



EXECUTIVE SUMMARY

Overview of non-contributory social protection programmes in South Asia from a child and equity perspective

Pedro Arruda, Yannick Markhof, Isabela Francison, Wesley Silva and Charlotte Bilo,
International Policy Centre for Inclusive Growth (IPC-IG)



Research Report No. 45

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United Nations Development Programme and the United Nations Children's Fund

This publication is one of the outputs of the UN to UN agreement between the International Policy Centre for Inclusive Growth (IPC-IG)—and the United Nations Children's Fund (UNICEF).

The International Policy Centre for Inclusive Growth (IPC-IG) is a partnership between the United Nations and the Government of Brazil to promote South–South learning on social policies. The IPC-IG is linked to the United Nations Development Programme (UNDP) in Brazil, the Ministry of Economy (ME) and the Institute for Applied Economic Research (Ipea) of the Government of Brazil.

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Suggested citation: Arruda, P., Y. Markhof, I. Franciscon, W. Silva and C. Bilo. 2020. *Overview of non-contributory social protection programmes in South Asia from a child and equity perspective*. Research Report No. 46. Brasília and Kathmandu: International Policy Centre for Inclusive Growth and UNICEF Regional Office for South Asia.

ISSN: 2526-0499

**OVERVIEW OF NON-CONTRIBUTORY SOCIAL
PROTECTION PROGRAMMES IN SOUTH ASIA
FROM A CHILD AND EQUITY PERSPECTIVE**

This study is part of a series of papers developed as a partnership between the UNICEF Regional Office for South Asia and the IPC-IG, to assess different aspects of social protection in the region.

1. Social spending in South Asia: an overview of government expenditure on health, education and social assistance.
2. Overview of non-contributory social protection programmes in South Asia from a child and equity perspective.
3. Gender and social protection in South Asia: an assessment of the design of non-contributory programmes.
4. Social protection legislative frameworks in South Asia from a child-rights perspective.
5. Evidence linking social protection programmes in South Asia with child poverty, economic growth and improvement in human development.

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ACKNOWLEDGMENTS

During the elaboration of this report, we were fortunate enough to receive important inputs and feedback from UNICEF experts and governments representatives from most countries of the region. We have done our best to address most of the suggestions and critiques, and to minimise any possible errors. In any case, we take full responsibility for any eventual mistakes, errors or omissions.

We travelled to five countries in South Asia: Afghanistan, India, Nepal, Sri Lanka and Maldives, which has given us the opportunity to learn more about social protection in different contexts. This work would not have been possible without the collaboration of our counterparts from UNICEF, governments and non-governmental organisations.

We would like to thank all the government officials and experts from the following countries and institutions:

Afghanistan: our thanks to the Ministry of Social Affairs (MoLSA), the Council of Ministers, the Ministry of Finance (MoF), Ministry of Economy (MoEc), Ministry of Martyrs and Disabled (MMD), Ministry of Rural Rehabilitation and Development (MRRD), Ministry of Irrigation, Agriculture and Livestock (MAIL) and National Statistics and Information Authority (NSIA); to the World Food Programme (WFP), Food and Agriculture Organization of the United Nations (FAO) and the World Bank.

India: our thanks to Madhya Pradesh's Department of School Education and the SAMAGRA Mission Team, Tamil Nadu Information Technology Department, Tamil Nadu Corporation for Women Development and Tamil Nadu E-Governance Agency, Rajasthan's Chief Secretary to the State Government, Rajasthan's Planning Department and Rajasthan's Department of Women and Child Development.

Maldives: our thanks to the Ministry of Gender, Family and Social Services, the National Social Protection Agency (NSPA) and the National Bureau of Statistics (NBS).

Nepal: our thanks to the World Bank, the European Union (EU), the United Kingdom Department for International Development (DFID) and the German Corporation for International Cooperation (GIZ).

Sri Lanka: our thanks to the Department of National Planning and the Department of Samurdhi Development.

