

## Urban Safety Nets – Experiences from Three Countries: Benin, Republic of Congo, and Mali

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## **Abstract:**

As countries implement social safety nets programs, a range of technical hurdles affects their implementation differently in rural and urban areas. In urban areas, the focus of this study, living in is expensive and more vulnerable at economy slowdowns. Poverty can be more severe than in rural areas and accompanied by high malnutrition rates. Challenges faced by poor populations in most urban areas related to the lack of proper identification, outreach, intake and registration of potential beneficiaries in part due to the lack of social cohesion and the existence of multiple channels of communication, challenging the delivery of any messages quickly and efficiently. Therefore social workers have a fundamental part during program implementation and M&E process.

## **JEL Classification:**

**Keywords:** Social pension, non- contributory cash transfer program

## **Acronyms and Abbreviations**

**CBT:** Community-based targeting

**CTC:** Community targeting committee

**M&E:** Monitoring and evaluation

**MIS:** Management information system

**NGO:** Non-governmental organizations

**NSO:** National statistical office

**PMT:** Proxy Means Test

**PMU:** Project Management Unit

**SAM:** Severe acute malnutrition

**SSN:** Social Safety Nets

**UNICEF:** United Nations children's fund

### **BENIN**

**CPS:** Centre de Promotion Social

**INSAE:** National Institute of Statistics and Economic Analysis of Benin

**MDGLAAT:** The Ministry of Decentralization, Local Government, and Administration and Development of the Territory

**PSDCC:** Projet de Services Décentralisés Conduits par les Communautés

**SSDCC:** Secretariat for Decentralized Community Driven Services - Benin

### **CONGO, Republic**

**MASAHS:** Ministry of Social Affairs of Humanitarian Action and Solidarity

**CAS:** Social Welfare Districts

**CCS:** Targeting community committee

**GAC:** Governance and anticorruption

**INS:** National Statistics Office

## **MALI**

**OM:** Orange Money

**BNDA:** National Bank for Agricultural Development

**INSTAT:** National Statistical Office

**SAM** index: Severe Acute Malnutrition

**UTGFS:** SSN UGTFS Technical Management Unit

## Table of Contents

ABSTRACT:.....	i
I. INTRODUCTION .....	1
II. NATURE OF URBAN POVERTY .....	3
III. PROGRAM OBJECTIVES .....	7
IV. KEY PROGRAM DESIGN FEATURES.....	7
4.1. PROGRAMS DESIGN SPECIFICITIES.....	8
V. KEY STEPS IN THE DELIVERY PROCESS .....	11
5.1 OUTREACH & INTAKE .....	11
5.2 SELECTION .....	13
5.3 TARGETING / REGISTRATION .....	16
5.4 PAYMENT / TRANSACTIONS.....	18
5.5 MONITORING & EVALUATION (M&E).....	20
5.6 GRIEVANCE & REDRESS.....	21
VI. KEY ISSUES EMERGED DURING PROGRAM IMPLEMENTATION IN URBAN AREAS.....	22
VII. URBAN AREA CHALLENGES .....	23
VIII. EMERGING POLICY & OPERATIONAL OPPORTUNITIES.....	25
IX. REFERENCES .....	27
ANNEX 1: BENEFIT LEVELS .....	28
ANNEX 2: 3 COUNTRY COMPARISON .....	29

## Figures

Figure 2. 1: GDP, PPP and Urbanization trends .....	6
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## Tables

Table 2. 1: Key indicators .....	6
Table A1. 1: Distribution of benefits in Benin.....	28
Table A1. 2: Distribution of benefits in Mali.....	28
Table A1. 3: Transfer amount by household composition .....	28

## I. Introduction

**As countries implement social safety nets programs, a range of technical hurdles affects their implementation.** Given the fluid expansion and contraction of urban informal settlements over time and their specific characteristics, the development of an effective outreach strategy for informing and attract urban poor for safety nets programs or to effectively communicate with prospective beneficiaries about available programs is challenging.

**One challenge faced by poor populations in most urban areas is related to the lack of proper identification (ID), therefore being deprived of access to public services and programs that demand ID for verifying identity.** Obtaining IDs can be costly, incurring private and administration costs and, a lot of times, travels back to their villages of origin. Interestingly enough the three countries in this note have not described problems in this regard. In Benin, the program created its own identification as the national ID card has limited coverage. In Congo, newborn children leave the hospital with a birth certificate (provided guardians have paid the fee of FCFA 5,000). Lastly, Mali benefited from the recent elections to assure individuals had proper IDs.

**One key process that is somehow weak in the urban areas presented in this study is related to the outreach, intake and registration of potential beneficiaries.** The challenge of communicating with potential beneficiaries and reaching pre-identified families is problematic in urban areas because of the larger catchment areas and the multiple communication channels available, minimizing effectiveness of communication campaigns. The same occurs regarding payments messages. In contrast, in rural areas, the existence of social cohesion together with a single community radio station/ church/ community leaders enables to convey the message quickly and efficiently.

**Social workers are a fundamental part of program implementation and M&E process.** Due to larger catchment areas and the lack of social cohesion in urban areas with high density of

people, families' identification and monitoring can be challenging and community committees are not too effective without participation of social workers.

**A strong and transparent system for identification and selection of beneficiaries is key to ascertain credibility to the program.** In urban areas, this can only be achieved with strong participation of social workers who know the population of interest. Community committees composed of youth associations, churches, community leaders, etc. tend to identify participant families that are not necessarily the poorest therefore increasing inclusion error. The poorest are often marginalized and excluded from such committees.

**In urban areas, data collection and monitoring takes longer.** Enumerators and M&E agents have difficulties returning to pre-selected households due to the bad quality of addresses recorded (household disorderly numbered) and the differences in recorded names (household members known by a nickname) causing enumerators to perform multiple visits to households in order to correctly identify families.

**GSM payments are relatively uncomplicated and inexpensive.** However, electronic payments transactions that are not fully functional increase accountability time.

**Poverty can be more severe in urban areas.** On top of the scarcity of basic services as sanitation, urban poor have difficulty to have access to good schools and health centers because families' income are constrained.

**Urban areas have high malnutrition rates.** Individuals are subject to precarious and temporary jobs, as a way of generating income for meeting the end needs. Also, differently from rural areas, families cannot produce for subsistence. Therefore, food intake can be compromised.

**Living in urban areas is expensive and more vulnerable at economy slowdown.** Apart from having to pay for rent and some basic services otherwise free in rural areas (for example, health and education), urban poor are subjected to higher commodities prices, and face

higher unemployment rates. At any economy slowdown, social unrest and violence increase mainly in the poorest urban areas.

**In this study we will look into urban and rural social safety nets programs specificities from three countries: Benin, Republic of Congo, and Mali.** Which kinds of strategies were used to make the social safety nets programs adapted to the urban context and more effective to fight urban poverty. In the next sessions, we will present: (ii) nature of urban poverty; (iii) programs objectives; (iv) key program design features; (v) key steps in the delivery process; (vi) key issues emerged during program implementation in urban areas; (vii) emerging policy & operational opportunities; and (viii) challenges.

