discussion on this topic). The same risks, mitigation measures and safeguards apply to the implementation of surveys involving persons with disabilities.

46 Ministry of Social Affairs/Palestine (undated). The initial surveys were checked by home visits.

47 Grosh and Baker (1995).

48 Coady et al. (2004) indicate that proxies are unlikely to change particularly rapidly.

4.3.6 Good practice and challenges with pull mechanisms

Pull registration mechanisms are common in social protection schemes and their efficacy is determined largely by their design and the level of resources invested in them, or, in other words, the extent to which structural disadvantage and risks of institutional bias and discrimination are minimised. Those that are well-designed and adequately resourced are less likely to provide incentives and opportunities for front-line staff to treat applicants unfairly and limit the barriers faced by those experiencing limitations in their capabilities. Yet, even in relatively well-resourced schemes, applicants can face significant challenges, particularly the most vulnerable.

4.3.7 Exclusion with pull registration mechanisms

A key factor underpinning the success of a pull mechanism is for the registration point to be as close as possible to potential applicants. Yet, often distance is a significant barrier, in particular for those on low incomes or experiencing mobility challenges. As Figure 36 indicated, in South Africa, people with disabilities and those with difficulties walking had an increased chance of being excluded from the Child Support Grant. Indeed, challenges are exacerbated when the offices of the Social Security Agency (SASSA) and Home Affairs are relatively distant, since people have to obtain documentation from both institutions (UNICEF and SASSA 2014). In Georgia, distance was one of the main reasons for people not accessing the universal pension although, given that only 4% of applicants had any problems, it was not a major issue (USAID and UNICEF 2014). In urban Mexico – where Oportunidades has used a pull mechanism – there was a correlation between being accepted to the programme and having a car, indicating the difficulties faced by those with mobility challenges and lower incomes (Coady and Parker 2005). Many applicants for Nepal's grant for people with severe disabilities face the significant challenge of traversing inhospitable terrain to present themselves in District offices to committees responsible for assessing their eligibility, which helps explain the very low numbers accessing the benefit.⁴⁹

Decentralising the process of registration as much as possible is necessary to reduce barriers arising from travel, financial and opportunity costs. For example, registration for Vietnam's Disability Allowance is carried out mostly at the commune level (lowest administrative unit). Nepal has experimented with mobile registration camps to allow assessments to be carried out at a more local level, where specialist/programme staff travel to different areas and set up temporary access sites (although the frequency of these is an issue). Brazil's Bolsa Familia programme allows families to register for benefits in different centres and offices, rather than being tied to their municipality and conducts active searches to identify and register eligible households (Holmes et al., 2019). In sub-Saharan Africa, very few countries, such as Mauritius, Zambia, and South Africa have regular and on-demand disability assessments. In Zambia and Rwanda, there have been efforts to undertake disability assessments at the community level by mobile units, but a lack of resources restricts the quality and frequency of such interventions (Kidd et al, 2019).

A further structural issue determining the efficacy of a pull mechanism is the quality of the infrastructure in place. It should be suitable for those facing greater personal constraints, as well as incorporating basic features such as disability access and safe spaces for women and girls. For example, application points and processes are not accessible to people with disabilities (e.g. lack of alternative communication formats such as sign language interpretation, pictorial, and simplified text). Despite the South African Social Security Agency (SASSA) having better infrastructure than most schemes in developing countries, some of its offices still create barriers. SASSA found that some people have found offices inhospitable and unable to meet the needs of pregnant women, new mothers and the elderly, especially when queues are long (UNICEF and SASSA, 2014). As a result, some have put off applying for the Child Support Grant. In one district, people complained about a lack of childcare facilities while a woman observed: "Going to SASSA offices is not nice. It is always full and you wait for the whole day; there are no toilets, you go to the [taxi] rank where the public toilets are filthy, and you lose your place in the queue." In those countries where investment in administration is less than in South Africa, the situation is almost certainly worse.

⁴⁹ The number receiving Nepal's grant for those with severe disabilities was only 16,200, a fraction of those who must be eligible (Kidd and Wylde 2011b).

Prejudice and discrimination can exacerbate the challenges faced by applicants, as the example of the Adivasi population in Bangladesh – discussed earlier – illustrated. Yet, the impact of prejudice on access to social protection benefits is not restricted to schemes with particularly weak administrative structures. In South Africa, some SASSA staff have allowed their belief that teenage mothers should not receive the Child Support Grant (CSG) to influence their selection decisions, contributing to this group’s higher rates of exclusion from the benefit, as indicated by Figure 33 (UNICEF and SASSA, 2012).

Staff undertaking disability assessments for disability allowances are rarely adequately trained, resourced and/or monitored. This can lead to subjective assessments based on individuals’ perceptions of what constitutes a disability, thereby reducing targeting accuracy. For example, in Nepal, disability determination moved from a purely medical approach to one based primarily on functional assessments. The shift to a functional approach in theory could have reduced the burden on applicants needing to travel far distances and pay high fees to obtain the needed medical records.

However, in practice, applicants were often still asked to obtain medical documentation – even though this is not an official application requirement – as the assessors were not adequately trained in how to implement the functional assessment. Further, the lack of training was reported to lead to inconsistent decisions on disability determination. In some instances, female seclusion norms may prevent women from accessing public registration points without the permission of their husbands. In Afghanistan, for example, women must be accompanied by male chaperons (e.g. spouse, male son, kin) to leave their homes and access registration centres.

