EVALUATION OF THE SOCIAL CASH TRANSFERS PILOT PROGRAMME, TIGRAY REGION, ETHIOPIA

BASELINE REPORT

December 5, 2012

Guush Berhane[1]

Stephen Devereux[2]

John Hoddinott[1]

Fredu Nega Tegebu[3]

Keetie Roelen[2]

Benjamin Schwab[1]

[1] International Food Policy Research Institute

[2] Institute of Development Studies, University of Sussex

[3] Mekelle University

Address for correspondence: John Hoddinott, International Food Policy Research Institute, Washington DC, 20006, USA. Em: J.Hoddinott@cgiar.org

TABLE OF CONTENTS

TABLES

FIGURES

Chapter 1: Introduction

1.1 Introduction

In 2011, the Regional Government of Tigray, with support from the United Nations Children's Fund (UNICEF), introduced the Social Cash Transfer Pilot Program (SCTPP) in two *woredas*, Abi Adi and Hintalo Wajirat. The SCTPP aims to improve the quality of life for vulnerable children, the elderly, and persons with disabilities (PWD). It has three overarching objectives:

- Reduce poverty, hunger, and starvation in all households that are extremely poor and at the same time labor constrained;
- Increase access to basic social welfare services such as healthcare and education; and
- Generate information on the feasibility, cost-effectiveness, and impact of a social cash transfer scheme administered by the local administration.

The International Food Policy Research Institute, together with its collaborators, the Institute of Development Studies and the Department of Economics, Mekelle University, are responsible for the evaluation of the SCTPP. Their first report (Berhane et al. 2012) outlined the approach they proposed for this evaluation work. This report, the second to be produced, is based on quantitative data collected at the individual, household, and *tabia* level in May-June 2012 and qualitative data collected using key informant interviews, focus group discussions, and participatory appraisal activities in July-August 2012. Subsequent work, to be based on further quantitative and qualitative data collection, will focus on the impact of the SCTPP on a wide range of indicators while also deepening our understanding of the strengths and limitations of program implementation.

1.2 Study Overview, Research Questions, and Structure

This report has two objectives:

- Provide basic descriptive statistics on the well-being, livelihoods, schooling, and health of individuals and households of both SCTPP participants and nonparticipants living in Abi Adi and Hintalo Wajirat; and
- Assess a number of operational aspects of the SCTPP, including the role of Community Care Coalitions; pay processes; targeting; and appeals and grievances.

Below we summarize the topics covered in each chapter.

Chapter 2: Data Sources and Methods. There are three distinguishing features of the data sources and methods used in this report. First, all results are based on primary data collection undertaken between May and August, 2012. Second, mixed methods—data collection techniques using both qualitative and quantitative methods—have been employed. Third, we adopt a "cascading" approach whereby data are collected at all levels: regional,

woreda, *tabia,* household, and individual. The inception report (Berhane et al. 2012) provided a detailed explanation of the choices made in developing the impact evaluation strategy, including an explanation of the choice of locations for the data collection, the construction of treatment, control and random samples, the choice and content of survey instruments, and sample size calculations. We do not repeat those detailed explanations here. Instead, in this chapter, we describe how these methods have been implemented in the context of generating information for this report.

Chapter 3: Characteristics of Households. Understanding important community- and household-level characteristics and endowments is crucial to understanding how programs like the SCTPP influence behavior and subsequent outcomes. This chapter describes the key characteristics and livelihoods of the communities and households on which this study is focused.

Chapter 3 begins by discussing community-level resources and capacities, and pinpoints the availability of critical community infrastructures and facilities that directly or indirectly affect the success of the SCT program. These include health, school, and communication infrastructure, food security and extension programs, and access to markets. The analysis of such community-level characteristics is based on information gathered from a community-level survey, as well as discussions with key informants at the *tabia* level. It then characterizes key household characteristics using data collected at the household level: demographics, wealth, livelihoods, and food security. The livelihood section discusses landownership and operation, crop-livestock production, businesses and off-farm work, and other sources of income such as transfers. The final section discusses semi-formal and informal social protection mechanisms.

Chapter 4: Characteristics of Children and Mothers. Objectives of the SCTPP include improving children's school enrolment and attendance as well as their health and nutrition. In this chapter, we provide descriptive statistics on these outcomes based on the quantitative household survey conducted in May and June, 2012. In addition, we provide descriptive statistics on elements of maternal health.

Chapter 5: Community Care Coalitions. A novel feature of the SCTPP is the creation of Community Care Coalitions (CCCs), community-led groups that operate at the *tabia* level and serve as a support mechanism for the vulnerable populations in the community. One of the objectives of this evaluation is to understand how CCCs function in terms of both implementing the SCTPP as well as providing complementary services. With this in mind, this chapter addresses the following topics. Do CCCs operate as envisaged when the SCTPP was designed? Have they been able to generate resources locally to enrol additional families in the SCTPP or assist some households that could not be included in the program? To address these questions, we examine the operation of the CCCs from a variety of perspectives. We begin with information gleaned at the regional, *woreda*, and *tabia* levels. We assess whether their composition is consistent with what is laid out in the SCTPP operational manuals. We consider the perspectives from CCCs themselves, including their success in resource mobilization, and also the perceptions of households in both Abi Adi and Hintalo Wajirat.

Chapter 6: Payment Processes. Payment processes and payment delivery systems are important components of any cash transfer program. The SCTPP operates a "pull" delivery mechanism; program participants collect their payments from designated payment points that are operated by a private microfinance institution, Dedebit Microfinance Institution (DECSI). This chapter examines beneficiaries' experiences with the payment process. We consider whether payments are made on time and in full. We examine whether participants experience particular difficulties in obtaining payments, such as distance to pay point or timing of payments. Lastly, we report on beneficiaries' perceptions of the adequacy of these payments.

Chapter 7: Targeting. This chapter considers several aspects of the targeting performance of the SCTPP. We examine how targeting procedures were implemented and we assess how closely these followed the guidelines laid out in the SCTPP operational manual. We consider whether this results in program benefits reaching their intended target groups. We assess how participants, nonparticipants, program staff, and other stakeholders perceive these targeting criteria, procedures, and outcomes. Lastly, we describe how participation in the SCTPP has been influenced by the presence of the Productive Safety Net Program (PSNP) in Hintalo Wajirat.

Chapter 8: Grievance Procedures. Grievance mechanisms or complaints procedures are gradually being introduced to cash transfer programs in Africa. These innovations are important because they empower beneficiaries and "introduce principles of rights and responsibilities to the design and delivery of the program" (Devereux and White 2010, 72). In this chapter we examine the SCTPP's appeals and grievance procedures. We consider the following questions: Have grievance procedures been established? How do they work? Are participants aware of grievance procedures? Are they used? and Can people successfully appeal?

Chapter 2: Data Sources and Methods

2.1 Introduction

There are three distinguishing features of the data sources and methods used in this report. First, all results are based on primary data collection undertaken between May and August, 2012. Second, mixed methods—data collection techniques using both qualitative and quantitative methods—have been employed. Doing so provides a richer pool of data and greater analytic power than would have been available with either of these methods used alone. Third, we adopt a "cascading" approach whereby data are collected at all levels: regional, *woreda*, *tabia,* household, and individual.

The inception report (Berhane et al. 2012) provides a detailed explanation of the choices made in developing the impact evaluation strategy. It includes an explanation of the choice of locations for the data collection, the need for three groups in the quantitative household survey, referred to in Berhane et al. (2012) as the treatment, control and random samples, the choice and content of survey instruments, and sample size calculations. We do not repeat those detailed explanations here. Instead, we describe how these methods have been implemented in the context of generating information for this report.

2.2 Implementation of the Quantitative Baseline Survey

2.2.1 Overview

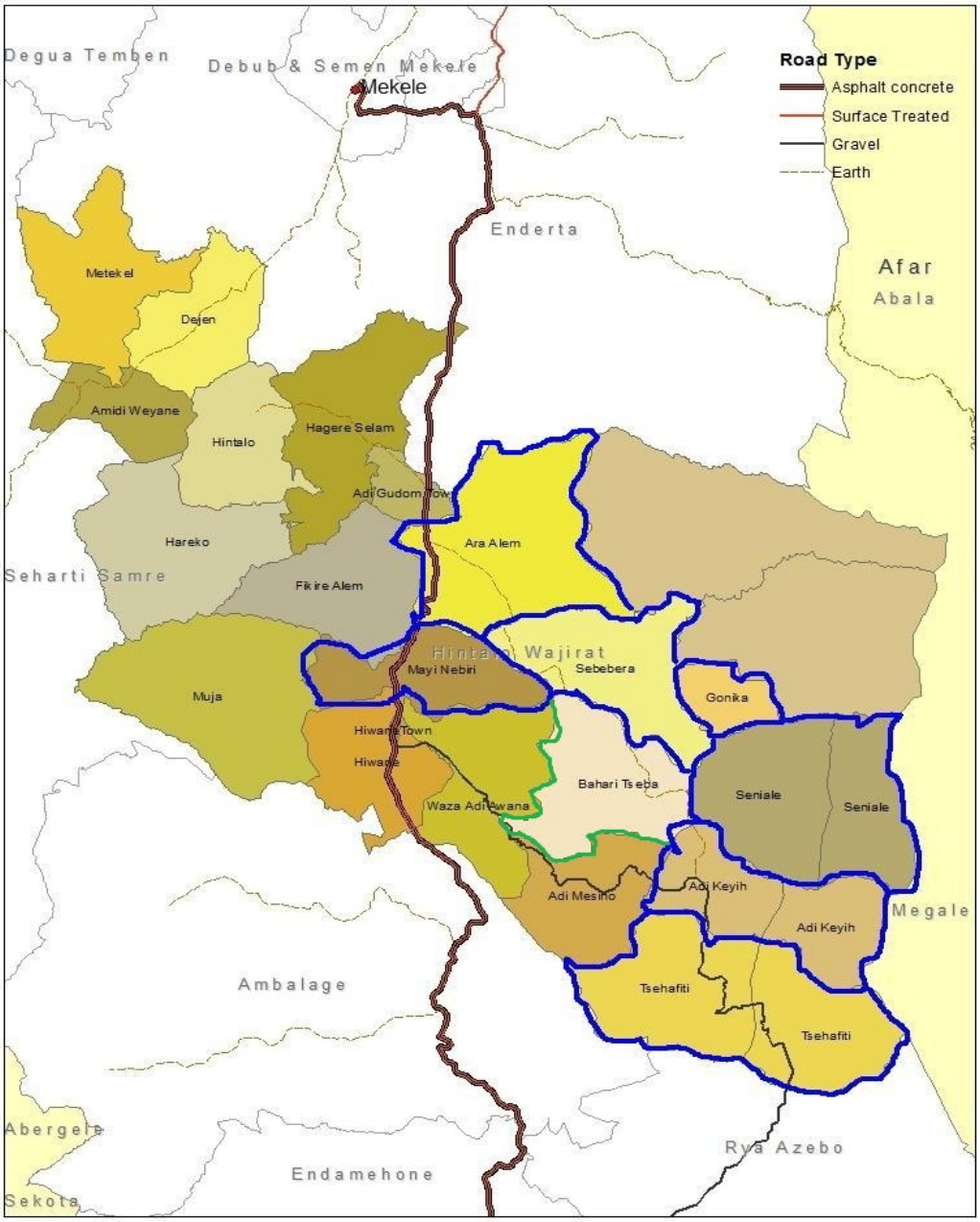
The quantitative baseline survey was fielded in the two *woredas* where the SCTPP operates, the town of Abi Adi and Hintalo Wajirat, a rural *woreda* south of Mekelle. In Hintalo Wajirat, however, initially only seven of the 22 *tabias* were covered by the program (see Figure 2.1). These *tabias* had been nonrandomly selected by the SCTPP for ease of program implementation and reduction of administration costs. They are adjacent geographically, and located east of the main north-south highway. The selected *tabias* are Tsehafiti, Sebebera, Gonka, Senale, May Nebri, Ara Alemsigeda, and Adi Keyih. Subsequently, additional funding became available that permitted the extension of the SCTPP to an additional *tabia* in Hintalo-Wajirat. This *tabia*, Bahr Tseba, is also included in the quantitative baseline survey.[1]

Each *tabia* is comprised of three to four smaller administrative regions, known as *ketenes* in Abi Adi and *kushets* in Hintalo Wajirat. Our sample is drawn from all *ketenes* in Abi Adi. As part of the preparatory work for the survey, we undertook a preliminary reconnaissance to assess whether there were physical barriers that affect the feasibility of implementing our surveys in the more remote *kushets* of Hintalo. This led to three *kushets* being excluded from the sample. In all cases, rugged terrain, geographically dispersed households, and the absence of roads or paths meant that finding and interviewing households in these localities was simply infeasible, given the time available to complete the survey.[2] We note that their exclusion may

[1] Payments to beneficiaries in Bahr Tseba commenced just after the survey was completed.
[2] These were Genti (Senale), Girmberom (Gonka), and Alelibat (Tsehafti).

mean that some results presented in the following chapters may be representative of the entire rural, beneficiary population of Hintalo; for example, access to pay points for SCTPP beneficiaries or school attendance by children. However, since the population of these *kushets* is relatively small, we perceive this bias will be minor.

Figure 2.1 Location of SCT *tabias* within Hintalo Wajirat



Source: Generated by authors.

Participants in the SCTPP were selected via a multistage process. A crucial component of this process was the use of lists of households eligible for the SCTPP. These lists were then used

to form *kushet*/*ketene*-level rankings of all households that appeared to meet the targeting criteria.[3] Households selected for inclusion in the SCTPP constitute the population from which the "treatment" sample is drawn. The Bureau of Labor and Social Affairs (BOLSA) provided us with the list of beneficiaries from which we sampled. There were four beneficiary types within this list: the elderly, the disabled, child-headed households, and female-headed households. Examining these lists, it appeared that there was a preponderance of elderly households (households with members aged 60 or older) among households that were ultimately chosen as beneficiaries. To ensure that we would have a sufficient number of children in our sample, we oversampled non-elderly households.

Households that appeared on these initial lists but who were ultimately selected for the SCTPP constitute the population from which the "control" sample has been drawn. In addition to the control group of nonselected eligible households, a second nontreated group was also sampled from lists of households residing in each *tabia*. These are households that were never considered for inclusion in the SCTPP either because they were less poor and/or because of the presence of able-bodied adults. This group was randomly sampled from non-eligible (i.e., non-ranked) households in order to assess targeting effectiveness and accurately identify area-specific trends. Data from this group will also be used in building the village Computable General Equilibrium (CGE) models.

Thus, the quantitative survey sample consists of households that receive SCTPP benefits (treatment sample), households that met the targeting criteria but do not receive the SCTPP benefits (control sample, also referred to as "eligible, not-selected"), and households that did not meet the targeting criteria and do not receive SCTPP benefits (random sample). The number of households interviewed by location and treatment status is given in Table 2.1. Note that because Bahr Tseba was added to the SCTPP nearly a year after the program started, we report results for Bahr Tseba separately.

Table 2.1 Sample sizes, by location and treatment status

	Location			
Beneficiary status	**Abi Adi**	**Hintalo Wajirat (excluding Bahr Tseba)**	**Bahr Tseba**	**Totals**
Beneficiary (treatment sample)	599	829	202	1,630
Control (eligible, not selected)	548	826	215	1,589
Random sample	132	266	48	446
Total	1,279	1,921	465	3,665

2.2.2 Survey implementation

Prior to the survey going to the field, nine days training was given to individuals hired as survey enumerators. This included reviewing a paper copy of the questionnaire, undertaking mock and practice interviews with respondents in a village north of Mekelle, and pilot testing the questionnaire. The actual survey was conducted on Personal Digital Assistants (PDAs). Once the

[3] Chapter 7 describes this process in detail.

enumerators were comfortable with the paper version of the survey instrument, training turned to use of the PDAs. Five days were spent on PDA training. One day was spent solely on familiarizing enumerators with the operation of the PDA and the next four days on interviewing using the PDA.

Prior to commencing the survey, discussions were held with the BOLSA office on how to organize the fieldwork, who to meet in each site, and how local guides could be identified. Following their advice, senior staff from the survey team first met *tabia* officials, notably the *tabia* chairperson and manager. The assistance of these officials during the fieldwork proved invaluable.

Fieldwork started on May 6, 2012, and finished on June 17. During this period, the survey team was divided into three sub-teams. One sub-team worked exclusively in Abi Adi while the other two focused on Hintalo Wajirat. All sub-teams included both men and women. However, following advice from the community, only male enumerators worked in the most remote and inaccessible *tabia*, Gonka.

Several factors contributed to the successful completion of the quantitative household survey. The most important of these was the high level of cooperation and assistance that the survey team received from local administrators and local communities. We perceive that the PDAs worked well, particularly in ensuring that survey questions were asked. The PDAs were programmed to automate "skip patterns" and this contributed to more smoothly flowing interviews. During the planning stage, we decided to have a relatively high ratio level of supervisors to enumerators (one to five) and we perceive that this contributed to the successful and timely completion of the survey.

All surveys encounter challenges and ours was no exception. None of these proved insurmountable, but they did pose problems that required a number of ad hoc solutions.