We also fully acknowledge the support and engagement of UNICEF ROSA and all UNICEF country offices. We would like to thank Abdul Alim, Ivan Coursac, Rabin Karmachaya, Mona Korsgard, Stanley Gwavuya, Nienke Voppen, Freshta Ahrar, Mahboobullah Iltaf, Mekonnen Woldegorjis, Marie-Consolee Mukangendo, Juliette Haenni, Jigme Dorji, Misaki Ueda, Tapan Kapoor, Antara Lahiri, Michael Juma, Veena Bandyopadhyay, Pinaki Chakraborty, Akila Radhakrishnan, Isabelle Bardem, Shafqat Hussain, Luis Gorjon Fernandez, Mohamed El Munir Safiieldin, Yosi Echeverry Burckhardt, Ibrahim Naseem, Usha Mishra Hayes, Thakur Dhakal, Sevara Hamzaeva, Antonio Franco Garcia, Sajith De Mel and Louise Moreira Daniels for their valuable contributions.

EXECUTIVE SUMMARY

In this executive summary we present the study and list the core findings of the topics discussed in it, highlighting policy recommendations in bold. As described in depth in section 1, our statistical analysis should not be generalised without consideration of the selection biases inherent in a comparative exercise like ours. Specifically, our study has no benchmark to estimate the representativeness of the programmes we included in our sample. As indicated in Box 1, a striking gap in our study is that its scope is limited to flagship programmes led by national governments; therefore, it does not take subnational initiatives into consideration. This gap is particularly harmful to the accurate representation of the social protection systems of large countries, such as India, Pakistan and Bangladesh, which have hundreds of initiatives at state or province level; therefore, their social protection systems are underrepresented in studies like ours.

Yet our sample of programmes does capture initiatives that are central to the social protection systems of all eight South Asian countries, as all of them can be considered flagship initiatives within their countries. Regardless of the degree to which our statistical analysis can be generalised, this work has the value of shedding light on the design and operational features of 51 programmes (each highly relevant on its own). Subsequently, it presents best practices that could inspire other programmes, and it invites reflection on programme features that could undergo modification to enhance their efficiency, equity and child-sensitivity. Additionally, we present certain background discussions based on global evidence for all the topics covered here.

Programme typology and subcomponents

The most common programmes in our sample are unconditional cash transfers (UCTs), followed by conditional cash transfer (CCTs), reflecting their overall popularity in policymaking across the globe, as well as their (comparatively) straightforward set-up and combinability with other programme types. This is true for programmes with only one component as well as the comprehensive initiatives combining different programme types under one umbrella. All countries seem to have a balanced combination of different sets of interventions given their context-specific forms of vulnerability.

Afghanistan, Maldives and Pakistan should roll out flagship school feeding programmes (SFPs).

It is concerning that our sample does not report any flagship SFPs for these countries. If this indeed turns out to be the case in these countries, it means there is a huge gap to be covered, since such initiatives are globally known for their effective and quick results regarding nutrition and, in particular, school enrolment and attendance. In their simplest form, SFPs do not require administratively complex selection processes—although, depending on the administrative capacity available, such initiatives can be arranged to also enable supply-side gains if food procurement procedures offer benefits to smallholder or family farmers. It is true that SFPs in such challenging contexts might not be the best way to reach the very poorest populations (who often face additional challenges to access education), but it could nevertheless play a major role in boosting much-needed school enrolment and attendance among populations that are far from being well off.

When characterising the components of our sample, we distinguish programmes according to the number and strength of their subcomponents. By this, we mean the relative importance of the coverage, cost and design format of any additional programme components in comparison to one component we identify as the programme's core component. Most of the programmes in our sample focus on a single initiative, although more than a quarter are comprehensive programmes with a number of equally strong components.

This exercise is particularly meaningful, as it reveals that the pure quantity of programmes in a country is an incomplete measure of the strength of a country's social protection system. To that end, it is worth noting that most countries in the region follow a pattern illustrated by Bangladesh: they have many programmes, with a good balance between highly complex initiatives yielding multiple benefits (such as the MAPLM, which grants cash, social care services and professional training) and some highly specialised programmes centred around one type of intervention (such as the AFIPWD, which only grants cash). Differently from Bangladesh, however, there are some outlier country cases worth mentioning.

