

SOCIAL SAFETY NETS FOR HUMAN DEVELOPMENT

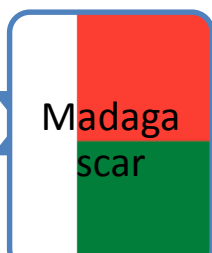
LESSONS FROM:

India: Health

Niger: Nutrition

Madagascar: Education

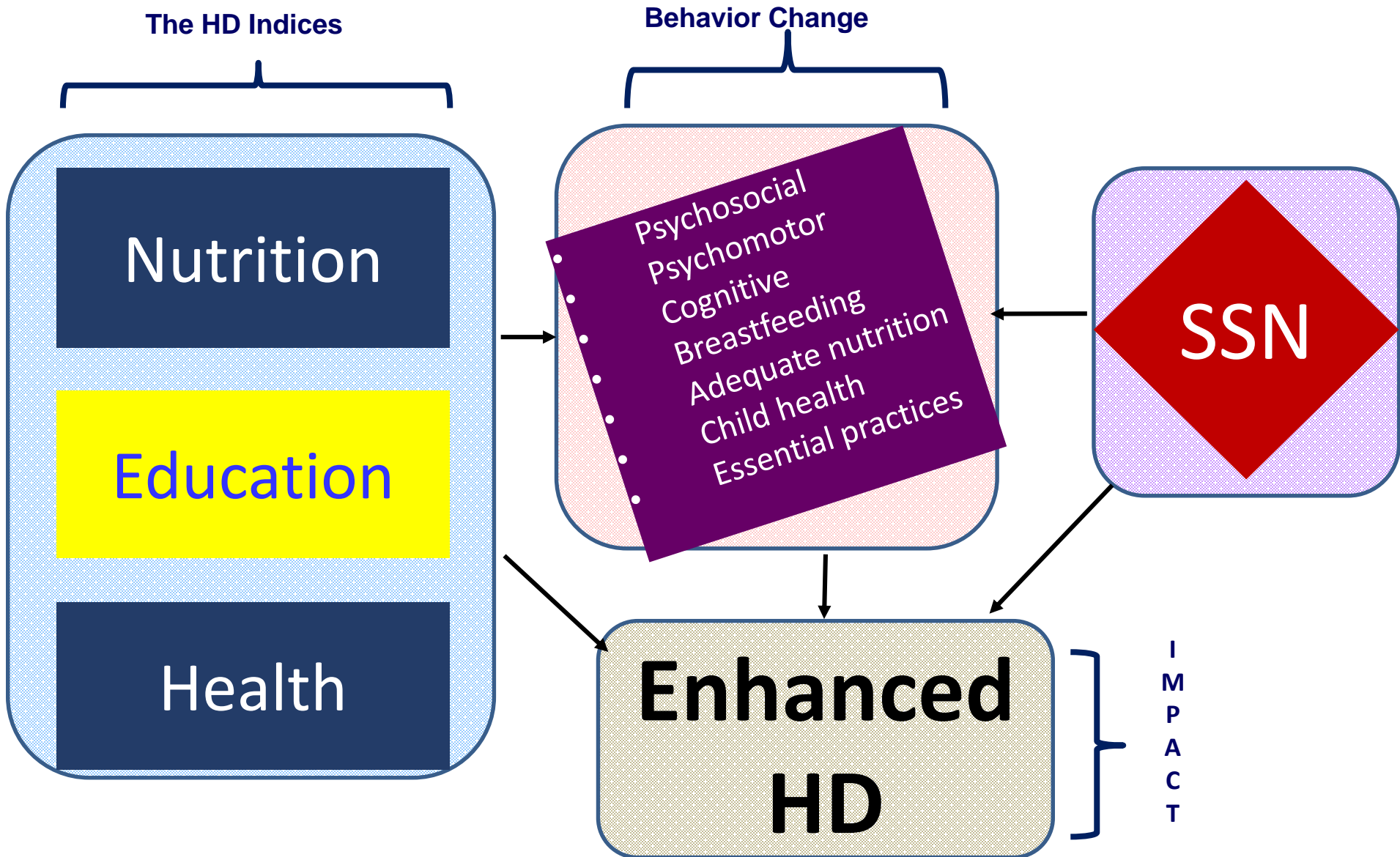
PARTICIPATING COUNTRIES



Outline

- System Framework for delivery of Human Development outcomes using SSN
- Social Safety Nets (SSN) and Human Development (HD) Nexus
- Case Studies: Education, Maternal Health, Nutrition
- Conclusions and Recommendations

