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Effectiveness of targeting in social protection programs aimed to children: lessons for a post-2015 agenda

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Effectiveness of targeting in social protection programs aimed to children: lessons for a post-2015 agenda

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Abstract

One of the main challenges for the post-2015 agenda is to reach universal primary education for all children. The last decade experienced a boom of social protection programs aimed at increasing school enrollment, mostly in the form of Conditional Cash Transfers. These programs are mostly targeted to poor families and have proved to increase enrollment and attendance. However, not all vulnerable children are benefiting from these programs. As more children are to be reached, there is a higher risk to incur in inclusion errors. This paper discusses the main challenges of targeting this type of programs and draws some lessons for improving targeting effectiveness. It also highlights the importance of moving from enrollment and attendance to learning and attainment as we move forward towards reaching high education quality for all children.

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Introduction

The important link between education as human capital investment and poverty reduction has been established in the literature. It is necessary to increase the stock of human capital to alleviate poverty, as human capital is in fact also the main asset of most poor people (World Bank, 2000). In practice, recent development in poverty alleviation strategies has shifted its focus strategies to foster economic growth for everyone with its expected trickle-down effect towards the poor, to direct intervention programs targeted to the poor with social protection programs that alleviate poverty and at the same time help to promote human development. This includes programs which focus on the advancement of children's educational attainment. As social protection programs are directed towards the poor, accurate targeting of the transfers become important.

Targeting is an effort to identify and ensure that the resources of social protection programs are directed to those most in need, so that resources are efficiently utilized. This paper discusses the effectiveness of targeting in social protection programs aimed to the improvement of children education outcomes. Following the introduction, challenges in relation to targeting are discussed. The evidence on policy and program evaluation since 2000 and current status of key policies is then analyzed. Four country studies covering Colombia, Brazil, South Africa and Indonesia are presented with an aim to draw lessons out of these countries' experiences. The final section concludes by summarizing and proposing key priorities for policies related to a post 2015 agenda.

Main challenges in relation to targeting effectiveness in social protection programmes in education and evidence on approaches around 2000

In line with the objectives, targeting social protection programs usually need two steps in its design. First, the program needs to identify who are the potential beneficiaries of the program or who is going to be reached (poor children, families at risk, orphans, indigenous, etc.). Second, the program needs to choose the 'right' targeting method to reach a group of population or households who qualify to be considered as the beneficiaries of the program or usually those who qualifies as poor. There have been several methods of targeting discussed in the literature: Means testing or proxy means testing (where benefits are provided to those below a certain level of income or well-being), geographic (where programs are aimed people living in particular areas with certain characteristics such as poverty or marginality), categorical (where benefits are given to particular demographic groups such as children, orphans, indigenous groups, etc.), community-based assessment (where program assignment is decentralized to the leaders of local communities), and self-selection (mainly through the public works).

Why does social protection program need targeting? Coady et al. (2004b; 2004a)discuss several reasons for targeting including maximizing poverty reduction and in general to contribute to increase social welfare as resources for poverty alleviation are usually limited. Thus, it is preferable to focus on the group who are most in need or to give the poor a higher amount of transfers rather than adopting a universal approach to give transfers to everyone.

There are issues and challenges both in the design and implementation of targeting social protection programs. What are the challenges and subsequently how do we measure that targeting is effective and reach the right beneficiaries? Relevant to this, Slater and Farrington (2009) have defined two terms:(i) targeting effectiveness which is defined as a measure of how far targeting approaches and mechanisms succeed in making transfers to intended beneficiaries and (ii) targeting efficiency which combines effectiveness with a measure of the costs of the implementation of the program.

Morley and Coady (2003) summarize that in practice there are four challenges in terms of effectiveness and efficiency. First, there has been criticism that social protection programs may not have been effective as the programs do not reach all the intended beneficiaries. Second, programs may not be cost effective (inefficient) due to high administrative costs and unnecessary operational efficiencies (for example corruption) during the implementation of the program. Third, the design of programs sometimes is too complex and uncoordinated. For this paper, we think the third challenge can be combined with the second one as it is reasonable to think that the more complex and uncoordinated the program is, the more costly it is. Finally, they argue that as social protection programs are usually designed for short term perspective to reduce current poverty, these programs may not have yet focused much on the subsequent efforts to ensure the long term alleviation of poverty. Below, we discuss these challenges in more detail by mainly focusing on social protection programs that focus on children.

Table 1 shows the two most common errors in targeting. Both errors are trade-off each other, although programs usually focus on their efforts on minimizing the leakages (inclusion errors).

Table 1. Targeting Errors

	Welfare Status of Households	
	Poor	Non-Poor
Household excluded from program	Exclusion error (undercoverage)	Successful Exclusion
Household included in program	Successful Targeting	Inclusion error (leakage)

Source: Coady et al. (2004a)

Coady et al. (2004a) construct a database covering 122 targeted anti-poverty programs that are found in 48 countries mostly in low and middle-income countries during 1985-2003. Although currently, some of the programs have been inactive, we decide to utilise this database to draw relevant lessons particularly because based on our knowledge, this is the most extensive database which links the targeting methods with a summary of targeting performance indicator (please see the Appendix for the methodology of this database construction). There are different ranges of programs included in this database (CCT, food aid, child allowance etc.) that focus on children. Using this database, on average, Coady et al. (2004a) find that the median targeting performance is 1.25 which means that the median program transfers 25 % more to poor individuals through the targeting program.

Nevertheless, there are variations in terms of targeting performance across social protection programs and across different countries as each of the targeting mechanisms have its own strengths and weaknesses. We extend Coady et al. (2004) analysis and focus on programs that are child sensitive or those which focus on the education for children (including the CCT and food aid programs). 25 programs are identified and their targeting performances are ranked. Yemen with the Social Welfare Fund Cash had the highest targeting performance at 2.15 while in contrast; Bulgaria Child/family cash allowance had the lowest targeting performance at 0.95. Most of the programs do not use only a single targeting method. For example, the Social Welfare Fund Cash in Yemen actually applied 4 different targeting methods in addition to targeting the program to children.

Appropriate combinations of methods can provide complementarities, with the different strengths effectively offsetting the weaknesses. Table 2 examines the preliminary association between numbers of targeting methods used and the median of targeting performance respectively. Table 2 shows that using up to 3 types of targeting methods, the more targeting methods used, the median of targeting performance increases which indicates a mixture of targeting methods tend to improve targeting performance. Interestingly our observations indicate that applying too many targeting methods does not necessarily mean improving targeting performance as in the case of applying 4+ targeting methods. This may indicate when there are 4 or more targeting methods applied, the targeting in practice have become very complex that benefits of having such complexities may be diminishing. Excluding Yemen and Chile (with school feeding) which have a targeting performance around 2 or more, other programs in this group are the JPS (Jaring Pengaman Sosial) education subsidy in Indonesia, GAPVU cash transfers in Mozambique, Child allowance program in Uzbekistan, SGF food transfers in Vietnam and Food for education in Bangladesh. All have targeting performances in the range between 1.05-1.44. Four out of seven programs which are in 4+ category have adopted community targeting method in combination to the other methods (and surprisingly community targeting method is not used in the other programs which use less than 4 targeting methods). More research is required to uncover whether there are challenges that we should be aware when combining many targeting methods with another one of the community targeting.

Table 2.Numbers of targeting methods and targeting performance across child sensitive program

Number of targeting approach	Median of targeting performance
4+	1.35
3	1.8
2	1.475
1	1.13

Source: Authors' calculations from Coady et al. (2004b)

We look further on the combination between programs targeted to children which used any other type of targeting and examine both median and average value of targeting performance.

Table 3 shows that those programs which used geographic targeting as one of the targeting methods achieve the highest targeting performance followed by programs which use proxy means testing which is not surprising as both are the most common targeting methods adapted by social protection programs. All targeting methods were found to be progressive as the targeting performance values are greater than 1.

Table 3. Type of targeting method and targeting performance across child sensitive program

Targeting Method	Median targeting performance	Average targeting performance	N
Means testing	1.35	1.56	7
Proxy means testing	1.56	1.52	5
Community assessment	1.40	1.49	4
Geographic	1.63	1.69	11
Age – Elderly	1.14	1.36	4
Other	1.45	1.60	10

Source: Authors' calculation from Coady et al. (2004b). The list includes programs that use single targeting method or multiple targeting methods.

Most of the programs discussed above target children to either enroll or keep them to study at school in order to reduce the number of children dropping out from school or target children who are at risk to be out of school if the social protection is not given. Interestingly, based on our knowledge, there have been only few programs which have a particular focus to include the drop-outs children to bring them back to school. Among these limited programs, Reaching-Out-of School Children program (ROSC) in Bangladesh, started in 2004, has targeted to children who have not had opportunity to attend primary school in the remote areas (hard to reach students) and dropouts from primary school (Fiszbein and Schady, 2009). The intervention is considered as unusual with a classroom and a teacher in each ROSC school (Dang et al. 2011). This program has spent efforts to reduce the number of out-of school children in Bangladesh by improving access, quality and efficiency of primary education. Despite of the differences in the focus of type of children targeted, the ROSC program has applied geographic targeting, so quite similar targeting method as on the other types of social protection programs, although this may have a stronger focus on the remote areas where many of out of school children are located (UNICEF, 2014). Reaching-Out-of-School Children has covered around half of million children. Dang et al. (2011) from their impact evaluation have found that: ROSC schools have increased the likelihood of school enrollment modestly, between 9 and 18 % for children in the two age cohorts 6-8 and 6-10 respectively. Another set of programs that reach out-of-school children, particularly in Asia and Latin America, are those related to non-formal education programs such as flexible learning models or accelerated learning programs, particularly for adolescents (UNICEF, 2014). While most of the targeting of these programs is also geographic (targeting either deprived areas in cities or remote areas), there is also the need for updated information systems that can allow for the identification of out-of-school children or children at high risk of dropping out.