## II. Nature of Urban Poverty

**Rural areas in all three countries are largely agriculture dependent and commonly affected by nature shocks such as drought and floods.** Therefore, poor people from rural areas move to urban areas to escape such difficulties but instead of finding relief, they are subject to worse conditions. For example, some public services, which are available for free in rural areas, are unavailable or demand payment in urban areas, such as schools and hospital, which represents additional costs for families.

**Poverty can be more severe in urban than in rural areas.** On top of the scarcity of basic services as water, electricity and sanitation, the poor in urban areas have greater difficulty in accessing good schools and health centers as families' income are constrained. Urban poor are subjected to higher commodities prices, higher unemployment rates, and at any economy slowdown, social unrest and violence increase mainly in poorest urban areas. Moreover, in urban areas, individuals are subject to precarious and temporary jobs as a way of generating income for subsistence. Food intake can be compromised. In contrast, in rural areas, most families are less exposed to economic slowdown because many can produce or have subsistence farming so that they are able to provide food for the family.



## *BENIN*

**Benin's economy relies mostly on the cotton trade, and agriculture is the main source of income for 70 percent of the country's workforce making the country very susceptible to nature shocks.** In 2010, Benin experienced awful losses due to floods: thousands of people were forced to leave their houses, many schools and public buildings were damaged or destroyed and most crops were lost, worsening the food insecurity situation. Difficulties in rural life underline continuous migration to urban areas, where migrants often settle in underdeveloped areas with high concentration of people. Poor urban household are often poorly built, rented accommodations without access to water, electricity, and sewage.

**Urban areas of Benin have numerous pockets of poverty.** People leaving in those areas lack access to basic services. Food insecurity is high as a consequence of irregular sources of income and the lack of a family production whereas in rural areas families can produce something to eat. Violence is widespread; women are subject to prostitution and various sorts of sexual abuse. High indices of child labor are observed as children work to help increase household income. Social unrest is observed as a reflection of diminish jobs in the formal sector.

## *CONGO*

**Since oil's discovery in the early 1980s, oil revenues and considerable external assistance have motivated the economy in Congo.** The formal economy was centralized by the state, and as a result, public spending and relatively high wages in the public sector attracted migration to Brazzaville and Pointe Noire, important urban areas. Nonetheless, oil wealth was not shared properly and poverty is still persistent with rates standing at 40.9 percent in 2011. However, almost 50 percent of the poor live in urban areas due to the high urbanization rates of the country. Gini inequality is high at 0.46. The sustained growth over 2000-2014 did not translate much into poverty and inequality reduction despite a slight decline in urban poverty. This lack of inclusiveness results from an economy driven by offshore oil production ruled by an elite with a negative home bias for investment which has installed patronage through a non-transparent job market, weak health, education, and

social protection services delivery. Notice also that urban mobility is high in certain areas (pockets of poverty) due to violence, lack of services and the cost of leaving (rental/ food prices).

**Formal jobs, which are a leading factor of economic inclusion in Congo, are concentrated in the hands of a few.** The Congolese labor market has a very small formal sector, dominated by the public sector and state-owned enterprises, leading the poor to informal activities that are not sustainable, mainly in urban areas.

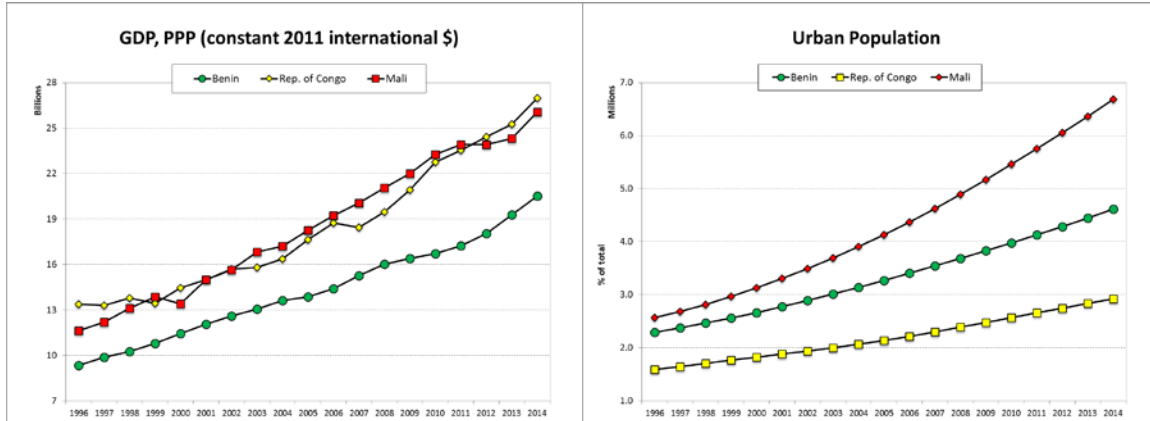
**Urban poverty rate in Congo is rather small.** But the high concentration of people living in poor urban areas has negative implications regarding people's access to the already weak health and education services. For example, reflected by higher rates of children per teacher in public schools compromising education quality.

#### *MALI*

**Political and social situation in Mali remained fairly stable until March 2012, when a military coup ousted the previously elected president.** The presence of armed separatists and jihadists groups in the north caused massive internal displacements, mostly to urban area in the south and neighboring countries. However, poverty is still predominantly rural where people depend on subsistence farming and are therefore vulnerable to natural disasters.

**Conflict in Mali nowadays is exacerbated by climate change and population growth.** In urban areas, people's livelihoods are under stress mainly due to limited opportunities (jobs and services), and persistently high levels of youth unemployment, an easy feeder into the informal economy. Therefore profound challenges remain due to economic fragility: growing insecurity, rapid demographic growth and the impact of climate change on agricultural productivity. The later, leading to food insecurity and migration to urban areas, with direct consequences in the population's access to health, education and social protection services delivery.

Figure 2. 1: GDP, PPP and Urbanization trends



Source: WDI, World Bank

Table 2. 1: Key indicators

Indicator	Country	2010	2011	2012
GDP growth (annual %)	Benin	2.12	2.96	4.64
	Congo, Rep.	8.75	3.42	3.80
	Mali	5.81	2.72	0.03
GDP per capita (current US\$)	Benin	732.95	799.04	807.69
	Congo, Rep.	2,953.19	3,453.22	3,191.16
	Mali	610.79	680.83	641.79
GNI per capita, PPP (current international \$)	Benin	1,710	1,750	1,810
	Congo, Rep.	4,120	4,180	4,470
	Mali	1,440	1,460	1,430
Poverty headcount ratio at national poverty lines (% of population)	Benin	..	36.20	..
	Congo, Rep.	..	46.50	..
	Mali	..	..	..
Population, total	Benin	9,509,798	9,779,391	10,049,792
	Congo, Rep.	4,066,078	4,177,435	4,286,188
	Mali	15,167,286	15,639,115	16,112,333
Population in the largest city (% of urban population)	Benin	16.97	16.37	15.81
	Congo, Rep.	61.23	61.38	61.54
	Mali	35.41	35.42	35.47

Source: WDI, World Bank (last Updated: 05/02/2016)

### III. Program Objectives

**Although main objectives are similar when implementing a social safety nets program in the three countries considered, additional objectives are specific to the countries' needs.**

While all three countries are interested in establishing an efficient social safety nets system to protect the poor and/or vulnerable while reducing current poverty and smoothing household consumption, in Benin the program *Projet de Services Décentralisés Conduits par les Communautés* (PSDCC) aims to also improve household's ability to cope with shocks, while in Congo, the *Lisungi* program also aims to promote children's access to education and health services and in Mali, through the *JigiséMéjiri*, the effort is also for protection of food insecurity households, due to particular high rates of food insecurity in the country.

