



Involving Communities in the Targeting of Cash Transfer Programs for Vulnerable Children: Opportunities and Challenges[☆]

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Summary. — We used baseline data, collected in July–September 2009, from a randomized controlled trial of a cash transfer program for vulnerable children in eastern Zimbabwe to investigate the effectiveness, coverage, and efficiency of census- and community-based targeting methods for reaching vulnerable children. Focus group discussions and in-depth interviews with beneficiaries and other stakeholders were used to explore community perspectives on targeting. Community members reported that their participation improved ownership and reduced conflict and jealousy. However, all the methods failed to target a large proportion of vulnerable children and there was poor agreement between the community- and census-based methods.

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Key words — sub-Saharan Africa, Zimbabwe, children, cash transfers, HIV/AIDS, social welfare

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1. INTRODUCTION

There is a growing policy emphasis in the field of international public health and development on the need for community involvement in health and development programs (Campbell, Nair, Maimane, & Gibbs, 2009; Wouters, Van Damme, Van Loon, van Rensburg, & Meulemans, 2009). Reflecting the community asset framework (Moser, 1998), the World Bank argues that, through the involvement of community members, a variety of local skills and abilities can be drawn upon in the implementation of social development programs, which, in turn, has the potential to improve local ownership of programs and increase their sustainability (The World Bank, 2011). Involving community members in the identification of beneficiaries of a cash transfer (CT) program may therefore, through its recognition and use of local resources and knowledge, facilitate a sense of local program ownership, in a way survey based targeting tools may not.

(a) *Targeting social welfare programs: census and community participatory approaches*

Household censuses are frequently used to collect information for targeting social welfare programs (Ministry of Community and Social Services (MCDSS) & German Technology Cooperation (GTZ), 2007; Robertson *et al.*, 2013; Schubert & Huijbregts, 2006). The most vulnerable and/or poorest households can be identified by asking questions about socio-demographic characteristics of households (e.g., orphan status of children in the household, chronic illness among household members, child-headed households, *etc.*) or about household wealth.

Collection of data on household assets, in census questionnaires, is a popular method for obtaining information about household wealth and thereby identifying poor households (Howe, Hargreaves, & Huttly, 2008). This method makes use of simple questions and data on several household assets can be used together to create a wealth index by which households can be ranked and the poorest households thus identified (Howe *et al.*, 2008). Direct observation of assets by the interviewer can reduce recall and social-desirability bias compared with other methods—e.g., data on household expenditure or income, which often vary significantly over short time periods and for which reporting may be influenced by social norms on the acceptability of discussing household wealth. Studies suggest that the extent to which asset-based wealth indices correlate with other indicators of poverty (e.g., household consumption expenditure data) varies by country (Sahn & Stifel, 2003). A study using data from India, Pakistan, and Nepal found that asset-based wealth indices were associated with school-enrollment and could predict school-enrollment as accurately as household expenditure data (Filmer & Pritchett, 2001).

One advantage of using a population-based census is that it is relatively simple to ensure the systematic application of a standardized questionnaire across an entire population. An important disadvantage is that large-scale censuses are expensive and time-consuming to carry out. Furthermore, there are often few opportunities for community involvement in census-based targeting. If external definitions of vulnerability and poverty are used, communities may feel resentment toward the associated social welfare programs and it could cause conflict within the community.

Alternative targeting methods that directly involve community members in the targeting process are one means of achieving community participation. For example, a group of community representatives could be responsible for identifying

vulnerable households (Pronyk *et al.*, 2006) or could use census data in making the final decision about which households should be selected (Miller, Tsoka, & Reichert, 2008; Ministry of Community and Social Services (MCDSS) & German Technology Cooperation (GTZ), 2007). Participatory wealth ranking (PWR) is a method for involving communities in the selection of the poorest households (Grandin, 1988; Hargreaves *et al.*, 2007). Meetings are held with community representatives to discuss the characteristics of households in different wealth categories (e.g., poorest, average, least poor, *etc.*). The representatives then use these categories and characteristics to rank the households in the community according to their wealth status and thus the poorest households can be identified. Community-based methods allow information about household wealth and vulnerability to be generated relatively quickly and cheaply. Studies from Tanzania (Temu, 2000) and southern Zimbabwe (Scoones, 1995) found participatory wealth ranking data correlated well with wealth indices based on household-level agricultural wealth (e.g., crop sales, livestock ownership, land ownership, *etc.*). However, Hargreaves *et al.* (2007) compared wealth indices based on a wider range of variables (e.g., employment status, household assets, details of dwelling construction, *etc.*) with data generated using participatory wealth ranking and found only limited agreement between the two methods for a population in rural South Africa.

(b) *Targeting cash transfer programs in sub-Saharan Africa*

Cash transfer programs are social welfare interventions that aim to help households meet their basic needs and provide care for vulnerable children (Adato & Bassett, 2009). In conditional cash transfer programs, beneficiary households must meet certain conditions, usually relating to school attendance and uptake of health services, in order to receive the transfers. Unconditional cash transfers are provided without conditions.

National cash transfer programs in Latin America (e.g., Progresia in Mexico (Skoufias, Davis, & Behrman, 1999)) use household-level means testing based on routinely collected data on income to target children living in the poorest households. In sub-Saharan Africa, these data are often unavailable. Programs in Zambia (Ministry of Community and Social Services (MCDSS) & German Technology Cooperation (GTZ), 2007) and Malawi (Miller *et al.*, 2008) targeted “ultra-poor, labor-constrained households” by identifying households with high ratios of dependents (children, elderly and sick adults) to working-age adults. Demographic and economic data were collected from potentially vulnerable households identified by community committees. These data were then used to rank households based on their level of destitution and community committees discussed and verified the list and identified the 10% most incapacitated households. This method was designed to be simple and to target economically vulnerable households and/or those suffering from the demographic consequences of the HIV epidemic (i.e., the illness and death of working-age adults).

Attempts to rigorously evaluate these targeting methods, in the context of cash transfer programs in sub-Saharan Africa, have been limited. A study in Zambia found that targeted households were more likely to be elderly or single-headed or to contain orphaned children or disabled members (Ministry of Community and Social Services (MCDSS) & German Technology Cooperation (GTZ), 2007). A study from Malawi found that targeted households were more likely to be caring for orphaned children or someone sick with HIV or TB (Miller *et al.*, 2008). However, it remains to be established whether census-based or

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