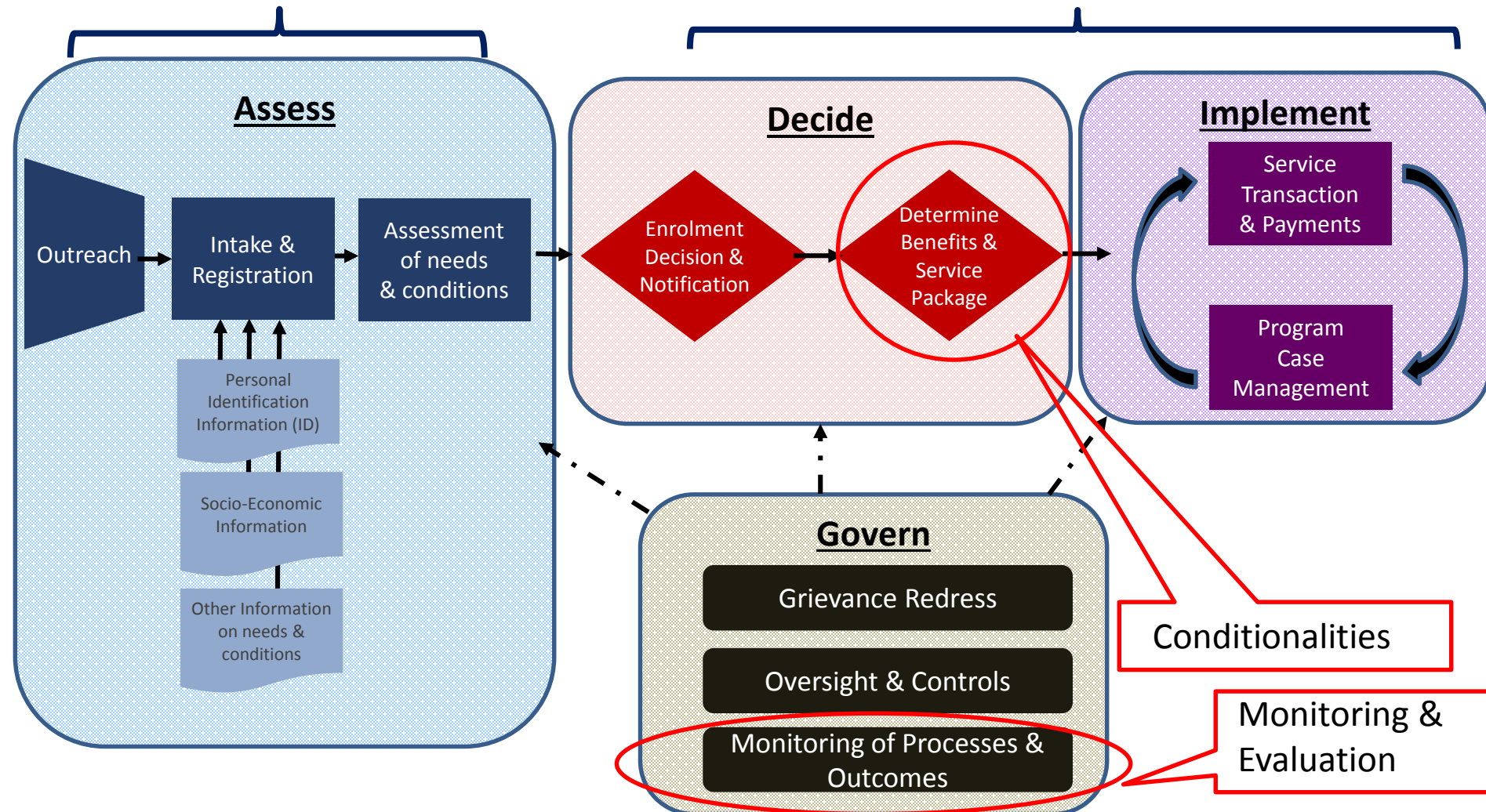
Nexus: Complementarities and Linkages



Framework for delivery of HD outcomes using SSN

Business Processes for Determining Eligibility (Population = all clients / potential beneficiaries)

Business Processes for Program Delivery (Population = beneficiaries)



SSN Systems and HD Nexus



Supply Side

- Underlying Infrastructure in Health, Education, Nutrition
- Challenges
 - Low levels of underlying infrastructure



Conditionality

- Used to deliver the HD outcomes
- Forms:
 - Hard
 - Soft
- Challenges
 - What form is the most appropriate



Monitoring & Evaluation

- Monitoring adherence to conditionality
- Evaluating the impact of the program

COUNTRY CASES

- **COUNTRY CONTEXT:**

- **Population: 22 million**

- **Poverty: 71.5%**

- **HD Challenge: low education, high malnutrition and stunting**

- **47.4% children under 5 suffer from chronic malnutrition**

- **1 million children between 6-12 are out of school**

- **PROGRAMME OBJECTIVES:**

- **CCT to extremely poor households with young children (between 0 and 12) in 6 regions;**

