

FINAL REPORT

CONDITIONAL CASH TRANSFERS: LEARNING FROM THE LITERATURE



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ACRONYMS AND ABBREVIATIONS

CCT	Conditional cash transfer
ECD	Early childhood development
FA	Familias en Acción
PATH	Programme of Advancement through Health and Education
PRAF	Programa de Asignación Familiar
PROGRESA	Programa de Educación, Salud y Alimentación
RPS	Red de Protección Social
SSF	Social Solidarity Fund
UCT	Unconditional cash transfer

EXECUTIVE SUMMARY

Eastern Caribbean countries are currently developing and implementing substantial social safety net reforms. These reforms, which have been ongoing for some years, have been based on, among other things, assessments of current provisions as well as lessons from international good practice and experience, with particular attention to the experience of other countries in the region and Latin America.

Social Safety Net Assessments were conducted in various Eastern Caribbean countries in the 2000s to provide a basis on which to propose reforms. The assessments made reference to conditional cash transfers (CCTs), but they did not necessarily make clear recommendation as to whether or not CCTs should be implemented in these countries.

Cash transfer programmes provide cash to poor individuals, households and vulnerable groups. The objectives are to increase the incomes of the poor and to help individuals and households cope with diverse shocks, risks and crises. Unconditional (or 'non-conditional') cash transfers (UCTs) define a right to a cash transfer that becomes an entitlement for people with specified characteristics who meet specified qualifying requirements, such as passing a means test. CCTs also specify characteristics and qualifications but, in addition, require that the applicant fulfil specific behavioural conditions in order to continue receiving the grant.

CCTs are broadly intended, as with UCTs, to assist with poverty alleviation. However, in addition to addressing current poverty, policymakers often advocate for CCTs on the basis that they will address future poverty by improving the health and education of household members (children in particular). These improvements will then, it is hoped, place children in a position, once adult, to be able to earn sufficient money to support themselves and their families and not require social assistance. CCTs thus tend to focus on children when imposing conditions and/or on the women who will bear and care for the children.

This paper reviews the available evidence on CCTs. It focuses on the issue of conditions rather than the characteristics, advantages and disadvantages of cash transfers more generally. The review is intended to inform the discussion and decision-making in ongoing reforms in the Eastern Caribbean of social protection systems as to whether conditions are appropriate and, if so, the form that they should take.

The first part of the paper briefly presents key indicators of social development in Eastern Caribbean countries, with emphasis on indicators relating to characteristics typically targeted by conditions. The second part of the paper discusses and defines the concept of conditions. The third part of the paper explores the international evidence on conditions. The fourth part discusses key characteristics of conditional cash transfers. The final part summarizes findings.

The indicators for Caribbean countries show a relatively positive picture in respect of behaviours commonly targeted by CCTs. In the relatively small number of cases where education and health behaviour are not optimal, questions arise as to the reasons for this. This can then inform decisions as to whether conditions are an appropriate tool. If policymakers wish to target behaviours other than those commonly targeted, additional thinking will be needed as to the possible perverse incentives or even negative outcomes, in addition to considering the reasons for current undesirable behaviour and what other measures could be introduced to encourage improved behaviour.

Adato & Hoddinott (2005) see the arguments advanced in support of conditions as falling into four broad categories: (a) that the behaviour of poor people does not always conform to what is best for themselves and their families; (b) that 'sociocultural' biases within families may prevent the needs of the less powerful (such as young girls) from being met; (c) that conditions might reduce the stigma attached to being a beneficiary of a transfer; and (d) that wealthier and more powerful citizens, who will bear some of the

costs of the grant, will be more inclined to support it if it is not seen as a hand-out.

The discussion in the paper suggests that none of these assumptions holds in all contexts. Each of these assumptions would therefore need to be considered in the context of a particular country that was planning to introduce conditions. The financial and other costs associated with having conditions—including administration, enforcement and the extent to which deserving families would be excluded—would then need to be compared with the costs of alternative approaches, such as improving the supply and accessibility of quality services or improving public education about the benefits of positive behaviour alongside introducing or continuing with UCTs. The consideration of costs is especially important at present given the severe fiscal constraints facing countries in the region.

More generally, the overall findings from the literature can be summarized as follows:

- There is clear evidence of the impacts of cash transfers on education and health outcomes across a large number of countries.
- The impacts are likely to be greater and more long-lasting the longer the duration of the transfer, which raises concerns about programmes that pay the transfer only for a few specified years of childhood and/or where there is a strong push for beneficiaries to ‘graduate’. Impacts on inter-generational poverty, a hoped-for result of CCTs as against UCTs, have not as yet been proven.
- There is very little evidence available that it is the conditions that generate the impacts of transfers, as similar impacts are achieved with UCTs. In some cases there is evidence that the conditions result in negative impacts.
- While the role that mothers play in CCTs may improve the benefits accruing to children, it simultaneously may add to the unpaid care responsibilities that women—and particularly lone mothers—face and may thus hinder their efforts to earn money.
- Where CCTs are targeted explicitly at particular age groups and conditioned on school- or health-related behaviours, the programmes will not address the poverty challenges faced by families that do not contain members within the targeted age group.
- Monitoring conditions can be costly, necessitating cost-benefit analysis of the cost of imposing conditions against the benefits to be gained. This is especially important in constrained fiscal situations such as those that prevail in many Eastern Caribbean countries at present.
- Strict enforcement of conditions through speedy termination of transfers may well further punish those who are already marginalized, while more enabling enforcement through providing assistance to those who struggle to comply is likely to be resource-intensive in terms of finances and personnel. Such assistance is probably only possible if the numbers to be assisted are very small.
- The impacts of cash transfers will be reduced if the supply of relevant services is inadequate, of poor quality or services are not expanded to address increased demand.
- There is very little experience or evidence available on conditions related to sexual behaviour, and what evidence there is suggests that impacts can be negative.
- There is one example of a seemingly successful CCT in respect of early childhood development (ECD), but the example does not show that it is the conditions that are responsible for the achievements. Something not raised in the literature (but a likely challenge in many countries), is that if ECD conditions are conditioned on attendance at an ECD facility, challenges might arise for implementers and potential beneficiaries in respect of supply.

INTRODUCTION

Eastern Caribbean countries are currently developing and implementing substantial social safety net reforms. These reforms, which have been ongoing for some years, have been based on, among other things, assessments of current provisions as well as lessons from international good practice and experience, with particular attention to the experience of other countries in the region and Latin America.

Development partners are supporting these reforms in various ways. In particular, the United Nations Development Assistance Framework Outcome 3 highlights social protection and poverty reduction, with a focus on vulnerable groups as a key thematic area. More generally, the Eastern Caribbean Development Partners Group on Poverty Reduction seeks to harmonize the efforts of all development partners (including the Canadian International Development Agency, Caribbean Development Bank, European Union, Organization of Eastern Caribbean States Commission, UK Department for International Development, UN System and the World Bank) in respect of poverty reduction and social protection policies, strategies, measurements, programmes, assessments and evaluation in the subregion.

Social Safety Net Assessments were conducted in various Eastern Caribbean countries in the 2000s to provide a basis on which to propose reforms. The assessments made reference to CCTs, but they did not necessarily give a clear recommendation as to whether or not they should be implemented in these countries. For example, the Social Safety Net Assessment for St Lucia reads (Blank, 2009: 54):

Evidence from these programs highlights the fact that well designed and implemented CCT programs can have a wide range of good outcomes, e.g. efficient targeting, increased food consumption and

improved school enrolment. At the same time, non-conditional grants can have positive outcomes on child health and education. Extensive stakeholder (including beneficiary) consultations would be needed to make the decision on whether conditioning is appropriate for St. Lucia.

Ferreira and Robalino, in their useful history of the development of social assistance and social protection in Latin America since the early 1980s, note that CCTs were first implemented in Brazil in 1995. CCT interventions became more well-known after the approach was adopted by Mexico in 1997. CCTs, as a form of social assistance rather than contributory social insurance, were seen as attractive because of their ability to mitigate the limitations of what Ferreira and Robalino (2010: 10) describe as the “truncated welfare state” – where income redistribution took place primarily among the better off, to the exclusion of those most in need.”

Behrman et al (2011) state that more than 30 countries now have CCTs. Until recently, most of the examples both in practice and in the literature are from Latin America; CCTs have been less common in other parts of the world. Alongside the spread of CCTs, there has also been a (slower) expansion of UCTs, a form of social assistance that has been in existence for much longer, including in developed countries.

