

About REBA

What is RHVP?

The Regional Hunger and Vulnerability Programme (RHVP) supports improvements in policy and programme approaches to hunger and vulnerability in southern Africa with particular emphasis on the role of social protection.

The Regional Evidence Building Agenda (REBA)

Evidence-building, together with capacity-building and policy change, is one of RHVP's three interlinked activities. The Regional Evidence Building Agenda (REBA) is a cohesive framework that has guided the Programme's cross-country evidence-related activities between April 2006 and September 2007. The REBA consists of individual case studies of 20 ongoing social transfer programmes together with thematic studies covering cross-cutting design and implementation issues. The studies were carried out by locally commissioned researchers, mostly working through national research and consultancy institutions, in the six southern African countries covered by RHVP (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe). All the case studies involved close collaboration with the agencies – government departments and government-appointed bodies, local and international NGOs, UN agencies and communities – that were implementing the social protection schemes under review. The research was supported and guided by a core team of international mentors which included Stephen Devereux (IDS, Sussex), Frank Ellis (ODG, University of East Anglia) and Lionel Cliffe (University of Leeds) and was coordinated and managed by Philip White (ODG).

REBA Aims

The REBA aims to support RHVP's efforts to promote improved policy and programme approaches to social transfers as a means of addressing hunger and vulnerability. REBA findings are feeding into a range of policy, advocacy and research outputs and processes, including policy briefs, best practice guidelines, national and regional learning events for policymakers, practitioners and civil society, a film series and research publications. In addition, by working through a network of national consultants, the REBA aims to increase national capacity to carry out analytical research on hunger and vulnerability within the six countries.

REBA Thematic Briefs

This series of briefs was prepared by Stephen Devereux, Frank Ellis and Philip White, and provides a regional synthesis of findings of both the 12 thematic studies and the 20 individual case studies undertaken under the REBA. The themes explored in these briefs are those addressed in the respective REBA thematic studies, but include additional themes that have emerged during the implementation of the REBA work as being of particular interest and policy relevance.

Targeting Social Transfers

Overview

Targeting has been defined as "the process of identifying the intended beneficiaries of a programme, and then ensuring that, as far as possible, the benefits actually reach those people and not others" (Sharp, 2001: 1). Although this sounds straightforward enough, in practice targeting is one of the most complex and challenging aspects facing most social protection programmes. Given budget constraints and programme objectives of providing assistance to specific vulnerable groups, selecting some people and excluding others is unavoidable, if scarce resources are to be allocated cost-effectively. But this is far from simple, and in fact can be broken down into a series of at least seven discrete choices:

1. Defining eligibility in theory – who is entitled to benefit from this programme? (Often this is rather vaguely defined, e.g. "the poor", or "vulnerable groups", or "the disabled".)
2. Operationalising eligibility in practice – what criteria will be used to decide who is entitled? (Agreeing on robust indicators of poverty, for instance, is a challenge in itself, while proxy indicators of need – e.g. having a disability, or being female – are often very inaccurate.)
3. Identifying and selecting beneficiaries – how to find all the people in the programme area who meet the eligibility criteria?
4. Registration procedures – how to register beneficiaries (and since many programmes are targeted on households rather than individuals, which person should be registered)?
5. Verification tests – how to confirm that the correct individuals are collecting benefits? (This might require senior community members to be present, to verify the identity of claimants.)
6. Grievance procedures – will a mechanism be established to allow people who feel unfairly excluded from the programme to appeal for their inclusion, or for people who feel that someone else has been unfairly included to appeal for their removal?
7. Graduation and re-targeting – what if some beneficiaries no longer need assistance, or if new people meet the eligibility criteria, during the lifetime of the programme? (Consider a social pension that targets people over 60 years of age. People who are 59 will not be registered when the programme is launched, but will become eligible after the first year.)

1 Briefs on individual REBA case studies, numbered 1 to 20, are available at http://www.wahenga.net/index.php/evidence/case_study_briefs/

Targeting mechanisms

A diverse range of targeting mechanisms is applied on the 20 case study projects, including geographic targeting, categorical targeting, means testing and proxy means tests, community selection and self-selection. Typically, more than one mechanism is used; for instance, the first level of targeting is invariably geographic: all programmes are restricted to defined areas. This discussion explores the strengths and limitations of each approach to targeting, drawing on actual experiences with applying these mechanisms on the case study programmes.