- **Initially piloted 6,000 and later expanded to 39,000 households;**

- **KEY FEATURES - Conditionalities**

- **Hard: enrollment and attendance (80% of school days) of up to two children of primary school age;**

➤ **Soft:**

- **Creation of female groups led by mother leaders to deliver training on improved parenting and nutrition;**
- **Use of behavioral nudges to improve mothers self affirmation and plan making.**

• **OUTCOMES:**

CCT Betafo	In school (6-10)	80% days
Sept 2014	67%	n/a
April 2016	100% (non disabled)	99%

• **CHALLENGES:**

- **Supply Side: Availability of schools in the program areas.**

INDIA: SSN & Health



Conditional Maternity Benefit Program

- COUNTRY CONTEXT:**

	2004-6	2014
Population	1.06 billion	1.25 billion
Maternal Mortality	254	181
Underweight	42.5%	29.4%
Infant mortality	57	41
Exclusive breastfeeding	46%	64.9%
Full immunization	44%	65.3%

PROGRAMME OBJECTIVES:

- **Cash incentives for improved health and nutritional status through promotion of appropriate practices, care and service utilization;**
- **Partial wage loss compensation for adequate rest before and after delivery as mothers encouraged to follow Infant and Young Child Feeding (IYCF) practices.**

KEY FEATURES:

- **Pilot in 53 districts covered about 600,000 pregnant & nursing mothers 2014-15 (USD 100 through electronic cash transfer in two installments: 3rd trimester & 6 months after delivery);**
- **Conditions: registration of pregnancy, ANC, immunization, growth monitoring, Exclusive Breast Feeding;**
- **Per beneficiary incentives for field functionaries for documentation & supporting fulfillment of conditions;**
- **Program now part of 2013 Food Security Act;**
- **To be scaled up to cover entire country in 2016-17.**

- **OUTCOMES (government assessment):**
 - **95% women interviewed with positive perception of program;**
 - **Successful in inculcating high early registration of pregnancy;**
 - **Improved growth monitoring of children;**
 - **Increased usage of government health system;**
 - **Improved health indicated for more than half of the beneficiaries;**
 - **Financial inclusion – over 85% beneficiaries comfortable using bank account.**

- **CHALLENGES:**
 - **Eligibility – 19 years and above & benefits for up to two live births discriminatory;**
 - **Inherent problems with delivery platform of integrated child development services;**
 - **Weak supervision and monitoring;**
 - **Absence of grievance redress mechanism;**
 - **Lack of resources for ensuring entitlement.**

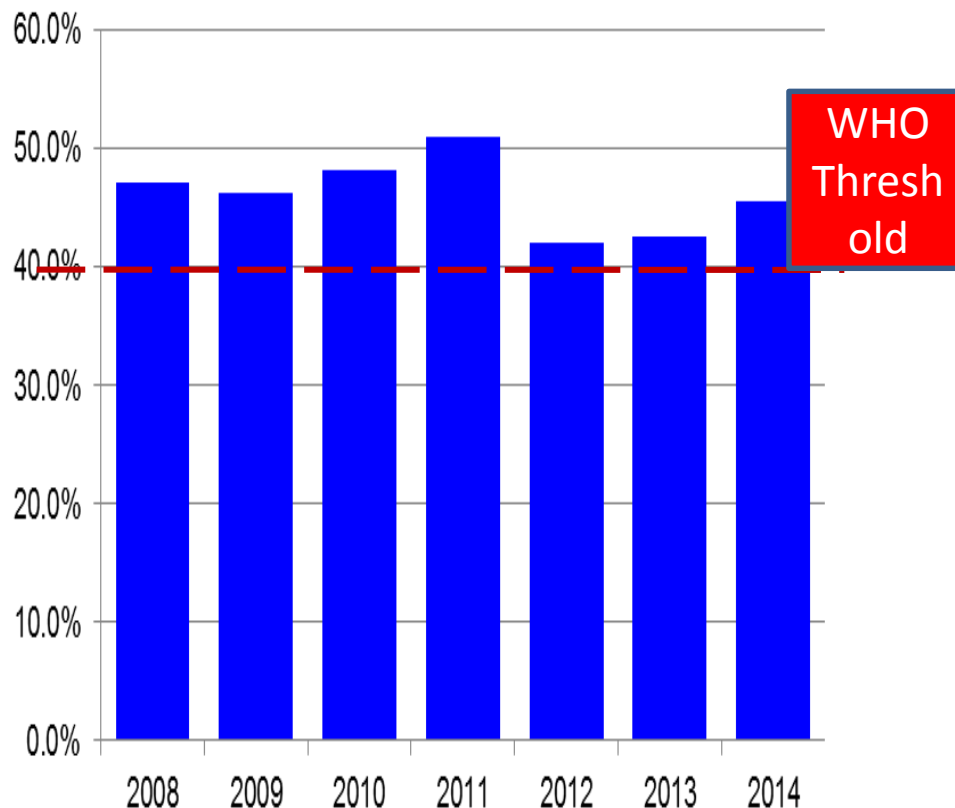
NIGER: SSN & Nutrition



CCT for reduced SAM and Stunting

• Background & Context (2014)