Slater (2011: 252) notes that conditionality constitutes one of the most debated aspects of social protection with “strong views on either side.” This paper reviews the available evidence on CCTs.¹ It focuses on the issue of conditions rather than the characteristics, advantages and disadvantages of cash transfers more generally. The review is intended to inform the discussion and decision-making in ongoing reforms in the Eastern Caribbean of social protection systems as to whether conditions are appropriate and, if so, the form that they should take. The paper is based

1 The paper draws heavily on Budlender (2011).

primarily on research and evaluation rather than on documents produced by the various governments or the donors that have supported CCTs. This approach is taken in light of Vadapalli's (2009) caution about the grey literature on CCTs, given that much of it is produced by donor agencies that have an interest in showing positive results. Country governments, likewise, might have a vested interest in portraying successful outcomes. At the outset it must be noted, however, that much of the research and evaluation is commissioned by official agencies, or even authored by their staff. This caution about considering the origin of each source of information is especially necessary given Slater's "strong views" point noted above.

The paper is presented in five sections:

- 1 Key indicators of social development in Eastern Caribbean countries, with the emphasis on indicators relating to characteristics typically targeted by conditions;
- 2 The concept of conditions;
- 3 The international evidence on conditions;
- 4 Key characteristics of conditional cash transfers; and
- 5 Summary of findings.

The paper focuses on the aspect of conditions rather than discussing cash transfers more generally. It refers to other aspects of CCTs – such as coverage, eligibility, target population, amount, and the like—only insofar as these are relevant for understanding conditions. It presents comparisons with UCTs where these are useful for understanding CCTs.

CHAPTER 1: THE EASTERN CARIBBEAN CONTEXT

As discussed below, the conditions that form part of CCTs generally focus on behaviour in relation to education and health. In particular, they often focus on behaviour in terms of school-going, and in terms of immunization and health check-ups for young children and pregnant women. This section therefore presents high-level indicators, derived from the

2014 Human Development Report, with a focus on education and health.

Table 1 presents the composite human development index for each of the Eastern Caribbean countries. Barbados and Bahamas lead, with the highest overall measures. Cuba is the only country classified as very high human development; ten other countries in the region classify as high human development. Belize and Suriname are identified as “medium.” Haiti is the only country classified as “low human development.” This distribution is fairly similar to that for Latin America.

Table 2 shows the gross enrolment ratios as recorded in the 2014 Human Development Report. Conditions generally focus on primary or secondary level, but the pre-primary ratios are also included, as there is some discussion as to the possibility of conditions in respect of pre-primary for Eastern Caribbean countries². The final column shows the primary school drop-out rate, calculated as the percentage of a primary school cohort that does not complete. The table shows high ratios for primary and secondary, with Guyana the lowest (at 80) for primary and Dominica the lowest (at 82) for secondary. The rates for pre-primary are also relatively high for most countries, although in Belize it is only 47 and in Guyana 63. The primary school drop-out rate is highest in Saint Vincent and the Grenadines (31.4) and Saint Kitts and Nevis (26.5). More detailed analysis on each of these indicators would no doubt show that enrolment rates are lower among children in poorer households while drop-out rates would be higher for the children in these households than among those in better-off households.

TABLE 1
Human Development Index

Antigua and Barbuda	0.775
Bahamas	0.789
Barbados	0.776
Belize	0.732
Cuba	0.815
Dominica	0.717
Grenada	0.744
Guyana	0.638
Haiti	0.471
Jamaica	0.715
Saint Kitts and Nevis	0.750
Saint Lucia	0.714
Saint Vincent and the Grenadines	0.719
Suriname	0.705
Trinidad and Tobago	0.766

² Unfortunately, the source does not seem to indicate the age group used for the denominator of the pre-school ratios. If the age group three to four years is used, this could result in misleadingly high ratios if substantial numbers of children under age three are included in the numerator because they attend some sort of preschool.

Table 3 shows a very small proportion of children not having the DPT and measles immunizations at age one, with the main exceptions being Haiti for both forms of immunization, and Suriname for measles. Haiti also stands out for its relatively high infant and under-five mortality rates, with Guyana also relatively low-performing on these indicators. Antenatal

coverage stands at more than nine out of ten live births for all countries except Suriname.

Overall, these indicators show a relatively positive picture in respect of behaviours commonly targeted by CCTs. In the relatively small number of cases where education and health behaviour are not optimal, questions arise as to the reasons for this. For example,

TABLE 2
Gross Enrolment Ratios

Country	Pre-primary	Primary	Secondary	Primary drop-out
Antigua and Barbuda	83	101	106	8.7
Bahamas	N/A	108	93	10.5
Barbados	79	105	105	6.6
Belize	47	121	84	9.1
Cuba	109	99	90	3.5
Dominica	69	N/A	82	1.2
Grenada	99	103	108	N/A
Guyana	63	80	105	16.5
Haiti	N/A	N/A	N/A	N/A
Jamaica	113	N/A	93	4.8
Saint Kitts and Nevis	96	88	79	26.5
Saint Lucia	61	87	91	10.4
Saint Vincent and the Grenadines	80	105	101	31.4
Suriname	88	114	85	9.7
Trinidad and Tobago	83	106	86	10.6

if the reasons are primarily financial, provision of adequate cash transfers may address the problem even without imposition of conditions. If the reasons relate primarily to inadequacy of supply, conditions will not solve the problem. The decision as to whether conditions are appropriate therefore needs to consider

the specific reasons in each particular country context and in relation to each type of service.

TABLE 3
Key Health Indicators

Country	Not immunized		Mortality rate		Antenatal coverage
	DPT	Measles	Infant	Under-5	
Antigua and Barbuda	1	2	9	10	100
Dominica	2	1	12	13	100
Grenada	1	6	11	14	100
Saint Kitts and Nevis	1	5	7	9	100
Saint Lucia	1	1	15	18	99.2
Saint Vincent and the Grenadines	2	6	21	23	99.5
Barbados	7	10	17	18	100
Belize	1	4	16	18	94
Haiti	19	42	57	76	84.5
Jamaica	1	7	14	17	100
Trinidad and Tobago	3	15	18	21	95.7
Suriname	6	27	19	21	89.9
Bahamas	1	9	14	17	98
Cuba	4	1	4	6	100
Guyana	1	1	29	35	92.1

CHAPTER 2: WHAT ARE CONDITIONAL CASH TRANSFERS?

Defining conditional cash transfers³

Cash transfer programmes provide cash to poor individuals, households and vulnerable groups. The objective is to increase the incomes of the poor and to help individuals and households cope with diverse shocks, risks and crises. UCTs define a right to a cash transfer which becomes an entitlement for people with specified characteristics who meet specified

qualifying requirements, such as passing a means test. CCTs also specify characteristics and qualifications but, in addition, require that the applicant fulfil specific behavioural conditions in order to continue receiving the grant.

Lund et al (2008) distinguish between conditions that require ongoing proof of certain behaviour, such as school attendance, and those that require one-off performance, such as a child being fully immunized. Lund et al note further that, in addition to such behavioural conditions, there might be other requirements that can serve to exclude some applicants who have the specified

³ This sub-section draws heavily on the discussion in Lund et al (2008).

TABLE 4
Examples of Education and Health Conditions in CCTs

Country programme	Education conditions	Health conditions
Colombia FA	At least 80 per cent school attendance in two-month cycle	Regular health care visits for child's growth and development monitoring
Honduras PRAF II	School enrolment and maximum seven days absence in three-month period	Compliance with required frequency of health centre visits
Jamaica PATH	Minimum attendance 85 per cent (maximum nine days absence per term)	Compliance with required number of annual health visits
Mexico PROGRESA	School enrolment with minimum attendance 85 per cent monthly and annually	Compliance by all household members with required number of health centre visits and mother's attendance at health and nutrition lectures
Nicaragua RPS	School enrolment, maximum six days unexcused absence in two-month period, grade promotion	Regular health care visits for growth monitoring, up-to-date immunization, attendance at health and nutrition talks
Turkey SSF	School enrolment, minimum attendance 85 per cent	Regular health care visits for growth monitoring and immunization according to Ministry of Health schedule

Source: Rawlings and Rubio, 2005: 35

characteristics and meet the qualifications. One such potential barrier involves administrative requirements. Lack of identity documents or other official documentation is, for example, a common barrier to access to CCTs across a range of countries (Vadapalli, 2009).

The international literature on CCTs includes both one-off and ongoing behavioural conditions in its description of conditions. The literature generally does not categorize administrative requirements as conditions; this paper follows this approach.

Rationale for conditional grants

The CCTs introduced in Latin America are all broadly intended to assist with poverty alleviation, and all explicitly target poor households. In addition to addressing current poverty, policymakers often motivate for CCTs on the basis that they will address future poverty, by improving the health and education of household members, and of children in particular. These improvements will then, it is hoped, place children in a position, once adult, to be able to earn sufficient money to support themselves and their families and not require social assistance. CCTs thus tend to focus on children when imposing

conditions and/or on the women who will bear and care for the children.