Geographic targeting is the simplest targeting mechanism of all. Benefits are concentrated in certain parts of a country, either administrative districts or areas defined as vulnerable (drought zones, arid regions, floodplains, etc.). Geographic targeting is very common on emergency programmes, where the cause of vulnerability is a natural disaster or conflict that affects an identifiable area (e.g. the Dowa Emergency Cash Transfers project was confined to a district affected by drought in Malawi). A pure geographic approach would apply blanket coverage at the area level. This is quick and easy to administer but the cost of 'leakages' must be assessed against the cost of rigorous targeting: the key variable is the percentage of population affected. Most pilot projects (like many of our case studies) use geographic targeting as a 'first level' criterion – but for circumstantial reasons (e.g. the communities where the implementing NGO is active) rather than needs assessment. This introduces a degree of arbitrariness and randomness into the targeting mechanism, unless NGOs have purposively selected the poorest and most vulnerable communities as their programme areas. In Zimbabwe's Rural Micro-finance programme, for instance: "A broad concept of geographical targeting allied to spatial manifestations of vulnerability in Zimbabwe has informed the provinces and districts in which the scheme has been rolled out". Nonetheless, coverage of such projects is invariably limited and exclusion errors (at national level) are extremely high. Geographic targeting also raises the possibility of politicisation of the programme – if areas receiving assistance support the government this leads to accusations of nepotism, while if areas hostile to the government receive assistance this leads to accusations of 'vote-buying'.

Categorical targeting requires identifying distinct groups of people who are generally poorer or more vulnerable than others – examples include people with disabilities, orphans and older persons. Sometimes the target group is defined by the nature of the

programme – for instance, the primary beneficiaries for agricultural input subsidies in Malawi and input fairs in Mozambique are farmers. Categorical targeting is popular because it is cheap and simple, but it raises questions about inclusion errors (non-needy members of the category) and two types of exclusion errors: (1) other vulnerable categories that don't benefit (countries that deliver social pensions and child support grants, like South Africa, provide little social assistance to poor people aged between 16 and 60); (2) appropriate thresholds (e.g. eligibility for Lesotho's Old Age Pension is restricted to citizens over 70 years old). Also, categorical targeting is not always as simple as it seems. Interventions targeted at orphans must first define 'orphan' – "a child under 18 who has lost one or both parents" is the definition used by programmes in Swaziland – then verify that applicants claiming to meet these criteria actually do so. Simple categories often add qualifying conditions (e.g. widows 'without support' or 'living alone'), which requires more careful assessment and monitoring. Categories selected as target groups usually relate closely to the objectives of the intervention. In highland Lesotho, herd-boys and orphans are given monthly take-home rations conditional on school attendance, which is intended to provide incentives for their families to keep these boys in school (they have lower enrolment and higher drop-out rates than most other children, because herd-boys are needed by their families to look after livestock, while orphans are more likely than other children to be kept at home to help with household chores).

Means tests can be implemented by completing a detailed questionnaire where applicants are required to report on their incomes and assets; if their 'means' fall below a minimum threshold they are entitled to receive social assistance. In Mozambique's Food Subsidy Programme (actually a cash transfer), monthly income per capita must not exceed 70 Mtn. In Zimbabwe's Urban Food Subsidy, eligible households are those "obtaining less than US\$1 per day from all sources". Alternatively, inspectors might visit potential beneficiaries at home to assess their living conditions. In Swaziland's Public Assistance Grant, a 'vulnerability inspection' is made by a social welfare officer to assess each applicant's assets, meals, health and income. This assessment is validated by evidence from community workers such as rural health motivators. Means tests are generally agreed to be the most accurate targeting mechanism, but also the most expensive and complicated, being highly susceptible to under-reporting of income and assets by applicants, or collusion between applicants

and officials to register ineligible beneficiaries. These risks of fraud and corruption can only be mitigated with close monitoring and double-checking, which raises the administrative costs. Also, because the livelihoods of poor people are insecure and their incomes are unpredictable, the validity of means tests is open to doubt – individuals can move in and out of poverty from year to year or even from month to month, requiring repeated income assessments, which of course raises these administrative costs even further. A final problem associated with means testing is that it creates incentives to modify behaviour to become eligible (eg to 'import' relatives into the household for grants that are proportionate to household size, or to stop looking for work to qualify for unemployment-related grants – a 'dependency' effect).