Boxes 25 and 26 respectively summarize the main gender and disability-specific barriers to registration. Examples of programmes that have managed accessibility constraints through their design (e.g. South Africa) and included gender-responsive features to enable women to register in the programme (e.g. Pakistan) are presented in Box 27 and 28, respectively.

Box 25: Gender impediments to registration

Women are usually not as physically mobile as men due to norms of female seclusion, etc.
 Women’s time poverty may limit their ability to apply to programmes or reach distribution sites
 Women may lack the financial resources to cover the costs of registration
 Women may lack the confidence and interpersonal skills (e.g. literacy, language) to interact with programme staff and officials
 Women cannot rely on family members to pass on information if they are not in favour of women’s empowerment

Box 26: Disability-specific impediments to registration

Persons with disability may not be physically mobile to access registration sites
 Persons with visual and hearing impairments may require special aids and measures to reach registration sites
 Persons with disability who rely on family members to register into schemes may be subjected to the risk of maltreatment, harassment and financial exploitation
 Persons with disability may lack the financial means to travel and obtain the necessary documents to apply for disability assessments and benefits

Source: Authors



Box 27: Example of moving registration points closer to applicants

South Africa has attempted to address the problem of distance and cost in registration by introducing – in 2007 – the Integrated Community Registration Outreach Programme (ICROP), a mobile registration initiative (UNICEF and SASSA, 2014). ICROP allows people to apply for the full range of South Africa’s grants. In rural areas, ICROP visits are undertaken on a regular, scheduled basis whereas in urban areas, where there are more fixed offices, visits are more ad hoc. Mobile units are equipped with a full range of staff and IT services, although they are unable to deal with more complex cases. However, ICROP is not without its challenges, especially when communications fail and people are unaware of the availability of the service or the mobile units have problems with connectivity. Between 2007 and 2013, 327,000 child grant applications were registered (as were many people for other benefits).

Box 28: Example: designing a gender-responsive registration process

South Africa has attempted to address the problem of distance and cost in registration by introducing – in 2007 – the Integrated Community Registration Outreach Programme (ICROP), a mobile registration initiative (UNICEF and SASSA, 2014). ICROP allows people to apply for the full range of South Africa’s grants. In rural areas, ICROP visits are undertaken on a regular, scheduled basis whereas in urban areas, where there are more fixed offices, visits are more ad hoc. Mobile units are equipped with a full range of staff and IT services, although they are unable to deal with more complex cases. However, ICROP is not without its challenges, especially when communications fail and people are unaware of the availability of the service or the mobile units have problems with connectivity. Between 2007 and 2013, 327,000 child grant applications were registered (as were many people for other benefits).

Source: Authors; adapted from Botea et al., 2021.

Table 5: Key actions for improving gender-responsiveness and disability-inclusiveness of push and pull registration mechanisms

PUSH REGISTRATION APPROACHES	PULL REGISTRATION APPROACHES
<ul style="list-style-type: none"> • Ensure that push or census approaches have a wide coverage, including “hard-to-reach” communities • Whenever possible increase the frequency of registration and re-certification (eg. ideally on an annual basis) to ensure changes in individual and household well-being due to shocks and lifecycle risks are captured and addressed • Invest efforts into designing surveys that are properly disaggregated (by gender, age, disability and other relevant criteria). Include individual and household-level questions to capture intra-household patterns of poverty, consumption and decision making • Try to interview several members of the household (beyond the head) for more comprehensive results • Build enumerators’ capacity and skills in inclusive data collection methodologies and ensure that survey teams employ female data collectors • Before surveys take place ensure that communities are properly sensitised about the purpose and nature of the census to ensure high rates of participation. 	<ul style="list-style-type: none"> • Ensure registration centres are accessible for all types of applicants and offer safe, private and dignified spaces for applicants (eg. women-only desks, disability-inclusive infrastructure, etc.) • Consider using digital technologies for registration adapted to the specific needs and individual capabilities of applicants • Provide support to applicants in filling out forms and obtaining necessary documents • Reimburse costs of registration (eg. travel, food, opportunity costs, documents etc.) for very poor applicants • Ensure staff are trained in inclusive service delivery and incentives. Ensure monitoring systems are in place to monitor their performance • Recruit female officers to improve uptake and service delivery for women

Source: Authors

4.4 IDENTIFICATION, VERIFICATION AND VALIDATION

Registration and eligibility processes require documenting and authenticating⁵⁰ a potential recipient's identity (Samson 2006). Yet "under-documentation is pervasive in the developing world" due to absent or patchy civil registration systems (Gelb and Clark 2012). Countries with a functional National ID system require programme recipients to **verify identity** with their national ID cards, though this poses risks of exclusion as the most vulnerable and disadvantaged individuals are often those without a national ID. Some schemes have established mechanisms to enable those without official identity documentation to access schemes, by accepting alternative identification.