Given these twin objectives of poverty alleviation and avoiding inter-generational transmission of poverty, Lomeli (2008: 478) sees CCTs as combining traditional social assistance with social investment in the future of both the direct recipients and the society more generally.

Several authors (see, for example, Handa & Davis, 2006) note that the two aims—alleviating current and future poverty—can lead to contradictions in that design elements that are appropriate to one aim may not be appropriate to the other. In particular, Bastagli (2009) and others note that some of the CCTs are provided over a fixed period or two to five years, which would not usually be sufficient to enable people to develop their human capital sufficiently to avert future poverty. This observation is especially relevant for programmes modelled on Chile's Puente programme, which envisages a short period of assistance after which beneficiaries must 'exit'. Slater (2011) quotes the argument by Handa and Davis (2006) that human capital development for children will only bear fruit for the family (and society) in terms of alleviation of poverty after many years.

Case study: Chile's Puente

Chile's Puente ("bridge") CCTs are especially relevant for our purposes as several of the Eastern Caribbean countries have modelled their programmes on Puente. Puente's CCTs constitute one component of the Solidario programme, with the other components being family subsidies, a potable water subsidy, a disability and old-age non-contributory pension and priority access to other forms of social protection. Puente serves as the entry-point as the other components are only available to those who participate in the Puente programme. As with some of the other CCTs, support is provided for a limited period (in this case only two years) (Soares & Slater, 2007). After this period, the family may be eligible for some other forms of social protection. It is these

linkages to other support mechanisms that are reflected in the name Puente (bridge). Soares & Britto (2007) observe that Solidario has much less of a focus on human capital than most other CCTs. Instead, it emphasizes the psycho-social support that accompanies the cash transfer and hopes in this way to help the family exit from poverty. Fairly intense assistance is provided by 'family guides' employed by the programme. Soares & Britto note that the cost of hiring these guides limits the extent to which it can be extended to a larger number of families (Soares & Britto, 2007). The programme thus focuses on families deemed "indigent" (the extreme poor) rather than on the poor more generally.

Gaarder et al (2009) set out the implicit assumptions that underlie the introduction of typical health conditionalities. These are useful for understanding the reasoning (or theory of change) underlying conditions. The implicit assumptions are: (a) that poor people underutilize health services; (b) that increased utilization will improve health status; (c) that poor women lack knowledge about health; (d) that an increase in knowledge will result in changed behaviour; (e) that change will only happen if conditions are imposed; (f) that change will only happen if conditions are monitored; (g) that the cash transfer will not be sufficient on its own to improve child nutrition and must be complemented by food supplements; (h) that women are more likely than men to spend in the best interests of children⁴; and (i) that the supply of services is and will be sufficient to meet increased demand. The extent to which these assumptions are valid obviously differs across countries. For example, where countries have adopted a universalist approach to social development, as in Barbados, the first assumption of underutilization may be questionable.

Adato & Hoddinott (2005) observe that there are four broad arguments commonly offered in support of conditions.

The first argument relates to what economists term 'externalities', namely the benefits that might be felt beyond the immediate beneficiary/ies. The argument states that individual families might not, for example, take into account the benefit that society derives from a more educated citizenry and workforce when deciding whether or not to send their child to school. This argument is expanded on in some of the literature regarding the assumption that poor people do not always know what is best for themselves.

This first argument often carries the further implication that poor and socially marginalized people do not make good decisions even in terms of their own interests. Lomeli (2008: 479) describes this argument as stating that households are more likely to make "rational cost-benefit calculations" if conditions are imposed. Schubert

4 Lomeli (2008: 479) observes that there was "considerable debate" when women were first identified to be recipients of grants, but that there was subsequently agreement that "women were instrumental in program success."

& Slater (2006) observe that perceptions of what constitutes "inappropriate" behaviour are determined by the observers' culture as well as the mandate of the organizations (e.g. donor agencies) for which they work. Countering such perceptions, Brazilian Senator Suplicy (2008) states that poor families, if given a basic income, are likely to make the same effort to improve the education and health of their children as richer families do. Zimmerman (2006) observes that even if the objectives of the conditions are well-intentioned, the imposition of conditions itself reinforces dependency and lack of autonomy of poor and marginalized people.

The second argument offered to support the imposition of conditions relates to the existence of sociocultural biases, where more powerful groups (such as men) might be disinclined to favour schooling for the less powerful (for example, their daughters). In this case, the condition is seen as the state providing support to the less powerful.

It is argued that in several countries, the grant increases gender equity by increasing the chances that girls will be enrolled. However, Adato et al (2007) note that in Turkey, parents' reluctance to enrol their daughters reflected the fact that it would be their in-laws who benefited after the girl married, as well as a perception on the part of some parents that a more educated girl would find difficulty in finding a marriage partner. Adato & Bassett (2007) argue that this example illustrates that the state does not necessarily always know best what is good for a child and family in different economic, social and cultural circumstances. It is also not clear that the issue of gender bias within poor families in relation to children's access to education and health is relevant in the Caribbean, especially given the fact that a large proportion are lone mother⁵ families.

5 The term 'lone mother family' rather than 'female-headed household' is used because of the conceptual and practical problems associated with the concept of household headship as well as the fact that many mothers who are living with their child/ren but not the father of the child/ren may not themselves be the 'head' of their household. The term 'lone mother' rather than 'single mother' is used because the term 'single' can be understood as referring to marital status, whereas the relevant characteristic is that the father is not living with the mother and child/ren, whether or not the couple is married.

The third argument offered in favour of conditions relates to the fact that people might feel stigmatized if they receive a grant. However, Jones et al (2007) suggest that the emphasis by government officials in Peru on the need for beneficiaries to improve their personal appearance, care of children and domestic living conditions sends a message that beneficiaries are perceived as 'dirty' or 'idle'. This suggests that conditions, instead of avoiding feelings of being stigmatized, might increase such feelings.

Finally, the fourth argument is that conditions may make grants more politically acceptable to those who are not eligible. In relation to the fourth argument (politics), the basic argument is that the wealthier and more powerful in the society (those who will bear some of the costs of the grant) will be more inclined to support it if it is not seen as a hand-out. However, several writers note that what is politically acceptable differs according to context. For example, Schubert & Slater (2006) point to research that suggests that Latin Americans tend to be similar to United States citizens in feeling that poverty is caused by an individual's failure rather than the situation in which the individual finds themselves and the opportunities they are offered. This view encourages adoption of conditions. In other countries, there might be a stronger perception that overall circumstances, largely beyond the control of individuals, are strong drivers of poverty.

Handa & Davis (2006) note that the perception that the poor should in some way earn the grant is likely to be greater where the poor are more easily distinguished from middle-class people, for example where they differ ethnically, are geographically separate or are different in some other way. They observe that this is the situation in Latin America, where the populations targeted for the grants are often noticeably different from others in several respects. However, it might not be the situation elsewhere.

Some countries may impose conditions because doing so has been imposed on them as a condition for obtaining financial and technical support in implementing a grant. Among the six countries studied by Bastagli (2009), all the funding for the CCTs in Colombia, Honduras and Nicaragua is from international financial institutions while in Brazil, Chile

and Mexico, the CCTs are funded primarily through national budgets. Similarly, while Slater (2011) cites Handa and Davis' observation that Latin America's CCTs were supported alongside the physical investment that accounted for the largest part of the lending portfolios of the Inter-American Development Bank and the World Bank. Lomeli (2009) provides evidence of the extent of support from these sources. Slater notes that some of the initial CCTs were developed without any external finance, and thus seem to have arisen out of local politics rather than international influence.

Köhler et al (2008) note that while the World Bank does not have a completely inflexible position on conditions, its Board of Directors will only allow loans to support cash transfers if they include conditions. The report on a study tour by South Africans to Mexico and Jamaica (Child, Youth, Family & Social Development, 2006) notes that informants in Jamaica "eventually ... agreed to the interventions that the World Bank was promoting," namely an emphasis on the demand-side (i.e. conditions) with the understanding that the supply side would follow afterwards.

A fairly recent publication from the United Kingdom's Department for International Development (2010: 51) suggests that the agency's stance is currently less clearly inclined towards conditions than some other agencies. The publication observes, "In practice, attaching conditions may have less to do with gains in effectiveness and more to do with the political economy of introducing and sustaining tax-financed programmes that transfer income to the poor."

