

de Arruda, Pedro Lara; Markhof, Yannick; Franciscon, Isabela; Silva, Wesley de Jesus; Bilo, Charlotte

Research Report

Overview of non-contributory social protection programmes in South Asia from a child and equity perspective

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Overview of non-contributory social protection programmes in South Asia from a child and equity perspective

Pedro Arruda, Yannick Markhof, Isabela Franciscon, Wesley Silva and Charlotte Bilo, International Policy Centre for Inclusive Growth (IPC-IG)



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By Pedro Arruda, Yannick Markhof, Isabela Franciscon, Wesley Silva and Charlotte Bilo

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**OVERVIEW OF NON-CONTRIBUTORY SOCIAL
PROTECTION PROGRAMMES IN SOUTH ASIA
FROM A CHILD AND EQUITY PERSPECTIVE**

This study is part of a series of papers developed as a partnership between the UNICEF Regional Office for South Asia and the IPC-IG, to assess different aspects of social protection in the region.

1. Social spending in South Asia: an overview of government expenditure on health, education and social assistance.
2. Overview of non-contributory social protection programmes in South Asia from a child and equity perspective.
3. Gender and social protection in South Asia: an assessment of the design of non-contributory programmes.
4. Social protection legislative frameworks in South Asia from a child-rights perspective.
5. Evidence linking social protection programmes in South Asia with child poverty, economic growth and improvement in human development.

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We travelled to five countries in South Asia: Afghanistan, India, Nepal, Sri Lanka and Maldives, which has given us the opportunity to learn more about social protection in different contexts. This work would not have been possible without the collaboration of our counterparts from UNICEF, governments and non-governmental organisations.

We would like to thank all the government officials and experts from the following countries and institutions:

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FOREWORD

This report outlines the design and operational features of 51 flagship, non-contributory social protection programmes in South Asia as part of our series of papers on social protection programmes in the region. It provides an in-depth, comparative analysis of the set-up of some of the most prominent interventions led by national governments in each of the eight countries of the region (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka), offering policymakers valuable insights into some of the best practices in designing social protection programmes. This mutual learning opportunity is vital to ensure that social protection can become more effective and inclusive to reach those who are most in need of help. The focus on large-scale, nationwide programmes is also valuable as countries are searching for means to quickly reach large parts of the population to offer them relief during the ongoing COVID-19 pandemic.

The mapping broadly indicates that South Asia's flagship social protection programmes are well-designed to reach those who are most in need according to each country's institutional capacity. It reminds us that the robustness of social protection systems is not necessarily given by the number of programmes that compose them, but rather the extent to which these programmes are comprehensive, interconnected and fit the reality on the ground. Overall, the region's programmes are well-adapted to their national contexts, with large countries leveraging economies of scale by having fewer programmes with multiple components to reach different targeted groups, while smaller countries have a larger number of individual programmes, each covering a specific form of vulnerability. Programmes predominantly target children and poor people, who are selected mainly through means and/or proxy-means testing, often combined with categorical selection criteria, with gender, child and disability status being the most common ones.

Despite the positive findings, the study also points to strategic opportunities that have not yet been realised. For example, even though there are significant challenges related to maternal and new-born health and nutrition in the region, the study has only found programmes that specifically target these vulnerabilities in Bangladesh, India, Nepal and Sri Lanka. Although a child will experience irreversible cognitive losses if facing deprivation before the age of six, no flagship programmes with that specific focus were found in Afghanistan, Maldives or Bhutan. Considering the significant gender inequalities in the region, it is also striking that Afghanistan, Bhutan and Maldives do not have programmes that target single, divorced or widowed women. No school feeding programmes were found in Afghanistan and Pakistan, even in the face of the enormous challenges regarding the improvement of educational and nutritional outcomes in these countries. The list of strategic opportunities that have not yet been realised is significantly longer and such gaps in flagship initiatives should be considered carefully.

This study indicates that a great number of social protection initiatives have been put in place since the beginning of the social protection renaissance in South Asia, some 20 years ago. Now is the time to assess the efficiency of these initiatives, fine-tune those that are already on the right course, enhance coordination across initiatives, and fill coverage and sectoral gaps where they still exist.

Enjoy your reading!

Jean Gough
UNICEF Regional Director for South Asia

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ACRONYMS AND ABBREVIATIONS

3IE	International Initiative for Impact Evaluation
ADB	Asian Development Bank
ASHA	Accredited Social Health Activist (India)
BISP	Benazir Income Support Programme (Pakistan)
BPL	Below the poverty line
CAT	Categorical targeting
CCAP	Citizens' Charter Afghanistan Project
CCT	Conditional cash transfer
CERSOD	Centre for Educational Research and Social Development
CfW	Cash-for-work
CG	Child Grant (Nepal)
CIKT	Conditional in-kind transfer
COM	Community-based targeting
DAP	Disability Allowance Programme (Maldives)
DHS	Demographic and Health Survey
DG	Disability Grant (Nepal)
EIPA	Endangered Indigenous Peoples Allowance/Endangered Ethnicity Grant (Nepal)
EFW	Educational fee waiver
EGPP	Employment Generation Programme for the Poorest (Bangladesh)
EP	Essential Priority (Bangladesh)
EZ-Kar	<i>Esh-tegal Zaiee-Karmondana</i> (Afghanistan)
FATA-TDPER	FATA Temporarily Displaced Persons Emergency Recovery Project (Pakistan)
FfW	Food-for-work
FS	Food subsidy
FSP	Food Subsidy Programme (Maldives)
FPA	Nepal's Foster Parent Allowances (Maldives)
GEO	Geographical targeting
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i>
GNI	Gross national income
GoA	Government of Afghanistan

GoBa	Government of Bangladesh
GoBh	Government of Bhutan
Gol	Government of India
GoM	Government of Maldives
GoN	Government of Nepal
GoP	Government of Paksitan
GoS	Government of Sri Lanka
GR	Gratuitous Relief (Bangladesh)
HA	<i>Husnuvaa Aasandha</i> (Maldives)
HFW	Health fee waiver
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HS	Housing subsidy
HSSP	Higher Secondary Stipend Programme (Bangladesh)
HWDWA	Husband-Deserted, Widowed and Destitute Women's Allowance (Bangladesh)
IDS	Institute of Development Studies
IGNDPS	Indira Gandhi National Disability Pension Scheme (India)
IGNOAPS	Indira Gandhi National Old Age Pension Scheme (India)
IGNWPS	Indira Gandhi National Widow Pension Scheme (India)
ILO	International Labour Organization
IMF	International Monetary Fund
IOM	International Organization for Migration
IPBSF	Institutional purchase that can benefit smallholder farmers
IPC-IG	International Policy Centre for Inclusive Growth
IPS	Institute of Policy Studies of Sri Lanka
IT	Information technology
JSY	<i>Janani Suraksha Yojana</i> (India)
KEP	Karnali Employment Programme (Nepal)
LCU	Local Currency Unit
LE	Large Employers (Bangladesh)
MAPLM	Maternity Allowance for Poor Lactating Mothers (Bangladesh)
MDM	Mid-Day Meal (India)
MDPP	Martyrs and Disabled Pension Programme (Afghanistan)

MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act (India)
MICS	Multiple Indicator Cluster Survey
MPM	Multidimensional poverty measure
MT	Means test
MW	Medical welfare
NCHI	Non-contributory health insurance
NCTP	National Cash Transfer Programme (Pakistan)
NFBS	National Family Benefit Scheme (India)
NHPS	National Health Protection Scheme (India)
NRAP	National Rural Access Programme (Afghanistan)
NSAP	National Social Assistance Programme (India)
NSMP	National School Meals Programme and Food for Education (Nepal)
NSPwD	National Secretariat for Persons with Disability (Sri Lanka)
OAA	Old Age Allowance (Nepal)
OABP	Old Age Basic Pension (Maldives)
OAP	Old-age Allowance Programme (Bangladesh)
OMS	Open Market Sales (Bangladesh)
OOSC	Out-of-school children
OP	Other Priorities (Bangladesh)
OPM	Oxford Policy Management
PAMA	Public Welfare Assistance Allowance (Sri Lanka)
PBM	<i>Pakistan Bait-ul-Mal</i>
PESP	Primary Education Stipend Programme (Bangladesh)
PFDS	Public Food Distribution System (Bangladesh)
PFDS-FFW	PFDS subcomponent 'Food for Work' (Bangladesh)
PFDS-WFM	PFDS subcomponent 'Work for Money' (Bangladesh)
PHHs	Poor households
PMMVY	<i>Pradhan Mantri Matritva Vandana Yojana</i> (India)
PMNHP	Prime Minister's National Health Programme (Pakistan)
PMT	Proxy means test
PwD	People with disability
RCIW	Rural Community Infrastructure Work (Nepal)

REAP	Rural Economy Advancement Programme (Bhutan)
SCHLR	Scholarships (Nepal)
SCS	Social care service
SESIP	Secondary Education Sector Investment Programme (Bangladesh)
SESP	Secondary Education Stipend Programme (Bangladesh)
SFP	School feeding programme
SFP-PA	School Feeding Programme in Poverty-prone Areas (Bangladesh)
SIG	Social Inclusion Grant under the CCAP
SLP	Sustainable livelihoods programme
SPA	Single Parent Allowance (Maldives)
ST	Self-targeting
SWA	Single Women's Allowance (Nepal)
T-NSFP	National Supplementary Food Programme/ <i>Thripasha</i> (Sri Lanka)
TPDS	Target Public Distribution System (India)
TR	Test Relief (Bangladesh)
UCT	Unconditional cash transfers
UIKT	Unconditional in-kind transfer
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
VGD	Vulnerable Group Development (Bangladesh)
VGf	Vulnerable Group Feeding (Bangladesh)
WAG	Working age group
WeT	<i>Waseela-e-Taleem</i> (Pakistan)
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

In this executive summary we present the study and list the core findings of the topics discussed in it, highlighting policy recommendations in bold. As described in depth in section 1, our statistical analysis should not be generalised without consideration of the selection biases inherent in a comparative exercise like ours. Specifically, our study has no benchmark to estimate the representativeness of the programmes we included in our sample. As indicated in Box 1, a striking gap in our study is that its scope is limited to flagship programmes led by national governments; therefore, it does not take subnational initiatives into consideration. This gap is particularly harmful to the accurate representation of the social protection systems of large countries, such as India, Pakistan and Bangladesh, which have hundreds of initiatives at state or province level; therefore, their social protection systems are underrepresented in studies like ours.

Yet our sample of programmes does capture initiatives that are central to the social protection systems of all eight South Asian countries, as all of them can be considered flagship initiatives within their countries. Regardless of the degree to which our statistical analysis can be generalised, this work has the value of shedding light on the design and operational features of 51 programmes (each highly relevant on its own). Subsequently, it presents best practices that could inspire other programmes, and it invites reflection on programme features that could undergo modification to enhance their efficiency, equity and child-sensitivity. Additionally, we present certain background discussions based on global evidence for all the topics covered here.

Programme typology and subcomponents

The most common programmes in our sample are unconditional cash transfers (UCTs), followed by conditional cash transfer (CCTs), reflecting their overall popularity in policymaking across the globe, as well as their (comparatively) straightforward set-up and combinability with other programme types. This is true for programmes with only one component as well as the comprehensive initiatives combining different programme types under one umbrella. All countries seem to have a balanced combination of different sets of interventions given their context-specific forms of vulnerability.

Afghanistan, Maldives and Pakistan should roll out flagship school feeding programmes (SFPs).

It is concerning that our sample does not report any flagship SFPs for these countries. If this indeed turns out to be the case in these countries, it means there is a huge gap to be covered, since such initiatives are globally known for their effective and quick results regarding nutrition and, in particular, school enrolment and attendance. In their simplest form, SFPs do not require administratively complex selection processes—although, depending on the administrative capacity available, such initiatives can be arranged to also enable supply-side gains if food procurement procedures offer benefits to smallholder or family farmers. It is true that SFPs in such challenging contexts might not be the best way to reach the very poorest populations (who often face additional challenges to access education), but it could nevertheless play a major role in boosting much-needed school enrolment and attendance among populations that are far from being well off.

When characterising the components of our sample, we distinguish programmes according to the number and strength of their subcomponents. By this, we mean the relative importance of the coverage, cost and design format of any additional programme components in comparison to one component we identify as the programme's core component. Most of the programmes in our sample focus on a single initiative, although more than a quarter are comprehensive programmes with a number of equally strong components.

This exercise is particularly meaningful, as it reveals that the pure quantity of programmes in a country is an incomplete measure of the strength of a country's social protection system. To that end, it is worth noting that most countries in the region follow a pattern illustrated by Bangladesh: they have many programmes, with a good balance between highly complex initiatives yielding multiple benefits (such as the MAPLM, which grants cash, social care services and professional training) and some highly specialised programmes centred around one type of intervention (such as the AFIPWD, which only grants cash). Differently from Bangladesh, however, there are some outlier country cases worth mentioning.

At the one extreme, Pakistan seems to pursue its social protection goals by focusing its resources on fewer programmes but with each having strong and complex subcomponents. At the other extreme, the approach of Maldives seems to be having a larger number of programmes, most of which are highly specialised in providing one specific type of support. Although our sample is limited to just two Bhutanese programmes, it indicates that the nature of initiatives in this country seems appropriate for a country not marked by much access to markets, nor a strong, monetised economy: a specialised SFP and a relatively complex sustainable livelihoods programme and training initiative.

Afghanistan should experiment with more specialised and streamlined interventions that are relatively easier to manage. The country has a set of complex programmes with many subcomponents, including subcomponents that yield collective goods related to infrastructure and not the traditional person or household-aimed benefits that we consider for our analysis. Although these initiatives are too young to assess whether this approach will work or not, previous experiences with similar complex management requirements have been marked by operational shortcomings that suggest simpler, more streamlined interventions might be an alternative worth exploring.

Bangladesh's educational grants could improve the adequacy of their benefit values and top up the cash benefit with additional services. Looking in greater depth at the country's balance between complex and specialised programmes indicates that the most specialised programmes—its educational stipends—are missing out on a huge opportunity when reaching out to children and adolescents: global evidence suggests this group is one of those with the highest potential to harvest gains from Cash Plus interventions. Hence, Bangladesh might want to provide this group with additional, associated interventions.

Nepal could benefit from an institutionalised, permanent case management capacity for issuing missing documentation to programme applicants, or at least further supporting them in that regard. The need to expand the comprehensiveness of some programmes, such as the Child Grant (CG), goes even beyond the realisation of additional opportunities, as this is actually needed to prevent barriers of access to the main intervention intended by it: providing a cash transfer for children under 5 years of age. The requirement of birth registration to enrol in this universal programme creates an incentive to document newborns. However, this should be complemented by continuous mechanisms facilitating the issuance of these documents to applicants who struggle to acquire them themselves. As of now the programme has organised commendable *ad hoc* campaigns to that end, but the expected results from institutionalising this as a continuous and permanent part of the programme's regular mandate would be preferable—and particularly needed as part of the programme's goal to expand geographically and truly become a nationwide initiative.

The strength of this documentation component can be enhanced in many ways, including by: creating specific cadres responsible for the role (either professionals or volunteers); integrating the information systems of the birth registry authority with that of the programme so that programme operators can easily place requests on behalf of applicants; identifying the main challenges of issuing the document, and producing informative guidelines both for applicants and programme operators as part of a broader communication for development (C4D) strategy etc.

Target groups and targeting mechanisms

Our sample suggests there might be a connection between the composition of the social protection systems of each country, the degree of programme complexity and the profile of target groups. Larger countries, such as India, Bangladesh and Pakistan, seem to cover more groups under each programme, whereas smaller countries, such as Maldives, Sri Lanka and Bhutan, cover fewer groups per programme. Nepal lies in an intermediate position. Most of its programmes target a specific group. Yet it has a significant number of programmes that each cover not one, but several different groups. Two potentially complementary explanations might reveal the logic behind this pattern.

On the one hand, larger countries might have the scope to run extensive programmes targeting multiple groups. On the other hand, it might be that smaller countries can comparatively easily coordinate multiple programmes that each target a specific group. Accordingly, it might be that central governments of larger countries feel a stronger need to streamline their efforts and incorporate multiple target groups into the same programme. This is because economies of scale allow (and require) them to run a smaller number of large, comprehensive programmes, as opposed to many small programmes each with its unique target group (which are presumably more suitable to be carried out by subnational governments).

Nepal and India opt for two interesting approaches consistent with the above-mentioned explanations regarding their approach to vulnerable ethnicities and caste groups. On the one hand, Nepal has a specific programme solely dedicated to these groups, the Endangered Indigenous Peoples Allowance (EIPA). On the other hand, with the largest population and territory in the region, India has no specific programme targeting these groups in our sample. Nevertheless, as explained in Box 18 and Box 19, most of its programmes targeting poor people assess poverty through a mechanism that automatically recognises vulnerable castes as such. Hence, most Indian programmes target such groups to a large extent, even if they are not explicitly mentioned.

Consistent with most programmes focusing on a single component, most also concentrate on a single target group. Poor people and households, as well as children, women and, to a lesser extent, persons with disability (PwD), are disproportionately most often targeted by the programmes in our sample. Being poor or a child most frequently constitutes a necessary characteristic for programme eligibility. Being female and, to a lesser extent, having a disability, also matters for eligibility for many programmes. Even more so, however, these groups (i.e. females and PwD) are given priority enrolment if demand for enrolment in programmes not limited to such groups exceeds capacity. Such targeting preferences for eligibility and prioritisation in enrolment might reflect the size of these groups but also their particular vulnerability.

Afghanistan, Pakistan, Bhutan and, to a lesser extent, Maldives, should consider launching flagship initiatives specifically targeting pregnant and lactating mothers. In the other countries a significant number of the programmes targeting women specifically target pregnant and lactating mothers. These programmes capitalise on a great opportunity to provide health and nutritional support at a time when their absence can irreversibly compromise the child's cognitive development for its entire life. Worryingly, however, our sample only finds such initiatives in Bangladesh, India, Nepal and Sri Lanka.

Box 1. An upcoming maternal and child health conditional cash transfer programme in Bhutan

With the aim of overcoming the suboptimal Bhutanese indicators on maternal, neonatal and child health, the Government of Bhutan developed an upcoming CCT programme to be rolled out in 2020: Accelerating Mother and Child Health Outcomes (AMCHP). The idea is to boost mothers' and children's health status by stimulating health care-seeking behaviour through monetary incentives. It is expected that, through the programme, women and their families will understand the benefits of: (i) attending antenatal and postnatal care visits; (ii) institutionally delivery; (iii) breastfeeding; (iv) vaccinating children; and (v) monitoring their growth and wellness assisted by health professionals (Government of Bhutan (GoBh) 2019).

Eligible recipients are pregnant women who are not entitled to at least six months of paid maternity leave. The cash benefit is paid every month directly to the mother's bank account, from enrolment until the child reaches 24 months of age. To continue to receive the money, she must attend the scheduled antenatal, postnatal and childcare visits. If the beneficiary misses a visit, a health worker will contact her and remind her of the programme's relevance and conditionalities. If the participant misses two consecutive visits, the transfers are suspended. However, the payments are resumed as soon as the beneficiary complies again (ibid.).

Source: Authors' elaboration.

Despite providing a free and universal health insurance programme (*Husnuvaa Aasandha*—HA), Maldives might nevertheless consider building a flagship initiative specifically aiming to further promote institutional deliveries, perinatal medical visits and maternal breastfeeding. For Afghanistan, Pakistan and Bhutan, however, there is a much more pressing need to take this step, as they do not seem to have either flagship programmes with that purpose or comprehensive, universal health insurance systems. As indicated in Box 1, it seems that Bhutan is in the process of rolling out a new programme to tackle this gap, though it is not yet operating.

Bhutan's Accelerating Mother and Child Health Outcomes (AMCHP) initiative, yet to be rolled out, could play a role in enabling community participation along the lines of India's *Janani Suraksha Yojana* (JSY). The JSY is a particularly inspiring programme set up to assist pregnant women. It tries to compensate for the lack of professional and specialised social work and outreach of health cadres by engaging the community through an organised format (Accredited Social Health Activists—ASHAs) that receives accreditation, training and even some financial stimulus proportional to the success with which they enable mothers to deliver institutionally.

Afghanistan, Maldives and Bhutan could consider rolling out national, flagship initiatives to protect and empower vulnerable unmarried women. South Asia has strong gender inequalities, some of which related to meso-level relations of power that limit the opportunities for unmarried women (including abandoned women and widows). In all countries but Afghanistan, Maldives and Bhutan, there are, therefore, programmes that specifically target these groups.¹ Countries that do not have such initiatives should, at least, consider including unmarried women among the priority groups to be targeted by broader schemes already in place.

Programmes that target unmarried women could top up cash benefits with additional services to enable productive inclusion and overall social empowerment. Among the programmes that already target unmarried women, it would be advisable to go beyond providing grants and in-kind goods and services and also promote forms of collective mobilisation and self-help that could mitigate the hardships that these women encounter. In addition, these programmes could strengthen their links with Sustainable Livelihood Programmes (SLP), training, cash-for-work (CFW) or food-for-work (FfW) initiatives, which have the potential to empower these women in their communities as long as they are designed for that purpose.

As for the approach to targeting beneficiaries, the majority of programmes in our sample combine two mechanisms. Programmes using more targeting mechanisms than that are rather rare, and their occurrence seems to coincide with a higher number of target groups within the programme. Hence, this might indicate the importance of fitting targeting mechanisms to the specific programme context (type, setting, target group etc.). By far the most common targeting mechanism in our sample is categorical targeting. Other common mechanisms are direct means tests (or in the absence of directly measurable income, consumption or wealth data through proxies) or selecting beneficiaries based on geographical criteria.

India could place greater emphasis on national income-based poverty measures as a benchmark for the selection process of its programmes, preferably combining it with other criteria and measures it already deploys for that purpose. Certain Indian programmes take an interesting approach to targeting: instead of using direct measures of income or wealth (or proxies thereof), they use a mix of multidimensional poverty measures (MPMs) and categorical criteria that employ a much broader notion of poverty by also taking into account deprivations that lie outside the income or consumption domain. This has the virtue of enabling programmes to reach out to a vast set of vulnerable groups that would not necessarily be covered under a selection mechanism based strictly on monetary poverty. It would, nevertheless, be advisable for India to also mainstream the programme-oriented use of one national poverty line (even if only in addition to state-specific ones). This could also play a role in mediating access and benefit levels of, at least, national flagship social protection initiatives.

Poverty (both monetary and multidimensional) is a widely accepted mediator of access to social programmes in the region; however, its assessment requires a significant administrative and data-processing capacity which is not always

available. Therefore, it sometimes makes sense to resort to geographical targeting mechanisms that roll out programmes such that they cover the areas most affected by a given vulnerability targeted. Bhutan's Rural Economy Advancement Programme (REAP) is a great example of this, since it concentrates its SLP and training opportunities on the poorest areas. Nepal might consider this approach when expanding the national coverage of its programmes (specifically for the CG, which is still limited to some provinces, despite having been conceived to become an all-country initiative).

Productive inclusion programmes, such as SLPs and training programmes should be further stimulated in the region. It is worthy of note that these programme types are rather scarce in our sample. This indicates two things. First, it denotes an underutilised opportunity, since they could be combined with the more prevalent CfW and FfW schemes. Second, it indicates that social protection systems in South Asia might be neglecting a group that, for most countries, is only expected to grow in relevance over the coming years: the working age group (WAG). This latter point is particularly relevant considering the overall high levels of unemployment and the low participation in the labour market in the region.

Conditionality

About a quarter of programmes in our sample attach conditions to the benefits they deliver. Notably, all conditional programmes in our sample employ categorical targeting, which makes sense, since most of them require beneficiaries to observe conditionalities related to life-cycle-specific enablers (such as school-related conditionalities for children, and perinatal medical visits for pregnant and lactating women).

Three quarters of the conditional programmes in our sample target children (among others), while poor households and women are other commonly targeted groups. This is also reflected in the popularity of attendance conditionalities that two thirds of conditional programmes impose. This makes educational conditionalities (attendance or performance) the two most common of the seven different types of conditionalities we observe. Furthermore, half of the programmes in our sample impose more than just one conditionality, requiring beneficiaries to adhere to a more comprehensive set of obligations.

CCTs seem to be more common in Pakistan and Bangladesh, with the latter deploying both soft and hard conditionalities. CCTs are less common in Maldives, India and Nepal. Our sample has no entry of any conditional programmes (CCTs or otherwise) for Sri Lanka, Afghanistan and Bhutan. Bangladesh educational stipend programmes (i.e. SESP, SESIP and HSSP) apply the most varied set of conditionalities, including hard conditionalities related to school enrolment, attendance and even performance, as well as soft conditionalities related to rather controversial sexual and reproductive choices (i.e. remaining single and not becoming pregnant).

CCTs aimed at improving educational outcomes, which are very common in Bangladesh, should top up the cash benefit with additional training and services to enhance their chances of achieving desirable behavioural outcomes. As argued in Box 8, global evidence, including from smaller experiences in Bangladesh itself, indicate that educational fee waivers (EFWs) and cash transfers alone might have a limited impact on educational performance and that such effects might improve with comprehensive Cash Plus forms of intervention—which, however, is not the case for the above-mentioned initiatives.

Conditionalities that potentially compromise beneficiaries' agency over their sexual and reproductive choices (or that hold them accountable for decisions over which they might not have much influence), such as Bangladesh's SESP, should be avoided if other, less invasive and punitive means to achieve the same objective are available (such as promoting peer to peer and self-help groups, better access to sexual and reproductive health services, etc.). This Bangladeshi initiative is controversial because it requires beneficiaries to remain unmarried and not to have children while they are secondary students. Even though this is only through a verbal commitment that is not enforced (i.e. benefits are not taken away if beneficiaries fail to comply), it is nevertheless controversial to seek such results

in this way. Unless strong evidence is presented, it might thus be better to seek these results through indirect means (such as by requiring periodic medical visits or participation in peer-to-peer groups), instead of risking a trade-off between an overall desirable outcome and beneficiaries' self-esteem and individual empowerment.

If applied to less controversial requirements, however, the 'soft conditionality' approach used by Bangladesh's SESP could be more suitable than hard conditionalities. In a sense, the kind of soft conditionality used in the above-mentioned Bangladesh case—requesting solely a verbal commitment without any penalty for non-compliance—is something to be looked at further for the region in general, and to be experimented on in less controversial areas than those related to sexual and reproductive choices. Most countries do not have conditionalities, among other reasons, because they lack the capacity to monitor and enforce them effectively. Yet, as argued in Box 20, merely persuading beneficiaries to adhere to good practices through 'labelled conditionalities', for instance, has yielded good results in Morocco, and similar approaches might also yield good results in South Asia.

Benefits, payment modalities and coverage

Cash is the most predominant type of benefit delivered by programmes in our sample, which largely reflects the popularity of UCTs and CCTs. Food distribution (either directly as unconditional in-kind transfers and SFPs or indirectly through food subsidies—FSS), despite being only the second most prevalent form of benefit among our programmes, is nevertheless the benefit that reaches most beneficiaries. This is mostly due to India's Target Public Distribution System (TPDS)—the largest food distribution programme in the world—which alone accounts for 34 per cent of all cardholders in our sample. The widespread coverage of food-based benefits, however, is not at all a peculiarity of India. Except for Maldives, where the coverage of the Food Subsidy Programme (FSP) is marginal, and for Pakistan, for which we found no flagship food distribution, subsidy² or SFP, all the other countries have food-based programmes among their three largest programmes in terms of coverage.

While two thirds of programmes only award one type of benefit, the exact amounts and the way they are delivered vary greatly between and within programmes. We also distinguish four different benefit delivery mechanisms for programmes distributing cash—each with its distinct advantages and disadvantages. Banks and service point payment stations are the two most common ways in which cash is delivered. However, 12 of the 38 programmes providing cash use more than one payment modality, in an effort to meet local requirements and offer the simplest way for each beneficiary to collect their benefits. This is a commendable practice as long as it is implemented without compromising transparency and efficiency.

Countries with good mobile phone and internet network coverage and expertise in information technology (IT)—such as India—should experiment with mobile-based payment mechanisms. It is worthy of note that Bangladesh, India and Pakistan are characterised by having the widest variety of payment modalities. Yet despite India's vast and relatively cheap mobile phone service coverage and the overall high profile of the country when it comes to IT, it seems like a lost opportunity that not even one of its programmes in our sample delivers cash benefits through mobile phones.

Nepal and other countries that deliver payments through scheduled pay points should use these opportunities to systematically promote care and referral to other, complementary programmes. A seemingly unexploited potential of the region as a whole (particularly for countries that pay benefits predominantly via pay points, such as Nepal) is to use these as opportunities to promote care, referral and linkage of programme beneficiaries to other social and child protection initiatives available at the local level. As beneficiaries already incur the hardships of collecting their benefits at a specified time and date, it would be advantageous if such programmes could promote outreach and communication for development on those occasions. This could take place in several different ways, including by simply ensuring that other programme operators are present at such payment opportunities to actively seek beneficiaries.

Child-sensitivity

The child-sensitive assessment of programmes found that more than half of the initiatives in our sample (55 per cent) have at least one of the five child-sensitive design features considered in the analysis.

Regarding the child-sensitive assessment, programmes were analysed with regard to whether: (1) they explicitly target children and pregnant/lactating women; they are designed to increase children's access to (2) education, (3) health and/or (4) nutrition services; or (5) their benefits increase with the number of household members/ children (in the case of cash transfer programmes). Afghanistan is the only country for which no child-sensitive programme was mapped. The most common child-sensitive design feature in the region is to directly target children. Yet most of the programmes targeting children are for school-aged children. Children under the age of 6 years are targeted less often.

Countries (especially Afghanistan, Maldives and Bhutan) should enhance their efforts to have more programmes focused on children under the age of 6, who tend to be targeted less often. This is particularly relevant, as early childhood (0–8 years of age) is the period in life when the brain develops most rapidly, and the foundations are laid for health and well-being throughout life. It is concerning that the programmes we analysed for Afghanistan, Maldives and Bhutan do not have any explicit targeting feature to protect children in that age range. Bhutan, however, seems to be on track to cover that gap, since it is about to roll out a new initiative for mothers and newborns.

The second most common type of child-sensitive programmes are programmes that support children's access to education, such as scholarships, as well as cash transfer programmes whose benefits are paid per individual child or which increase with the number of children in a household. All countries in the region, except Afghanistan, also have at least one programme that supports children's access to health, such as non-contributory health insurance. Programmes related to child nutrition were rather rare, except certain SFPs.

The flagship social programmes of the region (particularly those of Afghanistan, Maldives and Pakistan) should further strengthen their linkages to nutrition interventions. Interventions aimed at improving children's nutrition during the first 1,000 days of life should be particularly considered here, given that this is a period of great potential and enormous vulnerability in a child's life. Programmes must improve their administrative registries to report coverage disaggregated by age groups, and increase their child coverage rates overall. For most programmes in South Asia it is not known how many children they cover. Often programme coverage is only reported in terms of total beneficiaries, without any disaggregation by age. Therefore, we propose an estimation of the proportion of children covered. It can be concluded that most programmes' coverage is rather small, reaching around 10 per cent of all children in the country, whereas children represent, on average, over 30 per cent of the population of South Asian countries. This is particularly worrisome considering the large number of children living in multidimensional poverty and thus in need of social protection in the region.

Against this background, the countries in the region should consider in-depth assessments of the existing programmes, to decide which ones have the most potential to be further scaled up. In some cases, the introduction of new programmes could even be considered. This is particularly relevant for countries whose programmes have very low average child coverage rates, such as Afghanistan, Bhutan, Nepal and Pakistan.

When comparing the different programme types, it can be observed that SFPs tend to reach more children than cash transfer schemes for vulnerable households. Cash transfer programmes have been shown to be critical for many indicators of children's well-being, including health and nutrition.

Finally, all countries in the region should consider enhancing child/family allowances to reach all vulnerable children, and especially those under the age of 6 years, given that they are targeted less often.

1. INTRODUCTION

The UNICEF Regional Office for South Asia (ROSA) first promoted a regional overview study of social protection in 2009, through a very interesting publication that discussed basic features of certain key flagship social protection programmes (including contributory social security), findings from impact evaluations, and some budgetary, legal and policy aspects of the social protection systems of the countries (Köhler, Cali, and Stirbu 2009). This time, UNICEF ROSA has decided to create five separate papers, each discussing the social protection topics listed above in a bit more depth. This is, therefore, the second paper in this series, and its core purpose is to provide an updated overview of some of the most important social protection programmes in South Asia. The first paper in the series (Bloch 2020) offers an overview of social protection expenditure in South Asia based on macro data. This current study and the following ones on gender (Tebaldi and Bilo 2019), legal frameworks (Lazzarini 2020) and findings of impact evaluation (Markhof et al 2020) are based on a specific sample made of over 50 programmes across the eight countries of the region.

The sample and methodological approach of this current series of studies, including this text, is different from those that were used in the seminal study from 2009. For this text we collect a sample of 51 programmes in total, taken from all eight countries of the region (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) and conduct a thorough analysis of the programmes' core features and overall trends. The text is organised in five parts (introduction, context, general overview of programmes, child-sensitive analysis of programmes, and conclusion) as follows.

In this first, introductory part, we draw the reader's attention to the methodological limitations inherent in a study that compares very different programmes across eight very different countries, as is the case in South Asia. This includes shedding some light on the difficulty of assembling a minimum set of information given the low levels of documentation for many initiatives. This first part also presents the concepts underlying our child-sensitivity analysis. Most importantly, as there seems to be no benchmark for building a statistically representative sample of programmes, we present the underlying assumptions that should be taken into consideration before generalising the findings from the sample we study to any specific country or for the region in general.

In the second part, we present an overview of South Asia's poverty and vulnerability context, discussing core features of its demographics, labour markets, monetary and multidimensional poverty, education, health, nutrition and child marriage.

In the third part we give an overview of non-contributory social protection programmes in the region, starting with an introduction of our sample and discussing the number of programmes by country. This leads us to the following section, which presents umbrella programmes through a methodology that classifies initiatives according to the number and strength of their subcomponents. From there, we categorise programmes by the types of interventions they promote, using a methodology that classifies umbrella programmes under more than one programme type depending on whether it, or its subcomponents, promote multiple types of intervention.

In the following section, programmes (including their subcomponents) are presented with an emphasis on their target groups (i.e. the groups that they aim to cover). This is followed by a discussion on the targeting mechanisms that programmes use to reach out to the groups they intend to cover. Furthermore, we include a discussion of the forms of conditionalities adopted by social programmes in our sample and how prevalent and pertinent they are. Next, we analyse the types of benefits awarded by our sample of programmes and how they deliver monetised benefits. To enable the final analysis of part 3, on the coverage of programmes, we discuss the units of reference of the programmes (i.e. individuals or households). In the last section of part 3, programme coverage is then presented in terms of the number of cardholders for all programmes in the sample, and also

by dividing our sample between those that provide coverage figures for individual beneficiaries and those that provide them in terms of households. In part 4 we assess the child-sensitivity of the programmes in our sample and estimate their coverage.

Finally, we summarise core trends found for social protection in the region based on our sample and also propose country- and programme-specific recommendations based on the many cases discussed throughout the text.

About this study

This study provides an overview of non-contributory social protection programmes in South Asia from a child and equity perspective. This consists of building a sample of flagship social protection initiatives in all the countries in the region (Afghanistan, Pakistan, India, Nepal, Bhutan, Bangladesh, Sri Lanka and Maldives), analysing their core design features and budgetary and coverage proxies. It is then the aim of this study to infer trends, challenges and opportunities that characterise the social protection systems in the region. This is done from a broader programme perspective, but also through a more specific child and equity lens—i.e. with the purpose of understanding the extent to which the features of these social protection systems and programmes are suitable to protect and promote children in an equitable way. Such a study depends on several underlying assumptions and methodological choices—for instance: How can one build up a potentially representative sample of programmes given the scarce information available? Which concept of social protection should guide the composition of our sample? What should be the key features characterising programmes in our sample? What are the underlying assumptions to bear in mind to generalise the conclusions from our study to the region and its countries? What are the parameters we use to classify programmes as child-sensitive?

All the above-mentioned methodological aspects are presented and discussed in the next section. However, there are many other methodological aspects that are relevant for characterising the findings of our study—for instance: Which categories should be used to classify programmes by type? Which groups and selection mechanisms should be employed when assessing programmes' targeting? How can we compare programme coverage given different units of analysis, benefit formulae and payment frequencies (some programmes benefit households, others the individual; some award only regular benefits, and others offer a mix of regular and one-off or seasonal benefits)? How can we estimate child coverage given that most programmes do not provide coverage figures to this degree of disaggregation? Such specific questions will not be addressed in this part of the report. Instead, we present our methodology for each of these aspects at the beginning of the relevant section, along with how we handled ambiguous cases and outlier programmes.

Concepts of reference and our sample of programmes

A key concept for this study is that of social protection. Despite the inherent polysemy of the term and our flexibility to use it according to the different contextual meanings it assumes in each country, our work is guided by IPC-IG and UNICEF definitions of social protection, as highlighted in Box 2.

Since the South Asian region hosts hundreds—potentially thousands—of initiatives that could fall under these definitions, and since there is no comprehensive data source for all such initiatives nor a clear reference to decide which are the most representative ones, we work with a non-exhaustive sample of programmes across the typologies listed in Box 3 (for a definition of these typologies, please refer to Annex 1).

Box 2. IPC-IG and UNICEF definitions of social protection

According to Lal and Soares (2012),³ social protection encompasses a set of actions financed by the State with the aim to:

- support individuals and families in dealing with vulnerabilities throughout their life cycle;
- help especially poor and vulnerable groups to become more resilient against crises and shocks;
- favour social inclusion and support families, particularly the most vulnerable to poverty, in building up their human and social capital through income and consumption smoothing and ensuring their access to basic goods and services; and
- stimulate productive inclusion through the development of capabilities, skills, rights and opportunities for poor, marginalised and excluded groups, as well as low-income workers from the formal sector, to guarantee that everyone benefits from the economic growth process and becomes engaged in it.

Social protection is an important policy tool to tackle social exclusion, inequality and poverty and to foster inclusive growth. It encompasses social insurance, social assistance as well as labour market and employment policies.

According to UNICEF (2019), social protection can be understood as a set of public actions which address not only income poverty and economic shocks but also social vulnerability, thus taking into account the interrelationship between exclusion and poverty. Through income or in-kind support and programmes designed to increase access to services (such as health, education and nutrition), social protection helps realise the human rights of children and families. Social protection strategies are also a crucial element of effective policy responses to adverse economic conditions, addressing not only vulnerabilities caused or exacerbated by recent crises but also increasing preparedness to future uncertainty.

Source: Authors' elaboration.

Box 3. Typology of programmes used in this study

- | | | |
|-------------------------------------|--|---|
| • Unconditional cash transfer (UCT) | • Targeted food subsidy (FS) | • Social care services (SCS) |
| • Conditional cash transfer (CCT) | • Housing subsidy (HS) | • Sustainable livelihoods programme (SLP) |
| • School feeding programme (SFP) | • Non-contributory health insurance (NCHI) | • Training |
| • Cash for work (CfW) | • Unconditional in-kind transfer (UIKT) | • Health fee waiver (HFW) |
| • Food for work (FfW) | • Conditional in-kind transfer (CIKT) ⁴ | • Institutional purchase that can benefit smallholder farmers (IPBSF) |
| • Educational fee waiver (EFW) | | |

Source: Authors' elaboration based on the programme typology used by IPC-IG and UNICEF (2019) and Machado et al. (2018).

Our sample of programmes falling into these categories is drawn from IPC-IG and UNICEF (2019a), which mapped social programmes in the Asia-Pacific region through a mix of non-probability convenience sampling⁵ and non-probability purposive expert sampling.⁶ IPC-IG and UNICEF (2019a) built their inventory through independent desk reviews and consultations with UNICEF Country Offices starting in 2016, and it was particularly influenced by a previous series of country studies by the Asian Development Bank (ADB 2012g; 2012h; 2012a; 2012c; 2012b; 2012d; 2012f; 2012e). In total, our study maps and profiles 51 programmes listed by IPC-IG and UNICEF (2019a).⁷

Our resulting sample of programmes is characterised by the following features:

- It only includes programmes hosted and overseen by central government authorities, including those that benefit from varying levels of support from subnational governments, development partners and civil society. Independent initiatives solely driven by subnational governments, civil society and development partners are not included.
- It only includes non-contributory programmes⁸ (i.e. beneficiaries are not requested to contribute financially to obtain access to the programme's benefit).
- It does not include generalised and universal forms of subsidy on commodities and services, nor contributory pension schemes. It does, however, include targeted forms of subsidy operated through food distribution programmes targeting a specific population and that deliver benefits through programme-specific mechanisms (as opposed to generalised and purely or predominantly market-operated forms of subsidy).
- It only includes programmes for which we found significant information on, at least, the aspects of coverage, benefit level, budget and features of the eligibility/selection process.

Box 4. Barriers that prevent us from considering subnational-level programmes in this study, and why further studies should be undertaken to cover that gap

A striking gap in our study is that it does not include social protection initiatives run by subnational governments. This gap is particularly harmful to the accurate representation of the social protection systems of large countries, such as India, Pakistan and Bangladesh, which have hundreds of initiatives at state or province level; therefore, their social protection systems are underrepresented in studies such as ours that only look at flagship, nationally led social protection initiatives. However, not only are there too many programmes to be covered effectively at the subnational level, but there is also the added difficulty that initiatives at this level of government are very often even more fragmented and less well publicised or documented than central government-led initiatives.

In Pakistan, for instance, we failed to identify recent studies that offer a comprehensive overview of subnational government initiatives. One of the latest studies we found was produced by the International Labour Organization (ILO) in 2013 for the province of Khyber Pakhtunkhwa, which reported 546 documented programmes (Khan 2014).

Studies that look at subnational initiatives also do not have the wealth of information that we have collected for the flagship national programmes on which we base our analysis. Subjecting subnational government programmes to the kind of analysis we apply to flagship national programmes would require large teams of interviewers in the states and provinces of each South Asian country for long periods of time and, therefore, requires a level of funding that neither our study nor any of the regional overviews that has preceded us has had at its disposal (Köhler, Cali, and Stirbu 2009; McKinley and Handayani 2013; IPC-IG and UNICEF 2019).



It is important to recall that programmes' designs and operations rules are permanently changing, and that dedicating too much time to collecting information on subnational government programmes might make the final product outdated, as its final analysis might turn out to be based on programme features that are no longer valid. Even limiting our sample to flagship national programmes, we are already affected by this mismatch between collecting information and performing the analysis. Previous studies on which our work is based, such as IPC-IG and UNICEF (2019) and McKinley and Handayani (2013), took around two years to conduct. Ours took a little longer than one year. If we were to dedicate additional time to include subnational initiatives, that timing issue would be sharpened to a degree that could potentially compromise the relevance of the work as a whole. Even being optimistic, one should expect at the very least one year of delay to the publication if it were to include subnational-level programmes.

Nevertheless, it is important to highlight that a recurrent exercise of mapping and documentation of social protection programmes at the subnational level is a much-needed agenda for the region—particularly for the largest countries—and one to which UNICEF offices and other international development partners seem well placed to contribute. These, however, should probably be country-specific exercises, rather than a regional comparative analysis.

As requested by some collaborators to this study at the country level, it is also important to highlight that subnational-level initiatives should often be considered not only for the sake of the comprehensiveness of the analysis but also because they might be indicative of models with a potential to inspire national-level initiatives or, at least, to cover shortages of the initiatives provided by central governments. In India, for instance, we were pointed towards some interesting initiatives at the state level that differ from the overall profile drawn based solely on flagship national programmes.

In the Indian state of Bihar there is a programme called *Mukhyamantri Kanya Utthan Yojana* (MKUY). Launched in August 2018, it consists of a universal, integrated CCT programme to promote the value of the girl child by encouraging: (1) birth of the girl child; (2) full immunisation of the girl child; (3) education up to university level; and (4) menstrual hygiene. The overall goal of the programme is to improve the use of basic services for girl children, empower girls, prevent child marriage and reduce the fertility rate. The scheme, constituting 21 cash transfers over the first 21 years of a girl's life, between birth and completion of a university degree, is now a universal programme aiming to reach almost 16 million girls a year. The 21 transfers are a consolidation of the state's existing schemes, bringing together different programmes under the departments of Social Welfare, Education and Health into one umbrella scheme to provide seamless coverage from birth to 21 years of age.

Other interesting cases can be found in the Indian state of West Bengal. Due to the prevalence of early child marriage and school dropouts in the state, *Kanyashree Prakalpa* (KP) was launched in 2013. It was a CCT scheme for girls aged 13–18 years, aiming to provide incentives for continued school education until girls attained the legal age of marriage at 18 years. Cash tranches included an annual scholarship of INR1,000 for girls enrolled in grades 8 to 12, while a one-time grant of INR25,000 was given to in-school girls who reached 18 years and were not married. The scheme provided financial help to girls from disadvantaged families, with an annual income less than or equal to INR1.2 lakh, to pursue higher studies. To increase the programme's coverage, the government removed the household income criterion of INR1.2 lakh in 2019.

In parallel, the Government of India (GoI) Scheme for Adolescent Girls (SAG, formerly SABLA), launched in 2010, was being implemented, aimed at adolescent empowerment of girls aged 11–18 years. It included nutrition and non-nutrition components such as take-home rations, awareness-raising about health, hygiene and other public services, and referral support for vocational and life skills. Later, the target group was changed to girls aged 11–14 years who were out of school. It covered seven districts in West-Bengal.

Since the objectives and target groups of the SAG and KP coincided, the Government of West Bengal launched the SAG-KP Convergence Programme in June 2015. It brought together the interventions of the SAG with KP in the seven SAG districts to benefit all girls aged 11–18 years. A nutrition component for out-of-school girls aged 11–14 years includes supplementary nutrition (take-home rations, ready-to-eat meals, iron and folic acid (IFA) tablets and bi-annual deworming under the Weekly Iron and Folic Acid Supplementation (WIFS) programme), while a non-nutrition component for all girls aged 11–18 years includes health and nutrition education, menstrual hygiene awareness and health check-ups, exposure visits to public service institutions, life skills education, adolescent sexual and reproductive health counselling and vocational training.

Source: Authors' elaboration.

Between January and July 2019 the IPC-IG team updated and validated the information about the programmes drawn from IPC-IG and UNICEF (2019), based on remote desk review and on missions to some countries in the region. During the second half of 2019 the IPC-IG team ran a first analysis of the sample and prepared a first draft that was shared with social protection staff of UNICEF Country Offices between late 2019 and February 2020. Based on their inputs, factual mistakes were corrected, and the team has, therefore, run a new set of analysis and written the final version of this text. The IPC-IG team tried to address as many of the comments and suggestions as possible, though in some cases we could not incorporate interesting suggestions because they would require considerable deviation from the scope of this text—i.e. to be a regional comparison rather than country-specific diagnosis; to be limited to flagship national initiatives; to be part of a series of papers each dedicated to one specific aspect related to social protection in South Asia rather than an attempt to discuss these aspects altogether etc.

From both our sampling methodology and the sheer observation of the resulting sample of programmes we are working with, it is clear that the results of our study alone cannot be directly generalised to describe social protection in any specific country or in the region as a whole. This is because this study analyses a sample marked by an admitted selection bias. Thus, our study is disproportionately more aware of programmes that have functional websites (especially those containing information in English) and that have been subject to assessments and descriptions, than it is of programmes that do not and have not.

In the same spirit, we are also more likely to report on programmes that were brought to the attention of the research team (IPC-IG and UNICEF 2019) by UNICEF Country Offices than on programmes whose existence was not brought to light by these important social protection stakeholders. Naturally, our sampling is also less representative of countries and programmes led by stakeholders that were not responsive to the call for support made by the authors of IPC-IG and UNICEF (2019a).

There is also a bias to the extent that much of our field experience informing this study was possible due to our parallel cooperation agendas with countries of the region; therefore, the countries with which we work the most have had a greater chance to contribute data during the elaboration of the study.

Despite the many biases of our sample, intuition says that significant programmes are often duly publicised and do capture the attention of the social protection and development specialists that have been consulted. Yet generalisations based on our study should be carefully made given the above-mentioned underlying assumptions.

Another study in this series, Bloch (2020), has indicated that budgetary estimations based on our sample, for instance, are generally aligned with those made by the World Bank's Atlas of Social Protection Indicators of Resilience and Equity (ASPIRE), which has a much larger and presumably more representative sample than ours, since it does not focus on describing programme features to the same degree of detail as we do in our study. Still, one cannot automatically assume that our sample is as representative as ASPIRE. Naturally, we could not work with a vast set of programmes as provided by ASPIRE, since that database does not provide the number of design and operational features for its programmes that we present in our study.

In summary, the analysis of this report must not lead to generalisations without duly qualifying our methodological limitations and the extent to which our sample's representativeness is affected by the public transparency of programmes and the responsiveness and context-awareness of the national specialists consulted. Ideally, works like ours should be undertaken on a continuous basis, not only to update changes that programmes in our sample might undergo between collecting information and analysing it (another admitted weakness of studies such as ours), but also to expand our sample to make it more representative.

The main value of our work, however, does not necessarily reside in the country and regional trends one might infer. Rather, the main added benefit we hope to offer through this study is the detailed presentation and discussion of core challenges and opportunities each programme faces *vis-à-vis* its design, operational features and the overall context it fits. At some point or another in the text, some of the design and operational features of each and every programme

in our sample are described in view of their associated challenges and opportunities, and we hope this will be instructive for readers to gain insight into how the set-up of certain programmes might inspire others dealing with their own challenges, as well as to revamp broader social protection systems such that programmes can count on more adequate environments to overcome their limitations and capitalise on their potential.

Finally, there is the issue of the concept of child-sensitive social protection that guides our assessment in part 4 of this report. For now it suffices to note that, in broad terms, our concept of child-sensitivity in social protection builds on previous IPC-IG works, as in Esser et al. (2019), which draw on UNICEF (2019). More specifically, we follow the approach of Machado et al. (2018) and consider as proxies of child-sensitivity the aspects listed in Box 5 below (Machado et al. 2018).

Box 5. Proxies this study considers for assessing programmes' child-sensitivity

- Programmes whose design aims to increase children's access to education
- Programmes that explicitly support children's access to health services, including those that target lactating or pregnant women, not including programmes that target poor households in general
- Programmes providing food transfers to children, including those targeting lactating or pregnant women but not including programmes targeting poor households in general
- Cash transfers whose structure allows for the benefit levels to increase according to the number of children/ members in the household (even if there is a cap), as well as programmes where benefits are paid per child
- Programmes explicitly targeting children in at least one of its components.