While we have discussed that targeting is applied to improve effectiveness of social programs to reach the beneficiaries better, somehow targeting may not always mean that targeted programs are more costs-effective compared with universal programs (Dutrey, 2007). There are various costs associated with the social protection programs which not only cover direct administrative costs or private costs but also indirect costs such as political (e.g. targeting criteria can be manipulated for personal gain and interest as we show for the case of Colombia at the initial phase of implementation of the program *Familias en Acción*), social costs (for example stigma attached to the beneficiaries) and other costs on whom the beneficiaries maybe the bearer of these costs. These costs include high transportation (long distance travel) and opportunity costs for those who live in rural and remote areas to register or to access the program (for example in the case of the application of *PRAF*- Honduras and *ODC*-Slovenia). Moreover, the size of transfer sometimes is also considered too low when compared with the costs (see for example in case of PRAF-Honduras, Child Allowance-Romania and RPS Nicaragua) or as what experienced by programs in the developing countries, the program may not be efficient due corruption during the implementation of the program.

Drawing examples of CCT programs recorded at Grosh et al. (2008), Table A1. in the Appendix shows estimations of administrative costs as share of the total cost and find that costs range from only 4 % for Primary Education Stipend Program adapted in Bangladesh (which combined geographic and community-based targeting) to 13 % for Path in Jamaica (which adapted proxy means testing which mainly cover the administration costs of the program). Literature suggested that either means tested or proxy means tested to be relatively more costly and more difficult to administer than any other types of targeting (Grosh et al., 2008). Further, when the program adapts more than one type of targeting, or when the programs are in fact too complex and uncoordinated, the program is also more costly. However, as we showed earlier, more than one type of targeting method may help to increase targeting effectiveness, suggesting a trade-off between complexity and effectiveness. As we show later, a high proportion of programs targeted to children, as is the case of Colombia, Brazil, Indonesia and South Africa, use a combination of targeting methods.

Finally, as we show in the cases bellow, other challenges are related non-awareness of the eligible beneficiaries of the programs. It is interesting to observe that the positive education outcomes of the programs may not depend on the size of the contribution of the administrative costs to the total costs as indicated in Table A1. Further research is warranted to examine this issue. Another observation that can be drawn from this table is that, consistent with previous research (Behrman & Parker, 2014; Saavedra & García, 2013), the lower the baseline enrollment is the higher the impact of the educational outcomes (in terms of the percentage points of the impact).

While the discussion above cover issues/challenges more from the demand side, there have been issues related from supply side that are considered as important (Vadapalli, 2009). Some of these issues will be discussed later in more detailed in the case studies. First, the issue of administrative or institutional capacity for example, the infrastructure that can support the

program coverage may not be always available in all areas especially in remote areas where potentially many eligible program beneficiaries are located as in the case of Indonesia (where the issue of regional disparity in terms of infrastructure availability is crucial and may have impacted the intake of the program). Further, the availability of integrated data that can improve the targeting and strengthen the institutional capacity is also important. Colombia has spent efforts to address this challenge by improving its database *SISBEN* similarly with Brazil with its *CadUnico* and Indonesia with the *PPLS* where the databases include non-income variables which are linked with capabilities and well-being.

Second, status of the country including its political stability is also important. Coady et al. (2004a) find that countries with better capacity for program implementation as measured by GDP per capita may do better at directing benefits towards poorer members of the population. Similarly the countries which have stronger voices tend to perform better. As in the case of South Africa where the voice of civil society is strong, many reforms of the social protection program in this country have been initiated by this movement. Further, interestingly, targeting tends to perform better in countries where inequality is more obvious and consequently differences in economic wellbeing are easier to identify. As in the case of Indonesia, Sumarto and Bazzi (2011) argue that there have been difficulty of targeting the poor and near poor since inequality in Indonesia has been relatively low. While in contrast, Samson et al. (2006) have discussed that the most effective income transfer programs are located in countries which have high income inequality such as Brazil and South Africa.

Further, the issue of poor communication of the program is also a challenge as in the case of Indonesia, not all potential beneficiaries are aware on the availability and information in regard to the social protection program, which may lead to exclusion errors..

Evidence on policy and programme evolution since 2000 and current status of key policies and programmes by targeting approach and country group

Education interventions can be classified in two main categories: demand and supply interventions (Krishnaratne, White, & Carpenter, 2013). This paper focuses on the former. In particular, programs on social protection that are aimed to increase the demand and access to schooling, and that are usually embedded in social safety nets (SSNs)[3]. Most of these programs are embedded in social safety nets as part of the social protection system. Following the typology proposed by Krishnaratne (2013) demand-side school interventions can be divided into:

- Reducing costs: cash transfers (both conditioned and unconditioned), school fees subsidies, tuition/fee waivers, or scholarships and vouchers.
- Increasing preparedness: early childhood development, health interventions (such as deworming or immunization) and nutrition (school feeding, take home rations).

[3] "Social safety nets (SSNs) are noncontributory programs that target the poor and vulnerable and are designed to reduce poverty and inequality, enable better human capital investments, improve social risk management, and offer social protection" (IEG, 2011). So the policies covered in this paper are a subset of wider policies, such as school expansion, infrastructure, education quality interventions, and labor market interventions, etc.).

There is evidence from rigorous impact evaluations that many of these demand-side interventions have positive effects on enrollment and attendance. A systematic review of social safety nets from the World Bank shows that most of these programs (22 out of 25 programs) have a positive impact on enrollment and attendance and on average the impacts are larger for secondary than primary school (IEG, 2011). They also show that most effective interventions in improving school enrollment and attendance are Conditional Cash Transfers (CCTs), food aid (both school feeding and take-home rations programs) and education fee waiver programs, which are programs that have these education outcomes as part of their requirements. Unconditional cash transfers (UCTs) also show positive effects on enrollment and attendance, although the size of the effects are smaller when compared to programs where conditions are monitored and enforced (Baird, Ferreira, Özler, & Woolcock, 2013). In terms of the effectiveness of these programs on learning outcomes, the evidence is mixed (Behrman, Parker, & Todd, 2014; Fiszbein & Schady, 2009; Krishnaratne et al., 2013). There is some evidence that social protection programs have an effect on attainment (number of years of education) and graduation rates, but it comes from very few impact evaluations and impacts are relatively small. Also, effectiveness on performance or learning outcomes is relatively small, suggesting the needing for complementing demand-side interventions with supply-side components that guarantee quality of education for those who enroll and attend.

In order to have a picture of the evolution and characteristics of social protection programs aimed to increase school enrollment, we used reviews that look at CCTs (Saavedra & García, 2013), UCTs (Baird et al., 2013) and safety net programs (Bouillon & Tejerina, 2007; IEG, 2011; ILO, 2010) and websites from World Bank (an updated version of information provided from the authors at Fiszbein & Schady (2009))[4] and Economic Commission for Latin America and the Caribbean (ECLAC)[5] that have up to date information on CCT programs. Table A.2 (in appendix) presents the aggregated information from these sources in terms of the year when the program started, the type of program, targeting criteria and method[6].

[4] http://go.worldbank.org/BWUC1CMXM0
[5] http://dds.cepal.org/bdptc/
[6] It is important to note that most of these data come from reviews that include information from reports or articles on impact evaluations. Therefore, some programs may be left out because are not included in these reviews.