- Population: **17.1 millions**
- Poverty: **+ 45%**
- Human Development Index: **186/186**
- Demographic annual growth rate: **3.9 %**
- Fertility index: **7.6 children/woman**
- Chronic malnutrition: **45.5% with 18.4% of severe stunting**
- Acute Malnutrition/Wasting: **+ 1 one in 10 children**
- Maternal Mortality Rate: **535/100,000 live births**
- Exclusive Breast Feeding: **23%**
- child mortality rate: **127/1,000 live births**



Chronic malnutrition is a major public health and development challenge in Niger

Optimal nutritional status = Children's access to affordable, diverse, nutrient-rich food; appropriate maternal and child-care practices; adequate health services; and healthy environment including safe water, sanitation and good hygiene practices.

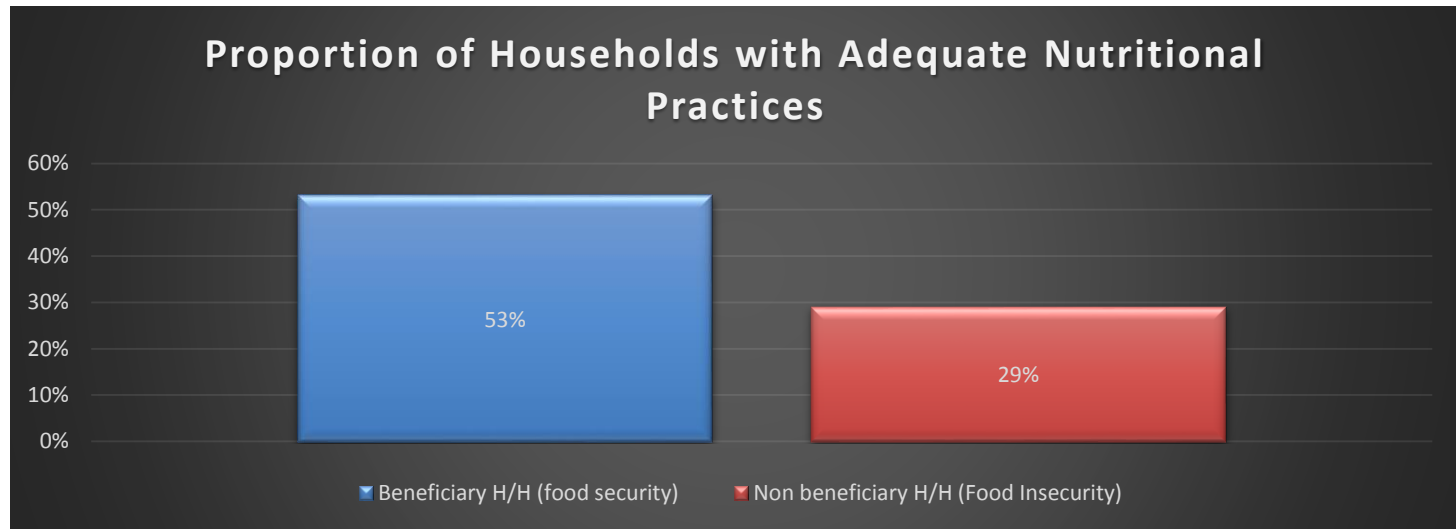
- **Objectives:**

- **Increase quality and quantity of food consumption for children aged 0-24 months in 5,000 households in two regions with highest chronic malnutrition rates.**

- **Key Features:**

- **Community based targeting;**
- **Transfer amount per child: roughly equivalent to 15% of rural food poverty threshold (estimated at \$120 / 60,000 CFAF) per year;**
- **Beneficiary households trained in 8 essential family practices (EFP) on health, nutrition, and sanitation.**

- **Outcome**



- **Challenges:**

- **Turning 8 EFP seems to be a challenge for beneficiaries;**
- **Nutrition a national priority but not investment of the part of the Government.**

Conclusions and Recommendations

- **Evaluations - demonstrate impact and theory of change (sustainability and attribution);**
- **Resources for scaling up and sustainability – political will without appropriate funding;**
- **Prerequisites: services have to be in place (supply);**
- **Conditions: enabling and regularly assessed;**
- **Complementarity of interventions;**
- **Communication for awareness and behavioral change.**

Questions?

*Over to
you. Over.*