Proxy means tests are applied to avoid the cost and complexity of income assessment, by identifying local indicators of poverty that are robust (accurate) and easier to observe than income. This is similar to categorical targeting, except that multiple categories are often preferred and these are not always as visible as age, gender or disability. In Swaziland's National Plan of Action for orphans and vulnerable children (OVC) of 2006, children are eligible for assistance if they meet one or more of several proxy indicators of poverty and vulnerability, including: parents or guardians are incapable of caring for them; staying alone or with poor elderly grandparents; living in a poor sibling-headed household; no fixed place of abode; is physically challenged; lacking access to health care, education, food, clothing and psychological care; has no shelter from the elements; is exposed to sexual or physical abuse; and/or engages in child labour.

Community selection involves communities in selecting beneficiaries (as on Malawi's Dowa Emergency Cash Transfers), to draw on local 'insider' knowledge and ensure social acceptance of targeting decisions. Children who benefit from Neighbourhood Care Points in Swaziland are selected by their communities, in consultation with traditional leadership structures and community-based workers such as Rural Health Motivators. This targeting worked well because community members understood the situation of local children, and caregivers made house-to-house visits to ensure that all deserving children were identified and included in the programme. On the negative side, unless community structures are fully representative, inclusive and democratic (and independent verification procedures exist to monitor this), there is a risk of 'elite capture' – committees might favour their relatives and friends and exclude

socially marginalised groups. Inclusion errors can also be high if communities reject separating 'poor' from 'non-poor' households, resorting to the familiar refrain: "but we are all poor here". In Zimbabwe, traditional leaders participated in compiling beneficiary lists for the Small Livestock Transfer project, which targeted destitute rural households. But several beneficiaries were de-registered after they were discovered to be from wealthy families, including village headmen. Genuine community participation is also time-consuming, resource intensive, and challenging to scale up – if community wealth ranking is used to identify poor groups, this is a relative measure that is not comparable across communities. DECT in Malawi avoided elite capture by triangulation – dividing the community into three groups who compiled independent lists of poor households which were then compared and debated in a public forum – but this did not resolve the challenges of time and resource costs, comparability and scaling up.

Self-selection is popular with donors because in theory it reduces targeting costs and social tensions and improves accuracy – instead of assessing individual need or trying to find robust proxies for poverty, incentives are structured so as to attract needy individuals and discourage non-needy applicants. Self-targeting works by lowering benefits transferred or raising costs of accessing benefits. Public works programmes exploit both sides of this equation. They have high access costs (heavy commitments of labour and time) and low benefits (wages set below local market rates, or payment in food rather than cash). But self-targeting often does not work in contexts of widespread and severe poverty, because benefits can not be set low enough, or access costs high enough, to discourage people from applying. On most rural public works in Africa, for instance, wages can not be set low enough to equalise supply and demand of labour – unless they are set so low that they become ineffective and unethical. Job rationing and discretionary allocation of workplaces inevitably follows. This has characterised public works projects in Malawi: "Rationing may sometimes be anarchic i.e. the scramble that occurs on 'a first come first served' basis, or may be done by local leaders on site who directly choose those who will be permitted to work. In either case, the self-targeting principle is breached and projects become prone to high inclusion and exclusion errors". Self-targeting by imposing a work requirement also introduces other sources of exclusion error. "By definition, their recipients must be capable of hard physical work, which means that they are unable to target the old, the ill, the disabled, or

women looking after orphans and vulnerable children – categories that are considered by many to be the most significant vulnerable groups” (REBA Case Study No.11). As a general rule, self-targeting mechanisms that rely on lowering transfers or making it difficult to access benefits are not progressive and should be discouraged. A very different approach to self-selection is adopted by membership-based organisations (MBOs)

such as burial societies in Lesotho and other countries in southern Africa, where membership is voluntary and determined by individual ability to make contributions, though it is possible that some informal social rules of exclusion and inclusion are applied.

Table 1 maps the targeting mechanisms adopted by the 20 REBA case studies by category.