Table 4. Summary of program characteristics and targeting mechanisms

	Number of programs	% (among total)	% of programs with available data on the respective characteristic
Type of program			
Conditional Cash Transfer (CCT)	77	52.7%	52.7%
Unconditional Cash Transfer (UCT)	14	9.6%	9.6%
CCT/UCT	8	5.5%	5.5%
Food Aid (school feeding or take-home rations)	25	17.1%	17.1%
Fee waivers	18	12.3%	12.3%
Family or child allowances	4	2.7%	2.7%
Total of programs	146		
Start year			
Before 2000	32	21.9%	24.6%
Between 2001 and 2005	48	32.9%	36.9%
Between 2006 and 2010	42	28.8%	32.3%
2011 and after	8	5.5%	6.2%
Data not available	16	11.0%	
Targeting mechanism			
Geographic and Means tested or PMT	40	27.4%	37.0%
Means or Proxy Means Tested (PMT)	31	21.2%	28.7%
Geographic	8	5.5%	7.4%
Categorical and Means tested or PMT	7	4.8%	6.5%
Community-based	3	2.1%	2.8%
Categorical	5	3.4%	4.6%
Geographic, Community-based and Means tested or PMT	5	3.4%	4.6%
Community-based and Means tested or PMT	2	1.4%	1.9%
Geographic and Categorical	1	0.7%	0.9%
Geographic and Community-based	2	1.4%	1.9%
Geographic, Categoric and Means tested or PMT	1	0.7%	0.9%
Universal	2	1.4%	1.9%
Data not available	38	26.0%	
Age or grade level targeting			
Both Primary and Secondary	52	35.6%	55.3%
Primary	23	15.8%	24.5%
Secondary	19	13.0%	20.2%
Data not available	52	35.6%	

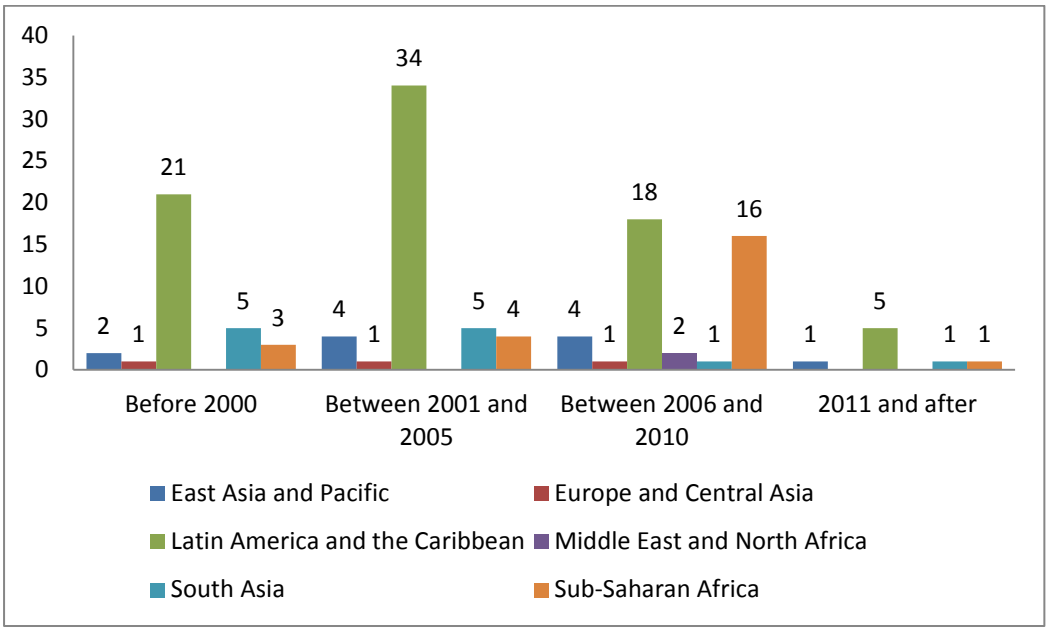
Source: authors' calculations based on Baird et al. (2013), Bouillon & Tejerina (2007), IEG (2011), ILO (2010), Saavedra & García (2013), World Bank CCTs database (updated version of Fiszbein & Schady (2009) at go.worldbank.org) and ECLAC database (dds.cepal.org/bdptc). See detailed aggregated information in Table A.2 in Appendix.

The bulk of social protection programs targeted to children started after 2000. Before 2000, we found 32 programs, mostly in Latin America (21) and Asia (7) and only 3 in Africa. These programs were mostly CCTs (9), food aid programs (8) and fee waivers (7). One country (Brazil) appears with 4 different programs in the form of CCTs or fee waivers, which after 2000 will become one single CCT national program (as it is described later).

The introduction of social protection programs is influenced by a combination of many factors including as a response to shocks (such as global/macroeconomic shocks or economic crisis) as in the case of Indonesia and Colombia, as an impact of policy changes, driven by donor agencies (as in the case of Indonesia and Colombia as well) and to some extent because of the movement of civil society such as in the case of South Africa. This will be discussed in more details later in four country studies covering Brazil, Colombia, South Africa and Indonesia.

After 2000, there is clear a boom of social protection programs targeted to children and with education outcomes as objectives. As it is shown in Table 4, 44 programs (33% of programs with available data) started between 2001 and 2005, 42 programs (29%) between 2006 and 2010, and 8 started after 2010. This increase is mainly driven by CCT programs, which are clearly the main type of social protection program targeted to school aged children in the developing world. Also, as it is shown in Figure 1, it is clear that the boom in Latin America occurred mostly between 2001 and 2005, and that there is a shift towards Sub-Saharan Africa.

Figure 1. Number of social protection programs aimed at improving schooling outcomes by region and year of program starting



In terms of types of programs, over half (53%) of programs are CCTs and another 15% are either are either UCTs or a combination of CCTs/UCTs[7]. The other two type of programs that are important in terms of number of programs found are food aid programs (including school feeding and take-home rations) which represent 17%, and fee waivers which represent 12%. It is important to highlight that although there is a much higher number of studies describing impact evaluation results from CCT/UCT programs than from food programs, as mentioned earlier, the evidence available shows that school feeding and take-home rations do increase school enrollment and attendance (Behrman et al., 2014).

Most of these programs have as targeting criteria school aged children who are vulnerable for some reason: living under extreme poverty conditions (such as *Program Keluarga Harapan* in Indonesia or *PATH* in Jamaica), living in remote or rural areas (such as the *National School Meals Program* in Lao or *Comunidades Solidarias Rurales* in El Salvador), or belonging to a caste (*ApniBeti Apna Dhan* in India) or indigenous group (*Familias en Acción* in Colombia) or orphans (such as cash programs in Kenya and Burkina Faso). Other countries use a more general criteria of vulnerability and target families or children "at social risk" (Cecchini & Madariaga, 2011) in terms of risk of malnutrition of children, unemployment or labor market constraints of adults in the household (e.g. Families for Social Inclusion in Argentina). In terms of age or school level, targeted ages or grades vary: 55% of social protection programs for which information is available target explicitly to both primary and secondary-aged children, while 24% target specifically to primary-aged children only and 20% to secondary-aged children only.

Targeting mechanisms usually are a combination of more than one criterion. In Latin America, as we show later for the cases of Brazil and Colombia, the most common mechanism in early stages of CCTs was a two-stage process where first there is geographic targeting (to poorest areas or small/rural areas) and then there is stage of household targeting (means or proxy means tested) among households with school-aged children within the targeted areas (Cecchini & Madariaga, 2011). Currently, many countries (Colombia, Mexico, Brazil) have expanded the coverage of CCT programs and therefore targeting is primarily means tested (proxy means). When looking at the entire groups of programs (Table 4) we find that the most common mechanism is the combination of geographic and means testing (37 % of cases), followed by means or proxy means tested programs (28.7%). Geographic mechanisms (either alone or in combination with means tested, categorical or community-based targeting) are used in 53% of cases.

Within the mechanisms of geographic targeting, identification of geographic areas are usually done by poverty, using indicators such as income poverty (e.g. Mexico in urban areas), Unmet Basic Needs (e.g Paraguay or Mexico in rural areas), Multidimensional Poverty Index (e.g. Colombia), or ii) population size (which has a high correlation with vulnerability or poverty – this was the case in the early version of *Familias en Acción* in Colombia).

[7] In some cases, cash transfer programs are unconditioned but households think that are conditioned or they are conditioned but conditions are not verified. In such cases, programs classify as CCT/UCT

When the criterion of targeting is poverty, most countries use proxy means rather than income poverty in order to identify beneficiaries. This can be explained for two main reasons: first, measuring income is very costly. It requires very detailed data for all income sources in the households. In the context of developing countries where informal labor is so common, income flows are very variable over time, changing even on a daily basis, therefore reporting accurate amounts of income for income poverty calculations become very difficult and errors can increase, as it was the case in Colombia in the first phase of social protection targeting where income was used as one of the variables for targeting. Second, self-reported income for targeting purposes may be inaccurate because families tend to underreport income if they know that will be eligible for a program if their income is under certain threshold (as it happened in Brazil before verification checks were implemented). Also, using variables such as assets or education capture more structural poverty whereas using only income may capture short-term income shocks (Ribas, Veras, & Issamu, 2008).

Finally, it is important to underscore that means or proxy means targeting requires high-quality data in order to correctly identify potential beneficiaries of social programs. For proxy means tested mechanisms countries use data on household characteristics, such as dwelling conditions, access to public services such as water and sanitation, and characteristics of household members such as age and education, that can be used to predict poverty conditions. Such indicators require detailed data that is collected at the household level. Examples of these information systems are *CAS* in Chile (Irarrázabal, 2004), and *SISBEN* in Colombia and *CadUnico* in Brazil (as described below).

Case studies: policy and programme evolution in Colombia, Brazil, Indonesia and South Africa

Colombia

The CCT *Familias en Acción Program* (FAP) was created in 2001, as a response to an economic crisis that hit Colombia in the late 1990s. The program was designed by the Colombian government with support from the World Bank and the Inter-American Development Bank as part of a reform of the social protection system[8] (Báez & Camacho, 2011), following the experience of Brazil with *Bolsa Escola* (at that time) and Mexico with *Oportunidades*. Since its origin, the program had a dual objective: 1) to offer a safety net that can alleviate poverty and protect poor households from economic shocks, and 2) to promote human capital development in the long run.