At the one extreme, Pakistan seems to pursue its social protection goals by focusing its resources on fewer programmes but with each having strong and complex subcomponents. At the other extreme, the approach of Maldives seems to be having a larger number of programmes, most of which are highly specialised in providing one specific type of support. Although our sample is limited to just two Bhutanese programmes, it indicates that the nature of initiatives in this country seems appropriate for a country not marked by much access to markets, nor a strong, monetised economy: a specialised SFP and a relatively complex sustainable livelihoods programme and training initiative.

Afghanistan should experiment with more specialised and streamlined interventions that are relatively easier to manage. The country has a set of complex programmes with many subcomponents, including subcomponents that yield collective goods related to infrastructure and not the traditional person or household-aimed benefits that we consider for our analysis. Although these initiatives are too young to assess whether this approach will work or not, previous experiences with similar complex management requirements have been marked by operational shortcomings that suggest simpler, more streamlined interventions might be an alternative worth exploring.

Bangladesh's educational grants could improve the adequacy of their benefit values and top up the cash benefit with additional services. Looking in greater depth at the country's balance between complex and specialised programmes indicates that the most specialised programmes—its educational stipends—are missing out on a huge opportunity when reaching out to children and adolescents: global evidence suggests this group is one of those with the highest potential to harvest gains from Cash Plus interventions. Hence, Bangladesh might want to provide this group with additional, associated interventions.

Nepal could benefit from an institutionalised, permanent case management capacity for issuing missing documentation to programme applicants, or at least further supporting them in that regard. The need to expand the comprehensiveness of some programmes, such as the Child Grant (CG), goes even beyond the realisation of additional opportunities, as this is actually needed to prevent barriers of access to the main intervention intended by it: providing a cash transfer for children under 5 years of age. The requirement of birth registration to enrol in this universal programme creates an incentive to document newborns. However, this should be complemented by continuous mechanisms facilitating the issuance of these documents to applicants who struggle to acquire them themselves. As of now the programme has organised commendable *ad hoc* campaigns to that end, but the expected results from institutionalising this as a continuous and permanent part of the programme's regular mandate would be preferable—and particularly needed as part of the programme's goal to expand geographically and truly become a nationwide initiative.

The strength of this documentation component can be enhanced in many ways, including by: creating specific cadres responsible for the role (either professionals or volunteers); integrating the information systems of the birth registry authority with that of the programme so that programme operators can easily place requests on behalf of applicants; identifying the main challenges of issuing the document, and producing informative guidelines both for applicants and programme operators as part of a broader communication for development (C4D) strategy etc.

Target groups and targeting mechanisms

Our sample suggests there might be a connection between the composition of the social protection systems of each country, the degree of programme complexity and the profile of target groups. Larger countries, such as India, Bangladesh and Pakistan, seem to cover more groups under each programme, whereas smaller countries, such as Maldives, Sri Lanka and Bhutan, cover fewer groups per programme. Nepal lies in an intermediate position. Most of its programmes target a specific group. Yet it has a significant number of programmes that each cover not one, but several different groups. Two potentially complementary explanations might reveal the logic behind this pattern.

On the one hand, larger countries might have the scope to run extensive programmes targeting multiple groups. On the other hand, it might be that smaller countries can comparatively easily coordinate multiple programmes that each target a specific group. Accordingly, it might be that central governments of larger countries feel a stronger need to streamline their efforts and incorporate multiple target groups into the same programme. This is because economies of scale allow (and require) them to run a smaller number of large, comprehensive programmes, as opposed to many small programmes each with its unique target group (which are presumably more suitable to be carried out by subnational governments).

Nepal and India opt for two interesting approaches consistent with the above-mentioned explanations regarding their approach to vulnerable ethnicities and caste groups. On the one hand, Nepal has a specific programme solely dedicated to these groups, the Endangered Indigenous Peoples Allowance (EIPA). On the other hand, with the largest population and territory in the region, India has no specific programme targeting these groups in our sample. Nevertheless, as explained in Box 18 and Box 19, most of its programmes targeting poor people assess poverty through a mechanism that automatically recognises vulnerable castes as such. Hence, most Indian programmes target such groups to a large extent, even if they are not explicitly mentioned.