Table 1: Targeting mechanisms

Mechanisms	Criteria	Case studies
Geographic	Resident in drought-affected district	Emergency Cash Transfers (Malawi)
	7 rural districts, selected on the basis of spatial manifestations of vulnerability	Rural Micro finance (Zimbabwe)
	Geographical zones with severe depletion of livestock holdings due to drought and disease	Small Livestock Transfers (Zimbabwe)
Categorical	All citizens over 70	Old Age Pension (Lesotho)
	Poor citizens over 60	Old Age Grant (Swaziland)
	Schoolchildren	Education Fairs (Mozambique) School Feeding (Lesotho)
	Orphans	Neighbourhood Care Points (Swaziland) School Bursaries (Swaziland) Chiefs' Fields (Swaziland)
	Child headed households	Farm Inputs for Child-headed Households (Swaziland)
	Women (especially widows)	Rural Micro finance (Zimbabwe)
	Farmers	Input Subsidy (Malawi) Input Fairs (Mozambique)
	AIDS patients (receiving home-based care and ARV treatment)	Food Assistance Programme (Mozambique)
Means test	Assessment of applicants' assets, meals, health and income by a social welfare officer	Public Assistance Grant (Swaziland)
	Household monthly income per capita \leq 70 Mtn	Food Subsidy (Mozambique)
	Household income $<$ US\$1 per day	Urban Food Subsidy (Zimbabwe)
Proxy means test	Poorest 10%: proxies include: <ul style="list-style-type: none"> eating one meal per day begging from neighbours having malnourished children very poor shelter and clothing owning no valuable assets caring for large numbers of children elderly, sick, disabled or female-headed 	Cash Transfers (Zambia)
	Urban poor: criteria include: <ul style="list-style-type: none"> bedridden home-based care clients families with several orphans single-parent households households with no able-bodied adult 	Urban Food Subsidy (Zimbabwe)

Mechanisms	Criteria	Case studies
Proxy means test <i>continued...</i>	Destitute: proxy indicators include: <ul style="list-style-type: none"> • older people (men over 60, women over 55) • unable to work • people with disabilities • chronically sick • living alone or heads of destitute households 	Food Subsidy (Mozambique)
	Vulnerable children: under 18 years old and satisfies one or more of the following criteria: <ul style="list-style-type: none"> • parents or guardians are incapable of caring for him or her • physically challenged • staying alone or with elderly grandparents • lives in a poor sibling-headed household • has no fixed place of abode • lacks access to health care, education, food, clothing, psychological care • has no shelter to protect from the elements • exposed to sexual or physical abuse • engages in child labour 	Chiefs' Fields (Swaziland)
	Poor children: <ul style="list-style-type: none"> • double orphan with no estate, insurance, sponsor, pension or any source of income • single orphan whose single parent is not in any gainful employment • vulnerable child – no means of paying for their education (eg neither parent is employed) 	School Bursaries (Swaziland)
	"People struggling to survive": <ul style="list-style-type: none"> • rural households with no livestock • women widowed by AIDS • destitute families with small children • caregivers to the chronically sick • elderly with no support and no remittances 	Small Livestock Transfers (Zimbabwe)
	Poor farmers: <ul style="list-style-type: none"> • access to land • cultivating less than one hectare • having adequate labour for farming • not in gainful employment 	Food Security Pack (Zambia)
Community selection	<ul style="list-style-type: none"> • participatory community wealth ranking • triangulation to avoid elite capture 	Emergency Cash Transfers (Malawi)
	Vulnerable children	Neighbourhood Care Points (Swaziland)
Self selection	<ul style="list-style-type: none"> • low benefits (wages below local market rate) • high access costs (heavy work requirement) 	Public Works (Malawi)
	Voluntary membership based on contributions	Burial Societies (Lesotho)

Issues arising

Targeting raises a number of issues, quite apart from the decision about how to do it. Three issues are examined here: (1) the case for targeting *versus* universal coverage; (2) targeting errors – inclusion and exclusion; (3) politicisation of targeting (e.g. ‘patronage bias’).

Targeting or universal coverage?

A prior question, before thinking about how to do targeting, is whether to target at all. In most cases this is not a realistic choice – resources are constrained and it is cost-effective and equitable to channel these resources to people who need assistance most. But sometimes objections to targeting are raised – that it is inequitable and discriminatory, that it contradicts ‘rights-based’ approaches, or that the poorest cannot be easily identified and separated out (“we are all poor here”). In the Small Livestock Transfer project in Zimbabwe, resentment from people who were excluded but felt strongly that they deserved to benefit caused fights to break out in project villages. In such contexts an argument for universal coverage is often made, but of course this can dramatically raise programme costs, and incur substantial ‘leakages’ to people who do not really need assistance.

In cases where the extent of need is very high and the costs of targeting are significant, the case for universal distribution is stronger. In the DECT project in Malawi, more than 70% of households were drought-affected in parts of Dowa District, and the argument was made that implementing community-based targeting was so expensive that it would have been simpler and even cheaper to register all households in the district. This was not in fact true – the cost of targeting amounted to € 40,000 while expanding the programme to 100% coverage would have cost an additional € 140,000 (Devereux *et al.*, 2007: 23) – but there is also an argument about the political costs of targeting. “Benefits meant exclusively for the poor often end up being poor benefits”, said Amartya Sen (Sen, 1995: 14), meaning that programmes that benefit everyone gather political support from influential and wealthy people, which is often an important determinant of programme success. In the case of DECT, a decision to exclude headmen from benefiting caused resentment and loss of support from several of these key gatekeepers to local communities. Several people interviewed during the DECT evaluation argued that a rule of thumb should be applied: if the people eligible for assistance in any

community exceeds 70% of the population, universal coverage should be preferred to avoid the economic and social costs of targeting.