**Programs vary in size and implementation areas.** Benin and Mali programs are relative large in scale (especially when compared to previous programs existing in the countries) but only a small part of the benefits is destined to poor household in urban areas (main urban areas of both countries are included in respective programs, namely, Cotonou, Benin's capital city and Bamako, Republic of Congo's capital city). On the other hand, *Lisungi*, which is still in its pilot phase, is mostly implemented in urban areas due to the country's urban population density and to program's desired conditionalities. To guarantee that households can comply with school attendance and regular health care visits, minimum infrastructure was required for implementation, which proved to be hard in rural areas.

### IV. Key Program Design Features

**Programs' outcomes are directly related to implementation.** Hence, design issues become extremely relevant when implementing a determined program in any country where regions / areas have distinct characteristics. If such characteristics are not considered, the entire project and its relevance may be compromised (for not producing good enough results).

**In general, community committees are set to facilitate the process but they are not working as expected in urban areas.** Due to larger catchment areas and the lack of social cohesion in areas with high density of people, identification of households and individuals in urban areas can be challenging. Therefore, social workers become a fundamental part of the identification process, as they are familiar with the families that ask for regular help. Ideally, every community committees would have local social worker within its members, as their knowledge of the families can help minimize both errors of inclusion and exclusion. But this is not always the case. Community committees are often composed of youth associations, churches, community leaders, etc. This structure works well in rural areas where families are close together, but not so much in urban areas.

**Identification of poor families in urban areas takes longer.** In response to urban areas specificities social workers revise the preliminary lists formulated by community committees. The limited number of social workers prevents their participation in urban community committees. This is an adaptation of the identification process, which only occurs in urban areas. In rural areas where social cohesion do exist, families are well known in the communities they belong to.

#### **4.1. Programs Design Specificities**

**In Benin's PSDCC, about 10 percent of the selected household are in urban areas** (1,187 out of the total of 13,000). The program makes use of community targeting committees (CTC) composed of members with good knowledge of the neighborhood and background in social assistance, charity work or identification of those in need. Members are elected democratically during neighborhood assemblies and committees. In rural areas, community targeting is facilitated by social cohesion whereas in urban areas, CTCs coordinate with local services providers (like women/youth associations) to help in the identification of households. Exclusion errors are likely because the poorest are often marginalized and inclusion errors tend to be higher because of a tendency to select people more connected to the local structures. Program administration needs to work closely with social workers to

revise initial listing to minimize leakage and under-coverage. Districts and villages were selected according to an index that combines poverty and access to services while poor households are selected through the implementation of a proxy means test (PMT) to identify the poorest households. Selected households receive FCFA 3,500 monthly as an unconditional transfer, and some households with at least one adult that can work can be selected for labor intensive public works. The public works is available for 12 days a month during 4 months at a daily rate of FCFA 800. Therefore transfers are either FCFA 42,000 or 80,400 a year (US\$ 84 or US\$ 140), which represents in per capita terms about 1.5 or 2.4 percent of the per capita GDP.

**In Congo, six of the seven localities selected for the pilot of the program *Lisungi* are urban.**

As the program aims to promote access of children to education and health, it was a requirement that selected areas had infrastructure facilities in which the supply of health care and primary schools was adequate for implementation. Moreover, the program is implemented in areas with well-established Social Welfare Centers (CAS). At the CAS, social workers are organized into small catchment areas (social sector) and work with the community committees to identify potential beneficiaries and organize local information campaigns. The CAS are also present in rural areas. Starting in 2011, Government invested in modernization of centers and CAS in urban areas had priority and are now fully functional. As of today about eight CAS are in place with the infrastructure needed for implementing the program nationwide. Due to the conditionalities imposed by the program, regions were selected according to the existing health and education infrastructure in order to guarantee implementation of the program. Extreme poor households, with at least one child 0-14 years old or one elderly aged 60 years old or more, are identified through a combination of community-based target and PMT. Selected households receive FCFA 10,000 monthly as an unconditional transfer, and each child within the household (for a cap of 3 per household) is eligible for FCFA 5,000 conditional of visiting health centers and attending school, depending on the age. Elderly defined as those aged 60 or above are eligible for an unconditional monthly transfer of FCFA 10,000.

Therefore transfers per household range between FCFA 120,000 and 540,000 a year (US\$ 240 - 1,080), which represents in per capita terms 1.5 – 6.7 percent of per capita GDP.

**In Mali, just one urban community of the capital city Bamako, Bamako III, is eligible for the program.** The program is decentralized and operated by different levels with different attributions: National (PMU), regional (focal point and M&E responsible), circles (M&E), communities committees, and villages (rural areas) or neighborhood (urban areas) committees. Although CTC's members are supposed to work as volunteers in both urban and rural areas, they are often demanding some sort of payment as a result of the intense work to identify household. In urban areas the pressure for remunerate the CTC was more intense and often the CTC were not supporting program implementation activities such as following payment activities. Therefore, as a correction to the original design, Mali is introducing a unique payment scheme destined to support the work of CTCs. Notice that as one of the objectives of the program is to improve children's outcomes in human capital (health, nutrition, hygiene and family savings a series of information sessions delivered by NGOs are organized and all household become beneficiaries of the program and are expected to participate in the sessions. Regions were classified according to an index combining poverty<sup>1</sup> and severe malnutrition<sup>2</sup> levels. Within each region, districts were ranked based on a weighted severe acute malnutrition index that combines poverty and infrastructure indicators and communes are selected based on geographical targeting using a combination of poverty maps and infrastructure indicators indices, which identify the potential availability of agencies for implementation of the accompanying measures and payments. All villages within each commune have a quota of eligible households, based on population size. Selected households receives FCFA 10,000 monthly as an unconditional transfers. The total annual transfer is FCFA 120,000 (US\$ 240), which represents in per capita terms about 6 percent of per capita GDP.

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<sup>1</sup> Provided by the National Statistical Office

<sup>2</sup> Unicef

## V. Key Steps in the Delivery Process

### 5.1 Outreach & Intake

**In the urban areas of all three countries enumerators have difficulties returning to the households identified by the preliminary lists of households.** Household information transmitted to the firms responsible for additional data collection (NSO in Congo and Mali and a private company in Benin) have issues due to errors in address recording (a lot of times, house numbering when available is done in a disorderly manner) and also because names recorded do not match household members' names (it is common that people are known by their nicknames). Another problem in urban areas is the fact that household heads and/or reference adults are not found during the time of the survey for the reason that they are working or looking for a job. Therefore, enumerators need to visit households multiple times in order to collect needed data, increasing the amount of time needed for data collection. To minimize this issue, social workers are once more fundamental for the correct identification of households and subsequent interview scheduling (to minimize the number of visits to each household).