Our view is that the benefits of the PDAs outweighed their drawbacks but this is not to say that there were no drawbacks. The single largest challenge was keeping their batteries charged; when battery life was low, it took longer for the PDAs to record data and obviously they could not be used when the battery was dead. One solution that was adopted was to give enumerators paper copies of the questionnaire; in places where the batteries could not be easily recharged or if the battery died in the middle of an interview, information could be put on a paper copy then subsequently transferred to a PDA. Access to electricity was a particular problem in Gonka, where it proved necessary to hire a camel and a mule to transport the PDAs several hours each night to the closest location, where they could be recharged before bringing them back early the next day. Remoteness also posed challenges in parts of Bahr Tseba, Senale, Tsehafti, and Adi Keyih, where it could take as much as four hours to find and interview a single household.

In some *tabias*, we had a little difficulty finding households named on the sample lists. In some cases, this was due to misspellings of names. There were instances where a child was listed rather than the caregiver (s)he lived with. We encountered several households where a

beneficiary parent lived with a son or daughter but both were found on sample lists—one in beneficiary and the other in control group. In a number of *tabias*, it proved more difficult than expected to find replacements when we could not find, or could not interview, a household found in the control group. This led to some delays in completing the fieldwork. After the survey team completed its fieldwork in Bahr Tseba, we discovered that an additional 50 households had been added to the beneficiary list, including 17 that had been already interviewed as part of the control group. These households had to be replaced by 17 households that were on our reserve list.

At the beginning of each interview, the purpose of the survey was explained to respondents. It was stressed that participation was voluntary and we received their informed consent before asking questions. In general, we received generous cooperation from our respondents, who patiently answered our many questions. However, we did encounter wide-scale refusal in several *kushets* within Ara Alemsigeda. The reasons for this refusal remain somewhat unclear, although we think they are connected with poor experiences with another survey that had been fielded in these localities at some point in the past. Initial attempts to assuage respondents' concerns through the intervention of *tabia* and *kushet* administrators were unsuccessful. The regional BOLSA office then intervened by liaising with representatives of the Ethiopian Orthodox Church, who organized and held a public meeting to discuss these concerns and to reassure respondents of the value of the survey. This very helpful intervention allowed us to complete the survey in these localities.

In addition to the household survey, supervisors completed a quantitative community questionnaire in each *tabia*. Respondents included the *tabia* chairman, representatives from health clinics and schools, and government Development Agents. We ensured that respondents included both men and women and that members of the *tabia* Community Care Coalition were present.

2.3 Qualitative Fieldwork

The qualitative fieldwork had four objectives:

- To elicit perceptions of participants, nonparticipants, program staff, and other stakeholders of targeting criteria, procedures, and outcomes;
- To assess the performance of the SCTPP in terms of receipt of payments and grievance procedures;
- To assess how the SCTPP interfaces with informal social protection mechanisms and changes community dynamics; and
- To understand how the Community Care Coalitions (CCCs) function in terms of implementing the SCTPP as well as complementary services.

BOLSA officials were interviewed on Tuesday, July 31, prior to the training. Participants included Tsgab Simon—Social Cash Transfer Coordinator (BOLSA), Teklehaimanot

Gebremeskel—Deputy Social Cash Transfer Coordinator (BOLSA), and Muauz Araya—Social Protection Specialist (UNOPS). Fieldwork took place from August 6 to August 21 in four *tabias* across Abi Adi and Hintalo Wajirat. Fieldwork took three days in each *tabia*. A total of 53 data collection activities were undertaken. The numbers of Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), Case Studies (CSs), and Participatory Rural Appraisal (PRA) activities per *tabia* are presented in Annex 2.1. Annex 2.2 provides the respondent identifier codes that are used to source the qualitative information presented in subsequent chapters.

In each *woreda*, KIIs were undertaken with the *woreda* officials charged with the SCTPP as well as the *woreda* social workers. KIIs were also undertaken with the *tabia* chairmen and *tabia* social workers in each *tabia*. An overview of KII respondents at the *woreda* and *tabia* level is presented in Table 2.2.

Table 2.2 Number of participants in key informant interviews, by sex

	Number of participants		
***Tabia*/Respondent category**	**Male**	**Female**	**Total**
May Nebri			
Woreda official	0	1	1
Woreda social worker	1	1	2
Tabia chairman	1	0	1
Tabia social worker	1	0	1
Subtotal	3	2	5
Bahr Tseba			
Tabia chairman	1	0	1
Tabia social worker	1	0	1
Subtotal	2	0	2
Senale			
Tabia chairman	1	0	1
Tabia social worker	1	0	1
Subtotal	2	0	2
Abi Adi			
Woreda official	0	1	1
Woreda social worker	1	0	1
Tabia chairman	1	0	1
Tabia social worker	1	0	1
Subtotal	3	1	4
Totals	10	3	13

Source: Qualitative fieldwork.

Selection of respondents for FGDs, CSs, and PRA activities was undertaken in cooperation with the Woreda Office of Labor and Social Affairs (WOLSA) program officer in each of the two respective *woredas*, the WOLSA social worker, and the *tabia* chairman. The WOLSA social worker accompanied the team to the *tabia* on each first day of fieldwork in a new *tabia* to ensure arrangements were made according to plan. The numbers of participants, disaggregated by gender, are presented in Table 2.3.

In addition to these KIIs and FGDs, we also conducted one FGD with SCTPP participants, one FGD with the CCC and one KII with the *tabia* social workers in Are Alemsegada as part of the pilot testing of fieldwork instruments. This led to a modest refinement of the survey instruments as well as generating some valuable information.

Table 2.3 Number of participants, by respondent category and sex

	Number of participants		
***Tabia*/Respondent category**	**Male**	**Female**	**Total**
May Nebri			
Participants (FGD)	7	8	15
Nonparticipants (FGD)	5	7	12
Community Care Coalitions (FGD)	4	3	7
Community poverty profile (PRA)	3	2	5
Case studies	2	2	4
Subtotal	21	22	43
Bahr Tseba			
Participants (FGD)	8	8	16
Nonparticipants (FGD)	7	7	14
Community Care Coalitions (FGD)	5	3	8
Community poverty profile (PRA)	4	2	6
Case studies	2	2	4
Subtotal	26	22	48
Senale			
Participants (FGD)	7	7	14
Nonparticipants (FGD)	8	8	16
Community Care Coalitions (FGD)	8	–	8
Community poverty profile (PRA)	3	3	6
Case studies	2	2	4
Subtotal	28	20	48
Abi Adi			
Participants (FGD)	8	7	15
Nonparticipants (FGD)	6	8	14
Community Care Coalitions (FGD)	6	2	8
Community poverty profile (PRA)	4	2	6
Case studies	2	2	4
Subtotal	26	21	47
Totals	101	85	186

Source: Qualitative fieldwork.
Notes: FGD = Focus Group Discussion; PRA = Participatory Rural Appraisal.

The implementation of the qualitative fieldwork benefitted from assistance from the WOLSA offices who were very helpful in organizing the fieldwork at both *woreda* and *tabia* levels. *Tabia* chairpersons were informed about the different FGDs, KIIs, CSs, and PRA activities to be held in their *tabia*. At the *tabia* level, the support of *tabia* managers and *woreda* social workers was helpful in arranging the fieldwork. They were flexible and able to accommodate ad hoc changes in schedule. We note that the *woreda* social worker and *tabia* chairpersons and managers did not interfere when interviews and discussions were undertaken with participants,

nonparticipants, CCCs, and other community members. This allowed respondents to speak freely. The community poverty profile exercise (PRA activity) proved particularly helpful in assessing exclusion and inclusion from the SCTPP.

The team encountered several challenges when completing the qualitative fieldwork. The recruitment of respondents in the rural *tabia* close to the main road, May Nebri, suffered from "tarmac bias." It proved difficult to recruit respondents from more remote localities. In Bahr Tseba and Senaele, which are further away from the main tarmac road, most of the respondents were selected from remote communities. Fieldworkers walked for 20-30 minutes from the *tabia* center to conduct case studies with participant and nonparticipant households. It was not feasible to recruit participants from the remotest areas, which were as much as three-to-four hours walk from the *tabia* center. In May Nebri, there was some initial confusion about who should be respondents for the different groups (beneficiaries, comparison households, and those not considered for the SCTPP). Following this experience, the fieldworkers ensured that this distinction was clear in the remaining *tabias*.

In Senale, the fieldworkers experienced some initial reluctance to cooperate due to other activities and also limited knowledge of the SCTPP. Difficult road conditions in Senale *tabia* increased travel time for fieldworkers and respondents. Cooperation with the *tabia* managers and *woreda* social workers ensured that the recruitment of respondents was not compromised. In Abi Adi, the death of Prime Minister Meles on August 21 during the fieldwork in Abi Adi resulted in changes to the fieldwork schedule in order to ensure that all survey instruments could be fielded.

We end by noting that the field testing of the Case Study questionnaires revealed that it is crucial to recruit respondents who speak freely, respond openly to questions, and are not prevented from doing so due to old age or severe disability. In cooperation with the *tabia* chairperson, *tabia* manager, and social worker, the most appropriate respondents were recruited. When the fieldworkers were faced with a reluctance to answer questions, they explained the purposes of the study and emphasized that they were not program or government officials. This was also important in ensuring that respondents felt comfortable in speaking openly.

Annex 2.1: Summary of Qualitative Fieldwork Table

Annex Table 2.1 Summary of qualitative fieldwork

Respondents	Mekelle	Abi Adi	Hintalo – Wajirat town (Adi Gudem)	Hintalo – Wajirat I (May Nebri)	Hintalo-Wajirat II (Senale)	Hintalo-Wajirat III (Bahr Tseba)	Method	Total
Program staff	BOLSA secretariat	WOLSA secretariat, *tabia* chairperson	WOLSA secretariat	*Tabia* chairperson	*Tabia* chairperson	*Tabia* chairperson	Key Informant Interviews	7
Community members		Community group		Community group	Community group	Community group	Participatory Rural Appraisal	4
Social workers		WOLSA social worker, Community social worker	WOLSA social worker	Community social worker	Community social worker	Community social worker	Key Informant Interviews	6
Community Care Coalitions (CCCs)		Community Care Coalitions		Community Care Coalitions	Community Care Coalitions	Community Care Coalitions	Focus Group Discussions	4
SCTPP participants		Participant group (2)		Participant group (2)	Participant group (2)	Participant group (2)	Focus Group Discussions	8
SCTPP nonparticipants		Control group, Comparison group		Control group, Comparison group	Control group, Comparison group	Control group, Comparison group	Focus Group Discussions	8
SCTPP participant household		Participant households		Participant households	Participant households	Participant households	Case Studies	8
SCTPP nonparticipant household		Control group		Control group	Control group	Control group	Case Studies	8
Total	1	14	2	12	12	12		53

Annex 2.2: Respondent Identifier Codes

Tabias

AA	Abi Adi
BT	Bahr Tseba
MN	May Nebri
S	Senale
Pilot	Ara Alemsigeda
M	Mekelle

Respondents

RO	Regional Official
WO	*Woreda* Official
WSW	*Woreda* Social Worker
TO	*Tabia* Official (chairperson)
TSW	*Tabia* Social Worker
CCC	Community Care Coalition
PF	Participants Female
PM	Participants Male
CnF	Control Female
CnFM	Control Female Male (mixed)
CmM	Comparison Male
CmFM	Comparison Female Male (mixed)
CPF	Case Study Participant Female
CPM	Case Study Participant Male
CCnF	Case Study Control Female
CCnM	Case Study Control Male
CCmF	Case Study Comparison Female
CCmM	Case Study Comparison Male

Chapter 3: Characteristics of Community and Households

3.1 Introduction

Understanding important community- and household-level characteristics and endowments is crucial to understanding how programs like the SCTPP influence behavior and subsequent outcomes. This chapter describes the key characteristics and livelihoods of the communities and households in the SCTPP program area.

Chapter 3 begins by discussing community-level resources and capacities, and pinpoints the availability of critical community infrastructures and facilities that directly or indirectly affect the success of the SCT program. These include health, school and communication infrastructure, food security and extension programs, and access to markets. The analysis of such community-level characteristics is based on information gathered from a community-level survey, as well as discussions with key informants at the *tabia* level.

This chapter then characterizes key household characteristics using data collected at the household level. The household-level analysis reports key findings regarding household demographics, wealth, livelihoods, and food security. Details of selected demographic characteristics of both beneficiary and non-beneficiary households included in the sample are discussed along with key household wealth indicators. The livelihood section discusses landownership and operation, crop-livestock production, businesses and off-farm work, and other sources of income, such as transfers. The final sections discuss household food security and semi-formal and informal social protection mechanisms. The chapter then concludes by providing key summaries of the issues discussed in different sections.

3.2 Infrastructure and Community Resources

The quantitative household survey reveals clear differences in terms of infrastructure and community resources between the two *woredas* in this study. Abi Adi is a *woreda* town and Hintalo Wajirat is a rural *woreda* containing a few small rural towns, such as May Nebri and the woreda seat, Adi-gudom. Thus, households from Abi Adi have much greater access to town infrastructure relative to the sample from Hintalo. In addition, Abi Adi sits on the main road from Mekelle to Adwa and Axum, which gives it further access to these two market outlets. In fact, having served as the key market town of the zone in the past, Abi Adi enjoys a future potential of regaining its zone market gravity with increases in agricultural produce in the zone. On the other hand, Hintalo Wajirat is closer to the larger regional capital of Mekelle, and is crossed by the main road from Mekelle to Dessie and Addis Ababa. However, Hintalo has some *tabias* that are far removed from this main road and have less access to even the small rural town markets that fall along it.

A community-level survey instrument that contained a set of questions asked to key informants in the *tabia* has been implanted to assess resources and infrastructures available to the *tabia*. Table 3.1 reports a summary of availability of some of the key facilities at the *tabia*

level. We begin with education facilities. As can be seen from Table 3.1, each *tabia* in the sample has reported availability of at least two primary schools in the *tabia* except *Kebelle* 01 in Abi Adi, which has one primary school (but also has a high school). Interestingly, the rural *tabias* have, on average, 4 primary schools per *tabia*, while the urban *tabias* have an average of 1.7 primary schools per *tabia*. However, *tabias* in rural areas cover much wider area than *tabias* (or *kebelles*) in an urban setting. There are only two *tabias* that contain high schools: Bahr Tseba and *Kebelle* 01. Bahr Tseba has its own high school mainly because it is located further from the towns on the main road to Addis that host other high schools.

The availability of health services varies within the study area. No *tabia* has reported the presence of a hospital within the *tabia*. While each *tabia* has at least one health center or one health post, except *Kebelle* 03 in Abi Adi, none of them have reported the availability of a medical doctor. Further, all of the health posts and one health center are not staffed with nurses. Thus, nurses are available in only three Hintalo *tabias* (Senale, Bahr Tseba, and Adi-keyih).

The availability of mobile coverage has proved particularly important in many remote parts of Africa, so we asked informants whether or not *tabias* covered in the study have adequate mobile phone coverage. On the positive side, all except three *tabias* reported having mobile phone coverage. The bad news is that some of our key informants have pointed to poor and unreliable quality of the coverage in some *tabias*.

Other related facilities often found in rural areas of Ethiopia in recent years are extension services and food security programs, both of which contribute to the well-being of household livelihoods. It is clear from the summary of the information provided by key informants (see Table 3.1) that all rural *tabias* in Hintalo are part of the PSNP and that all of them have extension/development agents (Das) accessible to them. In fact, the average number of DAs in these *tabias* is 3.5, which is higher than the national average of 3. We suspect that the health extension workers in some of these *tabias* are counted as DAs by some of our key informants.

The community survey instrument has also inquired about the water quality and sources that household's use in these *tabias*. Table 3.2 reports summary responses of our key informants. The results indicate that piped water is only available in Abi Adi and in a few *tabias* in Hintalo, namely, Tsehafti and May Nebri. Only Adi-keyih uses spring water and the rest use all other kinds of drinking water resources, including boreholes, water wells, and rivers.

Table 3.1 Infrastructures and facilities available in the *tabia*

Name of *woreda*	Name of *tabia*	Number of primary schools	Number of secondary schools	Number of development agents	Available in tabia?				
					Health post	Health center	Nurses	Productive Safety Net Program	Cell-phone coverage
Hintalo Wajirat	Tsehafti	5	0	3	No	Yes	No	Yes	Yes
Hintalo Wajirat	Adikeyih	4	0	3	No	Yes	Yes	Yes	Yes
Hintalo Wajirat	May Nebri	5	0	3	Yes	No	No	Yes	Yes
Hintalo Wajirat	Gonka	2	0	2	Yes	No	No	Yes	No
Hintalo Wajirat	Sebebera	3	0	5	Yes	No	No	Yes	No
Hintalo Wajirat	Ara Asegeda	5	0	3	Yes	No	No	Yes	No
Hintalo Wajirat	Bahr Tseba	4	1	7	No	Yes	Yes	Yes	Yes
Hintalo Wajirat	Senale	5	0	2	No	Yes	Yes	Yes	-
Abi Adi	*Kebelle* 01	1	1	0	No	Yes	Yes	No	Yes
Abi Adi	*Kebelle* 02	2	0	0	No	Yes	Yes	No	Yes
Abi Adi	*Kebelle* 03	2	0	0	No	No	Yes	No	Yes

Source: Community Survey, 2012.
Note: No doctor in Hintalo but *kebelles* in Abi Adi have reported one each.