Source: Machado et al. (2018).

2. SOUTH ASIA'S POVERTY AND VULNERABILITY CONTEXT

Despite the strong GDP growth most South Asian countries have been experiencing, all of them (except Maldives and Sri Lanka) remain classified as low-income or lower-middle-income (based on their level of gross national income (GNI) per capita). Moreover, the fact that different types of deprivations and social exclusion continue to affect a large proportion of the population suggests that the resources generated from economic growth were not consistently invested in the social sector (and, thus, that there is little redistribution of gains from growth).

South Asian countries differ considerably in terms of their level of development: the regional average Human Development Index is around 0.6, ranging from 0.5 for Afghanistan to 0.8 for Sri Lanka. Poverty continues to affect millions of people in the region; it has the world's second highest poverty prevalence and only fares better than sub-Saharan Africa. Poverty prevalence is particularly high in Bangladesh, Nepal, India and Afghanistan,⁹ while Bhutan, Maldives and Sri Lanka have the lowest rates in the region. Income inequality (particularly high in Sri Lanka, Maldives and Bhutan) and other forms of social exclusion, such as limited access to public services, hinder development across the region. According to UNESCO (2019) estimates, 11 million children of primary school age and 18 million of lower secondary age are out of school in South Asia. Significant efforts are also needed to broaden the coverage of basic health care services such as essential immunisation and skilled attendance at birth (only Bhutan, Maldives and Sri Lanka are close to universal coverage). South Asia remains the region with the second highest incidence of out-of-school children of primary school age, with as many as every third primary-school-aged child in Afghanistan and Pakistan out of school. Moreover, Maldives and Sri Lanka are the only countries in the region that achieve neonatal mortality rates satisfying the 1.2 per cent target set out in Sustainable Development Goal 3.2.

Table 1. Socio-economic indicators of South Asian countries (latest available data)

Country	GDP growth [%]	Income group [1]	HDI [2]	Poverty rate [3]	Gini index [4]
Afghanistan	2.2	Low	0.498	54.5	
Bangladesh	7.4	Lower-middle	0.608	14.8	32.4
Bhutan	7.3	Lower-middle	0.612	1.5	37.4
India	7.3	Lower-middle	0.64	21.2	35.7
Maldives	4.8	Upper-middle	0.717	7.3	38.4
Nepal	6.3	Low	0.574	15	32.8
Pakistan	5.4	Lower-middle	0.562	3.9	33.5
Sri Lanka	3.3	Upper-middle	0.77	0.8	39.8

Notes: (1) The World Bank classifies as low-income countries those with a GNI per capita of USD1,025 or less in 2018; as lower-middle-income economies those with a GNI per capita between USD1,026 and USD3,995; as upper-middle-income economies those with a GNI per capita between USD3,996 and USD12,375; and as high-income economies those with a GNI per capita of USD12,376 or more.

(2) The Human Development Index (HDI) is an index ranging from 0 to 1 that combines three indicators: life expectancy at birth (health indicator), the geometric average of mean years of schooling for adults and expected years of schooling for school-aged children (education indicator) and the log of GNI per capita adjusted to purchasing power parity (PPP) (income indicator).

(3) Poverty rates are measured as the poverty headcount ratio at USD1.90 a day (2011 PPP, percentage of the population), except for Afghanistan, as the indicator was only available using the national poverty line.

(4) The Gini index is an indicator of income inequality, as it measures how far the distribution of income in a country differs from a situation of perfect equality, represented by a Gini index of 0. A Gini index of 100, on the other hand, corresponds to perfect inequality.

Source: Authors' elaboration based on World Bank (2019d; n.d.), UNDP (2019) and IMF (2019).

Challenging geographical settings in the region hamper the provision of public services (World Bank 2018a); such is the case in Nepal, where a significant proportion of the population lives in remote locations with limited access to basic health and education services, and in Maldives, where the population is spread across around 200 islands. Rural poverty is still the most prevalent type of poverty in the region and it has experienced less reduction than urban poverty over the last 2 decades, possibly due to the difficulty in reaching rural populations with basic public services. However, differently from this regional pattern, Bangladesh's rapid urbanisation has only seen 10 per cent of its impressive poverty reduction stemming from urban areas. This is arguably due to a lack of programmes targeting urban poverty, as well as a lack of programmes targeted at cross-cutting vulnerable groups (such as households with young children and elders), which could increase the coverage of the urban poor. Finally, policymakers across all South Asian countries also struggle to provide public services to people living in emergency settings—for instance, school participation is lower in areas affected by security and natural disasters in India, Sri Lanka, Bangladesh and Pakistan (UNICEF 2014a).

The demographic contexts vary widely across South Asia. In some countries, public investment must keep up with the needs of a huge population (India) or density (Bangladesh and Maldives). The population remains relatively young in most countries: in Afghanistan, Nepal and Pakistan, over half the population is under 24 years old, but other countries, such as Sri Lanka, have an ageing population (UNDESA 2019b). As countries experience different stages of the demographic transition, it is crucial for governments to invest in human capital to make the most of their demographic dividend.

One of the main targets of Sustainable Development Goal 1—"end poverty in all its forms everywhere"—is to "implement nationally appropriate social protection systems and measures for all" (target 1.3) (UN 2019). In this sense, the point of expanding the coverage of social protection programmes¹⁰ is to protect the population from situations of poverty and vulnerability. In the case of South Asia, the governments of Afghanistan, India, Maldives, Nepal and Sri Lanka have made efforts to include social protection in their legislation, strengthening commitments to improve social protection systems (Lazzarini 2020). However, this does not seem to be the case in Bhutan, Bangladesh and

Pakistan, three countries where an expansion of coverage of social safety nets is urgently needed, since, according to ASPIRE estimates,¹¹ less than 20 per cent of the population is covered by social protection and labour programmes (coverage in Bhutan is particularly low, reaching only 3 per cent of the total population) (World Bank 2019b).

Moreover, even in countries where legal coverage has expanded, a huge proportion of the population remains excluded from social safety nets; such is the case in Afghanistan, where less than 10 per cent of the population is covered by social protection programmes (ibid.). Even lower is the share of the population benefiting from contributory social protection, as informality remains an important obstacle across South Asia. Estimates of the size of informality in selected countries¹² suggest that the share of informal employment in the region ranges from 70 per cent in Sri Lanka to 94 per cent in Nepal, and that nearly all employment in agriculture is informal (ILO 2018). These workers are frequently not covered by social protection, and thus constitute a vulnerable group that urgently needs to be included in further expansions of social safety nets (ADB 2016).

Women's labour force participation in South Asia remains one of the lowest in the world (only the Middle East and North Africa region presents lower figures), and the gap between men and women is one of the highest in the world. Over the last two decades, the region has even seen a decline in female labour force participation rates, dropping almost 3 percentage points since 2000 (World Bank 2019f). This decline is partially related to the lower participation rates in India due to younger women staying in education (UN Women 2015b). Another paper in this series (Tebaldi and Bilo 2019) indicates that many South Asian programmes in our sample are found to have impacts on female labour force participation, even for programmes not necessarily linked by design to the productive sphere.

Moreover, Khan and Lyon (2015) estimate that 16.7 million children between 5 and 17 years are engaged in child labour in the region.¹³ The situation is especially acute in Nepal, where one in every four children aged 5–17 is engaged in child labour. In all eight countries in the region, girls are more exposed to dangerous and forced forms of child labour, such as commercial sexual exploitation and domestic work outside their home.

Nowhere else in the world is the absolute prevalence of child marriage as high as in South Asia. Today, over 700 million women worldwide were married as children, of which 46 per cent live in South Asia. Bangladesh has the highest rate of child marriage in the region, followed by Nepal, Afghanistan and India (UNICEF 2018). Fortunately, the region has witnessed a considerable decline in child marriage in the last decade: a girl's likelihood of marrying before the age of 18 has dropped from nearly 50 per cent to 30 per cent.

Boudet et al. (2018) demonstrate that South Asia is the only region that presents statistically significant disparities in poverty rates between males and females (14.7 per cent and 15.9 per cent, respectively). South Asia also has high levels of gender inequality. UNDP's Gender Development Index, which measures the gaps between female and male achievements in the basic dimensions of human development, finds the largest gap worldwide in South Asia¹⁴ (16.3 per cent) (UNDP 2018). Moreover, UNDP's Gender Inequality Index, a composite index that measures gender inequalities in a broad range of areas,¹⁵ rates South Asia as the third most unequal region (0.515), not far behind sub-Saharan Africa (0.569) and the Arab States (0.531), and still with a long way to go to reach the lower levels found in Latin America and the Caribbean (0.386) and East Asia and the Pacific (0.312) (ibid.).

Some aspects of the difficult contexts in South Asia are beyond governments' control and can require a huge mobilisation of public resources. For instance, the destruction caused by conflicts in Afghanistan and Pakistan, the earthquake in Nepal, the tsunami in Maldives and recurrent floods in Bangladesh all demand significant investments to rebuild infrastructure. In Nepal, the frequent change of constitution generates enormous administrative challenges for developing a robust and sustainable social protection system. Similarly, the lack of diversification of some economies (e.g. Bhutan's high dependence on revenues from hydropower, Nepal's heavy dependence on remittances and that of Maldives on the tourism sector) also constitutes a factor of vulnerability.

All countries have space for much improvement regarding their social protection coordination mechanisms. A recurrent issue faced by the social protection sector, not only in South Asia, is that programmes, policies and administrative set-ups and tools are often fragmented and uncoordinated, which significantly affects the efficiency of the sector. These are somewhat inescapable challenges, since social protection cuts across different sectors, such as health, education etc., and it also involves operational set-ups that require the participation of different stakeholders, both from several governmental levels and from multiple forms of non-governmental and civil society organisations. Yet there are plenty of good cases among developing countries that should inspire South Asia to do more with the limited resources available.

Table 2. Definition, objectives and main forms of coordination of social protection initiatives

	Definition	Objectives	Main forms
Coordination at the policy level	<ul style="list-style-type: none"> Coordination among different departments and agencies operating within a single ministry Coordination among different line ministries involved in social protection (including Ministry of Finance) Coordination among the government and relevant stakeholders (social partners, civil society, development partners) 	<ul style="list-style-type: none"> Develop a shared vision of the social protection framework in a country, consistent with related policies and aligned with the specific culture and history of the country, notably with respect to the place of women Define the roles and responsibilities of the different stakeholders in a way that they complement each other Install the entity and indicators required to monitor the implementation of the social protection framework 	<ul style="list-style-type: none"> Set up social protection teams Use national dialogue to assess the social protection situation and formulate recommendations to achieve a nationally defined social protection framework Define a realistic national social protection strategy with clear, shared priorities Install a board or committee to monitor implementation of the road map Install a common monitoring system for implementation of the social protection framework
Vertical coordination	<ul style="list-style-type: none"> Coordination of the central level of an organisation (headquarters) with its local facilities 	<ul style="list-style-type: none"> Ensure respect for policy decisions during implementation Improve efficiency of the administration through the principle of subsidiarity by empowering local administrations and other structures at the local level Improve the level of information at all levels Improve transparency and traceability of information in the social protection system Create ownership at lower levels Facilitate the effective and timely allocation of resources 	<ul style="list-style-type: none"> Delegate responsibilities to local authorities with clear definitions of the roles and responsibilities between the different layers of the subnational administration Install an incentive system for the local administration Install an efficient chain of committees and set of procedures to organise flows of information and finances in two directions (top-down and bottom-up) Design and implement reporting mechanisms and tools Develop an integrated management information system
Operational coordination	<ul style="list-style-type: none"> Coordination between different local administration departments Coordination between the local administration and decentralised services (divisions and agencies) Coordination between the local administration and relevant stakeholders working at the operational level (social partners, civil society organisations, development partners) as well as households 	<ul style="list-style-type: none"> Ensure efficient use of the available resources (especially in the context of limited fiscal space and poor budget delegation) Simplify the social protection system for the population (to avoid multiple entry points for people to access programmes) Improve the efficiency of the social protection framework for sustainable graduation out of poverty through the provision of combined benefit packages 	<ul style="list-style-type: none"> Promote the role of local social protection officers Promote the installation of shared identification databases Support the implementation of a shared selection system Develop simplified delivery mechanisms Implement a single-window service

Source: Authors' elaboration based on ILO (2016).

Box 6. Aligning social protection under a common framework: The case of Pakistan's *Ehsaas* strategy

Ehsaas is a multi-stakeholder umbrella initiative establishing a national social protection strategy and aligning a constantly evolving total of currently 134 policy initiatives under its framework. These initiatives involve 34 different implementing agencies and have been put under the overall coordination of the newly founded Poverty Alleviation & Social Safety Division. Instead of being implemented and administered in relative isolation by different ministries, this strategy aims to avoid inefficiencies and inconsistency between programmes and create synergies. The initiatives under *Ehsaas* span the entirety of the social protection landscape with programme types, among others, ranging from cash transfers such as the BISP, scholarship initiatives such as PBM, to food and nutrition programmes specifically targeting mothers and newborns, vocational training, health insurance and the establishment of shock-responsive social safety nets. Furthermore, programmes under *Ehsaas* have been (re-)designed to place special emphasis on gender- and child-sensitive features (GoP 2019).

To alleviate poverty in structurally undeveloped and precarious areas, *Ehsaas* is based on four pillars: 1) institutional reform designed to address and prevent elite capture; 2) the development of comprehensive safety nets to benefit at least 10 million families; 3) the creation of jobs and livelihoods for 3.8 million families, with special attention to the digital and financial inclusion of about 7 million individuals, 90 per cent of whom will be women; and 4) investments in human capital formation by providing access to health care for 10 million families and scholarships and other incentives to over 5 million students, half of whom will be girls. Among these pillars, rapid improvements in the development of social safety nets take priority in the short term. Specifically, spending on social protection will be increased from 0.7 per cent to 1 per cent of GDP, and the governance of the institutional providers of social protection will be revamped. Additionally, the pillar includes a number of structural changes to the administration of social protection programmes that are of particular note. To improve identification of potential beneficiaries, targeting and access to social safety nets, a new socio-economic database and a digital payment and information technology system are in development, and an online portal is planned to function as a central focal point for citizens' access to all social protection initiatives and online public goods (GoP 2019).

While *Ehsaas* has implications for the entire social protection landscape in Pakistan, we lastly want to highlight important initiatives directly involving the programmes in our sample.¹⁶ Under *Ehsaas*, PBM and the BISP are now jointly administered by the Poverty Alleviation & Social Safety Division instead of by two separate, independent agencies. PBM is reforming its 150 schools for marginalised children, and its resources are being used to build five homes for elderly people. Furthermore, the UCT component of the BISP will move from a cash-out-only approach to one that fosters women's digital and financial inclusion—for example, through bank account ownership and revamped payment modalities, and further efficiency gains are expected due to the new digital registry and institutional reforms. Furthermore, the transfer amount will be increased, digital services will be made widely available through the over 500 BISP and PBM offices, and measures are being put in place to allow for a successful graduation of BISP beneficiaries from the programme. Lastly, the transfer will use labels to provide information and improve the communication of programme goals.

Source: Authors' elaboration.

As noticed in the World Bank's '2012-2022 Social Protection and Labour Strategy' (World Bank 2012), fragmentation in social protection occurs in both contexts marked by smaller and unconnected initiatives, as well as in contexts marked by larger-scale programmes which, however, are not cost-effective or coherent in terms of the incentives they provide or in the way they respond to economic downturns. According to the same report, although coordination challenges and social protection goals vary from context to context, there are always underlying, shared challenges that can be tackled by following some basic principles to ensure the social protection sector works as a system rather than a plethora of poorly related initiatives. The World Bank's approach to ensuring coordination of the different social protection contexts focuses on building systems that have the following five 'SMART' characteristics:

- S**ynchronised across programmes
- M**onitored, evaluated and adapted
- A**ffordable, fiscally and in terms of cost-effectiveness
- R**esponsive to crisis and shocks
- T**ransparent and accountable

To provide guidelines for enhancing social protection coordination in different countries, the United Nations Development Group (UNDG) has produced a coordination toolkit that lays out a three-step process (ILO 2016) (see Table 2). First, it calls for advocacy efforts to sensitise relevant stakeholders about the need for more coordination and for developing capacity to devise a definition of coordination that acknowledges the differences between: a) horizontal coordination at the policy level; b) vertical coordination between different levels of government; and c) coordination at the operational level.

The same UNGD/ILO report introduces an Assessment-Based National Dialogue, to help countries undertaking the three steps of this process to enhance coordination. Although no South Asian country has yet undergone it, there have been noteworthy efforts and coordination mechanisms built through somewhat similar processes. In Pakistan, for instance, to establish a social protection framework governing all national initiatives that addresses exactly these issues, the Government of Pakistan (GoP) has launched the *Ehsaas* strategy, which should inspire similar efforts by neighbouring countries.

3. OVERVIEW OF NON-CONTRIBUTORY SOCIAL PROTECTION PROGRAMMES IN THE REGION

Overview of our sample

The sampling efforts described in Chapter 1 resulted in a sample of 51 social protection programmes identified in the eight countries in the South Asia region. Map 1 represents the distribution of programmes by country.

Map 1. Number of programmes by country



Source: Authors' elaboration based on World Bank (2015; 2016a; 2016b; 2016e, 10; 2016e, 107; 2016f, 7; 2017c; 2017d, 4; 2018b; 2018d, 108), Oddsdottir (2014), Government of Afghanistan (GoA) (2018; n.d.), Durrani, Ahmed, and Ahmad (2006), Islam (2012), Hossain and Ali (2017), Government of Bangladesh (GoBa) (2017a; 2017b; 2017f; 2017g; 2019; n.d.), Banerjee et al. (2014), Reza et al. (2017), Choudhury and Räder (2014), UNICEF (2013), GoBh (2017a; 2016), World Food Programme (WFP) (2011; 2016a; 2017d; 2018), Bhattacharya, Falcao, and Puri (2018), Gol (2010; 2014; 2017c; 2017e; n.d.), Breitzkreuz et al. (2017), Government of Maldives (GoM) (n.d.), International Initiative for Impact Evaluation (3IE) (2016), Government of Nepal (GoN) et al. (2011; 2015), Institute of Development Studies (IDS) (2016), Rana (2012), ILO (2017a), Oxford Policy Management (2014), Timilsana (2017), GoP (n.d.), Institute of Policy Studies of Sri Lanka (IPS) (2016), Tilakaratna and Jayawardana (2015), ADB (2012h), United Nations Economic and Social Commission (UNESCAP) (2015), Government of Sri Lanka (GoS) (n.d.) and Bangladesh Legal Aid and Services Trust (BLAST) and Campaign for Right to Food & Social Security (RtF&SS) (2015).

The country with the most programmes in our sample is Bangladesh (11 programmes), followed by Nepal (10), India (7), Maldives (7), Sri Lanka (6), Afghanistan (4), Pakistan (4) and Bhutan (2). The number of programmes analysed per country alone does not say much about how extensive the social protection system of each country is. First, this might be due to a selection bias in our sample (as already explained in section 1.1.). Second, at times having few programmes but with large coverage, high benefit amounts and large budgets might be more efficient than having several small programmes. Third, many of the programmes that make up our sample are umbrella initiatives that accommodate more than one kind of intervention which could arguably have been reported as separate programmes. One example is Bangladesh's Food Distribution System (PFDS). As described in Box 7 and Table 3, this programme consists of nine different components plus a newly introduced component that engages people in seasonal public works and remunerates them with money (Rohman 2013; Rahman and Khaled 2012).

Box 7. Bangladesh's PFDS as an umbrella programme of many separate initiatives

Bangladesh has a well-established PFDS system, the origin of which dates back to colonial times when a food distribution system was developed to address the 1943 Bengal famine (Banerjee et al. 2014). Until 2014 the PFDS used to operate through nine distribution channels, of which the following four are monetised channels: Open Market Sales (OMS), Essential Priorities (EP), Other Priorities (OP) and Large Employers (LE). The following five channels are non-monetised: Food For Work (PFDS-FfW), Vulnerable Group Development (VGD), Vulnerable Group Feeding (VGF), Test Relief (TR) and Gratuitous Relief (GR) (Rahman and Khaled 2012). From 2014 onwards, however, a Work For Money (WfM) component was gradually integrated into the FfW. This initiative was initially impeded by a lack of funds, but from 2017 onwards it started gaining more traction, and it is planned that the WfM component will gradually replace the FfM (GoBa 2018b; IPC-IG and UNICEF 2019; World Bank 2017b).

As illustrated in Table 3, the 10 current components of the PFDS also vary considerably regarding their purpose, operational format, targeted audience and benefit values. The OP and EP components, for instance, target government employees, and the armed forces and police, respectively. The LE component targets employees of companies with 10 or more employees. The OMS component targets people with a low income during periods of food price hikes, but this operates in multiple ways, including through the country's security force, the Bangladesh Rifles. Among the components with relatively pro-poor/progressive targeting, the FfW component—targeting women-headed households, landless people and those without productive resources—and TR—targeting locations with the highest poverty prevalence—awards in-kind, food goods in exchange for people's involvement in community works. The VGD targets poor and vulnerable people, but its core benefits consist of livelihood support in the form of training and asset transfers, as opposed to recurrent in-kind transfers. In a sense, the only components of the PFDS that fit into the more classic archetype of an in-kind food transfer are the GR and the VGF streams.

Furthermore, these programmes are operated by a variety of stakeholders at both governmental and non-governmental level. All four monetised components are hosted in the Ministry of Food and Disaster Management, but the remaining six are distributed across the following institutions: the Ministry of Local Government, Rural Development and Co-operatives; the Ministry of Social Welfare; the Ministry of Water Resources; the Ministry of Disaster Management and Relief; and development actors such as the Asian Development Bank (ADB), the World Food Programme (WFP), the World Bank and the European Commission.

Source: Authors' elaboration.

Table 3. Overview of the components of Bangladesh's PFDS

Programme	Main objective	Targeting	Financing/ implementing ministry
Food for Work	Employment generation for poor people, mainly in the dry season; development and maintenance of rural infrastructure	<ol style="list-style-type: none"> 1. People who are functionally landless 2. People who lack productive resources 3. Women-headed households where women are widowed, deserted or destitute 4. Day labour or temporary workers 5. People with income of less than BDT300 per month 	ADB, WFP, Ministry of Local Government, Rural Development and Co-operatives (MLGD), Ministry of Social Welfare (MSW), Ministry of Water Resources (MWR)
Work for Money (WFM)	To renovate rural infrastructure	People who own at most 50 acres of land and those affected by river erosion or natural disasters	Ministry of Disaster Management and Relief; the programme also receives support from the World Bank
Vulnerable Group Development	Assistance to disadvantaged women in rural areas; training in market-based income-generating activities, functional education	<ol style="list-style-type: none"> 1. Households with not more than 15 acres of land 2. Households with income less than BDT300 dependent on seasonal wage employment 3. Women of reproductive age (18–49 years) 4. Day labour or temporary workers 5. Households with few or no productive assets 	WFP, European Commission, Canadian International Development Agency (CIDA), Ministry of Water Resources (MWR)
Vulnerable Group Feeding	Disaster relief: distribution of food grains to needy families in periods of distress	<ol style="list-style-type: none"> 1. Disaster and calamity victims 2. Landless people with less than 0.15 acres of land 3. People not covered by other programmes 	Ministry of Food and Disaster Magement (MoFDM)
Test Relief	Employment generation for poor people, mainly in the rainy season (similar to FfW except with lighter labour requirements)	<ol style="list-style-type: none"> 1. Generally a location with relatively severe poverty is targeted 2. Implementing period is 45 days 	Ministry of Food and Disaster Magement (MoFDM)
Gratuitous Relief	Disaster relief: distribution of food grains according to perceived need	<ol style="list-style-type: none"> 1. Disaster and calamity victims 2. Maximum 20kg of food grains (rice or wheat) at a time 	Ministry of Food and Disaster Magement (MoFDM)
Open Market Sale	To provide support to people with a low income during food price hikes	People with a low income	Ministry of Food and Disaster Magement (MoFDM)
Essential Priorities (EP)	Rationing for armed forces, police, and other forces	Defence forces	Ministry of Food and Disaster Magement (MoFDM)
Other Priorities (OP)	Rationing for government employees	Government employees	Ministry of Food and Disaster Magement (MoFDM)
Large Employers (LE)	Food subsidies for targeted people working for employers of more than 10 employees	Targeted employees	Ministry of Food and Disaster Magement (MoFDM)

Source: Based on Rahman and Khaled (2012), with modifications to accommodate the WFM component based on World Bank (2016a; 2017f), GoBa (2018b) and IPC-IG and UNICEF (2019).

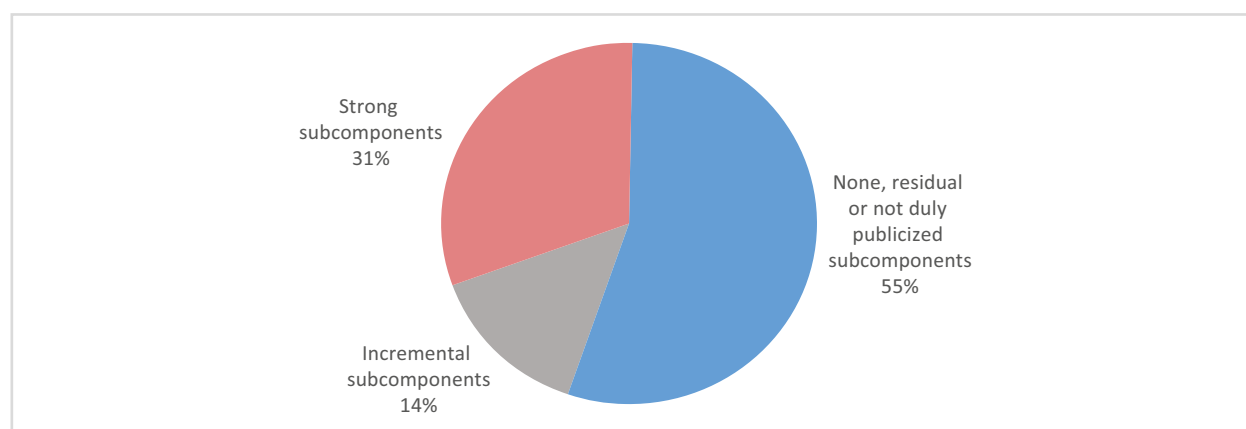
Unpacking the components that make up each programme

Annex 2 describes the kinds of components of the programmes that consist of more than one initiative or, to be more precise, of the programmes for which we found information indicating they comprise more than one initiative. Annex 2 also classifies the degree of relevance of the subcomponents of each programme. We did not separate umbrella programmes (programmes comprising more than one initiative) into several individual programmes because it would be very difficult, if not impossible, to disaggregate a programme's information and overall figures into each of its specific components, since governments often only present aggregated figures for all components under the same umbrella initiative. In addition, considering components as individual programmes could be misleading, since the operational structure of components that make up one programme are often integrated.

In some cases, such as that of India's PMMVY and JSY, programmes can be so linked to each other that reporting both as one programme could also be a possibility. In this case, for instance, each programme is funded and managed by different ministries and delivers different benefits. PMMVY yields almost universal benefits to promote pre- and postnatal care, whereas JSY offers benefits to poor women who deliver institutionally (and to community workers who facilitate this). Yet JSY beneficiaries are often a subgroup of PMMVY beneficiaries, and the delivery of one programme often leads to enrolment in the other. Despite this very integrated and synchronised approach, we prefer to report these as separate programmes, given their operational differences and that they are institutionally linked to different ministries.

A different approach than the one adopted by the PMMVY and the JSY was used for Bangladesh's MAPLM. We report it as only one programme, mirroring the government's stated interest in merging two programmes (the Maternity Allowance Programme for the Poor and the Allowance for working Lactating Mothers), which, to date, are still separate from each other despite having a largely joint operation and an overlapping selection process (GoBh 2017c; IFPRI 2018).

Figure 1. Prevalence of programmes as per the relevance of their subcomponents



Source: Authors' elaboration based on World Bank (2015; 2016e; 2017a; 2017b; 2017c, 93; 2017d; 2018b; 2018d), GoBa (2018a), Rahman and Khaled (2012), Rohman (2013), GoBa (2018b), Reza et al. (2017), GoBh (2016), Gol (2013a; 2014; 2017c; 2017d), GoM (n.d.), 3IE (2016), GoN (2017a), Rabi et al. (2015), ILO (2017a), WFP (2016a), GoN (2011; 2016), GoP (n.d.), IPS (2016), Tilakaratna and Jayawardana (2015) and ADB (2012f).

Programmes for which we did not find information describing them as comprising more than one initiative were classified as having '**none, residual or not duly publicized**' subcomponents. As Figure 1 illustrates, 28 of the 51 programmes in our sample (or 55 per cent of the sample) fall within this group. Programmes that do not have (or for which we found no information about) multiple components can still be very important. HA in Maldives is a good example of one such programme, since this universal health insurance initiative stands out for, naturally, having the largest coverage within the country's social protection system (GoM n.d.; 2016). On the other hand, Bangladesh has a set of initiatives to support students from primary to higher education, namely: the Primary Education Stipend Programme (PESP), the Secondary Education Stipend Programme (SESP), the Secondary Education Sector Investment Programme (SESIP) and the

Higher Secondary Stipend Programme (HSSP). However, we found none of them to be made up of multiple components (GoBa 2017b; UNICEF 2017), even though such interventions that reach out to children and adolescents often provide a great opportunity to offer additional benefits and services—often with considerable potential to influence behavioural aspects related to sexual and reproductive rights, substance abuse, and overall choices that can affect their life courses.

Box 8. Complementing cash transfers to address structural vulnerabilities: Cash Plus initiatives

Bangladesh's education stipend programmes aim to provide additional income to tackle the financial barriers to obtaining education. While such 'pure cash transfers'/scholarships have been shown to achieve improvements in alleviating immediate financial constraints, their long-term impact, especially regarding non-financial indicators, might be limited (Esser, Bilo, and Tebaldi 2019). For example, many cash transfer programmes improve attendance, but not test scores and other learning outcomes (Bastagli et al. 2016). This is because programme beneficiaries often also face constraints in a number of other dimensions that cash-only initiatives fail to address. In the context of the Bangladeshi stipend programmes, such barriers could be due to other poverty-related deprivations such as poor health (Roelen et al. 2017), a lack of information such as about the true returns to schooling (Jensen 2010) or of a social or psychological nature such as gender discrimination or failed aspirations (Esser, Bilo, and Tebaldi 2019). In recognition of the need for a more comprehensive approach to cash transfers that simultaneously helps to tackle constraints outside the financial realm, so-called 'Cash Plus' initiatives have become increasingly popular.

Cash Plus initiatives still have a cash transfer at their heart but complement and reinforce its effect through additional initiatives providing accessory benefits, information to bring about behaviour change, psycho-social support or facilitating access to other services (Roelen et al. 2017). Cash Plus initiatives have been found to improve pure cash transfers across a number of geographical contexts and programme aims. In the context of Bangladesh, the Transfer Modality Research Initiative (TMRI) project tested several different treatment arms, with and without additional components, against each other and found that only a Cash Plus intervention offering nutrition behavioural change communication along with cash successfully reduced child malnutrition rates (Ahmed et al. 2014). Roelen et al. (2017) review the effectiveness of cash-only versus Cash Plus programmes targeting deprivations related to health, nutrition and education in three different countries. They find that adding additional components to cash transfer initiatives can effectively address structural limitations beyond financial constraints and significantly increase programme effectiveness. In the context of Ghana's Livelihood Empowerment Against Poverty (LEAP) programme, a pure cash transfer failed to induce transformative effects, as a lack of access to health care prevented impoverished mothers from effectively using the cash transfer for its intended purpose. Through the addition of free health insurance, the programme allowed beneficiaries to invest the cash transfer more productively and successfully addressed a major impediment to the cash transfer's effectiveness (ibid.). Other examples of Cash Plus initiatives successfully complementing cash transfers to address additional, non-financial constraints include free health insurance for people with disabilities within the Palestinian National Cash Transfer Programme (Jones et al. 2018), nutritional supplements in Niger (Lagendorf et al. 2014), and psycho-social support within the *Solidario* programme in Chile (Roelen et al. 2017).

In conclusion, Cash Plus programmes expand cash transfer programmes by providing additional components that help to tackle non-financial barriers that limit the effectiveness of pure cash interventions. While they require the capacity to effectively implement, monitor and administer multidimensional programmes, they represent a promising way to enhance the efficiency of cash transfer programmes.

Source: Authors' elaboration.

Programmes consisting of two or more interventions and one (the 'core intervention') being disproportionately more relevant in terms of coverage, budget and design format were classified as having '**incremental**' subcomponents. We found that 7 of the 51 programmes of our sample (or 14 per cent of the sample) fall within this group. All but one SFP in our sample (Nepal's National School Meals Programme—NSMP) fall under this category. Bhutan's and Sri Lanka's SFPs, for instance, top up the school meal they deliver by providing students with deworming and vitamin supplementation (GoBh 2017b; World Bank 2015).

The most comprehensive package of benefits under an SFP in our sample, however, is that of Bangladesh's School Feeding Programme in Poverty-prone Areas (SFP-PA). This programme provides, in addition to deworming activities, community-level awareness-raising sessions on water, sanitation, hygiene, disaster risk reduction and gardening (Reza et al. 2017).

Naturally, incremental components of social programmes are not limited to school-meal programmes. In that regard, it is important to note that even simple complementary interventions can go a long way by causing impacts beyond those due to the core activity of the programme and/or by enabling more efficient operation of the programme's core intervention.

Bangladesh's Maternity Allowance for Poor Lactating Mothers (MAPLM) is an interesting example of a programme whose core intervention aims to improve maternal and child health by promoting institutional delivery.¹⁷ In some regions the programme has a component run in partnership with non-governmental organisations that provides beneficiaries with additional training on health, nutrition and income-generating activities (GoBa 2018a). Hence, in addition to influencing maternal and child health, this programme has acquired the potential to impact a completely different area: that of women's income and livelihoods.

Another interesting case is Nepal's Child Grant (CG). This example illustrates how incremental initiatives can contribute to the improvement of the programme's core intervention. In this case, the core intervention consists of a regular cash transfer for each child under 5 years in poor households. However, it is the incremental intervention consisting of active birth registration campaigns that enables the programme to reach out to children it otherwise would not be able to reach (Rabi et al. 2015). These campaigns are commendable, and it would be even better if this component took place as a strong component of the CG, on a continuous basis, and if CG operators institutionalised their responsibility to facilitate issuing birth certificates to applicants who do not have one.

Finally, programmes without a clear core intervention were classified as having **'strong' subcomponents**. Around a third (16) of the 51 programmes in our sample fall within this group. An interesting case here is the National Social Assistance Programme (NSAP) in India, which hosts the following subcomponents (Gol 2014):

- Two different kinds of non-contributory pensions:
 - the Indira Gandhi National Old Age Pension Scheme (IGNOAPS); and
 - the Indira Gandhi National Widow Pension Scheme (IGNWPS);
- One cash transfer to working-aged persons with disability:
 - the Indira Gandhi National Disability Pension Scheme (IGNDPS);
- One in-kind food transfer:
 - the Annapurna Scheme; and
- One lump sum grant to the family of deceased persons:
 - the National Family Benefit Scheme (NFBS).

In the case of the NSAP, there are not only different targeting parameters for each component, but each of them also provides different benefits. Additionally, despite a coverage disparity among these components, the component covering the fewest people still reaches almost 1 million beneficiaries (Gol 2017f).

Another interesting case from India is the Targeted Public Distribution System (TPDS). What makes this programme intriguing is that it not only serves beneficiaries through the supply of benefits, but it also creates value on the demand

side through the procurement of food for the programme (see Box 10). Despite having the targeted Food Subsidy (FS) component at its core, it also plays a significant role supporting smallholder farmers by providing a stable demand for food at minimum prices. The TPDS encourages production by purchasing food grains from farmers at a minimum support price, a predetermined price floor (Alderman, Gentilini, and Yemtsov 2018a). Hence, we classify it as both an FS and institutional purchases that can benefit smallholder farmers (IPBSF).

Box 9. Ensuring that documental requirements do not become misplaced conditionalities that hamper access to programmes: Lessons from Brazil

Many programmes link social assistance to conditionalities that aim to improve administrative oversight, grant civic rights and provide access to (public) services through formal civil registration. A particularly crucial component of the civil registration process is the obtainment of a birth certificate. However, given low numbers of institutional deliveries in rural areas of many developing countries, insufficient administrative and infrastructural capacity and a lack of awareness of the benefits of civil registration, the proportion of birth registrations remains low in many countries. As this issue is typically most prevalent among the poorest members of society, many social assistance programmes, such as Nepal's CG, try to address this issue by requiring beneficiaries to obtain birth certificates for their children as a mandatory step in the programme's application process.

Despite context-specific examples of programme operators actively supporting the issuing of birth certificates for children who do not have one, in general this is not an institutionalised, routine practice for the CG programme. Without active support from the programme to issue birth certificates to children who do not have one, however, the otherwise positive side of the requirement has the potential to hamper access to the programme.

While the above-mentioned benefits of birth registration are undisputed, a lack of support to obtain one can prove a significant pitfall for programme effectiveness. This is because if the opportunity costs of obtaining a birth certificate are high (e.g. due to a lack of nearby notary offices, a cumbersome registration process or limited information availability), this conditionality actively deters potential beneficiaries from enrolling in the programme. In the worst case, this might lead to the exclusion of the neediest beneficiaries, as they are also most likely to be those with the highest opportunity costs of obtaining birth certificates, effectively defying the purpose of the social assistance initiative. This problem might be especially acute in countries with a high number of administratively underserved and hard-to-access areas, as is the case in Nepal, for example.

Despite evidence indicating that the requirement of a birth certificate has more than doubled the documentation of children in areas covered by a World Bank (2018c) study, the programme might consider incorporating permanent and institutionalised ways to support those who struggle to obtain birth certificates for their children. This is especially important if the programme intends to scale up and indeed cover the entire country. Among the challenges related to birth registration in Nepal, it is worthy of note that, despite recent improvements in the law, it remains particularly difficult for children to acquire Nepali citizenship by descent only from the mother (Upadhyaya 2018).

The *Bolsa Família* programme in Brazil can, therefore, serve as a role model of a programme that provides active assistance in the process of obtaining a birth certificate. The possession of a birth certificate is a prerequisite for obtaining assistance under the programme, which came into operation in 2004. Registration of beneficiaries in the *Cadastro Único* (Unified Registry) takes place at the municipal level, and many municipal *Bolsa Família* coordinators identify document ownership as one of the major impediments to programme enrolment for poor households (Kingstone and Power 2007). In response, the Ministry of Justice launched several comprehensive registration campaigns, and *Bolsa Família* social workers are required to provide information and support on the process of obtaining official documents (ibid.). Based on estimates by Wong and Turra (2017), Kingstone and Power (2007) posit that up to 40 per cent of beneficiaries aged 5 years or older might have acquired their birth certificate with the explicit purpose of enrolling in *Bolsa Família*. Today, Hunter and Sugiyama (2017) show that through this approach, Brazil has achieved significant improvements in birth registration.

Source: Authors' elaboration.

A somewhat similar approach to also creating value through the procurement process (i.e. the demand side) of the programme is demonstrated by JSY in India and the *Aama* programme in Nepal. Both programmes target pregnant mothers and aim to promote safe, institutional delivery. At the same time though, they use the demand the programme creates for qualified health workers and community facilitators to provide benefits and incentives to this group. This is especially relevant, as these health workers often also belong to vulnerable groups (i.e. they are female and mostly relatively poor), and the programmes thus manage to provide social protection along their entire value chain.

Box 10. Supporting rural livelihoods: The other side of food distribution programmes

Food distribution programmes not only benefit recipients through the supply of food but also have the potential to have an impact through the demand created by the institutional procurement of this food, a mechanism called 'structured demand' (Veras Soares et al. 2013). As such, programme beneficiaries are not limited to the recipients of food but might also include local smallholder farmers who gain a reliable purchaser of their products and hence benefit from the stable demand created by food distribution programmes. Two interesting examples of this mechanism at work are Brazil's Food Acquisition Programme (*Programa de Aquisição de Alimentos—PAA*) and National School Feeding Programme (*Programa Nacional de Alimentação Escolar—PNAE*).

The PAA was launched by the Brazilian government in 2003 with the objectives of promoting access to food and strengthening family-based agriculture. It thus benefits consumers as well as producers by purchasing food from local smallholder farmers and subsequently distributing it among the food-insecure population. Furthermore, the PAA distributes the purchased food to people assisted by the Brazilian social assistance net, other public food and nutritional public schemes, and public and philanthropic schools (Government of Brazil n.d.). Furthermore, it is able to regulate food prices through the demand created and hence promotes food security (Hespanhol 2013).

The PNAE, on the other hand, is a national SFP covering about 45 million students in Brazilian public schools every day (Veras Soares et al. 2013). It creates structured demand by requiring 30 per cent of the food to be purchased from family farmers. Hence, the PNAE is an example of an SFP offering a dual benefit: to the children fed at school and to local producers through steady, year-round demand for their products.

In our sample, a programme employing a similar approach benefiting beneficiaries on both the supply and demand sides is the TPDS in India. Here, food is bought based on a price mechanism that is particularly attractive to local smallholder farmers at a minimum support price—a guaranteed price floor—and subsequently resold at a subsidised price to eligible consumers at government-licensed fair price shops.

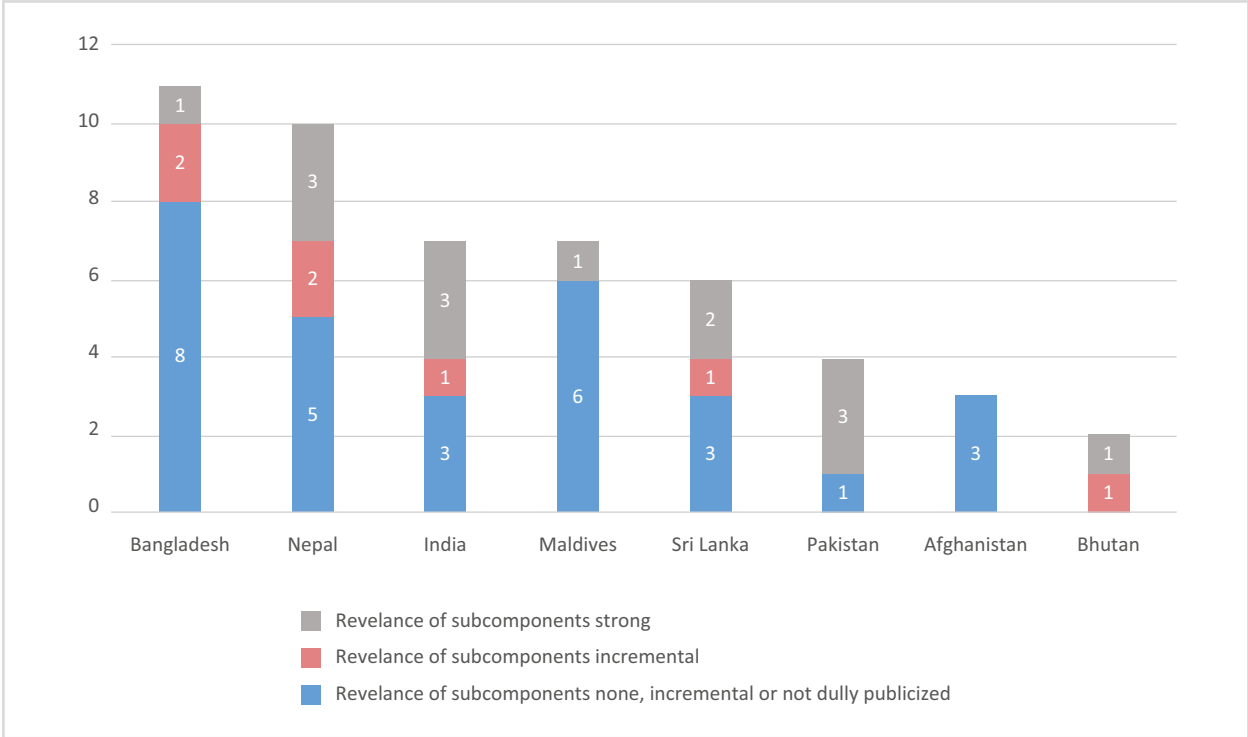
Source: Authors' elaboration.

Another peculiarity of India's TPDS is that, even considering only its demand-side benefit as an FS, there is still a difference in the benefit levels between the two beneficiary groups: the 'Priority Card Holders' (who are entitled to subsidised food) and the *Antyodaya Anna Yojana* (who are entitled to an even higher food subsidy) (Puri 2017) (see also Box 18).

Keeping in mind that subcomponents often add considerable value to programmes, it becomes clear that the sheer number of programmes is an incomplete indicator of the strength of a social protection system. For instance, Bangladesh has the largest number of programmes in our sample, but only one of them has strongly relevant subcomponents (the PFDS). The remaining 10 programmes either only have subcomponents with incremental relevance (2) or none, incremental or not duly publicised subcomponents (8). On the other hand, Bhutan only has two programmes listed in our sample; however, one of them (the REAP) is considered to have a strongly relevant subcomponent, and the other (the SFP) is considered to have subcomponents of incremental relevance.

As indicated in Figure 2, the countries with the most programmes in our sample characterised by having strong subcomponents in absolute terms are India, Nepal and Pakistan (all of them with three), followed by Afghanistan and Sri Lanka (with two each). Bhutan, Bangladesh and Maldives only have one programme each in our sample with strong subcomponents. In relative terms, Pakistan, Bhutan and Afghanistan are the countries where most of the programmes are characterised by having strong subcomponents (respectively, 75 per cent, 50 per cent and 50 per cent), followed by India (43 per cent), Sri Lanka (33 per cent), Nepal (30 per cent), Maldives (14 per cent) and Bangladesh (9 per cent).

Figure 2. Number of programmes by country, disaggregated by relevance of programmes' subcomponents



Source: Authors' elaboration based on World Bank (2015; 2016e; 2017a; 2017b; 2017c, 93; 2017d; 2018b; 2018d), GoBa (2018a), Rahman and Khaled (2012), Rohman (2013), GoBa (2018b), Reza et al. (2017), GoBh (2016), GoI (2013a; 2014; 2017c; 2017d; n.d.), GoM (n.d.), 3IE (2016), GoN (2011; 2016; 2017a), Rabi et al. (2015), ILO (2017a), WFP (2016a), GoP (n.d.), IPS (2016), Tilakaratna and Jayawardana (2015) and ADB (2012f).

According to our sample, Nepal is the country with the most subcomponents considered either strong or incremental (five), followed by India (four) and Pakistan, Bangladesh and Sri Lanka (all with three each). In relative terms, 100 per cent of Bhutan's programmes are characterised by comprising strong or incremental subcomponents, followed by Pakistan (75 per cent) and India (57 per cent).

Finally, it is worth noting that Afghanistan represents a special case for our classification. As Box 11 points out, the Citizens' Charter Afghanistan Project (CCAP) and *Eshtegal Zaiee-Karmondena* (EZ-Kar) pursue a community-based development approach that differs significantly from the one employed by the majority of other programmes in our sample. As explained, these Afghan programmes represent comprehensive initiatives with a wealth of subcomponents targeting the community level that we do not consider in our analysis of social protection in this study. Nevertheless, we opted to classify these programmes as having strong subcomponents to acknowledge that the CCAP and EZ-Kar are much more comprehensive than the aspects of the programmes we use for our analysis.

Box 11. Community-based social protection in Afghanistan

Ever since the inception of the National Solidarity Programme that ran from 2003 to 2018 in Afghanistan, the country has been making an effort to move from singular initiatives, centrally administered by a single ministry to an inter-ministerial and community-based development approach. This means that in Afghanistan many of the large, national initiatives in our sample try to delegate programme administration and implementation to subsidiary levels. In particular, the National Solidarity Programme established Community Development Councils (CDCs) that act as the administrative body responsible for planning, implementing and monitoring social protection initiatives established at the national level. This approach means that national authorities such as the ministries owning the programme provide funding, administrative oversight and general guidance to the CDCs; however, they often leave the CDCs with considerable discretion over the exact use and distribution of funds and the elaboration of exact project implementation plans. Often, CDCs are supported in this process by facilitating partners contracted by the governing body in question.

For example, the core component of the CCAP are service standard grants in rural areas and block grants in urban areas that allow communities to choose from a comprehensive list of infrastructure projects to implement. On the other hand, the EZ-Kar also comprises grants to associations of CDCs (so-called *Gozars*) and small-scale businesses (so-called *Business Gozars*) for market-enabling infrastructure and urban investment grants to major cities along with a CfW stream.

For our sample, this has the implication that the EZ-Kar and especially the CCAP represent comprehensive initiatives comprising a number of components; however, they do not directly target individuals or households but, rather, pay out benefits to the communities that use these funds for infrastructure projects, administrative reform or social assistance to the community population. Hence, many of these projects provide flexible, community-dependent and decentralised benefits focusing on capacity-building, as opposed to the other 'classic' social protection programmes in our sample that target individuals and households directly. In this way, it is difficult to compare the Afghan initiatives in question according to their full scope with the rest of our sample. For the sake of comparability, we thus focus on the subcomponents that come closest to the rest of the sample: the CfW subcomponents of the CCAP and EZ-Kar and the grain banks established with the help of the Social Inclusion Grant under the CCAP. Using the detailed information we were able to collect on these subcomponents, we, therefore, treat the EZ-Kar and CCAP for our analysis as if they only consist of the CfW and FS components.

Source: Authors' elaboration.