Conditions, rights and co-responsibilities

One of the counter-arguments in respect of conditional grants that is found repeatedly in the literature, and in particular the literature relating to Brazil, relates to rights. Some argue that the imposition of conditions is not appropriate in a rights-based framework. For example, Zimmerman (2006) argues that rights are based on personhood, and that access cannot have additional requirements such as those imposed by conditions. Hailu & Soares (2008) note that imposing conditions, rather than ensuring access to rights, can

Case study: Brazil's Bolsa Familia

Bolsa Familia was created through the consolidation of a number of pre-existing grants into a single grant. One of the pre-existing components was the Bolsa Escola, which was targeted at school-going children. Da Silva (2008) claims that by 2007, the consolidated grant reached more than 11 million families. While this is a large number of families, it must be seen in the context of a total population of close to 200 million. If the household passes the means test, the size of the family grant is determined by the composition of the household and, in particular, how many children of various ages it

contains. In addition to the cash transfer, adults in the family are offered literacy classes, professional training, agricultural support and small-scale credit. In recent years, there is also a small grant component for families without children.

Several sources (e.g. Britto, 2008; Suplicy, 2008) suggest that Bolsa Familia is the first step in establishing a basic income grant, as foreseen in a law approved by the Brazilian National Congress in 2003. This basic grant would go to all those living in Brazil for at least five years, regardless of their income.

result in the exclusion of people living in areas that have inadequate services. Similarly, Freeland (2007) quotes an observation by Desmond Tutu, Archbishop Emeritus of Cape Town, that conditionalities will prevent those who most desperately need the transfers from accessing them.

Soares et al (2008) note that Brazil differs from other Latin American countries (but is similar to many developed countries) in having had a minimum income law since 2004. The law guarantees an income to all citizens, but includes the proviso that this will be provided if the necessary resources are available. Some see Bolsa Familia, Brazil's CCT, as a first step in achieving the right for all citizens. Some of the literature on Brazil suggests that while the transfer is a right, the conditions encourage the poor to realize the right. De la Briere & Rawlings (2006) report that this argument was advanced by the federal managers of Bolsa Familia whom they interviewed. In contrast, Suarez et al (2006) see the officials as supporting conditions out of an interest in "disciplinary control" and as part of a "traditional bureaucratic morality" that contradicts a rights-based perspective. They report further that the beneficiaries they interviewed did not see the grant as a right, but instead as some form of compensation for the mothering role they played. This perception is promoted by conditions that allocate mothering-related tasks to the women.

Hailu & Soares see the realization that conditions can exclude people living in areas with inadequate services as having provoked the shift in some Latin American countries from talking about conditions to talking about 'co-responsibilities'. Under the new discourse, the conditions imposed on beneficiaries are meant to be counter-balanced by the responsibility of the state to ensure that services are available.

Britto (2007) describes how, in accordance with this discourse, beneficiaries and the government in El Salvador's Red Solidaria sign a 'convenio' (agreement) that sets out the conditions for each, and what behaviour on the side of the beneficiary will result in suspension. The 'conditions' specified for the government are that the Ministry of Education must provide basic education up to sixth grade for beneficiary children aged 5 to 14 years, the Ministry of Health must provide basic health services through health units or other subcontracted institutions, and the government must 'promote' lifelong learning sessions for beneficiary families. In Paraguay, in contrast, the co-responsibility agreement does not list any government co-responsibilities other than payment of the monthly stipend and monitoring of the family (Soares & Britto, 2007).

A challenge with this shift from 'conditions' to 'co-responsibilities' is that while the state can penalize the non-complying citizen by withholding the grant, the citizen does not have the same ability to penalize

the state if it does not provide services. Those who support the co-responsibility approach and associated agreements feel that it encourages beneficiaries to exert political pressure on government to deliver decent services. However, it is surely problematic if, at a point where good quality services are not accessible, citizens are penalized for non-performance. Jones et al (2007) report that women in Peru described their co-responsibilities as tasks that they had been instructed to do rather than responsibilities associated with increased rights and balancing responsibilities for government. Lomelí (2008: 492) suggests that co-responsibilities can be seen as “coercive tutelage of individuals by authorities demanding the strict fulfilment of responsibilities within a context of frank inequality between officials and presumed beneficiaries, yielding a kind of Social Taylorism.”

An informant (personal communication) who works for a donor that provides financial and technical support for CCTs in Latin America explained that they preferred to talk about ‘developmental conditionalities’ rather than the more punitive approach of immediate withdrawal of the grant that characterizes a programme such as Mexico’s Oportunidades (previously PROGRESA). She highlighted the example of El Salvador’s Red Solidaria where, when the beneficiary fails to observe the condition, social workers then investigate the

reason for non-observance rather than immediately withdrawing the grant. She acknowledged that this approach is much more difficult to administer and manage than the punitive model, and also more expensive in terms of staff time and money. She noted that El Salvador’s approach was modelled on that of the Puente programme in Chile, with its strong psycho-social emphasis. As noted above, the Puente programme has also been the model for several programmes in Eastern Caribbean countries. The evaluation of one of these programmes, Saint Lucia’s Koudmen Sent Lisi, highlights the strain that even a small pilot programme placed on the country’s available human and other resources (Nichols, 2013).

Case study: Mexico’s Oportunidades

Mexico’s Programa Nacional de Educación, Salud y Alimentación (PROGRESA), now renamed Oportunidades, is probably the most well-known of the CCTs. PROGRESA was established in 1997, and by 2005 reached 4.5 million families, or 20 per cent of the total Mexican population. The education component of the grant is higher for children in secondary school than for those in primary school, and

higher for girls than for boys in secondary school (DFID, 2005). The secondary level amount is almost double that for primary school—a similar pattern to that found in Colombia (Handa & Davis, 2006). In addition to ensuring attendance at school and health clinics, family members (usually the women) are often also required to perform community tasks unpaid (Latapi & de la Rocha, 2008).

CHAPTER 3:

CHARACTERISTICS OF

CONDITIONAL GRANTS

Behaviour covered in conditions

There is substantial variety across the CCTs in the detail of geographic coverage, proportion of the population covered, eligibility rules, number of years for which a household is covered, components of the grant, age groups covered in respect of particular elements, population groups covered in respect of particular elements, amounts related to each element, nature of conditions and monitoring and enforcement of conditions. Focusing on only two aspects, Ferreira and Robalino (2010) note that coverage of CCTs ranges from a low of 1.5 per cent of the population in El Salvador to 54 per cent in Bolivia, while the level of benefits ranges from 0.25 per cent of GDP per capita in Costa Rica to 20 per cent in El Salvador.

Table 5 gives a sense of the diversity in the composition of the monthly cash transfer for some key programmes. The table shows differences in how the amount is calculated, as well as the percentage the average household transfer constitutes of the poverty line in the country. The situation is further complicated by several countries having further one-off or annual transfers. For example, OPORTUNIDADES has a one-off grant for supplies, the size of which can vary between US\$12 and \$22, while Nicaragua has an annual \$20 transfer for a mochila (rucksack) for each child.

Table 5 raises interesting questions related to how the design of CCTs and transfers relates to their overall purpose. In most of the above cases, there is a basic grant for a poor (or very poor) family, supplemented by additional grant amounts for children in the target range. In the case of Honduras, the supplement for

TABLE 5
Examples of Composition and Relative Size of Monthly Cash Benefits

Country and programme	Monthly cash transfer	Average transfer as % of poverty line
Brazil: Bolsa Familiar	\$18 per extreme poor family; \$5 per child up to 3 children	12%
Colombia: FA	\$20 per family; \$6 per primary child; \$12 per secondary child	-
Honduras: PRAF II	\$4 per family; \$5 per child	8%
Jamaica: PATH	\$9 per eligible household member	16%
Mexico: Oportunidades	\$13 per family; \$8-17 per primary child; \$25-31 per secondary child	23%
Nicaragua: RPS	\$18 per family; \$9 if school-aged child	18%

Source: Handa and Davis, 2006: 13

a single child (the element to which the condition is attached) is larger than the amount for the family as a whole. This is also the case in many instances in Mexico. Table 5 also shows that these grants, with their focus on school-going children, are less concerned with younger children despite the fact that the impacts of nutritional and other deficits are more long-lasting. If, to counter this, a CCT was introduced for preschool aged children, what would be done in respect of very young children who are cared for at home by their mothers or grandmothers? Would this behaviour be discouraged by a CCT for young children?

Bastagli (2009) describes and illustrates how the design and implementation of CCTs differ in line with the overall welfare approach and philosophy of a country. He notes that in some countries, CCTs were initially introduced as a response to assist those negatively affected by structural adjustment or similar crises. In other countries they were seen as encouraging inclusion of the marginalized; in others they were seen as ensuring basic rights. These differences can affect the design of the various elements of CCTs as well as the specific conditions imposed. One would also expect current levels of achievement and need in respect of different aspects of health, education and poverty more generally in a particular country to influence choices in respect of conditions. The human development

indicators for Caribbean countries presented earlier provide a lead-in to such considerations.