Further **verification** of the data provided can be performed through a random supervision process or by comparing it to other administrative data manually or electronically. **Validation** includes checking the completeness of data, applying internal consistency checks, checking for duplication, and ensuring contents, formats (such as names and ID numbers conform to the defined data dictionary), the length of fields and content structure for aggregation and reporting is standardised. The objective is to obtain a clean and correct dataset (Villalobos et al 2010; Azevedo et al 2011).

4.4.1 Challenges with providing proof of identity

Social protection schemes need to be sure of the identity of recipients and it is common for them to demand proof, such as a birth certificate or an identity card. Yet, this need to provide proof of identity is a common reason for exclusion from schemes, even those with relatively strong administrative systems. Women and persons with disabilities face an acute lack of access to correct documentation. As many as 45% of women in low-income countries do not possess functional IDs, especially in sub-Saharan Africa (Camilletti et al., 2021). In South Africa, for example, 11.5% of excluded caregivers of children aged 0-14 years are unable to access the Child Support Grant because they were without the appropriate documentation (UNICEF and SASSA, 2014). In fact, it is a particular challenge for children in their first year of life, with 93% of those without a birth certificate excluded from the Child Support Grant (explaining the low coverage of children aged less than one year in Figure 33). The same story is repeated in many other countries: in a study of Nepal's universal social pension, the absence of a citizenship document was given as the reason for not accessing the scheme by 8% of those experiencing barriers (Uprety 2010) and, in Pakistan's BISP, two million of the 7.5 million families identified as eligible for the scheme have never been enrolled due to not having a computerized Identity Card, which is required to open a bank account and receive payment. In some instances, women may rely on their husband's ID, however, this impacts their sense of autonomy and social identity, while also hindering their access to other entitlements.

Structural disadvantages and limitations in capabilities often explain people's lack of identity documentation. Those in more remote regions of a country are less likely to be able to reach offices providing identity cards and birth certificates while, if countries charge for identity cards, the cost can also be a barrier. Those with mobility challenges – due for example to disability, poverty or childcare responsibilities – will find additional barriers in place. In South Africa, children affected by HIV and AIDS – whose parents have died – find it more challenging to obtain identity documents and, therefore, the Child Support Grant (UNICEF and SASSA 2014). Teenage mothers are also affected since they are unable to obtain identity cards until 16 years of age and therefore, can miss out on the grant. In some countries, policy barriers make it difficult for women to obtain ID cards, where permission from a husband or male guardian is necessary to approve the application. For persons with disability, common barriers to IDs include lack of inclusive legal frameworks (eg. making fathers solely responsible for registration of children at birth), direct and indirect costs for applying for official documents, physical inaccessibility to processing centers, lack of information, and limited demand to name a few (World Bank, 2020).

Several schemes have established mechanisms to enable those without official identity documentation to access schemes, by accepting alternative identification. In Uganda's SAGE programme, voter and baptism cards – combined with verification by community leaders – have been accepted as evidence of identity (Bukuluki and Watson 2014). In South Africa in 2008, new regulations allowed applicants for the Child Support Grant to use alternative documents such as a clinic card, affidavits from respected community members and recent school report cards.

⁵⁰ Providing identification responds to the question "who are you?". Providing authentication responds to the question "are you who you claim to be?"

Applicants were able to receive the grant for an interim period of three months so that they could obtain the formal documentation required; and, it provided them with a further three-month period of grace while they completed their full registration (Kidd and Hossain 2015). Social protection schemes could also address the problem by coordinating with the organisations responsible for Identity Cards to encourage them to visit areas where the absence of identity is particularly problematic, potentially covering their costs. In Peru, for example, the costs of recipients obtaining ID cards are covered by the Juntos cash transfer programme, while in Kenya's Hunger Safety Net Programme, participants are provided with smart cards and photo IDs as an alternative to traditional documentation (Camilletti et al., 2021). with incorrect ages when new identity cards were rolled out in 2007/08 (Hossain 2011). They felt unable to challenge officials with one Field Officer noting: "They don't have the opportunity to speak, they think that even if they speak they will be blamed." To overcome this, social protection schemes can establish opportunities for applicants to correct the age on their documents, as has happened with Uganda's Senior Citizens' Grant (Watson and Bukuluki 2014): they can verify their age by demonstrating their recall of historical events at village meetings or having a peer vouch for their age (McPherson 2011).

4.4.2 Challenges with disability assessments

While assessing the age of eligibility of applicants for schemes is a relatively simple process, undertaking disability assessments to determine eligibility for disability benefits creates even greater challenges. Disability is very diverse in its characteristics and governments need to set eligibility criteria related to the level of disability. By limiting benefits to more severe disabilities, governments can reduce the costs of schemes. However, the design of the criteria and identification methodologies is challenging and can make registration difficult. While approaches to determining disability for purposes of social protection eligibility differ across countries, many use a purely medical assessment.

