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Lessons from Social Protection Programme Implementation in Kenya, Zambia and Mongolia

Prepared by Carl Jackson (WKG), Saul Butters (IDS), Enkhtsetseg Byambaa (NUM), Mark Davies (IDS) and Nick Perkins (IDS)

July 2011

IDS Institute of Development Studies

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Summary

Responding to poverty and vulnerability is a dynamic and constantly evolving area of work. Development agencies often possess extraordinary presence, knowledge and expertise of addressing poverty and vulnerability at the field level. The challenge is to ensure this good practice and innovation is captured and used to inform policy and programmes in an effective way. With funding from Irish Aid, the Centre for Social Protection at IDS formed a partnership with UNICEF to research how social protection programming can interrupt the intergenerational transfer of poverty (IGT) through investments in human capital (education, health, nutrition). The two main objectives of the research were:

1. To enhance lesson learning within a multi-sited organisation (UNICEF) around good practice in social protection programming and the potential for addressing poverty and vulnerability.

2. To increase understanding of ways in which research and communication can be used to capture and improve good practice within a multilateral organisation.

Research was conducted on three case studies: the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) in Kenya, the Social Cash Transfer (SCT) in Zambia, and the Child Money Programme (CMP) in Mongolia. Research aimed to understand which factors in social protection programming (e.g. design, implementation) account for success. The three country case studies were chosen because they are social protection programmes that are at different stages. The Zambia SCT is at the stage of scaling up design from a pilot to a national scale social protection programme. The Kenya OVC-SCT is at the stage of expanding a national social protection programme. The Mongolia CMP was a national social protection programme that had been terminated, providing insights into why programmes fail to establish themselves in the long term.

Keywords: Social protection; cash transfers; good practice; human capital; intergenerational transmission of poverty; vulnerability

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Acknowledgements

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Acronyms

ADB	African Development Bank
AIR	American Institutes for Research
CMP	Child Money Programme
COMACO	Community Markets for Conservation
CT	Cash Transfer(s)
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DCS	Department for Children's Services
DOSC	Department of Children's Services
HCD	Human Capital Development
IGT	Intergenerational transfer of poverty
IOIE	Initial Operation and Impact Evaluation
LOC	Local OVC Committee
M&E	Monitoring and Evaluation
MoCDSS	Ministry of Community Development and Social Services
MGCSD	Ministry of Gender, Children and Social Development
MIS	Management Information System
MoU	Memorandum of Understanding
MOSWL	Ministry of Social Welfare and Labour
MSL	Minimum Subsistence Level
MSWL	Ministry of Social Welfare and Labour (Mongolia)
NSO	National Statistical Office (Mongolia)
OVC	Orphans and Vulnerable Children
PCK	Postal Corporation of Kenya
PMT	Proxy Means Test
SCT	Social Cash Transfer
TA	Technical Assistance
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund

1 Introduction

Responding to poverty and vulnerability is a dynamic and constantly evolving area of work. Development agencies often possess extraordinary presence, knowledge and expertise of addressing poverty and vulnerability at the field level. The challenge is to ensure this good practice and innovation is captured and is used to inform policy and programmes in an effective way.

With funding from Irish Aid, the Centre for Social Protection at IDS and UNICEF formed a partnership to address this challenge with UNICEF contributing case studies and technical support. The partnership aimed to allow UNICEF to capture good practice and develop mechanisms through which this can be disseminated and used, as a way for the institution to improve performance and provide lessons for other social protection practitioners.

This review provides a space for UNICEF and its partners to reflect on the processes involved in delivering social protection programmes and will build a body of evidence for good practice that can be utilised for the design of new social protection programming.

This project's research focused on ways through which social protection programming can interrupt the intergenerational transfer of poverty (IGT). There are many ways that the interruption of IGT can be addressed. Investment in human capital (education, health, nutrition) can be regarded as one such strategy. How to achieve this investment was the focus of the research.

2 Objectives

1. Enhance lesson learning within a multi-sited organisation (UNICEF) around good practice in social protection programming and the potential for addressing poverty and vulnerability.

2. To increase understanding of ways in which research and communication can be used to capture and improve good practice within a multilateral organisation.

3 Approach

We are assuming that evidence of increased investment in human capital (health, education, nutrition – *cf*. Moore 2001) is a reliable proxy indicator for reductions in the intergenerational transfer of poverty. Social protection programmes such as the Social Cash Transfer (SCT) in Zambia, the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) in Kenya, and the Child Money Programme (CMP) in Mongolia are known to affect investment in human capital. Consequently we are aiming to understand which factors in social protection programming (e.g. design, implementation) account for success. The three country case studies reflect social protection programmes at different stages. The Zambia SCT is at the stage of scaling up design from pilot to a national scale social protection

programme. The Kenya OVC-SCT is at the stage of expanding a national social protection programme. The Mongolia CMP was a national social protection programme that had been terminated, providing insights into why programmes fail to establish themselves in the long term.

In Zambia, influence is a major part of these enabling factors, but understanding influence is complicated (e.g. difficulties in attribution, lack of counterfactuals). We have sought to understand:

● how the design for scale-up links to wider investments in human capital development;

● what institutional factors enabled policy commitment to scaling up;

● what institutional factors enabled successful change in practice between pilots and the design for scale-up;

● what got policymakers and other actors interested and led to their support for the scaling up;

● when the design for scale-up encountered obstacles related to human capital development (HCD), what were these and what was happening;

● and whether the voices of beneficiaries and their representative organisations were important in the design for scale-up and if so were they effective?

In Kenya, learning from impact evaluations of an expanding national scale programme is a major factor shaping social protection. We have sought to understand:

● what was supposed to happen in the CT-OVC programme that could have addressed human capital development

● how was it addressed

● what have been the successes

● how we account for the achievement of these successes

● and where the plans were not achieved what was happening?

In Mongolia, research sought to understand the challenges that led the programme to be abolished in 2010. In all three case studies by analysing each success factor to distinguish between contextual/contingent and general features we can draw out conclusions as to which factors could be considered lessons with wider applicability/transferability.

4 Methodology

The research was carried out in three different case study countries to identify transferable good practice relevant to all social protection programming that addresses the intergenerational transfer of poverty. The methodology for each case study was tailored to the different stages of social protection programming in each country but shared the following common features:

- Review and analysis of the available documentation to ground research on an understanding of achieved and intended impacts on human capital investment through social protection and its policy and practice context. This informed our design of the semi-structured interviews and video diary/interview strategy.

- Semi-structured interviews with key stakeholders and focus groups with beneficiaries/their representatives, with gap-filling secondary interviews. Stakeholders were selected to capture three contrasting perspectives from policymakers (government, development partners and civil society); practitioners (HQ, regional and district implementers in government); and beneficiaries (in urban and rural communities).

- Evidence gathered through the semi-structured and gap-filling interviews was analysed to understand factors accounting for success in social protection programming. We distinguished between contextual/contingent and general features in order to draw out conclusions as to which factors could be considered lessons with wider applicability/transferability.

- Validation workshops were held to bring stakeholders together to verify our preliminary analysis of why particular components of the projects were successful and what elements of the successful components are transferable (and conversely what are contingent/contextual).

In Kenya and Zambia, video was used to capture practitioner knowledge and reflections. In Kenya, three practitioners kept video diaries in the weeks following the IDS research field visit and in Zambia, video interviews were filmed with three practitioner staff.

The case study reports were analysed in four stages of enquiry:

1   Was human capital development an intention of the social protection programme (or linked programmes), how was it addressed and what have been the successes for beneficiaries (e.g. in health, education, nutrition, consumption, poverty)?