At the other extreme, projects like the Kalomo District Social Transfer Pilot Project in Zambia apply a ‘10% rule’, defining only the poorest decile of the population as eligible for social transfers. In such cases the debate about universal coverage does not arise, but different challenges arise, notably how to apply a quota fairly in contexts of widespread and severe poverty.

Of course, very few ‘universal’ programmes aren’t targeted in some sense, even if they are universal within a district, like the proposal for the DECT project (=geographical targeting) or within an age group, like a universal social pension (=categorical targeting). Instead of ‘targeted’ versus ‘universal’ programmes, perhaps we should talk about ‘light’ versus ‘heavy’ targeting, or ‘simple’ versus ‘complex’ targeting. Light or simple targeting means choosing a single indicator (e.g. all citizens over 70, as on Lesotho’s Old Age Pension). Heavy or complex targeting implies multiple criteria (e.g. the Small Livestock Transfers project in Zimbabwe, which targets rural households with no livestock, women widowed by AIDS, destitute families with small children, caregivers to the chronically sick, and the elderly with no support), or targeting procedures that are time-consuming and expensive (e.g. the Public Assistance Grant in Swaziland, where each applicant is visited by a social welfare officer who assesses their income, assets, food consumption and health status).

Targeting errors

The debate about whether to target (i.e. to exclude some members of the population) or to opt for universal coverage (to include everyone) naturally raises the issue of targeting errors. Programme staff are usually preoccupied with minimising **inclusion error** or ‘leakage’, which is caused by targeting people who don’t really need assistance. This is very important, not least because it wastes scarce budgetary resources and can deprive needier people of assistance. Recipients of the Food Security Pack in Zambia are selected in a way that results in a high degree of leakage. Beneficiary lists are first drawn up by village headmen, then reviewed by Community Welfare Advisory Committees (CWACs) or Area Food Security Committees (AFSCs). “This method is prone to inclusion and exclusion errors due to elite capture by kin and cronies of headmen” (REBA Case Study No.10). Similarly, input subsidies in Malawi were delivered in the form of coupons that were allocated

in a non-transparent manner: "village leaders, police, chiefs, friends and relatives received the bulk of the coupons" (REBA Case Study No.5). On Lesotho's Old Age Pension, it was reported that 'ghost beneficiaries' were created by corrupt officials, and that pensions continued to be paid out for several months after pensioners had died. Verification procedures have since been tightened up to reduce these sources of fraud and corruption. Low civil service salaries in Mozambique and other countries have contributed to a reported increase in petty corruption by officials, some of whom see social transfer programmes as a source of supplementary income, by cheating beneficiaries out of part of their entitlements.

Even more important than inclusion error is ensuring that everyone who needs assistance is reached by the programme – i.e. minimising **exclusion error** – because the consequences of excluding desperately poor people from social assistance programmes can be very serious, even fatal. Under-coverage is high on locality-based pilot projects (which provide islands of access for a tiny minority of needy people), and where budget constraints limit beneficiary numbers Zimbabwe's urban food subsidy, for instance, reaches only 10% of Zimbabweans who meet the eligibility criteria: "Thus exclusion is substantial, not due to administrative incompetence, but due to limited budgets" (REBA Case Study No.8).

A major source of exclusion error arises when budget constraints require quotas or rationing to be imposed, as on Malawi's Public Works programme (discussed above). In Zambia's Kalomo District Social Cash Transfers project, an explicit quota is introduced in the targeting process: households are ranked by level of need, and a cut off is applied at 10%. The technical justification is that the poorest 10% of the population in rural Zambia are destitute and demonstrably worse off than everyone else, according to survey data, but this is a spurious argument for setting a quota at the level of individual communities. For project budgeting and planning purposes, a quota keeps things simple, but this can result in the exclusion of many households that clearly meet the eligibility criteria for assistance.

An alternative to quotas or rationing is 'dilution' of benefits. This is common practice on public works projects, where participants are 'rotated' after only a few weeks or months to maximise coverage, but at the cost of reduced impact at household level – short-term employment will transfer very little food or cash. The dilemma facing project staff is, therefore, wide coverage but limited impact, or limited coverage

Box 1: Under-coverage in Mozambique

The Food Subsidy Programme in Mozambique is a government programme with national coverage. The programme makes regular cash transfers to destitute Mozambicans who are unable to work.