**In Benin, as part of the outreach, sensitization of national and local authorities is done through the use of training modules explaining the approach and defining concepts of poverty, extreme poverty, and household.** The program administrators at the central level organize the training sessions, and they do take place in the morning followed immediately by the community committees' field activities to identify potential beneficiaries. The lists of poor households produced by the committees are validated in public during neighborhood assemblies open to the public. Households in the final validated list are subjected to the PMT survey to verify their poverty status. As it is common in urban areas, families in *Cotonou* are not strongly associated as in smaller towns/ rural areas. Therefore, more time is required to identify poor households by the committees, and social workers from the centers for social promotion (CPS) are needed to revise the initial list to mitigate potential targeting errors, mainly in urban areas. Otherwise, no differences were observed between



urban and rural areas. Data collection uses smartphones without the need of connection to the Internet and data transfer to the network happens when Wi-Fi network was available.

**In Congo,<sup>3</sup> community committees are responsible for identification of poor and vulnerable households, which are further selected through household social survey and data collection.** Identification is made by CAS and targeting community committee (CCS) on the basis of the existent indigence card (*carte d'indigence*), which contains information of population that often asks assistance at CAS. The outreach process is similar in both urban and rural areas but the challenge of communicating with potential beneficiaries and reaching the families pre-identified is problematic in urban areas because of the multiple communication channels available that minimize effectiveness of communication campaigns, and of lack of good address to locate the household in case social workers does not accompany surveyors and low social cohesion.

**In Mali, identification of households is performed by the members of the village committees based on the poverty criteria explained during technical workshop organized by the SSN Technical Management Unit (UTGFS).** Identification methods varied according to the size of villages: (i) in the districts of Bamako, and in some rural towns where the population is sort of a census approach was used to review the measureable conditions of dwellings and make sure that all families would be identified. This work is done by the members of the village/ neighborhood committee where district/ village areas were divided in sectors and assigned to each member/ team of two members; and (ii) in small villages where people are known to each other and have daily interactions the village committee held meetings for exchange of information among its members, reviewed poorest households and established the preliminary beneficiaries list taking into account the quota allocated to the village/ neighborhood by the UTGFS. In small villages, the work of

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<sup>3</sup> The share of beneficiaries in each zone is defined by quotas given the population and poverty rates in each zone by the PMU that later organizes departmental workshops to promote cash transfers awareness. Those sessions are designed to city councils, sub-prefects and departmental directors. On a later stage, the PMU organizes training sessions to the leaders of Social Welfare District (CAS), CCS chiefs, and basic education inspectors.

identification and selection of poor households took between two and three days. In rural towns, it took two to three weeks. In Bamako, effort was made to achieve results after one month (deadline set by the program). It is important to note that field workers signaled this amount of weeks inadequate for collection of data in large areas where census could not be exhaustive. Despite aiming for having a census approach to map all households in urban areas, the activity did not reach all households in large neighborhoods. Therefore, it is likely that not all poor households have been identified and pre-registered. In order to fix this problem, community committees had to revise the analysis of the preliminary lists to make sure that the selection was not be solely done by the neighborhood committees. Communities' involvement is then required to improve outreach but at an additional costs not considered by the program (communications, travel, meeting arrangements).

## 5.2 Selection

**Geo-targeting and PMT used for selection.** In all three countries, a combination of geographical, poverty and social characteristic measurement is used to identify beneficiaries.

### *Benin*

Selection follows a three-level selection process: (i) municipalities, (ii) villages and, (iii) households.

**Municipality selection:** the program covers 12 municipalities with highest extreme poverty levels,<sup>4</sup> about 15 percent of the country's municipalities. Selection was performed during a national workshop and based on data provided by the National Institute of Statistics and Economic Analysis of Benin (INSAE), according to an index on access to basic infrastructure.

**Village selection is done in two stages:**

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<sup>4</sup> Share of the number of people living below the food poverty line in a Municipality, relative to the country's extreme poor population

- a) Used of poverty maps (based on census and household survey data)<sup>5</sup> to estimate the distribution of poverty in small geographic areas (such as counties and villages or city neighborhoods). The targeting criteria will also be based on the villages' share of extreme poverty to the municipalities. Each commune will establish a broad list of eligible villages.
- b) From the eligible list of villages, villages/ communities will be selected by the Municipal Councils.

Following the selection of municipalities and poverty map analysis, a total of 120 villages were selected among the established lists of villages. Ultimately, the final number of participating villages varies by municipalities with regards to the resources allocated by the program.

**Household selection:** in October 2013 Benin adopted a unique and rigorous method for the identification of the poor for social protection programs. This approach recommends a pre identification of the poorest by the communities, and further validation through the implementation of PMT to estimate households' poverty levels. The PMT takes in consideration access to health, education and other services and was prepared by the national statistical office using 2011 household survey data. To account for differences between urban and rural areas, different models are in place and the eligibility cut-offs were defined differently, being higher in urban areas (adapted to purchase power parity for urban areas). The index developed is to be updated every two years.

## Congo

Selection follows a three-level process: (i) municipalities, (ii) villages, and (iii) households.

**Regions selection:** regions were selected according to the adequacy of infrastructure facilities to provide access to education and health for children, as those are conditionalities

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<sup>5</sup> 2002 census data and 2011 Household Living Conditions survey (*Enquête Modulaire Intégrée sur les Conditions de Vie des ménages - EMICoV*).

imposed by the program. Furthermore, the program is implemented in areas with well-established CAS.

## **Community**

**Household:** during project preparation in Congo, the National Statistics Office (INS) has worked with the PMU to assess the characteristics of poor and vulnerable households in the country on the basis of data from the Congolese household economic survey (ECOM). Based on this analysis, the INS has validated a PMT model that allows the PMU to estimate households' per capita consumption for each household registered in the Unified Registry. The management information system (MIS) uses this linear combination to generate a list of potential beneficiaries per district by comparing the estimated welfare and food poverty line estimated by the proxy, which by the way have different models for urban and rural areas.

## *Mali*

Selection follows a four-level selection process: (i) regions, (ii) circles and towns, (iii) municipalities, and (iv) households.

**Regions, circles and towns, and municipalities** are classified according to synthetic indexes based on estimated indicators at the regional, circles and town and municipalities level. Three different indexes are used (one for each selection level) and, among other things, they comprise measures of poverty (provided by INSTAT), child severe acute malnutrition (SAM)<sup>6</sup> rates and access to services (water, electricity). Index range from 0 (rich) to 100 (very poor).

All **villages** from selected municipalities are eligible to receive the program. The distribution of benefits is done at the community level. Each community will get a fixed budget to cover program expenses, based on the percentage of extreme poor provided by INSTAT. Quotas

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<sup>6</sup> UNICEF - normalized between 0 and 100

are calculated by the UTGFS team and evenly distributed in all villages, defined as the number of households divided by number of villages

**Household selection:** Community/ village assemblies identify the poorest households at the village level. Each identified household will receive a score to allow household classification from the poorest to the least poor in an economic criterion (transparent and direct). Validation of beneficiaries list is done during neighborhood/ village general assemblies under the supervision members of the municipal committee and the M&E program officer. The preliminary list is read publicly and, in some cases, heads of households are introduced. Then the assembly is asked to rule. If there are no objections, the list is approved by acclamation and is a definitive list. If there are objections, complaints are registered and followed by immediate debate regarding eligibility. Households that are considered less poor than others are excluded from the final list and replaced by households considered poor. But public protests during general assemblies are rare, mainly because people are reluctant to speak in public on a sensitive issue.