2   How can these successes be accounted for (e.g. design, influencing, commitment, voice, capacity building)?

3   What barriers or constraints were encountered?

4   What lessons for good practice can we identify across the case studies that are transferable to other country contexts?

5 Headline findings by country

5.1 Kenya CT-OVC programme

Kenya's Cash Transfer programme for Orphans and Vulnerable Children provides regular cash transfers to extreme poor families living with Orphans and Vulnerable Children (OVC) in order to foster the continued care of OVCs and to promote their human development through basic education, basic health and nutrition services and birth registration.[1] The Government of Kenya's Department of Children's Services, with support from UNICEF and the World Bank, has been progressively implementing the programme which provides cash payouts every two months at the nearest post office to over 100,000 households (expected to reach an estimated 125,000 households in 2013). The pilot programme evaluation reported its results in 2010, comparing baseline data collected in 2007 with the results of a follow-up survey conducted in 2009.

In Kenya learning from impact evaluations at a national scale from the Cash Transfer – Orphans and Vulnerable Children (CT-OVC) programme is a major factor shaping social protection. We have sought to understand what was supposed to happen in the CT-OVC programme that could have addressed human capital development, how it was addressed, what have been the successes, how we account for the achievement of these successes, and where the plans were not achieved what was happening.

5.1.1 What was supposed to happen in the CT-OVC programme that could have addressed human capital development?

Human capital development is one of the main goals of the CT-OVC programme. Improvements in the education, health and nutrition of orphans and vulnerable children were consistently mentioned as objectives to be achieved by promoting access to public services through civil registration and increasing the purchasing power of beneficiaries. Retention of OVCs within their households and communities, income generation, and childcare behavioural change in the family were mentioned almost as often as human capital development.

5.1.2 How was human capital development addressed?

Human capital development was seen as being addressed in two ways. Firstly, inclusion of community voice in targeting and monitoring the enrolment of extremely poor households with OVCs is seen as vital in ensuring that those most able to use cash transfers to build human capital are the programme's beneficiaries. Local OVC Committees (LOCs) composed of community leaders bring local knowledge of those who are likely to be eligible. Community validation of targeting lists increases transparency and reduces suspicion of bias or corruption in selection. Secondly, human capital development was addressed by

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1   Government Of Kenya (2010), *Programme Document – Cash Transfer Programme for Orphans and Vulnerable Children*, Nairobi: CT-OVC

linking transfers to a set of human development responsibilities/conditions that enrolled beneficiaries/caregivers should fulfil (e.g. attendance at health facilities for immunisation/growth monitoring/vitamin A supplement, school attendance).

5.1.3 What successes can be attributed to the programme?

Human capital development and livelihoods improvement are the main success attributed to the CT-OVC programme. Education is cited most often in relation to human capital development. Secondary school enrolment is increasing because its fee paying structure makes it sensitive to sustained increases in household cash income. Primary enrolment (a programme indicator) has not shown much sensitivity because another programme had already made this free at the point of entry, but it has increased for small households. Both observations are supported by the Initial Operation and Impact Evaluation (IOIE).[2] Truancy is seen to be declining and beneficiaries report primary school children being sent home from school less because they can now pay for text and exercise books, desks, and exam fees. Beneficiaries widely reported that their children were proud and happy to now go to school in clean uniforms and had more energy because of eating better. This does not match the IOIE finding of no impact on attendance or class repetition compared to non-enrolled households.[3]

Health and nutritional status was also cited in relation to human capital development, but was not seen as changing as significantly as education indicators (the IOIE found no statistically significant impacts, though does see positive changes[4] as well as significant food expenditure and dietary diversity increases).[5] However, beneficiaries reported no longer using homemade medicines, traditional healers or the council hospital as they can now afford the better private clinics and purchase recommended medicines if they are cheap (e.g. less than Ks500). Other improvements are in caregivers' own health (e.g. purchasing ARVs, epilepsy medication) and feeling stronger and having more energy due to their better nutritional status as a result of improved diets.

Overall, human capital development is seen as tentative given the long-term nature of human capital formation and the relatively short elapse time of the project for most enrolled families (the majority have been enrolled for less than one year). Livelihood improvement successes that were attributed to the CT-OVC

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2 The IOIE states that there is 'some weak evidence that the Programme may have increased enrolment in the youngest children' at primary level. But the main influence is on 'secondary school enrolment in older children'. See Ward *et al.* (2010).

3 The IOIE states that 'There does not appear to be a positive impact on attendance, which was already high, or on class repetition'. (*op.cit.*)

4 The IOIE states that 'there is no evidence that the Programme has had an impact on child health indicators. Vitamin A supplementation has increased significantly in Programme areas (by 10 percentage points), although impact estimates are not significant. A number of the other health estimates are indicating a move in the right direction, but are also not statistically significant.' (*op.cit:* vii–viii)

5 The IOIE states that 'increased food expenditure and dietary diversity, significantly increasing the frequency of consumption of five food groups – meat, fish, milk, sugar and fats. A simple dietary diversity score is increased by 15 per cent from the baseline.' (*op.cit:* vii)

programme include increased business activity (because of cash to invest and health to work), improving assets such as homes and livestock, and more activity in the local economy due to increased purchasing power.

Three successes for government are also cited. These are building the social capital of government by demonstrating fulfilment of the social contract between state and citizens, linking public services and influencing social protection policy.

5.1.4 How do we account for the achievement of these successes?

The majority of those interviewed cited targeting design, community mobilisation and capacity building as the three factors that account for the CT-OVC programme's successes. The design of the targeting approach was successful because of a combination of factors including: selection of variables and awareness of risks informed by comparative international experience; implementation methods informed by knowledge of the Kenyan operating environment; iteration and learning through repeated field test of methods before finalisation in the operations manual and collaborative working convened by UNICEF through the Technical Working Group. The success of the targeting design is backed up by the Initial Operational and Impact Evaluation finding that 96 per cent of beneficiary households meet the targeting criteria.[6] This design approach was key to getting other operational processes right (e.g. enrolment, predictable payments).

Community mobilisation was successful because the LOCs significantly expanded the reach of the cash transfer programme beyond government through voluntary networks of community leaders who play a significant role in empowering, mentoring and supporting enrolled households. LOC members' insights, position of trust within communities and commitment is enabling the programme to see responsibilities being fulfilled in ways that are more appropriate and effective than penalties associated with conditionality. The LOCs are also offsetting the risk of social and political tension within communities by improving targeting decisions so that they are not seen as biased or externally driven.

Capacity building was successful because: it developed the knowledge and skills of existing staff within existing government structures rather than parachuting in new staff or establishing a separate implementation organisation; it included treasury as well as children's services staff at national, provincial and district levels; it increased the numbers of staff in the Dept. for Children's Services working on the CT-OVC programme; it incorporated peer learning from all stakeholders through the technical working group; and it involved joint learning missions by treasury and children's services staff to middle-income countries already successfully operating cash transfer programmes which built a cross-ministerial coalition of support for the programme.

A significant minority of those interviewed also mentioned partnership, the payments system and the management information system as success factors. Partnership working in different constellations of programme stakeholders (e.g. UNICEF Kenya and Department for Children's Services (DCS), donors and government, DCS and Postal Corporation of Kenya, district officers and

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6 (*op.cit:* iii) Overall, the targeting process was said to be moderately pro-poor.

community LOCs) has lead to collaborative design, learning and planning with positive impacts on the efficiency and resilience in programme implementation. The public-private partnership with the post office payments system has lead to 99.5 per cent successful and reliable disbursement of cash to beneficiaries. It has also guarded against theft and mismanagement. However, the existence of this private sector infrastructure in Kenya is not common in the region. The post office system needs to be widespread nationally and have well trained staff to be able to deliver the kind of payments service that PCK does in Kenya. Other systems in the region (Uganda – private sector, Tanzania – public sector) do not have this level of capability. Together both these success factors can be said to have offset the risk of implementation failure of the programme during scale-up that could have pushed enrolled households into debt, undermined livelihood strategies and destroyed stakeholder confidence in cash transfer as a modality for Kenya.

