

2018  
**Social  
Protection  
Conference**  
KENYA



# Evidence from Cash Plus and beyond

UNICEF-led social cash transfer pilots within the PSNP framework of Ethiopia

**Dr Lisa-Marie Ouedraogo, Social Protection Specialist**

UNICEF Ethiopia

21st March 2018

# The IN SCT pilot



- The UNICEF-supported ***Improved Nutrition through Integrated Basic Social Services and Social Cash Transfer*** (IN SCT) is a 4-year pilot implemented in the framework of the ***Productive Safety Net Program*** (PSNP) of Ethiopia
- Implemented in the second largest country of the continent, PSNP remains the **largest safety net program in Africa** and it involves a number of stakeholders
- The IN SCT (2014-2018) is being implemented in four districts of two regions – the leading Line **Ministry is Ministry of Labour and Social Affairs** (MoLSA), Irish Aid provides financial support, and Concern Worldwide implements the **nutrition-sensitive agricultural component**



# Main Objectives of the IN SCT



- Emphasizing **Gender and Social Development** (GSD) provisions of the PSNP4, mainly through supporting linkages creation for Temporary and Permanent Direct Support Clients (PDS/TDS)
- **Case Management System**, which links these clients to health and nutrition services is implemented by dedicated Social Workers, which works closely with other frontline workers
- Case Management System supported by IT-based **Management Information System**

# Main Objectives of the IN SCT



- Strengthening **multi-sectoral collaboration** between different sectors involved in the PSNP (Agriculture, Social Affairs, Health, etc)
- Enforce **effective linkages creation** to complementary social services in the area of health and nutrition
- Provide **additional livelihood support**, especially for TDS clients (*pregnant and lactating women and caretaker of malnourished children*) to enforce nutrition-sensitive Social Protection



### Objective:

Contribute to reduction of poverty and undernutrition, increase access to basic social services, generate information on the feasibility, cost-effectiveness and impact of multi-sectoral interventions

### Target Beneficiaries:

- 9,750 children <1year in food insecure households
- 30,000 adolescent girls
- 12,000 Pregnant and Lactating Women