As other CCTs, the Colombian program offers a monetary transfer (nutrition subsidy) to poor families with children conditional on health check-ups for children under 7 years old, and a monetary transfer (education subsidy) conditional on school enrollment and 80% attendance for school-age children. The implementation of the program was accompanied by a quasi-

[8] At the initial phases of the program, there was a strong support from international agencies. After the results of (positive) impact evaluations, the decision was to expand the program and, actually, FAP was enacted as a permanent program by law and its funding was taken up by the central government.

experimental impact evaluation. Results reported by Attanasio et al (2010) show that FAP implemented in small towns had a positive impact on school enrollment, particularly among adolescents (6.6 percentage points in rural areas and 4.7 percentage points in urban areas). Impacts on enrollment were smaller for primary school (2.8 percentage points in rural areas and 1.4 percentage points in urban areas). However, this is a noticeable impact given that primary enrollment rates in Colombia are relatively high (between 91% and 96% at the time of the evaluation as discussed in(Attanasio et al., 2010). FAP also had a large and positive effect on school attendance, particularly among secondary school. The program increased attendance by 17.5 percentage points for rural adolescents and 7.8 percentage points for adolescents in urban areas. For children aged 8-11 years old, FAP produced an increase of 3.4 and 6.1 percentage points in urban and rural areas respectively (Departamento Nacional de Planeación, 2006). As per of long term impacts: After 9 years of implementation, Baez and Camacho (Báez & Camacho, 2011) show that FAP increased the probability of high school graduation, and that the effects are larger for girls and for those living in rural areas. However, as with other CCT programs, there is little evidence on learning. Few studies show that FAP has very small (or none) impacts on test scores (Báez & Camacho, 2011; García & Hill, 2010).

FAP has evolved both in terms of program design (age cutoffs for nutrition and education subsidies, and transfer amounts) and target population. Three main phases can be identified. The first phase started in 2001 and the program was targeted to poor families with children living in small municipalities (with less than 100,000), that had a bank (so that payments could be made), that had some basic infrastructure so that families were able to meet requirements, and where local officials were interested in program participation and had sent the documentation required by the national government (Departamento Nacional de Planeación, 2006). In this phase, the amount of the education subsidy varied by whether the child was enrolled in primary school (approximately US$6) or secondary school (approximately US$12). An important change that happened during this phase in terms of targeting was the introduction of categorical criteria in order to include two vulnerable groups of the population (Acción Social, 2008; Velásquez et al, 2012): families displaced from the internal conflict (included in 2004 as eligible) and families from indigenous communities (included in 2007 as eligible).

In 2007 the government started a second phase of expansion of FAP to small municipalities that not were covered in phase 1 but also to families living in cities with more than 100,000 inhabitants and large cities. An important change in the design of the program during this phase was the elimination of the education subsidy to families with children in primary school living in large urban areas. This decision was made as a result of the impact evaluation of phase 1, that showed positive effects of the FAP on school enrollment and attendance in secondary school both in urban and rural areas, small effects in primary school enrollment in rural areas, and no effects on primary school in urban areas (Departamento Nacional de Planeación, 2008; Núñez et al., 2011). However, as a compensation for children

under this age group, the monetary amount of the nutrition subsidy was increased[9]. Another change in the design of the program in this phase was the introduction of differential transfer amounts by grade level in secondary school, so that as children progress from one grade level to the next, they can receive a higher amount and have higher incentives for high school graduation.

The last phase (and current version of the program) started in 2012 and corresponds to adjustments to reduce regional inequalities, but keeping the design features that have proved success. The program name was slightly changed to *Más Familias en Acción* ("More Families in Action"), giving the message that the program will stay and be strengthen. An important change is that families living in poorer areas receive higher subsidy amounts[10]. More important, and strongly related to primary schooling[11], two main changes occurred: 1) all school-aged children receive an education subsidy[12] and the subsidy amount is incremental with grades (DPS, 2013b); and 2) there is an education subsidy for children aged 5 years old, who receive an education subsidy if enrolled in pre-k. This new subsidy is very relevant in the Colombian context because about 8% of children dropout during the first two grades of primary and one of the risk factors is not having pre-k (García, Fernández, & Sánchez, 2010).

In sum, in all but phase one (which had a geographic targeting before individual level targeting) targeting criteria is either poverty/vulnerability status or belonging to a specific group such as displaced or indigenous. Displaced families and those belonging to indigenous populations are identified from certified national registries[13]. Poor families are identified with a proxy-means test that incorporates several household characteristics that are related to poverty or well-being. This information is collected by municipal authorities and then consolidated at the national level by the National Department of Planning (NDP) through an information system called *SISBEN* (information system for identification of potential beneficiaries), that has data on all potential beneficiaries. Data collection is concentrated in areas of high concentration of poverty and is intended to have a census of all potential beneficiaries. NDP runs an algorithm to compute a score (also called SISBEN score) and

[9] The impact evaluation of this phase shows that there were no detrimental effects on school enrollment for children under 11 and that actually there was a positive effect on enrollment in all cities but Bogota (the capital city), where primary enrollment rates are high (Nuñez et al., 2009). There are two main explanations to this result: families of these children are still receiving a monetary transfer for nutrition, and also, if they have older siblings, the family is receiving the education subsidy for those children.

[10] Four regions where defined depending on the Multidimensional Poverty Index. Families living in the poorest regions receive larger subsidies.

[11] Other changes took place that are more related to secondary schooling such as increase in age of eligibility for youth enrolled in the two last years of secondary school, so that they can finish high school, and subsidies to incentivize higher education.

[12] The only exception is Bogota, where primary enrollment is close to universal and therefor children in grades 1 to 5 receive no education subsidy.

[13] For displaced population there is a special registry, where people are certified by the government as victims of the internal conflict and had to migrate internally. For indigenous communities there is an indigenous census that is certified by the community (Robles, 2010).

provides this information to the agency that runs FAP[14], who determines eligibility based on the SISBEN scores and returns the list of eligible families to municipalities.

The targeting information system was created by law as an instrument to increase efficiency in social spending and target services to those most in need. Since its inception in 1994, there had been three versions of *SISBEN*, always aiming at increasing targeting efficiency. The first version (1994-2003) was a proxy-means test that included income information. This version was subject to manipulation at the local level, particularly close to elections. Camacho y Conover (2009) show that there were manual changes of the scores at the municipal level and that one of the major changes occurred with income data (which was easier to manipulate and not verified). The second version of *SISBEN* excluded income as a variable to determine eligibility and, instead, incorporated a variable of socioeconomic strata (associated with the type of dwelling and neighborhood). However, this variable was also manipulated and led to large inclusion errors, particularly at time of local elections, when incumbent politicians managed to lower scores to make more people eligible to the program and gain more votes[15] (Camacho, 2010). Therefore, the last version of *SISBEN* excluded this variable and includes a more comprehensive set of variables associated not only with income but also with capabilities and well-being. Also, a more complicated algorithm was designed to minimize manipulation and increase targeting efficiency (Flórez, Espinosa, & Sánchez, 2008).

Overall, coverage of FAP went from 0.9% of Colombian population in 2001 to 25.3% in 2010 (Paes-Sousa, Regalia, & Stampini, 2013). As a proportion of eligible families, FAP's coverage remained stable between 2009 and 2012, with about 65% of eligible families receiving the program (DPS, 2013a)), which is a relatively high coverage rate compared to other CCT programs. In contrast, inclusion errors are large: Stampini & Tornarolli (2012) show that 71.4% of beneficiaries have an income above 2.5USD, and 49.4% of beneficiaries have an income above 4USD. It is difficult to determine how much of the inclusion error rate is due to the fact that families may have moved out of poverty. However, these rates are very high compared to other countries with CCT programs (for instance, there are close to 20 percentage points larger than Brazil – see Figure 2). It is expected that with the new version of *SISBEN*, that purposefully tried to minimize inclusion errors and increase coverage, these errors will start to decrease.

One characteristic of FAP's implementation is that program registration occurs in certain windows of time (is not permanent, like in other cases like Brazil). Therefore, those eligible families who do not register on those periods of time (for example those who may live in remote areas or have little access to information) stay excluded from the program and have to wait until the next round of registration. Recently, the Colombian government made additional efforts to increase coverage. First, greater efforts were made at the local level to announce the program so that eligible families come to register. Also, *SISBEN* data was

[14] National Department for Social Prosperity (DPS)

[15] The study does not provide evidence on what proportion of those for which scores were lowered, were in fact poor or really in need of the program. Therefore it is not possible to estimate the size of the inclusion error as a consequence of the manipulation.

collected on a larger group of the population in order to increase potential beneficiaries. It is expected that in the short run these efforts will translate in further reductions of exclusion errors.