The internal Management Information System (MIS) is seen to support all the functions of the programme. It helps managers to understand what was happening operationally during implementation in terms of reaching OVCs. Without this system mid-course corrections in delivery could not have been made and deviation from the intended implementation path would have been greater. This could have undermined the credibility of the cash transfer programme in the eyes of donors and supporters in government. The successful implementation of the internal monitoring system offset this risk and supported planning. The MIS's capacity for large scale data processing allows accurate and efficient targeting, enrolment, payments, liquidation and report writing.

5.1.5 When what was supposed to happen was not achieved, what was happening?

Where human capital development was not happening as intended, this was primarily seen as due to the misspecification of the two programme objectives and scale-up exceeding growth in government's capacity to implement. The objective to increase primary enrolment was mis-specified because available data did not accurately reflect the higher levels that were being achieved as a result of the free primary schooling programme. The existing government's statistical system's weakness is contributing to this problem. The objective for retention of OVC has also been found to be high in practice in enrolled and non-enrolled families and so room for improvement was limited. Together these problems have had consequences for monitoring and impact evaluation which is still framed by objective indicators set out in the original logframe.

Rapid scale-up of the programme (reaching 100,000 households two years earlier than planned in response to demand from communities, MPs and donors) has exceeded the pace at which internal capacity has grown. Consequently to grow the system and ensure payments were successfully made, other areas of implementation have been put on hold, in particular communication to stakeholders about the programme and development awareness sessions for caregivers in enrolled households.[7]

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7   Introduction of complementary services (i.e. water and sanitation, and anti-retroviral HIV drug treatments were also put on hold due to rapid scale-up.

A significant majority of interviews also identified district capacity building constraints and weak design of the conditionality test as factors. District capacity building is constrained because numbers of District Children's Officers are limited in number and support from the Dept. of Children's Services for their professional development is lacking.[8] LOC members are also facing increasing stress as their responsibilities extend and expand but their costs of volunteering are not offset and they are not getting any formal accreditation for the skills and experience they are developing. Weak design is seen as the reason the conditionality test was not happening in practice.[9] The operationalisation of the test design was reliant on complicated forms, with too frequent collection cycles, logistical headaches in transporting forms from districts to Nairobi, a prerequisite of motivation from front-line staff in schools and health clinics and assumed capacity to implement within the Department for Children's Services. When taken as a group, district treasury system weakness, resource delays and payroll system inefficiency also mean that weak government financial systems also account for less successful implementation.

5.1.6 What else should be known about good practice in addressing human capital development through the CT-OVC programme?

The cash transfers programme was seen as being shaped by and shaping the recently emerging social protection policy environment in Kenya and the East African region. On the one hand, it is already influencing national and regional social protection policy through its new location within the ministry for gender, children and social development and by hosting regional visits. On the other hand, it is seen to be missing the broader contextualisation and support it would receive if a national social protection policy framework for children and other vulnerable groups was established for Kenya. A more structured approach to lesson sharing nationally and regionally (e.g. through peer learning workshops) is one suggestion for improvement. A significant minority of interviewees also mentioned future capacity development, particularly at the critical interface between District Children's Officers and community leaders volunteering in the LOCs, as a point of stress, given plans for scaling up. This was exacerbated by the lack of cash transfer and social protection training opportunities in Kenya.

5.1.7 Transferable lessons from the Kenya CT-OVC programme

Within the general lessons of good practice identified from this research, two lessons of good practice are thought to be transferable by a majority of stakeholders interviewed. The collaborative and iterative design of targeting (and other operational approaches such as payment and enrolment) that will work in practice and at scale requires significant early investment to bring together global and local knowledge of complementary methods and to facilitate a continuous learning process. Community participation and transparency/accountability to the community in targeting, monitoring and payment of a non-universal cash transfer ensures that

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8   Supporting the CT-OVC program is just one of many responsibilities of the District Children's Officers (others include monitoring children's homes, case management with regard to abuse and exploitation, attending court, custody and maintenance cases, placement and care of children).

9   The conditionality test process has been adjusted in June 2010 and will be tested from October 2010.

targeting is accurate, ownership by the wider community is manifest and decisions on inclusion and outcomes for beneficiaries are accepted as non-political and fair.

A significant minority also cited influencing to generate commitment within the civil service and political will within the legislature as essential for enabling social protection programmes to have the space to evolve and for funds to be sustained. Within the civil service, joint learning missions by treasury and children's services staff to middle-income countries already successfully operating cash transfer programmes, built a cross-ministerial coalition of support for the programme. By directly influencing MPs through a pledge campaign during general elections the programme tapped into the huge and emotive issue of OVCs. Political leadership was able to identify with this because MPs already saw the challenge in their constituencies. Influencing the legislature in this way created space and champions for social protection programmes during crucial parliamentary votes affecting the programme's funding.

The research verification discussion with UNICEF and the workshop with DCS staff have both suggested that the lesson around management information systems deserves more prominence. Both felt that the successes of the CT-OVC programme could not be accounted for without the central role played by the MIS. Early investment in a robust and scalable MIS may seem expensive at the pilot stage, but it offsets fiduciary risks, ensures that the poor are included, provides efficient implementation and has the potential to offer a national system of registry that can support other social protection services from a range of funders.

5.2 Zambia SCT programme

The Zambia Social Cash Transfers (SCT) programme currently assists over twelve thousand destitute and incapacitated households to meet basic needs through payments of between ZMK 40–60,000 per month. Beginning with a series of pilots in 2003, the programme is being scaled up from five districts to become a more national programme that will reach 68,000 households by 2015. The SCT is run by the Ministry of Community Development and Social Services (MCDSS) in cooperation with DFID, Irish Aid and UNICEF. As the scaled-up programme is only now rolling out to districts, it is too early for evidence of additional impacts. Our research, therefore, examined lessons that can be learnt from the design process for scale-up and in particular institutional factors.

5.2.1 How does the design for scale-up of the SCT programme link to wider investments in human capital development?

The social protection programmes to be scaled up, will be linked to other programmes that invest in child and maternal health, nutrition and HIV/AIDS through the Child Grant model in new SCT districts. This model hopes to complement the Ministry of Health's objectives for increasing institutional births by linking both programmes to Under Five Registration. There may be an additional health dimension through supplementary feeding for the mothers and children component in two new districts to further link the SCT to human capital development. Links to other human capital investments, notably education, are less formal in the scale-up because that would require a level of inter-ministerial commitment and coordination

at the national level that is not yet achieved but which could increase impact and sustainability. Informally, especially in districts that have already been in the SCT programme interlinkages have already been made to education services through beneficiaries' spending priorities and good district level coordination and these are likely to continue, with one possible exception. The Child Bonus component of the SCT in Chipata district that was linked to enrolment is being withdrawn as part of the national harmonisation of transfer benefits. Although the introduction of an inflator will offset some of this loss in Chipata, for larger families this rebalancing would take many years. In many of the new districts there is a lack of government services relevant to HCD to link to, but it is hoped that the SCT may draw in other ministries to provide services in districts underserved by health and education.

5.2.2 Has the perception of social protection as a tool for increasing investment in health, education and nutrition helped the move to scale up?

Seeing the benefits of the SCT programme in terms of education, health and nutrition encouraged MPs to support the scale-up. The Minister of Finance was interested in how social protection is an investment in HCD and is, therefore, supporting the scale-up to see if evidence can be found. To broaden and strengthen the view that social protection can contribute to human capital development, the SCT programme's advocacy now needs to communicate the message to a broad range of stakeholders that social protection is a national priority with cross-ministerial responsibility and coordination needs.