### Target Areas:

- Halaba Special District, 46 PSNP Kebeles
- Shashego District, 34 PSNP Kebeles



## INNOVATIONS



Multi sectoral collaboration to support a systems approach



Linking IN-SCT Beneficiaries to social services and case management



Nutrition sensitive Social Protection

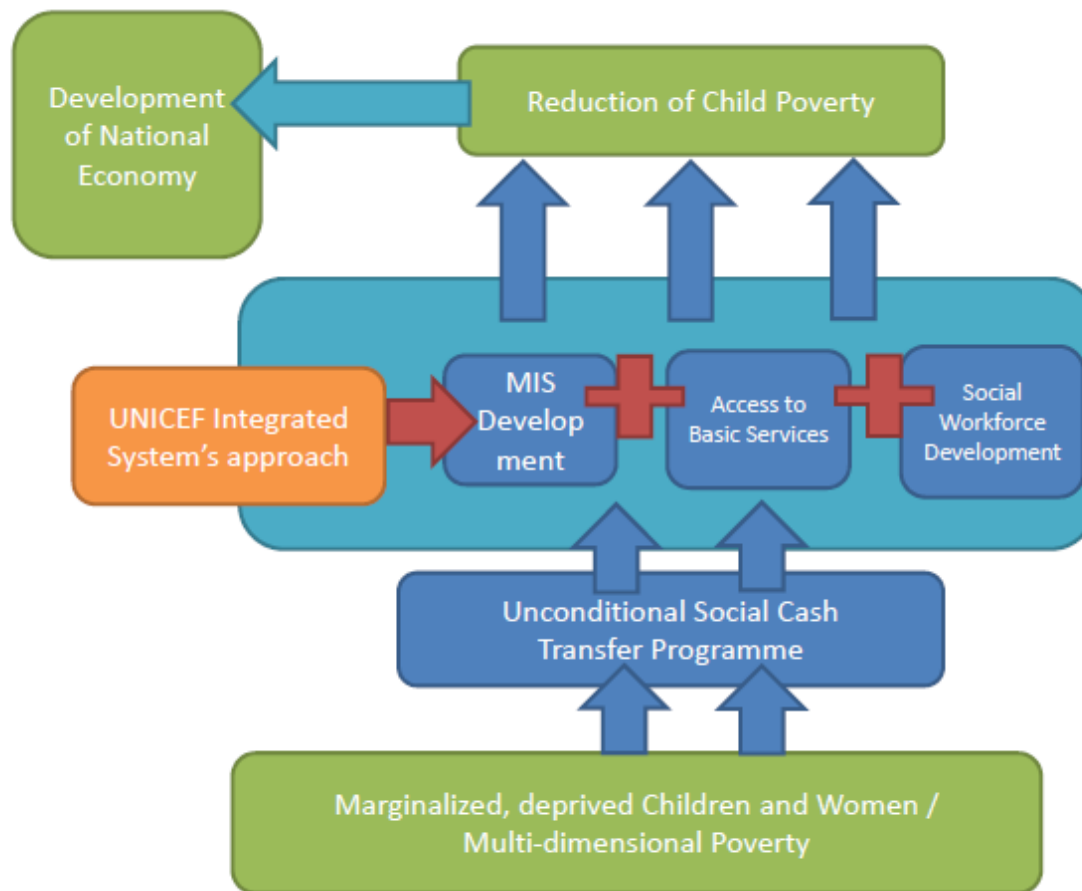


Gender and social development provisions



E-payments: M-Birr experience successfully piloted in Tigray now scaled up by IN-SCT and PSNP

# The integrated Systems Approach



# Lessons learned



- **Integrated Systems Approach** is promising to achieve multiple impact of cash transfer programmes (e.g. related to health, nutrition and education outcomes)
- Crucial elements are the **comprehensive case management system** (paper-based and MIS), **timely and predictable payments**, as well as the **effective transition of Public Work clients to the Temporary Direct Support component of the PSNP** (pregnant and lactating women and caretakers of malnourished children) with respective co-responsibilities (focus on access to MCH services)

# Lessons learned



- **Social Workers** play a significant role in the effective and efficient implementation of the Integrated Systems Approach – they are the main link between PSNP clients and established frontline workers at community level as well as district-based Government stakeholders
- The **nutrition-sensitive agriculture** component of the IN SCT complements well the cash transfers and provides suitable livelihood options for PSNP clients (e.g. house gardens, poultry farming), the establishment/rehabilitation of school nutrition clubs and farmers trainers centers further supports general livelihood improvements in the target communities (beyond PSNP households)



# Remaining challenges



- Need to further **strengthen IN SCT Service Providers**, e.g. Social Workers and Community Care Coalitions – as relatively new and not yet established stakeholders at community level – strong collaboration between different service providers is crucial to ensure maximum impact of pilot interventions
- Social Workers face **high workload and far distances** to serve target group – Government's commitment towards establishing a solid Social Welfare Workforce needs to be further strengthened
- **Limited capacities of established frontline workers** limit the impact of Social Workers and the entire IN SCT pilot

# Remaining challenges



- **External conditions** significantly influence the success of integrated cash transfer programmes, e.g. lack of access to water, which affects the general health and nutrition situation, as well as agricultural activities and general income generation within the target community
- **Multi-sectoral collaboration** remains a challenge – at UNICEF and Government level

# Way Forward



- Phasing Out Phase ongoing (2018), Government demonstrated leadership and ownership
- New Swedish-funded pilot – The **Integrated Safety Net Programme (ISNP)** – started in September 2017, which has an urban component (UPSNP framework) as well as focusses on linkages to health financing / the **Community Based Health Insurance (CBHI)** – the latter was informed by a comprehensive assessment (2016/17)
- Based on integrated systems approach and lessons from the IN SCT

# UNICEF-led CBHI/PSNP assessment



## Background:

- Complementarity among Community Based Health Insurance (CBHI) and PSNP was assessed through a mixed method approach, the study was carried out between November 2016 and February 2017
- The study builds on evidence from a descriptive analysis of the PSNP 2016 baseline survey (IFPRI 2017)
- PSNP client households are vulnerable to illness-related shocks: 10 per cent of PSNP households experienced a serious shock in 2015 due to the illness of a household member which resulted in loss of consumption (73%) and loss of assets (41%)
- A large proportion of PSNP client households (38%) experience significant out-of-pocket expenses for health



# PSNP/CBHI assessment



## Key Findings:

- There is limited geographic overlap of CBHI and PSNP in four highland regions of Amhara, Oromia, SNNP and Tigray
- PSNP participation in CBHI remains low
- The share of poor families in PSNP districts that benefit from CBHI indigent provisions is also quite small

## Recommendations:

- Increase access by PSNP clients to CBHI and Indigent Provisions
- Promote Insurance Education among PSNP Public Work clients
- Reduce Fragmented approach among PSNP and CBHI programmes
- MoLSA should play a key role in improving coordination among sectors as per the National Social Protection Policy (2014)





2018

# Social Protection Conference KENYA

invest • implement • impact



THANK YOU FOR YOUR TIME