### 5.3 Targeting/ Registration

**Generally, in urban areas registration was facilitated by the fact that people have identification documents.** When it happened that registration was lower in urban than in rural areas, it was due to the higher urban mobility.

**The electronic data collection<sup>7</sup> in the urban areas of Benin increased data quality preventing data entry mistakes (for example, out-of-range values are) and facilitated the process of identifying beneficiary through pictures of household heads.** Pictures were taken by the same device used for data collection and were used to issue beneficiary ID cards. The country has an ID card but coverage is limited. Therefore, the program has developed an alternate ID in coordination with the National Statistics and the National Health Insurance

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<sup>7</sup> GPS location of the household, roster, assets and standard living measures used by the PMT.

program. Once the household selections through the PMT is finalized, the social worker delivers ID cards and compares with documents to guarantee delivery to the correct person for final registration in the program.

**Each Community Committee in Congo organizes an information campaign amongst pre-identified households.** In Brazzaville this process was more intense due to the lack of social cohesion which affects outreach. In rural areas, local radios, community leaders, social assistance centers reach a larger number of people at once. Records team, installed at registration centers request households to register the vouchers which were handed in during intake phase. At this stage, households have to present identity documents, birth certificates or any other documents required by the census strategy. Then, enumerators collect the necessary additional information, take photos and collect fingerprints of at least two members in the household. Field data is transferred to local and central servers by connecting laptops, used during registration, to local servers in each CAS. The processes are identical in both urban and rural areas but take more time in urban areas as a result of the lack of strong connections within families from the same community.

**Mali's National Statistical Office (INSTAT) performed additional data collection on selected households if needed and subsequent program registration.** INSTAT was responsible for instructing enumerators, training and fieldwork. During this step, household heads and a second adult member were photographed for purposes of identification and for provision of beneficiaries' card to conclude the registration process. In Bamako, the percentage of households in the final beneficiaries list that were found to receive the registration card was slightly below than in other regions (97.7 percent against 99.8 percent and 99.3 percent in other regions). Replacement of households were then done with the help of village/ neighborhood committees. Household heads that were not found or absent were replaced by other members of household.

## 5.4 Payment/ Transactions

Communication with families regarding payments in urban area is disadvantaged by the absence of an efficient communication method while in rural areas, radio/ church/ community leaders convey the message quickly and efficiently. Therefore, social workers and community committees need to spend some days in the field before payment to spread payment dates.

Benin and Mali opted to deliver payments in urban areas through the use of SIM cards. But in Mali, the process is not entirely automated so beneficiaries have to go, in person, to respective payment centers, which incur some personal cost. As a developed structure for mobile payments is not yet available in Mali, payments accountability are entirely manual and can take up to three months. In the near future, with transactions changing to electronic, beneficiaries will not need to show up in order to receive cash transfer benefits at payment centers and payments can be paid monthly as in Benin. In contrast, Congo uses the same payment agency in both urban and rural areas, the *Banque Postale du Congo*, but beneficiaries must still go every three months to an agency instead of cashing the transfer's monthly using ATMs cards.

**Benin uses distinct methods for payments in urban and rural areas.** In Cotonou, cash benefits are transferred through SIM card electronic payment from MTN Bénin Telecommunications Service Provider. SIM cards are provided by the GSM operator while beneficiaries' ID cards by program administrators. The GSM operator has a copy of the beneficiary database allowing for the monthly payment of all beneficiaries. Payments are done at any MTN operator in the region to receive the benefits, and beneficiaries knows that between 24 and 31 of the month they can demand payment at any MTN operator agency. As the transaction is electronic, accountability is fast, within seven days program administrators do have the accountability ready to be archived. In rural areas, payment is through branches of the *Caisse Locale Credit Mutuel Agricol* (CLCAM). Transactions are manual, therefore, accountability can last up to three months. In all areas of Benin, heads of

Social Promotion Centers have a copy of the beneficiaries' database in the center's catchment area and handles any complaints about missed payments.

**Congo pays all beneficiaries through the same bank system.** One to two weeks before payment date, the PMU provides interested stakeholders (internal auditor, World Bank, payment agencies, etc.) and the payment agency, *Banque Postal do Congo* (BPC), the nominal lists of beneficiaries together with the transfer amount to each household. Beneficiary households are informed by social workers, community committees...to be physically present in the associated BPC agency. Notice that BPC has created a virtual bank account and in fact beneficiaries can cash all or partial benefits by keeping it virtual account as a savings account. In urban areas there are more branches available therefore facilitating payment. In rural areas, payment centers by BPC are created to reduce the time and distance to payment points for beneficiaries. Once more, in rural areas accountability are manual, taking more time than in urban areas.

**Mali also uses distinct methods for payments in different areas.** Following a study that was conducted to identify all agencies with capability to implement money transfers in all regions targeted by the program (banks and microfinance institutions to which include mobile operators and post offices), operators were pre-selected based on three criteria: (i) national coverage; (ii) capacity to do large-scale operations; and (iii) experience in cash transfers. Selected agencies differed regarding to their areas of operation. In the urban area (Bamako) the Orange Money mobile operator was selected whereas in all other areas, the tender winner was the National Bank for Agricultural Development (BNDA). In urban areas, Orange money create an account to all beneficiaries and provided free SIM cards. Even though SIM cards are used, payments are not electronically made yet. Consequently beneficiaries (or their substitutes) have to present themselves at payment centers every three months during payment time, which is informed by community committees, to withdraw the benefits upon presentation of their beneficiary card and identification card. The main difference between urban and rural areas is that the payment agency in rural areas, BNDA has more experience with payment transactions since it is a bank. As a result,



payment cards are developed by BNDA and include the recipient's name, identification code, date of birth and a column for observations, and payments are made following presentation of beneficiaries card and national ID card (of beneficiary or his replacement). Given that BNDA has the expertise in providing payments, accountability is done on a timely manner whereas in the urban area, OM is inexperienced in such transactions increasing the time needed for accountability to the PMU.

### **5.5 Monitoring & Evaluation (M&E)**

**M&E allows government and all partners to regularly monitor the project's progress and to estimate program's impact.** To ensure the program is operational and implemented in compliance its objectives M&E is adopted various ways. In Benin and Congo, M&E agents visit households regularly while in Mali, agents work closely to community committees making sure program procedures are and evaluating problems and solving the issues when they appear.

**M&E agents in Benin visit households regularly in both urban and rural areas but the dispersion in urban areas makes the process longer.** GPS data collected during identification phase aids in the process since a lot of households do not have addresses or are not well documented.

**In Congo, M&E agents and social workers are in charge of following M&E activities and visiting households.** The cooperation of health and education agents with social assistance is difficult due to the limited number of agents in each circumscription and the high number of people to be monitored. As a result a partnership with UNICEF is being formulated to support M&E activities. This issue is more relevant in urban areas due to the large catchment areas.

**M&E agents in Mali work closely with the municipal and village (rural areas) or neighborhood (urban areas) committees, the social development service and the payment agency.** The M&E agent helps committees to understand program procedures through

regular monitoring work, evaluating problems and solving the issues. The M&E agents also help during village/ neighborhood sensitization sessions to inform beneficiaries about payment dates and place and are present during payment to monitor payment transactions, track problems if and when they appear and above all to make sure beneficiaries have all documents needed for payment. Moreover, in urban areas, monitoring is easily assisted by M&E agent and benefits from a greater presence of the civil society and partner NGOs physically located in the urban areas. For rural areas M&E agents are mostly alone to monitor activities.