Examples of disability assessments include:

- India uses an assessment by medical doctors in which an individual should be disabled by 40% of normal physical or mental capabilities.⁵¹ However, the test to determine the level of disability is difficult and subjective, with medical assessors not receiving clear guidance on how to assess eligibility and determine percentages.⁵² As a result, assessments are often subjective and some disabilities – such as autism – are missed.
- In Mauritius, claimants have to be certified by a Medical Board to declare them to be either "permanently or substantially incapacitated to work to a physical degree of 60% for at least 12 months."⁵³ However, a judgement based on a percentage appears, again, to be potentially very subjective, given the diversity of disabilities that are presented to Medical Boards.
- In Uzbekistan, Medical and Social Expert Commissions, within District Offices of the Ministry of Finance, undertake assessments of Persons with Disabilities. The assessment is meant to examine both the impairment of the individual and his/her ability to work. However, only medical practitioners assess since there are no social workers. So, while medical practitioners can assess the impairment, they are not trained to determine the ability to work and there are concerns by local experts that they make errors. As a result, it has been suggested that, in the absence of professionals qualified to assess work capacity, it would be better to have the assessment based purely on impairment.⁵⁴
- South Africa has adopted an approach that uses a mixed medical and social assessment. It brings together a range of professionals and uses a combination of self-reporting, examination, observation and a separate medical assessment.⁵⁵
- In the United Kingdom, assessments of work capacity have been undertaken recently by the private sector – alongside long written applications – with significant incentives to find people capable of work. As a result, many people with disabilities have been declared capable of working. But, 60% of appeals have been upheld by the government's appeal agency, which does not have the same incentives.

51 Gooding and Marriott (2009).

52 Whitworth et al (2006: in Gooding and Marriott 2009).

53 ISSA (2013).

54 UNDP (2012) and Kidd (2014).

55 Schneider et al (2011).

- There is little objective information on the effectiveness of disability assessments. In the United States of America, Nagi (1969) found inclusion errors of 19% and exclusion errors of 48% when a medical assessment was used while a study by Benitez-Silva et al (2006) found inclusion errors of 20% and exclusion errors of 60% with self-reporting.⁵⁶ In South Africa, Mitra (2010) has found – when both the means test and disability assessment are assessed – that inclusion errors are 34% and exclusion errors are between 38% and 46%, depending on which disability measure is employed.

There are several methodological and operational challenges related to disability assessments that may lead to exclusion from disability benefits.

First, medical disability assessments are generally overly complex and time-consuming and often put an undue burden on the applicant, particularly in settings where the required medical staff (who are usually specialists rather than general practitioners) are in short supply.

Second, they are also incongruous with States' obligations under the CRPD. This means people with disabilities often must travel to major cities to see an appropriate specialist who can provide the required documentation for an impairment – which puts high geographic and financial barriers to applying. In the Maldives, 70% of people with disabilities living outside of the capital had to travel to the capital (which involved boats and planes) or abroad for a disability assessment (median cost to an applicant: US\$87, IQR US\$366).

Third, restrictive definitions of disability, compounded by limited training of staff tasked with assessments, may lead to exclusion of certain people with disabilities (e.g. those with less visible psychosocial impairments, hearing impairments or those with more moderate disabilities). Some programmes also include criteria around incapacity to work, which reinforces negative stereotypes of people with disabilities and can prevent people from escaping poverty. There are also conceptual and methodological difficulties involved in assessing people's incapacity to work including the adequate definition of work in specific contexts (eg. available work in rural areas would differ from urban context). There are also issues with assessing work incapacity as different jobs have different functional requirements and to have an accurate assessment of the ability to work, the assessor needs to assess the person's ability against a generic job. There are further considerations about whether the person will be assessed against a specific job or all available jobs in the country/certain locations. In some cash transfer programmes (eg. Zambia's Social Cash Transfer Programme), using labour constraints of a household as an eligibility criterion does not involve an assessment of functioning limitations that restrict capacity to work, and assessment is typically based on the subjective judgment of assessors.

Finally, medical assessments rarely incorporate social and environmental factors that may disadvantage persons with disability beyond their impairment. In recent years, there has been a move away from a purely medical approach to disability assessments which are used to identify eligible recipients more accurately (although these have been criticised for failing to account properly for people's multidimensional experience of vulnerability). For example, Nepal uses a functioning-based approach to disability determination (Box 29). Other countries, such as Zambia, take a biopsychosocial approach, which combines a medical assessment with a functional assessment. Although a biopsychosocial approach still requires a medical assessment – which can be costly for either the individual and/or the government – it at least provides a more holistic understanding of the person's disability and support needs.

The box below describes a non-medical approach that has been adopted in Nepal to undertake a disability assessment to determine eligibility for a disability grant, as part of Nepal's Social Security Allowance schemes.

⁵⁶ Study reported in Mitra (2010).

Box 29: A non-medical approach to disability assessments in Nepal

In Nepal, people with disabilities must apply for a disability certificate to be eligible for the Disability Grant and other forms of disability-targeted social protection. The process can be onerous for many applicants. For example, participants often have to travel to district headquarters for the disability certificate, while other cash transfers are assessed at the more local Village Development Committees. Travelling to the district is challenging for many applicants, and carries high costs for travel, accommodations and seeking medical documentation.

However, Nepal has implemented several policy changes to improve the disability certification process. For example, Nepal has implemented functioning-based criteria for determining disability, which is easier to implement, reduces the need for costly medical examinations and is more in line with conceptualisations of disability espoused in the United Nations Convention on the Rights of Persons with Disabilities. This assessment considers functional difficulties persons with disability face in performing daily activities and assessors are instructed to consider the role of individual and environmental characteristics (eg. availability of support) when assessing functional status. At the time of a 2016 study, some districts in Nepal were conducting pilots of these applications at more local levels and referring only complex cases to district headquarters. Nepal has also implemented outreach camps in many districts, in which mobile teams travel to remote areas to conduct disability assessments so that applicants do not need to travel far distances.