Table 3.2 Main sources of drinking water in the sample *tabias*

	Main source of drinking water in the *tabia*		
Name of tabia	**Piped water**	**Spring water**	**Other**
Tsehafti	Yes	No	No
Adi-keyih	No	Yes	No
May Nebri	Yes	No	No
Gonka	No	No	Yes
Sebebera	No	No	Yes
Ara Asegeda	No	No	Yes
Bahr Tseba	No	No	Yes
Senale	No	No	Yes
Kebelle 01	Yes	No	No
Kebelle 02	Yes	No	No
Kebelle 03	Yes	No	No
Total	5	1	5

Source: Community Survey 2012.
Note: Other water sources: boreholes, water wells, rivers.

3.3 Demographics

To understand how the SCTPP affects the lives of its recipients, the household survey gathered information about the economic and social lives of both beneficiaries and non-beneficiaries. This section describes the basic household characteristics and the main facets of household composition in the study area.

The quantitative household survey reveals some substantial differences in household composition by program eligibility status. Table 3.3 lists the weighted mean values of key demographic variables.[4] In all geographic areas, beneficiary houses have smaller households than non-beneficiaries. The former averages between 2.2 to 2.5 members per household, nearly a full member less than the control group households and almost two members less than the random group.

The dependency ratio measures the number of dependents per able-bodied household members. This statistic is commonly used as a rough indicator of the economic burden on household members able to work, and is used as part of the targeting criteria.[5] For this analysis, we consider any adult who is aged 19 to 60 as “able-bodied” if they do not report having any disability. As with household size, beneficiaries have the lowest mean dependency ratio. However, the lower ratio of SCTPP recipients is due in large part to the high number of such households that have zero able-bodied members.[6] In the rural areas, less than half of beneficiary households have even one member considered fit for work by the SCTPP targeting criteria. In contrast, over 90 percent of households in the random group of Abi Adi and the original seven Hintalo Wajirat *tabias* have at least one able-bodied individual.

[4] Throughout the report, all group averages are weighted to account for the oversampling of households with children.
[5] See Chapter 7 for more in-depth analysis on the targeting criteria.
[6] Households with no able-bodied members are omitted from the dependency ratio analysis.

Table 3.3 Household demographics

Household demographic/location	Beneficiary	Control	Random	N
Rural				
Hintalo Wajirat (7 *tabias*)				
Household size	2.46	3.79	5.17	1,921
Dependency ratio	1.75	1.98	1.97	1,244
At least one able-bodied household member (percent)	44.58	73.25	96.06	1,921
Female-headed households (percent)	69.05	44.63	24.41	1,921
Elderly-headed households (percent)	61.03	42.91	9.09	1,913
Child-headed households (percent)	0.34	1.00	0.00	1,913
Household head has any schooling (percent)	9.47	16.62	29.15	1,876
Bahr Tseba				
Household size	2.22	3.14	3.92	465
Dependency ratio	1.64	1.78	1.56	230
At least one able-bodied household member (percent)	32.01	59.50	83.33	465
Female-headed households (percent)	75.70	63.00	39.58	465
Elderly-headed households (percent)	67.16	42.64	23.40	461
Child-headed households (percent)	1.36	5.08	0.00	461
Household head has any schooling (percent)	10.81	17.62	39.13	449
Urban				
Abi Adi				
Household size	2.48	3.40	4.34	1,276
Dependency ratio	1.66	1.90	1.81	892
At least one able-bodied household member (percent)	54.52	81.05	93.08	1,276
Female-headed households (percent)	77.31	67.92	34.62	1,276
Elderly-headed households (percent)	39.49	19.25	16.15	1,272
Child-headed households (percent)	0.92	0.19	0.00	1,272
Household head has any schooling (percent)	30.79	44.91	66.15	1,270

Source: Household survey.

The reason for the differences in household size across program eligibility status can be seen by examining the prevalence of various types of households. Elderly and female-headed houses are much more common among beneficiaries, and relatively less common among the random group. In both Hintalo Wajirat regions, these household types are the majority among beneficiaries. Female-headed houses are most common among beneficiaries in Abi Adi, comprising over three-quarters of this group. Only the random group has female headship rates similar to the national average of 26 percent (Ethiopian Central Statistics Agency 2011).

Child-headed households, defined as a household head younger than 18, are generally quite rare, and do not exist among any random group households sampled in the survey.[7] However, they are relatively more common in Bahr Tseba, where they comprise 1.4 and 5.1 percent of the treatment and control samples, respectively.

Finally, the survey reveals similar patterns with respect to the educational status of the household head. With the exception of the random group in Abi Adi, the majority of household heads in all program eligibility groups and regions have never been to school. Only 10 percent

[7] This may be due to sample design. Random households were drawn from census lists, which may have excluded such household types.

of SCTPP recipients in rural areas have had no schooling. Having any schooling is relatively more common among the random group from all locations and also in Abi Adi, where nearly a third of beneficiaries have been to school.

3.4 Wealth

The household survey gathered information on several dimensions of household economic status. Assessing measures of wealth is critical to determining the SCTPP's progress toward its poverty reduction objective. Tables 3.4 and 3.5 display results for a select portion of indicators involving the condition of the household structure and asset ownership.

Table 3.4 Housing attributes

	Treatment status			
Attribute/location	**Beneficiary**	**Control**	**Random**	**N**
		(percent)		
Roof material				
Abi Adi				
Thatched	8.98	9.76	6.15	1,276
Corrugated metal	77.17	80.68	90.77	1,276
Mud, sand, stone, etc.	13.36	9.38	3.08	1,276
Plastic sheeting	0.49	0.19	0.00	1,276
Hintalo (excluding Bahr Tseba)				
Thatched	49.16	46.63	38.34	1,917
Corrugated metal	29.43	36.38	39.92	1,917
Mud, sand, stone, etc.	19.56	16.38	19.37	1,917
Plastic sheeting	1.85	0.63	2.37	1,917
Bahr Tseba				
Thatched	50.26	40.00	36.17	463
Corrugated metal	46.23	56.50	63.83	463
Mud, sand, stone, etc.	2.57	3.00	0.00	463
Plastic Sheeting	0.94	0.50	0.00	463
Number of rooms in the house				
Abi Adi	1.25	1.38	2.09	1,276
Hintalo (excluding Bahr Tseba)	1.21	1.37	1.53	1,917
Bahr Tseba	1.26	1.51	2.00	463

The most striking aspect of these figures is the uniformity with which these wealth indicators vary by program eligibility status. Without exception, the beneficiary group has the lowest value for each indicator, followed by the control group, and topped by the random group. The pattern suggests that targeting indeed identified households at the lowest rung of the economic ladder, and that those households deemed eligible or borderline for program selection do indeed appear less well off than a random group of households from the same region, but better off than those selected as beneficiaries.

Unsurprisingly, urban dwellers of any eligibility status had higher rates of corrugated metal roof material than among any rural group. Over three-quarters of Abi Adi beneficiary households had a metal roof, while only 29 percent of non-Bahr Tseba rural households had the

same. However, no clear urban/rural divide was apparent for the number of human-inhabitable rooms in the primary dwelling. Beneficiary households averaged approximately 1.25 rooms in all locations. Only for the random group did a substantial difference emerge, where urban households averaged 2 rooms per house.

Table 3.5 Asset ownership

	Treatment status			
Asset/*woreda*	**Beneficiary**	**Control**	**Random**	**N**
		(percent)		
Owns any animals				
Abi Adi	14.87	18.36	32.15	1,276
Hintalo (excluding Bahr Tseba)	28.89	56.02	79.47	1,918
Bahr Tseba	13.83	32.38	49.96	463
Metal beds owned				
Abi Adi	0.80	1.03	1.48	1,276
Hintalo (excluding Bahr Tseba)	0.09	0.11	0.16	1,918
Bahr Tseba	0.05	0.17	0.32	463
Mobile phones owned				
Abi Adi	0.18	0.35	0.94	1,276
Hintalo (excluding Bahr Tseba)	0.02	0.05	0.07	1,918
Bahr Tseba	0.03	0.04	0.13	463

The variation in economic conditions can also be seen by examining a few selected measures of asset ownership. Rates of any livestock ownership in in the original seven *tabias* of Hintalo Wajirat and in Bahr Tseba average 29 percent and 14 percent, respectively, among beneficiaries. Thus, less than a third of rural household that receive SCTPP benefits possess any productive animal assets. For both locations, those figures approximately double for control households (to 57 and 32 percent), then increase further still by approximately 50 percent among the random group (79 and 50 percent). These results suggest major differences in the ability to both generate income and weather shocks (via the sale of “buffer” assets) for households that meet the SCTPP targeting criteria and those which do not.

The economic divide based on program eligibility status is further evidenced in the ownership of simple household assets, such as a metal bed. Overall ownership of such beds is quite low in rural areas, as no group possesses an average of over a third of a bed per household. Rural beneficiaries average even less—fewer than a tenth of a bed. In Abi Adi, the number of beds varies by group from 0.8 to 1.5 per household.

Mobile phone ownership was also not very common among all but the urban random group, which averaged nearly one phone per household. Mobile phone penetration was very low in rural areas. Even the random group averaged approximately one-tenth of a phone per household. These low figures should not be surprising, due to the poor quality of the mobile phone coverage in the rural *tabias* served by the SCTPP.

3.5 Livelihoods

This section describes the state of households' livelihoods as observed through some key indicators included in the quantitative household survey. For ease of presentation, these indicators are summarized in three groups: landownership and operation, crop-livestock production; own business and off-farm work, and transfers. These are presented in subsections below.

3.5.1 Landownership, operation, and crop-livestock production

The household survey instrument incorporated several questions on land and its operation status, type of crops grown, use of improved inputs (e.g., chemical fertilizers and improved seeds), livestock ownership, and access to credit. We begin by looking at the landownership and operation of the household, which is summarized in Table 3.6. Agriculture land in Ethiopia is largely owned by rural residents and therefore the discussion in this subsection is focused on Hintalo. Although a nonnegligible number (7-10 percent) of households have reported they do not own any land, the majority of households in Hintalo (Bahr Tseba included) have reported that they own some land. This is similar across treatment status as well as location. Interestingly, landownership does not vary across treatment groups, but who operates it varies substantially between the treatment and comparison groups. Approximately three-quarters of beneficiary households in Hintalo (Bahr Tseba included) reported that they had sharecropped out their land as compared to 40-54 percent for the control and 15-40 percent for the random households in the same location. Some beneficiary and non-beneficiary households have also reported that they rent out their land, but still this figure is slightly lower for the latter. Some households in all locations, particularly in Abi Adi, seem to sharecrop in land, but in the same fashion this figure is lower for beneficiary households in all locations. These results are not surprising, given that beneficiary households more often lack the required resources, such as labor, draft animals, and liquidity, needed to operate their land by themselves, and that the survey asked about the agricultural season not long after they had become beneficiaries of the program. It would thus be interesting to follow up on possible changes on this outcome in future surveys as the benefits from this program mature over time.

It is also worth mentioning that a substantial number of households (26 percent of beneficiaries) from Abi Adi own agricultural land and, not surprisingly, the majority of them sharecrop out (80 percent) or rent out (3 percent) their parcels.

Table 3.7 reports on the percentages of households that produce the four most important crops and the percent of food crops sold. While households in Bahr Tseba are largely wheat and barley producers, households in the rest of Hintalo most commonly produce sorghum. There is not much distinction between households by treatment status when it comes to what they produce. However, as compared to the control and random groups, beneficiary households in Hintalo tend to sell smaller proportion of their food crops. The random households (5.2 percent) seem to sell the least in Bahr Tseba.

Table 3.6 Operating status of land parcels

Status	Beneficiary	Control	Random	Valid cases (N)
		(percent)		
Hintalo (excluding Bahr Tseba)				
Percentage of agricultural landowners	93.2	93.3	89.4	1,919
Not leased or rented out and in production	20.0	57.2	81.1	4,048
Not leased or rented out and not in production (fallow)	0.1	0.9	0.7	4,048
Rented out	1.4	0.3	0.2	4,048
Sharecropped out	77.0	40.2	14.9	4,048
Loaned/gifted out	0.0	0.0	0.0	4,048
Rented in	0.4	0.0	0.7	4,048
Sharecropped in	0.3	0.5	2.1	4,048
Received via loan/gift	0.0	0.1	0.2	4,048
Other	0.3	0.3	0.0	4,048
Not applicable	0.5	0.5	0.0	4,048
Bahr Tseba only				
Percentage of agricultural landowners	93.2	91	87.5	465
Not leased or rented out and in production	20.7	42.2	56.5	4,048
Not leased or rented out and not in production (fallow)	1.2	0.8	0.0	4,048
Rented out	2.5	1.2	1.6	4,048
Sharecropped out	71.8	53.5	40.3	4,048
Loaned/gifted out	0.0	0.0	0.0	4,048
Rented in	0.0	0.0	0.0	4,048
Sharecropped in	1.3	0.0	1.6	4,048
Received via loan/gift	0.0	0.0	0.0	4,048
Other	0.0	0.4	0.0	4,048
Not applicable	2.7	2.0	0.0	4,048
Abi Adi				
Percentage of agricultural landowners	26.2	22.0	17.7	1,276
Not leased or rented out and in production	7.8	21.9	29.6	4,048
Not leased or rented out and not in production (fallow)	6.41	3.9	0.0	4,048
Rented out	3.23	3.1	0.0	4,048
Sharecropped out	79.6	67.2	59.3	4,048
Loaned/gifted out	0.0	1.6	0.0	4,048
Rented in	0.0	0.0	0.0	4,048
Sharecropped in	1.34	2.3	11.11	4,048
Received via loan/gift	0.47	0.0	0.00	4,048
Other	0.60	0.0	0.00	4,048
Not applicable	0.55	0.0	0.00	4,048

Source: Household survey.

Households were also asked if they used modern agricultural inputs such as chemical fertilizers, DA advisory services, improved seeds, or credit. Table 3.8 reports whether the households who operated at least one plot used fertilizer or improved seeds, and whether the former was purchased on credit. The pattern by program eligibility status differs in the original seven *tabias* of Hintalo and in Bahr Tseba. In the former, use of fertilizer and seeds are highest among the land operators of the random group and lowest among the beneficiaries. However, in Bahr Tseba, rates of fertilizer and seed use do not vary much by eligibility status.

Interestingly, while fertilizer use is lower overall in Bahr Tseba, improved seed use (18 percent) is over 200 percent higher than in the rest of Hintalo.

Table 3.7 Crop production and sales

	Beneficiary	Control	Random	Valid cases (N)
		(percent)		
Hintalo (excluding Bahr Tseba)				
Teff producers	16.0	19.5	21.6	1,770
Barley producers	31.6	32.7	38.8	1,770
Wheat producers	29.2	34.8	35.7	1,770
Sorghum producers	56.8	64.7	68.7	1,770
Food crops sold	6.8	11.1	9.9	1,772
Bahr Tseba only				
Teff producers	14.7	16.9	16.7	427
Barley producers	36.6	48.9	52.4	427
Wheat producers	41.1	46.7	47.6	427
Sorghum producers	19.7	17.9	21.4	427
Food crops sold	8.6	8.2	5.2	429

Source: Household survey.

Table 3.8 Household agricultural input use, by land operators and extension visits

	Beneficiary	Control	Random	N
		(percent)		
Hintalo Wajirat (7 *tabias*)				
Used dap or urea	33.70	44.28	49.73	764
Bought dap or urea on credit	65.83	74.55	74.75	433
Used improved seeds	5.58	4.74	8.11	763
Visited by DA	17.96	37.99	47.35	1,769
Bahr Tseba				
Used dap or urea	29.17	28.99	27.27	133
Bought dap or urea on credit	60.12	71.05	42.86	77
Used improved seeds	18.07	18.84	18.18	133
Visited by DA	11.94	22.95	38.10	428

Source: Household survey.
Note: Households that do not operate any parcels are excluded from first three indicators. Dap = diammonium phosphate; DA = extension/development agent.

Households were also asked about their experience with extension/development agents (DAs). In Hintalo (excluding Bahr Tseba), beneficiary households seem to have less access to or use of DA visits. For example, only 18 percent of beneficiary households were visited by DAs last year, while 47 percent of the random and 38 percent of the control households received DA visits. Generally, use of or, possibly, access to extension services seem consistently lower in Bahr Tseba than the rest of Hintalo. However, there too, far less beneficiary households have reported they use these services.

In crop-livestock mixed farming systems, livestock ownership constitutes a critical component of livelihood, serving as both store of asset and liquidity. Even more important is that livestock is a key source of draft animals and that households that lack such key resource are doomed to fail, as they often miss the critical planting days. The quantitative survey

contained a set of questions on livestock asset ownership and incomes derived from livestock sales. Table 3.9 summarizes average number ownership of specific animals by each group in each location. The general observation is that average livestock ownership is marginally lower across locations and treatments status. We first look at average oxen ownership, a key animal for crop production. As in other findings, comparing across locations in Hintalo, households in Bahr Tseba are less likely to own oxen and beneficiary households in this *tabia* are far less likely to own oxen. There are also some slight differences across treatment status of households in Hintalo and Bahr Tseba. For example, in Hintalo, an average beneficiary household owns close to a quarter of an ox, while an average control household owns close to half of an ox, and an average random household owns close to three-quarters of an ox. Obviously, very few households own oxen in Abi Adi as sustaining an ox requires grazing area that is less likely to exist in towns.