5.2.3 What institutional factors enabled policy commitment to scaling up the SCT programme?

Four main institutional factors have led to policy commitment to scaling up the SCT programme. They include:

1. A change in perception amongst a number of key actors at the Ministry of Finance from seeing CT as a waste of resources to a potential investment in reducing poverty.

2. Substantial pooled funding and a strong coordinated agenda around cash transfers brought by the Cooperating Partners has built commitment.

3. A chapter on social protection in the Government's Fifth and Sixth National Development Plans.

4. A greatly increased interest in and support for the SCT programme from MPs who have also been strong enablers.

5.2.4 What or who was targeted by influencing/advocacy activities?

Advocacy activities to create an enabling environment for commitment have targeted stakeholders at all scales but primary amongst these has been the minster and senior civil servants in the Ministry of Finance. Advocacy with MPs (especially through visits to beneficiaries in pilot districts, distribution of a documentary on the pilots and articles in the national media) has been significant. Advocacy to show what seemingly small cash transfers can do, has also been important at all levels

from provincial ministers, through to districts, wards, traditional leaders and at beneficiary level. One process that was explicitly targeted was parliamentary debate and scrutiny of funding for the SCT programme within the national budget.

5.2.5 What internal and external factors contributed to the commitment to scale up?

The primary external factor contributing to commitment to scale up was the wealth of lessons and evidence on cash transfers available from other countries regionally and internationally. Country visits to learn from peers and presentation on these comparator programmes built understanding of what the potential of cash transfer programmes was and filled quantitative evidence gaps in the data currently available on impacts from the SCT pilots in Zambia. International policy commitment to cash transfers, backed up by substantial funding from the Cooperating Partners in Zambia also contributed significantly to the commitment to scale up.

5.2.6 What barriers and setbacks were encountered?

The relatively weak inter-ministerial position and small budget of the Ministry of Community Development and Social Services meant that the capacity to scale up the SCT programme was not initially in place. Human resource capacity has been built, but key systems for MIS and Payments upon which reliable payments and monitoring depend take longer to establish. Implementation in new districts and wards has had to wait for the capacity of these systems to be put in place.

5.2.7 What demonstrable successes were there?

The biggest success in enabling policy commitment to the scale-up was seizing opportunities to achieve a change in mindset towards cash transfers in the Ministry of Finance. Starting out from a position of active opposition (seeing CT as a waste of resources) the Ministry is now offering qualified support (as a potential investment in reducing poverty and building human capital subject to evidence being available in three years' time through the programme's M&E system). This change in mindset is demonstrated by the government's signature of the MoU and Joint Financing Agreement for ten years of increasing investment from the Ministry of Finance to the SCT programme.

5.2.8 What institutional factors enabled successful change in practice between pilots and the SCT programme design for scale-up?

Change in practice during the design for scale-up was primarily enabled by institutional factors within the Department for Social Welfare at the MCDSS. Learning during the pilots coupled with technical training for staff, the creation of an SCT Management Unit and trust from Cooperating Partners has created the space, motivation and capacity for the Department to initiate and deliver changes in practice, such as the Child Grant Manual and its categorical targeting approach. The decision to change payments practice is another example of successful change. The commissioning of an e-Payments system in collaboration with Zambia's banks was enabled by two institutional factors. Within government the MCDSS recognised that the pay point manager system built solely on government

systems was too cumbersome and risky to operate at an increased scale. Within the business banking sector, it was recognised that the increased volume and duration of the scaled-up payments operation would make e-Payments a commercial proposition for public–private partnerships.

5.2.9 What got policymakers and other actors interested and led to their support for the scaling up of the programme?

Visits to the pilot districts by MPs, ministers and other civil servants to see the benefit of the SCT programme for households was the primary way that interest and support for scaling up was deepened. Statistical evidence and reports (including from programmes in other countries) prepared the ground, but support was cemented through policy and decision-makers empathising with beneficiaries' needs, and seeing the use of the cash transfers at first hand.

5.2.10 Was human capital development of interest?

A specific interest in the concept of 'human capital development' was not an overwhelming factor in generating interest and support. However, interest in the programme's potential to improve children's health, growth and learning over the long term and to restore people's dignity, for example by having to resort less to begging, were of real interest and constitute human capital developments in all but name.

5.2.11 When policymakers had concerns how were these addressed?

Policymakers were initially very concerned that the programme would encourage laziness and a lack of productivity on the part of beneficiaries, and that they would become dependent on the transfers, but evidence from the pilots regarding the existing dependency of incapacitated households and the low risk that a small cash transfer would discourage people from or out of employment significantly reduced this concern. However, because the dependency concern is rooted in wider social values and not just the operation of the SCT programme this case needs making regularly. Financial affordability and sustainability is an ongoing concern in relation to the ability of government to progressively increase its funding of the scale-up and the risk of Cooperating Partners changing their funding priorities away from social protection over the longer term. However, this is not currently blocking scale-up as concerns about future financing have been put to one side until evidence from M&E becomes available in three years' time.

5.2.12 What role did evidence play and if so, when and how?

The personal testimony of beneficiaries from the pilots has been a crucial form of evidence because it allows policy and decision-makers to hear and see at first hand the stories of change that statistics have only convinced them of in principle. Statistics, especially those that speak to the interests of the Ministry of Finance (and other non-social protection ministries) are important, but are not sufficient in themselves to make concrete a deeper commitment to scaling up among stakeholders (e.g. senior civil servants, ministers, MPs). Similarly, personal testimony without underpinning statistical evidence would not be enough. A combination of both, therefore, is most powerful.

5.2.13 How was this evidence communicated?

Statistics and beneficiary testimonies have been shared through a multi-pronged communication approach spanning field and country visits, presentations, focus groups, seminars, documentary films, newspaper articles, evaluation reports and radio. No single channel of communication has been relied upon and different clusters of methods have been chosen for different stakeholders.

5.2.14 When the design for scale-up encountered obstacles related to human capital development what were these and what was happening?

No significant obstacles related to human capital development have been encountered in the scale-up process so far. This reflects the fact that the scale-up was designed with the assumption that significant gaps in universal access to services is something that the programme would have to work around.

5.2.15 Were the voices of beneficiaries and their representative organisations important in the design for scale-up and if so, were they effective? Did they participate in discussions about scaling up or in influencing activities?

The voices of beneficiaries and their representative organisations (e.g. Community Welfare Assistance Committees) are said to have been important in the design for scale-up. In the design of the Child Grant component communities were involved. However, there are conflicting opinions about how large an impact district level representative organisations had on the design. The government has consultative structures at all levels throughout wards, areas, districts and provinces to the Capital and as such, beneficiary voice is being mediated by the Department of Social Welfare and evaluators commissioned by the SCT programme. Recognising these limits the design for scale-up is aiming to increase involvement of civil society partners in representing beneficiaries in future. Beneficiaries have not themselves directly participated in discussions about scaling up. However, the scale-up is responding to documented needs within communities for support (e.g. Zambia, *Situation Analysis of Women and Children*, 2008, UNICEF). Beneficiaries have participated significantly in influencing activities through receiving policy and decision-makers during their field visits.

5.2.16 Which transferable lessons identified in the Kenya Cash Transfers for Orphans and Vulnerable Children case study are applicable in Zambia?

Collaborative and iterative design and continuous learning around operational approaches is a common lesson for both Kenya and Zambia. However, the role of learning between Zambian government staff and their peers in other countries in this process was more pronounced in the pilot phase than is, has, or will be in the scale-up phase because capacity and confidence in the design of SCT now resides primarily in the MCDSS. The MCDSS is still keen to learn directly itself from other countries' experience and lessons and feels able to contextualise those to its particular circumstances and needs.