Source: Banks et al., 2018

4.4.3 Community verification of recipient lists

Community verification is a commonly proposed means of addressing inclusion and exclusion errors, as well as the danger of households manipulating information. This involves presenting recipient lists to communities so they can approve or challenge the choice of recipient. Stigma is used to encourage self-targeting on the assumption that the better-off will not want to be recognised in public as poor or as not telling the truth.

However, there is little evidence that community verification is effective or that community meetings for this purpose even take place. In Mexico, note that only 0.1% of recipient selections were disputed (Skoufias et al. 1999). Grosh et al (2008) state that community verification is highly unlikely to function well since publicly questioning the inclusion of other community members can be divisive.⁵⁷ There are also rights concerns with community verification since it can create stigma, with people not wanting to be publicly identified as “poor” and people’s rights to privacy may be disrespected. The following examples further illustrate these shortcomings of community verification:

- In Soweto, South Africa, female applicants of a cash transfer programme did not feel comfortable referring to themselves as “poor” in the community setting, and some of them were discouraged from enrolling into the programme, despite being in situations of serious need for income support (Fritz and Fulton, 2013);
- In Kenya, during the targeting exercise of the WFP’s Cash and Food for Assets Programme, each village consolidated and presented the prioritised list of eligible households to the community during the public **baraza** (community meeting) to validate the selection. People could raise concerns and challenge the list if they perceived the process to be unfair. The risk of stigma and negative stereotypes, however, prevent some community members and potential recipients from attending these events, thereby negatively impacting their ability to voice concerns and influence targeting outcomes
- In Nairobi’s Cash Transfer Programme, validation of recipient lists was conducted through household visits and interviews by community representatives to avoid inclusion errors and potential bias of village elders, as most of them were male (Camilletti et al., 2021).

Box 29: Continued

Other strengths include the involvement of Organisations of Persons with Disabilities (OPDs) in the disability certification process. For example, the National Federation of the Disabled Nepal is regularly consulted by the government on how to improve the design and implementation of policies and programmes to better support the inclusion of people with disabilities, including for social protection. OPDs are also involved in disability assessment panels in many areas, which can improve the accuracy of assessments, visibility and acceptability of OPDs within communities. However, OPDs involvement are limited due to a lack of presence in all communities and staff time.

The design of the disability assessment in Nepal is a good practice, involving consultation with OPDs, and assessment criteria that are in line with the UNCRPD and that do not put a high burden on participants to seek expensive medical documentation. Still, the assessment process requires strengthening in practice, particularly in training assessors on how to implement the criteria for fair and consistent decision-

4.5 ENROLMENT

The final stage of the implementation of the selection process is the enrolment of recipients. This is covered in the MODULE ADM. Key considerations include the following.

4.6 OTHER KEY CONSIDERATIONS REGARDING THE IMPLEMENTATION OF SELECTION MECHANISMS

4.6.1 Communication and outreach strategies

A critical factor in the success of any social transfer programme is effective communication, particularly regarding the selection of recipients (see more on this point in the section on Outreach in the MODULE ADM). The failure of programmes to adequately inform eligible applicants about the programme, including the eligibility criteria and requirements for registration is a common cause of exclusion. Communication and information-related constraints disproportionately affect specific groups of women (eg. elderly women, those residing in remote rural areas, with many dependents, or belonging to specific ethnic minorities) and persons with disability (especially those with severe impairments). These groups may be unaware of the existence of programmes, and unclear about the eligibility and application process, due to their social or spatial marginalisation and/or failures in programme outreach. In Nepal for example, Holmes and colleagues (2019) find that men are more aware of the Social Security Allowance schemes than women, and this is reflected in gender coverage gaps, particularly for the Disability Allowance.

Communication strategies of governments implementing social transfer schemes should ensure that people know about the existence of the schemes, the eligibility criteria and how to apply. Initial outreach and communication activities must be designed to explicitly account for gender and disability-specific barriers (e.g. language barriers, illiteracy, mobility, time constraints, inadequate communication modalities).

Communication approaches must be tailored to the needs of potential applicants. Information should be accessible and adapted to local conditions. For example, relying on published materials when literacy levels are low is problematic and, in multilingual contexts, communications should also be multilingual. For people with disabilities, information about programmes and application procedures must be made available in accessible communication formats, and accessible to people with different types of impairments (e.g. simplified information sheets, audio, sign language, screen-reader compatible websites).

57 Making community verification work in urban areas would present particular challenges, given the absence of tight-knit communities

A wide range of communication channels should also be used, in particular those that are accessible to people with more limited capabilities or who live in more remote areas. Outreach activities, which include gender-sensitive messaging or language and engaging the main gatekeepers (e.g. fathers, husbands, mothers-in-law, religious and community leaders) are necessary to build support for women's inclusion in the programmes and to also avoid causing tension or resentment. In Malawi, for example, before the start of the Dowa Emergency Cash Transfer Project, staff organised community-awareness sessions to sensitize the community about the programme and encourage female recipients of the benefits of engaging their spouses in allocating cash transfer in order to reduce the risks of inducing domestic violence against women benefitting from the programme (FAO, 2018).