## 5.6 Grievance & Redress

**The three countries have distinctive approaches to address grievance and redress.** While in Congo information is collected electronically, in Benin and Mali social agents play an important part in the collection and transmission of the information to program administrators.

**In Benin, CPS have computers that are not connected to the network but have info of all beneficiaries but social workers are present to receive those who come to the CPS for demands and/or complaints.** Following the personalized service provided by social workers, demands and complaints are delivered to program administrators via e-mail or telephone. In rural areas, as CPS are not present to centralize the collection of complaints, field agents collect complaints and demands and coordinate with program supervisors. Therefore, grievance and redress is less pronounced in rural areas.

**In Congo, grievance and redress is done through social worker and M&E agents located in each CAS.** Information is digitalized in the system and processed automatically. There is no difference regarding the processes for urban and rural areas.

**In Mali, grievance and redress is not a well-established service.** But the fact that NGOs are more present in urban areas, facilitates collection of demands and complaints and also

transmission of information to program administrators. Anyone can communicate with M&E agents, community committees and community leaders.

## **VI. Key Issues Emerged during Program Implementation in Urban Areas**

**Program implementation needs to be adapted to the difficult and challenging environment in urban areas.** When program administrators organize general assemblies to present the program or to discuss a new feature or even to talk about results and monitoring activities, participation of authorities and the public is modest when compared to similar assemblies organized in rural areas. Possible explanations are the larger catchment area and weaker social cohesion meaning program administrators need to put more efforts and resources, both human and financial, to reach poor households for program participation.

**Inability to find and monitor families.** Common characteristics of urban poverty are the lack of a proper household address and higher mobility of people. Given the uncoordinated growth in certain areas, households are often referred to/ identified by certain characteristics or “landmarks” instead of an address. Therefore, program workers and statistical office staff without good knowledge of the area may not be able to find the families. To escape or mitigate poverty, families are more likely to move (sometimes to areas not covered by the program) but they don’t have the habit to inform social workers or program administrators about their plans. When this happens before registration to the program is finalized administrators have difficulties in monitoring the family and offering the desired services because.

**Lack of interaction between community committees and social workers.** When defining the plans for identifying program beneficiaries or potential beneficiaries, program administrators make active use of community committees. However, in urban areas, if social workers are not part of the identification/ selection process the outcomes of such committees could be biased, excluding potential beneficiaries from the program as the poorest are often marginalized within the community. Due to the nature of their work,

social workers have better knowledge of the population that often requires assistance. Therefore, enforcing participation of social workers in committees is essential but costs are high since in the studied countries there is limited availability of social workers to join committees.

**Communication is harder in urban areas.** In rural areas, catchment areas are smaller and often communication channels are limited to one radio station or one meeting place (a religious site like a church or mosque). In contrast the number of communication channels available in urban areas requires a better outreach strategy in order to efficiently spread program messages like payment dates or information on conditionalities. Three other related issues are

- (i) Unawareness of program administrators regarding alternates to receive payment in the absence of the main beneficiary. The weak interaction between beneficiaries, who do not inform who the alternates are, and administrators prevent alternates to receive transfers;
- (ii) Lost SIM cards and/or program ID cards without which payments are not made. Beneficiaries do not inform community committees or social workers about lost documents. Therefore, on payment day, if either a social worker or a member of community committee member is not present at the payment to provide a replacement card / id, beneficiaries cannot receive the benefit; and
- (iii) Grievance mechanism are still under development therefore complaints can be left unanswered by program administrators. At times, social workers and community committees try to solve the issues themselves, without communicating to program administrators.

## VII. Urban Area Challenges

**Strengthen the ID system for security and to increase program's credibility.** Urban areas would benefit from better access to ID systems. Challenges arise from the limited coverage of national ID systems already in place. Countries in this study worked around this issue by

establishing a program ID system (like in Benin) or by making investments prior to the implementation of the programs (like in Congo and Mali).

**Falling motivation of local actors for outreach and follow-up.** Volunteer work to help program implementation in urban areas is unappealing because of the larger catchment areas and population dispersion. Therefore, social workers engage in supporting program implementation besides their other duties. As it has proved to be a very labor-intensive task, motivation has decreased. One way to increase the willingness to help, could be the establishment of TORs, describing specific activities to be carried out in exchange for some sort of payment.

**Limited knowledge of household poverty state.** Weaker social cohesion in urban areas, imply families known by committees and social workers are those who more frequently make demands and they might not be the poorest families. Poverty indicators as poverty headcount and poverty gap are not often available in small geographic areas as communities and most of poverty indicators used by communities can be very subjective and different because of different perceptions of poverty between community committees, in urban areas. When households have similar characteristic, it is difficult for committees to determine if one household is poorer than the other. Also,

**Data collection takes longer.** Household intake and registration is an issue stemming from: (i) larger catchment areas; (ii) the lack of trust on agencies/agents collecting data, (iii) the bad quality of addresses recorded, and (iv) the use of nicknames to identify household members.

**Monitoring is hindered by higher mobility.** To escape poverty, violence, lack of services and the cost of leaving, families in urban areas move around more frequently, sometimes before registration process is finished or even to an area without program coverage.

**Higher operation costs** as enumerators perform multiple visits to households in order to correctly identify families and to follow-up. In Benin, although GPS data is collected during

identification part, the information is not shared with social workers for further household visits. Sharing GPS data with social would improve effectiveness of registration and M&E activities.

**Manual payments' accountability takes too long.** It can take up to three months for program administrators to obtain payments accountability preventing payments to be done more frequently and forcing beneficiaries to visit centers in order to receive their money.

### VIII. Emerging Policy & Operational Opportunities

By looking at the experiences in Benin, Republic of Congo, and Mali, this study has identified five emerging policies and operational opportunities:

1. **Household identification (location) can be improved through the use of GPS data.** GPS location data is available in cell phones and tablets often used by programs administrators in urban areas and recorded coordinates should be used for improving accuracy, diminishing the problem of lack of a proper street address often observed in urban areas. It can also be used to facilitate during monitoring and evaluation (M&E) activities, including improved measures against fraud (as a way to ascertain the enumerator has visited the household).
2. **A greater number of social workers is needed as well as setting a work program with solid terms of reference and remuneration to motivate neighborhood and community committees.** It is also important to create/ strengthen partnerships with other agencies so as to train social workers and a few community members in order to improve the quality of identification and M&E capacity.
3. **Create communication strategies adapted to urban areas.** Therefore improving communication between program administrators and beneficiaries and reducing implementation issues such as refusal to pay alternates.

4. **Implementation of automated/ electronic systems of payment will reduced accountability time and the possibility to provide monthly payments.** Given the greater development of financial institutions in urban areas, programs should make use of the existing sizeable coverage of physical agencies and payment points to establish monthly electronic payment and open bank accounts to beneficiaries in order to increase financial literacy, therefore creating an automated payment accountability system and minimizing accountability processing time and the risk of fraud.
5. **Adjustments in accordance with underlying differences and provision of multiple programs (bundles) to better protect and serve the population.** Programs' design should take in consideration the different costs of living in urban and rural areas and also differences regarding household composition. Urban poverty is more severe regarding not only monetary poverty but also other vulnerabilities (such as violence, weak health and education services, and limited job offers) that should all be taken into consideration so to better achieve programs' objectives.