Community participation in and accountability to the community in the implementation of cash transfers has been essential for ownership and will continue to be so in

Zambia. However, community participation in targeting is seen to have been less effective for accuracy in Zambia because of people's reluctance to publically question decisions about the inclusion of other households. In addition, there are concerns that the burden on volunteers of participating in all aspects of implementation is too great (both in terms of their time and levels of literacy needed to use SCT programme forms successfully). As a consequence, Zambia is moving towards categorical targeting that does not rely on community participation but focuses its role on monitoring and advocacy. Influencing the civil service and parliamentarians has and will continue to be important for sustaining funding for cash transfer programmes in Zambia. In Zambia the focus for creating space for the programme has been less to do with evolving its implementation of the cash transfer approach and more to do with moderating the demand to scale up more quickly than the time needed to build essential operational systems (e.g. MIS and e-payments) will allow. Zambia's plan to introduce a robust, scalable and user-friendly MIS system has been already influenced by lessons from the MIS in Kenya.

5.2.17 Transferable lessons from Zambia SCT programme scale-up

Seven transferable lessons were identified by stakeholders from their experience of the SCT programme in Zambia.

1. Don't politicise cash transfer programmes at the local level and be transparent and accountable in implementation. Otherwise, there will be no sense of ownership which will create doubts about community leaders, if incapacitated households are not benefiting and only ruling party members are.

2. Bringing district implementers together to share lessons about what does and doesn't work in practice and to learn from evidence from implementers in other countries can be very influential for design and practice and feeds understanding at headquarters.

3. Targeting processes that are both accurate and easily understood by communities and implementing staff are essential and have wider benefits. There are many potential beneficiaries and if the targeting process is not clear you can end up assisting the wrong people but not knowing why. Implementing staff are motivated when they see that programmes are empowering and changing the lives of the right people.

4. Seek to involve the media in advocacy and awareness raising, particularly at the time of budget debates in parliament and make sure that they visit programmes in the field and hear the testimonies of beneficiaries. Stakeholder visits to the field are very effective (e.g. MPs, ministers and senior civil servants), particularly in revealing that dependency is not created by cash transfer programmes. Field visits enable people to see the difference small cash transfers can make to those living in extreme poverty.

5. Cooperating Partners shouldn't rush to get government to scale-up numbers of beneficiaries before essential systems are in place.

6. There is a path to scaling up – from pilots, to demonstration, to creating a conducive environment for expansion (e.g. capacities, consensus) and then implementing scale-up, but this is not necessarily linear.

7. Civil society can play an important role in advocating for social protection with Ministries of Finance on behalf of the implementing Ministry.

5.3 Mongolia CMP

The Child Money Programme (CMP) was launched in January 2005 as a response to political promises given by ruling parties during Parliamentary elections in June 2004. Initially the CMP was a targeted conditional cash transfer. Families with three and more children under the age of 18 living under the Minimum Subsistence Level (MSL) were receiving monthly cash allowances of MNT 3,000 (equivalent to USD 2.49 as per 2005 exchange rate). However, because of the complexity of the collection of consumption and income data, beneficiaries were selected in accordance with the proxy means test developed by the Ministry of Social Welfare and Labour (MOSWL) in 2005. The conditionality of the Programme included up-to-date immunisation coverage of a child, living with parents (or authorised guardians) and not being involved in hazardous forms of child labour. Starting in July 2007, in addition to the monthly benefit of MNT 3,000 (USD 2.60 as per 2007 exchange rate) children started to receive MNT 25,000 (USD 21.40 as per 2007 exchange rate) increasing child benefits to MNT 11,333 (USD 9.70 as per 2007 exchange rate). However, with the Mongolian economy vulnerable to external, the global economic crisis led to a collapse in revenues for the Development Fund which impacted on the quarterly payments of the CMP. Consequently, the Ministry of Finance revised the budget in March 2009 and prepared for a flat cut in quarterly payments from MNT 25,000 (USD 17.50 as per July 2009 exchange rate) to MNT 8,000 (USD 5.60 as per July 2009 exchange rate) per child. Finally, the CMP was abolished completely by the end of 2010.

5.3.1 What was supposed to happen in the CMP that could have addressed human capital development? How was human capital development addressed?

In the initial phase of the CMP, the programme had explicit objectives of increasing investment in health, education and nutrition – along with the aim of increasing household income. The initial conditions of the targeted CMP programme were seen to encourage human capital investment in children.

This initial focus on increasing human capital investment was perceived to be weakened after the programme became universalised and the conditions for encouraging human capital investment were dropped. However, conversely the universalisation of the programme was also perceived as helping to enhance human capital investments for those who, through extreme poverty, had been unable to comply with conditionalities during the conditional phase of the programme. This transformation has been explained as due to political considerations and financial restrictions brought about by the global financial crisis and the resultant slump in natural resource prices. A lack of impact evaluation has also meant that its initial human capital development benefits were not understood or valued within government or by society in general.

Interview responses also included more sceptical views that suggested the programme was not directly concerned with increasing human capital investments or, while they may be aimed at increasing human capital investment, the

programme's design made this impossible. Interviewees suggested that the programme was aimed at encouraging population growth; was designed to appease the population; was more focused on income poverty than encouraging human capital investment and that even if there were intentions to address human capital, the transfer was too small to have any real impact.

5.3.2 What enabling factors (institutional or practical) supported the delivery of the CMP?

The pre-existing infrastructure within Mongolia that was put in place during the Soviet era was cited as the most significant enabling factor that supported the delivery of the CMP. This infrastructure enabled the delivery of the CMP without the need for significant investment in additional administrative and logistical systems. The banking system that is in place throughout the country enabled efficient distribution of funds in all locations.

Furthermore, an existing national administrative system was already in place that enabled ease of registration for the populations in all administrative units. Social workers from welfare offices were also operating in every *aimag* [province]/district/ *soum* [sub-province]. Such existing infrastructure meant that the practical challenges that are faced in many start-up cash transfer programmes were not an obstacle within this programme. Institutional capacity that had experience of social transfers was also already in existence.

A number of interviewees also highlighted the willingness of support and commitment from development partners as important in enabling the design of the programme and in particular the targeting design. The creation of the Ministry of Social Welfare and Labour was also mentioned as an important enabling factor for the delivery of the CMP in that, when the CMP was established, institutional capacity was readily available to engage and manage the programme.

5.3.3 Were any of the enabling factors for the Cash Transfer programmes in Kenya and Zambia present in Mongolia (what similarities and differences are there)?

a) Collaborative and iterative design of targeting (and other operational approaches such as payment and enrolment) that will work in practice and at scale requires significant early investment to bring together global and local knowledge of complementary methods and to facilitate a continuous learning process amongst implementers. There was a certain level of collaboration between the government and some key donors who provided key technical support in the design of the programme and a review of the targeting methodology. Although this collaboration is acknowledged by a number of stakeholders, there is little consensus on the strength or effectiveness of this collaboration. There was also little in the way of a continuous learning process. The programme was designed during consultation between government and technical advisors and was then implemented at speed with little review of progress or the development of a comprehensive operations manual. The seven month period between the inception of the CMP and implementation was broadly considered inadequate to design and build adequate capacity for a national cash transfer programme.

A number of respondents highlighted the significant lack of early investment in training and the required resources for the targeting process and other elements of the programme. This led to a lack of knowledge and capacity of key implementers who were responsible for much of the programme which limited the programme's effective operationalisation. Although the availability of social workers to work on the programme was an enabling factor in the implementation of the CMP, some respondents highlighted their lack of adequate training and knowledge of the programme, which reduced their effectiveness in carrying out crucial roles within the CMP.