Table 3.9 Average number of livestock owned, by households

Location/indicators	Beneficiary	Control	Random	Valid vases (N)
Hintalo (excluding Bahr Tseba)				
Cows/bulls of any type per household	0.08	0.10	0.18	907
Donkeys/mules/camels per household	0.18	0.29	0.49	905
Oxen per household	0.24	0.46	0.75	916
Sheep/goats per household	0.37	0.48	0.89	905
Bahr Tseba only				
Cows/bulls of any type per household	0.06	0.07	0.12	112
Donkeys/mules/camels per household	0.15	0.20	0.33	111
Oxen per household	0.21	0.32	0.60	115
Sheep/goats per household	0.14	0.61	0.83	111
Abi Adi				
Cows/bulls of any type per household	0.04	0.06	0.16	214
Donkeys/mules/camels per household	0.01	0.10	0.39	212
Oxen per household	0.01	0.08	0.08	212
Sheep/goats per household	0.73	0.68	0.92	213

Source: Household survey.

3.5.2 Businesses and Other Nonfarm Activities

In the quantitative household survey, households were asked if any household member was engaged in any business activity (e.g., crafts, trade, food processing) or any other paid activity outside of the household, either for cash or in-kind payment. Results are summarized in, respectively, column 1 and 2 of Table 3.10. Compared to those in Abi Adi, only a small percentage of households in Hintalo engage in business activities. For example, 34 percent of beneficiary households in Abi Adi as opposed to 3 percent in Hintalo (4 percent in Bahr Tseba) are engaged in business activity. The percentage of non-beneficiary households engaged in business activity is relatively higher for Bahr Tseba than for the rest of Hintalo. In sum, comparing the beneficiary households against the rest, beneficiary households in both Hintalo and Abi Adi are far less involved in business activities than the control or random households: only 10 percent of beneficiary households and 21 percent of control and 22 percent of random households are engaged in such business activities.

Table 3.10 Own business and nonfarm activities

Categories	Household engaged in entrepreneurial activities	Household has at least one member working outside of the household for cash/in-kind payment	Valid cases (N)
		(percent)	
Full sample			
Beneficiary	9.7	10	1,693
Control	21	15	1,531
Random	22	19	430
Hintalo (except Bahr Tseba)			
Beneficiary	3	3	864
Control	7	4	800
Random	8	8	253
Bahr Tseba only			
Beneficiary	4	3	217
Control	11	5	197
Random	21	4	47
Abi Adi			
Beneficiary	34	22	612
Control	46	37	534
Random	50	46	130

Source: Household survey.

Households were also asked if they were involved in other nonfarm activities in the form of paid labor outside of the household: they were asked if at least one household member worked outside of the household in the last one year for cash or in-kind payments. Results, reported in column two of Table 3.10, indicate that only 10 percent of beneficiary households, as compared to 15 percent of the controls and 19 percent of the random households are engaged in this type of off-farm work. Note also that this is even inflated by the high percentage of households participating in such paid work in Abi Adi. Otherwise, the rural proportions are small, ranging from 3–8 percent, the lower end being for the beneficiary households, which constitute the most labor constrained group among the three treatment status groups. This seems to be consistent even in Abi Adi—the percentage of beneficiary households that reported they had participated in this type of activity is lowest among the three groups of households.

Table 3.10 hides a great deal of information regarding the types of businesses activities households are engaged in and the extent to which these activities are meaningful in the household income stream. To get a better sense of these issues, Tables 3.11 and 3.12 summarize more detailed information on off-farm economic activities. Table 3.11 summarizes the percentage of households who were involved in the five most common activities and Table 3.12 presents the average earnings from these activities in the most profitable month for the household by location and treatment status.

Table 3.11 Households involved in the five most common business activities (percent)

	Weaving/ spinning	Handicraft (e.g., pottery)	Agricultural goods (grain, banana, pepper, etc.) trade	Non-agricultural (retail) goods trade	Tella (local beer)	Valid cases (N)
Full sample						
Beneficiary	35	33	21	6	25	194
Control	20	17	21	7	36	247
Random	19	1	33	13	33	69
Hintalo (except Bahr Tseba)						
Beneficiary	14	19	29	–	38	21
Control	11	35	15	7	33	46
Random	7	29	14	–	50	14
Bahr Tseba only						
Beneficiary	–	22	44	–	33	9
Control	–	18	55	–	27	11
Random	10	–	10	30	50	10
Abi Adi						
Beneficiary	40	11	19	7	23	164
Control	24	12	20	7	37	190
Random	27	–	40	9	24	45

Source: Household survey.

Table 3.12 Average earnings in the most profitable month from the five most common business activities

	Weaving/ spinning	Handicraft (e.g., pottery)	Agricultural goods (grain, banana, pepper, honey, etc.) trade	Non-agricultural (retail) goods trade	Tella (local beer)	Valid cases (N)
Full sample						
Beneficiary	166	168	238	6	173	194
Control	225	216	285	7	225	247
Random	360	949	–	13	432	69
Hintalo (except Bahr Tseba)						
Beneficiary	120	176	160	–	153	21
Control	375	197	253	7	161	46
Random	–	–	1,363	–	629	14
Bahr Tseba only						
Beneficiary	–	42.5	226	–	167	9
Control	–	125	205	–	143	11
Random	120	–	550	30	293	10
Abi Adi						
Beneficiary	155.6	216.5	264.5	7.0	182.1	164
Control	212.1	238.9	305.6	7.0	244.1	190
Random	381.8	–	875.3	9.0	369.8	45

Source: Household survey.

For the full sample, beneficiary households seem to be mostly involved in weaving (or spinning) (35 percent), local beer (25 percent), and trade in agricultural goods (21 percent). For

the rest of the households, local beer and agricultural goods trade come before weaving (or spinning). When disaggregated by location, for beneficiary households, weaving (or spinning) remains the first most important business activity in Abi Adi (40 percent), local beer becomes the first most in Hintalo (38 percent), and agricultural goods trade becomes the first most in Bahr Tseba (44 percent). These activities do not necessarily remain the same for the other groups and no strong pattern of these activities across treatments and locations emerges.

In terms of average income flow in the most profitable month, agricultural goods trade contributes slightly higher averages for beneficiary households in all locations except in Hintalo, in which case handcrafts become important. Perhaps the most important message from Table 3.12 is that, across locations, average earnings from business activities are consistently lower for beneficiary households than for the control or random households. However, these slight differences in gross average business incomes should be interpreted cautiously.

3.5.3 Transfers

In addition to income from main economic activities, households also depend on a number of other income sources ranging from informal risk-sharing groups and reciprocal relationships between friends, relatives, and neighbors, to formal government sources (e.g., PSNP and pensions) or nongovernmental organization (NGO)-based transfers. The survey instrument included a range of questions regarding such transfers to the household in the year preceding the survey. In Chapter 7, the PSNP transfers of the survey sample are discussed in detail. In this section, Table 3.13 reports a summary of other transfers grouped into three broad categories: pensions, non-PSNP government or NGO transfers, and informal transfers from friends or relatives.

Large proportions of households in Abi Adi, regardless of their treatment status, have reported that they receive transfers from friends and relatives. It appears that in the absence of the PSNP (which is not active in urban areas), transfers that involve informal risk-sharing (i.e., transfers from friends and relatives) are widely prevalent relative to the rural settings of Bahr Tseba and the rest of Hintalo. Consistent with these percentages, average informal transfers are also more than twice as high in Abi Adi than in Hintalo (see last column of Table 3.13). Such difference between the two locations may also stem from practical barriers to exchange, such as the remoteness and inhibiting topography in some of the villages in Hintalo. It should also be noted that 13 percent of the control and 9 percent of the urban random households are pensioners.

Table 3.13 Access to other formal and informal transfers and average transfers

	Households that received transfers in the last 12 months from			
	Government pension	Other government/ NGO transfers	Friends or relatives	Amounts of transfers from friends and relatives
		(percent)		(birr)
Full sample				
Beneficiary	1.6	1.6	17.0	602
Control	6.0	2.8	1.0	697
Random	3.7	4.0	21.0	2,050
Hintalo (except Bahr Tseba)				
Beneficiary	1.0	2.0	4.0	451
Control	2.0	4.0	1.0	352
Random	1.0	6.0	6.0	293
Bahr Tseba only				
Beneficiary	4.0	2.0	7.0	388
Control	4.0	3.0	4.0	346
Random	2.0	9.0	11.0	654
Abi Adi				
Beneficiary	1.0	1.0	24.0	743
Control	13.0	2.0	22.0	852
Random	9.0	0.0	27.0	2,829

Source: Household survey.

3.6 Food Security

The quantitative survey gathered responses to several questions concerning the ability of households to meet their food needs. Table 3.14 displays statistics from several of these variables.

Table 3.14 Household food security

		Beneficiary	Control	Random	N
Rural	Hintalo Wajirat (7 *tabias*)				
	Months of food insecurity	2.76	2.53	1.98	1,909
	Child meals per day	2.58	2.67	2.89	1,217
	Adult meals per day	2.21	2.33	2.48	1,882
	One or zero meals per day (percent)	10.47	5.13	7.09	1,921
	Bahr Tseba				
	Months of food insecurity	3.45	3.15	2.20	458
	Child meals per day	2.03	2.52	2.71	281
	Adult meals per day	2.06	2.23	2.48	452
	One or zero meals per day (percent)	13.68	10.50	4.17	465
Urban	Abi Adi				
	Months of food insecurity	1.68	1.68	0.38	1,275
	Child meals per day	2.42	2.78	3.09	799
	Adult meals per day	2.44	2.56	2.86	1,206
	One or zero meals per day (percent)	10.15	6.38	3.08	1,276

Source: Household survey.

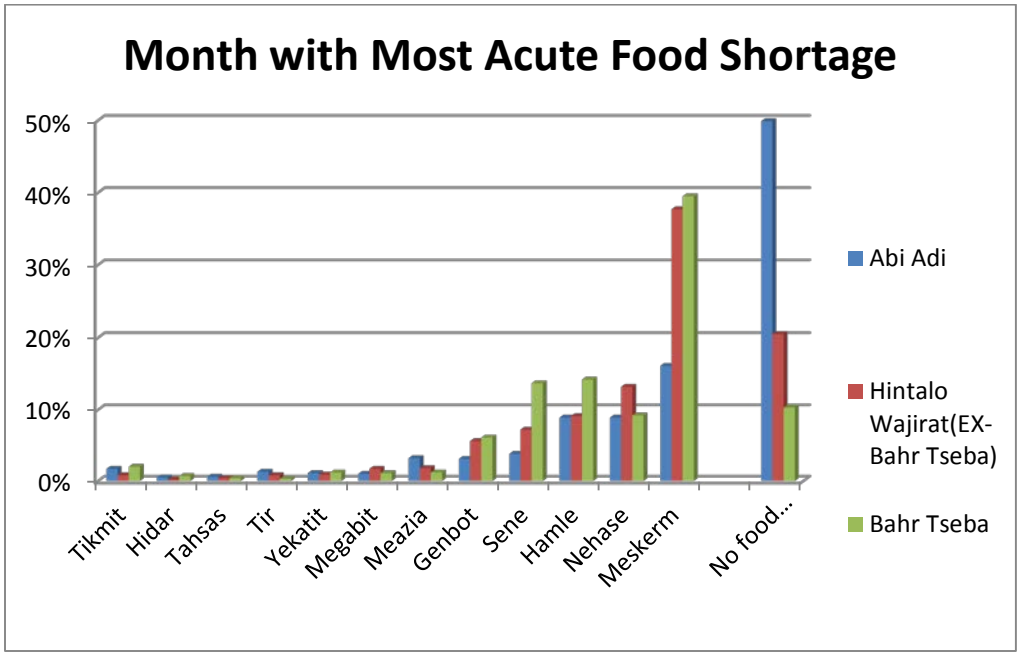
Results indicate that, on average, households in Bahr Tseba experienced the most months of food insecurity, with residents in Abi Adi recording the least. The beneficiary and control groups in Bahr Tseba reported the longest duration of problems meeting household

food needs: 3.45 and 3.15 months, respectively. Among both beneficiary and control groups, self-reports of food insecurity duration were 20 percent longer in Bahr Tseba than in the rest of Hintalo-Wajirat. Furthermore, for both rural groupings, food insecurity duration lasted nearly 10 percent longer for beneficiaries than control households, despite no average differences between these eligibility groups in Abi Adi. The random group suffered comparatively less food insecurity in all regions, particularly the urban area of Abi Adi.

Across all age groups and program eligibility groupings, the average number of meals per day for both children and adults ranges between two and three. Households in Bahr Tseba reported enjoying fewer meals per day than in both the rest of Hintalo Wajirat and in Abi Adi. Both children and adults in beneficiary households in Bahr Tseba reported consuming an average of two meals per day. Beneficiary groups in Bahr Tseba also reported the highest prevalence of households where either adults or children consumed less than two meals per day (13.7 percent). Echoing the results found for the duration of periods of food insecurity, the random group in each region reported the highest number of meals per day: in Abi Adi, 3.1 and 2.9 for children and adults, respectively, and 2.9 and 2.5, respectively, in Hintalo (7 *tabias*).

Figure 3.1 plots the months of year that respondents reported difficulty to satisfy their food needs. The months beginning with Sene and ending with Meskerem stand out as the peak food insecurity period for respondents in all survey areas. Meskerem, in particular, was cited most often as a problematic month for the food needs of the respondents. As in the previous measures of food insecurity, the incidence of lean months is highest in Bahr Tseba, slightly lower in the rest of Hintalo Wajirat, and approximately half as frequent in Abi Adi. Interestingly, very little difference emerges between control and beneficiary households in Hintalo Wajirat in terms of self-reports of food insecurity during the peak lean season.

Figure 3.1 Food insecurity calendar



3.7 Informal Social Safety Nets at the Community and Household Level

Our qualitative survey work focused on two aspects of informal social safety nets at the community level: (1) community support, and (2) semi-formal social protection mechanisms. Community support refers to unorganized and spontaneous support between households in a given community; semi-formal social protection mechanisms are more structural forms of support at community level. In this section, we report on results from our qualitative work on these topics. We complement this with data collected as part of the quantitative household survey. Finally, we provide some descriptive data on assistance provided to elderly households.

3.7.1 Community support

Community members and households support each other in many ways. Community support is taking place in both the urban area of Abi Adi and the rural *woredas*, without much differentiation between those areas. The type of support usually consists of cash or grain. The informal support networks at community level were said to have a long history.

In response to the question, "Are there groups of households within this community that support each other? If so, how do they support each other?," members of the community replied:

> *Yes, we have a culture on social cooperation to help each other in terms of cash, grain, and labor* [PM/MN].
>
> *Yes, there is community support to needy households through cash and grain that stayed for long time, starting from our ancestor* [CmM/MN].
>
> *The community has long-time culture to support each other, mainly during holidays and harvesting times* [PM/S].

Individual members of the community may support other members directly by providing cash or grain, but in most cases cash or grain collection takes place at the community level, which can be facilitated by the CCC, *tabia* chairman, or extension workers.

> *The leaders of development groups and the health extension workers collect grain and cash for poor mother during the time of delivery* [PF/S].
>
> *Yes, the* tabia *administration collects money or grain from the community and helps poor people in need of support* [PF/BT].
>
> *For example, health extension workers raise some grains from community and distribute to HIV victims* [PF/MN].
>
> *We contribute grain through women's association and I gave 2 clothes to the CCC* [CmFM/AA].

The majority of the support is directed toward poor households or sick and elderly community members. Persons living with HIV were also mentioned as being particularly supported by the community.

> *Yes, there are supports from the community mainly in cash to assist poor and sick households* [PM/AA].

> *The community used to support HIV/AIDS victims, elder with no support and orphan by contributing cash and grain* [PM/MN].

Unsurprisingly, the majority of material support appears to flow from the rich to the poor households, rather than between poor households or from rich to poor households. Although support from rich to poor households consists largely of cash and grain donations, the sharing of oxen and provision of labor was also mentioned.

> *Yes, there are groups of households that support each other. We have a culture of supporting each other, especially providing labor and oxen to support the elderly and disabled. If there is an accident and someone's property is destroyed, we support that family in cash and in kind* [CCC/Pilot].

> *I usually support poor households through grain and oxen sharing. I give oxen freely to three households this year to plough their farmlands* [CmM/S].

Respondents also indicated that the provision of support from rich to poor households is larger around holy days or big holidays.

> *We have a culture on social cooperation to help each other, mainly in big holidays (X-Mass, Easter, New Year) rich households support to the poor in cash* [PM/AA].

> *Yes, during holydays, better-off people support the poor people by providing something to eat, drink, and wear* [PM/BT].

However, poor households also support each other. Poor households may not be able to provide cash support to others but can help with labor or provide care for sick or elderly people. Support from poor-to-rich households was framed in terms of the provision of labor.