Consistent with most programmes focusing on a single component, most also concentrate on a single target group. Poor people and households, as well as children, women and, to a lesser extent, persons with disability (PwD), are disproportionately most often targeted by the programmes in our sample. Being poor or a child most frequently constitutes a necessary characteristic for programme eligibility. Being female and, to a lesser extent, having a disability, also matters for eligibility for many programmes. Even more so, however, these groups (i.e. females and PwD) are given priority enrolment if demand for enrolment in programmes not limited to such groups exceeds capacity. Such targeting preferences for eligibility and prioritisation in enrolment might reflect the size of these groups but also their particular vulnerability.

Afghanistan, Pakistan, Bhutan and, to a lesser extent, Maldives, should consider launching flagship initiatives specifically targeting pregnant and lactating mothers. In the other countries a significant number of the programmes targeting women specifically target pregnant and lactating mothers. These programmes capitalise on a great opportunity to provide health and nutritional support at a time when their absence can irreversibly compromise the child's cognitive development for its entire life. Worryingly, however, our sample only finds such initiatives in Bangladesh, India, Nepal and Sri Lanka.

Box 1. An upcoming maternal and child health conditional cash transfer programme in Bhutan

With the aim of overcoming the suboptimal Bhutanese indicators on maternal, neonatal and child health, the Government of Bhutan developed an upcoming CCT programme to be rolled out in 2020: Accelerating Mother and Child Health Outcomes (AMCHP). The idea is to boost mothers' and children's health status by stimulating health care-seeking behaviour through monetary incentives. It is expected that, through the programme, women and their families will understand the benefits of: (i) attending antenatal and postnatal care visits; (ii) institutionally delivery; (iii) breastfeeding; (iv) vaccinating children; and (v) monitoring their growth and wellness assisted by health professionals (Government of Bhutan (GoBh) 2019).

Eligible recipients are pregnant women who are not entitled to at least six months of paid maternity leave. The cash benefit is paid every month directly to the mother's bank account, from enrolment until the child reaches 24 months of age. To continue to receive the money, she must attend the scheduled antenatal, postnatal and childcare visits. If the beneficiary misses a visit, a health worker will contact her and remind her of the programme's relevance and conditionalities. If the participant misses two consecutive visits, the transfers are suspended. However, the payments are resumed as soon as the beneficiary complies again (ibid.).

Source: Authors' elaboration.

Despite providing a free and universal health insurance programme (*Husnuva Aasandha*—HA), Maldives might nevertheless consider building a flagship initiative specifically aiming to further promote institutional deliveries, perinatal medical visits and maternal breastfeeding. For Afghanistan, Pakistan and Bhutan, however, there is a much more pressing need to take this step, as they do not seem to have either flagship programmes with that purpose or comprehensive, universal health insurance systems. As indicated in Box 1, it seems that Bhutan is in the process of rolling out a new programme to tackle this gap, though it is not yet operating.

Bhutan's Accelerating Mother and Child Health Outcomes (AMCHP) initiative, yet to be rolled out, could play a role in enabling community participation along the lines of India's *Janani Suraksha Yojana* (JSY). The JSY is a particularly inspiring programme set up to assist pregnant women. It tries to compensate for the lack of professional and specialised social work and outreach of health cadres by engaging the community through an organised format (Accredited Social Health Activists—ASHAs) that receives accreditation, training and even some financial stimulus proportional to the success with which they enable mothers to deliver institutionally.

Afghanistan, Maldives and Bhutan could consider rolling out national, flagship initiatives to protect and empower vulnerable unmarried women. South Asia has strong gender inequalities, some of which related to meso-level relations of power that limit the opportunities for unmarried women (including abandoned women and widows). In all countries but Afghanistan, Maldives and Bhutan, there are, therefore, programmes that specifically target these groups.¹ Countries that do not have such initiatives should, at least, consider including unmarried women among the priority groups to be targeted by broader schemes already in place.