## IX. References

World Bank. 2015 (?). Mali – Program’s internal audit reports.

World Bank. 2014. *Evaluation de la pauvreté au Bénin*. Washington, DC ; World Bank Group. <http://documents.worldbank.org/curated/en/2014/03/23797599/assessment-poverty-benin-evaluation-de-la-pauvrete-au-benin>

World Bank. 2014. *Benin - Decentralized Community Driven Services Project : additional financing*. Washington, DC ; World Bank Group. <http://documents.worldbank.org/curated/en/2014/01/18925310/benin-decentralized-community-driven-services-project-additional-financing>

World Bank. 2014. *Benin - Executive summary: poverty assessment*. Washington, DC : World Bank Group. <http://documents.worldbank.org/curated/en/2014/04/23791532/benin-executive-summary-poverty-assessment>

World Bank. 2013. *Congo, Republic of - LISUNGI Safety Nets Project*. Washington, DC ; World Bank Group. <http://documents.worldbank.org/curated/en/2013/12/18794003/congo-republic-lisungi-safety-nets-project>

World Bank. 2013. *PAD - Mali Emergency Safety Nets project*. World Bank. <http://wbdocs.worldbank.org/wbdocs/viewer/docViewer/indexEx.jsp?objectId=090224b081e5883c&respositoryId=WBDocs&standalone=false>

World Bank. 2011. *Mali - Filets sociaux*. Washington, DC: World Bank. <http://documents.worldbank.org/curated/en/2011/01/14231097/mali-social-safety-nets-mali-filets-sociaux>

### Programs’ websites:

Benin’s PSDCC: <http://www.psdcc.org/>

Rep. of Congo’s Lisungi: <http://www.masahs-gouv.net/lisungi.php>

Mali’s Jigisémejiri: <http://jigisemejiri.org/index.php/en/>



## Annex 1: Benefit Levels

Table A1. 1: Distribution of Benefits in Benin

Base transfer	Adults		Amount / household/ month (FCFA)	Amount / household/ year (FCFA)
	Number	Amount (FCFA)		
FCFA	...	3,500	3,500	42,000
<b>3,500</b>	1	9,600, for 4 months	3,500, for 8 months 13,100, for 4 months	28,000 52,400

Table A1. 2: Distribution of Benefits in Mali

		Group 1	Group 2	Amount / month / household
		Core villages		(FCFA)
Cash transfer beneficiaries	Yes 62,000 hhs	Interventions: CT AM	Interventions: CT AM NP	10,000
	No	Interventions: AM	Interventions: AM NP	...

Note1: AM, accompanying measures are not targeted; all households in the village are expected to participate in the sessions covering approximately 283,000 households.

Note2: NP, nutritional package, is expected to cover 140,000 children in total from CT and non-CT beneficiaries

Table A1. 3: Transfer Amount by Household Composition

Base transfer	Children and/or pregnant woman		Elderly		Transfer amount / household / month (FCFA)
	Number	Amount (FCFA)	Number	Amount (FCFA)	
<b>FCFA 10,000</b>	1	5,000			15,000
	2	10,000			20,000
	3 or +	15,000			25,000
			1	10,000	20,000
			2	20,000	30,000
			3 or +	30,000	40,000
	1	5,000	1	10,000	25,000
	1	5,000	2	20,000	35,000
	1	5,000	3 or +	30,000	45,000
	2	10,000	1	10,000	30,000
	2	10,000	2	20,000	40,000
	2	10,000	3 or +	30,000	45,000
	3 or +	15,000	1	10,000	35,000
	3 or +	15,000	2	20,000	45,000
	3 or +	15,000	3 or +	30,000	45,000

## Annex 2: Three Countries Comparison

	Benin	Congo, Republic	Mali
Program	<a href="#"><u>PSDCC</u></a>	<a href="#"><u>Lisunji</u></a>	<a href="#"><u>Jegisémejiiri</u></a>
Duration	24 months	2014-2018	2014-2017
Poverty Assessment	Poor: 36.2% of population Extreme poor: 15% of population	Poor: 46.5% of population Extreme poor: 25% of population	Poor: 43.6% of population (2009) 25% of population suffers from chronic food insecurity
Objectives	<ol style="list-style-type: none"> <li>1. Establish an efficient SSN system to protect the poor and vulnerable while reducing poverty and smoothing consumption.</li> <li>2. Improve household's ability to cope with shocks</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish an efficient SSN system to protect the poor and vulnerable while reducing poverty and smoothing consumption</li> <li>2. Promote access of children to education and health and facilitate access of vulnerable population to productive inclusion measures</li> </ol>	<ol style="list-style-type: none"> <li>V.I Establish an efficient SSN system to protect the poor and vulnerable while reducing poverty and smoothing consumption</li> <li>V.II Protect food insecure households</li> </ol>
Size	1,187 HHs in the main urban area: Cotonou (13,000 total)	6,000 HHs in periurbans areas of Pointe-Noire, Brazzaville and Cuvette)	916 HHs in the urban area of Bamako (62,000 HHs total)
Nature of Urban Poverty	Lack of economic diversification (heavily dependent on the cotton trade, and agriculture is the main source of income for 70 percent of the country's).	Lack of economic diversification (heavily dependent on oil) stimulating displacements to urban areas in search of jobs	Occupation on the North by separatists and jihadists causing massive internal displacement, mainly to urban areas. More recently, climate change and population growth.
Program Components	<ol style="list-style-type: none"> <li>1. Basic unconditional cash transfer to all targeted HHs</li> <li>2. Labor intensive public works for the same HHs to provide extra transfer during agriculture lean season</li> </ol>	<ol style="list-style-type: none"> <li>1. Establishment of admin pillars for a national SN program with laying the foundations of a unified registry, MIS, and strengthening local capacities;</li> <li>2. Implementation of a cash transfer program to improve access to health and education services</li> <li>3. Project management and M&amp;E</li> </ol>	<ol style="list-style-type: none"> <li>1. Cash transfers to chronically poor and vulnerable households</li> <li>2. Accompanying measure to improve children's outcomes in human capital (health, nutrition, hygiene and family savings).</li> </ol>

	Benin	Congo, Republic	Mali
<b>Key program design features</b>			
Eligibility criteria	Households are eligible if deemed extreme poor by the community committee and below defined PMT threshold	HH are eligible if extreme poor, with at least on child 0-14y.o. or an elderly aged 60 or more and below defined PMT threshold	Households are eligible if deemed extreme poor by the community committee
Conditionalities	None	Health and education for HHs with children (regular visits to health centers and 80% minimum attendance to school)	None, but all households from selected villages are expected to participate in the accompaniment measures sessions
Institutional arrangements	The Ministry of Decentralization, Local Government, and Administration and Development of the Territory (MDGLAAT) will be responsible for the overall supervision and coordination of the Project. A new Secretariat for Decentralized Community Driven Services (SSDCC) created to take responsibility for implementing Components Two and Three and for the fiduciary oversight of the Project.	The program has its own Project Management Unit (PMU), the Lisungi team, under the Ministry of Social Affairs of Humanitarian Action and Solidarity (MASAHS). The Lisungi team manages all project activities, being responsible for all disbursements and procurement procedures supported by the project The project coordinator oversees all activities related to the implementation of the project.	The program has its own Project Management Unit (PMU), the UTGFS team, under the Ministry of Economy and finance. The UTGFS team manages all project activities, being responsible for all disbursements and procurement procedures supported by the project. The project coordinator oversees all activities related to the implementation of the project.
Response to urban specificities	PMT threshold is higher, adapted to purchase power parity for urban areas	Targeted communities were selected according to health and education care offered (to comply with program implementation needs) and infrastructure level (to implement accompanying measures). Social workers revise the preliminary lists formulated by community committees Urban poverty line used.	Targeted community of Bamako was selected according to high density that leads to significant number of poor despite low poverty rates. Social workers revise the preliminary lists formulated by community committees.