A high degree of political pressure and the politicisation of the programme meant that the design and implementation of the programme was rushed through which led to inadequate planning and training for delivery of the programme.

b) Community participation and transparency/accountability to the community in targeting, monitoring and payment of a non-universal cash transfer ensures that targeting is accurate and easily understood by communities and implementing staff, ownership by the wider community is manifest and decisions on inclusion and outcomes for beneficiaries are accepted as non-political and fair. It was reported that there was a general lack of engagement and outreach with communities that resulted in a lack of community awareness in two regards. Firstly, it was reported that the lack of community outreach undertaken for the CMP limited awareness of the programme within communities as information around the programme was only circulated by word of mouth and limited media campaigns. As a consequence it was reported that a number of people, particularly in very rural areas, were unaware of their entitlement to enrol in the programme and claim their transfers.

Secondly, a lack of outreach and sensitisation focusing on the objectives of the CMP in relation to human capital investments for the beneficiary household's children may have limited impacts of the programme. It was reported that the conditions of the programme were rarely clearly communicated to the beneficiary households, which may have limited understanding of the responsibilities of caregivers to invest in their children's human capital needs.

A lack of accountability to the community around the issue of targeting was cited as one of the main contributing factors to the high level of inclusion and exclusion errors in the targeting process. Efforts were later made to address this through the establishment of Livelihoods Support Councils. These councils were designed to provide a forum for considering grievances within the CMP. There was, however, some scepticism as to whether these councils are effective in providing a genuine platform for transparency to the community. Initially these councils were headed by local officials but later efforts were made to have community members in more senior positions within these councils.

c) Influencing to generate commitment within the civil service and political will within the legislature, including through engagement with the media, as essential for enabling cash transfer programmes to have the space to evolve and the funds to be sustained. There is a general consensus that the CMP was the idea of the government and therefore required little influencing in order to bring about the programme. However, influencing for the sustainability of

the programme has been limited with no coordinated multi-stakeholder strategy, possibly as a result of an assumption that the regulation of the programme by law implied a sustained commitment to the programme by government. The lack of an adequate communication and advocacy strategy highlighting the benefits of the CMP, led to wide and varied understandings of human capital impacts and the significance of the CMP in addressing poverty in Mongolia. A number of respondents expressed the desire to develop a coordinated influencing campaign to advocate for the development of a future cash transfer programme similar to the CMP now that it has been merged into the Human Development Fund.

It was also mentioned that, in some cases where international agencies may have wanted to engage on the issues around the CMP cash transfer, the technical language and types of resources that were employed to engage in dialogue were inaccessible to many potential allies and national partners within Mongolia. Information from international partners is often communicated with technical and expert language that is not easily accessible or easy to understand for potential allies within civil society who are not from a similar professional background.

Our own anecdotal research into the human capital impacts of the programme (five focus group discussions with beneficiary households) suggests some impacts on human capital investment for beneficiary household children were achieved by the Child Money Programme. This anecdotal evidence does point to the missed opportunity to learn and advocate around the impacts of social protection programming for human capital development and the benefits of the Child Money Programme during the programme's implementation.

d) Early investment in a robust and scalable MIS may seem expensive at the pilot stage, but it offsets fiduciary risks, ensures that the poor are included, provides efficient implementation and has the potential to offer a national system of registry that can support other social protection services from a range of funders. Existing registration systems and banking systems enabled the effective distribution of funds. However, the MIS system used for the programme was unsophisticated and decentralised and often relied on non-computerised data records. These limitations made the MIS inadequate for monitoring the targeting process and adherence to conditionalities but did provide information on beneficiaries of the CMP.

e) Effective relationship between implementing Ministry and Cooperating/ Development Partners for mutual learning. Relationships between Cooperating/Development Partners and the government were weak and often contradictory depending on the specific approach and view of each partner agency. A lack of coordinated collaboration between development partners when engaging with the government often led to confusion within the relevant government departments.

5.3.4 What got policymakers and other actors interested and led to their support for the CMP? What role did evidence play and if so when and how?

Respondents perceived the CMP to have emerged from a political process linked to the honouring of election pledges that were not necessarily focused on enhancing human capital investment. Evidence, therefore, was not perceived as

playing a particularly significant role in promoting support for the programme. This lack of interest in human capital objectives in the initial programme inception led to a lack of effort to evaluate the programme, thus limiting the potential role evidence could have played had these issues become of interest to policymakers at a later point in the programme's development. However, despite a lack of programme evaluations, the small amount of evidence that does exist on the impacts of the programme has been perceived to have had some effectiveness in influencing parliamentarians.

The perception by some within government and the donor community that Mongolia is a special case with unique historical and cultural dynamics also limited interest in evidence from other countries for application of lessons to Mongolia.

5.3.5 What constraints were faced in delivering the CMP?

Inadequate investments in planning and training during the CMP's inception period led to a situation whereby the targeting methodology and a lack of capacity to implement and monitor the targeting process led to inclusion and exclusion errors and strong anecdotal evidence of significant corruption and manipulation of the process by local implementers. These targeting errors and failures of implementation undermined support for the CMP with significant criticism of the programme by some within the donor community and within government claiming that it was unfair and unsustainable. It was also mentioned that the lack of time given for the initial design to establish itself and the frequent policy changes related to the CMP did not allow for the development of the programme.

With regard to human capital investment, conditionalities of the programme (when applied) were said to have led to the exclusion of some of the most vulnerable and in need of assistance. Some of the poorest beneficiaries lived in some of the poorest and remote areas with weak service provision. Complying with requirements for inoculation and school registration, therefore, is more of a challenge than in other more prosperous areas that have better service provision. The poorest households were also more likely to need to spend the transfer on essential consumption needs that limited their ability to adhere with other conditions.

5.3.6 Were the voices of beneficiaries and their representative organisations important in implementation of the CMP and the introduction of the Human Development Fund and if so, were they effective?

The overall opinion of respondents was that the introduction of the Human Development Fund had very little to do with the CMP. The Human Development Fund was created and implemented as part of a political process that was not informed by social protection efforts and the impacts of the CMP. In general, respondents felt that beneficiary voice had not been widely consulted in either the implementation of the CMP or the introduction of the Human Development Fund efforts. The Livelihood Support Councils (community committees headed by local officials and then later by civil society members that were established to provide a mechanism for addressing grievances within the programme) were mentioned as the main way through which consultation with the public was sought, although doubts were often raised as to the effectiveness of this approach. This lack of

communication channels with beneficiaries is identified as a contributing factor to the limitations of the CMP.

5.4 Transferable lessons from Mongolia's Child Money Programme

The transferable lessons from Mongolia's Child Money programme were identified through comparing the lessons from the Zambia and Kenya case studies with the insights of experience and information provided by stakeholders during interviews in Mongolia. Many of the lessons identified in Mongolia clearly relate to those developed in Zambia and Kenya and often provide examples of the risks involved for programming success if good practice is not observed. Other lessons learnt in Zambia and Kenya were not relevant to the context in which the Child Money Programme was conceived and implemented. While our other case studies have highlighted the need to significantly invest in time and resources to design appropriate and effective payment mechanisms and other operational elements of the programme, circumstances in Mongolia allowed for a more rapid design process. This was the case in Mongolia due to an already existing and well developed infrastructure – including financial services and registration facilities – that allowed for relatively easy access to the target populations. Five transferable lessons were, however, identified from the Mongolia case study.