Programme typology

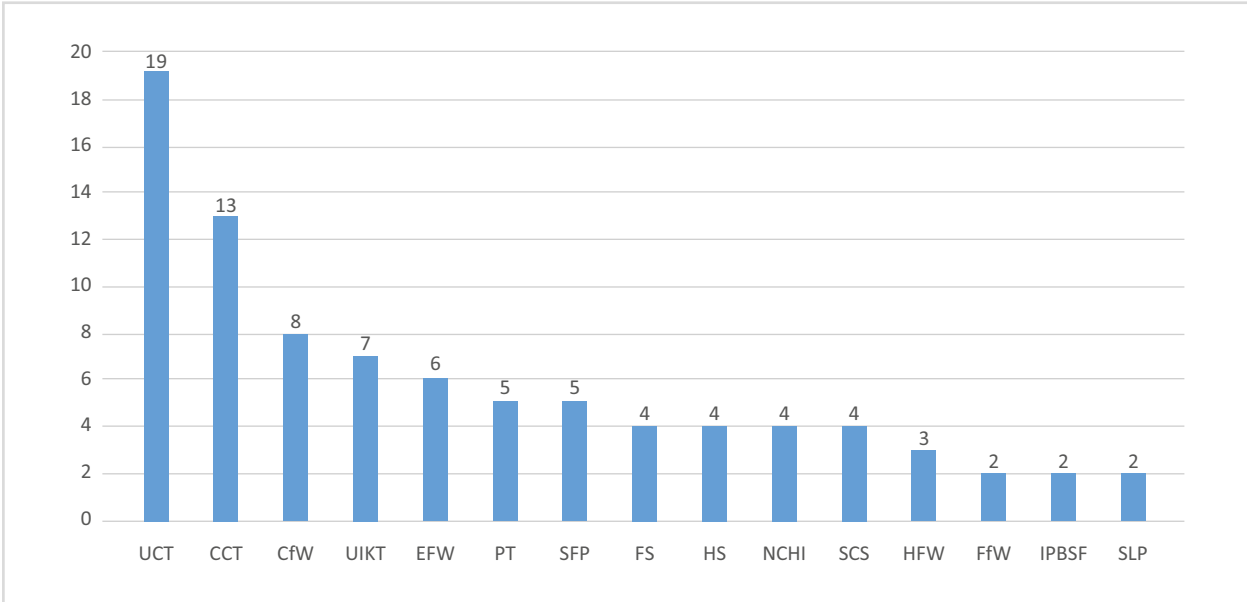
During our review of the specific characteristics of each programme, it became evident that the same programme can host very different components. Furthermore, the same component can play multiple roles. For instance, India's TPDS benefits those who receive subsidised food but also farmers that benefit from a stable, minimum price for selling their produce. The subsidies thus create a surplus on both the consumer (demand) side and the producer (supply) side (see Box 10). Other notable cases are those of Nepal's scholarships and Bangladesh's SESP, SESIP and HSSP, which, operationally speaking, only have one component: grants for students. However, this grant has a twofold purpose: it covers educational fees and provides some extra income as an incentive to stimulate school attendance (GoBa 2017b). These programmes thus work through two channels: they remove barriers to education by covering any direct costs associated with attending school, and they also provide some extra cash to compensate for the indirect opportunity costs of attending school such as the forgone opportunity to work instead. Hence, despite only having one operational component, these programmes are considered both CCTs and Educational Fee Waivers (EFWs).

As we proceed to classify our programmes according to the typology laid out in Box 3 (see also Annexes 1 and 3 for the definition of each type of programme), it makes sense, therefore, that we accept that they can belong to more than one category or type.

Just like we draw our sample of programmes from IPC-IG and UNICEF (2019), we also classify the programmes according to the same programme typology used in that study.¹⁸ Hence, our sample of programmes is classified according to the 16 possible typologies listed and described in Box 3.

As illustrated in Figure 3, this exercise of categorising programmes reveals that the majority (19 programmes) can be classified, among other things, as UCTs. Of those, 11 programmes are classified exclusively as UCTs. The most prevalent programme types tend to be those offering some sort of cash benefit—which mirrors a global trend. Conversely, programmes that require a greater administrative effort (such as sustainable livelihoods programmes—SLPs) or intersectoral coordination (such as health fee waivers that require coordination between the ministries in charge of social protection and health) or that require significant amounts of capital (such as housing programmes) tend to be rarer. Additionally, the much higher prevalence of CCTs and UCTs might also be explained by the relative ease with which they can be combined with other programme types (given that a single programme can have multiple types) along with their ability to function well as stand-alone programmes. Lastly, none of the programmes in our sample are conditional in-kind transfers (CIKTs), but we retained the category just to indicate that in-kind transfers might indeed have conditionalities.

Figure 3. Number of programmes of each type of social protection initiative



Note: The same programme can be classified as more than one type.

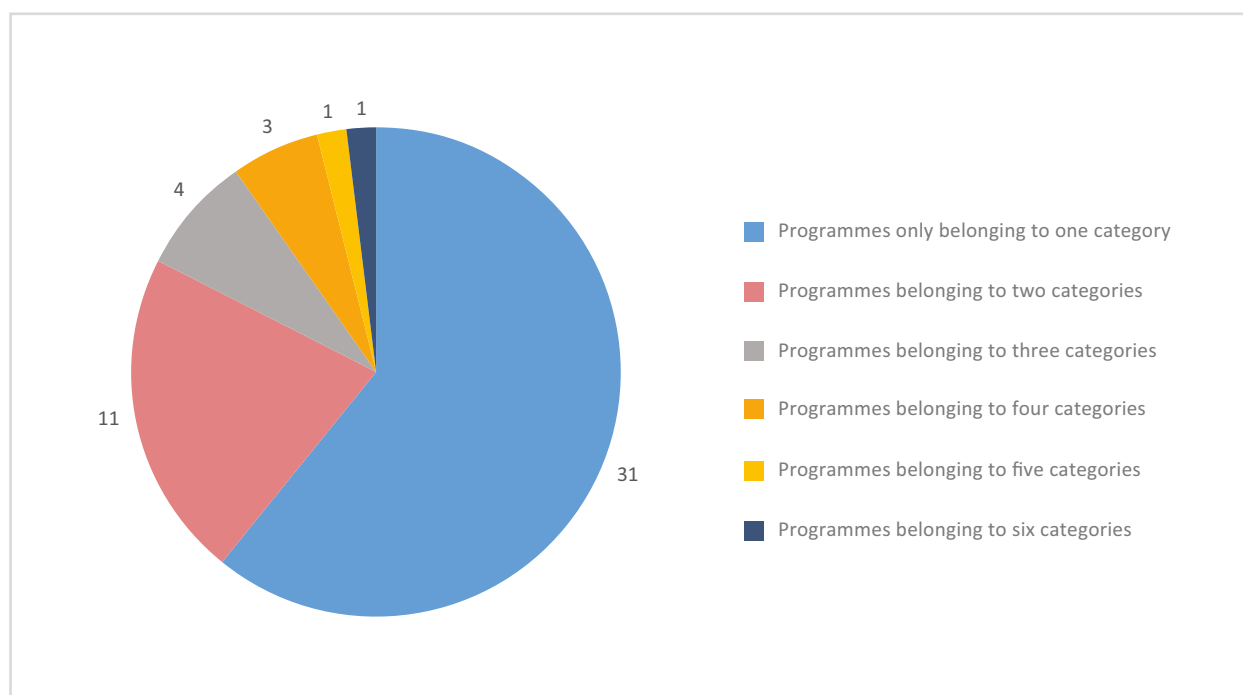
Source: Authors' elaboration based on World Bank (2015; 2016b; 2016e, 10; 2016e, 107; 2016f, 7; 2017c; 2017d, 4; 2018b; 2018d, 108), Oddsdottir (2014), GoA (2018; n.d.), Durrani, Ahmed, and Ahmad (2006), Islam (2012), GoBa (2017f; 2017g; 2019), Hossain and Ali (2017), Banerjee et al. (2014), Reza et al. (2017), Choudhury and Räder (2014), GoBa (2017b; n.d.), UNICEF (2013), GoBh (2016; 2017a), WFP (2011; 2016a; 2017d; 2018), Bhattacharya, Falcao, and Puri (2018), GoI (2010; 2014; 2017c; 2017e; n.d.), Breikreuz et al. (2017), GoM (n.d.), 3IE (2016), GoM (n.d.), GoN et al. (2015), IDS (2016), Rana (2012), ILO (2017a), OPM (2014), GoN (2011; 2015), Timilsana (2017), GoP (n.d.), IPS (2016), Tilakaratna and Jayawardana (2015), ADB (2012h), UNESCAP (2015), GoS (n.d.) and BLAST and RtF&SS (2015).

One interesting, and apparently paradoxical, case is that of Pakistan's BISP and FATA-TDPR, which can both be classified as UCTs and CCTs. This is because these programmes both have CCT and UCT subcomponents. For example, the BISP's *Waseela-e-Taleem* (WeT) component demands a minimum primary attendance rate of 70 per cent (GoP n.d.), whereas FATA-TDPER has one component, the Child Wellness Grant, which requires beneficiaries to attend health awareness sessions at one-stop shops (World Bank 2017b). On the other hand, these programmes also have other components that do not require any conditionality; hence, they are classified as both CCTs and UCTs.

India's NSAP, Sri Lanka's National Secretariat for Persons with Disability (NSPwD) programmes and the Maldives Disability Allowance Programme (DAP) all offer both cash and in-kind transfers; hence, they are classified as UCTs as well as UIKTs. India's NSAP has a subcomponent, the Annapurna Scheme, which distributes 10kg of wheat or rice per month per beneficiary (Gol 2014), and the other two programmes provide assistive devices since they target persons with disabilities (PwD) (GoM n.d.; World Bank 2016f; 3IE 2016). The DAP goes even further and additionally provides Social Care Services (SCS) in the form of psycho-social support to beneficiaries (GoM n.d.; World Bank 2016f).

As illustrated in Figure 4, 20 of the 51 programmes we consider for our analysis (39 per cent of our sample) are classified as more than one type or category. The programmes that fall under the most categories are *Pakistan Bait-ul-Mal* (PBM), belonging to six categories, Sri Lanka's NSPwD (five categories) and the PFDS in Bangladesh, Martyrs and Disabled Pension Programme (MDPP) in Afghanistan and the *Divineguma* programme in Sri Lanka (each belonging to four categories). The remaining programmes are distributed between those in three different programme categories (four programmes), two categories (11 programmes), and those only falling into one category (31 programmes). This means that our sample includes a large number of programmes falling into just one category. Given that the administrative effort required to implement multifaceted programmes is likely (much) higher, this seems logical.

Figure 4. Number of programmes by the number of categories they belong to



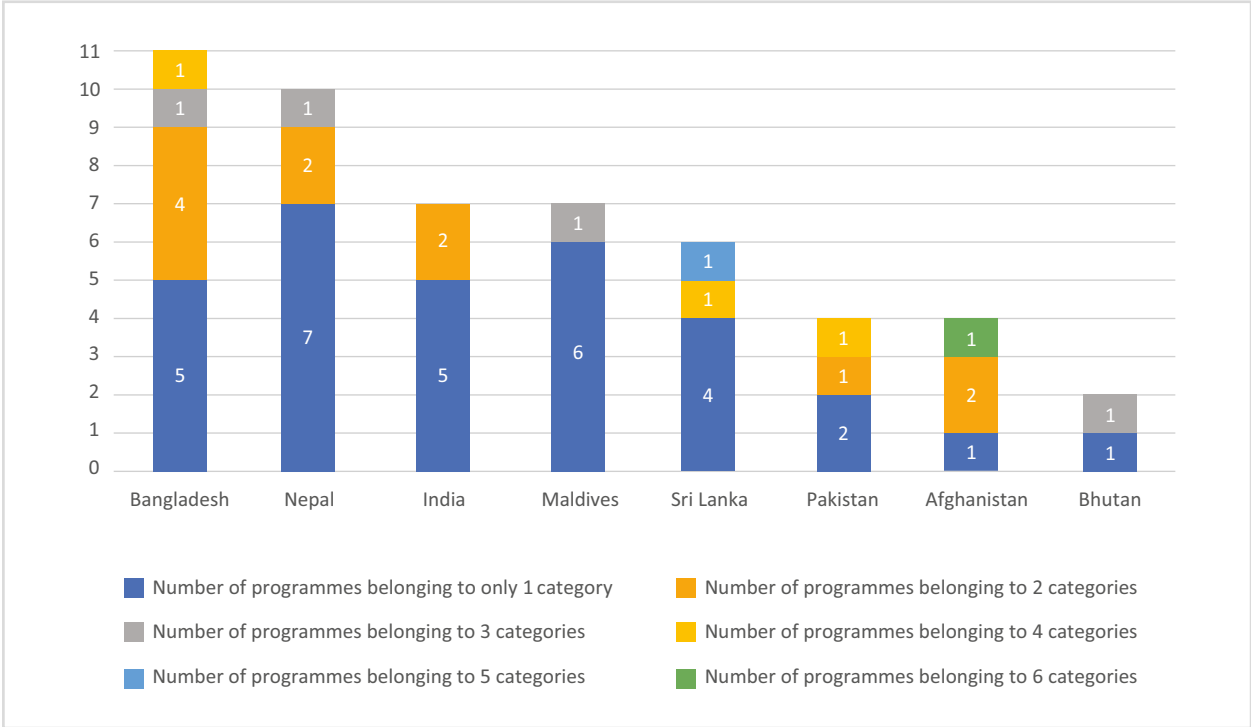
Source: Authors' elaboration based on World Bank (2015; 2016b; 2016e, 10; 2016e, 107; 2017c; 2017d, 4; 2016f, 7; 2018b; 2018d, 108), Oddsdottir (2014), GoA (2018; n.d.), Durrani, Ahmed, and Ahmad (2006), Islam (2012), GoBa (2017b; 2017f; 2017g; 2019; n.d.), Hossain and Ali (2017), Banerjee et al. (2014), Reza et al. (2017), Choudhury and Räder (2014), UNICEF (2013), GoBh (2016; 2017a), WFP (2011; 2016a; 2017d; 2018), Bhattacharya, Falcao, and Puri (2018), Gol (2010; 2014; 2017c; 2017e; n.d.), Breitkreuz et al. (2017), GoM (n.d.), 3IE (2016), GoN et al. (2015), IDS (2016), Rana (2012), ILO (2017a), OPM (2014), GoN (2011; 2015), Timilsana (2017), GoP (n.d.), IPS (2016), Tilakaratna and Jayawardana (2015), ADB (2012h), UNESCAP (2015), GoS (n.d.) and BLAST and RiF&SS (2015).

An interesting case is that of Pakistan's PBM programme. It provides support services, housing, professional training, unconditional and conditional in-kind transfers and an EFW (GoP n.d.). Hence, we classify it as belonging to the following six categories: CCT, EFW, HS, UIKT, SCS and professional training (PT). Bangladesh's PFDS (already described in Box 7 and Table 3) is assigned to the following four categories: CfW, FwW, FS and IPBSF.

Another interesting combination of programme streams is assembled under Sri Lanka's NSPwD and *Divineguma*. Under the NSPwD, beneficiaries with a disability living in poor households receive unconditional assistance in cash as well as in kind in the form of assistive devices (e.g. wheelchairs, glasses, hearing aids). Furthermore, the programme subsidises housing costs and necessary repairs and provides cash support towards covering medical expenditures along with cash assistance and vocational training related to self-employment and school supplies. We thus classify it as a UCT, UIKT, HS, PT and HFW.

Divineguma is a nationwide initiative focusing on the poorest households and provides them with a number of benefits, such as a cash transfer depending on family size, nutrition assistance to pregnant women, social security, housing assistance and sustainable livelihood components. We, therefore, classify it as a UCT, UIKT, HS and SLP. The programme also includes a microfinance and savings component; however, as this report focuses on non-contributory social protection, we do not consider such initiatives for our analysis. A peculiarity of *Divineguma* though is that, unlike many other programmes in our sample, the cash transfer component of the programme does not represent the programme's main incentive or 'pull factor'. This is because the amount transferred is rather small but the additional components it provides are comprehensive and add much more value for programme beneficiaries. In a way, we might thus not be speaking of a 'Cash Plus' programme here but, rather, a 'Social Assistance/Services plus Cash' initiative.

Figure 5. Number of programmes by country, disaggregated by the number of categories to which they belong



Source: Authors' elaboration based on World Bank (2015; 2016b; 2016e, 10; 2016e, 107; 2016f, 7; 2017c; 2017d, 4; 2018b; 2018d, 108), Oddsdottir (2014), GoA (2018; n.d.), Durrani, Ahmed, and Ahmad (2006), Islam (2012), GoBa (2017b; 2017f; 2017g; 2019; n.d.), Hossain and Ali (2017), Banerjee et al. (2014), Reza et al. (2017), Choudhury and Räder (2014), UNICEF (2013), GoBh (2016; 2017a), WFP (2011; 2016a; 2017d; 2018), Bhattacharya, Falcao, and Puri (2018), GoI (2010; 2014; 2017c; 2017e; n.d.), Breitzkreuz et al. (2017), GoM (n.d.), 3IE (2016), GoN et al. (2015), IDS (2016), Rana (2012), ILO (2017a), OPM (2014), GoN (2011; 2015), Timilsana (2017), GoP (n.d.), IPS (2016), Tilakaratra and Jayawardana (2015), ADB (2012h), UNESCAP (2015), GoS (n.d.) and BLAST and RiF&SS (2015).

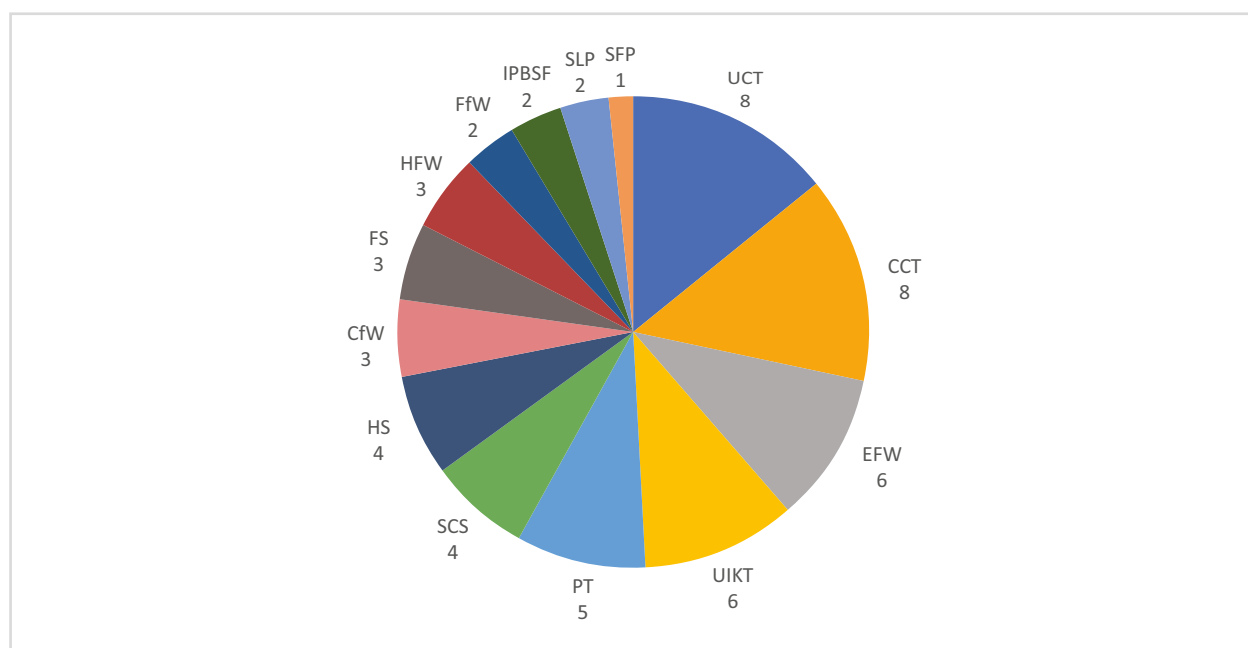
The most comprehensive initiative in Afghanistan is the MDPP, which targets PwD and their descendants and the survivors of martyrs. The programme's main aim is to provide PwD, mostly those with a disability acquired due to conflict and, in the case of a fatality, surviving families, with a monthly transfer. Additionally, there are provisions in place to provide support through EFWs, HSs and HFWs (GoA n.d.).

An interesting observation is that the most comprehensive programmes in our sample that we introduced in the last paragraphs all focus on PwD and/or widows/single women. This might be because these two groups are particularly vulnerable in practically all aspects of their life due to their precarious position in their societies. Hence, there might be a need for comprehensive programmes that assist them in multiple dimensions of vulnerability.

Figure 5 indicates that Nepal has the most programmes falling into only one category (seven programmes), followed by Maldives (six) and India and Bangladesh (five each). At the other end of the scale, Bangladesh has the most programmes among our sample that belong to more than one category (six programmes), followed by Nepal and Pakistan (three programmes each). In relative terms, Pakistan has the highest proportion of programmes that belong to more than one category (75 per cent), followed by Bangladesh (55 per cent) and Afghanistan (50 per cent).

Figure 6 analyses which categories are most prevalent among programmes in our sample that are assigned to multiple categories. Most can be labelled as UCTs (nine programmes), followed by eight programmes that we classify as CCTs. Six programmes each are EFWs and UIKTs. Five programmes are PT, while the categories of SCS and HS comprise four programmes each, and three programmes pertain to the categories of CfW, FS and HFWs. Lastly, FfW, IPBSF and SLPs each have two programmes assigned to them, and our sample also includes a single multi-category SFP initiative.

Figure 6. Prevalence of programme types among multi-category programmes



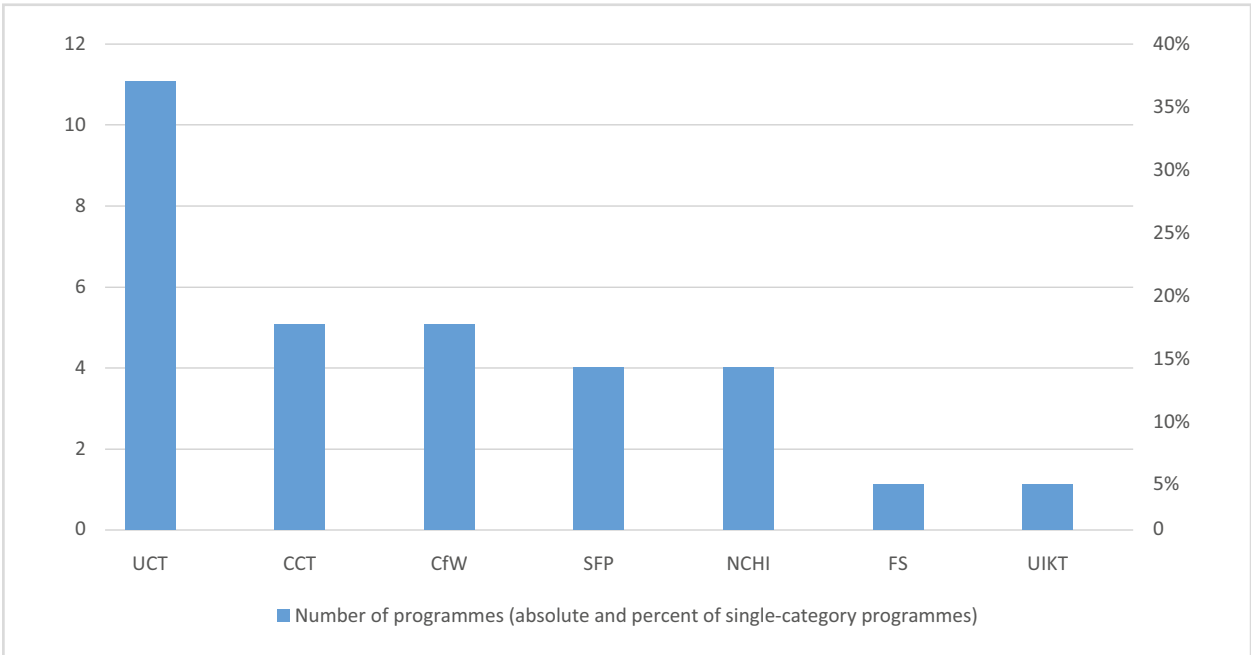
Source: Authors' elaboration based on World Bank (2015; 2016b; 2016e, 10; 2016e, 107; 2016f, 7; 2017c; 2017d, 4; 2018b; 2018d, 108), Oddsdottir (2014), GoA (2018; n.d.), Durrani, Ahmed, and Ahmad (2006), Islam (2012), GoBa (2017b; 2017f; 2017g; 2019; n.d.), Hossain and Ali (2017), Banerjee et al. (2014), Reza et al. (2017), Choudhury and Räder (2014), UNICEF (2013), GoBh (2016; 2017a), WFP (2011; 2016a; 2017d; 2018), Bhattacharya, Falcao, and Puri (2018), Gol (2010; 2014; 2017c; 2017e; n.d.), Breitzkreuz et al. (2017), GoM (n.d.), 3IE (2016), GoN et al. (2015), IDS (2016), Rana (2012), ILO (2017a), OPM (2014), GoN (2011; 2015), Timilsana (2017), GoP (n.d.), IPS (2016), Tilakaratna and Jayawardana (2015), ADB (2012h), UNESCAP (2015), GoS (n.d.) and BLAST and RtF&SS (2015).

This confirms our earlier supposition that certain programme types are easier to combine (or add as a subcomponent) than others. Cash components in particular might fit this characteristic. The same might apply for EFWs, which might be relatively easy to add without much additional administrative effort (though this might require inter-ministerial collaboration if the ministry in charge of the fee waiver is not also responsible for the regular supply of public education). This is crucial, as a country's administrative capacity, along with its fiscal capacity, is likely the most binding constraint to programme expansion.

As illustrated in Figure 7, only 7 of the 16 categories have stand-alone programmes belonging to no other category in our sample. Of the 31 programmes only falling into one category, the majority are UCTs (11 programmes or 35 per cent of all single-category programmes). Next are CCTs and CfW initiatives (five programmes or 16 per cent), followed by SFPs and NCHIs (four programmes or 13 per cent) and one FS and UIKT each.

The reason for the high prevalence of UCTs in our sample might lie in their scalability and the ease with which they can be implemented as stand-alone programmes. As noted before, our sample covers the most important programmes in a country; naturally, these tend to be larger-scale projects. At the same time, such projects often require substantial financial backing and administrative effort. UCTs might be the most easily scalable project, with a large share of the budget reaching recipients and less having to be invested in programme administration. This is because, in its simplest format, a UCT might require little more infrastructure than a cash distribution mechanism.

Figure 7. Most prevalent classifications of single-category programmes



Source: Authors' elaboration based on World Bank (2015; 2016b; 2016e, 10; 2016e, 107; 2016f, 7; 2017c; 2017d, 4; 2018b; 2018d, 108), Oddsdottir (2014), GoA (2018; n.d.), Durrani, Ahmed, and Ahmad (2006), Islam (2012), GoBa (2017b; 2017f; 2017g; 2019; n.d.), Hossain and Ali (2017), Banerjee et al. (2014), Reza et al. (2017), Choudhury and Räder (2014), UNICEF (2013), GoBh (2016; 2017a), WFP (2011; 2016a; 2017d; 2018), Bhattacharya, Falcao, and Puri (2018), GoI (2010; 2014; 2017c; 2017e; n.d.), Breikreuz et al. (2017), GoM (n.d.), 3IE (2016), GoN et al. (2015), IDS (2016), Rana (2012), ILO (2017a), OPM (2014), GoN (2011; 2015), Timilsana (2017), GoP (n.d.), IPS (2016), Tilakaratna and Jayawardana (2015), ADB (2012h), UNESCAP (2015), GoS (n.d.) and BLAST and RtF&SS (2015).

Target groups

Different programme types can target different forms of vulnerabilities and, therefore, different population groups. To compare the target groups in our sample of programmes, we categorised each programme as targeting one or more of the following 10 vulnerable groups:

- Children
- Elderly people
- Castes and ethnic groups

- People living with HIV/AIDS (or households containing people living with HIV/AIDS)
- Persons with disabilities (PwD) (or households containing PwD)
- Poor people or poor households (PHHs)
- Women (either individually or households headed by women, with large numbers of women or with women experiencing gender-specific forms of vulnerability)
- Beneficiaries that belong to the working age group (WAG)
- People or households affected by disaster
- Other target groups

Box 12. Who are the 'other target groups'?

The category 'other target groups' hosts a variety of different groups that do not fall under any other category among those used for this study. Most such programmes (or at least some of their subcomponents) target or prioritise current or former combatants or those directly or indirectly affected by armed conflict, as is the case of Afghanistan's MDPP, Nepal's scholarships and Bangladesh's PFDS and HSSP. The MDPP, for instance targets, among other groups, the descendants of martyrs (i.e. those who died in combat).

Nepal's scholarship programme prioritises children of martyrs. Members of Bangladesh's armed forces are targeted by two of the 10 subcomponents of its PFDS food distribution programme (the OP and EP). The HSSP, a CCT and EFW, prioritises freedom fighters and/or their children. And Nepal's OAA, a UCT for elderly people, sets priority enrolment for freedom fighters as well as homeless and landless people.

Targeting or prioritising combatants, however, is not always a way to enhance the progressivity of the programme (i.e. reach the poorest people) but, rather, a way to meet other social responsibilities of the State (i.e. the responsibility to care for veterans and their children or to encourage people to enrol in the armed forces etc.) (Oddsdottir 2014; ILO 2017a; Rahman and Khaled 2012a; GoBa 2017a).

A number of programmes in our sample that target 'other groups', however, might be more oriented towards promoting a programme's progressivity: Nepal's Karnali Employment Programme (KEP)—a CfW—for instance, prioritises households that, among other things, have high dependency ratios. India's NSAP (a UCT and UIKT), on the other hand, prioritises a vast set of groups, including manual scavengers, persons affected by leprosy, AIDS, cancer, TB and other serious ailments, bonded labourers, transgender people and dwarfs (ILO 2017a; GoI 2014).

For the CfW components of the CCAP and EZ-Kar in Afghanistan and the FS within the CCAP, there is a special targeting provision for displaced people. This group is first targeted indirectly through a geographical targeting process that focuses on the cities or districts with the highest population of displaced people, and then directly through the community-based vulnerability analysis detailed in Section 3.5 that has special categorical eligibility criteria for displaced people.

Interestingly, we have just one universal programme in our sample: the HA in Maldives. This is a universal health insurance scheme covering most health procedures (GoM n.d.). Since it does not target any specific group, we classify it under 'other target groups'.

Source: Authors' elaboration.

The 10 target groups of reference we use here are drawn from Machado et al. (2018), who undertake a similar analysis for countries of the Middle East and North Africa region. We refine their methodology by dividing the target group of 'women' into two specific subgroups of vulnerable women: 'pregnant women or mothers' and 'widows or single women', into which we disaggregate female beneficiaries further if applicable.

Another methodological adjustment we make is that we differentiate between programmes that specify a certain target group (and hence 'necessarily' target this group) and those that only give preference to a certain group (hence 'preferably' target the group). Hence, the programmes that 'necessarily' target a group differ from those 'preferably' targeting certain beneficiaries in that the latter prioritise enrolling people belonging to one or more designated groups but do not exclude other people from the programme if there is additional capacity.

India's NSAP, for instance, is an umbrella programme with five components. The IGNOAPS, IGNWPS, IGDPS and NFBS are all UCTs necessarily targeted, respectively, at elderly people, widows, PwD and households whose breadwinner (male or female aged 18–60 years of age) has passed away. Its fifth component, the Annapurna Scheme, awards in-kind (food) benefits to elderly people who are eligible for the IGNOAPS but who did not gain access to it. Although these components are only available to people belonging to the categories described above, they nevertheless prioritise serving claimants who, in addition to the above-mentioned features, also fit one or more of the characteristics described in Box 12 (GoI 2014). These additional features only considered for defining an order of priority among the broader group of those eligible for the programme is what we designate 'preferential targeting'.

This same example also serves to illustrate that when we classify a programme as necessarily targeting a given group, this does not mean that all streams of the programme follow this rule. For methodological convenience, if at least one stream of the programme necessarily targets a given group, we classify the entire programme as such. In the above-mentioned example of India's NSAP, it is clear that each component targets a different group. Yet, since we only classify the programme as a whole, we label it as targeting all groups covered by its components—namely, elderly people, castes and ethnic groups, PwD, widows/single women and poor households—whereas prioritisation is given to people affected by disasters and to the groups indicated in Box 12.

The OAA in Nepal is somewhat of an outlier in our sample regarding prioritisation. It does not grant a specific group priority access when competing with other eligible beneficiaries but loosens eligibility criteria: while the general minimum age for eligibility is 70 years, it is lowered to 60 for Dalits and residents of the Karnali region.

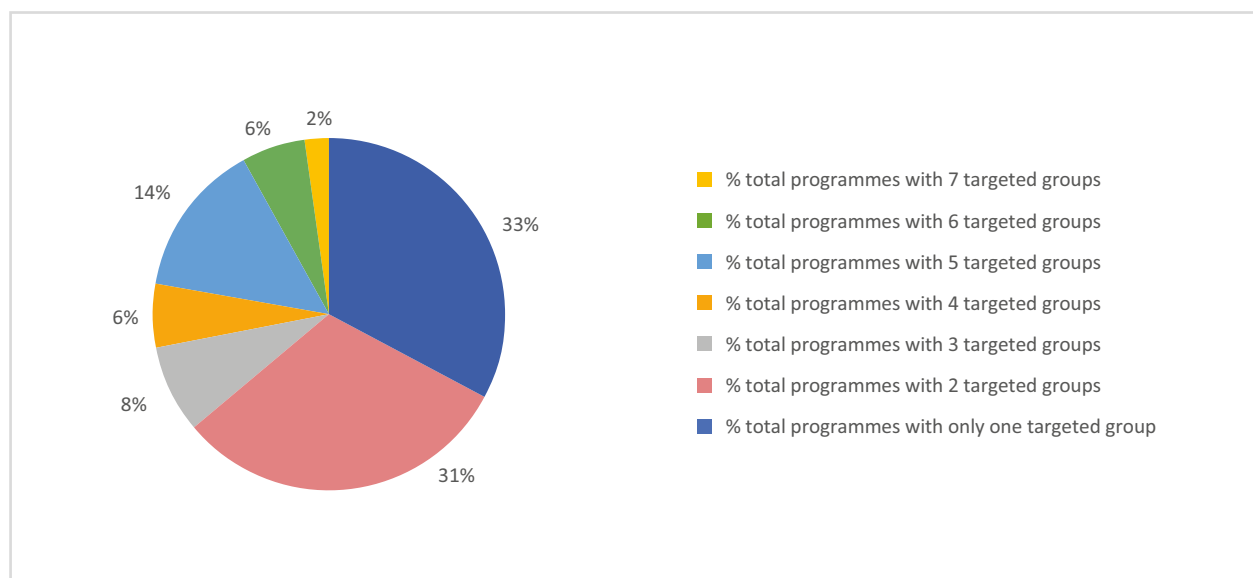
An intriguing case is also presented by India's JSY. It aims to improve maternal and child safety during birth by promoting institutional delivery among poor women. Interestingly, eligibility criteria differ between states depending on their current performance regarding institutional delivery rates. In low-performing states, the programme covers all women delivering in public health centres regardless of any vulnerability criteria, as well as those women classified as 'below the poverty line' (BPL, see section 3.5) and members of a Scheduled Caste or Scheduled Tribe (see Box 14) delivering in accredited private institutions. However, in states that already have higher institutional delivery rates, the programme is reserved for those considered BPL or Scheduled Castes or Tribes (GoI 2017d).

The JSY, therefore, highlights two important points. First, it is a good example of tailoring programme targeting to local circumstances by allowing some flexibility in determining the scope of the programme and its primary targets. Furthermore, it illustrates a way for programmes to reduce costs while maintaining a similar impact by avoiding coverage of not-at-risk individuals. As this relies solely on administrative data at the state level and does not require any microdata on the actual individuals to be covered, it is also a feasible approach when data are scarce or not available.

A somewhat similar strategy of differentiated programme access is pursued by the CG in Nepal. The programme aims to improve children’s food security through a cash grant and plans to gradually expand the programme to universal coverage of children under 5 years. To facilitate this expansion though, the programme is starting by currently only providing universal coverage in the Karnali region, whereas in other regions it is limited to Dalit children—a group that is among the most vulnerable in the country (World Bank 2016e; Rabi et al. 2015).

As illustrated in Figure 8 (see also Annex 4 for further details), most programmes in the region that are part of our sample have a small number of target groups. Only three of the programmes that target only one group can be classified under more than one programme category. This is the case of Bhutan’s REAP (which is classified as an SLP and training), DAP in Maldives (which is classified as a UCT, NCHI and SSS) and Nepal’s RCIW (which is classified as a CfW and FFW). Most programmes in our sample that only target one group are classified as UCTs. The programme that targets most groups (seven groups) is Bangladesh’s PFDS (see Box 7 and Table 3 for a description of this programme).

Figure 8. Percentage of programmes per number of target groups, regional total

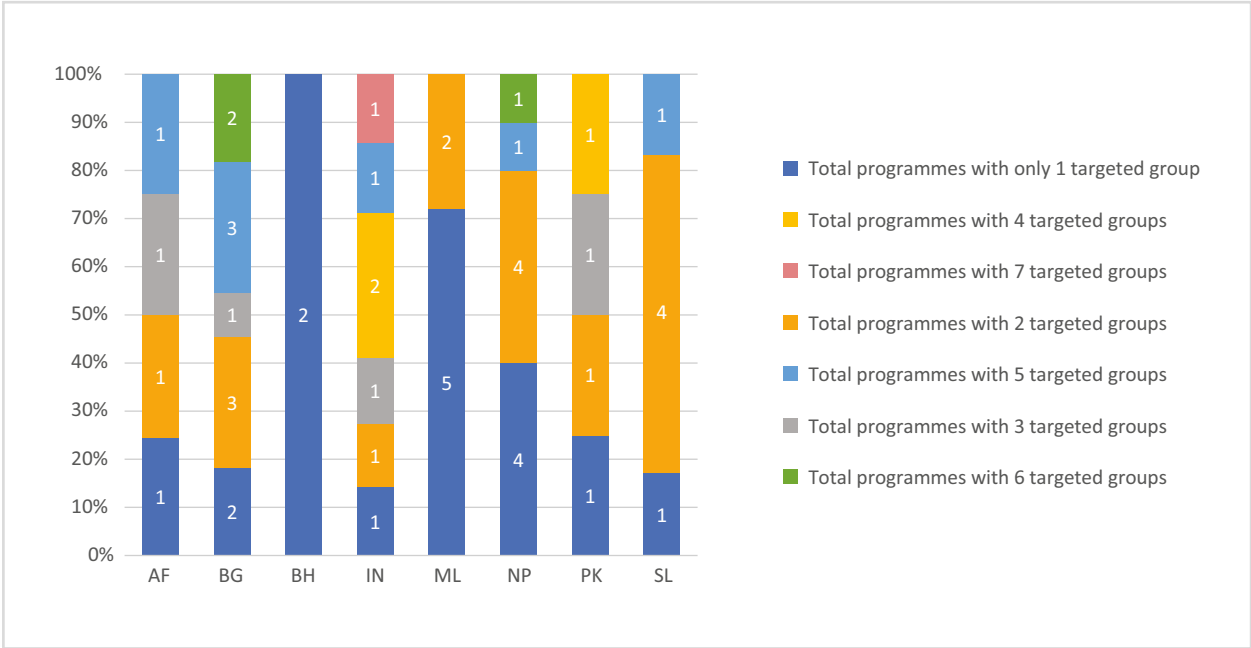


Source: Authors’ elaboration based on World Bank (2015; 2016b; 2017a; 2017c, 2; 2018b; 2018d, 6; 2019a), GoA (2018; n.d.), Durrani, Ahmed, and Ahmad (2006), GoBa (2017b; 2017f; 2017g; 2019), Hossain and Ali (2017), Islam (2012), Rahman and Khaled (2012), Osmani (2018), Choudhury and Räder (2014), Khan (2014), UNICEF (2017), GoBh (2016; 2017a; 2017b), WFP (2011; 2017d; 2018), GoI (2013a; 2014; 2017a; 2017e; n.d.), Puri (2017), GoM (n.d.), World Bank and ILO (2017), GoN et al. (2015), GoN (2017a), Rabi et al. (2015), UN (2016), OPM (2014), ILO (2017a), IDS (2016), GoP (n.d.), IPS (2016), ADB (2012h), UNESCAP (2015) and GoS (2017b; n.d.).

As illustrated in Figure 9, disaggregating the target groups of South Asian social protection programmes by country reveals that most of the programmes in Bhutan and Maldives focus on just one target group each, while in Bangladesh most programmes target more than one group.

The general trend seems to be that larger countries also have the scope to run extensive programmes targeting multiple groups. Another explanation might be that it is comparatively easy for small countries to coordinate multiple programmes that each target a specific group. Larger countries, on the other hand, need to streamline their efforts more and incorporate multiple target groups into the same programmes, as economies of scale allow (and require) them to run a smaller number of large, comprehensive programmes, as opposed to many small programmes, each with its own unique target group.

Figure 9. Number of programmes by number of target groups, by country (absolute and relative values)



Note: Value labels inside the bars indicate the absolute number of programmes per number of groups they target, per country. The Y axis reflects these values as a percentage of all the programmes in our sample, per country.

Source: Authors' elaboration based on World Bank (2015; 2016b; 2017a; 2017c, 2; 2018b; 2018d, 6; 2019a), GoA (2018; n.d.), Durrani, Ahmed, and Ahmad (2006), GoBa (2017b; 2017f; 2017g; 2019), Hossain and Ali (2017), Islam (2012), Rahman and Khaled (2012), Osmani (2018), Choudhury and Räder (2014), Khan (2014), UNICEF (2017), GoBh (2016; 2017a; 2017b), WFP (2011; 2017d; 2018), Gol (2013a; 2014; 2017a; 2017e; n.d.), Puri (2017), GoM (n.d.), World Bank and ILO (2017), GoN et al. (2015), GoN (2017a), Rabi et al. (2015), UN (2016), OPM (2014), ILO (2017a), IDS (2016), GoP (n.d.), IPS (2016), ADB (2012h), UNESCAP (2015) and GoS (2017b; n.d.).

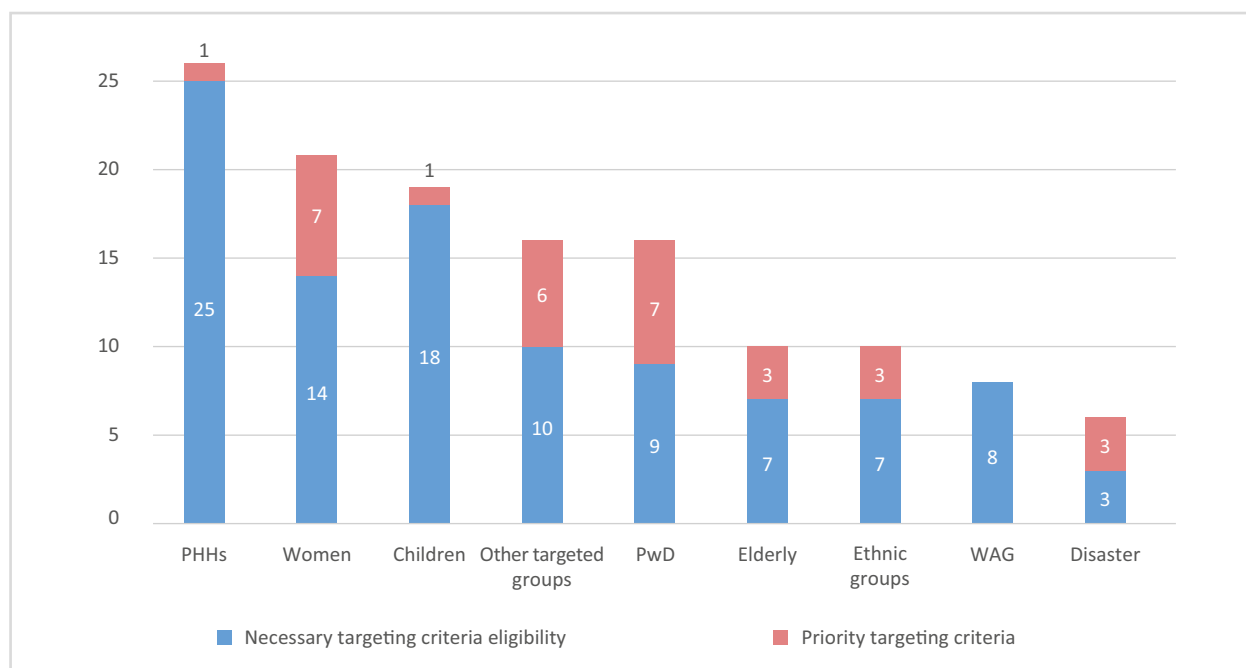
The most common target groups in our sample are poor people or poor households, followed by women, children, PwD and elderly people (see Figure 10). Only 4 (15 per cent) of the 26 programmes targeting PHHs consider only this feature for eligibility, whereas the remaining programmes target people who are poor and/or considered vulnerable in other ways.

The Medical Welfare (MW) programme in Maldives is one of the initiatives that solely target PHHs (meaning, beneficiaries are only required to be poor to request enrolment in the programme). This is interesting, since the country already has a universal health insurance scheme, the HA, which covers most health services. Hence, the MW is an additional programme meant to cover the costs of more complex health services not provided by the HA, such as assistance when travelling abroad for medical care; medicines and injections not covered by the HA; a bone marrow programme for people with Thalassemia; assistance for medical treatment provided only by private hospitals; assistance for people with Thalassemia for carrying out specific procedures; and other medical equipment not provided by the HA. Regarding target groups, the MW's approach is very different from another initiative in Maldives, the FSP, which requires beneficiaries to provide foster care to children and additionally that the respective household is considered poor according to the national poverty line (GoM n.d.; n.d.c).

It is also important to highlight that we considered all programmes incorporating an income, consumption and even capital ownership threshold as part of their eligibility criteria as targeting poor people. This is regardless of whether these thresholds are equivalent to national poverty or extreme poverty lines. In the example of Bangladesh's PFDS, for instance, the FfW component considers being functionally landless a proxy of poverty (Rahman and Khaled 2012), hence we consider this initiative to target PHHs.

A similar methodological note should be made for programmes employing geographical targeting. We regard these programmes as having all people living in the geographical area as their primary focus, irrespective of the specific reasons why the region is targeted. Accordingly, we do not take into account the specific reasons why a region is chosen when determining the programme's target groups. A pragmatic reason for this is the otherwise large number of inclusion errors, as a geographical area can always only be a rough proxy for a more specific target group. For example, we do not mark the FATA-TDPER in Pakistan as targeting ethnic groups (or tribes in this case) solely because the FATA has a high prevalence of tribal groups. Moreover, in this specific case, this would not accurately reflect the spirit of the programme, as it aims to assist families afflicted by conflict in a structurally disadvantaged region, as opposed to addressing disadvantages experienced based on tribal affiliation—even though we acknowledge there is a great overlap and possible causality among these forms of vulnerability.

Figure 10. Most common target groups (absolute values)



Source: Authors' elaboration based on World Bank (2015; 2016b; 2017a; 2017c, 2; 2018b; 2018d, 6; 2019a), GoA (2018; n.d.), Durrani, Ahmed, and Ahmad (2006), GoBa (2017b; 2017f; 2017g; 2019), Hossain and Ali (2017), Islam (2012), Rahman and Khaled (2012), Osmani (2018), Choudhury and Räder (2014), Khan (2014), UNICEF (2017), GoBh (2016; 2017a; 2017b), WFP (2011; 2017d; 2018), GoI (2013a; 2014; 2017a; 2017e; n.d.), Puri (2017), GoM (n.d.), World Bank and ILO (2017), GoN et al. (2015), GoN (2017a), Rabi et al. (2015), UN (2016), OPM (2014), ILO (2017a), IDS (2016), GoP (n.d.), IPS (2016), ADB (2012h), UNESCAP (2015) and GoS (2017b; n.d.).

A last category that might warrant a more detailed explanation is that of people and households affected by disasters. Our definition of a 'disaster' is somewhat broad and includes natural disasters such as droughts, in the case of India's MDM, for example, but also conflict-affected areas such as with Nepal's scholarships or Pakistan's FATA-TDPER. In general, programmes providing food support often target regions affected by natural disasters (e.g. Bangladesh's PFDS and India's MDM), while our sample also includes education stipends for each type of disaster or conflict (part of Nepal's scholarships) and natural disasters (river erosion in the case of Bangladesh's HSSP).

On the other hand, Afghanistan is the country most severely affected by conflict in our sample; however, we chose not to label EZ-Kar and the CCAP as targeting disaster-affected people even though they address the "returnee and displacement crisis" (World Bank 2017c; 2018d). This is because while target areas are selected based on large numbers of displaced people or returnees, the individual- and household-level targeting mechanism itself aims at covering the most vulnerable households irrespective of their migratory status.

Box 13. Migration and displacement in South Asia

According to UNDESA (2019a), international migrants in and from South Asia (i.e. the international migrant stock) account to 14.1 million persons, or 0.7 per cent of the total population of the subregion, which makes it the second highest international migrant stock in the global South (only behind the West Asia subregion). The percentage of international migrants in the South Asian population has remained relatively stable over the past 15 years, with only a marginal decrease. Although varying from country to country, in general some 30 per cent of South Asian migrants are either below 18 years or over 65 years old. Countries in the region are mostly sources of emigration rather than immigration. Although Gulf countries and developed countries are the leading destinations for South Asian emigrants, inter-regional emigration means that some countries, such as India, receive significant inflows from neighbouring countries.

Some 25 per cent of the migrant stock of South Asian countries are refugees. When looking at what the United Nations High Commissioner for Refugees (UNHCR) calls 'persons of concern' (meaning all forms of forced migration and also all forms of forced domestic displacement, statelessness etc.), the subregion is projected to host more than 5.5 million such persons in 2020. Accordingly, the population of concern has been increasing in Afghanistan; in 2018 it accounted for 2.7 million people, of whom 75 per cent are internally displaced persons (IDPs). Returned IDPs, refugees and returned refugees are also significant populations of concern. Asylum-seekers are less prevalent. It is worrying that 18 per cent of the persons of concern in Afghanistan are affected by humanitarian challenges that do not fit any of the above categories; therefore, they might be particularly challenging to reach due to their specificity (UNHCR n.d.).

In Pakistan the population of concern (estimated at 1.56 million people) has had an erratic trajectory, increasing in some years and decreasing in others. Refugees represent 88 per cent of this population, followed by IDPs (6 per cent) and returned IDPs (5 per cent). In India the population of concern has remained stable (at around 207,848 people) and is basically made up of refugees (94 per cent) and asylum-seekers (6 per cent). In Nepal and Bangladesh the populations of concern (estimated at, respectively, 21,406 and 906,690 people) have been decreasing and are almost entirely made up of refugees. In Sri Lanka the population of concern (estimated at 42,286 people) has been decreasing. It mostly comprises IDPs (84 per cent), with a smaller yet significant proportion of returned IDPs (9 per cent), returned refugees (3 per cent), refugees (2 per cent) and asylum-seekers (2 per cent) (ibid.). Nepal is the main destination of Bhutanese emigration in the region. Since 2017, over 100,000 Bhutanese persons of concern in Nepal have been resettled by the UNHCR alone (ibid. 2013).