	<b>Benin</b>	<b>Congo, Republic</b>	<b>Mali</b>
<b>Beneficiary quotas</b>	The number of beneficiary households in each community follow a simple system of fixed quota per community defined by the Project preparation team. The number of households in each community that will receive the basic cash transfer is estimated to be 100.	Quotas for each social welfare sector, proportionally to poverty estimates at the department level	The share of beneficiaries in each zone is defined in quotas given the population and poverty rates in each zone.
<b>Outreach &amp; Intake</b>	Sensitization of national and local authorities is done through the use of training modules explaining the approach and defining concepts of poverty, extreme poverty, and household.	Community committees responsible for identification of poor and vulnerable households which will be selected through household social survey and data collection.	Identification of households in the preliminary beneficiaries list was performed by the members of the village committees based on the poverty criteria explained during technical workshop training organized by the SSN Technical Management Unit (UTGFS).
<b>Selection</b>	Household selection is done through the implementation of a proxy means test (PMT) which takes in consideration access to health, education and other services. To account for differences between urban and rural areas, different models are in place and the eligibility cut-offs were defined differently, being higher in urban areas. The index developed is to be updated every two years.	The NSO has validated a PMT model that allows the PMU to estimate households' per capita consumption for each household registered in the Unified Registry. The management information system (MIS) uses this linear combination to generate a list of potential beneficiaries per district by comparing the estimated welfare and food poverty line estimated by the proxy.	Validation of beneficiaries list is always done in neighborhood / village general assemblies under the supervision members of the municipal committee and the M&E program officer.

	<b>Benin</b>	<b>Congo, Republic</b>	<b>Mali</b>
<b>Targeting / Registration</b>	<p>Electronic data collection in the urban areas increasing data quality and preventing data entry mistakes Pictures were taken by the same device used for data collection and were used to issue beneficiary ID cards. Program has developed an alternate ID in coordination with the National Statistics and the National Health Insurance program. Once the household selections through the PMT is finalized, the social worker delivers ID cards and compare with documents to guarantee delivery to the correct person for final registration in the program.</p>	<p>The processes are identical in both urban and rural areas but take more time in urban areas as a result of the lack of strong connections within families from the same community. Each Community Committee in Congo organizes an information campaign amongst pre-identified households. Records team, installed at registration centers request households to register the vouchers which were handed in during intake phase. Enumerators collect the necessary additional information, take photos and collect fingerprints of at least two members in the household.</p>	<p>Mali's National Statistical Office (INSTAT) performed additional data collection on selected households if needed and subsequent program registration. Household heads and a second adult member were photographed for purposes of identification and for provision of beneficiaries' card to conclude the registration process. In Bamako, the percentage of households in the final beneficiaries list that were found to receive the registration card was slightly below than in other regions. Replacement of households were then done with the help of village / neighborhood committees. Household heads that were not found or absent were replaced by other members of household.</p>
<b>Payment / Transactions</b>	<p>In Cotonou, cash benefits are transferred through SIM card electronic payment from MTN Bénin Telecommunications Service Provider. SIM cards are provided by the GSM operator while beneficiaries' ID cards by program administrators. As the transaction is electronic, accountability is fast, within 7 days program administrators do have the accountability ready to be archived. In rural areas, payment is through branches of the Caisse Locale Credit Mutuel Agricole (CLCAM). Transaction are manual therefore accountability can last up to three months.</p>	<p>All beneficiaries are paid through the same bank system. Beneficiary households are informed by social workers, community committees to be physically present in the associated BPC agency. In urban areas there are more branches available therefore facilitating payment. In rural areas, payment centers by BPC are created to reduce the time and distance to payment points for beneficiaries. Once more, in rural areas accountability are manual, taking more time than in urban areas.</p>	<p>In the urban area (Bamako) the Orange Money mobile operator was selected whereas in all other areas, the tender winner was the National Bank for Agricultural Development (BNDA). Given that BNDA has the expertise in providing payments, accountability has been on time whereas in the urban area, OM is inexperienced in such transactions increasing the time needed for accountability to the PMU.</p>

	Benin	Congo, Republic	Mali
M&E	M&E agents visit households regularly in both urban and rural areas but the dispersion in urban areas makes the process longer. GPS data collected during identification phase aids in the process since a lot of households do not have addresses or are not well documented.	M&E agents and social workers are in charge of following M&E activities and visiting households. The cooperation of health and education agents with social assistance is difficult due to the limited number of agents in each circumscription and the high number of people to be monitored. As a result a partnership with UNICEF is being formulated to support M&E activities. This issue is more relevant in urban areas due to the large catchment areas.	M&E agents in Mali work closely with the municipal and village (rural areas) or neighborhood (urban areas) committees, the social development service and the payment agency. The M&E agent helps committees to understand program procedures through regular monitoring work, evaluating problems and solving the issues. The M&E agents also help during village/neighborhood sensitization sessions to inform beneficiaries about payment dates and place and are present during payment to monitor payment transactions, track problems if and when they appear and above all to make sure beneficiaries have all documents needed for payment.
Grievance & Redress	CPS have computers that are not connected to the network but have info of all beneficiaries but social workers are present to receive those who come to the CPS for demands and/or complaints. Following the personalized service provided by social workers, demands and complaints are delivered to program administrators via e-mail or telephone. In rural areas, as CPS are not present to centralize the collection of complaints, field agents collect complaints and demands and coordinate with program supervisors. Therefore, grievance and redress is less pronounced in rural areas.	Done through social worker and M&E agents located in each CAS. Information is digitalized in the system and processed automatically. There is no difference regarding the processes for urban and rural areas.	Not a well established services. But the fact that NGOs are more present in urban areas, facilitates collection of demands and complaints and also transmission of information to program administrators. Anyone can communicate with M&E agents, community committees and community leaders.

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## Abstract

As countries implement social safety nets programs, a range of technical hurdles affects their implementation differently in rural and urban areas. In urban areas, the focus of this study, living in is expensive and more vulnerable at economy slowdowns. Poverty can be more severe than in rural areas and accompanied by high malnutrition rates. Challenges faced by poor populations in most urban areas related to the lack of proper identification, outreach, intake and registration of potential beneficiaries in part due to the lack of social cohesion and the existence of multiple channels of communication, challenging the delivery of any messages quickly and efficiently. Therefore social workers have a fundamental part during program implementation and M&E process.

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