Brazil

Brazil's *Bolsa Familia* is one of the largest CCT programs among developing countries (Glewwe & Kassouf, 2012). The program was created in 2003 and corresponds to the merge of five social assistance programs that were created in the late 1990s and early 2000: *Bolsa Escola* (a CCT program targeted to poor families with children aged 5 to 15 years old conditioned on school attendance and enrollment), *Bolsa Alimentação* (a cash (voucher) transfer program targeted to poor families with children under 7 years old conditioned health checkups for pregnant woman and children), *Auxílio Gas* (cash transfer to compensate for cooking gas prices), *Programa de Erradicação do Trabalho Infantil*, PETI (a CCT program conditioned on school attendance and targeted to children at high risk of child labor), and *Cartão Alimentação* as part of *Fome Zero* (a cash transfer to very poor families in order to promote food consumption and prevent hunger) (Lindert, Linder, Hobbs, & de la Bièrre, 2007; Soares, Perez-Ribas, & Veras, 2010). Since its inception, PBF had a strong support from the World Bank both with financial support and technical assistance. During the initial years of implementation (2003-2006), close to 25% of the program was funded by loans from World Bank and the Interamerican Development Bank. Currently the World Bank still provides technical assistance but the central government makes most of the efforts to guarantee funding to the program operation (IEG, 2013b).

Overall, *Bolsa Familia* has 3 main target populations: 1) poor families with children under 6 and pregnant women, who receive a cash transfer conditioned on attaining prenatal and postnatal checkups and keeping vaccination complete, 2) poor families with children between 6 and 17 years old, who receive a cash transfer conditioned on children and adolescents' school enrollment and attendance; and 3) very poor families, regardless of household composition. It is important to note that adolescents aged 16 and 17 were not incorporated as part of the target group until 2008 (IEG, 2013a).

The implementation of Bolsa Familia has not been accompanied by an experimental impact evaluation (such as Progresa in Mexico). However, there are few studies that use econometric techniques to estimate the effects of the program. Glewwe & Kassouf (2012) find that Bolsa Escola / Familia had a positive impact on school enrollment both in primary (2.6 percentage points) and lower secondary school (1.8 percentage points). (Glewwe & Kassouf, 2012). Also, a study by Janvry et al (2006) find that Bolsa Familia reduced dropout rates by 7.8 percentage points and that the impact was equally large for primary and secondary school. (De Janvry et al., 2006) More importantly, impacts were larger for older students who attend school at night (night shift).

The earlier version of CCT (*Bolsa Escola*) had high levels of exclusion errors: in one of the states (Recife) the only 2% of poor families were covered by the program (Cardoso & Souza,

2004). This is why one of the objectives of unifying several social protection programs into *Bolsa Familia* was to improve the targeting mechanisms and make a more efficient use of resources (Lindert et al., 2007). In fact, the Brazilian government received technical assistance from the World Bank to improve targeting and monitoring systems and was able to expand and reach a high proportion of poor households. By 2010, targeting goals were achieved, and even surpassed: 68% of benefits went to the poorest quintile (vs a goal of 40%) and 90% went to the poorest 2 quintiles (IEG, 2013a)[16]. If we consider the poorest tail of the distribution, however, only 55% of those with incomes below 2.5 dollars-a-day receive the program (Stampini & Tornarolli, 2012). While it looks a large exclusion error (45% of those below that income do not receive the program), it is the smallest for Latin American countries (as shown in Figure 2).

The program is targeted using both geographic and means-tested mechanisms. These mechanisms are implemented in three stages and the responsibilities are shared between the central government and the municipalities: first, the Ministry of Social Development (MDS) determines quotas of eligible families for different municipalities according to their predicted level of poverty, and then municipalities collect data on households' income and demographic composition. Finally, municipalities send this information back to the central government, who decides final eligibility and makes the payments of cash subsides (Soares et al., 2010).

One of the key elements for the implementation of the targeting procedures of *Bolsa Familia* was the setup of a unified information system (*CadUnico*) that allows gathering and keeping information on potential beneficiaries and deciding program eligibility. The registry forms that are used to collect the data for *CadUnico* are designed by the central government and then distributed to municipalities to do the data collection. While this discretionality in municipalities may have some problems (as discussed below), research has shown that this information system explains a large proportion (40%) of *Bolsa Familia's* targeting performance (Barros, 2008), cited in Soares et al. 2010).

Another important change in the targeting procedures is verification of income data. Before the consolidation of *Bolsa Familia,* municipalities were in charge not only of income data collection but also of determining program eligibility. This may be problematic because there is variation across municipalities in the way they collect these data: some have families declare their income and record this data without verification; others have social workers who verify earnings information or collect data on expenditures to verify actual income information. This means, that in the absence of validation check, the use of self-declared income data may produce high levels of inclusion errors because individuals may tend to underreport income in order to be eligible. De Janvry et al. (2006) show that for *Bolsa Escola*, the program had significantly larger impact on reducing school dropout when municipalities had a verification procedure of income data as part of the targeting process.

[16] This does not necessarily mean an exclusion error of 10% because some households in the poorest 2 quintiles may not be eligible by the definition of income poverty (the income poverty threshold is lower than the mean income for those in the second quintile, thus many of those at the second quintile are near poor but not poor)

After the unification of social protection programs into *Bolsa Familia*, there is cross-checking of income data at the central level, and it is the MDS (not the municipalities) who decides final eligibility. While not perfect[17], this verification of data is an improvement from the previous system because diminished incentives to underreport income and reduced the risk of clientelism at the local level (Lindert et al., 2007).

Despite its success, the targeting system of *Bolsa Familia* has room for improvement, particularly in reducing inclusion errors. Soares et al. (2010) report that 49% of beneficiaries are not eligible. One possible explanation of this high rate, as the authors explain, is income volatility: those "not eligible" are not necessarily non-poor, but happen to have an income level slightly above the eligibility cut-off at the time of data collection. This poses as challenge in terms the type of data that should be collected for targeting: if the objective is to reach vulnerable families who are at high risk of becoming poor in a given month, then income may not be the best targeting indicator, but rather variables that give more information on vulnerability such as financial and human assets.

Another challenge of the current targeting system is the use of quotas. These are set on estimations on poverty rates at municipality level, but not on actual poverty rates. The estimations are based on survey data that are representative at the state but not at the municipal level, which means that estimates of local poverty are not precise (Soares, 2010). Therefore, some municipalities may get as quota less beneficiaries than the actual number of poor families (having the higher risk of exclusion errors), or more beneficiaries than the actual number of poor families (having a higher risk of inclusion errors if income data crosschecks of income data are not accurate).

Finally, decentralization in data collection is still a challenge for an optimal implementation of a targeting system: municipalities take decisions on how, when and where to collect data and this may have implications for targeting performance. For instance, if families are registered at schools or churches rather than at their homes, or if teachers of health workers rather than public officials collect the data, may have an impact on program performance because registration at public spaces allows higher social control and registration by community members is associated with higher transparency (De Janvry et al., 2006). It is possible that more standardization on these procedures across municipalities may lead to better improvement of targeting effectiveness in Brazil.

Indonesia

Similarly as in the case of Colombia, the first social protection program for Indonesia was launched to mitigate the adverse impact of economic and financial economic crisis in 1997/1998. This program was called the Social Safety Net program (JPS) which included

[17] Some authors (Veras, Perez, & Guerreiro, 2010) call this a "semi-verification" process because only formal worker status and earnings are checked . Given that there is a high level of informal employment, earnings for informal workers cannot be verified. However, other multidimensional indicators are also used in the cross-checking process (Lindert et al., 2007).

several education subsidy programs such as the scholarship programs (BKM/Bantuan Khusus Murid) for students not only in the primary but also secondary schools and blocks grants for schools (World Bank, 2011). This SSN program had strong financial supports particularly from the international donor agencies such as the World Bank and Asian Development Bank. In 2005/2006, Indonesia adopted the Unconditional Cash Transfer (Bantuan Langsung Tunai) program as the compensation towards the poor to reduce the impact of the increasing global fuel price and subsequently in Indonesia which had an impact on the fuel subsidy withdrawal. The Unconditional Cash Transfer was provided again in 2008/09 to protect vulnerable households from further fuel price increase and the effects of the global financial crises. So, the role of global shock in the case of the constructions of the SSN and Unconditional Cash Transfer as social protection programs which responded to global shocks in Indonesia was crucial, supported by donor agencies.

The introduction of the Hopeful Family Program (*Program Keluarga Harapan*/PKH) in Indonesia was initially also largely donor driven and strongly advocated by the World Bank. The idea of having a kind of CCT program came up in early 2005 as an alternative poverty reduction strategy to compensate the reduction in fuel subsidy, drawing lessons from the experience of the CCT programs in several Latin American countries. It is interesting that PKH actually adopted the design of Mexico's PROGRESA with slight modifications (Hutagalung et al. 2009) and also Brazils's Bolsa Familia ,

The Hopeful Family Program was introduced in 2007 by the Government of Indonesia and has been part of the development strategy of the government under the Medium-Term Development Plan. This is the first household-based Conditional Cash Transfer program in this country.[18] The program was launched as a pilot program initially commencing in 40 districts across 7 provinces (West Sumatra, DKI Jakarta, West Java, East Java, North Sulawesi, Gorontalo and East Nusa Tenggara, excluding the rich districts) (Miranti, Vidyattama, Hansnata, Cassells, & Duncan, 2013). Following the establishment of the National Team for the Acceleration of Poverty Reduction (TNP2K), under the Vice President's responsibility, with the Presidential Regulation No 15/2010, PKH has become one of the key social assistance programs in Indonesia. The tasks of this national team together with the implementing agencies are to not only to design and plan the poverty reduction policies and program, but also to harmonize and integrate these programs, to supervise and to control the implementation.