In addition to traditional incentives to migrate to seek better opportunities, migration in the region is often triggered by conflict, especially in Afghanistan and Pakistan, whereas Bangladesh also hosts migrants affected by ethnic conflict in neighbouring Myanmar. Climate change and weather-related events are another important driver of forced migration and displacement in South Asia, and this is expected to grow sharply in the coming years. As reported by an International Organization for Migration (IOM) report (Rabbani, Shafeeqa, and Sharma 2016), the Internal Displacement Monitoring Centre (IDMC 2015) estimated that over 19 million people were displaced internally in 2015 due to sudden-onset disasters. In the same year, 7.9 million people were displaced, and some 203 million people were displaced between 2008 and 2015. South Asian countries are among the most disaster-prone countries in the world, accounting for 36 per cent of the global total of displaced people.

Given that migratory and forced displacement are still relevant phenomena for South Asia, the following observation from a 2009 UNICEF report (Köhler, Cali, and Stirbu 2009: 4) is still valid:

"Migrants from developing countries are generally not eligible to receive social protection or other family services in the host country, and usually do not earn health insurance or old-age pension entitlements, leaving them especially vulnerable. Migrant families—either migrating with the main breadwinner or left behind—often face heightened vulnerability and risks, especially if they are low-skilled migrants who earn little. Given the scope and the scale of the problem, social protection for this group is an urgent policy issue, and shows the interface of lack of decent work opportunities and of social protection in home countries that drive low-income migration in the first place, and the gap in international, regional and national provisions for migrants."



Hence, not only is there a need for social protection initiatives to target the family left behind by breadwinners who migrate, but there is also a need to strengthen regional cooperation such that at least inter-regional migration can be marked by a more welcoming environment in which migrants may enjoy access to basic social protection guarantees. For IDPs there is a need for policies that can facilitate their access to such programmes, which often involves facilitating the re-issuance of documentation needed to access the programmes, as well as providing nationwide initiatives on which people can count, regardless of where they are living.

A relevant effort towards achieving these above-mentioned goals was proposed by Nepal during the XVIII South Asian Association for Regional Cooperation (SAARC) meeting. The Himalayan country has led the elaboration of a draft Regional Action Plan on Social Protection that is sensitive to the peculiarities of migrants and displaced persons (GoN n.d.). If approved by its neighbouring countries, such a document could play a seminal role in devising ways in which the countries could mitigate some migration and displacement hazards at least for the intra-regional migrant and displaced population of South Asia.

Source: Authors' elaboration.

Figure 11 shows the most common target groups in each country. The trends are similar to those found for the region. PHHs are targeted by most programmes in all countries but India, Nepal and Afghanistan. It is interesting that no Nepalese programme in our sample includes PHHs among its target groups, since the country's initiatives are either universal or solely categorically targeted. In this country, most programmes (50 per cent) target ethnic groups, though the KEP and the OAA target this group as a priority but do not limit access only to them. Nepal's scholarship programme has specific streams solely dedicated to ethnic groups, and the country even has a UCT specifically for this group (the Endangered Indigenous Peoples Allowance—EIPA) (World Bank 2016c; ILO 2017a).

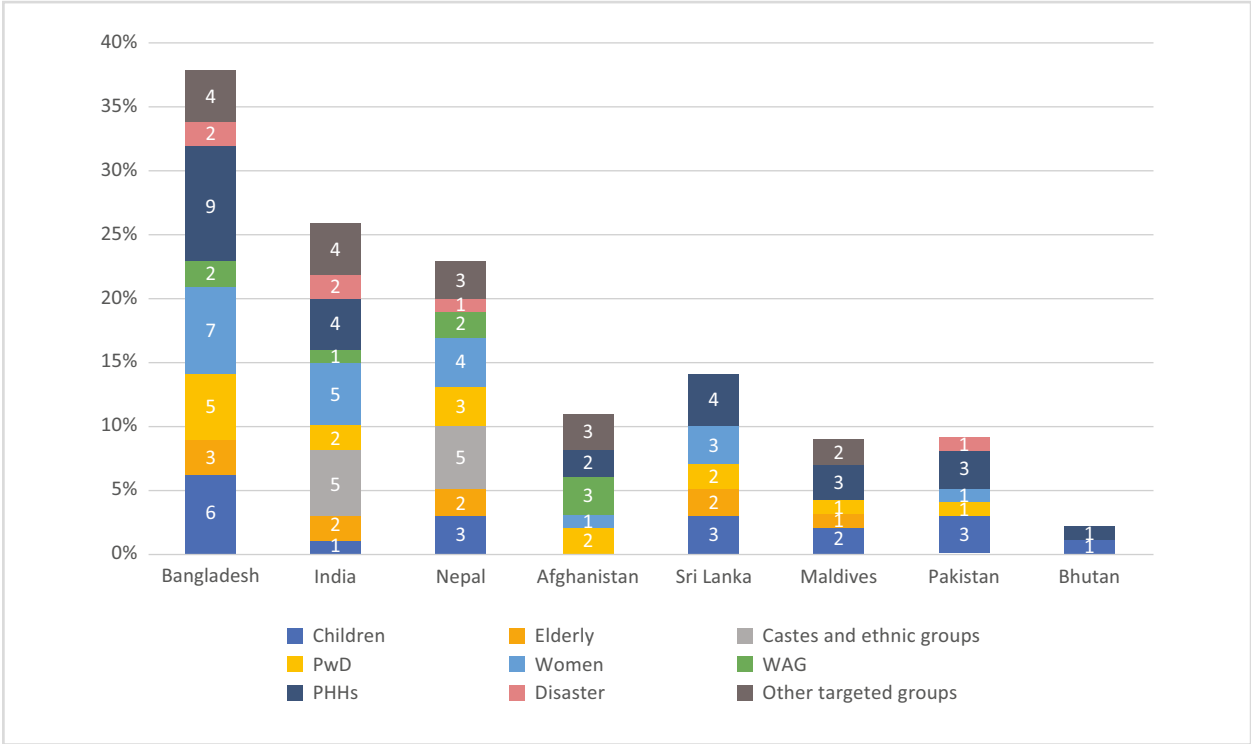
Box 14. The intersectionality of poverty, castes and ethnicity in Nepal and India

The Nepal Living Standard Survey (NLSS) 2010–2011 shows a strong convergence between social hierarchy and poverty, uncovering a high level of inequality among the diverse social groups in the country. According to this report, the overall poverty incidence in Nepal in 2010–2011 was 25.6 per cent. However, rates differ significantly across different castes and ethnicities. For instance, the poverty rates among the Newar and the Brahmin are 10.25 per cent and 10.34 per cent, respectively. On the other hand, the rate among the Dalit of the Hills is 43.63 per cent (Patel 2012). This finding offers solid evidence of the need for social assistance policies to target disadvantaged castes and ethnicities. Hence, the Government of Nepal should reinforce equity policies which approach poverty as a multidimensional issue.

Caste and ethnicity are also closely linked to poverty in India. Historically disadvantaged members according to their social standing or ethnicity are recognised in the Indian Constitution under the terms 'Scheduled Castes' and 'Scheduled Tribes'. According to the 2015–2016 National Family Health Survey (NFHS-4) (International Institute for Population Sciences 2017), 25.9 per cent of households belonging to Scheduled Castes belong to the lowest quintile of the wealth distribution. Furthermore, more than half of Scheduled Caste households are among the poorest 40 per cent of Indians. This inequality is even more acute for Scheduled Tribes: 45.2 per cent of Scheduled Tribe households belong to the poorest quintile, and more than 60 per cent of Scheduled Tribe households belong to the bottom two quintiles of the wealth distribution. In contrast, only 11.3 per cent of Scheduled Caste households and a mere 5.4 per cent of Scheduled Tribe households belong to the richest 20 per cent of the population.

Source: Authors' elaboration.

Figure 11. Groups targeted by all programmes in each country (absolute and relative values)



Note: Value labels within the bars indicate the number of programmes that target each group, while the Y axis reflects these values as a percentage of all the programmes in our sample, per country.

Source: Authors' elaboration based on World Bank (2015; 2016b; 2017a; 2017c, 2; 2018b; 2018d, 6; 2019a), GoA (2018; n.d.), Durrani, Ahmed, and Ahmad (2006), GoBa (2017b; 2017f; 2017g; 2019), Hossain and Ali (2017), Islam (2012), Rahman and Khaled (2012), Osmani (2018), Choudhury and Räder (2014), Khan (2014), UNICEF (2017), GoBh (2016; 2017a; 2017b), WFP (2011; 2017d; 2018), Gol (2013a; 2014; 2017a; 2017e; n.d.), Puri (2017), GoM (n.d.), World Bank and ILO (2017), GoN et al. (2015), GoN (2017a), Rabi et al. (2015), UN (2016), OPM (2014), ILO (2017a), IDS (2016), GoP (n.d.), IPS (2016), ADB (2012h), UNESCAP (2015) and GoS (2017b; n.d.).

It is commendable that all countries except Nepal have programmes with at least preferential targeting of PwD. The ILO's Social Protection Floor recommends that social protection programmes for PwD should not be limited to those who cannot work but, rather, that such programmes should promote the inclusion of PwD in the labour market (ILO n.d.). To that end, India's Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) stands out for having in its design a mandate that actively promotes job opportunities that can be performed by PwD. Not only is there a priority rule for selecting PwD, but there is also the provision that each state government has to have a Vulnerable Group Coordinator to identify projects suitable to engage PwD (Gol 2017c).

Looking more specifically at the programmes that target the WAG, it is worth noting that they are all programmes that include a CfW component. CfW and FfW initiatives follow basic labour requirements of not engaging children in work. Elderly people are rarely the core target group of these programmes, except when they provide non-physically demanding activities. Thus, to a large extent, such programmes can be characterised as dedicating themselves to the WAG. Interestingly, India's MGNREGA and Nepal's KEP are self-targeted programmes, since their sole enrolment limitation is that those who volunteer for work are of the legal age to do so. It is also interesting to note that both these programmes stipulate that ethnic groups and PwD should be given priority access if there is not enough work for all applicants (and provided that there are activities that can be performed by PwD). India's MGNREGA goes further and designates women as a priority enrolment group (Gol 2013a). On the other hand, Afghanistan's CCAP and EZ-Kar have CfW components that focus on the districts and cities with the highest populations of displaced people but leave eligibility open for all able-bodied household heads of working age that are deemed poor or very poor under a vulnerability analysis (World Bank 2017c; 2018d).

Box 15. Why set priority enrolment rules for a programme that provides 100 days of paid work or its cash equivalent if work is not available?

India's MGNREGA stipulates that those who cannot find work are entitled to the cash equivalent of 100 days of work (excluding, of course, the days already worked under the programme). Hence, one could argue that the above-mentioned provision for priority access makes little practical difference. This is not true, however, either from a financial or a non-financial perspective. The process for receiving the money compensation instead of the payment for the days worked can be more cumbersome, and, in that sense, having the work allocation can have a liquidity advantage that justifies the priority enrolment of women, ethnic groups and PwD. Additionally, while salaries might be paid regularly, compensation might not be disbursed until the very end of the working period when it is clear for how many days of 'missed' work a beneficiary might need to be compensated.

Finally, ensuring that women work for the money they receive might have an empowerment effect and gives them hands-on practical experience associated with an expanded social network that might enable them to find a job after the project ends. Additionally, working for the money might increase the perceived ownership over the funds by women and foster a sense of entitlement. This might be a crucial aspect in avoiding capture of the funds by husbands, for example.

A similar CfW initiative in Bangladesh, the Employment Generation Programme for the Poorest (EGPP), goes even further and reserves 30 per cent of jobs for women. As such, it does not just grant priority to women but establishes an eligibility quota that guarantees enrolment of women in the programme (see also the discussion on prioritising women in Box 16).

Source: Authors' elaboration.

The priority targeting rules of India's MGNREGA and Nepal's KEP are illustrative of a broader regional trend. As illustrated in Figure 10, women and PwD are the most common categories regarding priority enrolment across the programmes in our sample. In Bangladesh, pregnant and lactating women are the sole target group of the MAPLM, a UCT. The country, however, has another UCT, the Allowance for Financially Insolvent Persons with Disabilities (AFIPWD), which necessarily targets PwD living in PHHs, but, among them, it sets priority targeting for children, elderly people and women (GoBa 2019; Oddsdottir 2014).

India's Mid-Day Meal (MDM) presents a somewhat different take on priority targeting. While it does not favour children with a specific background when determining eligibility, it does provide more generous benefits to those living in drought-affected areas. Hence, it gives preferential treatment to children living in disaster-prone regions.

In a related report to this one, Tebaldi and Bilo (2019) provide an extensive analysis of gender-sensitivity in social protection programmes in South Asia. We leave the main gender analysis to the specific report dedicated to this subject. Nevertheless, there are a few interesting aspects worth highlighting here. To start with, Bhutan and Maldives are the only countries that do not have programmes in our sample that target women. Hence, it seems advisable that such countries consider the option of launching women-targeted programmes, or at least internalising some priority rules for enhancing women's access to existing initiatives. One motive for targeting women, specifically adolescent girls, is to prevent child marriage. As mentioned in the introduction to the regional context, child marriage is a prevalent problem in the region and goes hand in hand with low school enrolment, particularly for girls.

Still, from a gender perspective, it is informative to further disaggregate the programmes that target women into those targeting 'pregnant women or mothers' and 'widows or single women'.

Box 16. Is prioritising women as recipients the best way? Three questionings for reflection

Many programmes give priority to women (see, for example, Box 15) or exclusively target them with some initiatives. For example, the PMMVY's programme guidelines in India explicitly determine that funds are to be paid out directly to female beneficiaries, either to their personal bank account or through post offices, and not to a joint bank account accessible to the husband or other household members. Despite this and other examples, the debate on how best to address and prioritise women to promote female empowerment is not without controversy. While it is clear that women represent a particularly vulnerable group in need of targeted initiatives, social, behavioural and contextual considerations largely determine whether formally prioritising women has positive or negative impacts on female empowerment and child well-being. As Esser, Bilo, and Tebaldi (2019) point out, the answer to this question depends to a great extent on situational circumstances. Some of the deliberations that need to be considered in this regard are presented below.

- Women might use the programme benefits in a more family-oriented way than men

Programmes such as India's PMMVY exclusively pay out benefits to women in the hope that their spending and consumption behaviour differs from that of other household members. In particular, there is some evidence that women spend benefits in a more family-oriented and child-sensitive way, hence often complying better with the programme's intended use of funds. For example, women tend to dedicate a greater part of the budget to education and food-related expenses (ibid.). However, the degree to which this holds true depends on local context, and evidence is mixed overall (ibid.). Furthermore, the notion of women as preferred recipients due to their role as primary caregivers reinforces traditional gender roles and might hence even be detrimental from an empowerment perspective. Lastly, paying benefits to women is no guarantee that funds will not still be captured by (predominantly male) household heads. This is especially true if the benefits serve as the household's main income source—for example, when the household head is not in employment.

- Prioritising women can have crucial implications for programme access

Intuitively, designing programmes with exclusive access for women should improve access for women, as they no longer have to compete for places with men. This is especially relevant, as women in South Asia tend to have less agency than men in society in general and in the household in particular. Hence, limiting access exclusively for females might work to avoid a situation where women are actively discouraged by the communities' men to participate in a programme to 'free up space' for them. Furthermore, the impact on women's empowerment might be greater with exclusive access, as the programme cannot be 'hijacked' by other groups. At the same time, it is conceivable that making programme access exclusive actually has the opposite effect on women's access. Overall coverage might be lower because, for example, for CfW initiatives, the most suppressed women might not even be allowed to work. Hence, if a programme's first priority is to allow households to sustain a livelihood and not women's empowerment, perhaps overall coverage should be given priority over female participation, and access should be made non-exclusive.

- Social factors and power dynamics decisively determine programme impact

Paying benefits directly to women might be a way to increase their agency in the household and empower them. For example, Esser, Bilo, and Tebaldi (2019) report that a study in Brazil found that paying the government's social welfare programme, *Bolsa Família*, to women increased their decision-making power in urban areas. Furthermore, this might induce positive spillovers to non-beneficiaries (e.g. young girls) through a role model effect, a mechanism observed in India by Beaman et al. (2012) when studying the effect of reserving some political positions for women. However, there also comes a considerable risk with openly promoting women in this way in patriarchal societies. Esser, Bilo, and Tebaldi (2019) also report that in rural areas, women's decision-making power did not increase or even decreased in response to directly receiving *Bolsa Família* benefits. Furthermore, exclusive access might lead to stigmatisation of women participating in the programme and impinge on community approval of the programme. This is because the notion of it being socially unacceptable for a woman to be the household's major breadwinner is still prevalent in the region. Moreover, Esser, Bilo, and Tebaldi (2019) caution that some studies show that when women are the main cash recipients, they may face a greater risk of physical violence, emotional abuse and controlling behaviour from their partners.

Source: Authors' elaboration.

Box 17. The varying challenges and context-specificity faced by women in our category ‘widows or single women’

For the sake of analytical simplicity we have nested under the category ‘widows or single women’ three different categories of women made particularly vulnerable given that they live in highly patriarchal societies in which not living with a husband or father often implies less access to rights (including property management and inheritance rights), status and opportunities (including those related to access to basic services and to the labour market). These three categories are: deserted and/or divorced women; widows; and single women. The vulnerability of all such groups of women derive from the same root cause: they live in patriarchal societies where women often have limited access to education, job opportunities and property rights, and are thus heavily dependent on a male’s income.

According to the World Bank’s Managing Assets indicator, 45 per cent of South Asian economies are accounted for by gender differences in property and inheritance laws—which makes the subregion the second worst in the world, just ahead of the Middle East and North African region (Almodóvar-Reteguis 2019). At the same time, at the meso level, women’s status in South Asia tends to depend on the extent to which they have a male figure to which they can be related: and unmarried women and women who do not live with their father are more often subject to several forms of violence and social marginalisation (Anwar, Cho, and Ashiq 2016).

Yet there are different nuances to how and how much each of these three groups internalises these patriarchal challenges. Widows, for instance, tend not to be as shamed and harassed by society as divorced or abandoned women often are (though, it must be remarked, in some cases they are subjected to extreme forms of violence like, for instance, the criminalized ritual murder of widows known as Sati in India). All these groups, however, share the same difficulty in finding jobs and providing for themselves. Depending on the context, widows’ in-laws often taken care of them (and often inherit the deceased husband’s property, which could otherwise be left to the widow) (Scalise 2009). Divorced or abandoned women, however, often do not receive due inheritance, and neither are they hosted by their in-laws. Mostly in the case of poor divorced women, it is common that not even their birth families take them back (Ahmed and Ahmmed 2015).

Single women also have their own challenges. In some of the most patriarchal contexts, such as that of Pakistan and Afghanistan (Scalise 2009), remaining single is virtually impossible for most women. Hence, single women in these countries often belong to elites exposed to more tolerant cultural backgrounds and that can afford the social and economic costs of taking this rather unconventional life decision. In Nepal, however, it is very common that daughters whose fathers pass away before they marry are left in a rather precarious situation, neither being able to marry nor to provide for themselves as single women—a phenomenon that is more dramatic among poor families and which is believed to be one of the main drivers of female child labour. Hence, a Nepali Supreme Court decision of 2010 acknowledged this peculiarity and determined the creation of a grant for young single women, the Single Women’s Allowance (SWA). Until then, the country only had grants to widows and single women aged 60 years and over (Women’s UN Report Network 2011).

It is also important to highlight that our classification of programmes that target widows, single and divorced/abandoned women was made such that only programmes particularly designed to explicitly tackle the above-mentioned gender challenges were classified as such. Therefore, programmes that provide forms of non-contributory disability or old-age pensions that could be inherited by the heirs of a deceased person, for instance, were not labelled as targeting ‘widows or single women’, even though widows tend to benefit from such programmes. This is because we understand that such benefits are mostly thought to provide for a person’s heirs, irrespective of their gender, rather than to tackle gender imbalances. This methodological choice is naturally not without its problems, since in cases such as Afghanistan’s MDPP—which has a component that awards a grant to the heirs of men who die in armed conflicts—the high prevalence of widows as beneficiaries is not exactly an explicit outcome of the programme set to mitigate gender-biased property and inheritance laws but, rather, a way to provide for the heirs of the deceased, irrespective of their gender.

Source: Authors’ elaboration.

Except for the SWA, all programmes targeting widows or single women in our sample either only grant priority or restrict access to them through a specific stream. The SWA represents a single-component programme that provides a monthly cash transfer to single women. India's MGNREGA is an example of the former, as it only grants priority enrolment to women, including widowed and abandoned women. The latter case can be illustrated by Bangladesh's PFDS and Pakistan's PBM, for instance—both of which have specific streams for widows or single women (GoBa 2019; Rahman and Khaled 2012; Gol 2013b) and mothers. Six of these programmes target this group exclusively, and only Nepal's KEP merely gives priority in enrolment to such women. Bangladesh's MAPLM and India's PMMVY consist of a grant to mothers during breastfeeding, conditional on scheduled perinatal medical visits. In addition, the Bangladeshi programme requires a non-binding verbal commitment from mothers for their family planning to include a maximum of two children. In the case of the Indian programmes, mothers are also required to meet certain conditionalities such as obtaining birth certificates for their children. Nepal's *Aama* programme also provides cash transfers conditional on attendance at scheduled perinatal medical visits and requires pregnant mothers to have an institutional delivery. India's JSY consists of a cash transfer to women who attend perinatal medical appointments and another transfer to the social workers (ASHAs) who actively facilitate access to these health services. Finally, there are two programmes in Sri Lanka targeting pregnant women and young mothers. *Triposha* is an in-kind transfer of food and food supplements (including via vouchers) to mothers and newborns until they are 6 months old, which can be continued until they are 5 years old if they are found to be below a threshold of growth and weight. Somewhat similarly, mothers living in a *Samurdhi/Divineguma* beneficiary household are eligible for the programme's *poshana malla* subcomponent, which provides them with 20 months' worth of food stamps from the beginning of pregnancy until the child completes its first year of life. From this, a monthly food basket can be purchased (Jetha 2014; Khatun, Khan, and Nabi 2012; Gol 2017e; GoN 2017b; Lister et al. 2017; GoS n.d.; Gol 2017b).

For our classification, the PFDS in Bangladesh and the *Aama* programme and KEP in Nepal are somewhat of an exception, as they target both women in general and pregnant women or widows specifically. In the case of the PFDS, this is due to the VGD subcomponent targeting all women of reproductive age and the FfW subcomponent specifically assisting widows. On the other hand, the *Aama* programme in Nepal also benefits women in general besides pregnant women, as any woman (but only a woman) can be an ASHA and receive the cash grant aimed at social workers. Finally, Nepal's KEP prioritises women in general by giving preference to female-headed households, with a special priority for pregnant women and mothers more specifically.

Targeting mechanisms

Defining the target group of a programme is only the first step to reaching the intended beneficiaries. Another crucial step is the choice of one or more targeting mechanisms, a set of procedures to identify those individuals or households who comply with the eligibility criteria set out in advance (e.g. a predetermined level of income, being affected by a specific form of vulnerability, residing in a determined area etc.) (Devereux et al. 2017).

The choice of targeting mechanism is a complex matter determined by context-specificity, data availability, administrative capacity and the legitimacy of available means among society as a whole. Not least, there are ethical and efficiency concerns to be taken into account. Considerations regarding the former might be, among others, to ensure that those reached are the neediest, respecting beneficiaries' rights to privacy and individual life choices, and awareness of the social impact and potential spillover effects on those not covered by the programme. Programme efficiency, on the other hand, is concerned with maximising the cost–benefit ratio (i.e. maximising the impact under the given budget constraints). Additionally, targeting mechanisms are susceptible to exclusion and inclusion errors. The former describes a situation where eligible beneficiaries are erroneously excluded

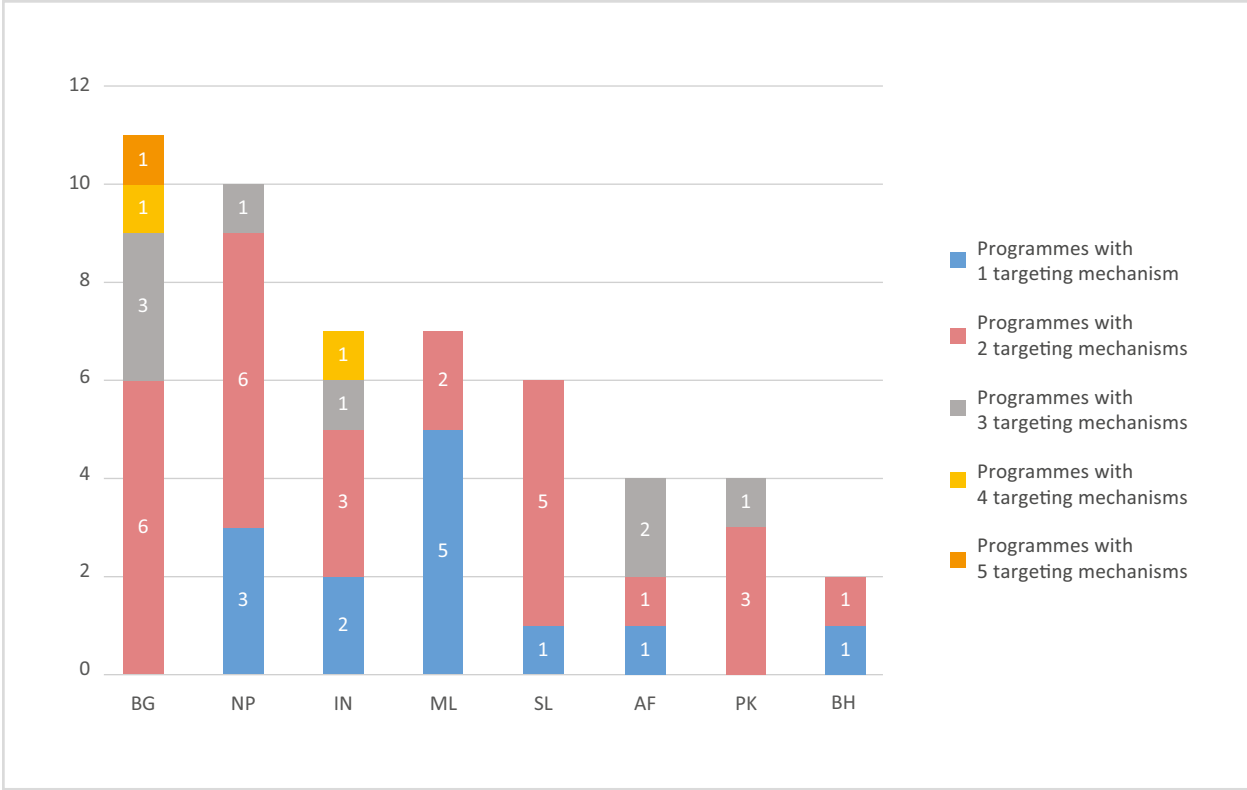
from participation (an ethical concern), while the latter occurs in the opposite case, mistakenly covering formally ineligible beneficiaries (an efficiency concern).

For our study we classify programmes according to the seven types of targeting mechanisms briefly presented below (see Annex 5 for further details). In our classification process, programmes may have more than one targeting mechanism, as selection processes often involve a mix of different targeting mechanisms.

- **Means-testing** is the assessment of applicants' income, assets or wealth. It is assumed to be the most accurate mechanism, but it also tends to be the most data-demanding and expensive one. It may not be suitable for governments with tight budgets and/or poor administrative capacity (ibid.).
- **Proxy means-testing** is the assessment of characteristics assumed to be correlated with poverty, such that an individual or household's income is estimated through easy-to-assess socio-economic information even in the absence of information on income or consumption as such. It is used in contexts where reliable income figures are unavailable (e.g. due to data gaps and where the level of informal employment is high). Using proxy means tests (PMTs) can lead to inclusion and exclusion errors when the characteristics selected (or their attributed weights in the overall scoring system) do not lead to accurate poverty predictions (ibid.).
- **Categorical targeting (CAT)** consists in selecting individuals belonging to a certain category of people using observable characteristics that do not require the collection of a large amount of data (Cirillo, Gyori, and Soares 2017).
- **Geographical targeting (GEO)** consists in selecting as beneficiaries only those individuals or households in a certain area (ibid.). The area can be selected for many reasons, including the highest prevalence of a given form of vulnerability, the feasibility to reach out to some areas rather than others, and even political negotiation. This targeting approach is often cheaper and less complex to define, but it can easily lead to inclusion and exclusion errors, as not all people who live in deprived areas share the same socio-economic profile, nor do all socially deprived people live in the same area. In this way, the smaller the area considered, the better the precision of a geographical targeting approach (Devereux et al. 2017).
- **Community-based targeting (COM)** means that the eligibility assessment is made by the communities in areas where the programme is taking place. This mechanism's main advantages are its use of local knowledge and its lower costs. Also, it can increase the programme's acceptance within the community. However, there is the risk of elite capture, and it is a difficult mechanism to scale up (ibid.).
- **Self-targeting (ST)** means that potential beneficiaries select themselves for a programme. This mechanism is most commonly applied in public works programmes. In such cases, job requirements are basic, and wages are low to avoid discouraging formal and regular jobs (ibid.). An often implicit rule of many ST programmes is that if demand for enrolment is higher than can be accommodated, these initiatives tend to work on a 'first come, first take' basis unless there are priority rules that imply combining ST with other targeting mechanisms.
- **Other targeting mechanisms** is a category that hosts all mechanisms that do not fit any of the above-mentioned categories. In our sample, three different selection mechanisms fall into this category. On the one hand, there are Bhutan's SFP and Bangladesh's SFWs, which mediate eligibility through school committee deliberations. Interestingly, Bhutan's SFP deliberations are oriented towards giving preference to students who live furthest from the school (WFP 2016c). Moreover, India's TPDS, JSY, National Health Protection Scheme (NHPS) and NSAP all assess poverty through multidimensional poverty measures (MPM). Lastly, the CCAP and EZ-Kar in Afghanistan both employ a multidimensional, community-based vulnerability analysis detailed at the end of this chapter (Gol 2014; World Bank and ILO 2017; 3IE 2016).

As illustrated in Figure 12, over half (53 per cent) of the programmes in our sample use two targeting mechanisms to select their beneficiaries. This is true for the region as a whole, as well as for Bangladesh, India, Nepal, Pakistan and Sri Lanka taken individually (Oddsottir 2014; Durrani, Ahmed, and Ahmad 2006; GoA 2012).

Figure 12. Number of programmes by the amount of targeting mechanisms they use, per country



Source: Authors' elaboration based on World Bank (2010; 2015; 2016b; 2016d; 2016e; 2017c, 2; 2017d; 2017e; 2018d, 108), Oddsottir (2014), Swedish International Development Cooperation Agency (2014), Durrani, Ahmed, and Ahmad (2006), Islam (2012), Cho and Ruthbah (2018), GoBa (2016; 2017b; 2017g; 2019; n.d.), Jetha (2014), Rohman (2013), Banerjee et al. (2014), Choudhury and Räder (n.d.), UNICEF (2013), Khan (2014), GoBh (2016; 2017a), Li (2019), WFP (2016; 2017c), Bhattacharya, Falcao, and Puri (2018), GoI (2013a; 2014; 2017d; 2017e; n.d.), GoM (n.d.), 3IE (2016), ADB (2012e), World Bank and ILO (2017), GoN et al. (2015), GoN (2016; 2017a), Rabi et al. (2015), Rana (2012), OPM (2014), ILO (2017a), IDS (2016), Timilsana (2017), GoP (n.d.), IMF (2017) and GoS (n.d.).

Programmes that only use one targeting mechanism are also quite common, accounting for 25 per cent of programmes. Nine of the 13 programmes that only use one targeting mechanism select beneficiaries solely through categorical criteria. In Bhutan, one of the two programmes in our sample uses categorical targeting as the only targeting mechanism. In Maldives, three programmes use only categorical targeting mechanisms (the DAP, HA and OABP), whereas two other initiatives (the FSP and the MW) only use a means test (MT). Furthermore, 30 per cent of Nepalese programmes solely use a categorical targeting approach (Oddsottir 2014; Durrani, Ahmed, and Ahmad 2006; GoA 2012; GoM n.d.; World Bank and ILO 2017; 3IE 2016).

The high prevalence of categorical targeting as the sole targeting mechanism might be due to its simplicity. Apart from geographical targeting (which can be highly inaccurate or even inapplicable for some targeting goals—for example, reaching women or children), this approach likely represents the simplest targeting arrangement for programmes. Yet it is highly flexible as regards the intended target groups and contexts for which it can be applied and might indeed be the most efficient way to target intended beneficiaries in some contexts, as inaccuracies in identifying needy beneficiaries and resulting inclusion errors might be offset by savings in administrative costs. This selection approach also often enjoys the advantage of having more legitimacy among

societies, since categorical features are easily noticeable, hence avoiding suspicions that might arise with more complex forms of selection criteria.

Somewhat intuitively, programmes in our sample with more target groups seem to also come with more targeting mechanisms. In addition, it is worthy of note that some target groups are easier to select and only require one or a few selection mechanisms to be reached, whereas other target groups require more complex selection processes based on multiple selection mechanisms. An example of the former are programmes that target ethnic groups or disaster-prone regions, which might be easily reached through a geographical selection process. On the other hand, targeting poor households often includes some sort of MT or PMT, often combined with additional categorical and/or community-based selection processes. As already stated, most programmes in our sample target poor people.

An interesting case of a programme using geographical targeting is India's MDM, which provides more generous benefits in disaster-prone regions. Whereas the school feeding component only covers children during the school year in most regions, the programme distributes food even during the holidays in drought-affected areas.

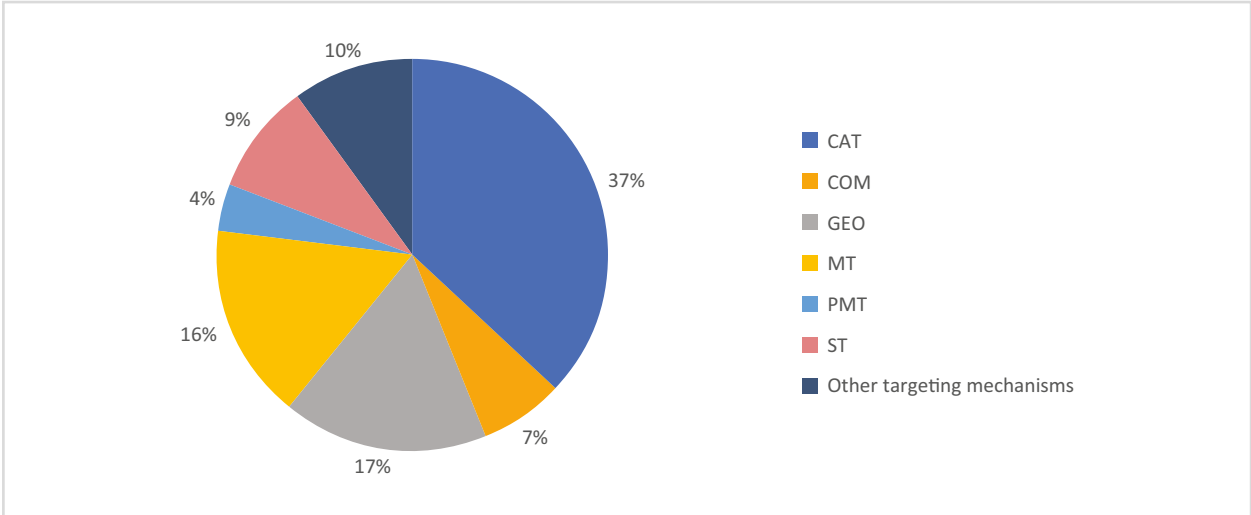
Eight programmes in our sample—three of which are in Bangladesh—use three targeting mechanisms to determine eligibility. The country's SESP and PESP both use a mix of categorical targeting, means-testing and school committee deliberations. As for its OAP, categorical and MT targeting mechanisms are used to select those eligible for participation, whereas community-based decisions are used to determine priority enrolment (Khan 2014; Islam 2012; GoBa 2017b). In Afghanistan, the CCAP and EZ-Kar are interesting, as they both employ three targeting mechanisms in a multi-stage approach: relevant areas with a high number of potential beneficiaries are first selected geographically, followed by a multidimensional vulnerability analysis conducted separately by each community (community targeting and other targeting mechanism) (World Bank 2017c; 2018d).

Bangladesh and India each have one programme that uses four targeting mechanisms, and Bangladesh's EGPP is the sole programme that has five targeting mechanisms to identify its beneficiaries. The programme consists of a single CfW initiative in which applicants are subjected to a multi-layered selection process including GEO, ST, CAT, MT and COM (World Bank 2010; Cho and Ruthbah 2018).

As illustrated in Figure 13, most programmes operate through categorical targeting mechanisms wherein people or households are individually assessed to see if they match the programme's target groups. Although MT and PMT are the most common tools used to identify poor people, all but two programmes that target poor people (the FSP and MW in Maldives) also use other targeting strategies to complement an MT or PMT. This allows programmes to refine their targeting approach to reach poor people who are particularly vulnerable. This is particularly relevant for programmes that cannot possibly enrol all people considered poor under an MT or PMT.

Interestingly, there are eight programmes in our sample that target PHHs but use neither an MT nor a PMT to identify those deemed poor. Bhutan's REAP, for instance, targets poor people, but it does not assess individual households' income or consumption levels through an MT or PMT. Rather, it targets regions with the highest poverty prevalence and grants access to all households within such areas (GoBh 2016). Moreover, the CCAP and EZ-Kar in Afghanistan use a multidimensional vulnerability assessment to identify the poorest households in a community (World Bank 2017c; 2018d).

Figure 13. Social protection targeting mechanisms, South Asia



Source: Authors' elaboration based on World Bank (2010; 2015; 2016b; 2016d; 2016e; 2017c, 2; 2017d; 2017e; 2018d, 108), Oddsdottir (2014), Swedish International Development Cooperation Agency (2014), Durrani, Ahmed, and Ahmad (2006), Islam (2012), Cho and Ruthbah (2018), GoBa (2016; 2017b; 2017g; 2019; n.d.), Jetha (2014), Rohman (2013), Banerjee et al. (2014), Choudhury and Räder (n.d.), UNICEF (2013), Khan (2014), GoBh (2016; 2017a), Li (2019), WFP (2016c; 2017c), Bhattacharya, Falcao, and Puri (2018), Gol (2013a; 2014; 2017d; 2017e; n.d.), GoM (n.d.), 3IE (2016), ADB (2012e), World Bank and ILO (2017), GoN et al. (2015), GoN (2016; 2017a), Rabi et al. (2015), Rana (2012), OPM (2014), ILO (2017a), IDS (2016), Timilsana (2017), GoP (n.d.), IMF (2017) and GoS (n.d.).

As indicated in Box 18, India also represents an interesting case, as it has four programmes that target PHHs (TPDS, JSY, NHPS and NSAP) which, however, do not use an income or consumption-based measure of poverty. Instead, they use an MPM to determine those considered BPL (Socialcops 2016). Since MPMs are not among our categories for classifying targeting mechanisms, we classify the Indian programmes that target BPL populations under 'other targeting mechanisms'.

Box 18. Differentiating between MTs, PMTs and MPMs to understand the peculiarities of Bhutan's Gross National Happiness and the seminal, yet often unnoticed, role of India's TPDS

Saying that a programme selects its beneficiaries through an MT is to say it mediates eligibility based on people's (declared or proved) income or consumption. For our study, we even included as such selection mechanisms that infer people's income or consumption based on their ownership of urban or rural property.

In contexts where this kind of information on income, consumption or capital are not available, this can be estimated through a PMT, which is, basically, an algorithm that predicts/estimates income or consumption based on more readily available socio-economic and demographic information (such as household composition, a family's level of education, ownership of goods and assets, living and working conditions etc.).

Most MPMs look somewhat similar to a PMT, to the extent that they collect several types of socio-economic and demographic information other than income and consumption, and rank people accordingly. The main difference between a PMT and an MPM, however, is that the set of information collected by the former, and the way each piece of information is computed in its algorithm, is meant to rank people in a similar way to as if they were ranked considering solely their income or consumption levels.

An MPM, however, is not bound by this imperative of predicting people's income or consumption level, nor of ranking individuals or households in as close as possible a way to what their distribution would be based on solely income or consumption levels. Hence, MPMs have the liberty to rank people according to broader definitions of well-being not so centred on income and consumption levels as is the case with PMTs.



To further illustrate this argument, let us consider hypothetically applying all three approaches to the same population. In such a case, the distribution of people according to the MT and the PMT would likely be closer than that considering the MT and the MPM. It is true that, depending on the dimensions of well-being prioritised in an MPM, it can lead to a distribution very similar to that of an MT, but this is not mandatory. On the one hand, an MPM can consider aspects such as educational level, job occupation and demographic composition of the household, which are more likely to be correlated with income and consumption measures. However, on the other hand, an MPM can also prioritise aspects often not directly associated with income or consumption patterns, such as freedom of speech and religion, self-declared levels of happiness etc.

Bhutan's Gross National Happiness (GNH), for instance, is a good example of an MPM which is not meant to estimate income or consumption level. Rather, the GNH reflects a broader concept of well-being that encompasses abstract moral, communitarian and spiritual values, among other things. In an interesting study that operationalises an MPM based on the principles of GNH, Alkire, Santos, and Karma (2008) consider over 50 indicators, including: access to meditation, social and cultural activities; participation in religious or cultural rituals; knowledge of traditional dances; the degree of companionship among neighbours and socialisation among friends; perception of the role of moral values such as reciprocity, discipline and lies in the community etc. Due to its sampling limitations, it is impossible to compare the findings of this study to the prevalence of monetary poverty in Bhutan, which is based on a nationally representative survey. Nevertheless, the conclusions of the study seem to corroborate the intuitive expectation that abstract dimensions of well-being might rank people differently than would be the case if considering socio-economic aspects more directly correlated with income or consumption levels.

Despite being renowned for its MPM (the GNH), neither of Bhutan's two programmes in our sample uses it to mediate access. India, for example, uses a mix of categorical targeting and MPMs—easily mistaken for an MT or PMT—to select beneficiaries for many of its programmes that describe themselves as targeting poor people. In India's case, the true nature of its targeting mechanism is further concealed by its name. While most MPMs highlight their multidimensionality in their names (i.e. Alkire and Robles (2017)'s Multidimensional Poverty Index, UNICEF's Multiple Overlapping Deprivations Analysis (Neubourg et al. 2012), Santos and Ura (2008)'s Gross National Happiness Index etc.), India's MPM simply classifies those below its cut off point as below poverty line—BPL (without stating that this is a multidimensional poverty line).

Specifically, India's programmes that target 'poor' people often require people to be accredited as such by having a TPDS card that classifies them as BPL. The way the TPDS classifies people as BPL is thus not by assessing their income or consumption through an MT or by estimating it through a PMT. Rather, the programme undertakes a mix of categorical targeting and MPMs that mirrors a degree of welfare that is not necessarily a proxy of income or consumption levels. Currently, the TPDS classifies people as BPL based on data from the Socio Economic and Caste Census (Gol 2011).

This takes three steps. First, it automatically excludes households that meet certain exclusion criteria (such as owning a motorised vehicle, a Kisan credit card etc.). Second, it includes households with a specific vulnerability that automatically grants BPL status (e.g. manual scavengers, Dalits, households without shelter etc.). Finally, the remaining households are assessed through a score based on a seven-item list of binary criteria, using deprivation indicators such as households with only one room, female-headed households with no adult male member aged 16–59 years etc. (Socialcops 2016).

India's TPDS plays a seminal role in classifying people according to their multidimensional poverty status, even if the programme has always just awarded subsidy benefits to those classified in particularly deprived categories. More interesting, the classification made by the TPDS has historically served (and still serves) as an indicator of people's eligibility for other programmes that target 'poor' people. Until 2013, when the National Food Security Act (NFSA) was approved in India, the TPDS used to classify people as Above Poverty Line (APL), BPL and *Antyodaya Anna Yojana* (AAY). Until 2013, the TPDS would award subsidies to BPL, and even larger ones to people classified as AAY. From 2013 onwards, however, the programme expanded the group of those eligible for the subsidy beyond the BPL population to so-called 'Priority Card Holders', who include BPL but are not limited to them, especially since states have some flexibility to define Priority Card Holders. The change did not affect the AAY, who still receive additional subsidies, since they are considered the most vulnerable.



Although BPL status no longer directly defines those eligible for the TPDS benefit, the programme still classifies people as such, since this is still a reference point for states to use to define who should be considered Priority Card Holders, and since BPL status is still used by other programmes that target poor people to assess eligibility for the programme.

Finally, it is worth highlighting that India has seen many attempts to mainstream income- or consumption-based poverty lines—for instance, the methodology proposed by the Tendulkar Committee. Nevertheless, in practical terms, the MPM approach, classifying people as BPL (and, since 2013, as Priority Card Holders), is still incontestably more instrumental in any policy than any MT or PMT alternative. Despite its importance, however, the BPL/Priority Card Holder targeting approach is criticised for not being synched with any mainstream national poverty measure (Alkire and Seth 2012). Niehaus et al. (2013) point out that not only does the methodology of the BPL approach present vulnerabilities but also that the operation of issuing cards is reportedly dysfunctional and corrupt. In the state of Karnataka 48 per cent of households they interviewed were misclassified, while 75 per cent of their sample reported having paid a bribe in the process of having their cards issued. In a recent cross-country study, Kidd and Athias (2019) found that India's BPL was particularly ineffective and well above the trend line of the other initiatives they assessed.

Source: Authors' elaboration.

Box 19. Methodological note on Afghanistan's MPM and how we classify variables that form PMT and MPM algorithms

Another interesting targeting approach is that used by Afghanistan, consisting of a methodology for the communities to build their own MPMs. To facilitate its commitment to a community-based development process, the CCAP and EZ-Kar in Afghanistan use a so-called vulnerability or well-being analysis as targeting mechanism. This approach does not evaluate a household's neediness along predefined criteria but leaves it to every community to elaborate a ranking of households into four categories: better-off, middle-class, poor and very poor.

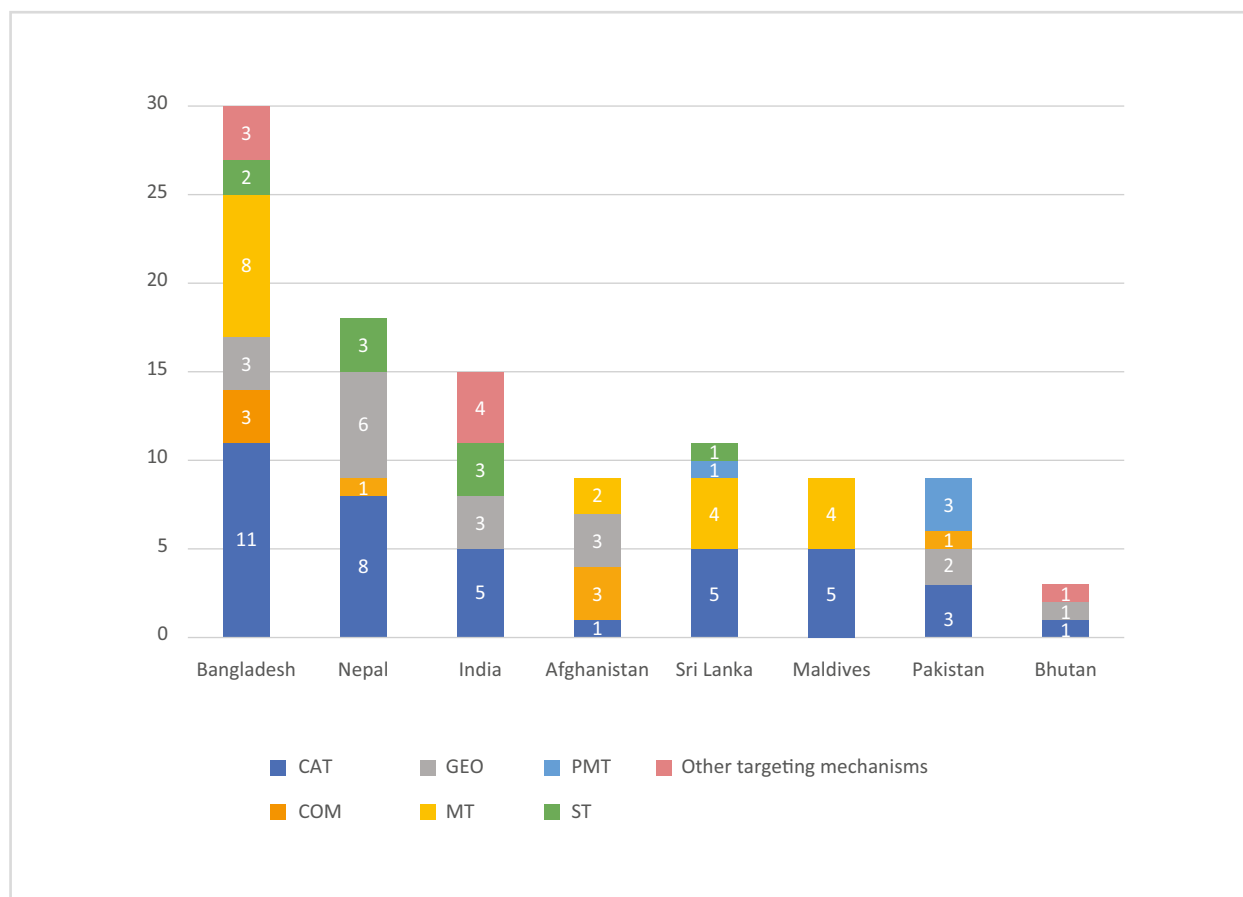
In a first step, a community congregation of 40–60 per cent of all community households from all neighbourhoods and the elected members of the community development council is held. At this meeting, the community determines the criteria used for the vulnerability analysis. First, it identifies the different livelihood means that exist in the community, such as livestock, remittances or labour, and establishes for each of them what it means to be well-off, middle-class, poor and very poor in the community. Once the community has jointly developed the vulnerability criteria regarding livelihoods, it then repeats the process for food security, the provision or taking of loans, type of housing and clothing and, finally, access to services such as health and education. Next, households are assigned to the four vulnerability categories based on fulfilling at least 60 per cent of the category's criteria developed in the step before.