Target groups include older people (90,000 beneficiaries in 2006), people with disabilities (5,600) and chronically ill people (933). Because of budget constraints and limited administrative capacity in rural areas the programme has initially been restricted to all major urban centres, though the intention is to expand coverage to rural districts. Although 92% of beneficiaries are older people, there are approximately one million men and women over 60 years old in Mozambique, and the national poverty rate is 54%. Since poverty is typically higher than average among older people, this implies that there are at least 540,000 elderly poor in Mozambique, but only 90,000 are receiving the Food Subsidy – a coverage rate of 17%, and an under-coverage or exclusion error of 83%. (REBA Case Study No.7)

but deeper impact – longer term employment transfers enough income for asset accumulation or investment. Alternatively, beneficiaries themselves can choose to dilute benefits: when communities are given a limited number of bags of food or fertiliser and seed packs and instructed to allocate these to the poorest households, they sometimes split these resources instead and distribute them equally among all community members.

Just as there are real consequences to mis-targeting, so there are real costs to achieving accurate targeting, which can be modelled as a trade off – the more accurate the targeting the higher the costs of doing the targeting. These costs arise not only in the identification and selection of eligible individuals, but also in registration and verification procedures, which will improve programme efficiency if done properly, but take time and money. (Box 2 shows how time consuming and complex registration and verification processes can be.) Verification has two aspects: proving eligibility, and proving identity. Examples of verification procedures include:

- (1) **age:** ID card (Lesotho Old Age Pension);
- (2) **residence:** verified by local administration (Zambia Cash Transfers);
- (3) **clinical status:** "the disabled, the chronically sick and malnourished pregnant women" (Mozambique Food Subsidy);
- (4) **medical criteria:** "patients must be certified by a medical practitioner as requiring and being able to benefit from ART, including testing for CD4 count and having a body mass index (BMI) of 16 or under" (Mozambique Food Assistance).
- (5) **spot checks:** follow-up visits on 10% of beneficiaries (Zimbabwe Urban Food Subsidy).

Conversely, less rigorous methods might be cheaper (e.g. choosing visible proxy indicators like disability instead of conducting detailed means testing), but there will almost certainly be much higher inclusion and exclusion errors. For example, a popular proxy

Box 2: Verification procedures in Mozambique

On Mozambique's Food Subsidy programme, applicants must first complete a questionnaire form, with the assistance of a local government official or community leader, detailing their socio-economic status. This form is submitted to the government ministry that implements the programme, which opens a case file and sends an official to make a home visit to confirm the applicant's living conditions. The official then writes an opinion and the ministry takes a decision on whether to register the applicant or not. This procedure can take several months. A particular source of delay is verification of the applicant's age, which is essential for older beneficiaries, most of whom have no identity card or birth certificate. (REBA Case Study No.7)

indicator of vulnerability is female-headed households (as in Zimbabwe's Rural Micro finance and Small Livestock Transfers projects), but many female-headed households are not poor (e.g. if the woman is a wealthy trader, or has an employed son or daughter sending her remittances), while many women in male headed households are extremely poor and vulnerable. In any society there are many more male headed than female-headed households, but women in male-headed households will be omitted from any programme that targets female-headed households as a proxy for gender targeting.

Politicisation of targeting

Any assessment of the strengths and weaknesses of different targeting mechanisms should include a discussion of the degree to which there is (or can be) any political influence over the targeting process. Access to social grants is all too often seen as a philanthropic gesture by the state or foreign donors and NGOs, rather than as a right that all poor citizens are entitled to claim from their government. This welfarist approach allows programmes to be targeted on a discretionary basis, where eligibility is based partly on objective criteria, partly on chance and partly on patronage – which is where politics comes in. Politicisation of social grant programmes occurs when, for instance, transfers are targeted not on the basis of need but on geographic areas (e.g. the President's home district) or population groups (e.g. the dominant ethnic group) that support the incumbent administration, or that the administration is trying to attract (by 'winning hearts and minds' through handouts).