3.7.2 Semi-formal social protection mechanisms

A range of different informal social protection mechanisms can be found in both Hintalo and Abi Adi. As part of the qualitative survey, respondents were asked about participation in (1) *iddir*, (2) *equub*, (3) labor cooperation, (4) oxen pairing for ploughing, (5) sharecropping, (6) renting out land, (7) cooperative, (8) farmers' association, (9) religious associations, and (10) other mechanisms. The overall sense we got from the qualitative work was that participation in such mechanisms was lower in Abi Adi than in Hintalo Wajirat. Beyond contributions to *iddir* and *equub*, participation in informal social protection mechanisms in Abi

Adi is limited. Participation in religious associations in micro and small enterprises were mentioned by a few respondents.

One objective of the evaluation is to assess the extent to which the SCTPP influences the social participation of beneficiaries. By providing recipients with basic means, the SCTPP may allow them to engage in previously inaccessible activities and groups. For this reason, the quantitative household survey also asked respondents about their participation in three social groups, each of which contain elements of informal social insurance: the *equub* (savings association), *iddir* (burial society), and *mahber* (celebration society). Each of these social groups involves reciprocal resource sharing, and thus may be difficult for the extremely poor to access.

Table 3.15 lists participation rates in each of these groups by location and SCT eligibility status. Respondents were asked if any household member belonged to each of these groups. In the rural areas, the most common association is the *mahber*. In the original seven *tabias* of Hintalo Wajirat, *mahber* participation rates range from a low of 40 percent among beneficiaries to a high of 61 percent in the random group. In Abi Adi, the *mahber* participation rates are much lower, ranging from 11 to 25 percent in each grouping. Conversely, *equub* membership was much higher in the urban areas. In Abi Adi, participation ranged from 11 to 25 percent, while the rates in the original seven *tabias* of Hintalo Wajirat ranged from 4 to 16 percent. For *iddir* membership, the original seven *tabias* of Hintalo Wajirat lag behind both Abi Adi and Bahr Tseba. The highest *iddir* membership rates for SCTPP beneficiaries occur in Bahr Tseba, where 17 percent reported a household member participating, while the comparative figures in Abi Adi and the original seven *tabias* of Hintalo are 11 percent and 5 percent, respectively. However, the random sample group in the urban area has 46-percent *iddir* membership.

Table 3.15 Percentage of households participating in social groups

	Beneficiary	Control	Random	N
Abi Adi				
Iddir membership	11.23	23.08	46.15	1,275
Equub membership	10.09	18.05	33.85	1,275
Mahber membership	11.22	18.61	25.38	1,275
Hintalo Wajirat (7 *tabias*)				
Iddir membership	5.34	9.89	13.44	1,916
Equub membership	4.14	7.01	15.87	1,911
Mahber membership	39.70	54.15	61.26	1,912
Bahr Tseba				
Iddir membership	17.39	25.50	23.40	461
Equub membership	3.15	5.61	19.15	457
Mahber membership	23.09	28.35	42.55	453

Source: Household survey.

For virtually every social group and location, participation varies monotonically with program eligibility status. Beneficiaries have the lowest rates, the control group the second lowest, and the random group the highest. Similar patterns were observed during qualitative fieldwork. This confirms the hypothesis that those eligible to receive SCTPP benefits are less likely to participate in common social groups. The differential gap between beneficiaries and

non-beneficiaries does not appear to vary strongly between areas where the SCTPP was in operation at the time of the survey and in Bahr Tseba. Consequently, no immediate conclusions about the effect of the SCTPP on social inclusion can be drawn at this stage.

In the qualitative work we explored how the SCTPP might be affecting participation in these informal support mechanisms. Many say nothing has changed, largely because the transfers are not very high. Others emphasize that the SCTPP helps the community to help each other and that it strengthens social cooperation as there are more resources in the community to be shared. This allows for the community to also help households that are excluded from the SCTPP.

> *Since the amount of the SCTPP is not enough, we continue to support and it does not affect the existing social cooperation* [CmM/BT].

> *In fact, the community support to households participating in the program is interrupted and focused on eligible nonparticipants. Such approach has strengthens the social cooperation among households* [PF/MN].

> *The SCTPP is supporting to solve some problems of the participants but not totally alleviated. So we believe that the existing support to continue and we are working on that* [CmM/S].

The SCTPP does not seem to have changed the various semi-formal social protection mechanisms. If anything, the program strengthens those systems as community members now have more to contribute.

> *All people in this* tabia *are from one community, we all know each other and we are one family. So it was our burden to help the socially needy. But now the SCTPP is helping us with our burden. It is helping us solve our problem. Not only the beneficiaries but also we who are out of the project are benefiting. The project is doing some of our work for us* [CCC/Pilot].

> *Yes, the SCTPP has strengthened the existing social cooperation mechanism because it reduces social burdens* [PM/AA].

The SCTPP does not seem to have created tension or jealousy between community members. Both participants and nonparticipants from the control group indicate that they do not hold any negative feelings toward other community members.

> *No tension was created among households. We are happy to see that poor people are benefiting from the project* [CnF/BT].

Many respondents did point to the fact that the exclusion of eligible households from the program led to tensions between *tabia*/*kebelle* officials, CCC members, and the community. This tension was mentioned by social workers, CCC members, and participating and

nonparticipating households. The tension appears to have been largest at the time of targeting and to have subsided since then.

> *At the initial stage there was high tension between the large portion of community and the* kebelle *administrations with complaints on targeting process but the problem was later solved and there is no any problem now* [WSW/AA].

> *It does not create any tension among households because the targeting process was fair and transparent. In fact, there were many complaints from the excluded households for not participating in the program and the tension was between* tabia *CCC and excluded households* [TSW/BT].

> *No tension was created among households but the tension was between the* tabia *officials and the excluded households due to the quota* [CnF/S].

Other concerns that were raised refer to the SCTPP causing dependency, double participation in SCTPP and PSNP (which appears relevant for the newly added *tabia* Bahr Tseba only) and intrahousehold tensions following divorce or separation.

> *There is no tension created between household but we are afraid that SCTPP creates some dependency syndrome. There is also a need from few households to get double benefits from both PSNP and SCTPP* [WSW/MN].

> *In few households there was intrahousehold tension in case of divorce in relation to the sharing of the basic support (155 Birr)* [WSW/MN].

3.7.3 Informal social protection and the elderly

Our quantitative survey instrument included a set of questions about informal support to the elderly. Table 3.16 reports on a number of these outcomes: assistance with fetching firewood and water, help with cleaning the home, and assistance with meal preparation. It also includes reports from a perceptual question, "How attentive is your extended family to your needs?" Results are reported by location and beneficiary status.

Beginning with the top panel, we see that assistance to elderly with these tasks is slightly higher in Hintalo Wajirat than in Abi Adi. More striking, however, is the difference by beneficiary status, with elderly households receiving the SCTPP reporting higher levels of assistance than control households. This is especially marked for the most arduous task, the collection of firewood and water. Interestingly, despite this higher level of assistance, SCTPP beneficiaries do not report that their extended family is more likely to be attentive to their needs in either Abi Adi or Hintalo. Elderly households in the random sample are more likely to agree with this statement.

Table 3.16 Informal support to the elderly, by beneficiary status and location

Outcome	Location		Beneficiary	Control	Random	Sample size
Mean days helped with fetching water and firewood	Abi Adi		1.0	0.6	0.9	554
	Bahr Tseba		1.7	0.4	1.0	1,152
	Hintalo (excl Bahr Tseba)		1.7	0.4	1.0	1,152
Mean days helped with cleaning house	Abi Adi		1.0	0.7	1.0	554
	Bahr Tseba		1.2	0.9	1.1	289
	Hintalo (excl Bahr Tseba)		1.2	0.0	1.1	1,152
Man days helped with cooking meals	Abi Adi		0.7	0.5	0.4	554
	Bahr Tseba		1.1	0.2	0.8	1,153
	Hintalo (excl Bahr Tseba)		1.1	0.2	0.8	1,153
Perception that extended family is attentive to needs	Abi Adi	Strongly disagree	2.5%	1.2%	0.0%	553
		Disagree	14.9	11.1	0.0	553
		Slightly disagree	7.7	6.4	0.0	553
		Neither agree nor disagree	12.7	11.1	2.9	553
		Slightly agree	14.8	18.7	17.7	553
		Agree	44.1	49.1	73.5	553
		Strongly agree	3.3	2.3	5.9	553
	Bahr Tseba	Strongly disagree	0.5	1.8	0.0	289
		Disagree	9.0	5.3	13.3	289
		Slightly disagree	7.4	6.1	0.0	289
		Neither agree nor disagree	9.0	3.5	0.0	289
		Slightly agree	20.6	16.7	13.3	289
		Agree	49.7	64.0	66.7	289
		Strongly agree	3.9	2.6	6.7	289
	Hintalo (excluding Bahr Tseba)	Strongly disagree	1.1	0.6	0.0	1,151
		Disagree	10.9	10.0	5.0	1,151
		Slightly disagree	3.1	3.1	2.5	1,151
		Neither agree nor disagree	4.8	4.5	5.0	1,151
		Slightly agree	16.0	19.6	22.5	1,151
		Agree	58.7	55.4	55.0	1,151
		Strongly agree	5.4	6.8	10.0	1,151

Source: Household survey.

3.8 Summary

The analysis presented in this chapter summarizes the demographic conditions and economic lives of the survey sample. The findings are consistent with the idea that beneficiary households face challenging conditions for achieving sufficient levels of economic productivity due in large part to demographic factors. This difficulty is borne out in a wide variety of social and economic indicators.

Chapter 4: Characteristics of Children and Mothers

4.1 Introduction

Objectives of the SCTPP include improving children's school enrolment and attendance as well as their health and nutrition. In this chapter, we provide descriptive statistics on these outcomes based on the quantitative household survey conducted in May and June, 2012. In addition, we provide descriptive statistics on elements of maternal health.

4.2 Children's Anthropometry and Nutrition

During the quantitative survey, children under six years old were measured and weighed in order to track the nutritional status of young children. Inadequate nutritional status is an important issue in Ethiopia, and tracking anthropometric measures is an effective way to identify children susceptible to poor growth and development.

Results from the three anthropometric indices displayed in Table 4.1 are calculated using the 2006 WHO growth standards. The mean score by gender of each index is listed, followed by the percentage of children whose growth is less than two standard deviations from the median reference population.

Table 4.1 Anthropometric status, by sex and location

	Male	Female	N
Abi Adi			
Mean height-for-age	-1.85	-1.75	349
Stunting prevalence (percent)	52.93	46.41	349
Mean weight-for-height	-0.32	-0.23	367
Wasting prevalence (percent)	12.19	8.05	367
Mean weight-for-age	-1.27	-1.26	375
Underweight prevalence (percent)	29.68	27.52	375
Hintalo Wajirat (7 Tabias)			
Mean height-for-age	-1.98	-2.04	416
Stunting prevalence (percent)	51.15	54.39	416
Mean weight-for-height	0.14	0.07	451
Wasting prevalence (percent)	5.99	5.94	451
Mean weight-for-age	-1.2	-1.26	518
Underweight prevalence (percent)	28.02	25.77	518
Bahr Tseba			
Mean height-for-age	-1.91	-1.4	48
Stunting prevalence (percent)	41.38	44.54	48
Mean weight-for-height	-0.69	-0.93	57
Wasting prevalence (percent)	15.51	18.29	57
Mean weight-for-age	-1.71	-1.22	63
Underweight prevalence (percent)	46.51	27.45	63

Source: Household survey.

Height-for-age (HFA*)* tracks children's linear growth, and reflects the long-term, cumulative nutritional intake of young children. Stunting (i.e., below 2 SD in HFA) suggests

chronic malnutrition. For both males and females in the original seven *tabias* of Hintalo Wajirat, just over half of both girls and boys are considered stunted. These figures mirror the 51.4 percent stunting prevalence found in the Tigray region in the 2011 Ethiopian DHS. With a much smaller sample, stunting is less prevalent in Bahr Tseba, but still quite high (41 percent for males and 45 percent for females). The gender divergence is slightly higher in Abi Adi, with over half (53 percent) of males and 46 percent of females considered stunted.

In contrast to HFA, weight for height (WFH) reflects short-term nutritional status at the time of measurement. Wasting (i.e., below 2 SD in HFA) suggests a recent period of undernourishment. Wasting rates in the original seven *tabias* of Hintalo Wajirat (6 percent for both genders) fall below the 2011 DHS average for Tigray of 10 percent. In Bahr Tseba, however, wasting rates for girls are triple those for the rest of Hintalo (18 percent), and higher (16 percent) for boys, as well. Rates in Abi Adi are closer to the DHS figure.

Weight-for-age (WFA) provides a measure of nutritional status that gives a slightly longer term indication of nutritional status than WFH, but is still reflective of near-term food intake. Consequently, underweight (i.e., below 2 SD in WFA) rates generally fall between those for stunting and wasting, as is the case here. Slightly over a quarter of measured children of both genders in the original seven *tabias* of Hintalo Wajirat are underweight. In Bahr Tseba, underweight rates for males are extremely high (47 percent) relative to both rates for girls (28 percent) and in the other survey areas, although the imbalance may be due to the small sample size rather than reflecting serious gender divisions. Underweight rates in Abi Adi (30 percent and 28 percent for girls and boys, respectively) are closest to the 2011 DHS figure of 35 percent found in Tigray.

Table 4.2 reports anthropometric results by beneficiary status. Given that we observe little difference in these measures when we disaggregated by gender in Table 4.1, in Table 4.2 we pool results for males and females. In Abi Adi, there is little difference in height-for-age by beneficiary status, while wasting is higher for children in the beneficiary group. By contrast, in Hintalo, the prevalence of stunting is higher among children in beneficiary households (59.3 percent) than for children in control (52.6 percent) or children in randomly selected households (44.0 percent). By contrast, wasting is lower for children in beneficiary households. Results are also shown for Bahr Tseba, but comparisons across treatment groups should be treated cautiously, given the relatively small number of observations.

Measurements of the Mid-Upper-Arm Circumference (MUAC) represent an alternative assessment of nutritional status. Due to the ease of obtaining such measurements, MUAC is commonly used as a fast, first-pass nutritional surveillance tool. However, MUAC is subject to considerable measurement error and lacks age-standardized reference charts. The traditional cut-off for classifying severe acute malnutrition is below 11.5 cm, and below 12.5 for moderate acute malnutrition.

Table 4.2 Anthropometric status, by beneficiary status and location

	Beneficiary	Control	Random	N
Abi Adi				
Mean height-for-age	-1.9	-1.8	-1.8	349
Stunting prevalence (percent)	48.2	50.8	48.6	349
Mean weight-for-height	-0.4	-0.4	0.1	367
Wasting prevalence (percent)	13.4	8.3	9.3	367
Mean weight-for-age	-1.5	-1.2	-0.9	375
Underweight prevalence (percent)	32.9	28.3	22.7	375
Hintalo Wajirat (7 *tabias*)				
Mean height-for-age	-2.2	-2.0	-1.7	416
Stunting prevalence (percent)	59.3	52.6	44.0	416
Mean weight-for-height	0.2	0.1	0.0	451
Wasting prevalence (percent)	2.1	9.2	7.8	451
Mean weight-for-age	-1.2	-1.2	-1.3	518
Underweight prevalence (percent)	25.7	27.1	28.6	518
Bahr Tseba				
Mean height-for-age	-1.6	-1.7	-1.6	48
Stunting prevalence (percent)	45.4	38.1	47.1	48
Mean weight-for-height	-1.5	-0.6	-0.5	57
Wasting prevalence (percent)	38.9	10.0	6.7	57
Mean weight-for-age	-1.8	-1.4	-1.3	63
Underweight prevalence (percent)	43.9	34.4	35.0	63

Source: Household survey.

The MUAC results from Abi Adi and the original seven *tabias* of Hintalo Wajirat show relatively low levels (below 5 percent) of severe acute malnutrition for all treatment eligibility groups (Table 4.3). In Bahr Tseba, however, substantially higher severe acute malnutrition levels (12 percent) prevail among the beneficiary group. Prevalence of moderate severe malnutrition ranges from 9 to 20 percent across the regional and program eligibility groupings, with the lowest levels in Abi Adi. Mean MUAC measurements do not differ substantially by program eligibility.

Table 4.3 Mid-Upper-Arm Circumference, by beneficiary status and location

	Beneficiary	Control	Random	N
Abi Adi				
MUAC (cm)	14.5	14.3	14.4	505
Severe malnutrition prevalence (percent)	3.1	3.4	0.0	505
Moderate malnutrition prevalence (percent)	10.0	9.0	9.4	505
Hintalo Wajirat (7 Tabias)				
MUAC (cm)	14.0	14.1	14.0	704
Severe malnutrition prevalence (percent)	2.6	4.9	4.9	704
Moderate malnutrition prevalence (percent)	10.4	14.7	15.0	704
Bahr Tseba				
MUAC (cm)	14.2	14.0	14.0	96
Severe malnutrition prevalence (percent)	11.6	4.3	3.3	96
Moderate malnutrition prevalence (percent)	11.6	17.0	10.0	96

Source: Household survey.

Overall, the anthropometric statistics from the quantitative household survey reveal pervasive undernourishment among young children in the study area. The extent of the deficiency is generally in line with the findings of other studies in this region.

4.3 Children's Schooling

The household survey contained a detailed module on schooling and education attainments of all children aged 6 to 18. Ethiopian primary school generally begins at age 7, so basic results on regular attendance for children aged 7 to 18 are shown in Table 4.4. In the 12 months prior to the survey, 83 percent of children in this age group were attending school. Attendance was higher in Abi Adi than in the rural areas. There is a gender gap but this gap favors girls in both rural and urban areas. For example, in Hintalo, 84 percent of girls were attending school compared to 76 percent of boys.