The most common behavioural conditions relate to children in respect of education. The next most common are behavioural conditions related to health of children. Less frequent are health conditions related to the health of women, in particular pregnant and lactating women. The CCTs also sometimes require particular behaviours on the part of the woman receiving the grant, such as attending meetings, information or training sessions and/or performing unpaid community tasks. Conditions relating to behaviour of other household members are less common.

The education-related condition is usually that children of a specified age must be present on 80 to 90 per cent of the school days (Rawlings & Rubio, 2005). Health-related conditions usually related to preventive health care and are generally attached to grants for younger children or for pregnant women. However, in Mexico and Jamaica, other adults must also go for health check-ups once a year (Rawlings & Rubio, 2005). In recent years, and especially as CCTs have been introduced in other parts of the world, conditions have been introduced in respect of further aspects, such as HIV and AIDS.

Case study: Jamaica's PATH⁶

PATH was introduced island-wide in Jamaica in 2002, bringing together three pre-existing transfer programmes. It is funded by the Government of Jamaica and the World Bank. The programme, which uses a proxy means test to determine eligibility, targets five categories of beneficiaries, all of whom must pass the means test. The categories

are children from birth to completion of secondary education; people aged 60 years and above who are not in receipt of a pension; persons with disabilities; pregnant and lactating women; and poor adults aged 18 to 59 years.

6 <http://www.mlss.gov.jm/pub/index.php?artid=23>, downloaded 18 October 2014.

Going beyond standard conditions

As noted above, the most commonly used conditions relate to school enrolment and attendance and to primary health care. These conditions are less useful in countries, such as many in the Eastern Caribbean, that have achieved high levels of school enrolment and attendance and good coverage in areas such as immunization, antenatal care and births attended by skilled practitioners. This short subsection therefore provides a few examples of conditions related to other aspects. The examples relate to early childhood development (ECD) and sexual practices, both of which have been suggested as a possible focus for conditions in the Eastern Caribbean.

Macours et al (2012) explore the impact of a cash transfer programme in Nicaragua, Atención a Crisis, that included a focus on ECD. They find that children who received benefits showed higher levels of development on a large range of tests than children in a control group. Further, improvements persisted after the transfers ended, although not at the levels achieved while the transfers continued. The authors suggest that the additional money allows households to spend more and improve their behaviour in respect of nutritious food, preventive health care and stimulation (for example, with toys). However, they argue that the cash alone would not have worked in Nicaragua if it had not been accompanied by social marketing that provided caregivers with knowledge about what children needed. They speculate further that the fact that the transfers were paid to women increased the extent to which the money was spent in ways that benefited children.

The Nicaragua experiment did not provide any evidence that conditions contributed to the positive results. The initial intent was that households with children aged 0 to 5 years would be required to take the children for regular preventive health check-ups. This condition was, however, not monitored and households were not penalized if they did not comply, whereas the condition in respect of school attendance by older children was monitored.

Kohler & Thornton (2011) report on a year-long CCT programme in rural Malawi in which women and men were offered transfers of varying values if they maintained their HIV status. Their research could not find any impact of the incentives on reported sexual behaviour. However, after the programme ended, men who had received the transfer were more likely than before to engage in risky sex while women were less likely to do so. They suggest, citing evidence from elsewhere, that men may use additional money to purchase sex; in contrast, women may use additional money to serve a protective function. The work by Kohler & Thornton, as well as the Malawi experiment with adolescent girls described below (Baird et al, 2011), suggest that incentives related to sexual activity are especially complicated.

Unfortunately, there seem to be very few international examples in the areas of ECD and sexual behaviour. The scarcity of examples could, in part, reflect the difficulty of designing sensible conditions in these areas. With sexual behaviour, in particular, the factors that shape behaviour are probably too complex to be controlled through conditions that are clear and simple enough to be fairly monitored and enforced.

Monitoring

Handa & Davis (2006) state that conditions constitute “one of the most attractive features” of CCTs. Nevertheless, they acknowledge that the extent of the administrative burden incurred with conditions raises questions as to whether the conditions are worthwhile and, if so, how and by whom they should be monitored. They note that these questions are particularly pertinent in countries with weak institutions.

Monitoring is complicated by the fact that the institutions responsible for health and education, and thus best placed to monitor performance, usually differ from those responsible for management of the CCT. The grants thus require considerable inter-sectoral collaboration and coordination, which many governments find difficult to achieve.

The available evidence suggests that the extent to which conditions are monitored varies widely across

countries and also within countries. There are also differences in the extent to which different conditions within the same programme are monitored. De la Briere & Rawlings (2006: 12) report that most countries experience many difficulties in setting up and maintaining monitoring systems.

Ferreira & Robalino (2010) report that in Ecuador there is no monitoring of conditionalities prior to payment of benefits. Britto (2007) reports that Brazil's condition (or what might be called a normative injunction) relating to using CCTs for food is not monitored and that officials feel that this restriction is inappropriate. Leroy et al (2008) find similarly that the optional nutrition supplements element in Mexico's Oportunidades was less well implemented than other elements. Participation in lifelong learning, which is provided by the non-governmental organizations responsible for monitoring is monitored, but non-participation does not affect receipt of the grant. However, beneficiaries are not told that it does not affect receipt. Handa & Davis (2006) suggest that the haphazard approach to monitoring in Brazil might be intentional, with the inclusion of conditions intended primarily to gain middle class support for budgetary allocations related to the grants.

Enforcement

Budlender (2008) quotes an informant with experience of CCTs in a range of Latin American countries who observed that probably about half of the countries in that region took monitoring seriously, but that having an effective monitoring system did not necessarily mean that there was also enforcement of conditions.

Variations in enforcement occur in terms of when the condition is imposed (e.g. before one enters the programme or within a specified period of joining), what happens when the beneficiary does not comply (immediate expulsion from the grant, suspension or phased warnings), and what assistance, if any, is given to non-compliers. At a general level, Rawlings & Rubio (2005:35) observe that "programmes have not always enforced all conditions."

In Chile's Puente programme, payments are immediately terminated on non-compliance with the

53 conditions. In other countries, such as Mexico and Colombia, there are phased steps for non-compliance. Chile is also among the few countries that make payments only after compliance has been monitored and verified. In other countries, transfers are made once the family is found to be eligible; monitoring and verification occurs subsequently (Bastagli, 2009).

In Brazil, non-compliance is understood as an indicator of vulnerability. The state response to non-compliance is to attempt to find out the reasons for non-compliance and to provide support and services from the municipal authorities to assist the family to comply. It is only if non-compliance persists that the payments are suspended and, if non-compliance continues, are terminated. Brazil's approach recognizes that non-compliance is not necessarily the 'fault' of the beneficiary, but instead can reflect the vulnerability of the family and/or failures in the supply of services. Supply-side issues are discussed below.

Ribas et al's (2008) discussion of Nicaragua's Red de Protección Social (RPS) is one of the few sources that provide evidence of serious enforcement. They report that about 10 per cent of beneficiaries received less than the full grant at least once during the first two years of implementation due to non-compliance. Fewer than 1 per cent of households were expelled from the programme during the first two years, with the reasons for expulsion including, among others, repeated failure to comply, more than 27 days' absence from school in one year without adequate excuse and failure to be promoted to the next grade. The condition in relation to progression at school was no longer enforced after it was discovered that some schools were automatically promoting all children. Similarly, the vaccination condition was dropped when it was discovered that the reason for non-compliance often related to late delivery of vaccines to health centres. Further, a condition related to weight gain was dropped after the pilot due to concerns about measurement error as well as the realization that this condition tended to penalize the poorest households.

More generally, Ribas et al note that health conditionalities are more difficult to monitor and enforce than those related to education because of the lesser availability of health services and because

it is often more difficult to change attitudes towards preventive health than it is to change attitudes towards school attendance.

Supply-side elements

Lomel (2008) argues that CCTs must be understood in the context of services that target broader populations, implying that the situation of poor people cannot be improved unless the quality of (and equitable access to) general services improves. Similarly, after a comprehensive review of available studies of health impacts of CCTs, Lagarde et al (2009) conclude that CCTs are unlikely to be successful if quality health services are not available. For education, Ferreira & Robalino (2010) argue that supply-side interventions are especially necessary because the children who are kept in school through CCT conditions tend to be from poorer families and may need more educational support than children from better-off families to achieve the same educational outcomes.