Following consideration of a set of further generic, categorical eligibility criteria and special provisions for displaced people, eligibility for the different components of the CCAP and EZ-Kar is then determined based on category membership: households belonging to the poor and very poor categories are eligible for the CiW streams of the CCAP and EZ-Kar, whereas households in the poorest category without an able-bodied male income earner also qualify for assistance from grain banks set up under the Social Inclusion Grant component of the CCAP. If the number of households exceeds the available target coverage of 35 per cent of all community households, a lottery system is used to determine beneficiaries (World Bank 2017c; 2018d).

Both the Indian and Afghan uses of MPMs also illustrate another methodological point that is important to understand the findings of our analysis. When determining target groups, we do not regard groups considered in the algorithm of a PMT or MPM as target groups per se. This is because no feature considered under a PMT or MPM alone grants access to the programme, and differences in the weighting of the different features would lead to bias in our classification. However, consistent with this reasoning, single automatic inclusion criteria that grant guaranteed access to the programme do describe groups explicitly targeted by the programme in our methodology. Therefore, while disability is considered in India's MPM, this is insufficient to be regarded as targeting PwD, while being a Dalit is an automatic inclusion criterion under programmes employing India's MPM; thus, we define the programmes in question as targeting castes or ethnic groups.

Source: Authors' elaboration.

Figure 14. Programme targeting mechanisms, by country



Source: Authors' elaboration based on World Bank (2010; 2015; 2016b; 2016d; 2016e; 2017c, 2; 2017d; 2017e; 2018d, 108), Oddsdottir (2014), Swedish International Development Cooperation Agency (2014), Durrani, Ahmed, and Ahmad (2006), Islam (2012), Cho and Ruthbah (2018), GoBa (2016; 2017b; 2017g; 2019; n.d.), Jetha (2014), Rohman (2013), Banerjee et al. (2014), Choudhury and Räder (n.d.), UNICEF (2013), Khan (2014), GoBh (2016; 2017a), Li (2019), WFP (2016c; 2017c), Bhattacharya, Falcao, and Puri (2018), GoI (2013a; 2014; 2017d; 2017e; n.d.), GoM (n.d.), 3IE (2016), ADB (2012e), World Bank and ILO (2017), GoN et al. (2015), GoN (2016; 2017a), Rabi et al. (2015), Rana (2012), OPM (2014), ILO (2017a), IDS (2016), Timilsana (2017), GoP (n.d.), IMF (2017) and GoS (n.d.).

Finally, Figure 14 indicates the total number of each targeting mechanisms used by programmes in each country. This indicates that Bangladesh has the greatest variety of targeting mechanisms. The only targeting mechanism not used by Bangladeshi programmes is a PMT. Nine of the country's 11 programmes target PHHs, among other groups, and eight of them use an MT to assess poverty. The PFDS represents the only exception to this rule: it has a food subsidy component targeting PHHs (the OMS), which narrows down eligible beneficiaries solely based on geographical targeting (i.e. enrolling people in the most poverty-prone areas) and leaves a more fine-grained assessment of poverty to the communities (Rahman and Khaled 2012). However, it employs neither an MT nor a PMT. Besides Bangladesh, Pakistan and Afghanistan also employ a variety of targeting mechanisms, given the small number of programmes they have in our sample (both have four).

Conditionalities

In social protection, initiatives can be divided into those that require beneficiaries to adhere to certain behaviours to receive benefits, and those that do not. The former programmes are called 'conditional programmes', and the latter are called 'unconditional programmes'.

Box 20. Conditionality in cash transfer programmes: Advantages and disadvantages

The question of whether to attach conditionalities to a social programme is a highly disputed one and the subject of much academic research. CCTs, for instance, require programme beneficiaries to fulfil a set of conditionalities to receive the transfer, while UCTs provide cash benefits without any further strings attached. As such, the two types of transfer have a somewhat different focus. While UCTs concentrate on the provision of an income effect and give discretion over its use to beneficiaries, CCTs more actively seek changes in behaviour. As such, they not only provide an income effect but also a substitution effect stemming from a change in the allocation of household resources. Specifically, the example of a CCT with school attendance conditionalities illustrates this well: not only does this set-up provide a household with additional income, but it might also affect how the household distributes labour among its members (children might go to school now instead of work) or invests its financial resources (purchasing school supplies, covering school fees etc.).

UCTs, on the other hand, represent a somewhat less 'patriarchal' approach in that they give households full discretion to use the funds where they are most needed. This has the upside that it acknowledges that there might be some pressing needs to be covered before children can be sent to school, such as house repairs or the purchase of food. Meeting these subsistence requirements might be enough to enable households to send their children back to school. On the other hand, providing unconditional funds bears the risk of a non-productive use of these funds or a capture by (most likely male) household heads for their own means. However, an important caveat for the functioning of a CCT is that a programme has the capacity to monitor and enforce compliance with the conditionalities. This demands additional administrative and financial resources that a UCT could use directly for higher transfer values. Additionally, a less expensive approach relying on self-reported data is often inaccurate and provides incentives for applicants/beneficiaries to skew the data to ensure/maintain eligibility. Furthermore, enforcing these conditionalities might discourage certain households from programme participation in the first place. For example, this could be the case if the opportunity costs of complying with conditionalities are high for the poorest households (e.g. long distance to school in rural areas or no safe way to school).

An interesting study comparing the effects of a CCT to those of a UCT among schoolchildren in Malawi was undertaken by Baird, McIntosh, and Ozler (2011). They find that its CCT subcomponents fared better at improving the outcomes they condition on (i.e. school attendance in this case) than the UCT. Interestingly though, the UCT was more effective in influencing outcomes outside the education realm, such as teenage marriage and fertility.

Hence, so-called 'labelled programmes' might be a promising hybrid of both. Morocco's *Tayssir* cash transfer programme is a classic example, since it only 'labels' a cash transfer as conditional (i.e. it instructs households about productive ways of spending their benefits, without actually conditioning future payments on compliance with such suggestions), hence keeping the impression of conditionality and achieving the same outcomes as a CCT without incurring any of the monitoring costs nor risking mistakenly punishing beneficiaries due to monitoring gaps or for non-compliance due to reasons beyond the household's control (Benhassine et al. 2014).

Source: Authors' elaboration.

As indicated in Table 4, most programmes in our sample are unconditional: only around 25 per cent of them are conditional. These conditional programmes are distributed across only 8 of our 17 programme types.

Table 4. Conditional programmes

Basic		Type of programme								Target groups							Targeting mechanisms					Conditionalities				
Country	Programme	UCT	CCT	EFW	HS	UIKT	SCS	PT	HFW	Children	Orphans	Castes and Ethnic groups	PwD	Women	Pregnant & Lactating Mothers	Widow/single women	PHHs	Disaster	Other targeted groups	CAT	GEO	MT	PMT	ST	Other targeting mechanisms	Conditionalities (education, health etc.)
Bangladesh	Primary Education Stipend Programme (PESP)		x							E										E					E	School and annual examination attendance; minimum marks in examination
	Secondary Education Stipend Programme (SESP)		x	x						E							E			E		E			E	School and annual examination attendance; minimum marks in examination; remain unmarried until final examination
	Secondary Education Sector Investment Programme (SESIP)		x	x						E							E			E		E			E	School attendance; obtain minimum marks in examinations; remain unmarried
	Higher Secondary Stipend Programme (HSSP)		x	x						E	P		P	P			E	P	P	E	E	E				School attendance; remain unmarried; continuous study without breaks
India	Janani Suraksha Yojana (JSY)		x								E				E		E		E	E	E			E	E	Give birth in a health facility
	Pradhan Mantri Matritva Vandana Yojana (PMMVY)		x												E					E						Birth registration; childhood immunisation; antenatal care visit
Maldives	Foster Parent Allowances (FPA)		x							E	E								E	E		E				School attendance
	Single Parent Allowance (SPA)		x							E							E			E		E				School attendance
Nepal	Aama/ Safe Mother Programme (AP)		x						x					E	E				E	E				E		Participation in four antenatal care (ANC) visits and institutional delivery
	Scholarships (SCHLR)		x	x						E	E	E	E					E	E	E	E					70 per cent attendance at school



Basic		Type of programme										Target groups							Targeting mechanisms					Conditionality		
Country	Programme	UCT	CCT	EFW	HS	UIKT	SCS	PT	HFV	Children	Orphans	Castes and Ethnic groups	PwD	Women	Pregnant & Lactating Mothers	Widow/single women	PHHs	Disaster	Other targeted groups	CAT	GEO	MT	PMT	ST	Other targeting mechanisms	Conditionality (education, health etc.)
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)	x	x																							WeT: school enrolment with an attendance rate of 70 per cent until completion of primary education
	Pakistan Bait-ul-Mal (PBM)		x	x	x	x	x	x		E	P			E	E						E		E	E		School attendance
	Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project (FATA-TDPER)	x	x																							Attendance at health awareness sessions at one stop shops

Note: Cells marked with an 'E' indicate necessarily eligible groups or targeting mechanisms meant to assess eligibility. Cells marked with a 'P' indicate that a programme's scope is not limited to that given group but, rather, that they gain priority enrolment among those who are eligible. When applied to targeting mechanisms, the 'P' identifies a mechanism used to distinguish those eligible for priority enrolment from the broader set of eligible people.

Source: Authors' elaboration based on GoBa (2016; 2017b; GoI 2017d; 2017e; n.d.), GoM (n.d.), GoN (2017b), Centre for Educational Research and Social Development (CERSOD) (2010), GoP (n.d.; n.d.b; n.d.f) and World Bank (2017e).

It is worth noting that all conditional programmes in our sample have at least one stream that characterises them as a CCT, even if they have other streams pertaining to other programme types (hence, CCT is the only category whose total in Figure 15 adds up to 100 per cent). One reason for the predominance of CCTs among conditional programmes in our sample might be that a cash component is relatively easy to add to most programme designs and, thus, might be the easiest to combine among our conditional programme types. Another related reason might be that many programme types require, or their efficiency at least benefits from, an additional cash component. For example, as financial constraints are often the most pressing issue for poor families, providing them with cash on the side might be essential for them to take advantage of an EFW programme in the first place. This is because the cash component might substitute for the loss in family income incurred by sending a child (back) to school instead of using it as a child labourer or for household chores. Especially when trying to target girls, this might be a relevant concern.

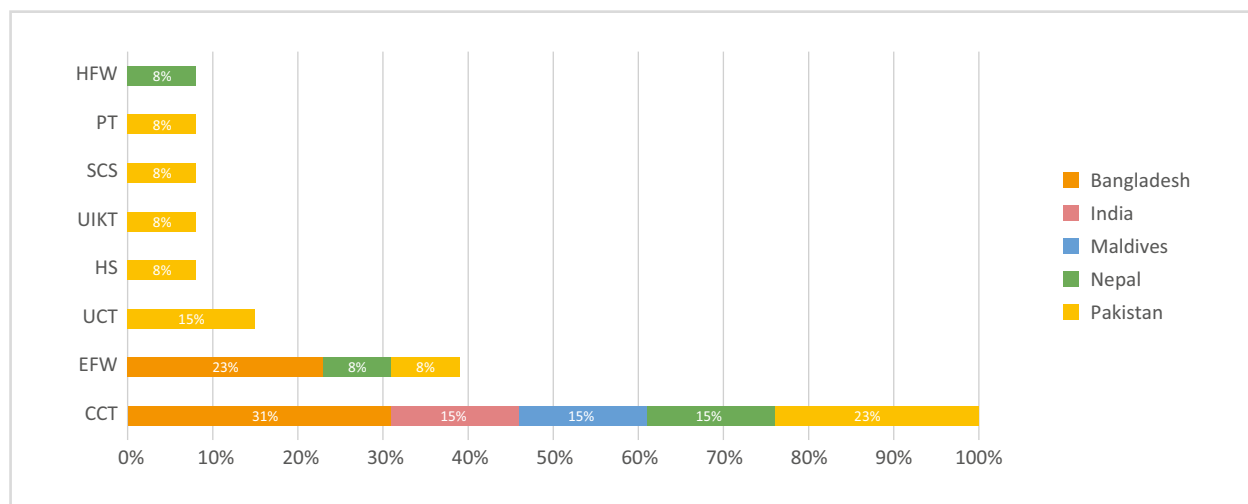
It is interesting to note that Pakistan's BISP and FATA-TDPER are both classified as a CCT and a UCT. Though apparently paradoxical, this reflects the fact that such programmes have more than one stream, both conditional and unconditional. The BISP, for instance, used to be only a UCT, but since 2012 a conditional subcomponent was added— WeT—for promoting children's school enrolment and attendance, and this specific component requires that children have at least 70 per cent attendance at school (World Bank 2017c).

Another example of a programme that is considered both a CCT and a UCT is Pakistan's FATA-TDPER. This initiative has three subcomponents: the Early Recovery Package, including the Early Recovery Grant; the Livelihood Support Grant; and the Child Wellness Grant. In general, this programme and all its subcomponents can be characterised as a shock-responsive initiative, which yields seasonal (non-continuous) benefits to temporarily displaced households

from five FATA agencies (North Waziristan, South Waziristan, Orakzai, Kurram and Khyber). Moreover, all households in these areas with children aged 0–2 years old are eligible for the Child Wellness Grant, irrespective of their displacement status. The programme is meant to support the early recovery of families affected by the military crisis, to promote child health and to strengthen the government’s service delivery capacity in affected federally administered tribal areas. The first two subcomponents of FATA-TDPER include UCTs, whereas the third one is a CCT conditional on beneficiaries’ attendance at health awareness sessions at one stop shops (World Bank 2017d).

Another apparent paradox of our classification is that of Pakistan’s PBM, which is listed as a conditional programme even though it is also considered, among other things, a UIKT (see Box 22). We consider this a conditional programme because its Child Support and School for Rehabilitation of Child Labour subcomponents both require beneficiary children to attend schools. Nevertheless, most of its other subcomponents, and particularly its component for Special Friends of Pakistan, which grants in-kind and medical services to PwD, are unconditional.

Figure 15. Proportion of all conditional programmes classified under each programme type, by country



Note: Some programmes are classified as belonging to more than one programme type.

Source: Authors’ elaboration based on GoBa (2016; 2017b; n.d.), GoI (2017d; 2017e), GoM (n.d.), GoN (2017b), CERSOD (2010), GoP (n.d.; n.d.b; n.d.f) and World Bank (2017e).

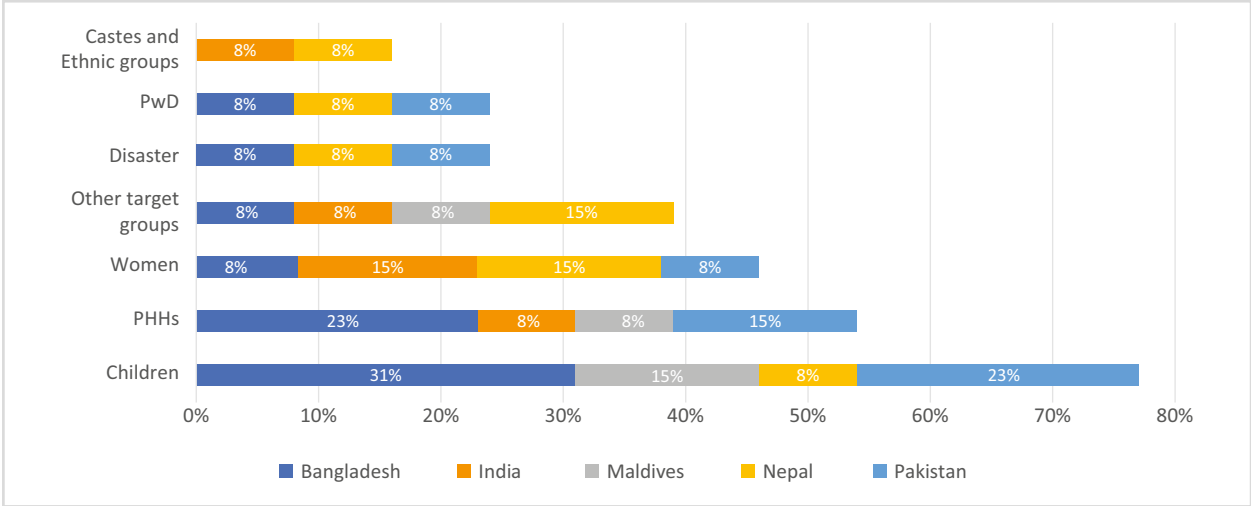
Figure 16 displays the percentage of all conditional programmes in our sample by country and target group (accepting that each programme can have more than one target group). For instance, it shows that programmes targeting PwD in Bangladesh make up 8 per cent of all conditional programmes; this is also the case in both Nepal and Pakistan. The graph also indicates that 77 per cent of conditional programmes target children (either as the sole target group or as one among others). When disaggregating this figure further, it shows that 31 per cent of all conditional programmes in our sample are Bangladeshi initiatives that target children, whereas another 15 per cent and 23 per cent, respectively, account for programmes that target children in Maldives and Pakistan. The scholarships programme is the only conditional initiative targeting children in Nepal. Furthermore, conditional programmes that target PHHs and women are also very prevalent.

Interestingly, no conditional programme in our sample targets the WAG or elderly people. The reason for this likely lies in the nature and objective of programmes targeting these groups. In our sample, programmes targeting the WAG exclusively are CfW initiatives where the focus lies in the programme benefits themselves: providing an opportunity to work and an income source, as opposed to conditional programmes whose actual objective is to steer desirable behaviour, and programme benefits merely represent the incentive to enrol in the programme. Programmes targeting elderly people, on the other hand, are rarely conditional, as their intention is to provide social security in old age,

rather than induce behaviour change late in life. Consistent with this, children experience the opposite treatment, as programmes aim to change life trajectories through behaviour change, most commonly school attendance. Hence, the number of conditional programmes targeting children and the lack thereof for elderly people is unsurprising.

Three of the six conditional programmes targeting women in our sample specifically target pregnant women and lactating mothers. They consist of cash and service benefits to enable beneficiaries to attend perinatal health checks and, therefore, require them to attend scheduled visits and/or deliver institutionally as a conditionality. Two of the other three conditional programmes targeting women (Bangladesh’s HSSP and Pakistan’s BISP subcomponent called WeT) only include priority enrolment for women but do not limit access solely to this group. As for Pakistan’s PBM, the subcomponent that made us classify it as targeting women does not involve any conditionality. The only subcomponent of this programme involving any conditionalities is the one targeting children of school age and requiring them to attend at least 70 per cent of classes (GoBa 2017b; World Bank 2017c; GoP n.d.).

Figure 16. Proportion of all conditional programmes targeting each group, by country



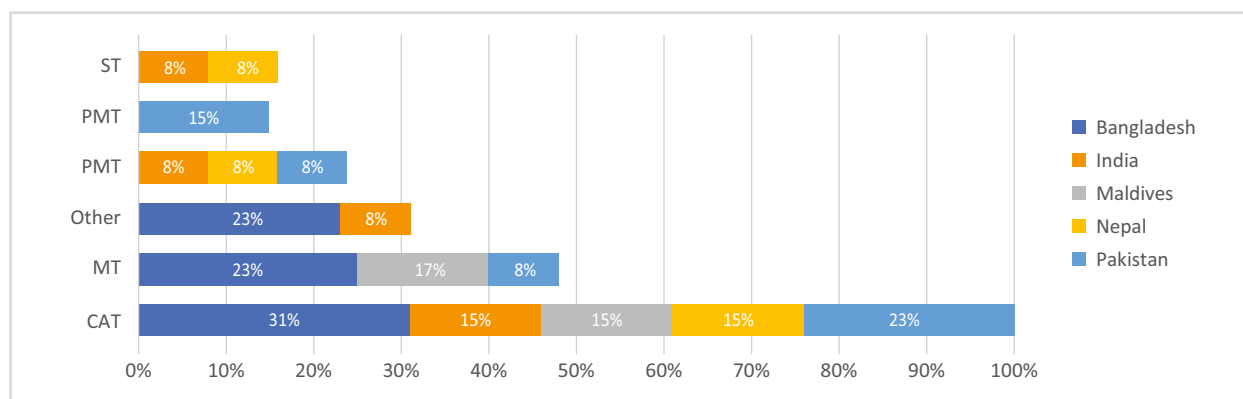
Note: Some programmes target more than one group.

Source: Authors’ elaboration based on GoBa (2016; 2017b; n.d.), Gol (2017d; 2017e), (GoM n.d.), GoN (2017b), CERSOD (2010), GoP (n.d.; n.d.b; n.d.f) and World Bank (2017e).

Figure 17 indicates the percentage of conditional programmes for each targeting mechanism by country. This means that each bar indicates the percentage of conditional programmes that apply each targeting mechanism, accepting that programmes can use more than one targeting mechanism, as already seen in previous sections. The colour scheme of each bar allows for further disaggregation by country. For instance, 8 per cent of conditional programmes that use geographical targeting are Indian programmes, and another 8 per cent each are Pakistani and Nepalese initiatives.

All conditional programmes select beneficiaries through categorical criteria, either as a stand-alone procedure or in conjunction with others. Another common targeting mechanism for conditional programmes is means-testing. Moreover, among the conditional programmes targeting through ‘other means,’ deliberations by school boards are the most common form of selection process, which is mostly due to Bangladesh’s CCTs and EFWs aimed at improving school enrolment and attendance. In addition, it is worth noting that no programme that uses a community-based targeting mechanism to reach its target beneficiaries has conditionalities. Since community-based targeting is often both an effort to grant more autonomy to subsidiary levels when determining beneficiaries and a way to simplify high-level programme administration, it seems logical not to hinder these effects by imposing conditionalities that need to be monitored and enforced and require a certain administrative capacity to do so.

Figure 17. Percentage of all conditional programmes that use each kind of targeting mechanisms, by country



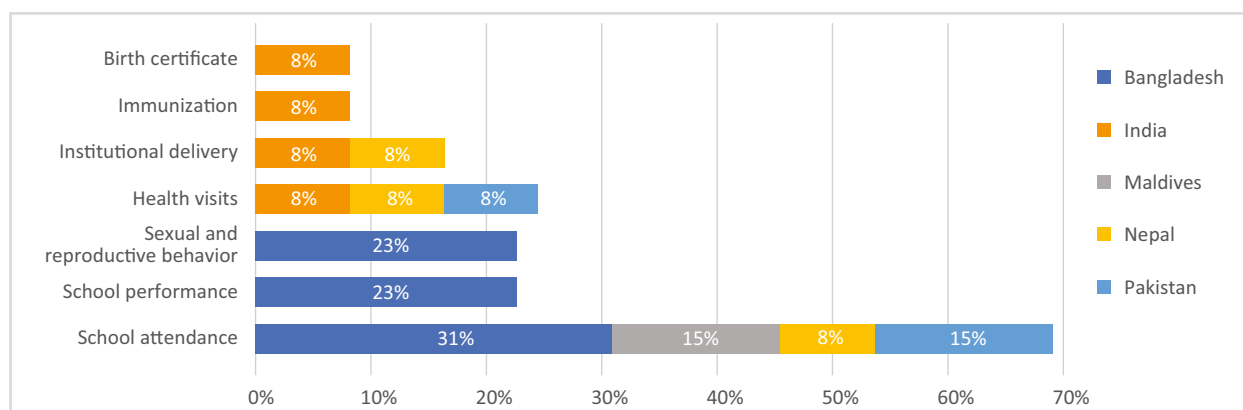
Note: Some programmes use more than one targeting mechanism.

Source: Authors' elaboration based on GoBa (2016; 2017b; n.d.), Gol (2017d; 2017e), GoM (n.d.), GoN (2017b), CERSOD (2010), GoP (n.d.; n.d.b; n.d.f) and World Bank (2017e).

The 13 conditional programmes in our sample require beneficiaries to meet seven different kinds of conditionality, as illustrated in Figure 18. Seven conditional programmes in our sample only impose one type of conditionality, most often in the area of education (i.e. attendance and, less often, performance). India's JSY is the sole programme that only requires beneficiaries to meet a single health-related conditionality (i.e. beneficiaries are required to give birth in a health facility). Considering all conditional programmes, regardless of how many conditionalities they require, most are still related to education. Only four programmes impose conditionalities related to health (India's JSY and PMMVY, Nepal's *Aama* programme and Pakistan's FATA-TDPR), and a single programme, India's PMMVY, requires beneficiaries to have birth certificates issued to their children (GoBa 2016). In the previously discussed case of Nepal's CG, birth certification is a precondition for enrolment in the programme, and not a conditionality as such. Hence, for such cases we do not classify the programmes as conditional, even though we caution against the risk that such requirements, in the absence of due support to issue necessary documentation, might actually restrict enrolment.

India's PMMVY is also an interesting exception in that it employs a 'gradual' conditionality. This means that the cash grant is paid out in three tranches on reaching certain milestones.¹⁹ This is crucially different from our standard definition of conditionality, as it does not require beneficiaries to fulfil all conditions before payment of the whole amount but rewards fulfilment of even only a part of conditionalities with payment of a share of the total grant.

Figure 18. Percentage of conditional programmes per kind of conditionality they require



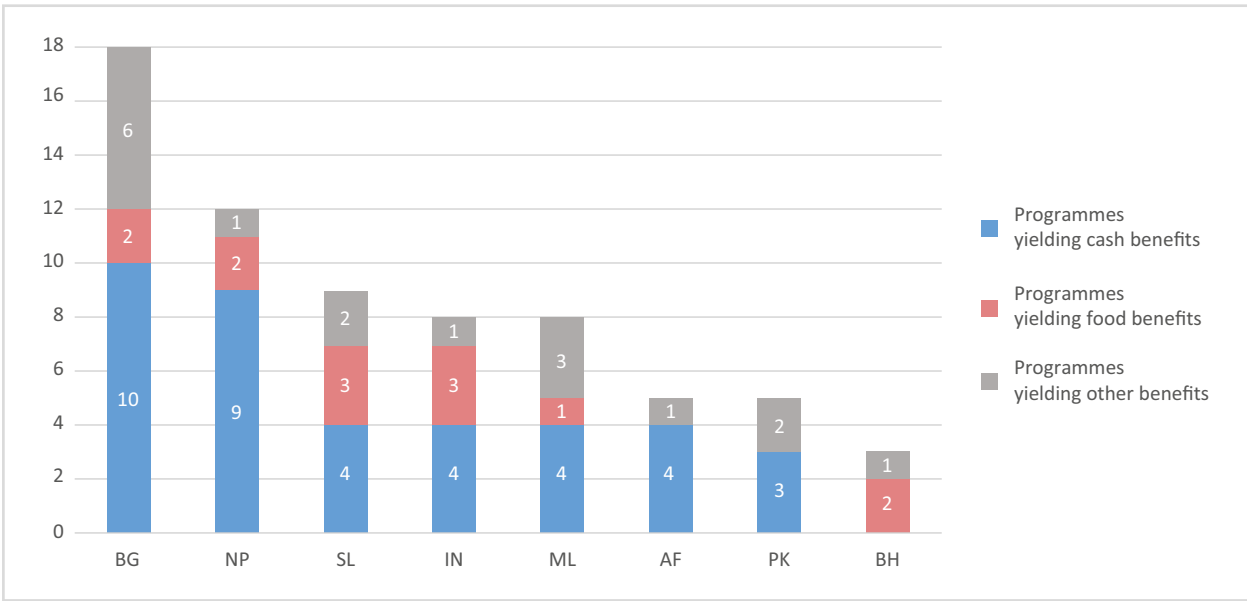
Source: Authors' elaboration based on GoBa (2016; 2017b; n.d.), Gol (2017d; 2017e), GoM (n.d.), GoN (2017b), CERSOD (2010), GoP (n.d.; n.d.b; n.d.f) and World Bank (2017e).

Finally, it is worth noting that the three Bangladeshi programmes that require conditionalities related to sexual and reproductive behaviour do not include means to enforce them. In this sense, they can be considered ‘soft conditionalities’: Bangladesh’s SESP, SESIP and HSSP require beneficiaries to verbally commit to not marry or fall pregnant until they conclude their studies. This, however, is a non-binding commitment, and the programme has no way to exclude beneficiaries who fail to comply (GoBa 2016). Given the highly controversial aspect of interfering in such an intimate aspect of beneficiaries’ lives, this is unsurprising.

Types of benefit and delivery mechanism

To classify programmes by benefit type, we use three categories: programmes that award cash; programmes that award food; and those that award other kinds of benefits. Two thirds of programmes in our sample only deliver one of these three benefits (see Annex 6 for further details). By saying that a programme just awards one kind of benefit, however, we do not mean that it has a flat benefit formula,²⁰ nor that such programmes do not have different benefit packages for different groups or due to different programme subcomponents. It just means that, even if the programme awards varying levels of benefits to different beneficiaries with different profiles or enrolled in different subcomponents, all such benefits are provided solely in cash, solely in food or solely in other form.

Figure 19. Number of programmes that award each kind of benefit, by country



Note: Programmes that award benefits of more than one kind are counted more than once.

Source: Authors’ elaboration based on World Bank (2010; 2015; 2016b; 2016d; 2016e; 2017a; 2017b; 2017c, 2; 2018b; 2018d, 108; 2019a), Oddsdottir (2014), GoA (2018; n.d.), Durrani, Ahmed, and Ahmad (2006), GoBa (2016; 2017b; 2017f; 2017g), Hossain and Ali (2017), Anwar, Cho, and Ashiq (2016), Jetha (2014), ILO (2015), Begun and Wesumperuma (2013), Rohman 2013; Osmani 2018; Choudhury and Räder 2014; WFP 2011; 2016a; 2016c; 2017a; 2017d; UNICEF (2013), GoBh (2016; 2017a; 2017b), Bhattacharya, Falcao, and Puri (2018), Puri (2017), Gol (2010; 2013a; 2014; 2017e; n.d.; n.d.b; n.d.e; n.d.g; n.d.h), Breitkreuz et al. (2017), GoM (n.d.; n.d.c), 3IE (2016), World Bank and ILO (2017), ADB (2012f), GoN (2017a), GoN et al. (2015), Rabi et al. (2015), IDS (2016), Hagen-Zankar and Mallett (2015), Rana (2012), OPM (2014), Harris, McCord, and KC (2013), ILO (2017a), GoP (n.d.; n.d.b; n.d.c; n.d.d; n.d.f; n.d.i; n.d.j), Alderman, Gentilini, and Yemtsov (2018), IPS (2016), Tilakaratna and Jayawardana (2015), ADB (2012g), UNESCAP (2015) and GoS (n.d.; n.d.c).

Sri Lanka’s Public Welfare Assistance Allowance (PAMA), for instance, awards a cash grant with a varying benefit level ranging from LKR250 to LKR500 per month depending on the number of dependents (up to five). Hence, these benefits vary in value but not in type. India’s TPDS, which only awards food benefits, is also illustrative, since beneficiaries considered Priority Card Holders receive a lower subsidy to purchase food than those considered AAY, yet, in both cases, the benefits are solely food-based (UNESCAP 2015; Gol 2017a; n.d.; Puri 2017).

Seven of the 16 programmes that award more than one kind of benefit are in Bangladesh (the MAPLM, PFDS, SFP-PA, PESP, SESP, SESIP, and HSSP), two each are in Sri Lanka (the *Divineguma* and NSPwD) and Nepal (the *Aama* programme and RCIW), and Bhutan, India, Maldives, Pakistan and Afghanistan each have one programme awarding more than one kind of benefit (the REAP, NSAP, DAP, PBM and CCAP). Sri Lanka's *Divineguma* is an interesting case, since it provides cash- and food-based benefits, as well as a number of other benefits. While it is often depicted as a UCT, these additional benefits are arguably more interesting to beneficiaries than the low value of the cash transfer itself. Such additional benefits include social security/insurance provisions (for the birth of children, marriage, hospitalisation and death), housing assistance, nutritional and microfinance support, as well as a livelihoods component. In addition, the programme also provides a monthly food basket to pregnant women and young mothers (Hossain 2018; GoBa 2009; 2016; 2017b; 2017c; 2017e; World Bank 2013b; 2013c; 2016f; GoN 2017b; ILO 2017a; GoI 2014; GoM n.d.; GoP n.d.; n.d.b; n.d.i; n.d.j; GoM n.d.; Alderman, Gentilini, and Yemtsov 2018, 1; GoS 2016a; n.d.).

Figure 19 illustrates the number of programmes per kind of benefit for each country, accepting that programmes that award more than one kind of benefit can be counted more than once. This shows that 38 programmes (75 per cent of the programmes in our sample) award cash transfers. Of these, 24 programmes award only cash-based benefits. Cash-based benefits are the most prevalent at both regional and national levels, except in Bhutan, which does not have any programmes awarding cash benefits in our sample.

Food-based benefits are less prevalent in our sample, yet they exist in all countries but Pakistan. The majority of programmes that distribute food are classified as SFPs, followed by those classified as targeted food subsidies (FS), then UIKT and FfW. The delivery of in-kind and, more specifically, food-based benefits is the subject of considerable debate. Nevertheless, there is relative consensus on the desirability of SFPs for both improving children's food security and stimulating school enrolment and attendance. Thus, it is concerning that we found no record of flagship SFPs for Afghanistan, Maldives or Pakistan. It is commendable that all flagship SFPs in our sample are meant to deliver meals to all students in a class, as opposed to distinguishing between eligible and ineligible students in the same class.

While Bhutan's SFP only delivers food in the form of school meals to its beneficiaries, it is worth pointing out that the supply side of the programme uses a twofold strategy: the government provides non-perishable commodities to schools in-kind, along with a certain amount in cash for every child covered. Schools use this cash component to procure perishable commodities to supply the SFP programme.

In a way, the idea of combining an SFP with a cash transfer might also be an option to consider when providing benefits directly to beneficiaries. Specifically, a cash transfer on top of the school feeding component might safeguard food security also at home. The advantage of implementing this through a cash transfer or food vouchers as opposed to in-kind might be that it allows households to purchase perishable commodities as needed and stockpile/defer purchase for times of food insecurity—for example, outside the school year or during the dry season. However, this would also come with several potential pitfalls such as capture of the funds or use for unintended purposes, along with additional administrative effort.

Afghanistan's CCAP pursues an interestingly different approach to providing food assistance. Based on the vulnerability analysis detailed in Box 19, households in the poorest category without an able-bodied male income earner who could participate in the CCAP's CfW scheme are eligible for assistance under a Social Inclusion Grant (SIG). Importantly, these funds are provided in the form of a 'matching grant' aiming to promote community philanthropy and strengthen local buy-in into the programme's mission. One half of the programme funding comes from donations from community members, and the other half from government contributions matching the donated funds up to a certain maximum amount. This money is used to set up food/grain banks that deliver food to the most vulnerable households in the community according to need (World Bank 2017b).

On the one hand, this approach has the virtue of being flexible enough to suit local needs and might stimulate social solidarity. Additionally, it exemplifies an effort to promote local ownership of a food support programme with the prospect of creating structured demand and more local support for the programme. It also specifically aims to provide a safety net for those households not covered by the CfW programme. Hence, the CfW and SIG together present a more extensive social protection initiative than just a CfW alone, as they reduce the likelihood of omitting vulnerable household from assistance schemes. On the other hand, this set-up might be exposed to the risk of being captured by local elites (as there is little high-level oversight, and funds are managed in communities and include donations) and is dependent on charity, which might come at a political cost. In addition, the shared funding structure depends heavily on *ad hoc* philanthropy, which, in the long term, should be considered with some caution, since funding might be volatile and hence jeopardise the sustainability of the programme. Therefore, only time will tell if this innovative set-up proves a viable alternative to other CfW and FS programmes and more common funding mechanisms.

Box 21. Positive impacts of universal school feeding programmes

SFPs have multiple positive impacts: beyond tackling hunger and malnutrition, they also teach healthy eating habits, support education goals (e.g. contribute to school attendance, better learning outcomes and reduced school dropouts) and alleviate poor households' financial hardship. Furthermore, if food for school meals is procured locally, the programmes also support the local economy and promote food security (WFP 2017c).

An important question that remains though is whether to cover all children in a school universally or target only those most in need. Arguably, universal SFPs might have a high level of inclusion errors—that is, they subsidise meals for children not in need. In such cases the alternative—targeting children from the poorest families—might have the advantage of focusing financial resources on the programme's intended target group. Thus, it might allow governments to subsidise meals more heavily or expand geographical coverage for the same number of needy children covered.

However, this approach has a few decisive downsides. First, the degree of inequality among students in a class—especially considering students at public schools in developing countries—might not be significant enough to justify fair differentiation between classmates. Second, and even more important, determining eligibility incurs administrative costs that might even exceed those of universal coverage. Furthermore, it fosters social ostracism by making socio-economic differences visible to all children. This can crucially endanger programme effectiveness, as the stigma associated with receiving subsidised meals might in the worst case lead some children (or their families) to pass on the benefit or stay at home.

Reports from the National School Lunch programme in the United States express this shortcoming as one of the major concerns for the effectiveness of this non-universal programme (Bhatia, Jones, and Reicker 2011). In contrast, universal programme coverage might increase public support for the programme and indeed foster social inclusion, as it promotes equity among the children and provides an opportunity to socialise.

Renowned for such a universal approach to SFPs are Latin America and the Caribbean. With the exception of Chile and Colombia, all countries currently employ a universal approach in which all children enrolled in public schools receive free meals at school, irrespective of economic status or residence (WFP 2017c).

Source: Authors' elaboration.

Benefit types categorised as 'other benefits' comprise a vast set of initiatives such as health care waivers, EFWs, school materials, asset distribution, training, access to health services, assistive devices for PwD and even housing.

Sri Lanka's NSPwD is an example of a programme that, in addition to cash transfers, grants several different distinct benefits under the category 'other benefits'. The in-kind benefits it provides for PwD include: a monthly financial support benefit; self-employment, housing, medical, education and school material assistance; toolkits for self-employment; an allowance for disabled vocational trainees; and assistive devices. As detailed in Box 22, Pakistan's PBM also awards a variety of benefits we classify as 'other benefits' through its five different subcomponents (GoS 2016a; GoP n.d.; n.d.b; n.d.i; n.d.j; World Bank 2013b).

Box 22. The subcomponents and different benefit types of Pakistan's PBM

Pakistan's PBM was created in 1991 (GoP n.d.) and currently comprises five subcomponents, each targeting different audiences and awarding different benefit levels, as described below:

- **Individual Financial Assistance:** Assistance is provided on a first-come, first-served basis to poor people with no source of income (or a monthly income below PKR15,000) and to the following priority groups: victims of a sudden decrease in economic status due to unpredictable circumstances; people living with severe disabilities or illnesses; and widows or divorced/separated women and their children. The value of its benefits varies depending on the type of claim (money for medical treatment is paid directly to government hospitals, and fees directly to government colleges) (ibid.).
- **Women's Empowerment Centres (training):** Each centre accommodates 60–120 trainees, with priority given to poor women and widows with dependent children and no source of income. It grants a benefit of PKR30 per day per trainee (ibid.).
- **Pakistan Bait-ul-Mal School for Rehabilitation of Child Labour:** Each school for rehabilitation accommodates 120 children aged 8–14 who have been engaged in child labour. It yields PKR4,100 per year per student, of which PKR1,200 is an education stipend, PKR500 is destined for purchasing school materials, and PKR2,400 comprises a subsistence allowance for the children's parents (ibid.).
- **Child Support Programme:** This targets BISP/FSP beneficiaries; households with school-attending children aged 5–14; and households below the PMT cut-off point. It grants PKR300 per month to families with one child and PKR600 per month to families with two or more children (ibid.).
- **Special Friends of Pakistan Bait-ul-Mal:** This targets people living with medically certified disabilities. It provides financial assistance of up to PKR10,000 to households with one PwD and PKR25,000 to households with two or more PwD (ibid.).

Source: Authors' elaboration.

For cash-based programmes, it is also relevant to assess how they deliver the cash. When selecting a payment system, governments should pick the one that best combines affordability, safety, reliability and accessibility to beneficiaries. This depends on the programme's objectives, on the local circumstances and on the government's administrative capabilities (Grosh et al. 2008). In this study, we classify the payment modalities according to the following four categories:

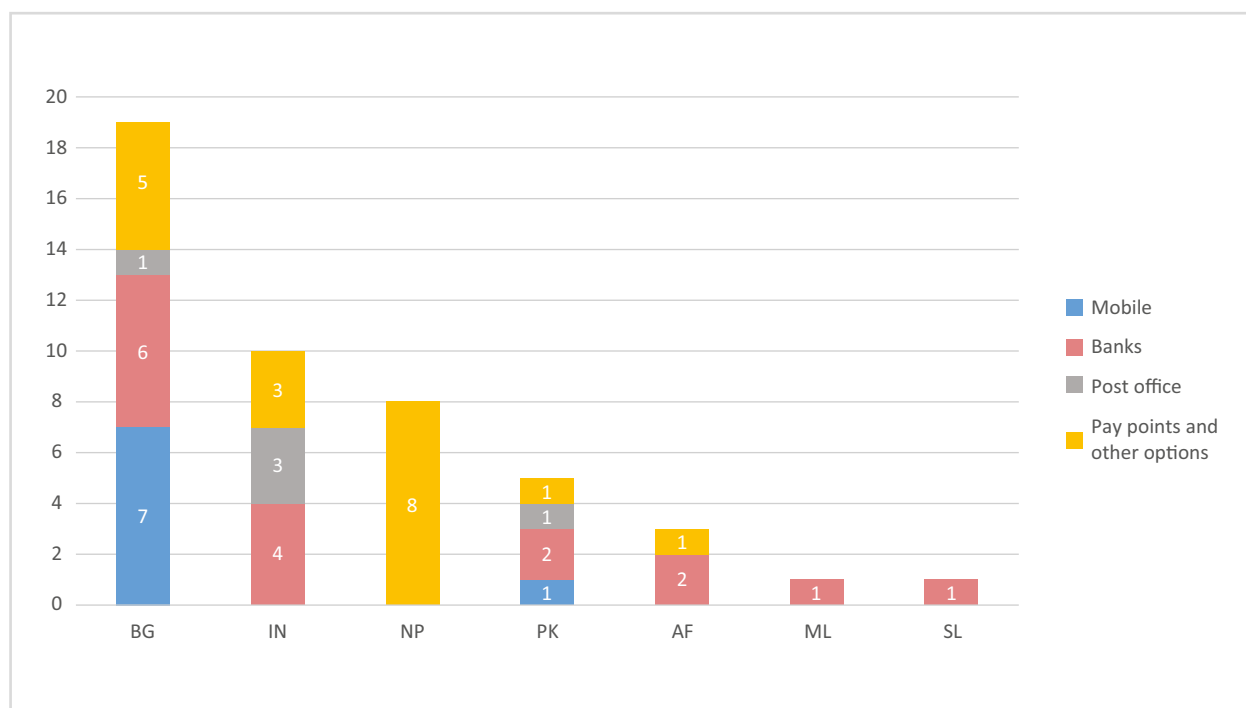
- **Payments made via banks and automatic teller machines (ATMs):** Beyond transferring money to beneficiaries' account, banks can also be used as payment points to handle cash or cash cheques or vouchers. This has the benefit of ensuring the highest level of customer security. If beneficiaries are provided with individual bank accounts for receiving their benefits, this can enable financial inclusion and allow them to withdraw cash at their convenience. The main disadvantage of this modality is that it might incur heavy administrative costs charged by the bank *vis-à-vis* the size of the benefit paid to beneficiaries. Also, bank availability might be a problem, and in such cases transportation costs for withdrawing benefits might be excessive (ibid.).

- **Payments made via post offices:** In many countries post offices also operate as banks and are more available than banks, even in hard-to-reach areas. Usually they hand cash, cash cheques or vouchers to beneficiaries. Such services are often limited to taking place over a few specific days (which might lead to long queues) and do not stimulate financial inclusion. Because beneficiaries have to collect all their benefit at once, this modality is less safe for beneficiaries than payments through banks (ibid.).
- **Payment made via mobile phones:** Mobile payments are a new and rapidly growing alternative payment method, especially in Asia, Europe and Africa. Instead of paying with cash, cheque or credit card, a consumer can use a mobile phone to pay for a wide range of services and digital or hard goods. The service can operate through mobile connection and also through a simple SMS service (Government of Ireland n.d.; Inter Agency Social Protection Assessments Partnership 2015) and can come with or without the creation of a bank account or an equivalent that enables financial inclusion. It might face liquidity challenges if most shops in the beneficiary region are not registered to sell products through mobile transactions. Additionally, network coverage is crucial for obvious reasons.
- **Payments made via pay points and other options:** Service point payment stations can be set up by the government or contracted out to private agencies. This option might be cheaper from an administrative point of view and might be strategically exploited to gather beneficiaries to promote outreach and communication for development on pay days, including by connecting them to other social assistance programmes for which they might be eligible. Nevertheless, this strategy is less secure than some of the other payment modalities, given both the transportation of the cash to the pay point and the beneficiaries' exposure to risk, since they have to take the full benefit amount at once and carry it back home. This modality also has the weakness of requiring all beneficiaries to attend on a scheduled pay day or else wait for another payment period to collect their benefits retroactively. Thus, it encumbers beneficiaries with transportation costs, and, in cases where payment does not always take place on the same date, the regularity of payments can be compromised unless the social workers involved use a very effective communication and outreach strategy to ensure that all beneficiaries are aware of the scheduled day and place for disbursing payments (Grosh et al. 2008).

Figure 20 indicates the number of cash-based programmes that use each of the above-mentioned payment modalities for each country. It is worth noting that 12 of the 38 programmes in our sample that grant cash benefits have more than one payment modality, and 16 deliver payments through only one modality. Unfortunately, we did not find enough information on the payment modality of following 10 cash-based programmes: Afghanistan's EZ-Kar and National Rural Access Programme (NRAP), Maldives' DAP, Foster Parent Allowances (FPA) and SPA, Nepal's AP, Pakistan's PBM and Sri Lanka's Elderly Assistance Programme (EAP), NSPwD and PAMA.

In Figure 20, programmes that have more than one payment modality are counted more than once. This is the case, for instance, for Pakistan's BISP—the sole programme in our sample that provides four different delivery mechanisms through which beneficiaries can receive their benefits (Popalzai n.d.). For contexts where there is no single delivery mechanism that suits all the beneficiaries of a programme, it is commendable that programmes have as many different payment mechanisms as possible to minimise the likelihood of beneficiaries being unnecessarily burdened to collect their benefits. In this regard, India stands out for having at least two different payment mechanisms for each of its cash-based programmes. Offering several payment delivery mechanisms, of course, is only desirable as long as the diversification of delivery mechanisms does not come at the expense of transparent and efficient programme accountability, and that it does not significantly increase the administrative costs of the initiative.

Figure 20. Number of cash-based programmes per payment delivery mechanism, by country



Note: Programmes that use more than one payment modality are counted more than once.

Source: Authors' elaboration based on World Bank (2016b; 2016e; 2016f; 2017a; 2017d; 2018b; 2018d;), GoA (2019; n.d.), Deutsche Welle (2016), GoBa (2017b; 2017d), Jetha (2014), Powell-Jackson, Mazumdar, and Mills (2015), GoI (2013a; 2014; 2017a; 2017e), GoM (n.d.), 3IE (2016, GoN (2017c, OPM (2014), ADB (2012a), Harris, McCord, and KC (2013), IDS (2016), (GoP n.d.) and Alderman, Gentilini, and Yemtsov (2018).

As indicated in Figure 20, most programmes that award cash benefits deliver it through banks or pay points. Bangladesh is the country that most frequently uses banks and mobile technology to transfer cash benefits. The EGPP, for instance, is a CfW programme that preferably pays its benefit through banks, and only resorts to payments via post offices in regions where the contracted bank service is not available (GoBa 2017d).

Nepal is the only country that does not use banks to pay cash benefits. Instead, all its programmes use pay points or other options. Its CG programme, for instance, delivers payments through Village Development Committees (VDCs) and municipalities. This means that all beneficiaries in a certain region have to be informed in advance about when and where payments will take place, and that those who cannot attend have to wait until the following payment round to collect their benefits. Because it is not easy to mobilise beneficiaries for these payment, the CG, the Disability Grant (DG), EIPA, OAA and SWA routinely deliver payments every four months only. Nepal's CfW programme (KEP), however, pays for each day worked every fortnight, since these payments take place at the work sites themselves and, therefore, do not involve complex community mobilisations that would require a longer interval between payments (World Bank 2016e; GoN 2017c; OPM 2014). Ideally, the time interval between payments should not be too long. In the case of Nepal's CG, DG, EIPA, OAA and SWA, for instance, if a beneficiary misses a payment, he or she will be deprived of the grant for eight months at least, thus compromising the initiative's expected outcomes.

It is also worthy of note that Bangladesh, India and Pakistan have the widest variety of payment modalities. Yet, and despite India's good coverage of mobile phone services and the overall high profile of the country when it comes to information technology (IT), it seems like a missed opportunity that not even one of its programmes in our sample delivers cash benefits through mobile phones.

Box 23. The role of IT-backed innovations in social protection in South Asia

There are several ways in which IT can contribute to social protection. Most of them are related to improving the delivery of social protection, either by sharpening identification, targeting and selection mechanisms or by providing more efficient means of delivering in-kind or, mostly, cash benefits. Most of the time, this involves developing automated information systems that integrate the registries of different programmes and/or provide timely information such that a programme can access the individuals and households that would or could benefit the most from it. In South Asia a common feature is that, in many countries, the population is still not registered in a single identification system. To that end, a recent ADB report highlights a Nepali experience that used an inexpensive software solution to collect information on the population and load it into the country's Civil Register database, therefore automatically creating a unique identifier for the interviewees who did not have one yet and, thus, enabling them to request access to the many social protection initiatives run by the Department of Civil Registration (Handayani et al. 2017). Interestingly, because many hilly areas of Nepal do not have adequate internet access, this application was developed such that it could store information offline to be automatically fed into the Civil Register database once enumerators gain access to the internet.

In India the situation is rather different, as even very poor areas tend to have access to mobile phones and the internet. Hence, the country has the means to not only use internet-based solutions for one-off tasks—such as issuing people with a single identifier, as in Nepal—but to actually create internet-based solutions for recurrent processes, such as the selection processes and benefit payments of multiple programmes. Since 2013, India has been mainstreaming the use of the Direct Benefit Transfer, a technological solution that coordinates payments for 428 schemes from 56 ministries. This system serves social protection as well as other forms of schemes, processing payments directly into the bank account of their beneficiaries (GoI n.d.). The Direct Benefit Transfer is developed to operate in harmony with a similar government effort to mainstream a single information system for social protection, the *Aardhar*. This is meant to be a single national information system with relevant socio-economic information on most of the population, such that programmes can proactively identify their eligible audience through this system and enrol them accordingly.