Programmes that target unmarried women could top up cash benefits with additional services to enable productive inclusion and overall social empowerment. Among the programmes that already target unmarried women, it would be advisable to go beyond providing grants and in-kind goods and services and also promote forms of collective mobilisation and self-help that could mitigate the hardships that these women encounter. In addition, these programmes could strengthen their links with Sustainable Livelihood Programmes (SLP), training, cash-for-work (CfW) or food-for-work (FfW) initiatives, which have the potential to empower these women in their communities as long as they are designed for that purpose.

As for the approach to targeting beneficiaries, the majority of programmes in our sample combine two mechanisms. Programmes using more targeting mechanisms than that are rather rare, and their occurrence seems to coincide with a higher number of target groups within the programme. Hence, this might indicate the importance of fitting targeting mechanisms to the specific programme context (type, setting, target group etc.). By far the most common targeting mechanism in our sample is categorical targeting. Other common mechanisms are direct means tests (or in the absence of directly measurable income, consumption or wealth data through proxies) or selecting beneficiaries based on geographical criteria.

India could place greater emphasis on national income-based poverty measures as a benchmark for the selection process of its programmes, preferably combining it with other criteria and measures it already deploys for that purpose. Certain Indian programmes take an interesting approach to targeting: instead of using direct measures of income or wealth (or proxies thereof), they use a mix of multidimensional poverty measures (MPMs) and categorical criteria that employ a much broader notion of poverty by also taking into account deprivations that lie outside the income or consumption domain. This has the virtue of enabling programmes to reach out to a vast set of vulnerable groups that would not necessarily be covered under a selection mechanism based strictly on monetary poverty. It would, nevertheless, be advisable for India to also mainstream the programme-oriented use of one national poverty line (even if only in addition to state-specific ones). This could also play a role in mediating access and benefit levels of, at least, national flagship social protection initiatives.

Poverty (both monetary and multidimensional) is a widely accepted mediator of access to social programmes in the region; however, its assessment requires a significant administrative and data-processing capacity which is not always

available. Therefore, it sometimes makes sense to resort to geographical targeting mechanisms that roll out programmes such that they cover the areas most affected by a given vulnerability targeted. Bhutan's Rural Economy Advancement Programme (REAP) is a great example of this, since it concentrates its SLP and training opportunities on the poorest areas. Nepal might consider this approach when expanding the national coverage of its programmes (specifically for the CG, which is still limited to some provinces, despite having been conceived to become an all-country initiative).

Productive inclusion programmes, such as SLPs and training programmes should be further stimulated in the region. It is worthy of note that these programme types are rather scarce in our sample. This indicates two things. First, it denotes an underutilised opportunity, since they could be combined with the more prevalent CfW and FfW schemes. Second, it indicates that social protection systems in South Asia might be neglecting a group that, for most countries, is only expected to grow in relevance over the coming years: the working age group (WAG). This latter point is particularly relevant considering the overall high levels of unemployment and the low participation in the labour market in the region.

Conditionality

About a quarter of programmes in our sample attach conditions to the benefits they deliver. Notably, all conditional programmes in our sample employ categorical targeting, which makes sense, since most of them require beneficiaries to observe conditionalities related to life-cycle-specific enablers (such as school-related conditionalities for children, and perinatal medical visits for pregnant and lactating women).

Three quarters of the conditional programmes in our sample target children (among others), while poor households and women are other commonly targeted groups. This is also reflected in the popularity of attendance conditionalities that two thirds of conditional programmes impose. This makes educational conditionalities (attendance or performance) the two most common of the seven different types of conditionalities we observe. Furthermore, half of the programmes in our sample impose more than just one conditionality, requiring beneficiaries to adhere to a more comprehensive set of obligations.

CCTs seem to be more common in Pakistan and Bangladesh, with the latter deploying both soft and hard conditionalities. CCTs are less common in Maldives, India and Nepal. Our sample has no entry of any conditional programmes (CCTs or otherwise) for Sri Lanka, Afghanistan and Bhutan. Bangladesh educational stipend programmes (i.e. SESP, SESIP and HSSP) apply the most varied set of conditionalities, including hard conditionalities related to school enrolment, attendance and even performance, as well as soft conditionalities related to rather controversial sexual and reproductive choices (i.e. remaining single and not becoming pregnant).