Soares et al (2010) report that Bolsa Família's success in decreasing dropout rates resulted in more children repeating grades at school. They suggest that this indicates the need for CCTs that focus on education to be accompanied by supply-side interventions if they are to have positive impacts on education performance and, hopefully, on longer-term earning potential. Similarly, Latapi & de la Rocha (2006) suggest that the success of the CCT programmes in increasing the number of children in schools increases the chances of poor results, as less-able children join the system and classes become bigger in schools whose quality was already poor. Their reasoning calls into question the motivation for CCTs in the absence of improvements in service delivery because if performance does not improve, there is little likelihood of the grant having the impact on inter-generational poverty that is one of the main motivations for CCTs.

Van der Berg et al (2010) note that Mexico's PROGRESA includes supply-side elements, such as bonus payments to teachers for each of their pupils who is part of the programme. Gaarder et al (2009) report further that PROGRESA was introduced only in areas where facilities were available within a specified distance. Gaarder et al (2009) cite a study that suggests that the impacts of

Oportunidades (PROGRESA's successor programme) in Mexico are affected by the adequacy of services in rural areas. However, Nicaragua, Honduras and El Salvador stand out as countries that have paid attention to the supply side.

In terms of health, Nicaragua's RPS trains and pays private providers to monitor children's growth and development and to provide beneficiaries with free vaccinations, anti-parasites, vitamins and iron supplements. The supply-side aspects add significantly to the cost of the programme. Barham et al (2008) show that in Nicaragua, the RPS was able to achieve substantial increases in vaccination coverage and that the improvements were especially large for children with less educated mothers and those living far from a health facility. Barham et al conclude that improvements in supply are needed if a CCT programme is to be "credible." They note that improvements are needed even if, at the time the CCT is introduced, supply seems adequate. These improvements are necessary because increased use of services (which is the hoped-for result of the CCT) will place additional burdens on facilities, which will likely result in reduced quality of services.

For education, Nicaragua offers a small teacher incentive, the *bono a la oferta*, which is intended to compensate for the fact that teachers are likely to face larger classes, will have additional reporting duties and will need some additional supplies. The *bono a la oferta* is provided to the child, who is required to pass it on to the teacher. The teacher keeps half the grant and must pass on the other half to the school for supplies. Use of the funds by the school and teacher is, however, not monitored (Maluccio & Flores, 2005).

Vadapalli (2008) cites a study by the International Poverty Center of the United Nations Development Programme that notes that the need for strong supply-side elements was recognized in Honduras from the start, given that Honduras was not a middle-income country like many of the other countries in which CCTs had been introduced. Honduras' Programa de Asignación Familiar gives grants as incentives to some schools and health centres, while beneficiaries receive nutrition and health vouchers on the demand side. The supply-side initiatives aim to improve the quality of

services through training programmes, introduction of standards and involvement of community members in monitoring. The funds for supply-side interventions are disbursed through non-governmental organizations to avoid political interference. However, Vadapalli notes that delays in provision of these funds negatively affected the progress of the programme. Further, in the earlier stages (and perhaps still today), the supply-side grants were not provided to schools and health centres in all areas, as the programme was designed as an experiment in which different combinations of demand and supply interventions happen in different areas (Rawlings & Rubio, 2005).

El Salvador's Red Solidaria, in addition to the cash transfer, provides for improved supply of social services and infrastructure, and improved productivity and diversification of income sources of beneficiary families through attendance by adult family members at lifelong learning sessions. The services and infrastructure component includes schools and health services alongside improvements in basic infrastructure such as water, sanitation, electricity and rural roads (Britto, 2007).

Like El Salvador, some other countries include elements that attempt to improve family's earning capacities. Thus in Paraguay's Tekopor, each family is allocated a 'family guide' to assist them in developing a strategy for increasing their 'productive potential' (Soares & Britto, 2007). Similarly, Chile's Solidario provides psycho-social support to indigent families alongside the cash transfer, hoping to help the families 'exit' from indigence. Soares & Britto note that the cost of hiring the family limits the extent to which it can be extended to a larger number of families (Soares & Britto, 2007). This aspect is affordable in Chile because the programme focuses only on the extreme poor.

In Jamaica, social workers at the parish level open a case file for each beneficiary family of the CCT, the Programme of Advancement through Health and Education (PATH). The social worker is supposed to visit each family at least twice a year, both to monitor compliance and to provide referrals. The social workers are also meant to visit health centres and schools to assist with compliance and ensure that records are maintained. In practice, however, because the social

worker to beneficiary ratio is 1:1,200 instead of the 1:50-100 target, social workers are not able to do these tasks. Their inability to do so is exacerbated by the fact that they have other responsibilities besides those connected with PATH.

A typical CCT programme will include an agreement with the relevant health ministry to provide services free to beneficiaries. In some cases, the ministry will be given an additional budget for this purpose. In Brazil, for example, the Ministry of Social Development provides subsidies to the municipalities that are responsible for administering the Bolsa Familia (Bastalgi, 2009).

The cost of imposing conditions

There is limited evidence available of the additional costs incurred by governments or other actors through imposing conditions. One reason for this is that separating out the costs of the different aspects of a CCT is difficult. Where estimates are available, they differ widely across programmes and even for the same programme. Nevertheless, the overall message is that the costs can be significant for both government and beneficiaries. This issue is especially important in the wake of the global economic and financial crisis that began in the late 2000s and whose impacts continue in Eastern Caribbean countries and beyond. Even before this period, Handa and Davis (2006: 19) queried the sustainability of CCT programmes and, in particular, those dependent on loans.

For PROGRESA-Oportunidades, there is a wide range of estimates as to costs. Adato & Hoddinott (2005) report that monitoring of conditionality accounted for a low 2 per cent of total costs. However, Kakwani et al (2005) report that in the first year, monitoring conditions accounted for 8 per cent of the total cost (which increased to 24 per cent in 2000); Handa & Davis (2006) quote an estimate of 18 per cent for the monitoring share. Participants in a South African study tour (Child, Youth, Family and Social Development, 2006) were told that administrative costs had fallen from an earlier 12 per cent to 2.5 per cent (equivalent to \$70 million) in 2005. However, the report on the study tour notes that many costs are carried by municipalities and not included in the calculation of administrative costs.

Bastagli (2009) quotes a study by Caldes et al (2004) of PROGRESA, RPS and Honduras' Programa de Asignación Familiar (PRAF) in arguing that the cost of conditionalities depends on the extent to which they are monitored and the "maturity" of the programme. The relative costs of conditions increases as the extent of monitoring increases. Handa & Davis (2006) note that the share of the cost relating to monitoring is likely to increase over the life of a programme as the costs related to establishing the grant decrease. Handa & Davis also note that the monitoring estimates usually exclude the costs of evaluation which, if added, would push up the costs associated with conditionalities even further. De Brauw & Hoddinott (2008) mirror Handa & Davis's observation of the steep cost of monitoring conditions with their observation that this constitutes the "primary" public cost of the CCTs.

Kakwani et al (2005) claim that the distribution of costs across monitoring, targeting and other functions was similar to that in Mexico for the Honduras and Nicaragua CCTs, except that the latter two programmes also included funds to improve supply in targeted communities. In addition, in Nicaragua education workshops were reported to add an additional cost of \$50 per beneficiary per year, while health services for children under five years cost about \$110 (Maluccio & Flores, 2005: 9-10). Jones et al (2007) report that in Peru, only 60 per cent of the total budget is spent on the actual cash transfers, with a further 30 per cent spent on supplying basic services to meet the increased demand and 10 per cent on operational costs. However, there is no indication of the proportion of operational costs that are spent on monitoring.

The above estimates focus on 'public' costs, i.e. costs imposed on governments and their funders. Kakwani et al (2005) highlight private costs borne by beneficiaries. These include costs of complying, such as travel costs and costs of certification, as well as income foregone both by the children and by the mothers who must comply with conditions such as attendance at meetings or taking children to a health centre. They quote research that suggests that such private costs could amount to more than a quarter of total programme costs. Dammert (2009) shows smaller impacts of Nicaragua's RPS in respect of schooling and engagement in child labour for

children in poorer households, and suggests that this reflects the direct and opportunity costs of complying with the conditions.

None of the literature that discusses costs highlights the costs imposed on the various volunteer cadres that work at the local level in some programmes to monitor conditions. If a monetary value were calculated for the time spent on these tasks, the additional private costs could be substantial for programmes that utilize such cadres.