Firstly, there is an important lesson with regard to the targeting process that has emerged from the Child Money Programme that relates to the lessons learnt in Kenya and Zambia. It was generally reported that there was a lack of collaboration between stakeholders in the design of the targeting process and that a learning process and adjustment of the targeting design was lacking. This lack of collaboration within the design process has been perceived as contributing to the difficulties experienced in designing and implementing an effective targeting design.

Secondly, and related to the issue of targeting, is the lesson around effective and transparent engagement with communities and potential beneficiaries. The limited attempts to effectively engage with communities and build awareness of both the programme itself and the objectives of the programme reduced the impacts of the programme which led to a lack of understanding around the targeting process and the selection of beneficiaries. These issues with the CMP highlight the need to make sustained and coordinated efforts to engage transparently with communities.

Thirdly, our research indicates that the conception and development of the Child Money Programme emerged from within the government of Mongolia itself with only a limited engagement of civil society and development partners in advocating for commitment to such a social protection programme. The need for a clear and coordinated influencing strategy to secure the establishment of the programme was therefore not necessary. However, the CMP example has also highlighted the need for strategic and coordinated engagement for influencing, even once the programme has been established in order for the programme to remain a policy commitment of government. A more effective influencing strategy by civil society, civil servants and development partners could have altered the decision to abandon the programme during the global financial crisis in 2008.

Fourthly, the relationships between government and Cooperating Partners in the case of the CMP have highlighted the need for effective and equal relationships in order to develop productive, cooperative and constructive learning and effective implementation. Research in Mongolia has highlighted the limited efforts of cooperation partners to coordinate engagement with the government. The effects of development agencies engaging with the government on an individual basis has been identified as one of the contributing factors for a lack of sustained political support and commitment to the programme.

Finally, the role of an effective MIS system was not able to be explored in the case of the CMP as the planned development of the MIS was suspended when the programme was universalised. Research on this issue suggested that the modest and decentralised information system utilised during the initial targeted programme proved adequate for basic registration purposes but the monitoring of conditionalities was not effective. However, the fact that investment in a new centralised MIS was planned and had been agreed before the change in design from targeted to universal programme does seem to suggest the importance of investing in a robust and scalable MIS.

6 Transferable lessons from all countries

Our research distinguished between lessons where contingent or contextual factors significantly accounted for the success/challenge and those where lessons could be relevant for other countries. These transferable lessons from each country are synthesised into five areas:

- *Designing operational approaches* such as targeting, enrolment and payment that will work in practice and at scale requires significant early investment to bring together global and local knowledge of complementary methods and to facilitate a continuous learning process among implementers. This collaborative and iterative design process increases operational effectiveness and builds national ownership. Where well-developed infrastructure for government cash transfers already exists at national scale, investments required will be lower, but early collaborative and comparative assessment of its capability to meet the more explicit targeting and accountability objectives of social protection policy and for learning during implementation will still be needed.

- *Sustained community participation* in transparency and downward accountability about operational approaches can ensure that ownership by the whole community is evident, decisions on inclusion and outcomes for beneficiaries are accepted as non-political and fair and that targeting and monitoring is accurate. To enable this dialogue operational forms and guidelines must be easily understood by communities and local implementing staff alike. Ineffective engagement with communities and potential beneficiaries is likely to reduce programme impact.

● *Effective relationship between implementing ministries and cooperating/ development partners* is essential for coordination, predictability and mutual learning. Ministerial capacity for leadership on social protection practice and Cooperating Partners' capacity for harmonisation on social protection policy are essential for these good relations. Lack of partnership can lead to conflicting advice and messages that contribute to a weakening of sustained political support and commitment to innovative social protection programmes.

● *Strategic influencing* is essential for enabling cash transfer programmes to have the policy space to evolve and the fiscal space for funding to be sustained. Influencing can include building commitment within ministries, political will within the legislature and trust within donor agencies. These can involve engaging with civil servants, MPs, donor HQs, civil society and the media with social protection beneficiaries in the field and peers in other countries. Even when political commitment itself initiates a cash transfer programme subsequent sustained influencing is likely to be necessary to offset the risk of sudden changes in political commitment once the programme is operational.

● *Early investment in a robust and scalable Management Information System* can offset fiduciary risk, ensures that the poor are included, enables efficient implementation and has the potential to offer a national registry system that can support other social protection services from a range of funders. This may seem expensive at the pilot stage/before scaling up, but long-term effectiveness, sustainability and confidence in a social protection programme is dependent upon MIS being put in at the ground level.

7 Conclusions

Conclusions were drawn to enhance lesson learning within a multi-sited organisation (UNICEF) around good practice in social protection programming. The seven conclusions we have drawn are as follows:

● As ultimately transformative drivers of change, social protection instruments should be sensitive and reflective about the recent history and values of both elite and marginal citizens in local, regional and national settings. Cash transfers, whether with conditions, co-responsibilities or no explicit moral agenda, cannot but interact with traditional, bureaucratic and modern institutional drivers for stability and change. As such, community participation, transparency and downward accountability about operational approaches have more to offer than just increased effectiveness and acceptability. It should also be seen as an essential safeguard against exposing marginal citizens to risks from unmediated engagement with power and an important opportunity for democratic states and taxpayers to reconnect with citizens for whom it has a duty of care and with whom it has shared national aspirations for middle-income levels of prosperity and security.

● Better cross-ministerial coordination at national level is needed to improve impact for beneficiaries and to sustain government commitment. This can be pursued by the lead social protection ministry, cooperating/development partners, civil society and the media broadening their social protection

influencing strategies at the national level beyond ministries of finance to include ministries with a key role in delivering services that enable human capital development (e.g. Education, Health, Agriculture), but where existing commitment to shared responsibility is low. Influencing by lead social protection actors should be pursued in a harmonised way to ensure that clear messages are received by key line ministries and that these do not undermine commitment gains already made with ministries of finance. Additional influencing objectives should be considered where potential champions exist in non-ministerial wings of government (e.g. presidents/prime ministers' offices and their deputies; chairs of parties on a cross-party basis, etc. based on a political economy landscape analysis). Sustained influencing is necessary to offset the risk of sudden changes in political commitment once programmes are operational (e.g. driven by macro-economic or governance shocks).

● Connecting social protection policy with high priority policy agendas of other ministries, national development plans and Cooperating Partners is important when seeking cross-ministerial responsibility for social protection. Growth, climate change and disasters all speak to the human capital development agenda of social protection in different ways.

● Visits and more immersive experiences of cash transfer programme implementation by these stakeholders needs to be sustained to enable beneficiaries' voices to challenge urban/elite assumptions and build empathy. Quarterly briefing of MPs with programmes in their constituencies and on relevant parliamentary committees can also be helpful.

● Large scale investments in M&E should be capitalised on during, as well as, after implementation to sustain commitment by the Ministry of Finance and other key stakeholders interested in quantitative and robust evidence. Annual workshops to share interim findings and get feedback on M&E methods from regional and international critical friends would be a valuable forum for national social protection programmes.

● Analytical skills on social protection policy should not become ghettoised within the lead ministry or by individuals in other ministries; otherwise an intelligent audience for evidence of impacts may not grow broadly enough to sustain fiscal and policy space. Integrating a social protection module into existing professional development trainings at key partner ministries is an example of how to share evidence on the impacts of social protection programmes.

● In two of the case study countries studied UNICEF, in line with its organisational mission, is playing a pivotal role in mobilising political will and resources around social protection at the country level. Here its credibility in social protection is built on two pillars. One is having a focused technical entry point into the social protection policy space around child rights/protection. The other, perhaps more tacitly understood is its core organisational capacity to convene key stakeholders over timeframes that bridge funding and policy cycles that other actors are more exposed to. The wider organisational learning agenda for UNICEF globally is perhaps then to understand more explicitly why these pillars of credibility, which are formally common to all UNICEF country offices, have been more stable in Kenya and Zambia.