Box 30: Effectiveness of communication strategies

The effectiveness of communications can also be influenced by the prevalence of exclusionary forces – such as discrimination– and limitations in capabilities, such as literacy. For example, in Bangladesh, most members of the Adivasi (indigenous) community have limited information on Bangladesh's social protection schemes (Hossain 2011). It is the responsibility of Ward Commissioners to visit communities to provide them with information on schemes but, in practice, they avoid the Adivasi communities. Often announcements are made in mosques but, because many Adivasis are Christians and there are no announcements in churches, hence, they miss out. In fact, most public announcements are made in locations inaccessible to Adivasis. Communication technologies such as print and electronic media are not available to Adivasis, with high rates of illiteracy exacerbating the challenges. In practice, Adivasis are obliged to rely on informal channels of information, such as from their employers, who, due to prejudice, often refuse to disclose relevant information.

Source: Authors

Effective communication is important for both push and pull registration approaches. In urban Mexico, which uses a pull registration, a correlation was found between effective communication and participation in schemes (Coady and Parker 2005): altogether, 51% of eligible urban households did not register for the Progresa programme, with around half not hearing about the programme and another 28% not knowing where to register. Also when schemes use a census registration mechanism people need to know when they should be at home to receive the enumerators. When Pakistan's Benazir Income Support Programme tested its proxy means test scorecard, its communications were not effective, resulting in some people not being at home when visited by enumerators (GHK 2009). The remoteness of some communities and lack of resources to organise effective outreach activities in Mozambique resulted in some women from hard-to-reach villages missing out on the registration for the Child Grant benefit (Dias et al, forthcoming).

To be effective, communication strategies require significant investment and good planning, involving the assessment of specific communication requirements of prospective recipients. Frequently, there is insufficient investment in public communications and, as a result, many people are excluded from social protection schemes. Communication strategies and framing of messaging can be poorly designed even in social protection schemes with relatively good investment in administration. In South Africa, although the vast majority of people know that social transfers exist, some do not apply because they have misunderstood the eligibility criteria. For example, only 4% of eligible white children access the Child Support Grant, largely as a result of misunderstandings about their eligibility, believing it is only for black children and, 4.6% of all eligible non-recipients that did not apply believed that the scheme was only for mothers rather than caregivers (UNICEF and SASSA 2014).

Stigma and misconceptions about programme eligibility criteria also pose barriers to registration. Some people do not want to enrol in disability-targeted programmes due to the resultant stigma from others or themselves. Clarity about eligibility criteria amongst potential applicants as well as others in the community is also critical. For example, in several settings, people with disabilities mistakenly think they are not eligible for universal disability allowances because they are not poor, or are working. In some settings where disability is considered to be part of the ageing process, rather than an impairment, this may exclude older people with disability from schemes or force them to opt out of applying. Parallel education efforts are needed to bring awareness to the community regarding what disabilities are and what the cash transfer is meant to do, which should be framed in empowering terms that safeguard people's dignity (i.e. to support participation/cover disability-related costs, rather than a charity approach).



Meaningful involvement of OPDs can help reach people with disabilities in their catchment area. They can raise awareness of programmes, help members apply, monitor the accessibility and inclusivity of the process, and enrollees can also then be linked with OPDs and their services. Local women's organisations and frontline workers (both statutory and voluntary cadre of social workers) can assist in identifying and reaching out to potential recipients.

In Nepal, CSOs and social mobilisers played a critical role in helping women in the enrolment and registration process in the Social Security Allowance schemes. Such support was essential for women with lower levels of literacy and who did not speak a Nepalese language (Camilletti et al., 2021).

4.6.2 Grievance mechanisms

One means of increasing access to social protection schemes is to establish grievance mechanisms that enable people to appeal their exclusion. This topic is developed in more detail in MODULE ADM. Gender and disability-responsive grievance and redress mechanisms are critical in enabling people to voice and express to administrators their concerns with programme exclusion, poor quality service or unfair treatment. If well-designed, they can increase women's and girls' agency and self-esteem and improve their interactions with authorities. Increasingly, grievance mechanisms are designed to respond to programme-related or broader incidents of gender-based violence and mistreatment by frontline workers (e.g. Ethiopia's PSNP, South Sudan's Safety Net Skills Development Project).

A recent review of social assistance programmes across 40 middle and low-income countries revealed that only a quarter of programmes (9 out of 40) had established grievance and complaints mechanisms, with only five of these foreseeing the participation of women or women's organisations in grievance committees (Ethiopia, Bangladesh, the Comoros, India and Peru) (Camilletti et al., 2021). Most schemes in Africa, do not have such mechanisms; if these are available, they often do not function effectively and as intended. The absence of grievance mechanisms in such schemes (or their general ineffectiveness) is understandable given the high numbers of people excluded: a grievance mechanism could easily become overwhelmed. In fact, there are examples of schemes – such as the Kenya CT-OVC programme (Ward et al 2010) – that have designed grievance mechanisms but not activated them due to the high levels of exclusion deriving from poor quality targeting.