CHAPTER 4: IMPACT OF CONDITIONS

Almost all of the literature on impacts reflects the impacts of the grants as a whole rather than on particular aspects of the grants (such as the conditions). Where there are often strong impacts, it could thus well be the money (referred to in the literature as the ‘income effect’) or other support that is provided rather than the condition (the ‘price effect’) that is making the difference. The likelihood that this is so is strengthened by a range of research in South Africa that finds similar impacts to those found for the CCTs despite the fact that the South African grants had no conditions at the time.⁷ Therefore, detailed reporting on the impact of CCTs on poverty is not directly pertinent to this paper (except in those cases where the impact is shown to be related to the conditions).

Similarly, beyond South Africa, Adato & Bassett (2007) report impacts on schooling in Kenya, Malawi, Zambia, Mozambique and Namibia where cash transfers are unconditional. Comparing within a single country, Lund et al (2008) quote research by Soares et al that found that the unconditional grant for the elderly and people with disabilities had a similar poverty reducing impact to the CCT. Similarly, Gaarder et al (2009) cite a study by Paxson and Schady which found that Ecuador’s UCT Bono de Desarrollo Humano improved children’s nutrition. They also cite a study by Fernald et al that finds that the Oportunidades transfer results in improved growth and better cognitive and language performance independently of the health condition.

7 In recent years, a school enrolment and attendance condition was introduced for South Africa’s child support grant with the stipulation that the transfer could not be reduced or taken away if there was non-compliance. Instead, social workers were meant to assist the family to overcome the barriers to enrolment and attendance. Unfortunately, despite clear regulations stipulating this, there is evidence that some officials exclude children who are not enrolled at school, while some potential beneficiaries self-exclude because they think this is a requirement (Proudlock, 2014: 69-70).

All these examples call into question Handa & Davis’s (2006: 9) assertion that a cash transfer without a condition or expectation of school enrolment is unlikely to lead to as large an increase in enrolment as obtained with conditions. Indeed, these same authors acknowledge that “serious empirical analysis that tries to disentangle the income and substitution (or price) effects has yet to be done,” and that while conditions constitute “one of the most attractive features of [CCTs], it is also one of the most complicated to execute.”

One concern is that the impact of conditions is felt only while the transfer continues. The concern is especially pertinent given that CCTs generally aim to address inter-generational poverty. The evidence on longer-term impact is limited and mixed, in part because of the difficulty in monitoring long-term impacts.

Behrman et al (2011) look at the longer-run effects of different lengths of exposure to (the receipt of) the PROGRESA CCT in Mexico. They find positive impacts on schooling, reductions in engagement in work for younger youth, increases in work for older girls and shifts from agricultural to non-agricultural employment. Their findings are different from those of Banerjee et al, whom they cite, and who suggest that impacts largely disappear after the transfer is stopped. However, of importance for our purposes, Behrman et al do not show that it is the conditions in particular that result in the long-lasting impacts that they record.

Baez & Camacho (2011) investigate whether child beneficiaries of Colombia’s CCT, the Familias en Acción, were more likely to complete secondary school than non-beneficiaries from similarly poor households. Their interest is, first, in looking beyond enrolment and attendance as these are, by definition, likely to increase if they serve as conditions. Second, they are interested in longer-term outcomes that look beyond the primary school impacts investigated in most studies. They find

that female beneficiary children and those in rural areas went further in school and performed better on academic tests at the end of high school. However, these impacts are not as clearly evident for boys and urban children. Further, they cannot answer the bigger question as to whether higher education will result in subsequent higher earnings, and thus have an impact on poverty. This question is important in a context where overall levels of education are rising and the economy is not necessarily creating new jobs (Lomel , 2008). Unless higher levels of education lead to better-paying jobs, the hoped-for impacts on poverty will not be achieved.

Evidence of impact of conditions

The above discussion focuses on impacts of CCTs rather than the impacts of the conditions. It is the latter that is the chief concern of this paper. Slater (2011) notes that in the available literature, there is little evidence, aside from simulations, to show that positive outcomes are the result of conditions. However, there are a few recent cases in which research has been designed specifically for this purpose, two cases in which available evidence could be used to construct experimental and control groups and a few cases where literature gives indications of the extent to which conditions are responsible for impacts.

The first direct attempt to explore the impact of conditions targeted adolescent girls aged 13 to 22 years in Malawi. The researchers, Baird et al (2011), report that the school dropout rate declined for both those who received UCTs and those who received CCTs, but decreased more for those receiving CCTs. Those receiving CCTs also attended school more regularly and performed better in English reading comprehension tests. However, among girls who dropped out of school, teenage pregnancy and marriage rates were much lower for those in the UCT group than those in the CCT group. The researchers observe that the success in respect of human capital came at the cost of greater risk to non-compliers.

Kidd & Calder (2012) question whether even the positive Malawi findings in respect of conditions are correct. They note that in an earlier paper based on the same experiment, Baird et al (2010) found

that conditions made no difference on impacts. They observe that the revised findings are based on a flawed methodology. Among others, the revised findings used a much smaller sub-sample and were based on teachers' records rather than those of girls. Kidd & Calder highlight several reasons why the teachers' records are likely to be more unreliable. They conclude that the Malawi experiment provides no clear evidence on whether or not conditions work positively; the experiment shows instead that conditionalities may increase stress on adolescent girl recipients and be less effective in reducing the rate of young marriage. They suggest that the heightened stress and psychological illness recorded for girls receiving the CCTs might indicate that some girls were forced by their families to attend school so as to receive the money, when it might not have been in the best interests of the girls to do so (for example, in cases where they were ill or faced the threat of sexual or physical violence at school).

A second experiment, designed for direct exploration of the impact of conditions, focused on the Tayssir programme in Morocco (a two-year pilot that aimed to increase primary school attendance). The evaluation was done as a partnership between independent researchers and the Government of Morocco. Freeland (2013) explains that the test involved dividing beneficiaries into three groups, the first receiving a UCT, the second receiving a CCT and the third not receiving any grant. The research found an increase in school participation for all three groups, with beneficiaries of the UCT showing the highest increase. Those receiving the UCT were also the least likely to have dropped out of school after two years and the most likely to re-enrol. Freeland suggests that the worse performance of those receiving CCTs can perhaps be explained by households or teachers avoiding enrolment of weaker children on account of the conditionality.

Freeland observes that the fact that this research was done by independent researchers precluded the possibility, as had happened with the Malawi research which was done by World Bank-affiliated researchers, of relooking at the data and re-doing the analysis. Instead, the World Bank argued that the unexpected better performance of the UCTs in Morocco could be explained by the messaging that accompanied the grant. The World Bank therefore argued that it

constituted a “Labelled Cash Transfer” rather than a UCT. Freeland questions this invention of a new term. Whatever the validity of the new term, the finding of the Morocco research is that the conditions did not generate improved impacts.

In the first of the explorations using existing data, De Brauw & Hoddinott (2008) use the fact that some beneficiaries of Mexico’s PROGRESA did not receive the attendance monitoring forms to divide beneficiaries into two groups. The experimental group consists of those who received forms and are thus presumed to be monitored. The control group consists of those who did not receive forms, were therefore not monitored, and thus they essentially received the equivalent of a UCT. The authors find that children in the experimental group were more likely to enrol in school with a noticeable impact for children transitioning to lower secondary school but no observable impact for children at the primary level. The unknown in this finding is whether non-receipt of a monitoring form reflects some other difference between the two groups of children that might account for this difference. The research also highlights the importance of understanding for which particular groups conditions might be effective.

In Ecuador, the test on the impact of conditionality took advantage of the fact that while the enrolment conditions of the Bono de Desarrollo Humano are not, in fact, monitored, many households believe that they are. The experimental group therefore consisted of households who stated that there was an enrolment requirement with the control group consisting of those who said there was not. After controlling for other observable differences between the two groups, the increase in enrolment was significantly larger for the experimental than for the control group (Adato & Bassett, 2007). The weakness in this test is that it is well-known that responses to interview questions that enquire whether respondents “know” something are unreliable. Further, the difference in level of knowledge might well reflect other unobservable differences between the two groups that are the real cause of the differences in enrolment.

Gaarder et al (2009) cite an evaluation that compared the impacts of Mexico’s PROGRESA with that of the country’s Procampo, which is a UCT. The evaluation found that the two programmes achieved similar improvements in food consumption, but PROGRESA performed better in respect of health and schooling. However, they note that this result might reflect the fact that women were the main recipients for PROGRESA, while men were the main recipients for Procampo. It was thus not necessarily the conditionalities that achieved the impacts.

There are also several examples of research that involves ex-ante modelling (i.e. predictions of what is likely to occur given certain assumptions).