The broader issue here is the contradiction that can exist between 'social rules of allocation' (patronage, ethnicity, etc.) and 'administrative rules of allocation' (poverty, vulnerability, etc.) which can result in perceptions of mis-targeting by programme administrators (if 'social rules' dominate) or by communities and local elites (if 'administrative rules' dominate with which they disagree). In Zambia, for instance, a substantial number of Food Security Packs were allocated on a patronage basis, which ignored the prescribed eligibility criteria. In other cases mechanisms were found for minimising the patronage bias that diverts resources away from intended beneficiaries – such as the community triangulation method used in Malawi to identify eligible households for the Dowa Emergency Cash Transfers intervention.

Politicians view social protection ambivalently. On the one hand, handouts and subsidies are always popular with voters, especially in the run up to elections when these instruments are routinely exploited to 'buy votes'. The Government of Malawi first claimed political credit for delivering farm input packages to Malawian farmers in the late 1990s, then turned on the donors who supplied these packages when cutbacks in the programme were blamed for causing the 2002 famine. The government also attempted to influence the decision about which districts should receive input packages, when the programme was scaled back from national coverage to one third coverage. Similarly, the Government of Zambia also raised objections to the five districts

that were selected by international NGOs for pilot cash transfer projects, and proposed alternative districts that were politically more strategic.

Many African governments are deeply sceptical about predictable large scale social transfer programmes, arguing that they are unaffordable and breed a 'dependency culture' among beneficiaries. For this reason they often favour programmes that support 'productive' groups like farmers, who are expected to invest their transfers (e.g. fertiliser subsidies) and generate economic growth that will ultimately reduce their dependence on social transfers. Recently, however, there has been an expansion of social grants to older ('non productive') citizens, with non contributory pensions schemes spreading from South Africa and Namibia to Botswana, Lesotho and Swaziland. One advantage of favouring simple demographic indicators like age (or gender, or disability) is that they are not susceptible to falsification or political manipulation. There have been no reports of political interference with Lesotho's Old Age Pension, instead the pension became subject to 'positive politicisation', when parties contesting the general election in 2007 attempted to woo 'grey votes' by promising to raise the pension level if they were elected.

Finally, Cliffe (2006) makes the point that politicisation can distort allocations of social grants at several stages in the process, from defining eligibility criteria to registration and delivery. A crucial element here is "the institutions chosen for making lists and handling delivery. Does provision go through corrupt channels, reinforce patronage networks or miss out the poor?" In several of our 20 case study projects, 'traditional leaders' (chiefs, headmen and elders) are centrally involved at all stages, but as we have seen this can produce ambiguous results.

Lesson learning on targeting

This review of experiences with targeting social transfers in 20 programmes in southern Africa confirms the finding of an exhaustive global review of targeting mechanisms: there is no 'magic bullet' for good targeting; the outcomes depend not on which approach is adopted but on how well it is implemented (Coady, et al., 2002). Several specific lessons on targeting can be extracted from the southern Africa case studies.

1. There is no single best approach to targeting social transfers. Every targeting mechanism has its strengths and weaknesses, and in many cases trade offs are involved that require subjective judgements to be made – between targeting costs and targeting accuracy, for instance, or between 'complex but accurate' individual assessments and 'simpler but less accurate' proxy indicators.
2. Although programme officials typically focus their efforts on minimising inclusion errors (leakages), in contexts of severe need it is arguably even more important to minimise exclusion error (under coverage). To build social consensus and political support for pro poor social transfer programmes, some degree of 'leakage' to influential elites might be an acceptable and even necessary cost, provided this does not deprive very needy individuals and households from receiving social assistance.
3. Complex concepts like 'vulnerability' (or even 'poverty') and multiple eligibility criteria aim at sharpening targeting accuracy, but create opportunities for different interpretations and manipulation by different actors involved in programme delivery, elite capture within beneficiary communities, and discretionary allocations, all of which raise both inclusion and exclusion errors.
4. Simple, single criteria that are not easy to falsify or manipulate (eg age thresholds or health status) usually work well in terms of transparency, community understanding and acceptance, minimising inclusion errors and keeping targeting costs low (identification as well as verification). However, broad categories – such as all citizens over 60 – overlook many other population groups who also need social assistance, so complementary programmes are also needed that target other vulnerable groups.

5. Politicisation can distort the allocation of social assistance, for instance if eligibility is determined by 'patronage bias' rather than indicators of need. Possibilities for political interference increase if national or local political elites are involved in defining eligibility, drawing up beneficiary lists, and/or delivering benefits. As noted above, these people are the gatekeepers of their communities so their support is needed, but mechanisms need to be implemented to curb their influence and ensure that programme objectives are not compromised – specifically, that social grants are not diverted to elites or politically favoured groups instead of the intended beneficiaries.
6. Grievance procedures should be implemented as standard procedure on all social grant programmes, to allow anyone who feels unfairly excluded an opportunity to complain formally. To date very few programmes have included grievance procedures in their design and implementation, but introducing this mechanism – provided it is independent of the institution that made the initial targeting decisions – would address many of the concerns about targeting errors and politicisation that our case studies have raised.