Table 4.4 School attendance, by sex and location (ages 7 to 18)

	Abi Adi	Hintalo (ex Bahr Tseba)	Bahr Tseba	All
Percent of children regularly attending school	88	80	83	83
Percent of boys regularly attending school	87	76	81	80
Percent of girls regularly attending school	90	84	85	86
Number of children	1,392	2,247	445	4,084
Number of boys	714	1,108	223	2,045
Number of girls	678	1,139	222	2,039

Source: Household survey.

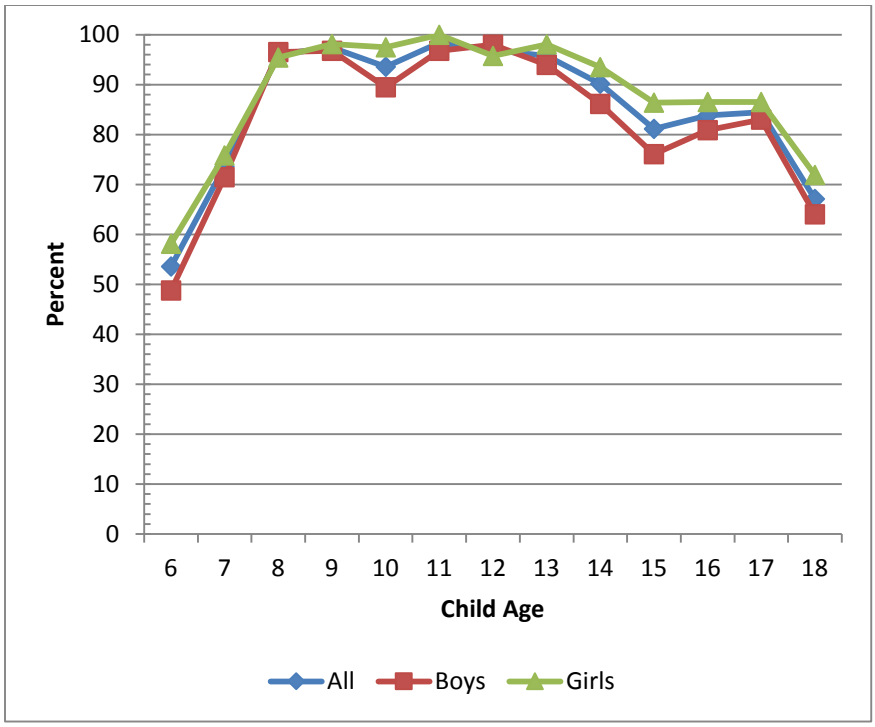
The average child in the full age 6 to 18 years sample starts school at age 7.4 years. There is a considerable difference in age starting school between Abi Adi (where children start around age 6.5 years) and Hintalo, where the average child starts at age 7.7 years.

Next we disaggregate these data by sex, age, and location for the full 6 to 18 years sample. As this generates a large number of data points, we present this information graphically.

Figure 4.1a shows the pattern of school attendance for the full sample by age and sex. While children should be attending school from age 7 onward, we see in these data that across the full sample only about 52 percent do so. Attendance rises from age 7 to 9, then levels off until age 13, where it starts to decline. Across the full sample, at any age, girls are more likely to be attending school than boys, although this gap narrows by late adolescence.

Figure 4.1a hides dramatic differences between Abi Adi and the seven *tabias* initially included in the SCTPP in Hintalo Wajirat. Attendance at early ages in Abi Adi is considerably higher than in Hintalo; the gap in attendance rates between these localities at age 7 is nearly 30 percentage points. Peak attendance occurs at an earlier age in Abi Adi than in Hintalo and does so at a higher level. For example, attendance at age 11 is 98 percent in Abi Adi but only 87 percent in Hintalo. Between age six and 15, the gender gap in attendance is much more pronounced in Hintalo. Lastly, we include the results from Bahr Tseba for completeness; the "jumpiness" in the graph reflects the much smaller sample sizes that we have when we disaggregate by sex and age.

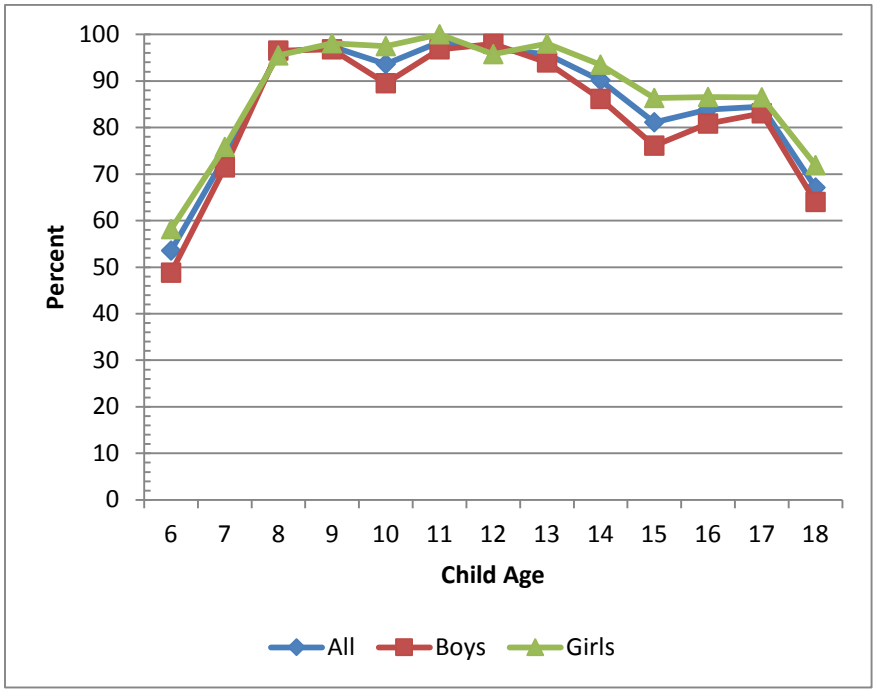
Figure 4.1a School attendance, by age and sex, full sample



Source: Household survey.

Notes: Age ranges for Ethiopian educational systems are the following: Primary school from age 7 to 14. Lower secondary school from 15 to 16, and upper secondary (vocational or preparatory) begins at 17.

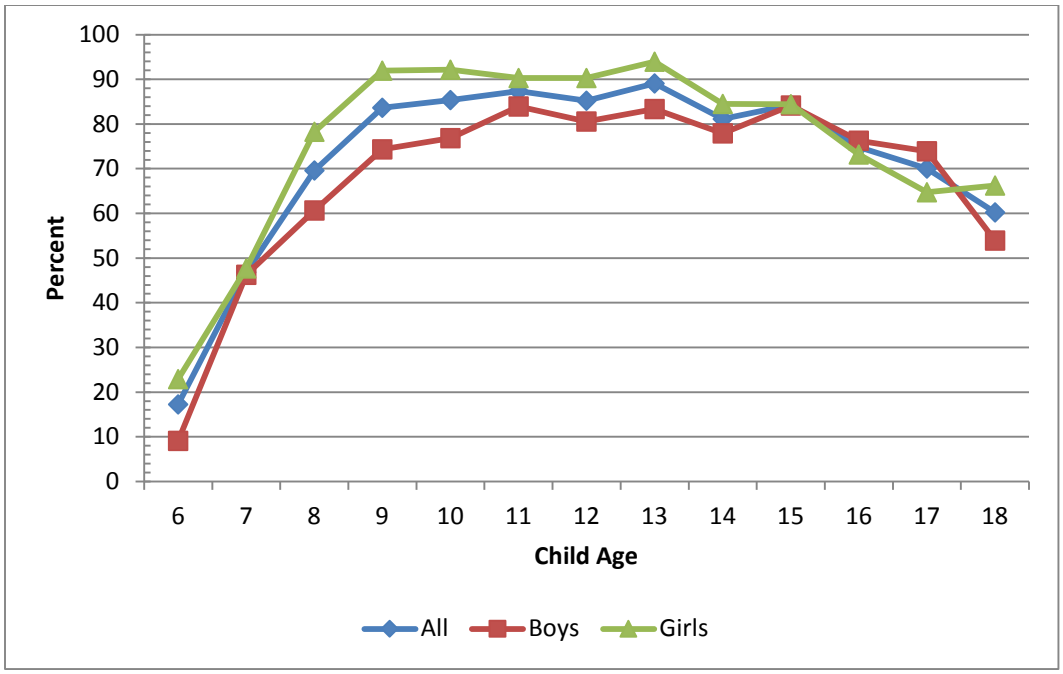
Figure 4.1b School attendance, by age and sex, Abi Adi



Source: Household survey.

Notes: Age ranges for Ethiopian educational systems are the following: Primary school from age 7 to 14. Lower secondary school from 15 to 16, and upper secondary (vocational or preparatory) begins at 17.

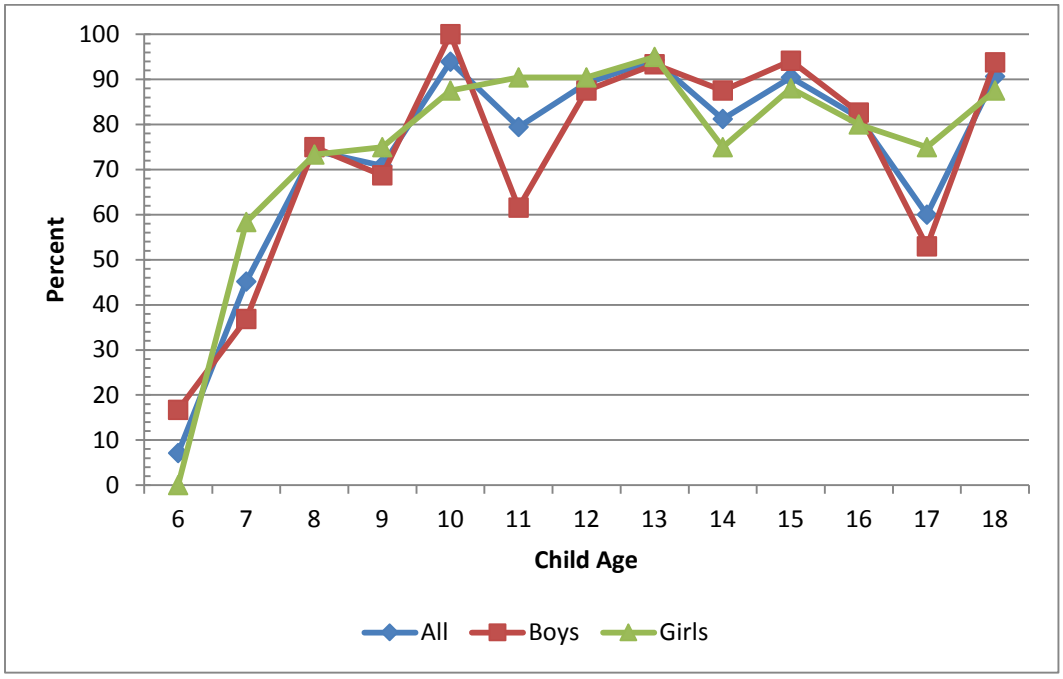
Figure 4.1c School attendance, by age and sex, Hintalo Wajirat (excluding Bahr Tseba)



Source: Household survey.

Notes: Age ranges for Ethiopian educational systems are the following: Primary school from age 7 to 14. Lower secondary school from 15 to 16, and upper secondary (vocational or preparatory) begins at 17.

Figure 4.1d School attendance, by age and sex, Bahr Tseba



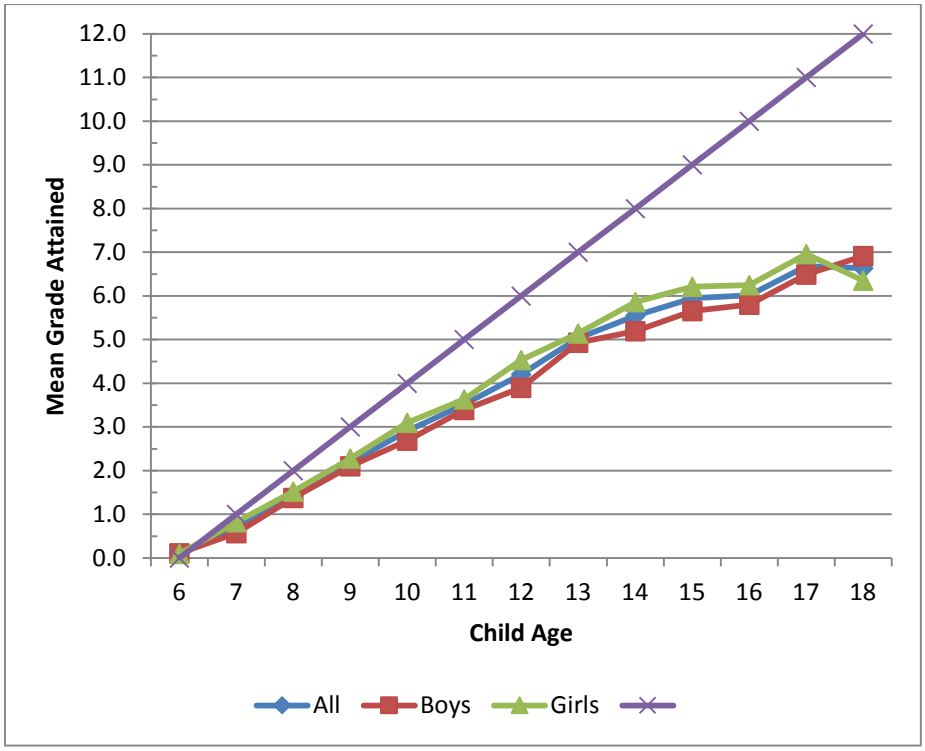
Source: Household survey.

Notes: Age ranges for Ethiopian educational systems are the following: Primary school from age 7 to 14. Lower secondary school from 15 to 16, and upper secondary (vocational or preparatory) begins at 17.

While Figure 4.1 tells us whether children are in school, it tells us nothing about the extent to which children are progressing. Figure 4.2 provides information on progression, showing mean grade attainment by age, sex, and location. In Figure 4.2, we include a straight line that starts at zero at age 6 and increases by one grade to age 18. This can be thought of as a benchmark for grade attainment. If all children in a particular locality were advancing one grade per year, the lines graphing grade attainment for these children would map onto this line. The size of the gap between this benchmark, or potential grade attainment, line and actual mean grade attainments shows the extent to which the average child falls behind this benchmark. The gap arises for three reasons: delays in the child starting school; grade repetition (which we do not observe directly in these data) and current enrollment status.

Across the full sample, the average child advances by about 0.8 grades between age 6 and 13 before slowing to 0.5 grades per year. Children ages 16 to 18 average between six and seven completed grades of schooling; that is, the average child in this sample has by late adolescence not completed a full eight grades of primary school. However, these aggregated results mask large differences between Abi Adi and Hintalo Wajirat as a comparison of Figures 4.2b and 4.2c shows. At age 8, the average child has completed 1.7 grades in Abi Adi compared to 1.3 grades in Hintalo. At age 14, attainment is 6.6 and 4.8 grades, respectively, for Abi Adi and Hintalo. The gap continues to widen after that, with 18-year-olds in Abi Adi having completed 9.0 grades compared to 5.2 in Hintalo.

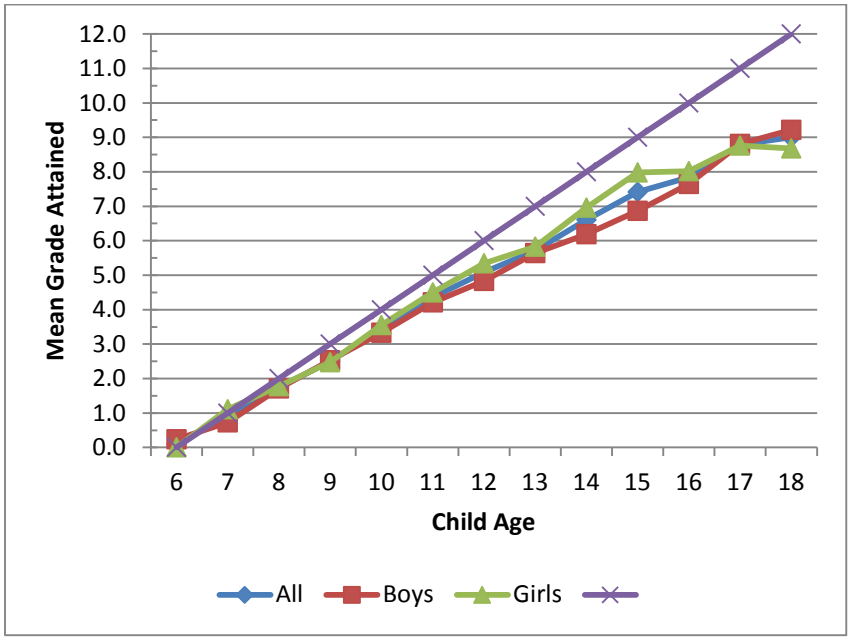
Figure 4.2a Mean grade attainment, by age and sex, full sample



Source: Household survey.