Adato & Bassett (2007) quote the findings of simulation (modelling) exercises using data from PROGRESA and Brazil’s Bolsa Escola that attempt to compare the impact of CCTs and UCTs. The simulations suggest that most of the enrolment impacts are due to the conditionality (the ‘price effect’) rather than the income effect. This conclusion is reached on the basis that most of the change results from the opportunity cost i.e. what the child could earn if they were not in school (Bourguignon & Ferreira, 2002). Similarly, Kakwani et al (2005) model the likely impacts of cash transfer programmes in 15 sub-Saharan African countries, both with and without conditions.

The problem is that all such ex-ante modelling involves hypothesizing (predicting) based on assumptions that may or may not be true. Kakwani et al’s work is even more hypothetical than that of the two Latin American programmes, in that the 15 African countries concerned did not have either CCTs or UCTs for children at the time the modelling was done. Kakwani et al focus their attention on poverty impacts, and state that their modelling suggests that conditions are necessary if grants are to end the inter-generational cycle of poverty. As with the Latin American simulations, however, these conclusions seem to rest on the opportunity cost (i.e. the employment-related choices). This, in turn, rests on a range of assumptions about the availability of cash-earning employment for out-of-school children. These are of limited relevance for countries where children’s engagement in income-earning is at a very low level.

Unanticipated impacts

The impact on marriage rates reported above for Malawi can be seen as an unanticipated (and negative) impact of having conditions. There can also be other unanticipated and negative impacts. Commentators (see, for example, Razavi as quoted in UNICEF, 2008) note that CCTs can be unhelpful for women, as CCTs place extra uncompensated time and work burdens on those who are already overburdened with both unpaid care work for their families and with income-earning. Commentators argue further that the imposition of these burdens on the recipient women reinforces gender stereotypes as to childcare being the responsibility of women.

In the case of Oportunidades, Latapi & de la Rocha (2008) report that the burden of attending the required meetings has resulted in women dropping out of the programme or leaving their income-earning jobs, as well as in the exclusion of some of the poorest households because the women are unable to comply with these requirements. Other working women were excluded because they could not devote the necessary time to the selection and ‘verification’ processes, as they needed to spend the time earning money. The various tasks expected of women beneficiaries were also difficult to fulfil in the case of women responsible for caring for chronically ill household members. Latapi & de la Rocha note that the programme works best for a nuclear family in which the woman is not employed full-time. This is not the typical situation for many poor families in Eastern Caribbean countries. For Peru, Jones et al (2007) report that some women beneficiaries complained about the time-consuming nature of the capacity-building aspects of the programme that they were required to attend.

There are several references in the literature to other perverse incentives. Adato & Hoddinott (2005) and Lagarde et al (2009) suggest that the reduced weight gain in the early years of the programme in Brazil might have been caused by mothers’ believing that they would lose the grant if their children were not underweight. Soares et al (2010) report a similar phenomenon for both Bolsa Família and a predecessor programme in Brazil. In contrast, Bastagli cites Adato (2008) in respect to Nicaragua’s RPS, where mothers

overfed children before testing because a sanction was imposed if children failed to gain weight at two successive weighings. Similarly, the RPS condition that required children to pass grades resulted in teachers pushing children into the next grade even if they were not ready for this, while the attendance requirement resulted in teachers marking children as present when they were not.

Britto (2007) notes that the fact that El Salvador provides grants only to those who have not completed sixth grade could discourage children working hard so as to be promoted to a higher grade. In Paraguay, the operational manual specifies that a family is eligible for three years, after which they will be assessed. If they are found to have achieved the programme targets, they will be removed from the programme, whereas if they have not, they will remain for another two years during which they receive smaller amounts. However, the majority of beneficiaries thought that compliance would ensure that benefits continued, whereas the opposite was the truth (Soares & Britto, 2007). In this case, the perverse incentive was avoided through the poor knowledge of the beneficiaries.

Jamaicans with whom South African study tour participants (Child, Youth, Family and Social Development, 2006) met to discuss the PATH programme reported that their health care facilities were not able to accommodate the increased number of visits that would result from compliance. Further, health centre staff did not think that health visits should be compulsory for healthy children.

CHAPTER 5: SUMMARY AND CONCLUSIONS

This paper discusses the literature documenting the experiences in attaching behavioural conditions to cash transfers. It focuses firmly on the conditions aspect of CCTs, although to be able to understand this aspect, one needs to have an understanding of CCTs more generally.

As noted at the outset, CCTs are very diverse. This makes it difficult to make categorical statements about them. Further, the potential advantages and disadvantages of CCTs need to be considered within the context of a particular country. As such, an earlier section of the paper presented indicators of the current situation in Eastern Caribbean countries in respect of the education and health outcomes (and the associated behaviour) most commonly targeted by CCTs. The indicators are important because the attempt to influence behaviour is what distinguishes CCTs from UCTs.

The indicators presented suggest that, overall, Caribbean countries, and in particular Eastern Caribbean countries, perform relatively well on education, health and human development indicators. This is not to suggest that there is no room for improvement. However, it may be that conditions may not be the most effective way of addressing the challenges that are preventing children and pregnant women from attending school or being healthy.

As suggested earlier, if the factors preventing school attendance and good health are primarily financial, provision of an adequate cash transfer may address the problem even without the imposition of conditions. If the reasons relate primarily to inadequacy of supply, conditions will not solve the problem. The decision as to whether conditions are appropriate therefore needs to consider the specific

reasons in each particular country context and in relation to each type of service.

If we look beyond the commonly targeted behaviour, there is limited available evidence of successful CCTs in the area of early childhood development and sexual behaviour, both of which are areas that might seem attractive for Eastern Caribbean countries to target through CCTs. Some of the evidence in respect of the latter is negative, indicating the complex factors that shape such behaviour.

As noted above, Adato & Hoddinott (2005) suggest that the arguments advanced in support of conditions fall into four broad categories, namely (a) that the behaviour of poor people does not always conform to what is best for themselves and their families; (b) that 'sociocultural' biases within families may prevent the needs of the less powerful (such as young girls) from being met; (c) that conditions might reduce the stigma attached to being a beneficiary of a transfer; and (d) that wealthier and more powerful citizens, who will bear some of the costs of the grant, will be more inclined to support it if it is not seen as a hand-out.

The discussion above suggests that none of these assumptions holds in all contexts. Each of these assumptions would therefore need to be considered in the context of a particular country that was planning to introduce conditions. The financial and other costs associated with having conditions—including administration, enforcement and the extent to which deserving families would be excluded—would then need to be compared with the costs of alternative approaches, such as improving the supply and accessibility of quality services or improving public education about the benefits of positive behaviour alongside introducing or continuing with UCTs. The consideration of costs

is especially important at present given the severe fiscal constraints facing countries in the region.

More generally, the overall findings from the literature can be summarized as follows:

- There is clear evidence of the impacts of cash transfers on education and health outcomes across a large number of countries.
- The impacts are likely to be greater and more long-lasting the longer the duration of the transfer, which raises concerns about programmes that pay the transfer only for a few specified years of childhood and/or where there is a strong push for beneficiaries to 'graduate'. Impacts on inter-generational poverty have not as yet been proven.
- There is very little evidence available that it is the conditions that generate the impacts of transfers, as similar impacts are achieved with UCTs. In some cases there is evidence that the conditions result in negative impacts.
- While the role that mothers play in CCTs may improve the benefits accruing to children, it simultaneously may add to the unpaid care responsibilities that women—and particularly lone mothers—face and may thus hinder their efforts to earn money.
- Where CCTs are targeted explicitly at particular age groups and conditioned on school- or health-related behaviours, the programmes will not address the poverty challenges faced by families that do not contain members within the targeted age group.
- Monitoring conditions can be costly, necessitating cost-benefit analysis of the cost of imposing conditions against the benefits to be gained. This is especially important in constrained fiscal situations such as those that prevail in many Eastern Caribbean countries at present.
- Strict enforcement of conditions through speedy termination of transfers may well further punish those who are already marginalized, while more enabling enforcement through providing assistance to those who struggle to comply is likely to be resource-intensive in terms of finances and personnel. Such assistance is probably only possible if the numbers to be assisted are very small.
- The impacts of cash transfers will be reduced if the supply of relevant services is inadequate, of poor quality or is not expanded to address increased demand. As Handa and Davis (2006: 19) note, expecting CCTs to stimulate supply-side improvements may be a case of expecting the tail to wag the dog.
- There is very little experience or evidence available on conditions related to sexual behaviour, and what evidence there is suggests that impacts can be negative.
- There is one example of a seemingly successful CCT in respect of ECD, but the example does not show that it is the conditions that are responsible for the achievements. Something not raised in the literature (but a likely challenge in many countries), is that if ECD conditions are conditioned on attendance at an ECD facility, challenges might arise for implementers and potential beneficiaries in respect to supply.

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