If grievance mechanisms are to function effectively, social protection schemes need to practise transparency of information: those excluded from schemes must be able to understand the eligibility criteria and access information on the reasons for their exclusion. However, complex targeting mechanisms such as proxy means tests tend not to make the criteria available, because they fear that people may manipulate their answers in surveys (Grosh and Baker 1995). Even if the information were available – as happened with the proxy means test in Armenia – it would be immensely challenging for appellants to understand and use in any appeal (Coady et al 2002). Community-based targeting mechanisms usually do not record the reasons for the selection of recipients, making it highly challenging for people to appeal. Furthermore, as has happened in Kenya's Hunger Safety Net Programme, communities may place pressure on those excluded not to appeal (Kidd and Hossain 2015).

In reality, grievance systems are only likely to be effective in schemes that are entitlements and use relatively simple eligibility criteria, such as universal old age pensions or child benefits, or criteria that are understandable, such as income-based means tests. However, even in these schemes, governments need to adequately invest in the grievance system if it is to function well, with vulnerable individuals provided with access to support from advocates when presenting their appeals.

Information about the existence of grievance and redress mechanisms must also be readily available to programme participants, alongside technical, financial and psychosocial support in using these processes. In Vietnam, for example, people with disabilities have to travel to the provincial capital to appeal the outcome of their disability assessment for disability-targeted social protection, which poses geographic, time and financial barriers to many. Participants are reimbursed (only for reassessment costs, not for travel, lodging or other costs – if they aren't successful they must pay the costs of reassessment which can be prohibitive for many lower-income households), but only if their appeal is successful.

In Peru's Juntos programme, female community facilitators are elected to act as a link between programme administrators and recipients, which is very important in contexts where women may lack the confidence to talk to staff due to cultural issues and/or unequal power dynamics (Bottea et al., 2021). In some instances, however, investments in safe spaces or anonymous channels for addressing concerns and appeals may be needed to reduce the risks of potential stigma or penalties to women and encourage their active participation. In Zambia, for example, a national hotline was established to enable women to anonymously report complaints related to GBV and other child protection issues; counselling was also provided to survivors, as well as referral to appropriate services (Bottea et al, 2021).

The boxes below provide examples of the grievance mechanism used in South Africa and Ethiopia.

Box 31: Grievance mechanisms used for South Africa's social grants⁵⁸

The relatively low errors in South Africa's social grants combined with the use of an easily understandable means test means that the South African Social Security Agency has managed to institute a functioning grievance mechanism, based on an Internal Reconsideration Mechanism. Its main role is to check that the means test was accurately applied, which is the most common source of problems. If a grievance is not resolved at this level, applicants can appeal to the Minister of Social Development, through an Independent Appeals Tribunal. The Tribunal comprises independent experts who adjudicate on the original decision and have the power to uphold or change it. If the decision is still unfavourable, an applicant can ask for a judicial review. SASSA also operates a toll-free hotline providing advice on the steps to take to resolve a grievance.

Source: Authors

Box 32: Grievance mechanism with a gender twist in Ethiopia's PSNP

In Ethiopia's PSNP, Kabele Appeal Committees (KACs) have been established in all operational areas to hear and address appeals and complaints regarding implementation of the PSNP and to ensure greater accountability. KACs are supposed to involve female members, however, while their membership is increasing in some regions, their active participation is still not at the desired level due to cultural gender norms. Women's engagement in KACs is also constrained by work burdens and limited time available to routinely come to hear grievances. The PSNP has introduced several innovations to improve women's involvement, including: (1) financial incentives for women to accept leadership or group membership positions; (2) efforts to strengthen sex-disaggregated grievance data through monitoring and evaluation to assess if the programme results in a differentiated discrimination on women; and (3) grievance protocols for reporting and responding to experiences of GBV associated with the programme.

Source: Authors

4.6.3 Accountability mechanisms

Access to social protection schemes can be improved if accountability mechanisms can be established to support applicants and hold programme implementers to account. For example, the Shiree programme in Bangladesh has supported several NGOs to strengthen local-level mechanisms of accountability. One intervention – the Social and Economic Transformation of the Ultra Poor (SETU) project run by CARE – has strengthened leadership among families living in extreme poverty and improved dialogue with local authorities, so that local selection processes for social protection schemes have become fairer and more transparent, including the involvement of the leaders of vulnerable families in selection. Another initiative, run by BOSS, has succeeded in helping 100% of families it supports in accessing social protection schemes.⁵⁹ In fact, Shiree has produced guidance for organisations seeking to support the access of vulnerable people to social protection schemes.⁶⁰ In South Africa, NGOs like Black Sash monitor the implementation of social transfer schemes and help to address the continuing exclusion experienced by those with more limited capabilities (Pellisery and Barrientos 2013).



Furthermore, other organisations should be engaged in holding the government accountable, including the media, ombudsmen and Parliamentary commissions. In fact, organisations could also provide applicants with legal support if they are denied access.

The issue of accountability is developed in more depth in the MODULES GOV and MODULES M&E.