Notes: Age ranges for Ethiopian educational systems are the following: primary school from age 7 to 14, lower secondary school from 15 to 16, and upper secondary (vocational or preparatory) begins at 17.

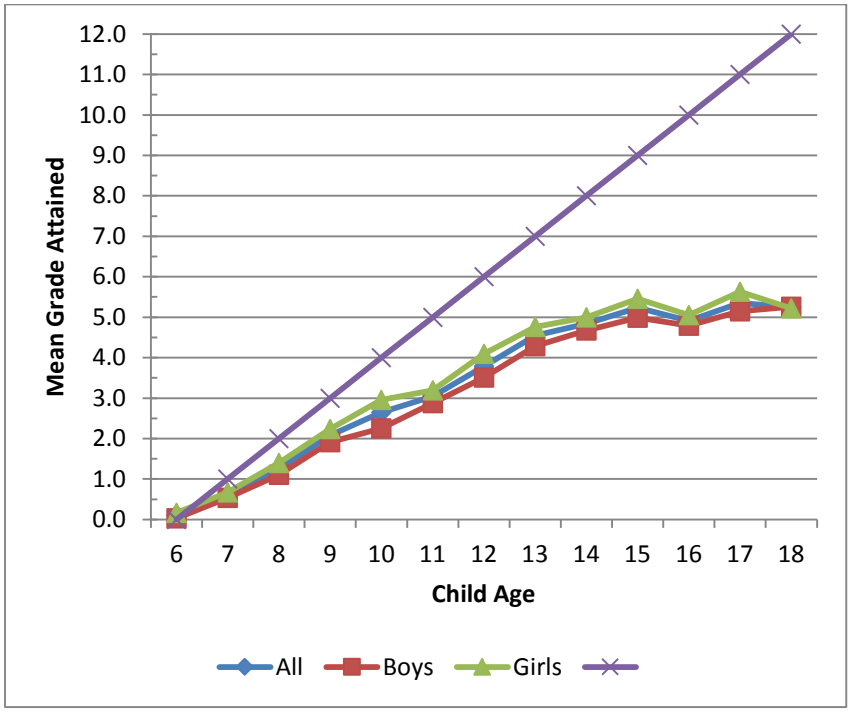
Figure 4.2b Mean grade attainment, by age and sex, Abi Adi



Source: Household survey.

Notes: Age ranges for Ethiopian educational systems are the following: primary school from ages 7 to 14, lower secondary school from 15 to 16, and upper secondary (vocational or preparatory) begins at 17.

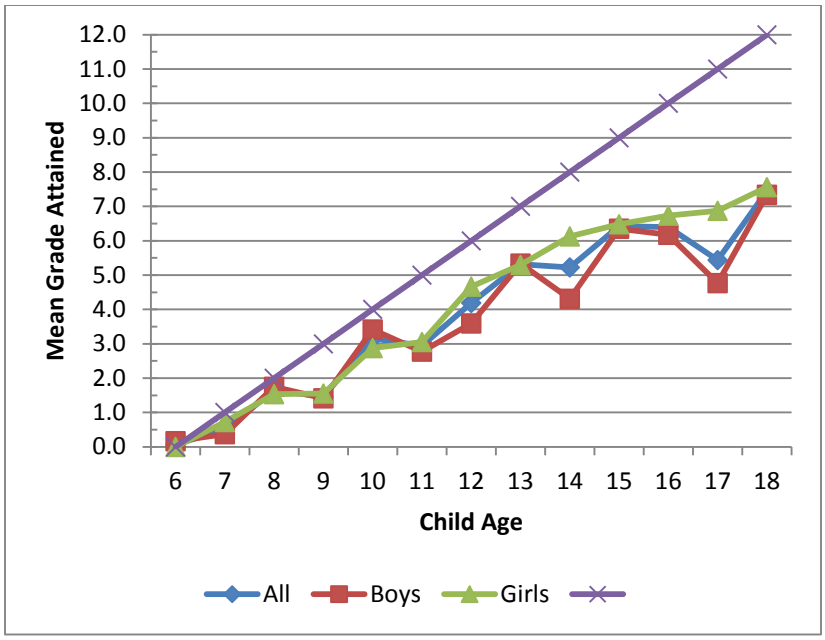
Figure 4.2c Mean grade attainment, by age and sex, Hintalo Wajirat (excluding Bahr Tseba)



Source: Household survey.

Notes: Age ranges for Ethiopian educational systems are the following: primary school from ages 7 to 14, lower secondary school from 15 to 16, and upper secondary (vocational or preparatory) begins at 17.

Figure 4.2d Mean grade attainment, by age and sex, Bahr Tseba



Source: Household survey.

Notes: Age ranges for Ethiopian educational systems are the following: primary school from ages 7 to 14, lower secondary school from 15 to 16, and upper secondary (vocational or preparatory) begins at 17.

Table 4.5 reports the reasons parents give for children not attending school. Here we disaggregate by location and SCTPP beneficiary status. Across all children, being considered "too young" is the main reason given why children 6-18 years do not attend. While this is consistent with the data presented in Figure 4.1, it is striking just how high these percentages are. Between 23 and 35 percent of children are not in school because their labor is needed either for farm activities or to assist with household tasks. The cost of keeping children in school is the reason given why 15.7 percent of children in beneficiary households are not in school; this figure is 6.4 and 8.7 percent, respectively, for children in control households and in the random sample. Expense is a relatively more important factor in Abi Adi, while the need for labor is given more often in Hintalo.

4.4 Children's Time Use and Labor

To further explore children's time allocation, we examine noneducational activities performed by children aged 7 to 14. These age groups were chosen to coincide with the beginning age for primary school students in Ethiopia (7), and the UN International Labor Organization's standard for child labor as economic activity performed by children under 15.

The quantitative survey asks the household head to list the primary occupation of all household members. Primary occupation conveys an important impression of the child's role in the household, but does not provide a precise description of actual time use. Therefore, the survey also obtains information about the average daily time children spent in the last week on various household chores (e.g., fetching water, herding, cooking, etc.).

The statistics on occupation and time use reveal a distinct gap between rural and urban areas in the activities of children under 15 (Table 4.5). Children in rural areas are several times more likely to be classified as laborers of any type, and devote more time to household chores. However, the vast majority of children in both rural and urban areas are viewed as students.

Children in the beneficiary group in all areas are less likely to be considered laborers, but spend more time on chores in the rural areas than their counterparts in the control and random groups. Time spent overall on chores appears to be highest in Bahr Tseba, where children are reported to work in various capacities for 5.24 hours per day. Note, however, that because the survey took place during a time period of land preparation (prior to the rains), these figures may not be representative of annual average daily labor supply by children.

Table 4.5 Children's occupation and time use

	Beneficiary	Control	Random	N
Hintalo Wajirat (7 *tabias*)				
Primary occupation is laborer (any type) (percent)	5.46	9.64	9.88	1,611
Hours per day spent on household chores	4.12	3.94	4.14	1,615
Bahr Tseba				
Primary occupation is laborer (any type) (percent)	7.25	10.81	9.09	308
Hours per day spent on household chores	5.24	4.36	3.23	308
Abi Adi				
Primary occupation is laborer (any type) (percent)	1.44	2.19	1.36	976
Hours per day spent on household chores	3.02	3.17	2.79	979

Source: Household survey.
Note: Sample includes children aged 7 to 14.

To further examine how noneducational demands on children's time may affect human capital development, Tables 4.6a and 4.6b examine the extent to which households report that children's labor activities interfere with school attendance. The tables are divided by ages to demonstrate the different factors that drive school attendance rates for older and younger children, although it should be noted that such divisions lower the sample size.

Some general observations can be gleaned from these tables. While young urban children are more likely to be attending school than their rural counterparts, these same Abi Adi children are more likely to be periodically taken out of school to contribute labor to the household. A similar pattern holds among children 11 to 14, but the urban-rural difference in periodic school absence for household labor is smaller. The somewhat surprising finding of higher urban absenteeism for work likely reflects the fact that children in rural households with high demand for labor are not attending school at all, while urban children can still regularly attend school, despite missing a few weeks per year. Indeed, Table 4.5 demonstrates that the intensity of household labor input for rural children is relatively higher.

Among the 7-to-10 age group, the most common reason given for not attending school is that the child is "too young," despite the fact that students begin primary school at age 7. While the majority of "too young" responses are for children aged 7, fully 21 percent of nonattenders who give this reason are older than age 7. In the older age group (10 to 14), the

need for children to work dominates as the most important reason for not attending school. In the rural areas, between 36 and 50 percent of those not attending school cite various labor demands as the primary reason.

Table 4.6a Schooling and labor demands of children ages 7 to 10

		Attends school regularly		Does not attend school regularly			
			Taken out of school	Reason for not attending school			
	Child does not attend school regularly	Taken out of school to help household	Weeks taken out of school to help household	Too young	Labor activities (domestic or otherwise)	Cost	Too sick to attend
Abi Adi							
Beneficiary	8.8%	16.0%	1.9	64.7%	0.0%	8.0%	9.8%
Control	12.7	11.2	2.5	54.3	8.6	11.4	2.9
Random	1.4	15.9	2.7	66.7	0.0	0.0	0.0
N	447	404	53	49	49	49	49
Hintalo (ex Bahr Tseba)							
Beneficiary	13.4	8.1	2.2	54.9	7.6	6.4	5.7
Control	27.7	7.4	1.9	53.4	15.3	1.7	1.7
Random	32.1	6.1	1.7	46.9	17.2	4.7	3.1
N	717	544	41	228	228	228	228
Bahr Tseba							
Beneficiary	23.1	7.9	1.6	76.7	0.0	0.0	0.0
Control	18.2	4.4	1.5	31.3	31.3	12.5	6.3
Random	28.0	5.6	1.0	33.3	22.2	11.1	0.0
N	124	98	6	36	36	36	36

Source: Household survey.

Notes: Only the four most common reasons for not attending school are included (excluding "other" as a category). Sample is children aged 7 to 10.

Table 4.6b Schooling and labor demands of children ages 11 to 14

		Attends school regularly		Does not attend school regularly			
			Taken out of school	Reason for not attending school			
	Child does not attend school regularly	Taken out of school to help household	Weeks taken out of school to help household	Too young	Labor activities (domestic or otherwise)	Cost	Too sick to attend
Abi Adi							
Beneficiary	4.4%	14.0%	1.9	0%	36.9%	26.5%	0
Control	5.6	14.7	2.5	0.0	35.7	14.3	7.1
Random	2.6	10.8	3.5	0.0	0.0	0.0	0.0
N	523	497	68	24	24	24	24
Hintalo (ex Bahr Tseba)							
Beneficiary	12.8	10.2	3.1	2.3	36.3	6.4	21.6
Control	13.3	10.6	2.0	2.0	50.0	2.0	8.0
Random	14.7	9.0	2.0	16.0	44.0	8.0	12.0
N	808	701	69	113	113	113	113
Bahr Tseba							
Beneficiary	12.6	12.8	1.5	0.0	42.2	12.8	11.0
Control	15.0	13.0	3.1	0.0	41.7	8.3	16.7
Random	12.5	0.0	–	0.0	50.0	50.0	0.0
N	163	143	16	21	21	21	21

Source: Household survey.

Notes: Only the four most common reasons for not attending school are included (excluding "other" as a category). Sample is children aged 11 to 14.

4.5 Maternal Health

The quantitative survey contained a mental health module based on the 20 question Self-Reported Questionnaire (SRQ-20) developed by the World Health Organization. The SRQ-20 consists of a series of yes or no questions pertaining to the existence of signs or symptoms of mental distress. Generally, higher numbers of "yes" answers indicate increased levels of mental health difficulties.

The SRQ-20 has been validated and in use in Ethiopia since 1988 (Beusenberg and Orley 1994). The precise module used in the quantitative survey was translated into Tigrinya based on the Amharic version developed by Youngmann et al. (2008). Based on the results from Youngmann et al. (2008), one of the standard questions was discarded as unreliable, leaving 19 questions.[8] The questions were then asked to the primary adult female of each household. Consistent with Youngmann et al. (2008) and several other international studies, we use seven "yes" responses as an approximate cut-off point for a valid positive indicator of the presence of psychopathology.

The results of the survey in Table 4.7 display a clear rural urban divide with respect to the reporting of mental health symptoms. Both in terms of raw number of "yes" responses and the proportion above the cut-off, respondents from Abi Adi reported higher levels of mental distress. Further, in all localities, mental health symptoms were highest among beneficiaries, slightly lower among the control group, and lower still among the random group. Among urban beneficiaries, slightly over half are above the cut-off of seven "yes" responses. That number is slightly less in Bahr Tseba (45.5 percent) and lower still in the rest of Hintalo Wajirat. Of note, the difference between the beneficiary group and control group is highest in Bahr Tseba, with a third more "yes" answers in the former. In Abi Adi and the rest of Hintalo, where the program has been ongoing for over a year, the beneficiary groups have only approximately 20 percent more mental health symptoms than the control households.

Table 4.7 Maternal health, mental distress

	Beneficiary	Control	Random	N
Abi Adi				
Yes answers (max 19)	7.2	5.6	3.5	1,276
Percent with 7 or more Yes answers	51.5	37.0	19.2	1,276
Yes answers for anxiety (max 5)	1.6	1.2	0.6	1,276
Hintalo Wajirat (7 *tabias*)				
Yes answers (max 19)	5.3	4.3	2.3	1,900
Percent with 7 or more Yes answers	31.8	24.9	7.6	1,900
Yes answers for anxiety (max 5)	1.0	0.8	0.3	1,901
Bahr Tseba				
Yes answers (max 19)	6.2	4.2	2.8	457
Percent with 7 or more Yes answers	45.5	21.2	13.0	457
Yes answers for anxiety (max 5)	1.4	0.8	0.5	457

Source: Household survey.

[8] The deleted question was "Do you find it difficult to enjoy your daily activities?"

The survey also captures physical dimensions of maternal health. In Table 4.8, the rows of each panel list the Body Mass Index and underweight (BMI < 18.5) prevalence among adult females. Contrary to the pattern for mental health statistics, stark differences in the group average of BMI for beneficiaries and control households are not apparent. However, beneficiaries are more likely to be underweight. The prevalence of underweight for the beneficiary in all areas is within 6 percentage points of the average in Tigray for adult females of 40 percent (Ethiopian Central Statistics Agency 2011). The random group prevalence is below the national underweight average for adult females of 27 percent in Abi Adi and Hintalo, but not in Tseba, where 36 percent of females are underweight.

Table 4.8 Maternal health, body mass

	Beneficiary	Control	Random	N
Abi Adi				
BMI	19.4	20.2	20.6	1,024
Underweight prevalence (percent)	40.1	33.3	25.4	1,024
Hintalo Wajirat (7 *tabias*)				
BMI	19.1	19.5	20.0	1,453
Underweight prevalence (percent)	45.7	36.6	20.8	1,453
Bahr Tseba				
BMI	19.1	19.4	19.2	289
Underweight prevalence (percent)	43.1	31.4	36.1	289

Source: Household survey.

Chapter 5: Community Care Coalitions

5.1 Introduction

An issue common to all social protection interventions is whether responsibility for their implementation should be undertaken by governments, draw on voluntary labor provided by local communities—as is the case, for example, with community based targeting—or contracted out to a third party. A novel feature of the SCTPP is the creation of Community Care Coalitions (CCCs), community-led groups that operate at the *tabia* level and serve as a support mechanism for the vulnerable populations in the community. CCCs are hybrid organizations with representation from both government and civil society organizations. Program staff at regional and *woreda* level indicated that across Tigray, the majority of the CCCs were established in 2010 and 2011, just prior to the start of the SCTPP. According to BOLSA staff, there are now 843 CCCs operating in the region.

CCCs have three main tasks associated with the implementation of the SCTPP. They play a critical role in beneficiary identification and selection, including interviewing potential program participants and leading community-level meetings where selection is reviewed. Together with the *woreda* social welfare workers, CCC members are responsible for informing beneficiaries about where and when to collect payments. CCC members are also present at the payment point to assist SCTPP program staff and DECSI,[9] monitor the process and solve problems that may arise. In addition to providing direct support to program implementation, CCCs are intended to play a prominent role in the provision of complementary social services in cooperation with social welfare workers, something considered a core component of the SCTPP: "[. . .] CCCs and the *woreda* social welfare worker will be the front-line responders responsible for supporting and facilitating access to basic services. They will also act as a referral mechanism should the participants require additional support services" (Tigray 2011a 14).

One of the objectives of this evaluation is to understand how CCCs function in terms of both implementing the SCTPP as well as providing complementary services. Do they operate as envisaged when the SCTPP was designed? Have they been able to generate resources locally to enroll additional families in the SCTPP or assist some households that could not be included in the program? To address these questions, we examine the operation of the CCCs from a variety of perspectives. We begin with information gleaned at the regional, *woreda*, and *tabia* levels. We assess whether their composition is consistent with what is laid out in the SCTPP operational manuals. We consider the perspectives from CCCs themselves, including their success in resource mobilization, and also the perceptions of households in both Abi Adi and Hintalo Wajirat.

[9] DECSI is the microfinance institution contracted to deliver payments.

5.2 Regional, *Woreda*, and *Tabia* Perspectives on the Role of Community Care Coalitions

Program staff at the regional and *woreda* level perceive that CCCs play an important role in providing support to the communities.