Annex 1 People interviewed or consulted in Kenya

Name	Organisation/Role
Oduol, Prof. Jacqueline A.	Ministry of Gender, Children & Social Development (MGCSD)
Juma, Titus E.	Postal Corporation of Kenya
Musembi, Daniel N.	Dept. of Children's Services (MGCSD)
Kenduiywa, Grace J.C.	Dept. of Children's Services (MGCSD)
Wiseman, William	The World Bank Kenya Office
Ochieng, Samuel O.	Dept. of Children's Services (MGCSD)
Hussein, Ahmed	Dept of Children's Services (MGCSD)
Alviar, Carlos	UNICEF Kenya Country Office
Yambi, Olivia	UNICEF Kenya Country Office
Ortiz-Iruri, Juan J.	UNICEF Kenya Country Office
Lund-Henriksen, Birgithe	UNICEF Kenya Country Office
Klaus, Michael	UNICEF Eastern and Southern Africa Regional Office
Ombasa, Peter	Dept. of Children's Services (MGCSD)
Mills, Mike	The World Bank
Chesire, Belinda	UK Department for International Development Kenya
Mbuga, Mary	Dept. of Children's Services (MGCSD)
Sifuma, Elizabeth	Dept. of Children's Services (MGCSD)
Khaoya, Michael	Dept. of Children's Services (MGCSD)
Agwayo, Franklin M.	Dept. of Children's Services (MGCSD)
Davies, Benjamin	UNICEF Eastern and Southern Africa Regional Office
Muli, Mercy	Dept. of Children's Services (MGCSD)
Group of 10 women; 2 men	CT-OVC Beneficiary Group (Dandora, Nairobi)
Magunga, Samuel	Location OVC Committee (Dandora, Nairobi)
Wairimu, Rose	Location OVC Committee (Dandora, Nairobi)
Niery, Mary	Location OVC Committee (Dandora, Nairobi)
Ondogo, Charles	Provincial Children's Officer (Kisumu, Nyanza)

Rono, Jane	District Children's Officer (Kisumu East)
Khurgat, Elvis	District Children's Officer (Kisumu West)
Lebaus, Onyango	DOSC member (Kisumu)
Abdul Mansoor	Location OVC Committee (Kisumu, Nyanza)
Atieno, Milka	Location OVC Committee (Kisumu, Nyanza)
Mr Kodhoch	Location OVC Committee (Kisumu, Nyanza)
Group of 17 women; 2 men	CT-OVC Beneficiary Group (Kisumu)
Stephen Gitahi Gitau	District Children's Officer (Kwale)
Pius Simiu Waswa	DOSC member (Kwale)
Mbwana Mwinyi Mattusy	DOSC member (Kwale)
Hamila	DOSC member (Kwale)
Group of 5 women; 3 men	CT-OVC Beneficiary Group (Msambweni, Coast)
Group of 1 women; 6 men	Location OVC Committee (Msambweni, Coast)

Validation Workshop in Kenya

Mike Khaoya	Children's Officer – OVC Secretariat
Grace Kenduiywa	Chief Children's Officer – OVC Secretariat
Mary Mbuga	Coordinator – OVC Secretariat
Franklin Agwayo	Children's Officer – OVC Secretariat
Elizabeth Sifuma	Children's Officer – OVC Secretariat
Mercy Muli	District Children's Officer – Dandora
Jane Ronno	District Children's Officer – Kisumu
Gitau	District Children's Officer – Kwale

Annex 2 People interviewed or consulted* in Zambia

Name	Organisation / Location	Position
Ben Mubiana	Choonga Ward	Member Community Welfare Assistance Committee/Area Assistance Committee
Bonny Nkole	MCDSS Chipata District	Senior Social Welfare Officer
Catherine Bwali	Kazungula District	Chairperson District Welfare Assistance Scheme
Charlotte Harland	UNICEF Zambia	Chief of Social Policy and Economic Analysis
Cruisha Muleia	MCDSS Kazungula District	Assistant Community Development Officer
Esaya Ng'Ona	Musanga Ward Chipata	Chair Community Welfare Assistance Committee
Francis Mpampi	Ministry of Finance and National Planning	Principal Planner
Friday Ndawa	MCDSS HQ	Accounts Officer
Jacob Monde	Matundo Ward	Pay Point Manager
Joseph Munsanje	Sightsavers Zambia	Country Director
Kapela Mwango	MCDSS Chipata District	Assistant District Social Welfare Officer
Kelley Toole	DFID Zambia	Vulnerability and Food Security Adviser
Lovert Mainga	MCDSS Kazungula District	Assistant Social Welfare Officer
Manzunzo Zulu	MCDSS HQ	Senior Social Welfare Officer
Margaret Phiri	MCDSS Kalomo District	Assistant Social Welfare Officer
Morris Moono	MCDSS Southern Province	Provincial Social Welfare Officer
Mutale Wakunuma	Civil Society Platform for Social Protection Zambia	Coordinator
Nicholas Goma	MCDSS HQ	Senior Social Welfare Officer
Precious Zandonda*	UNICEF Zambia	Social Policy Officer
Robby Mwiinga	CARE Zambia	Project Manager COMACO/ Social Protection

Robert Mwanza	Dilioka Ward Chipata	Chair Area Assistance Committee
Rose Mutupo*	MCDSS HQ	Director – Social Welfare
Saboi Imasiku	MCDSS Kalomo District	District Social Welfare Officer
Sherry Thole*	MCDSS HQ	Permanent Secretary
Stanfield Michelo	MCDSS HQ	Chief Social Welfare Officer
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Thomas Banda	Kanjala Ward Chipata	Chair Area Assistance Committee
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Annex 3 People interviewed or consulted* in Mongolia

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Bold Adiya	Mongolia Ministry of Finance	Social Sector Support Programme, TA Coordinator
D. Choijilsuren	Labour and Social Welfare Service Office	Head of Social Welfare Service Department
Claude Bodart	Asian Development Bank	Senior Health Specialist
Doljinsuren Jambal	UNDP	HD and MGD Team Leader
G. Batzaya	Khovd Aimag	Head of the Land Authority/ Former head of the Labour and Welfare department
Ms Ganchimeg	Labour and Social Welfare Service Office	Deputy Head of Social Welfare Service Department
J. Gankhuyag	Bichigt bagh of Jargalant soum (Khovd aimag center)	Governor
Ms Javzankhuu	Deputy Prime Minister's Office	Adviser on children's issues
M. Bayanjargal	Bayankhoshuu Bagh of Myangad Soum, Khovd Aimag	Governor
Ms Munkhuu	Gal Golomt National Movement	Head
Nyam Ayush	Ministry of Social Welfare and Labour of Mongolia	Director, Strategic Planning Department
Ms Olonbayar	Ministry of Social Welfare and Labour of Mongolia	PMT specialist
Ms Oyunchimeg	National Authority for Children	Deputy Head
Rana Flowers	UNICEF	Representative
S. Lkhamkhuu	Labour and Welfare fund of Myangad Soum, Khovd Aimag	Officer
Sodovjamts Munkhgerel Gantuya	Labour and Welfare Service Department	Head of Bagakhangai district. Governor of one *khoroo* of Bagakhangai district

Tarsicio Castaneda	Asian Development Bank	Targeting and Safety Net Specialist
Tsedev Unurtsetseg	Center for Child and Women Protection (NGO)	Head
Tungalag Chuluun	World Bank	Human Development Operations Officer
U. Otgonbileg	Social Welfare and Protection Policy Department, Ministry of Social Welfare and Labour	Senior Officer
Ms Undaraya	MONFEM network	National Coordinator
Wendy Walker	Asian Development Bank	Social Development Specialist

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