Accordingly, under the TNP2K, there are three Clusters under this integrated poverty reduction program (Miranti et al., 2013; Widianto, 2012) where PKH is included under the first Cluster which focuses on households (see Appendix for further discussion on the Clusters).

In line with other CCT programs around the world, the PKH aims not only to reduce current poverty but also to increase the quality of human capital among the poor households (World Bank, 2011). The program delivers quarterly cash benefit to the extremely poor households

with school aged children up to 18 years and/or households with pregnant or lactating women (World Bank, 2012b). The benefits are usually paid directly to the mother or another adult woman in the household. Eligibility of households are verified regularly through school enrolment and attendance (for school aged children, regular health check-ups, nutritional status, infant immunization for younger children aged 0-6 years, and monitoring pregnant women.

Up to 2012, the financial benefits for households ranged between IDR 0.6 -2.2 million ((approximately US$61-225) per year , or on average IDR 1.4 million (approximately US$143) per year per household which is equivalent to the average of the 30 % of poverty line. Since 2013 the benefits have increased to IDR 0.8-2.8 million (approximately US$66-$230) per year or IDR 1.8 million (approximately US$148) on average per household per year. The executing agency is the Ministry of Social Affairs with support partners from the Indonesian Statistical Agency (BPS for assistance in targeting and eligibility), Ministry of Communications and Information Technology, Ministry of Public Health and Ministry of Education). As Indonesia is experiencing the Decentralization era, local governments are also expected to deliver strong support in terms of willingness to participate in the program and also readiness in terms of supply of services to the PKH program before the program can be implemented in their areas (World Bank, 2011).

The program is targeted using a combination of geographic, proxy means-tested and demographic mechanisms (Fiszbein and Schady., 2009). The changes that occurred to this program related to targeting were mainly on the expansion of the number of geographic areas this program covers and the efforts undertaken to minimize the exclusion errors. The geographic targeting was applied in choosing the initial 7 provinces based on (i) the expression of interest of the provinces to commit to the implementation of the program and (ii) a combination of socio-economic characteristics of areas such as the regional poverty rates, nutritional status, transition rates from primary to secondary school and the availability of health and education services. To minimize the inclusion errors, the richest 20 % of the districts in each province were excluded from this PKH program.

In its development to expand the type of geographical areas represented (for example urban vs rural areas, inlands vs coastal areas), in 2008, the Government expanded PKH to include additional six provinces and by the end of 2012, the coverage of the program has expanded to cover all of the 33 provinces, but with only 169 out of total 497 districts covering over 1.454 million households. PKH program is expected to continue until 2015 and there has been a plan to increase coverage to a number of districts and households included. Nevertheless, the target set by the end of 2014 which is to reach 3.2 million households is still far less below the 7.2 million households recorded according the PPLS data in 2011.

After geographic targeting, the Statistical Agency of Indonesia (Biro Pusat Statistik/BPS) uses a combination of economic and asset-based poverty measurements (proxy means tested) to determine the targeted households that are classified as eligible for the program with the following details (Nazara & Rahayu, 2013; World Bank, 2011):

- Prepared the list of extremely the poor, initially based on the 2005 'Unconditional Cash Transfer Program' (UCT) beneficiaries list (PPLS 2005 – (*Pendataan Program Perlindungan Sosial*/Data Collection for Targeting Social Protection Programs). The list usually covers the population in the lowest income distribution. The list was updated in 2008 and 2011. The later data is the Unified Database that will be discussed later on.
- BPS conducted the interview or verification on the field based on the list to minimize the exclusion errors
- BPS conducted the proxy-means test to identify the extremely poor households. This might cover those households who were initially not included in the list of UCT program
- BPS and PKH implementation unit then conducted health and education survey data (SPDKP – *Survey Pendidikan dan Survey Pelayanan Dasar Kesehatan dan Pendidikan*) to identify the eligible beneficiaries, i.e. households with school aged children and/or the lactating or pregnant women.

In terms of assessing the effectiveness of the PKH targeting, the World Bank (2012a) argues that unfortunately, sufficient data have not been available so it is rather difficult to summarise the extent of exclusion or inclusion errors. In particular, the SUSENAS data (Indonesian Household's Socio-Economic Survey data) which contain data on other social protection programs such as health insurance (Jamkesmas/Askeskin) do not ask whether households are the recipients of the PKH program in its questionnaire. Nevertheless, Hannigan (2011) has provided some evidence in regard to the incidence of exclusion errors of the PKH program in several areas in Indonesia. For example, in Uabanga, in the province of Gorontalo, only 21 % of households who were assessed by the village officials as eligible beneficiaries, actually participated in the programs. Similar evidence is found in South Central Timor in the poor region of East Nusatenggara which experience substantial exclusion errors in the implementation of the PKH program. This is mainly because everyone in this region perceived themselves as poor (Hannigan, 2011). Further, there has been critique in regard to the use of housing characteristics such as floor and wall types to represent household's welfare to identify the beneficiaries in this region, which some respondents in this area felt that this does not accurately reflect their income status.

Several field experiments have been done particularly by the BPS, the World Bank and J-PAL to assess the effectiveness of the targeting methods, particularly the community and self-targeting methods in terms of the implementation of the PKH program. The findings show that the applications of both methods may be beneficial to capture more the extremely poor population with higher satisfaction was noted for the community targeting mechanism as the local needs/information are likely to be more incorporated such as input of the community members on whom should be included as the program beneficiaries is taken into account (World Bank, 2012a).

In terms of data improvement, TNP2K recently, has spent substantial efforts to improve the integrated national targeting of social assistance program by developing an integrated database which contains information about the characteristics of the population who are

likely to be the most appropriate beneficiaries of poverty alleviation programs. This creation of the PPLS 2011 Integrated and Unified database, which consists the population who are in the lowest 40 % based on social and economic characteristics has an aim to improve knowledge and targeting of various social protection programs. Since 2012, PPLS 2011 has been used for targeting the PKH.

So, what are the impacts of PKH on education? Interestingly, while there is some impact of the PKH program on health such as attendance to pre-natal visits, the impact of the PKH program on education was still considered limited as PKH would only increase the hours spent at school for those children who were already at school, including increasing the attendance by 0.2 percentage points (Nazara & Rahayu, 2013). There were no significant changes in new school attendances, drop-out or transition rates from elementary to junior high school. The World Bank (2012b) has argued that this was likely because the lateness of the benefits paid which was not coincided with the academic year where the school fee was usually due. Nazara and Rahayu (2013) also argue that the amount allocated for enrolment in junior high school is considered as too low therefore it creates less-incentive for the primary school children to continue to junior secondary school. Further, the estimation provided by the World Bank (2012b) has evaluated that the actual benefit values of the PKH program is actually only 13 % of household poverty line and this has been considered as too low.

The literature also has noted some other challenges, including insufficient socialization of the program to the participants that there has been lack of awareness from the intended beneficiaries and monitoring compliance (World Bank, 2012a). Lack of the coordination between central and local governments and lack of coordination across agencies have also been essential issues. Hutagalung et al.(2009) argue that PKH targeting would have been more effective in the areas where the supply side of the services is stronger or where the availability of infrastructure is better (Nazara and Rahayu, 2013). Further, many eligible beneficiaries also experience difficulties to access health and education services due to the high transport costs and long distance from particularly remote areas.

South Africa

The South African Child Support Grant (CSG) is the largest social cash transfer program in this country, providing grants to children from poor households (Michael Samson et al., 2011; South Africa. Department of Social Development & UNICEF, 2012). It was first introduced in 1998 following a recommendation of the Lund Committee which reviewed social protection systems in South Africa at that time. The Lund Committee has suggested this Grant to replace the limited State Maintenance Grant (SMG) which was considered as unsuccessful particularly due to low take up of the SMG for various reasons including the lack of knowledge of the eligible beneficiaries, travel limitation and other administrative problems. The initial objective of the CSG program was to target and provide the benefit for children in the poorest 30% of the households, particularly to provide source of income to the

primary caregivers of the targeted children for their health and education (South Africa Department of Social Development & UNICEF, 2012; Woolard, Harttgen, & Klasen, 2011).

Initially, the CSG was intended to be conditional cash transfer program where the eligible applicants would need to participate in a particular child development program and to provide proof that their children were immunized (Heinrich, Hoddinott, & Samson, 2012; Woolard et al., 2011). However, these conditions were hard to be implemented and were discontinued as these have in fact created obstacles for poor households to participate particularly those who lived in remote rural areas. At the beginning the grant was also unconditional on school enrollment given that the school enrollment rates in South Africa were relatively high, but in its development, since the beginning of 2010, formally this grant has become conditional on children's school enrolment. Interestingly, in practice there has not been sanction/penalty imposed if this condition is not met (Woolard et al. 2011, p. 363).

The Grant has been delivered using means test and demographic targeting methods. The implementation is administered by a national government agency called the South African Social Security Agency (SASSA) which has both national and provincial offices. This agency is monitored and evaluated by the national Department for Social Development (DSD).