In reality, however, the *Aardhar* still faces many challenges to fully achieve its goal. One of them has to do with the fact that, at the state level, there are many other attempts to consolidate other single information systems, and many existing programmes operate their selection process through these alternative information systems rather than through the *Aardhar*. This is an issue not only because it precludes saving money by having only one information system instead of many, but also because the *Aardhar* misses the opportunity of having its information updated more often by being the platform used by programmes and their beneficiaries for routine operations that serve as opportunities to update the information.

Another problem faced by the *Aardhar* has to do with its disputed role regarding matters related to data privacy and the cost-effectiveness of some technology-intensive features it has chosen to incorporate (i.e. biometric identification). In that regard, an ILO study (Carmona 2018) indicates that benefits tend to be easier to achieve when such IT solutions are employed on a national scale and take advantage of a wide range of uses to ensure cost-efficiency. In the same spirit, a World Bank study (Leipold 2000) suggests that these IT solutions tend to capitalise on their potential the most when conceived and implemented as part of a broader governance structure wherein the stakeholders involved have appropriate incentives to use and support the maintenance of such systems.

Finally, another interesting application of IT in social protection is that of facilitating the work and decision-making of social assistance workers or volunteers, as is the case with *Chile Solidario* (Silva 2014). Especially when they have to choose among a large number of schemes, and when dealing with complex case management or operating Cash Plus initiatives, it can be very useful if social workers can count on the support of case management apps that can show them, based on the beneficiary's information, which social protection services are available and the most appropriate for each case.

Source: Authors' elaboration.

Programmes' unit of analysis/unit of reference

Despite appearing simple, estimating the coverage of programmes for a comparative study is a rather challenging task. This is because programmes vary with respect to the level they target (individual or household), the extent to which they take household composition into account when determining eligibility and benefit levels, and, mostly, whether communication with beneficiaries is direct or through a designated head of household. Whether the programme explicitly targets and engages with the individual or the household defines what we call a programme's unit of analysis. This can be the 'individual' or the 'household'. In addition, we create a third category for programmes that target the individual but whose selection criteria are such that only one person in the household is likely to be eligible at any one time. Such programmes' unit of analysis is classified as 'individual but equivalent to household'.

While the concept of unit of analysis is not one of the characteristics commonly reported by programmes, it is instrumental to better understand their operations and, particularly, to estimate coverage and reduce bias in our estimates. It should thus be noted that in many cases where programmes do not state their unit of analysis clearly, our classifications are somewhat subjective. Generally, these subjective classifications are quite intuitive and obvious, but in certain cases this can become harder. To make our methodology transparent, we discuss the most ambiguous cases and lay out the thought process that informed our decision-making. The crucial question we ask is whether more than one person per household can claim the programme benefits at the same time (even if the benefit is meant and designed to benefit more than one person). If the answer is 'yes', we regard the programme as targeting the individual; if the answer is 'no', we regard it as targeting the household. If the answer is formally 'yes' but in practice this is impossible or highly unlikely, we regard the programme as targeting the individual but being equivalent to household targeting.

Box 24. Pros and cons of having individuals or households as a programme's unit of analysis

Targeting households as opposed to individuals can have its advantages regarding administrative simplicity, the total number of (indirect) beneficiaries and spillover effects. For example, household-level data might be more readily available than individual-level data to determine eligibility. Furthermore, using the household as the unit of analysis allows multiple people to be reached with only one transaction. This also means that such a programme might have more indirect beneficiaries, as benefits might be shared within the household, thus potentially also reaching groups that are not the focus of the programme. Lastly, families can serve as an additional safety net; therefore, targeting the household level might strengthen social ties within the family and improve the effectiveness of and support for the programme.

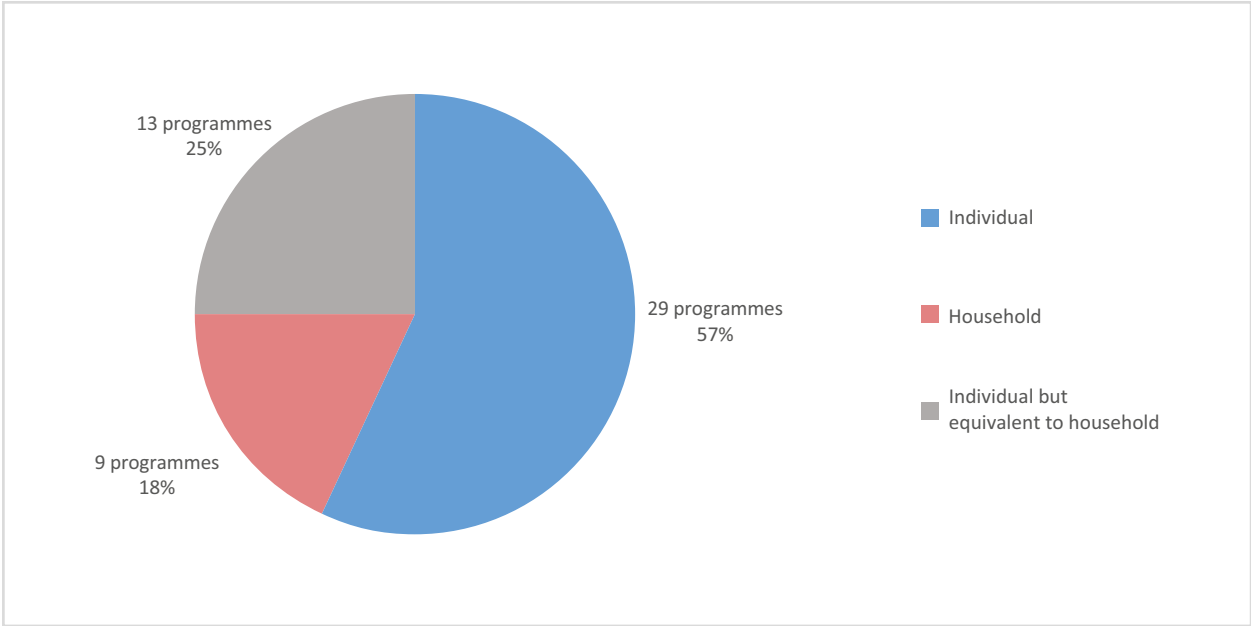
However, targeting households instead of individuals also has multiple potential pitfalls. Distributing money to entire households instead of the intended direct beneficiaries can decrease the benefit amount that effectively reaches the intended beneficiary. Along the same lines, benefit amounts might only increase with the number of eligible beneficiaries per household up to a certain maximum amount. After that, the same benefit amount is shared among more people, which decreases the amount per person. Finally, having households as the unit of analysis might increase the risk of capture of the funds by the household head for means other than what was intended.

Source: Authors' elaboration.

As illustrated in Figure 21 (and further detailed in Annex 7), the majority of programmes in our sample use the individual as their unit of analysis. Programmes that use the individual as their unit of analysis also constitute 50 per cent or more of the national initiatives in five of the eight countries, while the majority of programmes in Pakistan use household targeting (Figure 22). Afghanistan and India represent special cases, as counting their programmes *de facto* operating as if they target the household level results in a majority of programmes using household targeting. Half of the programmes in both Bhutan and Sri Lanka target individuals, while the other half target the household. Conversely, most of the programmes in Bangladesh, Maldives and Nepal operate with the individual as the unit of analysis, both officially and *de facto*.

In India, the only programmes that formally target the household level are the TPDS and the NHPS. On the other hand, the JSY and the PMMVY formally target the individual, but, in practice, we consider them as targeting the household, since it is unlikely that two members of the same household can be eligible at the same time—i.e. two household members being pregnant or lactating at the same time. On the other hand, in Pakistan all but one programme (PBM) target the household (Durrani, Ahmed, and Ahmad 2006; Gol 2017a; 2017d; 2017e; n.d.; Puri 2017; Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) 2017; Powell-Jackson and Hanson 2012; GoM n.d.; GoP n.d.; 3IE 2016).

Figure 21. Programmes' unit of analysis



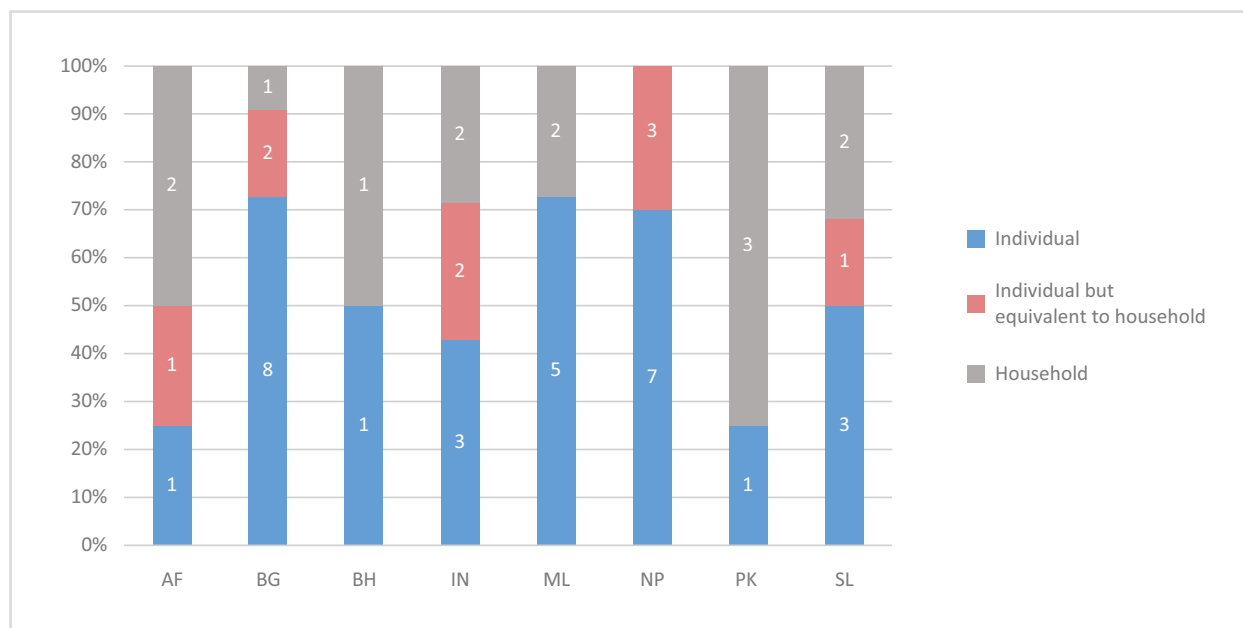
Source: Authors' elaboration based on World Bank (2013a; 2016a; 2016b; 2016f, 7; 2017a; 2017c, 2; 2018b; 2019a), GoA (2018), GoBa (2017f; 2017g; 2018b), Anwar, Cho, and Ashiq (2016), Reza et al. (2017), GoBh (2018), Li (2019), Bhattacharya, Falcao, and Puri (2018), Puri (2017), Gol (2017b; 2018a; 2018b; 2019b; n.d.), Debnath and Sekhri (2017), GIZ (2017), United States Agency for International Development (USAID) (2017), Mukherjee and Arora (2018), GoM (2016; 2017), GoN (2015; 2017a), Personal communication (2017; 2018), UN (2016), Rabi et al. (2015), WFP (2016a; 2017b), GoP (n.d.), IMF (2017), IPS (2016), GoS (2017b) and Alderman, Gentilini, and Yemtsov (2018).

All SFPs in our sample (Bangladesh's SFP-PA, Bhutan's SFP, India's MDM, Nepal's NSMP and Sri Lanka's S-SFP) are good examples of programmes that target the individual, since each beneficiary student has to actually attend school to receive meals, and each student is considered an independent unit covered by the programme (Reza et al. 2017; WFP 2016a; 2016c; GoS 2016b; Gol n.d.; GoM n.d.).

There are several other types of programme that target the individual. India's MGNREGA, for instance, is the world's largest CfW initiative and provides a guaranteed 100 days of work per year (or its money equivalent if work is not available) per person without limiting the number of eligible people per household (Gol 2013b).

The NRAP in Afghanistan is another interesting CfW initiative targeting the unskilled, rural population in the least developed regions. While it formally targets individuals, its targeting mechanism shifts to the household level if there are more eligible people than work opportunities. Unlike the MGNREGA, the NRAP does not compensate beneficiaries if there is not enough work. In such cases, NRAP beneficiaries are selected by community councils. In these circumstances, it would be natural to assume that these councils try to distribute work fairly between households (Durrani, Ahmed, and Ahmad 2006). Yet this procedure is not explicitly enforced by the programme's guidelines, nor is this exception in the targeting mechanism regularly required. Hence, we classify the programme as targeting individuals.

Figure 22. Proportion of programmes' unit of analysis, by country



Source: Authors' elaboration based on World Bank (2013a; 2016a; 2016b; 2016f, 7; 2017a; 2017c, 2; 2018b; 2019a), GoA (2018), GoBa (2017f; 2017g; 2018b), Anwar, Cho, and Ashiq (2016), Reza et al. (2017), GoBh (2018), Li (2019), Bhattacharya, Falcao, and Puri (2018), Puri (2017), Gol (2017b; 2018a; 2018b; 2019b; n.d.), Debnath and Sekhri (2017), GIZ (2017), USAID (2017), Mukherjee and Arora (2018), GoM (2016; 2017), GoN (2017a), Personal communication 2017; 2018), UN (2016), Rabi et al. (2015), WFP (2016a; 2017b), GoN (2015), GoP (n.d.), IMF (2017), IPS (2016), GoS (2017b) and Alderman, Gentilini, and Yemtsov 2018).

The MDPP in Afghanistan also warrants a special note in our classification. It pays out a disability grant to individuals but also provides benefits to surviving families of martyrs. As the latter best represents our notion of non-contributory social protection for this study, we take this subcomponent as indicative for our classification and mark the programme as targeting the household level.

NCHI and FS are types of programmes that usually target the household level, with the notable exception of the two NCHI schemes in Maldives—the MW for basic health services and the HA for more complex health services—and some streams of Bangladesh's PFDS. In India the TPDS is a targeted initiative whose demand-side operation consists of enabling eligible households to procure certain food and cooking items at designated shops at subsidised prices. The selection is made at the household level, even though the benefit (i.e. the amount of subsidised food that households can purchase at the designated shops) varies with the number of household members. Just like the TPDS, all other programmes in our sample that target the household provide benefits that vary with the composition of the household and the vulnerability of its members, though in most cases there is a maximum number of eligible household members after which the benefit stops increasing (GoM n.d.; n.d.c; Rahman and Khaled 2012; Gol 2017a; n.d.; Puri 2017; GoBa 2017c).

Sri Lanka's NSPwD is another interesting case of an initiative that targets households. It provides PwD with a vast set of cash, in-kind and service benefits. These benefits increase according to the number of household members meeting a certain vulnerability profile and with the specific need of each person in the household. Grants exist for those in need of medical assistance, educational assistance, employment assistance, housing assistance and assistive devices, and there is a cash transfer subcomponent to mitigate income and consumption deprivations. Still, we classify the NSPwD as targeting the household for the following reasons: the programme does not select individuals but entire households, even though benefits vary depending on a household's composition. While grants increase with the number of household members with the above-mentioned needs, there exists a stipulated ceiling per household. Furthermore, and most important for our categorisation efforts, the selection of beneficiaries does not

regard a per capita poverty threshold but conducts selection based on a flat household poverty threshold. Lastly, its selection process prioritises households with more than one eligible PwD (World Bank 2016f; GoM n.d.).

A special case in our sample is the FPA in Maldives. Its aim is to provide orphans and their foster parents with a cash transfer conditional on school attendance. However, the cash transfer is split into one part benefiting the child and another one targeting the foster parents. While in the strictest sense the FPA targets children living with foster parents, we decide to classify it as targeting the household level, as the programme in its entirety directly benefits all household members through dedicated transfers. It is thus an example of an initiative with the benefit of a group of individuals (i.e. orphans) at its core but reaching this target through a more comprehensive approach aimed at other household members as well.

Bangladesh's four programmes that combine EFWs and CCTs to promote school enrolment and attendance are also informative for the way the unit of analysis reflects the extent to which beneficiaries are deemed capable of handling benefits themselves, as opposed to having a family member manage them on their behalf. Bangladesh's three initiatives for secondary and higher secondary education students—SESP, SESIP and HSSP—target the individual and can pay the benefits directly to them.²¹ However, since the direct beneficiaries of the PESP are too young to manage the benefits themselves, this programme stands out as being the sole Bangladeshi initiative that considers the household and not the individual as its unit of analysis. Therefore, even though it awards individual benefits per child in primary education, the head of the family is the person meant to seek this benefit on behalf of his or her children, and the programme's grant is paid to the parents (GoBa 2017b; 2017d).

As mentioned before, programmes classified as 'targeting the individual but equivalent to the household' are those that target the individual in theory, but in practice it is either very unlikely or impossible for more than one person in the household to be eligible at any one time. For example, this is the case with maternity grants, such as the MAPLM in Bangladesh, or programmes targeting single women or widows, such as Nepal's SWA. Moreover, in cases where eligibility is mediated by household-level income thresholds that are equal to or less than the value provided to one eligible individual, enrolment of more than one person per household becomes virtually impossible, since the benefits received count towards the income threshold. This is the case for Sri Lanka's NSPwD in our sample. Here, the programme specifies an income eligibility threshold of LKR3,000 and pays out LKR5,000 to beneficiaries. Thus, once any household member enrolls in the programme, no other household members are eligible; with the benefits counting towards the income threshold, the household now exceeds the stipulated threshold of LKR3,000.

In our sample, the other programmes considered 'targeting the individual but equivalent to the household' tend to be programmes targeting pregnant and lactating women, such as Bangladesh's MAPLM, Nepal's AP and India's JSY and PMMVY. Programmes 'targeting the individual but equivalent to the household' also include initiatives for single women, such as Nepal's SWA, and for widowed or deserted women, such as Bangladesh's Husband-Deserted, Widowed and Destitute Women's Allowance (HWDWA) (Jetha 2014; GoN 2017b; Gol 2017d; 2017e; World Bank 2016e; GoBa 2019).

Lastly, we want to provide a methodological note on our classification of the CCAP and EZ-Kar in Afghanistan. Both provide formal employment to up to three adults per household; however, the total amount of employment is capped at 40 days of work per household (World Bank 2017b). As this effectively limits the total benefit amount attainable for any one household regardless of the number of household members contributing towards it, we designate the EZ-Kar as 'targeting the individual but equivalent to the household'. The CCAP, on the other hand, also comprises the SIG, which provides food assistance to those particularly vulnerable households not covered by the CfW scheme. Taking into account the full scope of the programme, we, therefore, mark the CCAP as targeting the household level.

Programme coverage

Having understood the dilemmas in identifying a programme's unit of analysis and how we have chosen to deal with complex cases, it is important to make an attempt at comparing coverage estimates for our sample of programmes.

Throughout our analysis, we use the latest available yearly coverage figures. If only a total coverage figure is reported instead of yearly figures, we calculate yearly coverage as the yearly mean of total coverage. For example, this is the case for Nepal's AP. A further challenge for our estimates is the unit in which coverage is reported. Some programmes express their coverage as the number of households covered, whereas others present it in terms of individuals. There is no easy solution for making comparisons across programmes that use different targeting units of reference. For that reason, we express programme coverage through the following two proxies, each with their own biases and limitations.

First, we express coverage in terms of cardholders—which means the number of beneficiary registration cards given to each unit of analysis (be it individuals or households) enrolled in the programme.²² This is a common approach for comparing programmes operating with different units of analysis. Displaying coverage in this way, however, equates the number of households covered to the number of individuals covered. This has the consequence of underestimating the number of individuals benefited by household-targeted programmes even in cases where these household-targeted programmes award benefits that vary with the composition of the household and the vulnerability of its members—as is the case with all programmes in our sample. This underreporting bias can be illustrated by looking at India's NHPS, which is one of only two household-targeted programmes in our sample (the other one being the FPA in Maldives) that provides coverage figures in terms of households (41 million) and individuals (130 million) (GIZ 2017; USAID 2017; Gol n.d.; Mukherjee and Arora 2018).

A second approach to mitigate the problem of underreporting bias that is less suited to compare all programmes, though, is to divide the sample by unit of reference (individual or household/*de facto* household). However, we had to make a methodological exception to this second approach to accommodate programmes such as Pakistan's BISP and Prime Minister's National Health Programme (PMNHP) or Sri Lanka's PAMA. Although they use households as their unit of analysis, we only found coverage figures for them expressed in terms of total number of individuals—which makes it unclear whether they count as individuals all the members of enrolled households or only the members of beneficiary households that are taken into consideration for determining the programme's benefit. Such programmes that use households as their unit of reference but only provide coverage in terms of individuals will be treated as if the individual were their unit of reference. (GoP n.d.; n.d.g; World Bank 2016f). Additionally, we were unable to find coverage figures for Afghanistan's NRAP, as this programme's focus is the implementation of infrastructure projects, and the CfW initiative only comprises an ancillary component for which information is hard to obtain. Table 5 indicates the programmes that use the household as their unit of reference and highlights those that only provide coverage figures in terms of individual beneficiaries.

Another exception will have to be made for Nepal's RCIW, which, despite considering the individual as its unit of reference, only provides coverage figures for the number of households (Rabi et al. 2015). Hence, this programme's coverage will be presented along with those programmes that use households as their unit of reference.

Regarding issues arising due to different ways to express coverage, it is also illustrative to discuss the case of Bangladesh's PFDS and EGPP. The coverage figures provided in official reports do not adhere to the conventional standards described above but are reported in man/months. Our understanding is that this is a labour unit denoting one month's labour, irrespective of how many different individuals have contributed to the total. As such, it is a more accurate estimate of the amount of work created than the number of individuals only; however, it poses a serious impediment to comparability between programmes. For the sake of comparability, for both the PFDS and the EGPP we rely on individual coverage reported by the World Bank (2016a). For the PFDS, this has two core limitations. First, it does not include three of the eight subcomponents of the PFDS (i.e. the GR, WFM and FA). Second, it does not take into account a large overlap across subcomponents. According to personal communications, this overlap can potentially be so large as to result in our reported coverage figures being much higher than what they are in reality. Hence, before we even start this coverage analysis, it is important to emphasise the need for programmes to report coverage in as many units as possible, though always including the total number of beneficiaries per year, as this represents the most common unit and allows for comparability between programmes.

Table 5. Programmes that use the household as their unit of reference, and whether they provide coverage figures for households or individuals

Country	Programme name	Provides coverage figures for households? [Y/N]
Afghanistan	Citizens' Charter Afghanistan Project	Yes
	Martyrs and Disabled Pension Programme (MDPP)	No
Bangladesh	Primary Education Stipend Programme (PESP)	No
Bhutan	Rural Economy Advancement Programme (REAP)	Yes
India	Targeted Public Distribution System (TPDS)	Yes
	National Health Protection Scheme (NHPS)	Yes
Maldives	Food Subsidy Programme (FSP)	No
	Foster Parent Allowance (FPA)	Yes
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)	No
	Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project (FATA-TDPER)	Yes
	Prime Minister's National Health Programme (PMNHP)	No
Sri Lanka	<i>Divineguma</i>	Yes
	Public Welfare Assistance Allowance (PAMA)	No

Source: Authors' elaboration based on World Bank (2016b; 2017a; 2017c), GoBh (2018), Bhattacharya, Falcao, and Puri (2018), Puri (2017), GIZ (2017), USAID (2017), Gol (n.d.), Mukherjee and Arora (2018), GoM (2016) and GoS (2017b).

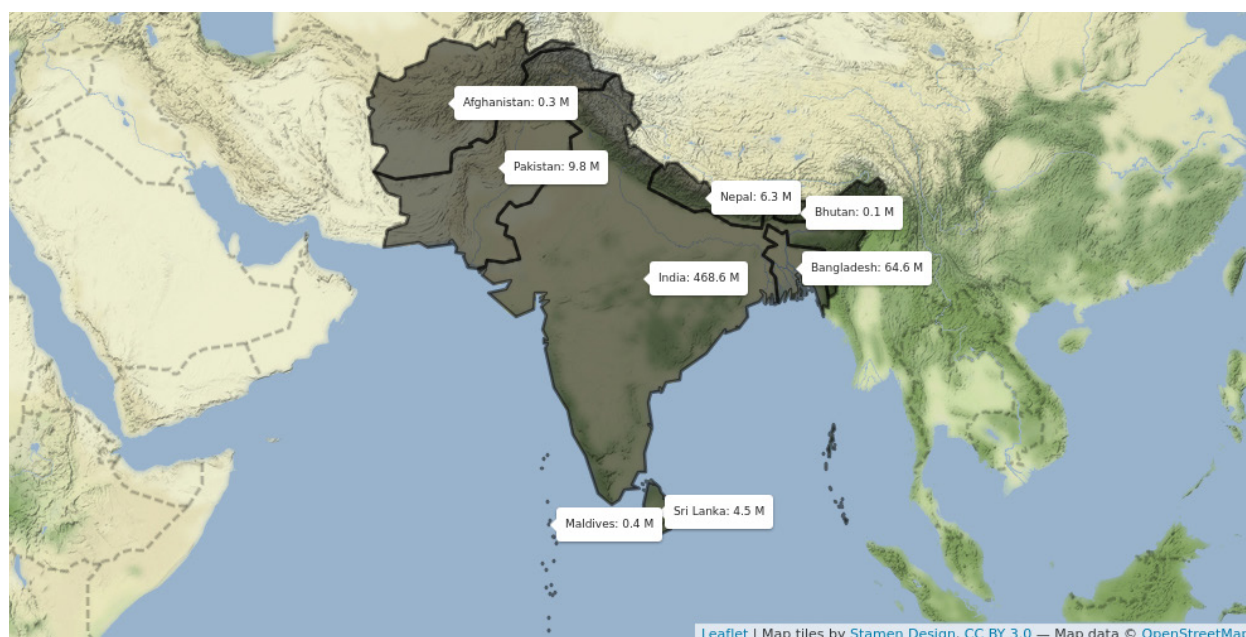
Number of cardholders

As illustrated in Map 2 and Figure 23, our sample adds up to a total coverage of 545.6 million cardholders,²³ of whom the majority (84 per cent) are beneficiaries of Indian programmes, followed by 12 per cent who are beneficiaries of programmes in Bangladesh. The total numbers of cardholders in the remaining countries (Afghanistan, Bhutan, Maldives, Nepal, Pakistan and Sri Lanka) together add up to a mere 4 per cent of the total number of cardholders in our sample for South Asia. Panel B of Figure 23 thus disaggregates the group of 'others'. It becomes evident that, even considering the sample excluding India and Bangladesh, programmes in Afghanistan, Maldives and Bhutan only make up a tiny fraction of the total number of cardholders.

This drastic difference in terms of proportional coverage between India, and to some degree also Bangladesh, and all the other countries makes sense when comparing population sizes: India covers 75 per cent of the region's total population, while Bangladesh has the third largest population in the region but has the largest number of programmes in our sample (World Bank n.d.). While Pakistan has a larger population than Bangladesh, it is the country with the fewest flagship programmes in our sample²⁴ besides Bhutan, which might explain its comparatively small proportion of cardholders in the region. Similarly, Maldives and Bhutan are by far South Asia's smallest countries, with Bhutan additionally having the fewest programmes in our sample. The low coverage rates found for Afghanistan, however, might be indicative of a particularly pressing need to expand coverage of programmes. Despite having a population over 70 times larger than that of Maldives, our sample indicates that Afghanistan has 25 per cent fewer social protection cardholders than the island nation.²⁵

Figure 24 illustrates the proportion of cardholders in each programme as a percentage of all cardholders in each country. This excludes the following five programmes whose total number of cardholders is less than 0.5 per cent of the total number of cardholders for their respective countries: India's PMMVY; Maldives' FSP and FPA; and Nepal's DG and EIPA. Additionally, it does not include the NRAP in Afghanistan due to missing coverage information. It is interesting to note that two countries have programmes that alone represent 90 per cent or more of the total cardholders in their respective countries. Maldives' HA accounts for 90 per cent of that country's cardholders. In Bhutan, for which our sample only includes two programmes, there is the highest imbalance, with the SFP accounting for 99 per cent of the country's cardholders.

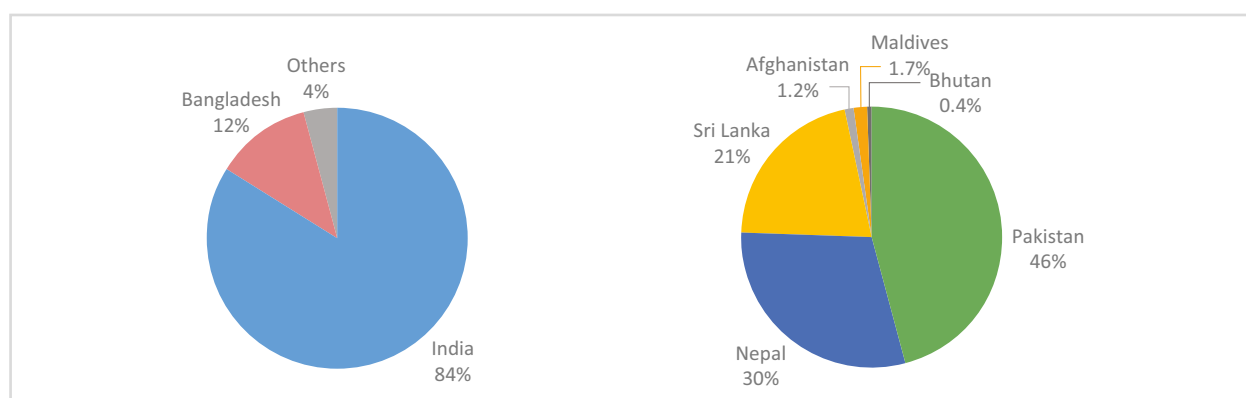
Map 2. Number of cardholders by country, in millions



Source: Authors' elaboration based on World Bank (2013a; 2016a; 2016b; 2016f, 7; 2017a; 2017c, 2; 2018b; 2019a), GoA (2018), GoBa (2017f; 2017g; 2018b), Anwar, Cho, and Ashiq (2016), Reza et al. (2017), GoBh (2018), Li (2019), Bhattacharya, Falcao, and Puri (2018), Puri (2017), Gol (2017b; 2018a; 2018b; 2019b; n.d.), Debnath and Sekhri (2017), GIZ (2017), USAID (2017), Mukherjee and Arora (2018), GoM (2016; 2017), GoN (2015; 2017a), Personal communication (2017; 2018), UN (2016), Rabi et al. (2015), WFP (2016a; 2017b), GoP (n.d.), IMF (2017), IPS (2016), GoS (2017b) and Alderman, Gentilini, and Yemtsov (2018).

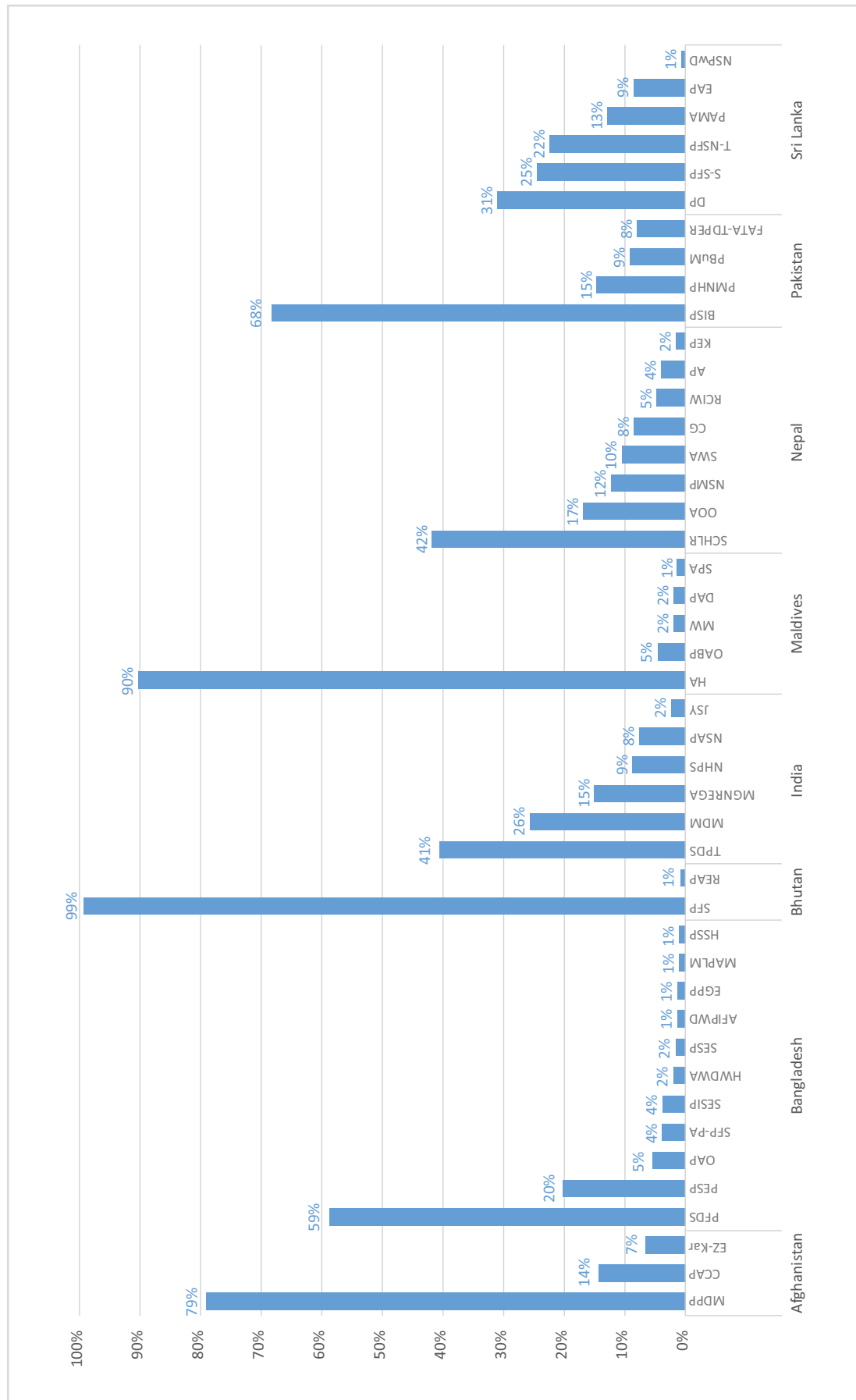
There is no clear correlation between specific programme types and widest coverage across the countries. In Sri Lanka the programme with the largest number of cardholders is *Divineguma*, a Cash Plus UCT in which the grant is arguably not the most important benefit. In Pakistan it is the BISP, which has both UCT and CCT components. In Nepal the leading programme in terms of coverage estimated through the number of cardholders is the SCHRL, a CCT and EFW. In Maldives the largest number of cardholders are enrolled in the HA, a NCHI. In India and Bangladesh the most cardholders are enrolled in FS programmes, the TPDS and the PFDS, respectively. In Bhutan the largest number of cardholders are enrolled in its SFP. And in Afghanistan the largest number of cardholders are enrolled in the MDPP, an UCT.

Figure 23. Number of cardholders by country as a percentage of total cardholders in South Asia (A) and as a percentage of all cardholders excluding India and Bangladesh (B)



Source: Authors' elaboration based on World Bank (2013a; 2016a; 2016b; 2016f, 7; 2017a; 2017c, 2; 2018b; 2019a), GoA (2018), GoBa (2017f; 2017g; 2018b), Anwar, Cho, and Ashiq (2016), Reza et al. (2017), GoBh (2018), Li (2019), Bhattacharya, Falcao, and Puri (2018), Puri (2017), Gol (2017b; 2018a; 2018b; 2019b; n.d.), Debnath and Sekhri (2017), GIZ (2017), USAID (2017), Mukherjee and Arora (2018), GoM (2016; 2017), GoN (2015; 2017a), Personal communication (2017; 2018), UN (2016), Rabi et al. (2015), WFP (2016a; 2017b), GoP (n.d.), IMF (2017), IPS (2016), GoS (2017b) and Alderman, Gentilini, and Yemtsov (2018).

Figure 24. Programme cardholders as a percentage of each country's total number of cardholders



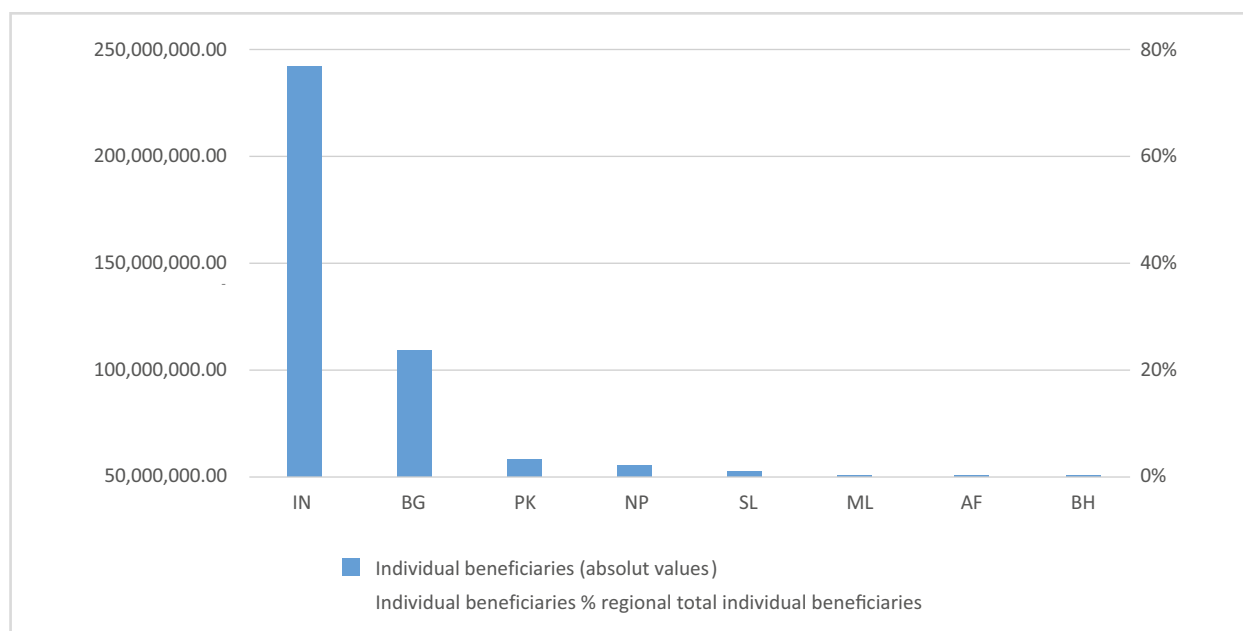
Source: Authors' elaboration based on World Bank (2013a; 2016a; 2016b; 2016f; 2016g; 2017a; 2017c; 2; 2017a; 2017c; 2; 2018b; 2019a), GoA (2018), GoBa (2017f; 2017g; 2018b), Anwar, Cho, and Ashiq (2016), Feza et al. (2017), GoBh (2018), Li (2019), Bhattacharya, Falcao, and Puri (2017), Gol (2017b; 2018a; 2018b; 2019b; n.d.), Debnath and Sekhri (2017), USAID (2017), USAID (2017), Mukherjee and Arora (2018), GoM (2016; 2017), GoN (2015; 2017a), Personal communication (2017; 2018), UN (2016), Rabi et al. (2015), WFP (2016a; 2017b), GoP (n.d.), IMF (2017), IPS (2016), GoS (2017b) and Alderman, Gentilini, and Yemtsov (2018).

When we differentiate between programmes targeting the individual (including those ‘targeting the individual but equivalent to the household’) versus those targeting the household level, we find that 54 per cent of cardholders are beneficiaries of programmes that have the individual as their unit of reference (i.e. 54 per cent of cardholders are individuals), and the remaining 46 per cent are beneficiaries of programmes that have households as their unit of reference (i.e. 46 per cent of cardholders are households).

Disaggregating coverage by programmes’ units of reference

The direct beneficiaries covered by our sample total circa 321 million. As indicated in Figure 25, considering only the subset of programmes that target individuals (including those whose unit of analysis is considered ‘targeting the individual but equivalent to the household’; as well as those centred around the household but that also report coverage in terms of individuals), India stands out for having the highest coverage, followed by Bangladesh and Pakistan.²⁶ This is no surprise, since these countries have the largest populations in the region.

Figure 25. Countries’ direct individual beneficiaries, absolute values and as a percentage of the total number of individual beneficiaries in the region



Source: Authors’ elaboration based on World Bank (2013a; 2016a; 2016b; 2016f, 7; 2017a; 2017c, 2; 2018b; 2019a), GoA (2018), GoBa (2017f; 2017g; 2018b), Anwar, Cho, and Ashiq (2016), Reza et al. (2017), GoBh (2018), Li (2019), Bhattacharya, Falcao, and Puri (2018), Puri (2017), Gol (2017b; 2018a; 2018b; 2019b; n.d.), Debnath and Sekhri (2017), GIZ (2017), USAID (2017), Mukherjee and Arora (2018), GoM (2016; 2017), GoN (2015; 2017a), Personal communication (2017; 2018), UN (2016), Rabi et al. (2015), WFP (2016a; 2017b), GoP (n.d.), IMF (2017), IPS (2016), GoS (2017b) and Alderman, Gentilini, and Yemtsov (2018).

Looking at the subset of programmes that have the household as their unit of analysis and that express their coverage in this unit of analysis²⁷ (see Table 5), India alone covers 98.9 per cent of all household beneficiaries in the region, mostly through the TPDS and the NHPS. Around 82 per cent of India’s household programme beneficiaries are covered by the TPDS, while the remaining 18 per cent are covered by the NHPS. Among household beneficiaries outside India, 56 per cent are in Sri Lanka, followed by 31 per cent in Pakistan and 12 per cent in Nepal. Even excluding India from the subset, beneficiary households in Afghanistan, Bangladesh, Bhutan and Maldives together represent only 1.5 per cent of all household beneficiaries in the region.

In a sense, this small coverage for Bhutan and Maldives mirrors their small populations. It also shows that programmes targeting households are not predominant in any of these countries, as is also the case in Bangladesh.

Hence, the low coverage figures for programmes targeting households in these countries should not lead to any conclusion about a more generalised lack of coverage in such countries. Afghanistan, however, has a much bigger population than that of Bhutan and Maldives, and half of its programmes for which we have coverage figures target the household. Therefore, the low coverage of Afghan programmes targeting the household might be indicative of a more generalised lack of coverage affecting this country.

Sri Lanka's figure for household beneficiaries is entirely based on the *Divineguma* programme, as its other household-targeted initiative, the PAMA programme, only reports coverage in terms of individuals. Pakistan's household coverage is also solely due to one programme, the FATA-TDPR, since the other initiatives structured around the household as the unit of analysis, the BISP and PMNHP, only provide coverage in terms of individuals. Additionally, it is worth noting that Nepal, despite having all its programmes structured around the individual as its unit of analysis, provides coverage figures for the RCIW solely in terms of households (IPS 2016; GoP n.d.; n.d.g; Rabi et al. 2015; World Bank 2016b; 2016f; 3IE 2016).

4. CHILD-SENSITIVE SOCIAL PROTECTION: ASSESSING PROGRAMMES' DESIGN FEATURES AND COVERAGE OF CHILDREN

An ever-growing body of research has documented the positive effects of social protection programmes, not only on preventing and reducing monetary poverty and vulnerability but also on improving other human development indicators, including children's health and education outcomes (see Bastagli et al. 2016). Yet, as children's experience of poverty is multidimensional and differs from that of adults, social protection systems need to be responsive to the specific needs of children. In this sense, UNICEF (2019) defines child-sensitive social protection as aiming to maximise children's development outcomes and minimise potential unintended side effects. To this end, it is essential that age- and gender-specific vulnerabilities are already considered at the programme design stage. Social protection policies do not necessarily have to target children to benefit them. For example, policies providing income security to households can decrease financial barriers to the well-being of children and ensure their access to basic services. The design of social protection policies can further foster synergies with other basic social services in the areas of health, nutrition and education.

In recent years, several guidelines have been published on how to improve the child-sensitivity of social protection programmes.²⁸ UNICEF's Regional Office for South Asia (2014b) has developed a toolkit for assessing the child-sensitivity of social protection systems, focusing among others on the expenditure, coverage and exclusion as well as the accessibility and acceptability of social transfers. In line with this, this chapter aims to assess the child-sensitivity of the 51 programmes mapped in the South Asia region by analysing their design features. In addition, it presents an estimate of the number of children covered by the programmes mapped.

Child-sensitive design features

Methodology

The assessment of the child-sensitivity of the programmes analysed in this report was based on the methodology used in a previous study conducted by the IPC-IG and the UNICEF Middle East and North Africa (MENA) Regional Office (Machado et al. 2018). Similarly to the study on the MENA region, the aim of the assessment at hand is to identify those programmes in South Asia that take children into account by design. It is important to highlight here that this assessment is solely based on the information gathered during the desk review regarding the programmes' design; issues such as the accuracy of implementation or impact evaluations that measure specific child-related outcomes were not considered. Based on Machado et al. (2018), five

categories were used to classify the child-sensitivity of the programmes. The categories below are not mutually exclusive, and programmes can be classified under more than one category:

- **Programmes targeting children and pregnant/lactating women:** All programmes that explicitly target children through at least one component (examples include cash transfers paid only to families with children or individual benefits for children, such as transfers to orphans or SFPs). Programmes targeting lactating or pregnant women are also included here. Programmes targeting poor households, without specifying children or families with children as a target group, were not included here.
- **Supporting children's access to education:** Programmes that are designed to increase children's access to education. These can include cash transfers conditional on children's school attendance, as well as school fee waivers, school-related in-kind transfers or SFPs.
- **Supporting children's access to nutrition:** This category includes programmes that provide food items to children to ensure their food security, such as SFPs or food transfers targeting children or pregnant or lactating women. Cash transfers with sessions focused on children's nutrition are also included here. Programmes that could indirectly enhance children's access to food, such as in-kind or cash transfers targeting poor families, are not considered here.
- **Supporting children's access to health:** This category comprises all programmes that support children's access to health care, such as non-contributory insurance schemes that cover all household members,²⁹ as well as programmes with health-related conditionalities or those that have a specific health component for children and/or pregnant or lactating women (i.e. health sessions).
- **Benefits increase with the number of household members/children:** This classification is limited to cash transfers and includes all cash transfers whose structure allows for the benefit levels to increase with the number of children/members in the household (even if there is a cap), as well as programmes in which benefits are paid per child (i.e. individual transfers to children, such as scholarships).

The categories proposed here are merely descriptive and are subject to at least two important **limitations**.

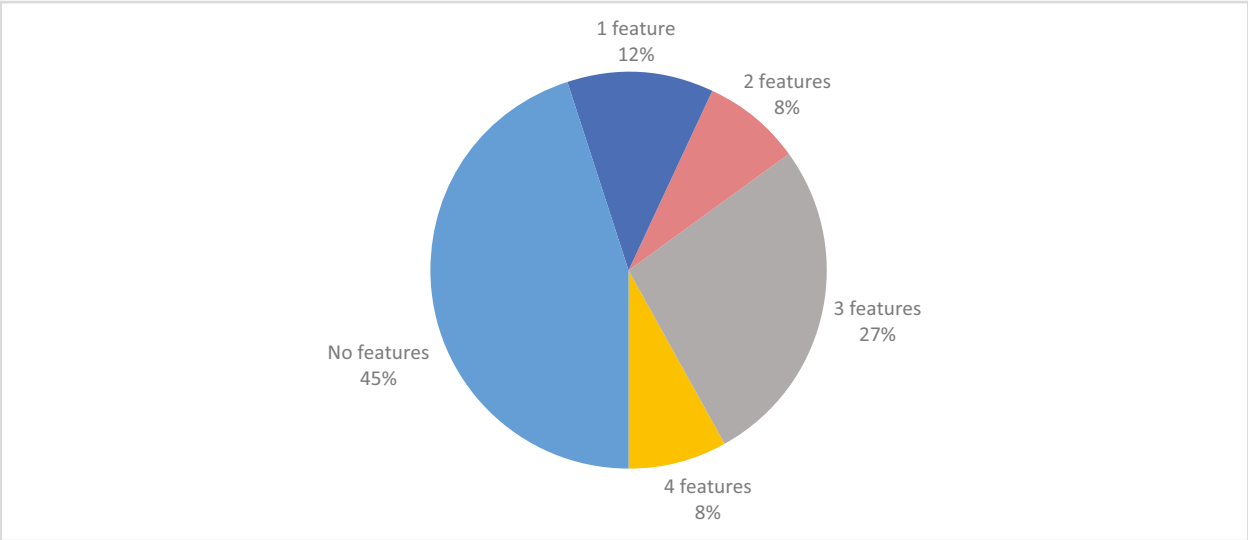
First, it cannot be assumed that programmes that have one or more child-sensitive design features automatically have a positive impact on children's well-being. Many other factors need to be considered, such as proper programme implementation, the local context and the availability of basic services. For CCT programmes in particular, there is no final consensus on whether conditionalities—especially those related to health or education—are really needed to achieve desired programme outcomes, when compared to UCT programmes (Esser, Bilo, and Tebaldi 2019).

On the other hand, even programmes that do not explicitly include child-related features in their design can have positive effects on children. For example, programmes do not necessarily have to target children to benefit them. In multigenerational households, old-age pensions have the potential to not only benefit direct beneficiaries (i.e. elderly people) but also other household members, including children (Roelen and Sabates-Wheeler 2012).

Findings

The assessment found that 55 per cent of the programmes analysed (28 out of 51) have at least one child-sensitive design feature. Moreover, at least one child-sensitive programme was found in seven of the eight countries in the region. Afghanistan is the only country that does not have any child-sensitive programmes. Most programmes (14 in total) have three child-sensitive design features (see Figure 26). Only four programmes were found that have four features.