CCTs aimed at improving educational outcomes, which are very common in Bangladesh, should top up the cash benefit with additional training and services to enhance their chances of achieving desirable behavioural outcomes. As argued in Box 8, global evidence, including from smaller experiences in Bangladesh itself, indicate that educational fee waivers (EFWs) and cash transfers alone might have a limited impact on educational performance and that such effects might improve with comprehensive Cash Plus forms of intervention—which, however, is not the case for the above-mentioned initiatives.

Conditionalities that potentially compromise beneficiaries' agency over their sexual and reproductive choices (or that hold them accountable for decisions over which they might not have much influence), such as Bangladesh's SESP, should be avoided if other, less invasive and punitive means to achieve the same objective are available (such as promoting peer to peer and self-help groups, better access to sexual and reproductive health services, etc.). This Bangladeshi initiative is controversial because it requires beneficiaries to remain unmarried and not to have children while they are secondary students. Even though this is only through a verbal commitment that is not enforced (i.e. benefits are not taken away if beneficiaries fail to comply), it is nevertheless controversial to seek such results

in this way. Unless strong evidence is presented, it might thus be better to seek these results through indirect means (such as by requiring periodic medical visits or participation in peer-to-peer groups), instead of risking a trade-off between an overall desirable outcome and beneficiaries' self-esteem and individual empowerment.

If applied to less controversial requirements, however, the 'soft conditionality' approach used by Bangladesh's SESP could be more suitable than hard conditionalities. In a sense, the kind of soft conditionality used in the above-mentioned Bangladesh case—requesting solely a verbal commitment without any penalty for non-compliance—is something to be looked at further for the region in general, and to be experimented on in less controversial areas than those related to sexual and reproductive choices. Most countries do not have conditionalities, among other reasons, because they lack the capacity to monitor and enforce them effectively. Yet, as argued in Box 20, merely persuading beneficiaries to adhere to good practices through 'labelled conditionalities', for instance, has yielded good results in Morocco, and similar approaches might also yield good results in South Asia.

Benefits, payment modalities and coverage

Cash is the most predominant type of benefit delivered by programmes in our sample, which largely reflects the popularity of UCTs and CCTs. Food distribution (either directly as unconditional in-kind transfers and SFPs or indirectly through food subsidies—FSs), despite being only the second most prevalent form of benefit among our programmes, is nevertheless the benefit that reaches most beneficiaries. This is mostly due to India's Target Public Distribution System (TPDS)—the largest food distribution programme in the world—which alone accounts for 34 per cent of all cardholders in our sample. The widespread coverage of food-based benefits, however, is not at all a peculiarity of India. Except for Maldives, where the coverage of the Food Subsidy Programme (FSP) is marginal, and for Pakistan, for which we found no flagship food distribution, subsidy² or SFP, all the other countries have food-based programmes among their three largest programmes in terms of coverage.

While two thirds of programmes only award one type of benefit, the exact amounts and the way they are delivered vary greatly between and within programmes. We also distinguish four different benefit delivery mechanisms for programmes distributing cash—each with its distinct advantages and disadvantages. Banks and service point payment stations are the two most common ways in which cash is delivered. However, 12 of the 38 programmes providing cash use more than one payment modality, in an effort to meet local requirements and offer the simplest way for each beneficiary to collect their benefits. This is a commendable practice as long as it is implemented without compromising transparency and efficiency.

Countries with good mobile phone and internet network coverage and expertise in information technology (IT)—such as India—should experiment with mobile-based payment mechanisms. It is worthy of note that Bangladesh, India and Pakistan are characterised by having the widest variety of payment modalities. Yet despite India's vast and relatively cheap mobile phone service coverage and the overall high profile of the country when it comes to IT, it seems like a lost opportunity that not even one of its programmes in our sample delivers cash benefits through mobile phones.