In its development, this grant has also experienced several changes over time, with a strong focus to increase the take-up rates, as the take-up rates were considered low during the early years of the implementation. These changes include the refinement of income threshold, type of income included and the age limit. The targeting method adopted is based on the means income test, initially based on household income and whether the beneficiaries live in either urban or rural areas. Initially the threshold was set at R800 (approximately US$117) per month for those who live in the rural areas and R1100 (approximately US$160) per month for those who live in the urban areas. Delany et al. (2008) argue that that the variance between rural and urban areas is that rural areas are relatively more disadvantaged in terms of access to education, health and employment opportunities. Surprisingly, there have been no changes in the nominal term of the income thresholds, as the thresholds did not follow the inflation. (Samson et al.,2006 and Proudlock, 2011; South Africa, Department of Social Development and UNICEF, 2012). Only after strong advocacy from civil society groups and strong research evidence, in 2008, the threshold was adjusted to be equal to ten times the value of the grant and since then the grant amount and the threshold would follow the inflation. In 2008, the threshold was adjusted to R2200 (approximately US$236) per month.

In its development, to increase the number of eligible families, the grant eligibility was determined based on personal income with only the primary caregiver's and spouse's income (if any, net of other social assistance grant) being counted. The type of income used was not based on total household income anymore. Delany et al. (2008) has argued that household income may not represent the equality within a household as the income may not be equally distributed among the household members.

In terms of age eligibility, initially it was set up for children younger than 7 years of age. Nevertheless, due to the low take-up rate in the early years of the implementation, there were

calls made through a committee of inquiry in the South African Government (Department or Social Development) in 2000 to extend the eligible age of the children. With strong civil society campaigns focusing on human rights, the age limit was extended to 14 years in 2003 and the limit was extended again to 15 years in 2009 and to 18 years to cover all children defined by the Constitution (Delany et al., 2008; Woolard et al., 2011).

The role of civil society to initiate and campaign for the changes is crucial and has contributed strongly to the expansion of this program (Proudlock, 2011). This has made the case of South Africa unique, different from the other programs discussed in our case studies which were launched as either as responses to global shocks and largely donor driven.

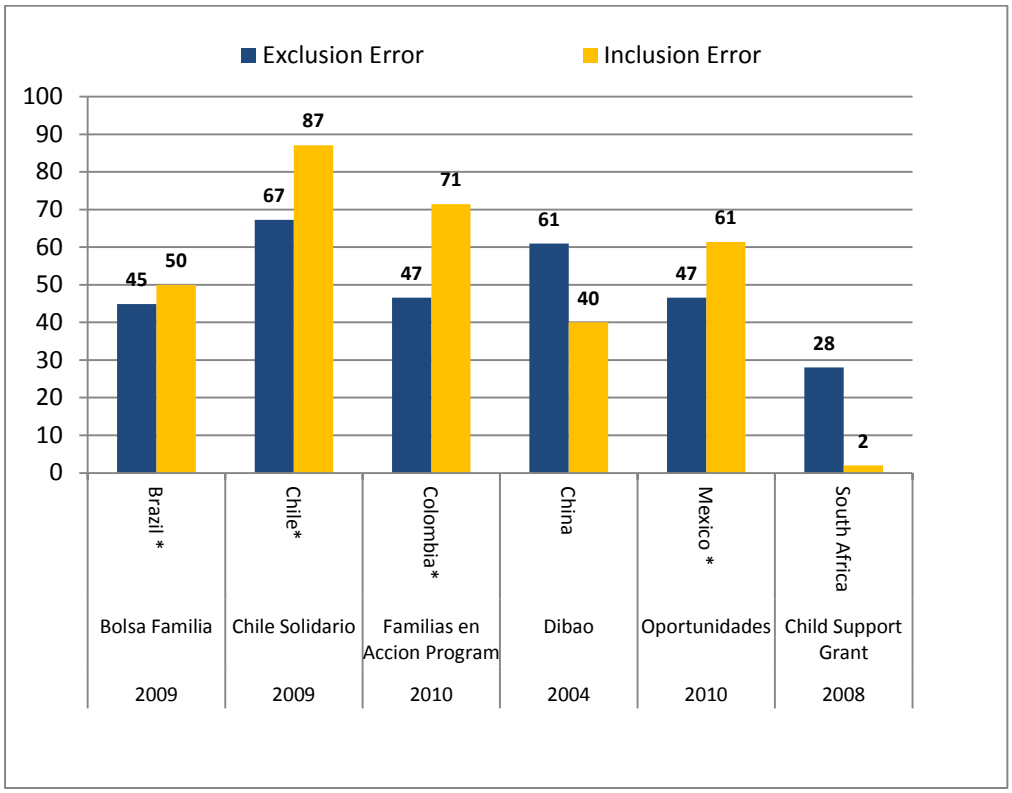
The take up rates of CSG beneficiaries have been increasing substantially over time. Initially after two years after the program was introduced, the take up recipients were only 150,000 children in 2000 (Woolard et al. 2011), while the initial target set up by the Lund Committee was at 1.5 million children (Proudlock, 2011). The take-up rates remained low in the early years of the implementation and only in 2002, the take-up surpassed the target with 1.8 million of children receiving the benefit. Nevertheless, with all the reforms or changes explained above which have aims to increase the take-up beneficiaries, since then the number of children receiving the Child Support Grant have increased substantially from around 7 million of children in 2005/2006 to almost 9.5 million of them in 2009/2010. The CSG beneficiaries have grown by 7.5 % per annum during this period.

As explained previously, there are two targeting errors in the Social Assistance Program. In comparison with other selected countries, the data compiled by the OECD (2010) and Stampini and Tornarolli (2012) shown that the errors of inclusion (those who indicated have received the grant but in fact did not qualify for the grant – leakage) of the CSG was lower at only 2 % while it was 28 % for the errors of exclusion (those who were eligible to receive the grant but did not receive it) in 2008.[19] This was a significant improvement as indicated in Samson et al. (2006) using the national data from Statistics of South Africa reported that the exclusion errors was more than 90 % in 2000 and it was around 42.5 % in 2004.

Delany et al. (2008) identified several reasons for possible exclusion errors and those included lack of required documentation (for example delay in getting birth certificate not directly after birth), lack of knowledge about the CSG or how to apply, lack of interest as the amount of the grant provided was not sufficient enough after taking into account other costs, intend to apply but not yet to apply and self-selection and thinking that the prospective beneficiaries were not eligible to receive the grant or from the supply side that there has been complex and slow bureaucracy (Financial and Fiscal Commision, 2013).

[19] It is important to note that there are different concepts underlying lowest income quintiles data, with some approaches may use income (perceived capability) perspective and others may be based upon actual consumption or in terms of cut-off used.

Figure 2. Errors of exclusion and inclusion, CSG and other programs



Source: OECD (2010); Stampini and Tornarolli (2012) for Brazil, Chile, Colombia and Mexico. Note: * refers to income cut off at USD PP 2.5.

In terms of the impacts of the CSG on education, numerous studies mostly indicated the positive impacts with strong gender implications towards enhancing girls' education. These are the success stories of the CSG effectiveness despite the facts that the grant did not impose strict conditionality to the beneficiaries. The program evaluations have found that CSG has increased school attendance and reduced the self-reported hunger for children (in comparison to children in poor households but did not receive the grant) as argued by Samson et al. (2011). This study also finds there was a shift in the behavior in terms of child schooling-child labour trade off among children who received the CSG that this has reduced their likelihood of them to work in cultivating the land instead. Enrolling early (at birth) into the CSG program also had a significant impact on girls to increase the grade attainment by one quarter of grade compared to girls who just enrolled to the program at the age of six (4.27 at birth vs. 4.02 if enrolling at the age of six), but not for boys (3.99 at birth vs. 3.95 if enrolling at the age of six) (Heinrich et al., 2012). The data also shows that there were higher proportion of girls (2.3 %) than boys (0.3 %) who attained Grade 6 as the highest grade attained. Further, around 50.5 % of girls had Grade 4 as the highest grade attained in comparison to 49.7 % of boys. Delany et al. (2008) also find that there were not significant differences between CSG and non CSG beneficiaries of children aged 7-13 years in terms of paying or not paying the school fees (the study was carried out at the same time that the non-fee schools at the primary level were rolled out in selected areas in South Africa so it is not

relevant to argue that the non-significant difference between the CSG and non-CSG beneficiaries may be because the beneficiaries attend the non-fee schools).

Despite its positive impacts, there is still room for improvement the implementation of CSG particularly to address the exclusion errors. More efforts should be focused to ensure children and the primary caregivers are able to access the documents required for the CSG application, efforts to improve the information delivery in particular if there were changes in the regulation, and in general to improve the accessibility to the program for those living in rural areas, such as access to basic services and traveling time. Another challenge that would need to be improved is to increase the number of CSG received by maternal orphans as the proportion of the beneficiaries among this type was still very low (20 %) in comparison to proportion of children with paternal orphans (60 %) as discussed in Woolard et al. (2011). This may be related to the evidence that Case et al. (2004) have found that the likelihood of a child receiving a grant declines without a presence of the mother who is the caregiver of the child.

Conclusion: Key priorities for policies and programmes related to a post-2015 agenda

While important improvements have been made in education enrollment and attendance among primary and secondary school, full coverage of primary schooling has not been reached and important lags remain for secondary schooling enrollment. During the last decade there has been an important expansion of social protection programs aimed at attracting and keeping children and youth in school.