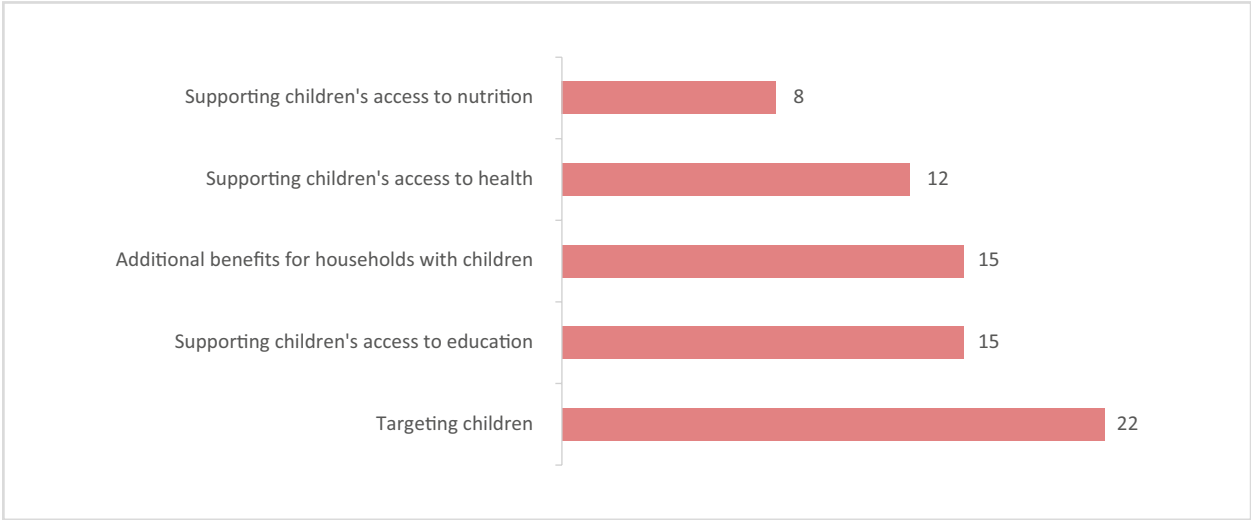
Figure 26. Proportion of programmes (of 51 programmes in total) with child-sensitive design features



Source: Authors' elaboration.

As shown in Figure 27, most of the programmes with one or more child-sensitive design feature target children. This is followed by cash transfer programmes whose benefit is paid per individual child or which increases with the number of children in the household, and programmes that support children's access to education (15 programmes each). A total of 12 programmes were identified that support children's access to health. Only five countries (eight programmes) were found to have child-sensitive nutrition programmes. Each of the five criteria will be discussed in more detail in the following paragraphs.

Figure 27. Number of programmes with child-sensitive design features by dimension



Source: Authors' elaboration.

Programmes targeting children

As explained above, this category includes programmes that explicitly target children or households with children or pregnant or lactating women. Some of these programmes are restricted to certain age groups. For example, Nepal's CG targets children under 5 years old.

Table 6 presents an overview of the main age groups targeted. Most of the programmes targeting the age group 0–5 are allowances for pregnant mothers and infants, while those for 6–17 years are mainly SFPs and scholarship programmes. The proportion of programmes targeting children under 6 years old (14 per cent of all programmes that target children) is similar to that in the MENA region, where 10 of the 68 programmes targeting children target the age group 0–5 (15 per cent) (Machado et al. 2018). Afghanistan, Bhutan and Maldives are the only countries without a programme explicitly targeting children under 6 years.

Table 6. Main target age groups of programmes targeting children

Programmes	Number
Targeting children 0–17	3
Targeting children 0–5	7
Targeting children 6–17	12
All programmes targeting children	22

Note: For some programmes the exact age group is not reported and was estimated. In some cases, programmes target a smaller age group (e.g. 11–15 years old). Pakistan's WeT programme (targeting children aged 4–12 years old) was included in the group 'targeting children 6–17'.

Source: Authors' elaboration.

Compared to the MENA region, there are fewer programmes for orphans. While in the MENA region some 20 per cent of the programmes include orphans as a target group, in the South Asia region only three programmes were found that explicitly target or prioritise orphans (6 per cent), namely PBM in Pakistan, the PAMA in Sri Lanka and the FPA in Maldives.

Moreover, some programmes prioritise certain groups of children in the selection process. This is the case in Nepal, where Dalit children, girls, PwD, 'endangered' and marginalised groups, conflict-affected children and children of martyrs are eligible for scholarship programmes (ILO 2017a).

Programmes supporting children's access to education

Social protection programmes can support children's access to education either by providing financial assistance for the costs of education (e.g. scholarships or cash transfers conditional on school attendance) or by creating incentives (e.g. SFPs). See Table 7 for the programmes classified as supporting children's access to education.

In comparison to other regions, such as Latin America, there are relatively few cash transfer programmes (not including scholarship programmes here) that are conditional on certain education-related behaviour, such as a minimum attendance rate. Pakistan's Child Support Programme (within the PBM programme) as well as the WeT programme (within the BISP) are exceptions here. The latter requires an attendance rate of 70 per cent until completion of primary education. Attendance is monitored on a quarterly basis, and children are removed from the programme if they fail to fulfil the attendance conditions in three consecutive quarters (Cheema et al. 2016). An evaluation of the WeT programme showed that it had a positive and significant impact on increasing the proportion of children, both girls and boys, aged 5–12 years currently enrolled in school (Cheema et al. 2016).

Nepal and Bangladesh stand out for offering several scholarships, whose benefit usually varies with the level and type of education. To combat gender disparities, both countries offer special scholarships to girls or have set quotas for them. For example, the HSSP in Bangladesh aims at supporting 40 per cent of total female and 10 per cent of total male enrolment. To incentivise more students in sciences, it offers a higher benefit to science students than to business or humanities students. One of the conditionalities is to remain unmarried, with the aim to reduce early marriage (GoBa 2017b). Personal communications, however, have indicated that the benefit values of all Bangladeshi scholarship programmes that we have analysed are too small to cover the opportunity costs of schooling children living in poverty, and that this situation becomes even more challenging for higher educational levels.

Table 7. Programmes supporting children's access to education

Country	Programme
Bangladesh	Primary Education Stipend Programme (PESP)
	Secondary Education Sector Investment Programme (SESIP)
	Higher Secondary Stipend Programme (HSSP)
	Secondary Education Stipend Programme (SESP)
	School Feeding Programme in Poverty-prone Areas (SFP-PA)
Bhutan	School Feeding Programme (SFP)
India	Mid-Day Meal (MDM)
Maldives	Single Parent Allowance (SPA)
	Foster Parent Allowances (FPA)
Nepal	National School Meals Programme (NSMP) and Food for Education
	Scholarships (SCHLR)
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)
	<i>Pakistan Bai't-ul-Mal</i> (PBM)
Sri Lanka	National Secretariat for Persons with Disability (NSPwD)
	School Feeding Programmes (S-SFP)

Note: Green = school feeding programmes; blue = cash transfer programmes; orange = non-contributory health insurance.

This classification refers to the component of the programme that was identified as child-sensitive; note that some programmes can be classified as more than one programme type.

Source: Authors' elaboration.

The Child Support Programme within the PBM programme supports households with children in school aged 5–14 with up to PKR600 per month (GoP n.d.). In addition, the programme runs schools for the rehabilitation of child labour for children aged 5–14 years. Students receive free education, clothing and a stipend, and parents receive a subsistence allowance (ibid.).

Some non-cash transfer programmes also offer additional measures to support children's education. In Nepal, for example, the WFP complements the NSMP by offering early-grade literacy support and distribution of laptops and digital materials, among others (WFP 2016b).

Programmes supporting children's access to nutrition

The South Asia region presents the highest child undernutrition rates in the world (UNICEF, World Health Organization (WHO), and World Bank 2019). Social protection programmes enhancing children's access to nutritious food and strengthening nutrition-related awareness are, therefore, of utmost importance. It is important to remember here that although programmes that indirectly increase children's nutritional well-being—such as cash transfers to poor households—are important, they are not considered part of this category. All countries, except Maldives and Pakistan, have one or more programme in this category (see Table 8). As further shown in Table 8, SFPs are the most common programme type in this category. They have the capacity to not only improve the nutritional status and learning capacity of school-age children but also to incentivise their school attendance.

SFPs were mapped in Bangladesh, Bhutan, India, Nepal and Sri Lanka. In most of these countries, school feeding has a long tradition, dating back as early as 1925 in India and 1931 in Sri Lanka (Gol n.d.; World Bank 2015). India's MDM scheme has implemented a shock-sensitive measure by providing meals also during school holidays for drought-affected areas in addition to the regular meals (Gol n.d.). The programme also engages so called 'cook-cum-helpers', of which the majority are women. The programme guidelines explicitly encourage the engagement of women and minorities. However, precarious wages and discrimination against Dalit cooks have been reported (Kadari and Roy 2016).

Table 8. Programmes supporting children's access to nutrition

Country	Programme
Bangladesh	Maternity Allowance for Poor Lactating Mothers
Bangladesh	School Feeding Programme in the Poverty-prone Areas
Bhutan	School feeding programme
India	Mid-Day Meal
Nepal	National School Meals Programme and Food for Education
Nepal	Child Grant
Sri Lanka	National Supplementary Food Programme/ <i>Thripasha</i>
Sri Lanka	School Feeding Programmes

Note: Green = school feeding programmes; blue = cash transfer programmes; orange = in-kind transfer programmes.

Source: Authors' elaboration.

Other nutrition-supporting programmes include the *Thripasha* programme in Sri Lanka, which aims to improve the nutrition status of children and pregnant and lactating women by providing them with supplementary food such as maize, soy beans, whole milk powder, vitamins and minerals (GoS n.d.). Overall, fewer programmes with nutrition-related awareness sessions were mapped. An exception is the Maternity Allowance in Bangladesh, whose beneficiaries receive additional health and nutrition training by selected non-governmental or community-based organisations (GoBa 2017a).

Programmes supporting children's access to health

Despite a large network of primary care facilities, significant sections of the population in South Asia lack access to reliable and effective primary care (Sengupta et al. 2018). The region still faces relatively high maternal mortality rates as well as low levels of immunisation. The latter is particularly dramatic in Afghanistan, where UNICEF and WHO (2018) estimate that less than half of the total population is fully immunised. Moreover, while maternal mortality rates decreased in all countries in the region between 1990 and 2015, only Maldives and Sri Lanka had achieved target 3.1 under Sustainable Development Goal 3 by 2015 (lowering the rate to less than 70 deaths per 100,000 live births by 2015) (WHO et al. 2015).

NCHI schemes are key to removing financial barriers that prevent access to health services and protecting people from the impoverishing effects of medical expenditures. Table 9 shows all programmes that were classified as supporting children's access to health. In Maldives, the universal health insurance *Husnuvaa Aasandha* covers most inpatient and outpatient treatment, including drugs and diagnostics. In addition, the Medical Welfare aims to cover access to more complex health services not provided under *Husnuvaa Aasandha*.

In India, the NHPS (or *Pradhan Manti Jan Arogya Yojana*) was launched in 2018 with the aim to provide the poorest of the population with quality secondary and tertiary care. In addition, the programme foresees to create 150,000 health and wellness centres to provide comprehensive primary health care, covering both maternal and child health and non-communicable diseases, including free essential drugs and diagnostic services (GoI n.d.).

Apart from health insurance plans, social protection policies can also improve children's health by offering complementary services. Some cash transfer programmes, for example, offer health session for mothers, such as Pakistan's FATA-TDPER and Bangladesh's Maternity Allowance. Yet, in the case of the latter, an assessment of the programme (GoBa 2017a) highlighted several challenges with regard to the training, questioning its appropriateness. While the training sessions are meant to be organised from the start of the programme, when women are pregnant, it was found that most beneficiaries only received training after giving birth, due to the long time it takes to select beneficiaries (up to six months). Moreover, beneficiaries complained that they often had to travel long distances and that they found it difficult to concentrate on

the training while looking after their babies. The example from Bangladesh highlights the importance of taking the beneficiaries' needs into account (for more information, see also Tebaldi and Bilo 2019).

Table 9. Programmes supporting children's access to health

Country	Programme
Bangladesh	Maternity Allowance for Poor Lactating Mothers
	School Feeding Programme in the Poverty-prone Areas
Bhutan	School Feeding Programme
India	<i>Janani Suraksha Yojana</i>
	<i>Pradhan Mantri Matritva Vandana Yojana</i>
	National Health Protection Scheme
Maldives	<i>Husnuva Aasandha</i>
	Medical Welfare
Nepal	<i>Aama/Safe Mother Programme</i>
Pakistan	Prime Minister's National Health Programme
	Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project
Sri Lanka	School Feeding Programmes

Note: Green = school feeding programmes; blue = cash transfer programmes; yellow = non-contributory health insurance.

Source: Authors' elaboration.

Other cash transfers have the objective to incentivise certain health behaviour. For example, *Janani Suraksha Yojana* in India aims to increase institutional deliveries by providing benefits to mothers as well as to ASHAs who encourage women to have institutional deliveries. Moreover, the programme subsidises the cost of caesarean sections and promotes the accreditation of private health institutions. *Pradhan Mantri Matritva Vandana Yojana*, also in India, aims to provide partial income to women during their first pregnancy, allowing them to take adequate rest, and promote positive health-seeking behaviour. It is conditional on pregnancy registration, one antenatal care visit, child registration and immunisation. In Nepal, the *Aama* programme covers the transportation costs plus NPR400 on completion of four ANC visits, institutional delivery and postnatal care. In addition, it provides a financial incentive for health facilities and health workers. In Bangladesh, Bhutan and Sri Lanka, SFPs offer additional deworming sessions for students (World Bank 2015).

Programmes whose benefit levels increase with the size of the household

Cash transfer programmes whose benefit changes with the number and/or age of the children in the household are considered child-sensitive here. In comparison to programmes that pay a fixed amount per household, they take into account higher expenditure levels of larger families (and of older children). See Table 10 for an overview of the programmes in this category.

While the benefit levels of cash transfer schemes vary significantly across programmes and countries in the region, it can be observed that they often increase according to the size of the household and, to a lesser extent, according to the age or school grade of children. The SESIP in Bangladesh, for example, provides higher benefits to older students, ranging from BDT1,380 for those in grades 6 and 7 to BDT3,510 for those in grade 10 (GoBa 2017b).

Most programmes have a cap on the number of children for which the benefit can be received; it is more generous for some programmes than for others. Nepal's CG, for example, pays NPR400 per child per month, but only up to a maximum of NPR800 per family. Similarly, Pakistan's Child Support Programme pays PKR300 per month for one child and PKR600 to families with two or more children. In contrast, the PAMA programme in Sri Lanka allows up to five dependents (World Bank 2016c; GoP n.d.; IPC-IG and UNICEF 2019).

Table 10. Cash transfer programmes whose benefit changes with the number and/or age of the children in the household

Country	Programme
Bangladesh	Primary Education Stipend Programme
	Secondary Education Sector Investment Programme
	Maternity Allowance for Poor Lactating Mothers
	Higher Secondary Stipend Programme
India	Secondary Education Stipend Programme
	<i>Pradhan Mantri Matritva Vandana Yojana</i>
Maldives	Single Parent Allowance
	Foster Parent Allowances
Nepal	Child Grant
	<i>Aama/Safe Mother Programme</i>
	Scholarships
Pakistan	Benazir Income Support Programme/National Cash Transfer Programme
	<i>Pakistan Bait-ul-Mal</i>
Sri Lanka	<i>Divineguma</i>
	Public Welfare Assistance Allowance

Source: Authors' elaboration.

Child coverage

This section analyses the proportion of children covered by the social protection programmes in the region. Data on coverage of children is only available for a few countries and a limited number of programmes. According to the latest World Social Protection Report (ILO 2017b), it is estimated that only 28 per cent of all children in Asia are covered by child and family benefits. This is higher than in Africa (16 per cent) but significantly lower than in the Americas (66 per cent) or Europe and Central Asia (88 per cent). However, many countries are left out of these regional estimates due to missing data. In the South Asia region, only Bangladesh is listed, with a child coverage rate of 29 per cent. It is also important to note that these figures only refer to child and family allowances and do not include other types of social protection programmes, such as in-kind transfers or programmes which can benefit children indirectly, such as old-age pensions. Against this background, this study aims to estimate the number of children covered in South Asia, including cash transfers but also other types of programmes.

Methodology

Estimating the number of children covered per programme is not easy. First, household surveys, which would allow for this type of estimate, are not available in all countries and usually do not allow individual programmes to be identified. Second, administrative data usually do not provide age-disaggregated information about all members of a given beneficiary household. In short, the number of children covered is not available for most programmes, with the exception of programmes that directly target children, such as SFPs or scholarships. Therefore, the number of children benefiting from a given scheme had to be estimated for this analysis. For most programmes, coverage is usually either reported in number of households or in number of individuals (either as direct or total beneficiaries), without differentiating between adults and children. As a consequence, the steps to estimate the number of children vary, depending on how coverage figures are reported.

A. Computing the number of children benefiting from social protection programmes

- i. When the total number of individuals benefiting from the scheme (i.e. all individuals living in a beneficiary household) is reported

First, population estimates from the World Bank's Health Nutrition and Population Statistics (World Bank 2019c) were used to calculate the proportion of the population under 18 for all eight countries in the region for the year for which programme coverage figures are provided.

Second, this proportion was applied to the overall number of beneficiaries to estimate the number of children among them. It is important to highlight that this procedure's primary assumption is that the proportion of children among the beneficiaries is equal to the overall proportion of children in the population. See Table 11 for an overview of the total and the under-18 population sizes as well as the proportion of children in the eight countries in the region.

Table 11. Population estimates in South Asia (2018)

Country	Total population	Population 0–17	Share of population 0–17 [%]
Afghanistan	37,172,386	18,744,510	50.4
Bangladesh	161,356,039	54,162,682	33.6
Bhutan	754,394	236,933	31.4
India	1,352,617,328	441,501,131	32.6
Maldives	515,696	119,830	23.2
Nepal	28,087,871	10,482,573	37.3
Pakistan	212,215,030	87,937,984	41.4
Sri Lanka	21,670,000	6,131,570	28.3

Source: World Bank (2019c).

- ii. When only the number of direct beneficiaries is reported

For some programmes, such as old age pension schemes, cash-for-work, disability allowances or programmes for lactating mothers, coverage figures are usually reported as direct beneficiaries, not including individuals in the household that benefit indirectly from the transfer. In these cases, it was assumed that there is only one beneficiary per household, meaning that the number of direct beneficiaries is equal to the number of households, and the calculation described in (iii) was applied.

- iii. When only the number of households benefiting from the scheme is reported

The total number of individual beneficiaries is computed by multiplying the country's average household size by the overall number of households covered by the programme. Then the same step as explained in (i) was applied to obtain the potential number of children living in the beneficiary households. The estimated total number of individual beneficiaries is multiplied by the proportion of children aged 0–17 in the year for which coverage figures are reported. Table 12 provides an overview of the countries' average household size and the data sources used.

- iv. When the number of children benefiting from the scheme is reported

No estimation was necessary in these cases, and step B (below) was applied.

Table 12. Average household size in South Asian countries

Country	Average household size	Source
Afghanistan	8.0	Demographic and Health Survey (DHS) 2015
Bangladesh	4.5	DHS 2014
Bhutan	4.6	Multiple Indicator Cluster Survey (MICS) 2010
India	4.6	DHS 2015–2016
Maldives	5.4	DHS 2016–2017
Nepal	4.2	DHS 2016
Pakistan	6.6	DHS 2017–2018
Sri Lanka	3.8	Household Income and Expenditure Survey (HIES) 2016

Source: DHS (2014; 2015; 2016a; 2016b; 2017; 2018), GoBh, UNICEF, and United Nations Population Fund (UNFPA) (2010) and GoS (2018d).

B. Estimating overall child coverage rates

In a next step, the number of children covered by a programme (reported or estimated) was compared to the total number of children in the country (based on World Bank 2019c). For programmes that already report the number of children covered (iv) and that target specific age groups (e.g. school-age children), the proportion of children covered was compared to the number of children in the rough age group (e.g. 6–17 years).

Limitations

The methodology proposed here helps illustrate the size of the programme relative to the overall child population in the country. However, it only provides rough estimates and has several limitations. First, it is important to emphasise that the estimates are not an assessment of targeting effectiveness, meaning that we do not analyse whether those who are **intended** to benefit from the programme (e.g. all households below a certain income threshold) do actually benefit. Moreover, some programmes are by definition limited to specific groups, such as disability allowances.

Second, for this analysis it is assumed that the proportion of children in the total number of beneficiaries is equal to the overall proportion of children in the population and that the average beneficiary household size is equal to the average household size in the country. These assumptions can lead to both over- and underestimates of the number of children covered, as programmes may target families that have a different composition from the usual. Non-contributory pensions, for instance, target households with relatively fewer children, whereas CCTs usually target poor families, which tend to have relatively more children than the average.

Third, some programmes can have a cap per household, and the overall number of people reported as beneficiaries only refers to the number of people below this cap, meaning that this number is possibly smaller than the total number of direct and indirect individuals living in beneficiary households. This can lead to an underestimate of the number of children directly and indirectly covered.

Fourth, the number for the average household size often stems from a different year from the coverage figures (which is also the reference year used for total and 0–17 population sizes). It is thus assumed that although the size of the population of these countries may change over time, the average household size remains fairly stable over a certain period of time. For most countries, estimates are no older than five years (see Table 12); therefore,

it is unlikely that the average household size has changed significantly. However, in Bhutan, the average household size is likely to have changed more considerably, as estimates are from 2010.

Fifth, it is likely that coverage was overestimated for those programmes for which it was assumed that the benefit structure accepts only one beneficiary per household when in reality there is more than one individual receiving the benefit per household. This can be the case for old-age pensions, public works programmes, disability allowances and transfers for pregnant or lactating mothers.

Sixth, for reasons of comparability across countries, programmes that target a specific age group (e.g. school-aged children) were compared to a rough age group, without this necessarily being the exact target group of the programme. For example, the coverage numbers of SFPs were compared to the population aged 6–17 in the country. Yet most SFPs do not target all school-age children, but a smaller age group (e.g. only primary school children).

Lastly, this estimation exercise does not tell us anything about potential overlaps between the different programmes and, therefore, does not provide any information about the overall child coverage rate. The coverage analysis here is limited to programme-specific coverage.

Despite these numerous limitations, the estimates presented below provide a valuable comparison across the region and across different programme types.

Findings

The methodology described above was applied to all programmes in the region, except for Afghanistan's NRAP, for which the number of beneficiaries was not found in the desk review. The child coverage rates for the 50 programmes analysed vary significantly across the region. Yet, except for a few large-scale programmes, such as *Husnuvaa Aasandha* in Maldives (a quasi-universal health insurance scheme) and India's TPDS, which cover, respectively, 68.4 per cent and 65.3 per cent of all children in the country, the large majority of programmes (70 per cent) each cover less than 10 per cent of all children. About 60 per cent of all programmes cover less than 5 per cent of all children, and a significant proportion of programmes (28 per cent) reach less than 2 per cent of the total child population.

Looking at the average child coverage rate reveals that the programmes in Bhutan, Pakistan and Nepal on average only reach less than 8 per cent each. While India and Maldives have higher average programme coverage rates of 17.5 per cent and 14.4 per cent, respectively, this is largely due to the health insurance schemes in these countries. Without those, they would have much lower rates (8.2 per cent and 4.6 per cent, respectively).

As shown in the following paragraphs, a significant difference can be observed across the different programme types. Naturally, programmes explicitly targeting children, such as SFPs and scholarships, tend to reach more children than, for example, cash transfer schemes for vulnerable households. This tendency was also found in the MENA region (Machado et al. 2018). It is, therefore, worth looking at the different programme types separately.

As described in the first chapter of this study, a great variety of **cash transfer schemes** can be observed in the South Asia region, including UCTs for vulnerable groups, such as orphans, widows and PwD, as well as CCTs for families with children. Analysing a number of selected cash transfer programmes shows that they each reach less than 6 per cent of all children (see Table 13 and Figure 28).

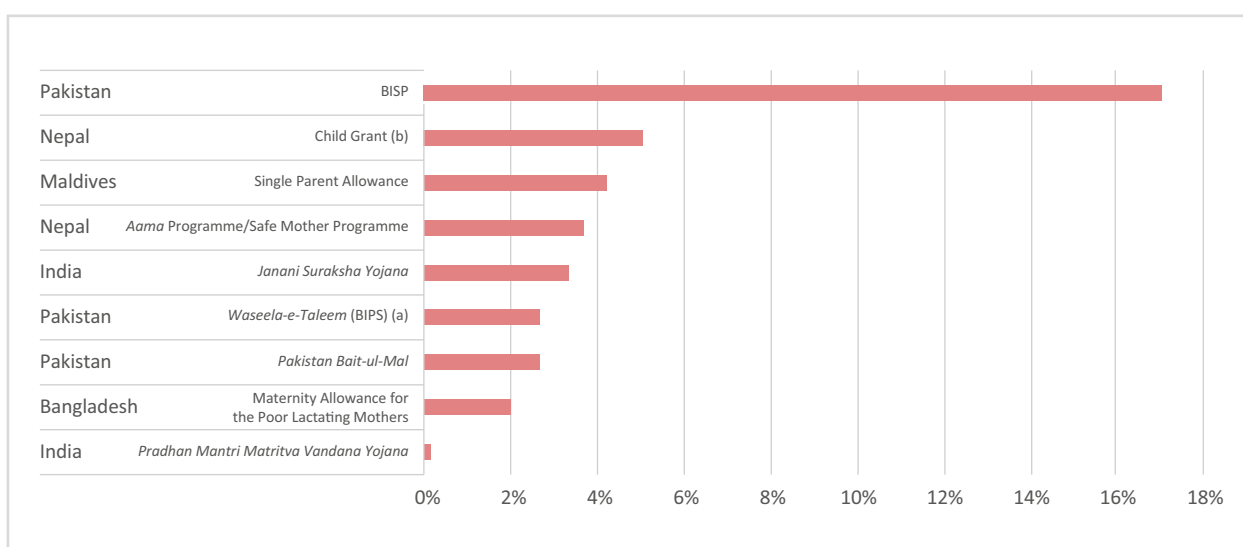
Table 13. Child coverage figures for selected cash transfer programmes for families with children

Country	Programme	Number of children covered aged 0–17, unless indicated otherwise	Year
Bangladesh	Maternity Allowance for Poor Lactating Mothers	1,057,366 e	2018
India	<i>Janani Suraksha Yojana</i>	15,929,363 e	2017–2018
	<i>Pradhan Mantri Matritva Vandana Yojana</i>	913,818 e	2016
Maldives	Single Parent Allowance	5,062	2016
Nepal	Child Grant	529,992 (a)	2017
	<i>Aama/Safe Mother Programme</i>	401,839 e	2017
Pakistan	<i>Waseela-e-Taleem</i> (BISP)	1,300,000 (b)	2018
	BISP	14,871,452 e	2018
	<i>Pakistan Bait-ul-Mal</i>	2,539,307 e	2014

Note: e = estimated; (a) = of 0–5 years old; (b) = of 4–12 years old.

Source: Authors' elaboration based on Gol (2017a; 2017b; n.d.), GoP (n.d.), IMF (2017), GoN (n.d.), Personal communication (2017), GoBa (2018b) and GoM (2016).

Figure 28. Estimated percentage of children (0–17 years, unless otherwise indicated) covered by selected cash transfer programmes, in year for which coverage figures are reported



Notes: (a) = of 0–5 years old; (b) = of 4–12 years old.

Source: Authors' elaboration based on GoP (n.d.), Personal communication (2017), GoN (n.d.), Gol (2017b; 2018b), IMF (2017), GoM (2016) and GoBa (2018b).

Pakistan's BISP is a UCT that targets poor families, reaching a total of 5.4 million women. In absolute terms it is one of the largest cash transfer programmes in the region, indirectly reaching an estimated 14.9 million children in 2017. This makes it the largest cash transfer programme in the region, reaching a total of 17.1 per cent of all children aged 0–17. BISP beneficiary families with children aged 4–12 are eligible for the WeT programme, a subprogramme within the BISP conditional on children's school attendance. In 2017, WeT reached 1.3 million children or an estimated 3 per cent of all those aged 4–12 years in the country. In comparison, the SPA in Maldives is much smaller in absolute numbers (5,062 children covered in 2016), but, given the country's small population size, it is estimated to still cover 4.3 per cent of the total child population.

Table 14. Coverage of school feeding programmes

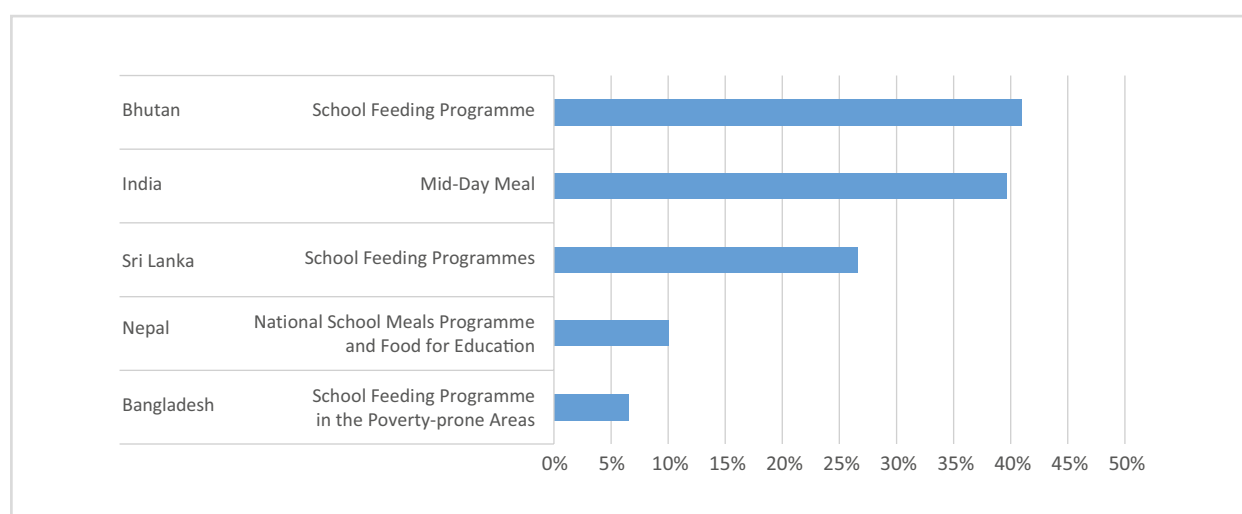
Country	Programme	Number of children covered	Year
India	Mid-Day Meal	120,000,000	2017
Nepal	National School Meals Programme and Food for Education	770,000	2016
Bhutan	School Feeding Programme	75,000	2017
Bangladesh	School Feeding Programme in Poverty-prone Areas	2,500,000	2017
Sri Lanka	School Feeding Programmes	1,105,605	2017

Source: Authors' elaboration based on Debnath and Sekhri (2017), WFP (2016a; 2017b), Li (2019) and GoBa (2018b).

SFPs also reach relatively higher numbers of children. As shown in Table 14 and Figure 29, Bhutan's and India's SFPs in particular have high child coverage rates, both reaching about 40 per cent of all children aged 6–17.

Analysing three of the region's **NCHI programmes** (see Table 15 and Figure 30), it can be observed that the *Husnuvaa Aasandha* programme in Maldives is significantly larger in relative terms than the programmes in India and Pakistan. While the former is universal (targeting all Maldives citizens), the latter target only the poorest households. India's NHPS was launched in 2018 and aims at providing quality secondary and tertiary health care to the most vulnerable 40 per cent of the population. Beneficiaries are selected based on a vulnerability threshold using the Socio Economic and Caste Census (SECC). Families covered under the *Rashtriya Swasthya Bima Yojana* (RSBY) programme who are not listed in the SECC are also eligible. In total, more than 100 million families are eligible for the programme (Gol 2019a). Because the programme is in the process of being rolled out while the RSBY is discontinued, there are no available figures of the exact number of beneficiaries currently under the NHPS. In 2017, 130 million beneficiaries in more than 41 million households were covered by RSBY (GIZ 2017). Pakistan's Prime Minister's National Health Programme targets people living in the 23 priority districts who earn less than USD2 per day (according to the BISP survey) (GoP n.d.).

Figure 29. Estimated percentage of school-aged children (6–17 years) covered by school feeding programmes, in year for which coverage figures are reported



Note: The programmes presented here usually do not target all school-age children but a smaller age group (e.g. only primary school children). For reasons of comparison, all coverage figures were compared to the population of school-aged children (i.e. 6–17 years).

Source: Authors' elaboration based on Li (2019), Debnath and Sekhri (2017), WFP (2016a; 2017b) and GoBa (2018b).

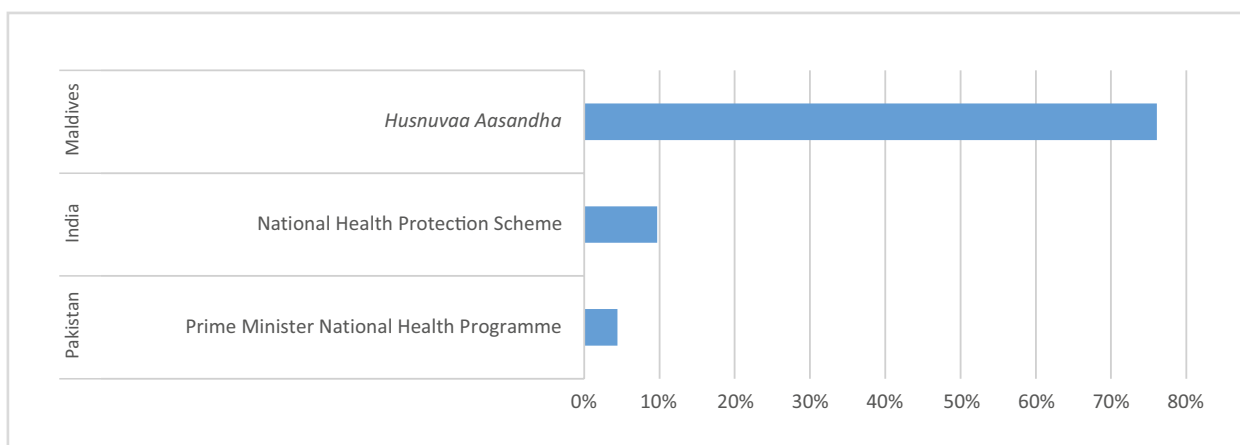
Scholarship programmes tend to reach relatively more children than other types of cash transfer programmes. For example, taken together, Bangladesh’s main scholarship schemes (PESP, SESIP, HSSP and SESP) reach about 46.2 per cent of the total population aged 6–17 in the country. Similarly, the scholarships in Nepal reach 34.1 per cent of all children aged 6–17.

Table 15. Coverage of selected non-contributory health insurance programmes

Country	Programme	Total number of beneficiaries (individuals)	Year
Maldives	<i>Husnuvaa Aasandha</i>	325,387	2016
India	National Health Protection Scheme	130,000,000	2017
Pakistan	Prime Minister’s National Health Programme	1,428,572	2017

Source: GIZ (2017), USAID (2017), Gol (n.d.), Mukherjee and Arora (2018), GoP (n.d.) and GoM (2016).

Figure 30. Estimated percentage of children (0–17 years) covered by selected non-contributory health insurance programmes, in year for which coverage figures are reported



Source: Authors’ elaboration based on GIZ (2017), USAID (2017), Gol (n.d.), Mukherjee and Arora (2018), GoP (n.d.) and GoM (2016).

Table 16. Coverage of public works programmes

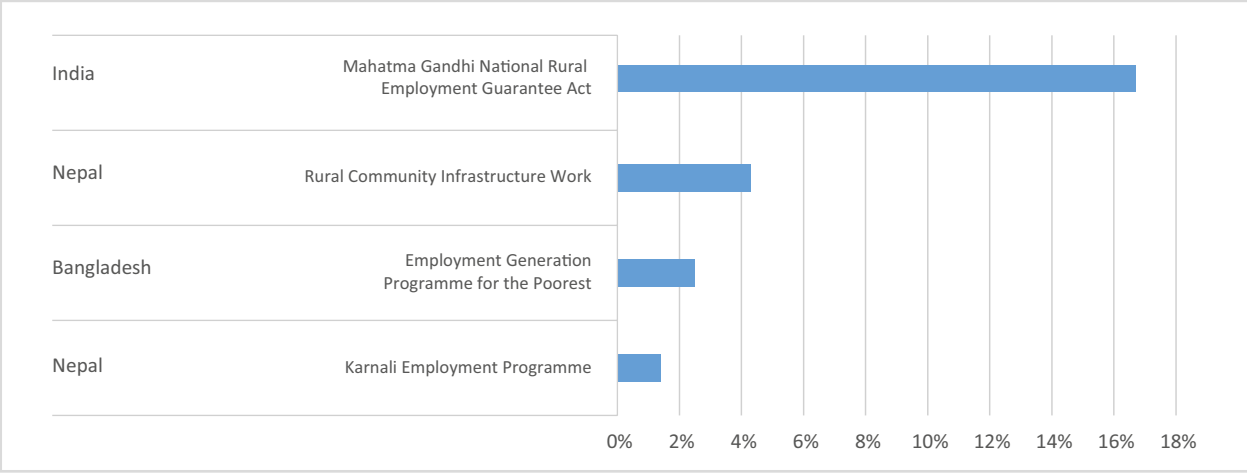
Country	Programme	Estimated number of total beneficiaries (direct and indirect)	Year
Bangladesh	Employment Generation Programme for the Poorest	3,510,000	2017
India	Mahatma Gandhi National Rural Employment Guarantee Act	223,100,000	2018
Nepal	Karnali Employment Programme	420,000	2018
	Rural Community Infrastructure Work	1,239,000	2015

Note: It is assumed here that there is only one direct beneficiary per household.

Source: Authors’ elaboration based on GoBa (2018b), Gol (2018a) and Rabi et al. (2015).

Finally, the region’s **public works programmes** are also rather small in terms of the number of children indirectly reached (see Table 15 and Figure 31). Only India’s MGNREGA stands out with an estimated child coverage rate of 16.5 per cent. It should be remembered here that it was assumed that there is only one programme participant per household, which is not actually the case for this specific programme.

Figure 31. Estimated percentage of children (0–17 years) covered by selected cash/FfW programmes, in year for which coverage figures are reported



Source: Authors' elaboration based on GoBa (2018b), Gol (2018a) and Rabi et al. (2015).

5. CONCLUSIONS

This study assembles a set of 51 flagship social protection programmes from all eight countries in the South Asian region and provides an in-depth analysis of their design and operational features. It offers policymakers an opportunity to gain crucial insights into some best practices of implementing social protection in the region, and benefit from the specific opportunities for improvement this report highlights. As a result, it allows them to enhance the efficiency, equity and child-sensitivity of social protection programmes in South Asia and beyond.

However, this study cannot provide a complete picture of social protection in South Asia. It samples some of the most relevant flagship initiatives led by central governments in each country, but it cannot possibly assemble a representative dataset spanning the full scope of social protection in the region. Therefore, its conclusions have value for policymakers seeking to improve existing programmes led by central governments and planning new ones, but they should not be taken as conclusive evidence of the state of social protection in the region as a whole or any particular country. Policymakers should also be aware that a very important dimension of social protection in the region—initiatives led by subnational governments—are not included in our analysis.

An important point our report highlights is that the strength of a country's social protection system should not just be measured by the quantity of programmes it has in place. Most programmes in our sample are single initiatives that target only one group with one particular benefit. This inflates the number of programmes in a country, as each issue tends to be addressed with a specialised programme. On the other hand, over a quarter of programmes in our sample are also comprehensive initiatives targeting multiple vulnerable groups with a number of different programme components. While Bangladesh strikes a balance between highly specialised and comprehensive initiatives, Pakistan seems to focus on a few very complex initiatives with multiple subcomponents. Maldives, on the contrary, tends to have many small programmes in place that only provide one specific type of support.

For policymakers, it is important to understand how the specific country profile may guide these decisions over programme complexity (number of subcomponents) and the number of vulnerable groups covered. Evidence from our sample suggests that large countries have the financial and administrative scope to run comprehensive initiatives. For the large countries in our sample (Bangladesh, India and Pakistan) to exploit economies of scale, they might thus be well advised to focus on few but comprehensive programmes, whereas small countries can

comparatively easily coordinate multiple programmes that each target a different group. This is already well illustrated by Nepal's and India's approach to targeting ethnicities and caste groups: while Nepal's EIPA is a specific programme dedicated to this group, India accommodates these groups within its large flagship initiatives through a special targeting mechanism that recognises caste and ethnicity in its vulnerability assessment. Therefore, it is important to take a country's demographic, institutional and financial context into account when deciding on the scope and type of initiatives.

UCTs and CCTs are the most versatile programme types, as they work well by themselves but are also well suited for complementing or being complemented by other initiatives, thus forming a Cash Plus initiative. They are, thus, the most versatile programme types in the policymaker's toolkit and also represent the most common programme type regardless of programme complexity. **Regarding programme scope, our recommendations thus are:**

- Customise programme scope to the country context: large countries can save through economies of scale.
- Cash transfers are 'easy-to-add' additional subcomponents and, particularly for initiatives that target children and women, a Cash Plus approach can lead to results otherwise hard to achieve solely through the income effect of a social transfer.
- Initiate flagship SFPs in Pakistan and Afghanistan. Such initiatives often yield good results, do not require controversial and complex selection processes and can also have a positive impact on the demand side if structured demand is created.

After deciding on the scope of a programme, policymakers face the question of who specifically to enrol and how to go about defining eligibility. Most programmes in our sample target poor people (individuals or households) or children, and very often they target poor children. An important choice to make here is whether to require membership of a certain target group as a necessary characteristic for eligibility. Reflecting their number and particular vulnerability, being poor or a child is most frequently considered a prerequisite for programme eligibility. On the other hand, women and PwD are often only given priority if demand for programme enrolment exceeds capacity.

With strong gender inequalities prevalent in South Asia, it is essential to provide initiatives protecting women and promoting their empowerment. This is especially true for pregnant and lactating mothers, as the first 1,000 days of a child's life represent a crucial window of opportunity to sustainably influence its physical and cognitive development. India's JSY can serve as a good example here. It provides a cash transfer to women who attend perinatal medical appointments and engages the community in promoting medical supervision and institutional deliveries by accrediting, training and financially incentivising local social workers, which mitigates the lack of professional social workers faced by India as well as all its regional neighbours. **Regarding groups to target and restricting eligible groups, our recommendations thus are:**

- Initiate programmes that target women in Maldives and Bhutan.
- Make programmes that target women more comprehensive to go beyond grants.
- Empower women by giving them priority access to CfW programmes and strengthening links between programmes that target women and SLPs, training, CfW or FfW programmes.
- Benefit children (mostly those of preschool age) and pregnant/lactating women alike by initiating targeted programmes in Afghanistan, Bhutan and Pakistan.

- The WAG is an underserved group: SLP and training in particular are underutilised components that should be added in a streamlined fashion to CfW or FfW initiatives to benefit the WAG.
- The targeting of old-age assistance programmes can be improved by giving earlier access to certain at-risk groups, such as ethnic minorities or vulnerable people in specific regions, as demonstrated by the OAA in Nepal.

Another important element of the targeting process is the mechanism through which beneficiaries are identified. Typically, the programmes in our sample use two targeting mechanisms, but more if the programme targets many groups. When selecting the targeting mechanism, it is important for policymakers to fit it to the specific programme context (type, setting, target group etc.). For example, categorical and (proxy) means-tested targeting mechanisms are common in our sample and widely used to measure (monetary and multidimensional) poverty. Directly or indirectly assessing people's means to determine access to programmes, however, requires a significant administrative and data-processing capacity that is not available for all countries and programmes in the region. Geographical targeting might thus be an inexpensive way to target the most poverty-prone areas and save on targeting costs while keeping inclusion errors low. A good example of this practice is Bhutan's REAP.

While monetary poverty is a common measure of vulnerability, as stated above, it might be advisable to go beyond a strictly monetary poverty-based selection mechanism—especially when programmes do not have a sufficiently large budget to cover all poor people and, therefore, have to select which ones to reach out to, as is the case for all initiatives in our sample. For some of its flagship initiatives, India employs a mix of MPMs and categorical criteria that use a much broader notion of poverty and also take into account deprivations beyond income or consumption. This approach allows the programmes to also reach out to vulnerable groups that would otherwise not be covered under the classic definition of poverty, and streamlines the collection of poverty data that can be used for multiple programmes. Nevertheless, the country could achieve significant progressivity gains if it succeeded in mainstreaming the monetary poverty line as a relevant part of its selection process. **Regarding targeting mechanisms and eligibility criteria, our recommendations thus are:**

- Consider programme context (type, setting, target group) when determining the targeting mechanism.
- Mostly for small countries, it might be wise to use geographical targeting, where applicable, to save on targeting costs. The expansion of Nepal's CG could be guided by objective criteria defining the areas to be enrolled next.
- Countries that have large schemes led by central governments should mainstream both monetary and multidimensional national poverty lines of reference, so that these can play a benchmarking role to adjust the precision of the other. India is the country in the region that most actively uses an MPM as part of the selection process of its programmes, but it misses the opportunity to combine it with a monetary poverty assessment.
- Beyond defining eligibility criteria for programmes, it is highly advisable to also set priority enrolment criteria, since many initiatives in the region cannot enrol all its eligible applicants at once. This is particularly the case for ST programmes.
- In regard to prioritisation, policymakers should also consider giving preferential treatment or access to programmes. This can be done by making special arrangements for benefit delivery mechanisms and programme scope, as with India's MDM, or by allowing for some flexibility in eligibility criteria even within the same programme. Tailoring them to local circumstances, as demonstrated by different eligibility criteria between states within India's JSY or ethnicities within Nepal's OAA, can be a simple way to enhance programme efficiency without much administrative or financial effort and even without microdata available.

- Consider using the above-mentioned geographical prioritisation of areas with particularly acute situations to also allow some flexibility in benefit amounts, as demonstrated by JSY.
- Report coverage in as many units as possible, preferably also disaggregating by age group, gender and urban-rural divide, always indicating the total number of beneficiaries (individuals or households) per year, to allow for comparability between programmes.
- Ensure that eligibility and priority requirements are duly documented and known by the population at large and, specifically, by the eligible population and by programme operators at all levels.

Attaching conditionalities to a programme can induce behaviour change and improve the outcomes conditioned for. In our sample, about a quarter of programmes use this option. However, policymakers should consider expanding conditional incentives, as some of the most common programmes of this type, CCTs and EFWs, might be limited in their impact beyond pure school attendance rates unless rolled out as so-called Cash Plus initiatives. These initiatives add an often comprehensive set of subcomponents to the cash transferred (e.g. free health insurance or nutritional supplements) and might thus boost their impact.

A downside of conditionalities is that they are expensive to monitor and enforce, and hence risk unduly punishing beneficiaries who fail to comply, especially considering that health, education and documentation services are frequently lacking in all countries in the region. An alternative for the programmes in the region would be so-called soft conditionalities. They only nudge beneficiaries to adhere to certain desirable behaviours but save on monitoring and enforcement costs and, most important, do not risk punishing vulnerable beneficiaries for a fault that might be due to supply-side issues rather than their own behaviour or choices. This approach has yet to be tested extensively in the South Asian context but has yielded promising results for Morocco's *Tayssir* programme. **Regarding attaching conditionality to programmes, our recommendations thus are:**

- Use Cash Plus initiatives to boost the effectiveness of CCTs and EFWs—for example, for Bangladesh's education stipend programmes.
- Soft conditionalities might help to save on monitoring and enforcement costs.
- Consider making conditionality 'gradual', as is the case with India's PMMVY, by not requiring the fulfilment of all conditions before any payment is made but by paying the full benefit in tranches once certain milestones are reached.
- Avoid 'patronising' conditionalities that disempower beneficiaries, such as intervening in their sexual and reproductive choices.
- Remove barriers that are *de facto* conditionalities, such as requiring documentation for enrolment, by putting effective support mechanisms in place. In the case of Nepal's CG, for instance, this means providing a permanent support mechanism to issue birth certificates such that the otherwise positive conditionality of requiring documentation to enrol in the programme does not turn into a barrier to access for the poorest and most vulnerable people.
- When choosing to assign conditionalities to benefit delivery, it is crucial to enhance administrative capacity to monitor and evaluate programme progress. Only this ensures that adherence to conditions can be appropriately monitored and sanctions enforced if warranted. Establishing such capacity takes time, and it is recommended that such monitoring and evaluation capacity be put in place well before conditionalities are actually applied.

A critical aspect of the design of cash transfer programmes is the delivery mechanism of the benefits. Most frequently, the programmes in our sample use banks or payment points for this. However, policymakers should consider offering multiple payment modalities to accommodate different beneficiary preferences and minimise their opportunity costs of claiming the benefits. At the same time, care needs to be taken to ensure that this is not implemented at the

cost of compromising programme transparency and efficiency, and that it does not lead to undesired increases in administrative costs. **Regarding benefit delivery, our recommendations thus are:**

- Use multiple cash distribution mechanisms to minimise opportunity costs for beneficiaries.
- Use the available infrastructure—for example, mobile payment in India and Bangladesh.
- Take advantage of benefit delivery to payment points as an opportunity to deliver further interventions, as beneficiaries have already made the effort of collecting the benefits in person—for example, in Nepal.

As for the **child-sensitive assessment of programmes**, most initiatives in our sample (55 per cent) have at least one of the five child-sensitive design features considered in the analysis. This means that the design of many programmes in the region already addresses children's needs in at least one way. Nevertheless, there are still a large number of programmes whose design could be made more child-sensitive by including children as a target group or by strengthening linkages to other sectors, such as health, education and nutrition.

The most common child-sensitive design feature in the region is to target children directly. Yet most of the programmes that target children are for school-aged children. Children under the age of 6 are targeted less often. The second most common type of child-sensitive programmes are cash transfer programmes whose benefits are paid per individual child or which increase with the number of children in the household. All countries in the region, except Afghanistan, have at least one programme that supports children's access to health. Examples of programmes promoting children's nutrition were rather rare. **Based on the analysis of the programmes' design features, we propose the following policy recommendations to enhance their child-sensitivity:**

- Review existing programmes to identify how they could be reformed to better respond to the needs of the children in the country.
- **Afghanistan** should invest to have at least one flagship national initiative that can be considered child-sensitive, since none of the programmes we assessed can be classified as such.
- **Maldives** and **Bhutan** should launch flagship programmes that explicitly target early childhood (ages 0–8, and particularly for children below 6 years old). Bhutan is about to launch an initiative for newborns, but additional safety nets should be created to protect children at least until they are 6 years old.
- Strengthen programmes' linkages to nutrition interventions, such as by providing nutritional supplements or nutrition-related awareness-raising activities. This is particularly relevant given the high malnutrition rates in the region. Interventions aimed at improving children's nutrition during the first 1,000 days of life in particular should be enhanced, given that this is a period of great potential and enormous vulnerability in a child's life. Given that we found no national-scale programmes in **Afghanistan**, **Maldives** and **Pakistan** with linkages to nutrition interventions, this recommendation is of particular importance for these countries.