4.7 INVESTMENT IS CRITICAL IN IMPROVING REGISTRATION

To improve registration, policymakers have to either invest in increasing the coverage of schemes so that more people can access schemes and selection mechanisms can be simpler or, they need to invest significantly in improving the efficacy of poverty-targeted schemes, including for registration and communications. Of critical importance is a need to invest in professional staff and their continuing training in inclusive targeting and delivery methodologies and protocols. The registration process in many programmes fails due to policy-makers underestimating the operational demands and, in the pursuit of reducing administrative costs, overburdening existing central and local government staff with cash transfer programme management. Meanwhile, other important functions such as social work, teaching and community development can be crowded out. Ghana's Livelihood Empowerment Against Poverty (LEAP), Kenya's CT-OVC programme and Fiji's Family Assistance Programme (FAP) are examples of schemes that have loaded the administration of social transfers onto existing social welfare officers.⁶⁶ Such a strategy can have significant consequences, leading to a breakdown in core business processes. Staff are often untrained and may not perform tasks well; they are given tasks that are not part of their job description and which they may resent; their workloads increase, which is not good for morale; and, their main responsibilities – such as providing care to vulnerable children and adults – are squeezed so that they can no longer perform them adequately. Focus on gender and disability-responsive approaches and tools is often seen as inessential 'add-ons' by programme staff who lack the time, skills and practical guidance to apply gender-equality and disability-responsive principles in practice. However, this is a falsehood. Sustainable poverty reduction is not possible without first addressing gender and disability-related vulnerabilities. Only then will social protection programmes achieve their objectives.

South Africa is a good example of a country that has built a specialised delivery service. While the Ministry of Social Development has overall responsibility for the social protection system and policy, the actual delivery of schemes is delegated to the semi-autonomous South African Social Security Agency (SASSA), which reports to the Ministry of Social Development. Professional staff are placed at all levels of the SASSA, including in the local offices responsible for managing engagement with applicants and recipients. Across Latin America, many conditional cash transfer schemes have semi-independent delivery agents that have invested in professional staff. Frontline workers in Ethiopia's PSNP, including health extension and social workers, have been trained in basic gender concepts to enable them to carry out gender-sensitive case management for vulnerable women and children. However, insufficient resourcing and deployment of staff continue to undermine programme performance and results.

In the SAGE pilot social transfer scheme in Uganda – which delivers a simple universal old age pension to around 100,000 recipients across 15 districts – three professional staff have been placed in each district, distance-managed directly by a dedicated implementation team within the Ministry of Gender, Labour and Social Development in Kampala. Although this arrangement was, in part, implemented in response to a fiduciary risk assessment of local government authorities, reduced reliance on local government has significantly improved the quality of service delivery. It can be compared with the LEAP programme in Ghana which operates across the country yet, for many years, only had three staff in central government, and relied on welfare officers across the country. The Uganda programme has performed significantly better.

58 Information is taken from Livingstone (2014).

59 Personal communication: Shazia Ahmed of Shiree.

60 See: <http://www.shiree.org/promoting-social-protection-for-the-extreme-poor/#.U6pFrXZDGxJ>



4.8 TAKE-AWAY LESSONS

The key takeaways from the sections are:

- Significant exclusion from SP schemes can happen during registration, verification and enrolment, especially in more complex schemes, So greater simplicity in processes is more likely to lead to success.
- People experiencing greater social exclusion, such as poor women and people with disabilities, are more likely to be excluded from social protection schemes.
- A key challenge is lack of investment in administration including staffing: “Benefits for the poor tend to be poor benefits.”
- Schemes that are rationing mechanisms are unlikely to support effective grievance mechanisms.
- It is critical to understand the reasons for exclusion – by undertaking specialised investigations – and investing in inclusive design and delivery solutions.

5

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CURRICULUM OVERVIEW

The TRANSFORM Learning Package is organized in a modular structure, and reflects the key building blocks of a holistic & interdependent social protection system.

The TRANSFORM modules that are currently available are listed below. Other modules are under development and will be added to the curriculum.

 LEG	Legal Frameworks
 S&I	Selection & Identification
 ADM	Administration and Delivery Systems
 COO	Coordination
 GOV	Governance, Institutions & Organizational Structure
 MIS	Management Information Systems & Approaches to Data Integration
 FIN	Financing & Financial Management
 M&E	Monitoring & Evaluation

All TRANSFORM materials are available at:

www.transformsp.org

WHAT IS TRANSFORM?

TRANSFORM is an innovative learning package on the administration of national social protection floors in Africa. The prime objective of TRANSFORM is to build critical thinking and capacities of policy makers and practitioners at national and decentralized levels to improve the design, effectiveness and efficiency of social protection systems. TRANSFORM aims not only at imparting state-of-the-art knowledge that is appropriate for the challenges faced by countries in the region, but also to encourage learners to take leadership on the change and transformation of nationally defined social protection systems.

WHY TRANSFORM?

Many training curricula exist in the field of social protection and thus fundamental ideas, concepts, approaches and techniques are accessible. And yet, institutions and individuals struggle with the complexity of developing a broad, encompassing social protection system.

This complexity requires a transformational approach to teaching and knowledge sharing. It is far from enough to impart knowledge, to fill heads. It requires learners to grapple with the features of complexity, to stimulate creativity, to appreciate diversity and uniqueness, to be involved as a key element of ownership –elements which are at least as important as the factual knowledge itself. This learning package aims at just that: TRANSFORM!

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