References

- L. Cliffe (2006) 'Politics and the feasibility of initiatives on hunger and vulnerability', Regional Hunger and Vulnerability Programme (RHVP)
- D. Coady, M. Grosh and J. Hoddinott (2002) 'Targeting Outcomes, Redux', Safety Nets Primer, Washington DC: World Bank
- S. Devereux, C. Mthinda, F. Power, P. Sakala and A. Suka (2007) 'Smart Cards for Smart Women: An Evaluation of Concern Worldwide's Dowa Emergency Cash Transfer Project (DECT) in Malawi, 2006/07', External evaluation report for Concern Worldwide, Malawi, Brighton: Institute of Development Studies
- A. Sen (1995) 'The Political Economy of Targeting', Chapter 2 in D. van de Walle and K. Nead (eds) Public Spending and the Poor, Baltimore: Johns Hopkins University Press
- K. Sharp (2001) 'An Overview of Targeting Approaches for Food-Assisted Programming', paper prepared for CARE's PHLS Unit, Atlanta, Georgia: CARE

Annex Table: Targeting in Selected Regional Social Protection Schemes 2006-07

No.* & Country	Social	Targeting Mechanisms
1 Malawi	Dowa Emergency Cash Transfers (DECT)	1. Geographic (drought-affected district) 2. Community selection (+ triangulation)
2 Zambia	Social Cash Transfers	1. Geographic (pilot project district) 2. Proxy means test (indicators of destitution)
3 Lesotho	Old Age Pension	1. Categorical (all citizens over 70)
4 Mozambique	Input Trade Fairs	1. Multiple eligibility criteria (drought-affected, female-headed, poor, farming)
5 Malawi	Input Subsidy Programme	1. Multiple eligibility criteria (farmers; land owners; cash-for-work participants)
6 Swaziland	Old Age Grant	1. Categorical (citizens over 60) 2. Means test (poverty)
7 Mozambique	Food Subsidy Programme	1. Categorical (older people; disabled; sick) 2. Means test (monthly income <70 Mtn)
8 Zimbabwe	Urban Food Programme	1. Means test (households with <US\$1/day)
9 Mozambique	Food Assistance Programme	1. Multiple eligibility criteria (AIDS patients who are socio-economically vulnerable) 2. 'Medical means test' (eligible for ARV)
10 Zambia	Food Security Pack	1. Proxy means test (<1 ha land, unemployed, female- or child-headed, caring for orphans; terminally ill; disabled; the elderly)
11 Malawi	Public Works Programmes	1. Self targeting (low wage + work required) 2. Categorical (women) 3. Geographic (vulnerability mapping)
12 Mozambique	Education Material Fairs	1. Categorical (vulnerable children in school)
13 Lesotho	Burial Societies	1. Self-targeting (voluntary membership)
14 Swaziland	Neighbourhood Care Points	1. Categorical (orphans) 2. Multiple proxies ("vulnerable children")
15 Swaziland	School Bursaries for OVC	1. Categorical (orphans) 2. Multiple proxies ("vulnerable children")
16 Swaziland	Chiefs' Fields for OVC	1. Categorical (orphans) 2. Multiple proxies ("vulnerable children")
17 Swaziland	Farm Inputs for Child-Headed Households	1. Categorical (orphans) 2. Proxy means tests ("vulnerable children")
18 Zimbabwe	Small Livestock Transfers	1. Geographic (drought-affected rural districts) 2. Proxy means test (no livestock) 3. Categorical (widows)
19 Lesotho	School Feeding	1. Categorical (primary school children; herd boys, orphans)
20 Zimbabwe	Rural Micro Finance	1. Geographic (vulnerable districts) 2. Self targeting (voluntary borrowers) 3. Categorical (women, especially widows)

* Case study number (see footnote 1)

20 Girton Road, North Park, 3rd Floor, Parktown, 2193, Johannesburg, South Africa
Postnet 307, Private Bag X30500 Houghton, Johannesburg, 2041, South Africa
E-mail: rhvp@rhvp.org Tel: +27 11 642 5211 Fax: +27 11 484 3855 www.wahenga.net

Further information is available from www.wahenga.net or by contacting rhvp@rhvp.org.

© RHVP 2008

Funded by



Implemented by