For most programmes in South Asia it is not known how many children they cover. Often programme coverage is only reported in terms of total beneficiaries, without any disaggregation by age and gender. Therefore, we propose an estimate of the proportion of children covered. This reveals that most programmes have rather low child coverage rates, each often reaching less than 10 per cent of all children in the country (even though children often account for more than 30 per cent of the population in their countries). This is particularly worrying given the large number of children in the region living in multidimensional poverty and, thus, in need of social protection. When comparing the

different programme types, it can be observed that SFPs tend to reach more children than cash transfer schemes for vulnerable households. Cash transfer programmes have been shown to be critical for many indicators of children's well-being, including health and nutrition. **Thus, we propose the following policy recommendations for improving the child coverage by flagship national programmes in South Asia:**

- Programmes should improve their administrative registries and reporting practices to present coverage by age groups.
- Further scale up some programmes or introduce new ones, especially in countries where programmes' child coverage is low, such as Bhutan, Nepal and Pakistan.
- Enhance child/family allowances in particular to reach all vulnerable children and especially those under the age of 6 years, given that they are less often targeted.

Country-specific policy recommendations

Finally, our analysis can be further summarised in the following set of more specific country recommendations.

- Afghanistan, Maldives and Pakistan should roll out flagship SFPs.
- Afghanistan should complement its community-targeted initiatives by experimenting with more specialised, streamlined and easier-to-manage interventions targeting individuals and households.
- Bangladesh's educational grants could increase their benefit values to cover the opportunity costs of schooling children, and top up the cash benefit with additional services.
- Nepal could benefit from institutionalised, permanent case management capacity to issue missing documentation to programme applicants or at least offer further support.
- Afghanistan, Pakistan, Bhutan and, to a lesser extent, Maldives should consider launching flagship initiatives that specifically target pregnant and lactating mothers.
- Bhutan's Accelerating Mother and Child Health Outcomes (AMCHP) initiative, yet to be rolled out, could play a role in enabling community participation along the lines of India's JSY initiative.
- Afghanistan, Maldives and Bhutan could consider rolling out national flagship initiatives to protect and empower vulnerable unmarried women.
- Programmes targeting unmarried women could top up cash benefits with additional services to enable productive inclusion and overall social empowerment.
- India could place greater emphasis on national income-based poverty measures as a benchmark for the selection process of its programmes, preferably combining it with other criteria and measures it already uses for that purpose.
- All countries should improve the integration of their social protection information systems (including social registries).
- Bangladesh's PFDS and other countries that have multi-component programmes should improve their administrative registries and selection processes to limit unintended coverage overlapping across components of the same programme.

- Productive inclusion programmes, such as SLPs and training programmes, should be further stimulated in the region.
- Conditionalities that potentially compromise beneficiaries' agency over their sexual and reproductive choices (or that hold them accountable for decisions over which they might not have much influence), such as Bangladesh's SESP, should be avoided if other, less invasive means to achieve the same objectives are available.
- If applied to less controversial requirements, however, the 'soft conditionality' approach used by Bangladesh's SESP could be more suitable than hard conditionalities.
- Countries with good mobile and internet network coverage, and with expertise in IT, such as India and Bangladesh, should experiment further with mobile-based payment mechanisms.
- Nepal and other countries that deliver payments through scheduled pay points should use these opportunities to systematically promote care and referral to other, complementary programmes.
- Bangladesh should adapt its social protection system to its rapid urbanisation process, which includes expanding the coverage of the urban poor by designing specific programmes, as well as expanding and rolling out new ones targeting cross-cutting vulnerable groups such as young children and the elderly.
- Social protection programmes with strong complementarities should seek further coordination. In India, this might mean furthering the joint efforts between JSY and the PMMVY, and in Bangladesh this could mean carrying out the official integration of programmes we previously described under the MAPLM.
- Except for Nepal, no other country has flagship cash transfer programmes to cover households with children past the breastfeeding stage, but who are still too young to attend school and benefit from the many available school-related initiatives, such as school feeding programmes, scholarships and school-related CCTs. Covering this gap via a cash transfer for households with children under eight or (at least) five years old, is an urgently needed step.
- Afghanistan should review the design of its existing programmes to identify how they could be reformed to better respond to the needs of the children in the country. This could include rolling out a flagship initiative specifically targeting children or at least adapting existing initiatives accordingly.
- Afghanistan, Maldives and Bhutan should roll out initiatives particularly targeting children aged under 6 years old or at least adapt existing initiatives accordingly.
- Afghanistan, Maldives and Pakistan should mainstream national flagship initiatives with strong linkages to nutrition interventions.
- Afghanistan, Bhutan, Pakistan and Nepal have a particularly pressing need to boost the child coverage provided by their flagship initiatives.
- Nepal should strategise to move faster towards expanding the coverage of its CG so that it becomes truly universal in the entire country.
- Sri Lanka should consider improving the benefit level of its flagship cash transfer, the *Divineguma* (*Samurdhi*) programme.
- Sri Lanka should consider taking the next step and rolling out some sort of universal child benefit.

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ANNEX 1—DEFINITION OF PROGRAMME TYPES USED IN THIS STUDY

Programme type	Definition	Link	Reference to the original source
Unconditional cash transfer (UCT)	UCTs are “grants paid to beneficiaries without the beneficiary having to do anything specific to receive the benefit”.	https://bit.ly/35joxHs	European Commission Directorate-General for Humanitarian Aid & Civil Protection (2013)
Conditional cash transfer (CCT)	CCTs refer to “cash distributed to individuals or households on condition that these undertake specified activities, e.g. that children attend school or that mothers attend primary health centres”.	https://bit.ly/35hodcx	Barrientos et al (2010)
School feeding programme (SFP)	SFPs are interventions that provide a meal or snack to school students.	-	Authors' elaboration
Cash for work (CFW)	CFW programmes consist of “cash transfers distributed to vulnerable individuals or households in exchange for labour”.	https://bit.ly/3bMHJQq	Barrientos et al (2010)
Food for work (FFW)	FFW programmes consist of “food distributed to individuals or households in exchange for labour”.	https://bit.ly/3a0bHSY	Barrientos et al (2010)
Educational fee waiver (EFW)	“School fee waivers should enable those who cannot afford to pay for their education to have access to schooling.”	https://bit.ly/2VQBpSs	Kadzamira and Rose (2003)
Targeted food subsidy (FS)	“Targeted subsidies mean that governments subsidise food prices for certain households, targeted either by income level or by category. In other words, a dual-price policy is adopted: non-targeted individuals buy food at market prices, while eligible households have access to cheaper food.”	https://bit.ly/2KJFckw	HLPE (2012)
Housing subsidy (HS)	There are two main types of HS: supply-side and demand-side subsidies. “Traditional supply-side housing programs include government-built public housing and other so-called ‘bricks and mortar’ subsidies given to the producers of housing, including, for example, subsidized financing, contributions of land and materials, and tax credits and deductions.” Demand-side subsidies, on the other hand, consist mainly of “capital grants and allowances targeted to poor households [. . .] In the housing sector, capital grants are one-time subsidies to households that they can use to purchase, build, or complete (new or existing) units or to rehabilitate existing units [. . .] A housing allowance is a regular ongoing subsidy to households that offsets some of the costs of their housing and housing-related services. Allowances can be provided to either owners or renters, and they may be used for new or existing housing.”	https://bit.ly/2V0n8FK	Katsura and Romanik (2002)
Non-contributory health insurance (NCHI)	Health insurance provides for free at the point of usage or, at least, subsidised access to a variety of health services (some are limited to basic consultations; others include complex services, surgeries and even access to medication). For our study, this denotes initiatives that yield a continuous and non-specified, even if limited, health coverage, so as to differentiate it from HFW initiatives and one-off service provision.	-	Authors' elaboration



Programme type	Definition	Link	Reference to the original source
Conditional in-kind transfer (CIKT)	CIKTs “provide in-kind benefits to participants upon their fulfillment of conditions (...). Typical examples include school feeding programs that provide on-site meals to children in schools”. (In the example of school feeding programmes, the implicit conditionality to receive the benefit is school attendance.)	https://bit.ly/3f1RbSd	World Bank and IMF (2015)
Unconditional in-kind transfer (UIKT)	These are the same as CIKTs, except they do not require beneficiaries to comply with any conditionality.	-	Authors’ elaboration
Social care services (SCS)	SCS refer to non-cash interventions such as family support services to prevent family breakdown, child protection services to respond to abuse and neglect, alternative care for children, and social work support to PwD. It can also include care and referral support linking people to social service and social assistance, as well as activities of communication for development (C4D).	https://bit.ly/3f5kmnq	European Commission (2019)
Sustainable livelihoods programmes (SLPs)	SLPs are “asset transfers/access, seen as effective ways to particularly (although not exclusively) assist those struggling to survive in the informal sector”.	https://bit.ly/3aLwM0c	Campos (2015)
Professional training (PT)	“Social protection can be implemented alongside complementary training programmes, in order to promote employability and consumption smoothing simultaneously (...). Some programmes simply link training to social protection provision, while others create an integrated package of mutually reinforcing interventions to try to promote skills development, or make participation in training a criterion for transfer receipt (...). The common objective throughout these programmes is to intervene in such a way as to change the labour market performance of participants.” Common examples of linkages between skills training and social protection include classroom training as a conditionality of a programme such as food for training or on-the-job training in public works programmes.	https://bit.ly/35nl8Yf	McCord (2012)
Health fee waiver (HFW)	This consists of the provision of services without incurring out-of-pocket expenditure that would be otherwise required. This is different from NCHI, since it applies to specific services, rather than a broad set of health coverage. This is usually provided in cases such as, for instance, waiving perinatal visit fees for mothers and lactating women, or waiving costs of health visits for children or for specific sexual and reproductive services etc.	-	Authors’ elaboration
Institutional purchase that can benefit smallholder farmers (IPBSF)	IPBSF or purchases from smallholder farmers have the aim “to support smallholder farmers in one of the most difficult aspects of the productive process: gaining market access for the produce they grow”. They “allow farmers to sell their produce to local public institutions such as hospitals, community canteens, food banks, orphanages and charities, without the need for a public bidding process”.	https://bit.ly/2YjnENR	Veras Soares et al. (2013)

ANNEX 2—PROGRAMMES AND THE RELEVANCE OF THEIR SUBCOMPONENTS

Country	Programme name	Relevance of subcomponents	Short description of the subcomponents
Afghanistan	Martyrs and Disabled Pension Programme (MDPP)	None, residual or not duly publicised	
Afghanistan	Citizens' Charter Afghanistan Project (CCAP)	Strong	Community development grants
Afghanistan	<i>Eshteghal Zaiee-Karmondena</i> (EZ-Kar)	Strong	Market-enabling infrastructure grants, urban development, formation of Business <i>Gozars</i> , administrative reforms
Afghanistan	National Rural Access Programme (NRAP)	None, residual or not duly publicised	
Bangladesh	Allowance for Financially Insolvent Persons with Disabilities (AFIPWD)	None, residual or not duly publicised	
Bangladesh	Employment Generation Programme for the Poorest (EGPP)	None, residual or not duly publicised	
Bangladesh	Husband-Deserted, Widowed and Destitute Women's Allowance (HWDWA)	None, residual or not duly publicised	
Bangladesh	Maternity Allowance for Poor Lactating Mothers (MAPLM)	Incremental	251 non-governmental organisations provide beneficiaries with additional training on health, nutrition and income-generating activities
Bangladesh	Old-age Allowance Programme (OAP)	None, residual or not duly publicised	
Bangladesh	Public Food Distribution System (PFDS)	Strong	The system operates through monetised and non-monetised channels. The former includes Open Market Sales (OMS), Essential Priorities (EP), Other Priorities (OP) and Large Employers (LE). The latter includes Food for Work (FfW), Vulnerable Group Development (VGD), Vulnerable Group Feeding (VGF), Test Relief (TR) and Gratuitous Relief (GR). Food assistance for the Chittagong Hill Tracts region is also provided via PFDS. FfW was expected to be substituted by the Work for Money programme, but after being initially defunded, FfW received new funds from the revised 2017–18 budget onwards.
Bangladesh	School Feeding Programme in Poverty-prone Areas (SFP-PA)	Incremental	Deworming activities are also conducted, as well as community-level awareness-raising sessions on water, sanitation, hygiene, disaster risk reduction and gardening.
Bangladesh	Primary Education Stipend Programme (PESP)	None, residual or not duly publicised	
Bangladesh	Secondary Education Stipend Programme (SESP)	None, residual or not duly publicised	
Bangladesh	Secondary Education Sector Investment Programme (SESIP)	None, residual or not duly publicised	
Bangladesh	Higher Secondary Stipend Programme (HSSP)	None, residual or not duly publicised	



Country	Programme name	Relevance of subcomponents	Short description of the subcomponents
Bhutan	Rural Economy Advancement Programme (REAP)	Strong	<p>Component 1 is implemented by local governments and comprises supply of agriculture machinery; income-generating activities; access to food and nutrition; and targeted activities for the poorest households.</p> <p>Component 2 is implemented by the Tarayana Foundation and comprises improvement of housing; health and sanitation; self-help groups; training and skills development; income-generating activities; access to food and nutrition.</p>
Bhutan	School Feeding Programme (SFP)	Incremental	Deworming and vitamin supplementation
India	Targeted Public Distribution System (TPDS)	Strong	<p>The TPDS encourages production by purchasing food grain from farmers at a minimum support price—a predetermined price floor. This food, as well as kerosene and, in some states, other items of basic need, are sold at subsidised prices to eligible persons at government-licensed fair price shops.</p> <p>A subcomponent of the TPDS is the AAY, which was launched in December 2000 and targets the poorest households, awarding them higher benefits (higher subsidy).</p>
India	Janani Suraksha Yojana (JSY)	Strong	The programme provides benefits to mothers and to ASHAs who encourage women to have institutional deliveries. Moreover, the programme subsidises the cost of caesarean sections and promotes the accreditation of private health institutions.
India	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	Incremental	<p>Daily unemployment allowance, and coverage for hospitalisation expenses and medical assistance related to work-related injuries.</p> <p>There is also a seminal intervention coupled with the MGNREGA that provides livelihood support to young people aged 18–35 years (45 years for women, particularly vulnerable tribal groups, PwD, transgender people, Scheduled Castes/Tribes and other special groups) from rural households whose members have completed at least 15 days of work under the MGNREGA.</p>
India	Mid-Day Meal (MDM)	None, residual or not duly publicised	
India	National Health Protection Scheme (NHPS)	None, residual or not duly publicised	
India	National Social Assistance Programme (NSAP)	Strong	IGNOAPS; IGWPS; IGNDPS; NFBS; Annapurna
India	<i>Pradhan Mantri Matritva Vandana Yojana</i> (PMMVY)	None, residual or not duly publicised	
Maldives	Disability Allowance Programme (DAP)	Strong	Financial assistance; assistive devices; psychological support
Maldives	Food Subsidy Programme (FSP)	None, residual or not duly publicised	
Maldives	Foster Parent Allowances (FPA)	None, residual or not duly publicised	
Maldives	Husnuvaa Aasandha (HA)	None, residual or not duly publicised	



Country	Programme name	Relevance of subcomponents	Short description of the subcomponents
Maldives	Medical Welfare (MW)	None, residual or not duly publicised	
Maldives	Old Age Basic Pension (OABP)	None, residual or not duly publicised	
Maldives	Single Parent Allowance (SPA)	None, residual or not duly publicised	
Nepal	Aama/Safe Mother Programme (AP)	Strong	Medical assistance for mothers and newborns; cash incentives for four antenatal care (ANC) visits; financial assistance for health workers
Nepal	Child Grant (CG)	Incremental	Complementary programme to inform about the grant; birth registration campaigns to facilitate access to the service
Nepal	Disability Grant (DG)	None, residual or not duly publicised	
Nepal	Endangered Indigenous Peoples Allowance/Endangered Ethnicity Grant (EIPA)	None, residual or not duly publicised	
Nepal	Karnali Employment Programme (KEP)	Incremental	Cash payment as unemployment insurance for the period during which people should be given access to the programme, for cases where the programme fails to provide work opportunities
Nepal	National School Meals Programme (NSMP) and Food for Education	None, residual or not duly publicised	
Nepal	Old Age Allowance (OAA)/Senior Citizens' Allowance)	None, residual or not duly publicised	
Nepal	Rural Community Infrastructure Work (RCIW)	Strong	In addition to the transfers, the programme offers training in asset creation as well as skills development opportunities related to food and nutrition security to its beneficiaries.
Nepal	Scholarships (SCHLR)	Strong	<ul style="list-style-type: none"> • Dalit scholarship • Girls scholarship • Girls scholarship in Karnali zone • Scholarship for martyrs' children <ul style="list-style-type: none"> • Kamalari scholarship • Scholarship for those affected by conflict • Scholarship for students of Himali hostel <ul style="list-style-type: none"> • Feeder hostel scholarship • Scholarship for students of model schools • Scholarship for students of Himali residential school hostel <ul style="list-style-type: none"> • Himali hostel management and operational costs • Feeder hostel management and operational costs <p>In some cases the schools also receive grants from the programme.</p>
Nepal	Single Women's Allowance (SWA)	None, residual or not duly publicised	



Country	Programme name	Relevance of subcomponents	Short description of the subcomponents
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)	Strong	UCT; CCT. In the past, there have been pilots for complementary initiatives such as microloans, skills training and health insurance that were discontinued.
Pakistan	Pakistan Bait-ul-Mal (PBM)	Strong	Social support services; rehabilitation of child labour; women's empowerment centres; child support programme
Pakistan	Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project (FATA-TDPER)	Strong	<ul style="list-style-type: none"> • Early Recovery Package for Temporary Displaced Persons; • Promoting child health in selected areas of FATA; • Strengthening programme management and oversight
Pakistan	Prime Minister's National Health Programme (PMNHP)	None, residual or not duly publicised	
Sri Lanka	Divineguma	Strong	The programme encompasses a monthly cash transfer, social security/insurance contributions and housing assistance, as well as nutrition (<i>Poshana Malla</i>), microfinance and livelihoods development components.
Sri Lanka	Financial Support to Elderly/ Elderly Assistance Programme (EAP)	None, residual or not duly publicised	
Sri Lanka	National Secretariat for Persons with Disability (NSPWD)	Strong	Financial support benefit; self-employment; housing assistance; medical assistance; education and school material assistance; assistive devices
Sri Lanka	National Supplementary Food Programme/ <i>Thripasha</i> (T-NSFP)	None, residual or not duly publicised	
Sri Lanka	Public Welfare Assistance Allowance (PAMA)	None, residual or not duly publicised	
Sri Lanka	School Feeding Programmes (S-SFP)	Incremental	Some school meals are cooked at the school, and others delivered by private providers. In addition, there is complementary school milk. Furthermore, there is a deworming and vitamin supplementation initiative.

ANNEX 3—CLASSIFICATION OF PROGRAMMES BY PROGRAMME TYPE

Basics		Programme type															
Country	Programme	UCT	CCT	SFP	CfW	FfW	EFW	FS	HS	NCHI	UIKT	CIKT	SCS	SLP	IPBSF	PT	HFW
Afghanistan	Citizens' Charter Afghanistan Project (CCAP)				x			x									
Afghanistan	Eshteghal Zaiee-Karmondena (EZ-Kar)				x												
Afghanistan	Martyrs and Disabled Pension Programme (MDPP)	x					x		x								x
Afghanistan	National Rural Access Programme (NRAP)				x												
Bangladesh	Allowance for Financially Insolvent Persons with Disabilities (AFIPWD)	x															
Bangladesh	Employment Generation Programme for the Poorest (EGPP)				x												
Bangladesh	Husband-Deserted, Widowed and Destitute Women's Allowance (HWDWA)	x															
Bangladesh	Maternity Allowance for Poor Lactating Mothers (MAPLM)	x											x				x
Bangladesh	Old-age Allowance Programme (OAP)	x															
Bangladesh	Public Food Distribution System (PFDS)				x	x		x									x
Bangladesh	School Feeding Programme in Poverty-prone Areas (SFP-PA)				x								x				
Bangladesh	Primary Education Stipend Programme (PESP)		x														



Basics		Programme type				
Bangladesh	Secondary Education Stipend Programme (SESP)	x		x		
Bangladesh	Secondary Education Sector Investment Programme (SESIP)	x		x		
Bangladesh	Higher Secondary Stipend Programme (HSSP)	x		x		
Bhutan	Rural Economy Advancement Programme (REAP)				x	x x
Bhutan	School Feeding Programme (SFP)		x			
India	Targeted Public Distribution System (TPDS)			x		x
India	Janani Suraksha Yojana (JSY)	x				
India	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)			x		
India	Mid-Day Meal (MDM)		x			
India	National Health Protection Scheme (NHPS)				x	
India	National Social Assistance Programme (NSAP)	x				x
India	<i>Pradhan Mantri Matritva Vandana Yojana</i> (PMMVY)	x				
Maldives	Disability Allowance Programme (DAP)	x			x	x
Maldives	Food Subsidy Programme (FSP)			x		
Maldives	Foster Parent Allowances (FPA)	x				
Maldives	Husnuvaa Aasandha (HA)				x	
Maldives	Medical Welfare (MW)				x	
Maldives	Old Age Basic Pension (OABP)	x				
Maldives	Single Parent Allowance (SPA)	x				



Basics		Programme type						
Nepal	Aama/ Safe Mother Programme (AP)	x						x
Nepal	Child Grant (CG)	x						
Nepal	Disability Grant (DG)	x						
Nepal	Endangered Indigenous Peoples Allowance/ Endangered Ethnicity Grant (EIPA)	x						
Nepal	Karnali Employment Programme (KEP)			x				
Nepal	National School Meals Programme (NSMP) and Food for Education		x					
Nepal	Old Age Allowance (OAA)/Senior Citizens' Allowance)	x						
Nepal	Rural Community Infrastructure Work (RCIW)			x	x			x
Nepal	Scholarships (SCHLR)	x				x		
Nepal	Single Women's Allowance (SWA)	x						
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)	x	x					
Pakistan	Pakistan Bait-ul-Mal (PBM)	x			x	x	x	x
Pakistan	Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project (FATA-TDPER)	x	x					
Pakistan	Prime Minister's National Health Programme (PMNHP)					x		
Sri Lanka	Divineguma/ Samurdhi	x				x	x	x
Sri Lanka	Financial Support to Elderly/Elderly Assistance Programme (EAP)	x						



Basics		Programme type						
Sri Lanka	National Secretariat for Persons with Disability (NSPwD)	x		x	x		x	x
Sri Lanka	National Supplementary Food Programme/ Thriposha (T-NSFP)				x			
Sri Lanka	Public Welfare Assistance Allowance (PAMA)	x						
Sri Lanka	School Feeding Programmes (S-SFP)		x					

ANNEX 4—PROGRAMMES' TARGET GROUPS

Country	Programme	Target groups										Other target groups					
		Children	Newborns	Orphans	Elderly people	Castes and ethnic groups	AIDS/HIV	PwD	Women	Pregnant and lactating mothers	Widow/single women		WAG	PHHs	Disaster		
Afghanistan	Citizens' Charter Afghanistan Project (CCAP)							P			P	E	E			Displaced people (P)	
Afghanistan	<i>Eshteghal Zaiee-Karmandena</i> (EZ-Kar)											E	E			Displaced people (P)	
Afghanistan	Martyrs and Disabled Pension Programme (MDPP)										E					Families of martyrs, former freedom fighters	
Afghanistan	National Rural Access Programme (NRAP)														E		
Bangladesh	Allowance for Financially Insolvent Persons with Disabilities (AFIPWD)															P	E



Country	Programme	Target groups											Other target groups				
		Children	Newborns	Orphans	Elderly people	Castes and ethnic groups	AIDS/ HIV	PwD	Women	Pregnant and lactating mothers	Widow/ single women	WAG		PHHs	Disaster		
Bangladesh	Employment Generation Programme for the Poorest (EGPP)								E				E	E			
Bangladesh	Husband-Deserted, Widowed and Destitute Women's Allowance (HWDWA)				P						P						Mothers of more than one child
Bangladesh	Maternity Allowance for Poor Lactating Mothers (MAPLM)													E			
Bangladesh	Old-age Allowance Programme (OAP)				E						P			E			Among eligible elderly people, priority should also be given to homeless people, landless people, freedom fighters and those without any savings after food expenditures.



Target groups															
Country	Programme	Children	Newborns	Orphans	Elderly people	Castes and ethnic groups	AIDS/ HIV	PwD	Women	Pregnant and lactating mothers	Widow/ single women	WAG	PHHs	Disaster	Other target groups
Bangladesh	Public Food Distribution System (PFDS)							P	E		E	E	E	E	Eligibility of some streams to government employees and defence forces
Bangladesh	School Feeding Programme in Poverty-prone Areas (SFP-PA)	E													
Bangladesh	Primary Education Stipend Programme (PESP)	E													
Bangladesh	Secondary Education Stipend Programme (SESP)	E											E		
Bangladesh	Secondary Education Sector Investment Programme (SESIP)	E											E		
Bangladesh	Higher Secondary Stipend Programme (HSSP)	E		P				P	P				E	P	Priority for freedom fighters



Country	Programme	Target groups										Other target groups					
		Children	Newborns	Orphans	Elderly people	Castes and ethnic groups	AIDS/HIV	PwD	Women	Pregnant and lactating mothers	Widow/single women		WAG	PHHs	Disaster		
Bhutan	Rural Economy Advancement Programme (REAP)												E				
Bhutan	School Feeding Programme (SFP)	E															
India	Targeted Public Distribution System (TPDS)					E								E			Manual scavengers and those in forms of bonded labour. Also specific groups defined as TPDS priority groups at the state level. From the supply side, smallholder farmers can also be considered beneficiaries.



Country	Programme	Target groups											Other target groups				
		Children	Newborns	Orphans	Elderly people	Castes and ethnic groups	AIDS/ HIV	PwD	Women	Pregnant and lactating mothers	Widow/ single women	WAG		PHHs	Disaster		
India	Janani Suraksha Yojana (JSY)					E				E			E				People from 'low performing states'. Among those, eligibility to manual scavengers and those in forms of bonded labour. Also specific groups defined as TPDS priority groups at the state level. It also targets poor women who are ASHAs
India	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)					P					P		E				
India	Mid-Day Meal (MDM)	E															P



Country	Programme	Target groups										Other target groups			
		Children	Newborns	Orphans	Elderly people	Castes and ethnic groups	AIDS/HIV	PwD	Women	Pregnant and lactating mothers	Widow/single women		WAG	PHHs	Disaster
India	National Health Protection Scheme (NHPS)				P	E		P					E		Manual scavengers and those in forms of bonded labour. Also specific groups defined as TPDS priority groups at the state level
India	National Social Assistance Programme (NSAP)				E	E		E					E	P	Manual scavengers and those in forms of bonded labour. Also specific groups defined as TPDS priority groups at the state level. It also includes persons affected by leprosy, AIDS, cancer, TB and other serious ailments, bonded labourers, transgender people and dwarfs.
India	Pradhan Mantri Matritva Vandana Yojana (PMMVY)													E	



Country	Programme	Target groups														
		Children	Newborns	Orphans	Elderly people	Castes and ethnic groups	AIDS/HIV	PwD	Women	Pregnant and lactating mothers	Widow/single women	WAG	PHHs	Disaster	Other target groups	
Maldives	Disability Allowance Programme (DAP)										E					
Maldives	Food Subsidy Programme (FSP)													E		
Maldives	Foster Parent Allowances (FPA)	E					E									Foster parents
Maldives	<i>Husnuva</i> <i>Aasandha</i> (HA)															Universal
Maldives	Medical Welfare (MW)													E		
Maldives	Old Age Basic Pension (OABP)								E							
Maldives	Single Parent Allowance (SPA)	E												E		
Nepal	<i>Aama</i> / Safe Mother Programme (AP)												E			Health workers
Nepal	Child Grant (CG)	E												E		
Nepal	Disability Grant (DG)														E	



Country	Programme	Target groups											Other target groups					
		Children	Newborns	Orphans	Elderly people	Castes and ethnic groups	AIDS/HIV	PwD	Women	Pregnant and lactating mothers	Widow/single women	WAG		PHHs	Disaster			
Nepal	Endangered Indigenous Peoples Allowance/Endangered Ethnicity Grant (EIPA)					E												
Nepal	Karnali Employment Programme (KEP)					P		P	P	P					E		Eligibility to HHs with an unemployed member. Priority to Dalits, female-headed HHs, and HHs with a high dependency ratio.	
Nepal	National School Meals Programme (NSMP) and Food for Education																	E
Nepal	Old Age Allowance (OAA)/Senior Citizens' Allowance																	E
Nepal	Rural Community Infrastructure Work (RCIW)																	E



Country	Programme	Target groups											Other target groups			
		Children	Newborns	Orphans	Elderly people	Castes and ethnic groups	AIDS/HIV	PwD	Women	Pregnant and lactating mothers	Widow/single women	WAG		PHHs	Disaster	
Nepal	Scholarships (SCHLR)	E				E		E	E							Endangered and marginalised groups; children of martyrs
Nepal	Single Women's Allowance (SWA)				Single women aged 60+										E	
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)	E													E	
Pakistan	<i>Pakistan Bait-ul-Mal</i> (PBM)	E		P										E		
Pakistan	Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project (FATA-TDPER)	E														Temporarily Displaced Persons (TDP)
Pakistan	Prime Minister's National Health Programme (PMNHP)													E		
Sri Lanka	<i>Divineguma/Samurahi</i>								E						E	



Country	Programme	Target groups													
		Children	Newborns	Orphans	Elderly people	Castes and ethnic groups	AIDS/ HIV	PwD	Women	Pregnant and lactating mothers	Widow/ single women	WAG	PHHs	Disaster	Other target groups
Sri Lanka	Financial Support to Elderly/Elderly Assistance Programme (EAP)				E								E		
Sri Lanka	National Secretariat for Persons with Disability (NSPWD)						E							E	
Sri Lanka	National Supplementary Food Programme/ <i>Thripasha</i> (T-NSFP)			Undernourished						E					
Sri Lanka	Public Welfare Assistance Allowance (PAMA)			Orphans	E			E					E		
Sri Lanka	School Feeding Programmes (S-SFP)				E										

ANNEX 5—PROGRAMMES' TARGETING MECHANISMS

Country	Programme	Targeting mechanism						Other targeting mechanisms
		CAT	COM	GEO	MT	PMT	ST	
Afghanistan	Citizens' Charter Afghanistan Project (CCAP)		E	E				Community-based vulnerability analysis
Afghanistan	<i>Eshteghal Zaiee-Karmandena</i> (EZ-Kar)		E	E				Community-based vulnerability analysis
Afghanistan	Martyrs and Disabled Pension Programme (MDPP)	E						
Afghanistan	National Rural Access Programme (NRAP)		E	E				
Bangladesh	Allowance for Financially Insolvent Persons with Disabilities (AFIPWD)	E			E			
Bangladesh	Employment Generation Programme for the Poorest (EGPP)	E	E	E	E		E	
Bangladesh	Husband-Deserted, Widowed and Destitute Women's Allowance (HWDWA)	E			E			
Bangladesh	Maternity Allowance for Poor Lactating Mothers (MAPLM)	E			E			
Bangladesh	Old-age Allowance Programme (OAP)	E	P		E			
Bangladesh	Public Food Distribution System (PFDS)	E	E	E			E	
Bangladesh	School Feeding Programme in Poverty-prone Areas (SFP-PA)	E		E				
Bangladesh	Primary Education Stipend Programme (PESP)	E						School committee deliberation
Bangladesh	Secondary Education Stipend Programme (SESP)	E			E			School committee deliberation
Bangladesh	Secondary Education Sector Investment Programme (SESIP)	E			E			School committee deliberation
Bangladesh	Higher Secondary Stipend Programme (HSSP)	E			E			
Bhutan	Rural Economy Advancement Programme (REAP)			E				
Bhutan	School Feeding Programme (SFP)	E						School board deliberations considering applicants' distance to school



Country	Programme	Targeting mechanism						Other targeting mechanisms
		CAT	COM	GEO	MT	PMT	ST	
India	Targeted Public Distribution System (TPDS)	Eligibility Demand side					Eligibility supply side	Forms of poverty estimation by multi-categorical assessment that is not really a PMT
India	<i>Janani Suraksha Yojana</i> (JSY)	E		E			E	Forms of poverty estimation by multi-categorical assessment that is not really a PMT
India	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)			E			E	
India	Mid-Day Meal (MDM)	E		p				
India	National Health Protection Scheme (NHPS)							Forms of poverty estimation by multi-categorical assessment that is not really a PMT
India	National Social Assistance Programme (NSAP)	E						Forms of poverty estimation by multi-categorical assessment that is not really a PMT
India	<i>Pradhan Mantri Matritva Vandana Yojana</i> (PMMVY)	E						
Maldives	Disability Allowance Programme (DAP)	E						
Maldives	Food Subsidy Programme (FSP)				E			
Maldives	Foster Parent Allowances (FPA)	E			E			
Maldives	<i>Husnuvaa Aasandha</i> (HA)	E						
Maldives	Medical Welfare (MW)				E			
Maldives	Old Age Basic Pension (OABP)	E						
Maldives	Single Parent Allowance (SPA)	E			E			
Nepal	<i>Aama/Safe Mother</i> Programme (AP)	E					E	
Nepal	Child Grant (CG)	E		E				
Nepal	Disability Grant (DG)	E						
Nepal	Endangered Indigenous Peoples Allowance/ Endangered Ethnicity Grant (EIPA)	E						
Nepal	Karnali Employment Programme (KEP)		E	E			E	



Country	Programme	Targeting mechanism						Other targeting mechanisms
		CAT	COM	GEO	MT	PMT	ST	
Nepal	National School Meals Programme (NSMP) and Food for Education	E		E				
Nepal	Old Age Allowance (OAA)/Senior Citizens' Allowance)	E		P				
Nepal	Rural Community Infrastructure Work (RCIW)			E			E	
Nepal	Scholarships (SCHLR)	E		E				
Nepal	Single Women's Allowance (SWA)	E						
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)	E				E		
Pakistan	<i>Pakistan Bait-ul-Mal</i> (PBM)	E			E	E		
Pakistan	Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project (FATA-TDPER)	E		E				
Pakistan	Prime Minister's National Health Programme (PMNHP)			E		E		
Sri Lanka	<i>Divineguma/</i>				E	E		
Sri Lanka	Financial Support to Elderly/Elderly Assistance Programme (EAP)	E			E			
Sri Lanka	National Secretariat for Persons with Disability (NSPWD)	E			E			
Sri Lanka	National Supplementary Food Programme/ <i>Thripasha</i> (T-NSFP)	E					E	
Sri Lanka	Public Welfare Assistance Allowance (PAMA)	E			E			
Sri Lanka	School Feeding Programmes (S-SFP)	E						

ANNEX 6—PROGRAMMES' BENEFIT TYPES AND DELIVERY MECHANISMS

Country	Programme	Benefit type						Delivery mechanism			
		Cash	Food	Other	Mobile	Banks	Post office	Pay points and other options			
Afghanistan	Citizens' Charter Afghanistan Project (CCAP)	x	x			x					x
Afghanistan	<i>Eshteghal Zaiee-Karmandana</i> (EZ-Kar)	x									
Afghanistan	Martyrs and Disabled Pension Programme (MDPP)	x									
Afghanistan	National Rural Access Programme (NRAP)	x									
Bangladesh	Allowance for Financially Insolvent Persons with Disabilities (AFIPWD)	x			x						x
Bangladesh	Employment Generation Programme for the Poorest (EGPP)	x									
Bangladesh	Husband-Deserted, Widowed and Destitute Women's Allowance (HWDWA)	x			x						x
Bangladesh	Maternity Allowance for Poor Lactating Mothers (MAPLM)	x		x							x
Bangladesh	Old-age Allowance Programme (OAP)	x			x						x
Bangladesh	Public Food Distribution System (PFDS)	x	x								x
Bangladesh	School Feeding Programme in Poverty-prone Areas (SFP-PA)	x	x								
Bangladesh	Primary Education Stipend Programme (PESP)	x			x						
Bangladesh	Secondary Education Stipend Programme (SESP)	x			x			Fee waiver			
Bangladesh	Secondary Education Sector Investment Programme (SESIP)	x			x			Fee waiver			
Bangladesh	Higher Secondary Stipend Programme (HSSP)	x			x			Fee waiver			
Bhutan	Rural Economy Advancement Programme (REAP)	x	x					Rural assets and training			x
Bhutan	School Feeding Programme (SFP)		x								
India	Targeted Public Distribution System (TPDS)		x								FPS
India	<i>Janani Suraksha Yojana</i> (JSY)	x								x	x
India	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	x								x	x
India	Mid-Day Meal (MDM)		x								
India	National Health Protection Scheme (NHPS)								x		
India	National Social Assistance Programme (NSAP)	x	x							x	x
India	<i>Pradhan Mantri Matritva Vandana Yojana</i> (PMMVY)	x								x	x
Maldives	Disability Allowance Programme (DAP)	x							x		
Maldives	Food Subsidy Programme (FSP)		x								
Maldives	Foster Parent Allowances (FPA)	x									



Country	Programme	Benefit type						Delivery mechanism				
		Cash	Food	Other	Mobile	Banks	Post office	Pay points and other options				
Maldives	<i>Husnuva Aasandha</i> (HA)			X								
Maldives	Medical Welfare (MW)			X								
Maldives	Old Age Basic Pension (OABP)	X					X					
Maldives	Single Parent Allowance (SPA)	X										
Nepal	<i>Arma/Safe Mother Programme</i> (AP)	X		X								
Nepal	Child Grant (CG)	X										X
Nepal	Disability Grant (DG)	X										X
Nepal	Endangered Indigenous Peoples Allowance/Endangered Ethnicity Grant (EIPA)	X										X
Nepal	Karnali Employment Programme (KEP)	X										X
Nepal	National School Meals Programme (NSMP) and Food for Education		X									
Nepal	Old Age Allowance (OAA)/Senior Citizens' Allowance	X										X
Nepal	Rural Community Infrastructure Work (RCIW)	X	X									X
Nepal	Scholarships (SCHLR)	X										X
Nepal	Single Women's Allowance (SWA)	X										X
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)	X			X				X			X
Pakistan	<i>Pakistan Bait-ul-Mal</i> (PBM)	X				X						
Pakistan	Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project (FATA-TDPER)	X								X		
Pakistan	Prime Minister's National Health Programme (PMNHP)			X								X
Sri Lanka	<i>Divineguma/Samurधि</i>	X	X	X						X		
Sri Lanka	Financial Support to Elderly/Elderly Assistance Programme (EAP)	X										
Sri Lanka	National Secretariat for Persons with Disability (NSPWD)	X					X					
Sri Lanka	National Supplementary Food Programme/ <i>Thriposhha</i> (T-NSFP)		X									X
Sri Lanka	Public Welfare Assistance Allowance (PAMA)	X										
Sri Lanka	School Feeding Programmes (S-SFP)		X									

ANNEX 7—PROGRAMMES' UNIT OF ANALYSIS AND RESPECTIVE COVERAGE FIGURES

Country	Programme	Programme's unit of analysis				Coverage		Reference year
		Individual	Individual but equivalent to household	Household	Direct individual beneficiaries	Direct household beneficiaries	Cardholders	
Afghanistan	Citizens' Charter-Afghanistan Project (CCAP)			x		36,250	36,250	average from total expected
Afghanistan	Eshteghal Zaiee-Kairmondana (EZ-Kar)		x		16,551		16,551	average from total expected
Afghanistan	Martyrs and Disabled Pension Programme (MDPP)			x	200,000		200,000	2013
Afghanistan	National Rural Access Programme (NRAP)	x						
Bangladesh	Allowance for Financially Insolvent Persons with Disabilities (AFIPWD)	x			825,000		825,000	2017
Bangladesh	Employment Generation Programme for the Poorest (EGPP)	x			780,000		780,000	2017
Bangladesh	Husband-Deserted, Widowed and Destitute Women's Allowance (HWDWA)		x		1,265,000		1,265,000	2017
Bangladesh	Maternity Allowance for Poor Lactating Mothers (MAPLM)		x		700,000		700,000	
Bangladesh	Old-age Allowance Programme (OAP)	x			3,500,000		3,500,000	2017
Bangladesh	Public Food Distribution System (PFDS)	x			37,930,000		37,930,000	2017
Bangladesh	School Feeding Programme in Poverty-prone Areas (SFP-PA)	x			2,500,000		2,500,000	2017
Bangladesh	Primary Education Stipend Programme (PESP)			x	13,000,000		13,000,000	2017
Bangladesh	Secondary Education Stipend Programme (SESP)	x			1,000,000		1,000,000	2017
Bangladesh	Secondary Education Sector Investment Programme (SESIIP)	x			2,378,000		2,378,000	2017
Bangladesh	Higher Secondary Stipend Programme (HSSP)	x			678,000.00		678,000	2017
Bhutan	Rural Economy Advancement Programme (REAP)			x		536	536	2018
Bhutan	School Feeding Programme (SFP)	x			75,000		75,000	2017
India	Targeted Public Distribution System (TPDS)			x		190,000,000	190,000,000	2017
India	Janani Suraksha Yojana (JSY)		x		10,459,000		10,459,000	2017
India	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	x			70,800,000		70,800,000	2018



Country	Programme	Programme's unit of analysis					Coverage			Reference year
		Individual	Individual but equivalent to household	Household	Direct individual beneficiaries	Direct household beneficiaries	Cardholders			
India	Mid-Day Meal (MDM)	x			120,000,000	120,000,000	120,000,000		2017	
India	National Health Protection Scheme (NHPS)		x		130,000,000	41,000,000	41,000,000		2017	
India	National Social Assistance Programme (NSAP)	x			35,748,487		35,748,487		2018	
India	Pradhan Mantri Matritva Yojana (PMMVY)		x		600,000		600,000		2017	
Maldives	Disability Allowance Programme (DAP)	x			6,696		6,696		2016	
Maldives	Food Subsidy Programme (FSP)			x	395		395			
Maldives	Foster Parent Allowances (FPA)			x	147	107	107		2016	
Maldives	Husnuvaa Aasandha (HA)	x			325,387		325,387		2016	
Maldives	Medical Welfare (MW)	x			6,777		6,777		2016	
Maldives	Old Age Basic Pension (OABP)	x			16,321		16,321		2016	
Maldives	Single Parent Allowance (SPA)	x			5,062		5,062		2016	
Nepal	Aama/Safe Mother Programme (AP)		x		248,750		248,750		2017	
Nepal	Child Grant (CG)			x	529,992		529,992		2017	
Nepal	Disability Grant (DG)	x			30,860		30,860		2015	
Nepal	Endangered Indigenous Peoples Allowance/Endangered Ethnicity Grant (EIPA)	x			23,346		23,346		2015	
Nepal	Karnali Employment Programme (KEP)	x			100,000		100,000		2018	
Nepal	National School Meals Programme (NSMP) and Food for Education	x			770,000		770,000		2016	
Nepal	Old Age Allowance (OAA)/Senior Citizens' Allowance)	x			1,054,272		1,054,272		2017	
Nepal	Rural Community Infrastructure Work (RCIW)	x				295,000	295,000		2015	
Nepal	Scholarships (SCHLR)	x			2,623,391		2,623,391		2015	
Nepal	Single Women's Allowance (SWA)			x	659,336		659,336		2015	
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)			x	6,700,000		6,700,000		2018	
Pakistan	Pakistan Bait-ul-Mal (PBM)	x			900,000		900,000		2014	
Pakistan	Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project (FATA-TDPER)			x		779,859	779,859		2018	
Pakistan	Prime Minister's National Health Programme (PMNHP)	x			1,428,572		1,428,572		2017	



Country	Programme	Programme's unit of analysis				Coverage			Reference year
		Individual	Individual but equivalent to household	Household	Direct individual beneficiaries	Direct household beneficiaries	Cardholders		
Sri Lanka	Divineguma/Samurdhi		x			1,400,000	1,400,000	2017	
Sri Lanka	Financial Support to Elderly/Elderly Assistance Programme (EAP)	x			386,083		386,083	2017	
Sri Lanka	National Secretariat for Persons with Disability (NSPwD)		x		28,822		28,822	2016	
Sri Lanka	National Supplementary Food Programme/ Thripusha (T-NSFP)	x			1,010,605		1,010,605	2016	
Sri Lanka	Public Welfare Assistance Allowance (PAMA)			x	580,720		580,720	2015	
Sri Lanka	School Feeding Programmes (S-SFP)	x			1,105,605		1,105,605	2017	

NOTES

1. We are not considering here more traditional pension schemes that can be inherited by descendants, who often include widows.
2. Please see in '1.2 Concepts of reference and our sample of programmes' that we do not include in our sample any generalised and universal forms of subsidy on commodities and services operated through the regular market. We solely include in our sample targeted forms of subsidy operated through food distribution programmes that target a specific population and deliver their benefits through programme-specific mechanisms (as opposed to generalised and purely or predominantly market-operated forms of subsidy).
3. This paper was developed within IPC-IG.
4. This category is part of our analytical framework even though no programme of our sample was considered to fit this category.
5. Etikan, Musa, and Sunusi (2016) define this as "a type of nonprobability or nonrandom sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study. It is also referred to the researching subjects of the population that are easily accessible to the researcher. Convenience samples are sometimes regarded as 'accidental samples' because elements may be selected in the sample simply as they just happen to be situated, spatially or administratively, near to where the researcher is conducting the data collection."
6. According to Etikan, Musa, and Sunusi (2016), "Expert Sampling calls for experts in a particular field to be the subjects of the purposive sampling. This sort of sampling is useful when the research is expected to take a long time before it provides conclusive results or where there is currently a lack of observational evidence. Expert sampling is a positive tool to use when investigating new areas of research, to garner whether or not further study would be worth the effort."
7. This study does not include in its sample Pakistan's Electricity Subsidy programme, which was part of the IPC-IG and UNICEF (2019a) analysis. Our sample also includes new programmes in Afghanistan that were not in the previous study, and removes some Afghan programmes that have been discontinued.
8. As a kind of exception to this rule, however, we include pro-poor, highly targeted forms of subsidies in which beneficiaries do not have to contribute to the programme as such, but in which they still have to incur some out-of-pocket expenses to gain access to the benefit. For instance, this is the case with the Targeted Public Distribution System (TPDS) in India. It consists of a targeted food and fuel subsidy component, distributed to beneficiaries via programme-specific arrangements (Gol 2017a; Puri 2017).
9. For Afghanistan, the poverty headcount ratio was only available using the national poverty line.
10. UNICEF (2019) defines social protection as a "set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation"
11. ASPIRE measures programme coverage as the number of individuals in the population who live in a household where at least one member receives the benefit, divided by the number of individuals in the population.
12. South Asian countries included are Bangladesh, India, Nepal, Pakistan and Sri Lanka.
13. Estimate excludes Maldives and children under 10 years in Pakistan (Khan and Lyon 2015).
14. UNDP considers nine countries to be included in South Asia: Afghanistan, Bangladesh, Bhutan, India, Islamic Republic of Iran, Maldives, Nepal, Pakistan and Sri Lanka.
15. Reproductive health, education, political representation and the labour market.
16. Other important programmes under Ehsaas Strategy include the following: 1) Ehsaas Kafaalat; 2) Ehsaas Amdan; 3) Ehsaas Interest Free Loans; 4) Ehsaas Langars; 5) Ehsaas Scholarships; 6) Ehsaas Emergency Cash.

17. Institutional delivery means giving birth to a child in a medical institution under the overall supervision of trained and competent health personnel where there are more amenities available to handle the situation and save the life of the mother and child.

18. We have renamed only one of the 16 categories set out by IPC-IG and UNICEF (2019). Programmes that promote public procurement from smallholder farmers were originally nested under a category named 'Purchase from Smallholder Farmers' (PSFHS). In this study, however, we preferred to rename it 'Institutional Purchase that can benefit Smallholder Farmers' (IPBSF). This is because one of the core programmes that represent this category in South Asia, India's TPDS, does not commit to purchasing food from smallholders, yet it operates through a price system that is particularly attractive to smallholder farmers.

19. INR1,000 for the early registration of pregnancy at an Anganwadi Centre (AWC)—approved health facility—INR2,000 after six months of pregnancy if the beneficiary attends one antenatal check-up session, and INR2,000 after the child is registered and vaccinated (GoI 2017e).

20. A programme has a 'flat benefit formula' if it provides the same benefit value to all beneficiaries regardless of their differences.

21. These programmes can either pay directly to students or to their legal guardians.

22. Social protection beneficiaries are often given a card or identification number which is their identifier in the programme's system. For programmes that target individuals, each person normally has his or her own card or programme identification number. Most household-targeted programmes, however, often issue one registration card or identification number for the entire household, even if the benefit formula awards benefits that vary according to the household composition.

23. This is considering India's NHPS coverage figures expressed per household, even though the programme also provides coverage by individuals. We used the coverage provided in households, which is smaller, because the household, and not the individual, is the unit of reference for the programme (GIZ 2017; USAID 2017; GoI n.d.; Mukherjee and Arora 2018).

24. As indicated in Box 4, this also reflects the fact that a very significant share of social protection programmes in this country are not led by central governments but, rather, by provincial governments.

25. This, however, should be taken with the caveat that two large Afghan programmes, the CCAP and EZ-Kar, have significantly higher coverage numbers than we use for our study. This is because Afghanistan pursues a community-based approach to social protection that yields community-level good, whereas for our study we just take into account benefits that can be directly traced to beneficiary individuals or households (World Bank 2017a; 2017c; 2018b).

26. This excludes the NHPS in India and the FPA in Maldives because they provide coverage figures in the number of households and individuals but their unit of analysis is the household.

27. As previously mentioned, India's NHCI targets the household but provides coverage figures in both individuals and households. Hence we only consider it for the coverage estimated in the number of cardholders and for the subset of the programmes that provide coverage figures in households. The same goes for FPA in Maldives.

28. For example, Save the Children's Practical Tool for Child Safeguarding in Cash Transfer Programming outlines different ways to incorporate children in programme design, highlighting the significance of a participatory approach. For more information, see Thompson (2012).

29. Note that in the analysis of the programmes in the MENA region (Machado et al. 2018) only health insurance that explicitly targets children (e.g. insurance covering only those under 5 years old) were considered in this category. For the purpose of this study, this classification was opened up to include any insurance that targets the entire household and thus also covers children.



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