Nepal and other countries that deliver payments through scheduled pay points should use these opportunities to systematically promote care and referral to other, complementary programmes. A seemingly unexploited potential of the region as a whole (particularly for countries that pay benefits predominantly via pay points, such as Nepal) is to use these as opportunities to promote care, referral and linkage of programme beneficiaries to other social and child protection initiatives available at the local level. As beneficiaries already incur the hardships of collecting their benefits at a specified time and date, it would be advantageous if such programmes could promote outreach and communication for development on those occasions. This could take place in several different ways, including by simply ensuring that other programme operators are present at such payment opportunities to actively seek beneficiaries.

Child-sensitivity

The child-sensitive assessment of programmes found that more than half of the initiatives in our sample (55 per cent) have at least one of the five child-sensitive design features considered in the analysis. Regarding the child-sensitive assessment, programmes were analysed with regard to whether: (1) they explicitly target children and pregnant/lactating women; they are designed to increase children's access to (2) education, (3) health and/or (4) nutrition services; or (5) their benefits increase with the number of household members/ children (in the case of cash transfer programmes). Afghanistan is the only country for which no child-sensitive programme was mapped. The most common child-sensitive design feature in the region is to directly target children. Yet most of the programmes targeting children are for school-aged children. Children under the age of 6 years are targeted less often.

Countries (especially Afghanistan, Maldives and Bhutan) should enhance their efforts to have more programmes focused on children under the age of 6, who tend to be targeted less often. This is particularly relevant, as early childhood (0–8 years of age) is the period in life when the brain develops most rapidly, and the foundations are laid for health and well-being throughout life. It is concerning that the programmes we analysed for Afghanistan, Maldives and Bhutan do not have any explicit targeting feature to protect children in that age range. Bhutan, however, seems to be on track to cover that gap, since it is about to roll out a new initiative for mothers and newborns.

The second most common type of child-sensitive programmes are programmes that support children's access to education, such as scholarships, as well as cash transfer programmes whose benefits are paid per individual child or which increase with the number of children in a household. All countries in the region, except Afghanistan, also have at least one programme that supports children's access to health, such as non-contributory health insurance. Programmes related to child nutrition were rather rare, except certain SFPs.

The flagship social programmes of the region (particularly those of Afghanistan, Maldives and Pakistan) should further strengthen their linkages to nutrition interventions. Interventions aimed at improving children's nutrition during the first 1,000 days of life should be particularly considered here, given that this is a period of great potential and enormous vulnerability in a child's life. Programmes must improve their administrative registries to report coverage disaggregated by age groups, and increase their child coverage rates overall. For most programmes in South Asia it is not known how many children they cover. Often programme coverage is only reported in terms of total beneficiaries, without any disaggregation by age. Therefore, we propose an estimation of the proportion of children covered. It can be concluded that most programmes' coverage is rather small, reaching around 10 per cent of all children in the country, whereas children represent, on average, over 30 per cent of the population of South Asian countries. This is particularly worrisome considering the large number of children living in multidimensional poverty and thus in need of social protection in the region.

Against this background, the countries in the region should consider in-depth assessments of the existing programmes, to decide which ones have the most potential to be further scaled up. In some cases, the introduction of new programmes could even be considered. This is particularly relevant for countries whose programmes have very low average child coverage rates, such as Afghanistan, Bhutan, Nepal and Pakistan.

When comparing the different programme types, it can be observed that SFPs tend to reach more children than cash transfer schemes for vulnerable households. Cash transfer programmes have been shown to be critical for many indicators of children's well-being, including health and nutrition.

Finally, all countries in the region should consider enhancing child/family allowances to reach all vulnerable children, and especially those under the age of 6 years, given that they are targeted less often.

NOTES

1. We are not considering here more traditional pension schemes that can be inherited by descendants, who often include widows.

2. Please see in '1.2 Concepts of reference and our sample of programmes' that we do not include in our sample any generalised and universal forms of subsidy on commodities and services operated through the regular market. We solely include in our sample targeted forms of subsidy operated through food distribution programmes that target a specific population and deliver their benefits through programme-specific mechanisms (as opposed to generalised and purely or predominantly market-operated forms of subsidy).



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