By far the most popular social protection programs aimed to support children's education in the last decade are CCT programs. In most settings, this policy tool has proven to improve enrollment and attendance rates. However, two main challenges remain: first, CCTs are not always reaching those most in need and therefore further efforts should be made to increase coverage and reduce leakage so that public funds are efficiently spent. Second, CCTs have not proven to increase in a substantial amount school attainment and learning outcomes, therefore innovation on the design of these programs is needed so that education of quality is offered to children who enroll and attend school as a consequence of demand-side incentives.

There are over 100 programs worldwide aimed at improving education enrollment with different maturity phases (e.g. Indonesia's PKH may be considered as a young program in comparison to *Bolsa Familia*). Nevertheless, regardless the maturity phases, similar challenges are found in terms of targeting, including the existence of both exclusion and inclusion errors. These errors cannot be completely eliminated, and there is always a tradeoff: inclusion errors will increase as coverage increases (Paes-Sousa et al., 2013; Stampini & Tornarolli, 2012). The main challenge is therefore, how to increase coverage (minimize exclusion errors) with the least amount of inclusion errors.

As the cases in this document show, targeting is a complex process, and there is no single recipe for the best targeting method. The general results show, however, that the combination of several (up to three) targeting methods improves targeting performance. Also, we find

some key elements that may help to reduce inclusion errors: 1) have data verification systems to check accuracy of information provided by families, 2) include data that are not easy to manipulate (in informal settings as much of developing countries with high rates of informal labor, income is difficult to measure and verify, and therefore easy to manipulate); 3) in settings of decentralization (as much of the cases covered here) having a centralized information system is key in order to reduce risks of clientelism and political capture; 4) transparency of the targeting process, including making public the list of beneficiaries may help reduce inclusion errors because there is higher social control; 5) have a permanent data updating process in order to identify those who do not need the program anymore (some countries like Brazil have the recertification process for this matter. In most countries, however, there are no clear program exit rules and therefore more structural incentives must be built into the design of the programs so that program exit does not imply a lost).

We also find some keys elements of a targeting system that may help to reduce exclusion errors: 1) have strong communication systems (campaigns) so that potential beneficiaries know about the programs and register; 2) have permanent registration spots, so that eligible families (or individuals) can have the opportunity at any time to access the program; 3) have registration spots that are accessible to people (in terms of distance and transportation costs); 4) be careful at documentation requirements (some people do not meet documentation requirements and get excluded, which is contradictory if we want to reach the poorest, who are more likely to lack essential documents such as birth certificates).

The implementation of these elements can improve targeting performance but they may also be costly in terms of financial resources and human capacity. As it is shown in this document for the cases of Brazil, Colombia, Indonesia and South Africa, it also requires time to learn from implementation results and refine tools to minimize targeting errors. Very low-income countries may not have all the resources needed to implement an efficient targeting system in the short term. In that context, it may be helpful to start by targeting social protection programs using less costly mechanisms such as geographic targeting in the short term and then, one minimum coverage rates are attained, use a combination with means-tested mechanisms that provide more information but also require higher capacity.

Appendix

Methodology of Coady et al. (2004) database

In constructing the database, Coady et al. (2004) focus much on the programs in low or middle income countries which their main objective is to reduce the poverty (although the database also include programs with other objectives in addition to poverty reduction). In summary, the criteria adopted in constructing the database is as follows:

- Programs included range from cash transfers (welfare and social assistance, child benefits and noncontributory pensions), near-cash transfers (such as food rations and food stamps), food transfers, food and non-food subsidies, public works and social funds (Coady et al. 2004a, p. 20).
- The first selection of the database is based on the literature review of search engines of World Bank, *Eldis* and IFPRI plus some academic publications for the years 1990-2002.
- What is interesting from this database is that the database contains at least one information of the indicator of targeting performance, that is the proportion of total transfers received by households which are in the 10, 20, 40 % of the national income/consumption distribution; the proportion of the beneficiaries who are in the bottom 10, 20, 40 % of the national income/consumption distribution or the proportion of total transfers or beneficiaries that reach some target "poor" groups who usually cover households in the bottom income/consumption distribution (for example bottom 20 or 40 %).
- The information above will be useful to calculate the targeting performance which is the ratio of percentage of population to the percentage of transfers received by that respective population. The universal value of 1 means for example that the bottom 40 % of the population would receive 40 % of the transfer income. A value less than 1 means a regressive transfer program, while on the opposite a value more than 1 means a progressive transfer program.
- Based on the criteria above, there are 122 programs that are selected form 48 countries.

Three Cluster of Poverty Alleviation Program in Indonesia

Cluster 1: Poverty Reduction Program Targeted to Household (Households Centered Integrated Social Assistance), where PKH is one of the programs complementary with Rice to the Poor (*Raskin*), Health Service Insurance (*Jamkesmas*) and Education and School Assistance (BOS and BOM)

Cluster 2: Poverty Reduction Program Targeted to Community (Community Based Poverty Reduction Program – PNPM)

Cluster 3: Poverty Reduction Program Targeted to Micro and Small Sized Enterprises (Microfinance).

Table A1. Conditional Cash Transfer, selected programs and percentage of administrative costs

Program	Country	Year	% total cost	Targeting Method		Baseline enrollment	Education Outcomes
Primary Education Stipend Program	Bangladesh	2002	4	Geographic targeting combined with community assessment	Poor families with children of primary-school age	N/A	Negligible impacts on school enrollments
Bono de Desarrollo Humano	Ecuador	2005	4.1	Proxy means testing	Households with children aged 0–16/17 in the poorest 2 quintiles, and poor households with elderly and/or disabled members	75.20%	Enrollment increased by 10.3 percentage points - ages 6-17
Solidaridad	Dominican Republic	2006	5.9	Proxy means testing	Households with children aged 0–16/17 in the poorest 2 quintiles, and poor households with elderly and/or disabled members	71.00%	Enrollment increased by 6 percentage points for the poor
PROGRESA/Oportunidades	Mexico	2003	6	Geographic and Poverty	Households in extreme poverty	90-94% for boys and girls primary school enrollment; 67% for girls and 73% for boys for the secondary school enrollment	Primary school enrollment increased by 0.96-1.45 percentage points for female and by 0.74-1.07 percentage points for male. Secondary school enrollment increased by 7.2-9.3 percentage points for female and by 3.5-5.8 percentage points for male. In another impact evaluation, the result shows that enrollment increased by 1.9 percentage points for children in Grades 0-5; 8.7 percentage points for children in Grade 6; 0.6 percentage points for children in Grades 7-9
Child Support Program (CSP)	Pakistan	2005/2006	6.7	Proxy means testing	Households; Food Support Program (FSP) beneficiaries with children aged 5–12	44.39% total; 37.78% female; 50% male; 40.80% for the poorest 40% and 47.95% for the top 60%	Enrollment increased by 11.65 percentage points in total; female is higher (13.74 percentage points); male (9.06 percentage points). By income distribution, enrollment rates for the poorest 40 per cent of households increased by 12.3 percentage points compared with children from the top 60 per cent at 10.85 percentage points

Table A1. Continued

Program	Country	Year	% total cost	Targeting Method		Baseline enrollment	Education Outcomes
Familias en Accion	Colombia	2000/4	10.5	Geographic targeting and proxy means testing	Extremely poor families with minors aged 0–6 not participating in other programs (health subsidy), and/or minors aged 7–17 enrolled in school (education subsidy); Families in the poorest quintile; Elegible beneficiaries: Education subsidy: 7-17 year-old children; Health subsidy: 0-6 year-old children	91.7% for children 8-13 and 63.2% for children ages 14-17	Enrollment increased by 2.1 percentage points for children ages 8-13 and 5.6 percentege points for children ages 14-17.
Juntos	Peru	2006	11.6	Geographic targeting, proxy means testing, and community validation	Poor households with children less than 14 years old	75% enrollment	An increase of 4 percentage points of overall school registration, an increase by 10 percentage points in enrollment for children age 7 and no differences for the older age
Bolsa Familia	Brazil	2003	12.3	Geographic and Poverty	0-15 year-old children, pregnant women; Households in extreme poverty and poor households with children	N/A	Enrollment rates increased by about 5.5 percentage points in grades 1-4 and by about 6.5 percentage points in grades 5-8. Dropout rates declined by about 0.5 percentage points for children in grades 1-4 and by about 0.4 percentage points for children in grades 5-8
Path	Jamaica	2004/2005	13	Proxy means testing	Children aged 0–19 (or until they graduate from secondary school); Poor people aged 60 and older; Pregnant or lactating women up to 6 months after delivery; People with disabilities; Poor adults	18 days	Enrollment increased by 0.5 days for children ages 7-17.

Source: Authors' modification based on Grosh et al. (2008); Ahmed (2005); Baulch (2011); Attanasio et al.(2005) Fiszbein and Schady (2009); Glewwe and Kassouf (2012); Levy and Ohls (2007); Lindert, Skofias and Shapiro(2006); Perova and Vakis (2009) ; Schady and Araujo (2008); Schultz (2004) ; Scott et al. (2011); Skoufias & Parker (2001); Subran (2011); Rawlings and Rubio (2005); World Bank (Bank, 2006a, 2006b).

Table A2. Social protection programs aimed at children's education

View this table as separate file

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