> *They are a big social protection program in their own right* [RO/M].

In terms of tasks and responsibilities of the CCC as a whole, program staff at *woreda* and *tabia* levels mentioned the mobilization of resources from community members, NGOs and businesses, the promotion of social cooperation, and solving of social problems. The tasks of information gathering, identification, and selection were mentioned by a number of program staff. Awareness-raising was not mentioned by any respondents at the *woreda* or *tabia* level. Providing or mobilizing support to needy and vulnerable people in the community was emphasized on several occasions.

> *The tasks and responsibilities are to assist needy people in our* kebele *through mobilization of resources from the community and NGOs operating in the area* [TO/AA].

> *The duties and responsibilities are (1) to protect and solve social problems at grassroots level, and (2) to mobilize resources from the* tabia *community and distribute to the needy people* [WO/MN].

When asked about the CCCs' roles and responsibilities within the SCTPP, program staff at the *woreda* and *tabia* level identified the full set of different tasks to be performed by the CCCs. Respondents mentioned their role in targeting and selection program participants, presence at the pay point, following-up with participants after having received payment and resolving any conflicts that may arise, including formal grievances or complaints.

> *The role of the CCC starts with selecting eligible households, organizing a meeting to endorse the eligible households by the community, working in collaboration with the grievance hearing committee to resolve complaints, finally sending the endorsed list to the* woreda *for payment and follow-up of the payment by assigning at least 2 persons at the pay point during the payment period* [TSW/AA].

Opinions on cooperation of the CCCs with the *Woreda* Steering Committees (WSCs) are mixed. *Woreda* officials of Hintalo Wajirat and Abi Adi indicate that links between the CCCs and the WSC are in place at sector level. Experiences at *tabia* level range from having a close relationship to having little interaction at all since the targeting process was completed.

> *We have close relations with the steering committee through the* woreda *administration and we regularly evaluate the program together* [TO/BT].

> *There is no strong relationship as such. The cooperation was during the targeting process* [TO/AA].

Woreda and *tabia* officials and social workers all referred to the fact that CCC members have other daily activities as a challenge to the role of CCCs in implementing the SCTPP. It was mentioned that members' other duties and responsibilities make it difficult for them to undertake their tasks in a good and timely manner. It also makes it more difficult to meet with them or set appointments, leading to delays or absence from meetings of CCC members.

> *Most members of the CCC are farmers and do not get payment for their services in CCC. Being farmers, they have their own activities on their farm, so often you cannot get them to come to meetings. So we lose participation in CCC meetings. The major problem faced by the CCC is nonattendance of committee members at meetings, because they have their own activities* [TSW/Pilot].

> *All CCC members have other duties and responsibilities and it makes it difficult for CCC members to perform the SCTPP activities properly and timely* [WO/MN].

All CCCs were supposed to receive training from BOLSA and WOLSA officials on the implementation of the SCTPP and the responsibilities of the CCC. This typically lasted two to three days and in some cases, an exposure visit to another *tabia* was organized. The *tabia* quantitative survey confirmed that all CCCs had received training. However, not all CCC members participated in these trainings and there is a perception that this compromised their ability to perform their roles and responsibilities.

> *Yes, but not all members of the CCC—only 11 members—got training in May 2012, by WOLSA at Adigudem. The training was for two days. The training was about the SCTPP implementation procedures, duties and responsibilities of the CCC, and resource mobilization and supporting the poor people* [TO/BT].

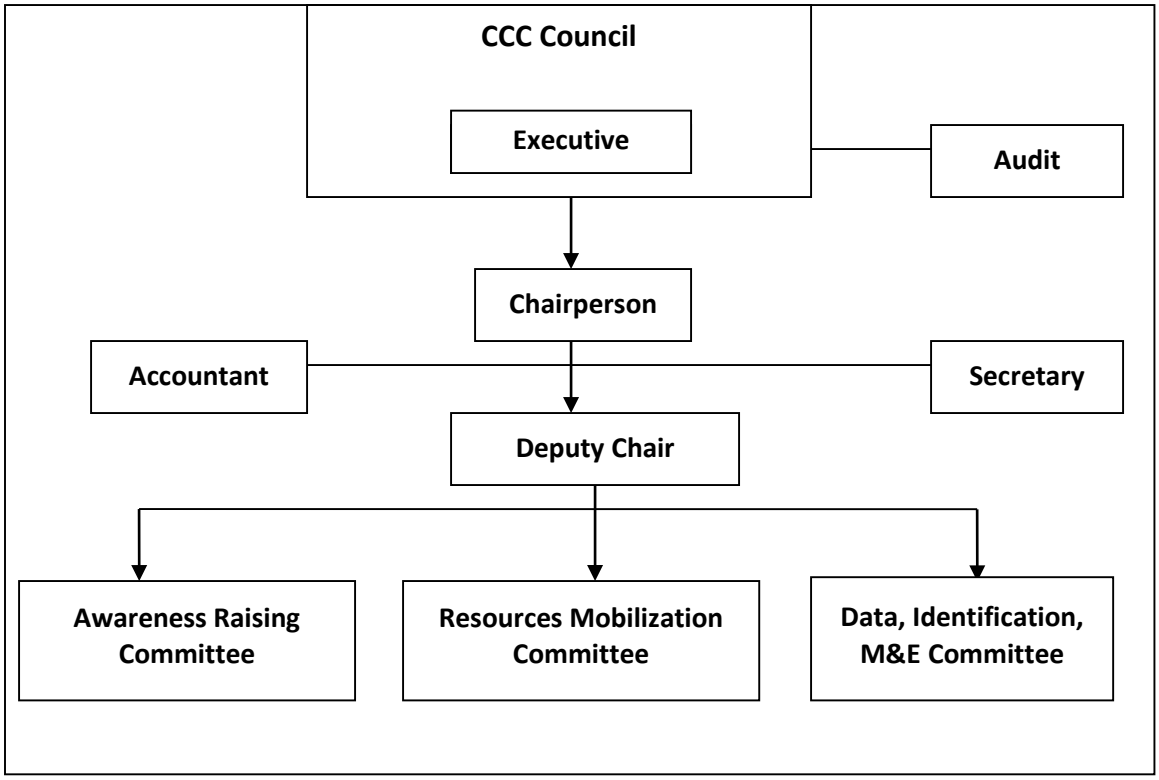
As a final challenge for the CCCs, it was suggested that the targeting quota undermines the CCC's position within the community, following tensions with excluded households.

> *Yes, in relation to the excluding of eligible households (105 households), because of the quota issue. These households have considered as if the CCC has deliberately excluded them and this has created tensions* [TSW/AA].

5.3 CCC Composition

The *tabia* chairman and *tabia* manager are members of the CCC in each community, which is in line with guidelines in the CCC manual. The *tabia* chairman acts as the chairperson of the CCC and the *tabia* manager is the CCC secretary. In addition, they should include members from across the community, including representatives from a variety of interest groups such as Farmers Associations, Women Associations, Youth Associations, and others (Tigray 2011b). Figure 5.1 shows the organogram of a CCC.

Figure 5.1 Community Care Coalition organogram



We collected information on CCC membership in two ways. The *tabia* quantitative survey included statistics on whether the basic guidelines had been followed. This is reported in Table 5.1.

Table 5.1 Membership in Community Care Coalitions

	Is there a member of or representative from					Number of		
Tabia	***Tabia* cabinet**	**Elders**	**Youth**	**Women's groups**	**Development agent**	**Males**	**Females**	**Total**
Tsehafiti	Y	Y	Y	Y	Y	12	3	15
Sebebera	Y	Y	Y	Y	Y	13	4	17
Gonka	Y	Y	Y	Y	Y	10	5	15
Senale	Y	N	Y	Y	Y	10	3	13
May Nebri	Y	Y	Y	Y	Y	9	3	12
Ara Alemsigeda	Y	Y	Y	Y	Y	19	5	24
Adi Keyih	Y	Y	Y	Y	Y	15	3	18
Bahr Tseba	Y	N	Y	Y	Y	10	5	15
Abi Adi, *Kebele* 1	Y	Y	Y	Y	N	16	8	24
Abi Adi, *Kebele* 2	Y	Y	Y	Y	Y	21	3	24
Abi Adi, *Kebele*3	Y	Y	Y	Y	N	13	7	20
Total	11	9	11	11	9	148	49	197

Source: Tabia quantitative survey.

The qualitative study provided richer information on representation by different groups and their positions within the CCC (see Table 5.2). It has to be noted that the table reflects how

general CCC members self-identified their roles in the CCCs. While most referred to themselves as general members, others considered their tasks to be related more specifically to resource mobilization and/or awareness creation.

Table 5.2 Detailed description of membership of four Community Care Coalitions

		Role in CCC			
Government worker	**Position/representative**	**Abi Adi**	**Bahri Tseba**	**May Nebri**	**Senale**
No	*Tabia* Administration	Chairman	Chairman	Chairman	Chairman
No	*Tabia* Vice Administrator	Vice Chairman			
Yes	*Tabia* Manager	Secretary	Secretary	Secretary	Secretary
No	*Tabia* Propaganda		Vice Chairman	Deputy chairman	Member
No	*Tabia* Advocacy				Deputy chairman
No	*Tabia* Communication	Member	Member	Member	Cashier
No	*Tabia* Organizer				Member
No	Women Affairs	Member	Member		
No	Youth Affairs	Member	Members (2)	Member	
No	Child protection	Member		Member	
No	Social worker	Member			
Yes	Education representative	Member	Member	Member	Member
Yes	Health representative	Member	Awareness creation	Member	Member
Yes	Agriculture representative		Member	Member	Member
Yes	Community policing	Member			
No	Women's associations	Member	Cashier	Cashier	Member
No	*Iddir* associations		Member	Awareness creation, Resource mobilization	Member
No	Business or traders associations	Cashier, Member	Resource mobilization	Resource mobilization, Member	
No	Youth associations	Auditor, Member			
No	Elders	Members (3)		Member	Member
No	Religious leaders or associations	Members (3)	Member	Member	Members (2)
No	HIV/AIDS association	Member	Member	Member	Member
No	Disabled association	Member	Member	Member	Member
No	Farmer's associations		Member	Member	Members (2)
No	Demobilized fighters			Member	
No	Knowledgeable person				Member

Source: Qualitative survey.

While there are some discrepancies between information reported in the quantitative and qualitative surveys,[10] broadly speaking they provide consistent information on CCC composition. Specifically, membership reflects both what is specified in the CCC manual and the guidance provided by WOLSA. However, community-level consultations led to increases in membership with this largely coming from increased representation of other community groups, such as business-people and traders, organizations with informal authority within the community—religious leaders and *iddir* associations being examples—or those representing

[10] For example, the *tabia* quantitative survey appears to have underestimated the number of CCC members in May Nebri and Senale.

vulnerable sections of the population. In some cases, this process involved a consultation with the whole community.

> *The proposed CCC members by WOLSA were 11 but the community has decided to include 10 other members to make a more comprehensive committee, in a public meeting where about 1,213 participants attended. Participants of the public meeting were 300 farmers, 435 women, 37 government employees, one propagandist, 1,375 youth, and 65 religious representatives* [CCC/MN].

> *From WOLSA a proposal was sent to the* tabia *to select 11 member of the CCC. Then the community discussed on the matter and finally agreed to increase the number to 21. The list of the 21 members was sent to WOLSA and accepted by the* woreda [CCC/S].

5.4 CCC Perspectives

In addition to their role in beneficiary selection, and consistent with answers provided by program staff at *woreda* and *tabia* levels, CCC members identified the mobilization of resources and provision of support to the most vulnerable in the community as their primary tasks. Respondents also mentioned the role of the CCCs in enhancing social cooperation, representing the interests of particular groups—such as women—and making the community more self-sufficient. Awareness raising in public meetings or religious gatherings on issues such as nutrition were also mentioned. Responses to the *tabia* quantitative survey were consistent with these responses, indicating that resource mobilization and awareness raising were the principal additional activities undertaken by CCCs.

> *I am representing the women's association and as a CCC member I am responsible to create cooperation among women and not to leave out any eligible woman from the program* [CCC/MN].

> *[The tasks and responsibilities are] to mobilize the community in order to support the needy people in the* tabia*, to solve internal social problems with internal capacity, to enhance social cooperation among the community* [CCC/AA].

Focus group and key informant discussions indicated that resources were raised in several ways to support poor and vulnerable households that were excluded from the SCTPP. In some localities, CCC members made contributions ranging from 2 to 50 birr per month. Cash, or in some cases, grain, is raised from individuals and community groups and in some *tabias,* SCTPP beneficiaries also make contributions.

> *Yes, members of the CCC have contributed from 10 birr to 50 birr each and the money is deposited in DECSI* [TO/BT].

CCCs were contributing 2 birr per month in some kebeles *and 3 birr in other* kebeles [WO/AA].

Yes, people are getting support from the CCC. For example, one priest with many children was sick. The CCC raised birr 500 from the community and birr 450 from its own account and a total assistance of birr 950 was given to the sick person. The CCC has a saving of birr 7,680 in DECSI [CCC/S].

The CCC organized the community to contribute cash and redistribute it to the needy households. It has diversified resource mobilizing mechanisms, such as: Equb members (274) contribute 2 birr every month; Iddir (5 in the kebele*) contribute 1,000 birr per annum; SCTPP participants (378) contribute 2 birr every month; businessmen (36) contribute 10 birr every month; government employees (74) contribute 5 birr every month. The CCC has savings (7,000 birr) in DECSI and have also issued payment and receipt vouchers to make the resource mobilization more transparent. The decision to support is made based on mutual agreement among the committee members, mostly decided on votes* [CCC/AA].

Given that both Abi Adi and Hintalo Wajirat are very poor communities, this level of fund-raising is impressive and it undoubtedly both reflects and contributes to social cohesion. But the amounts raised should not be seen as substitutes for program transfers. Consider the monthly funds raised in Abi Adi *kebele* described above. Across all groups, 2,450 birr are raised monthly. Suppose these funds are distributed to needy households excluded from the SCTPP in such a way that each additional beneficiary receives the basic SCTPP grant, 155 birr per month. This would mean that only an additional 16 households could be included.

Being a member of a CCC is a relative time-consuming role. Respondents participating in the *tabia* quantitative survey indicated that nearly all CCCs held monthly meetings that ranged from one to four hours in length.[11] In addition, they report, on average, spending three additional days on CCC-related activities. These responses are corroborated by responses from CCC members during the qualitative fieldwork. They indicated that they spent four to six days per month, on average, to perform their tasks and responsibilities. They also indicated that this interferes with their daily activities and compromises their ability to perform all duties properly and in a timely manner, as also suggested by *woreda*- and *tabia*-level program staff.

There is a CCC monthly meeting, follow-up of payments during the pay period, monitoring of beneficiaries, etc. Hence, we spend 5-6 days per month [CCC/MN].

The workload is not simple. To mobilize people and create awareness among society, to help each other, to advise beneficiaries to access social services, to send their children to school, to do the targeting, all this takes time [CCC/Pilot].

[11] The exception was Tsehafiti, where the CCC meets twice per month.

CCC members do not receive any kind of compensation or incentive for their work. They indicate only to have received a per diem when they participated in the trainings and study visit.

> *No money is paid to CCC members because we are working voluntarily* [CCC/S].

> *When we were trained we were paid birr 35 per day as a per diem or compensation* [CCC/MN].

When asked why members of the CCC take on this voluntary role, given the challenges they face, many suggested that it is their duty to support the most vulnerable in their community. Underlying motives for this sense of duty refer to the tradition of community support, religion, and the armed struggle.

> *There was a tradition among the community to support the poor. Based on this tradition, the government took the initiative to establish the CCC and the traditional cooperation among the community becomes formal* [CCC/MN].

> *Yes, the CCC activities affect our private businesses, but we the CCC members have already decided to assist our people just like the fighters were doing during the 17 years of struggle* [CCC/BT].

5.5 Household Perspectives

The household quantitative survey included questions about knowledge and contact with CCCs. It obtained information from three types of respondents: households receiving SCTPP benefits, households eligible for the SCTPP but not ultimately selected, and a random sample of non-beneficiaries. As these different groups may have had differing degrees of contact with CCCs, results are reported in Table 5.3 by location and participation in the SCTPP.

Table 5.3 Knowledge of existence of CCC, by location and participation in the SCTPP

Woreda	*Tabia*	SCTPP beneficiary	Eligible, not-selected	Non-eligible
			(percent)	
Abi Adi		53.8	42.0	40.2
Hintalo Wajirat[a]		59.8	35.8	38.7
	Tsehafiti	71.8	55.1	37.1
	Sebebera	39.7	11.7	13.9
	Gonka	62.0	36.7	45.5
	Senale	47.6	31.3	50.0
	May Nebri	80.2	54.3	60.9
	Ara Alemsigeda	48.1	16.7	20.0
	Adi Keyih	65.9	47.3	46.5
	Bahr Tseba	19.9	14.9	12.5

Source: Household survey.
Notes: Data are weighted so that results for SCTPP beneficiaries are representative of program participants.
[a] Hintalo Wajirat average excludes Bahr Tseba.

Across Abi Adi and Hintalo Wajirat, 53.8 and 59.8 percent of SCTPP beneficiaries know of the existence of the CCC. Typically, those households eligible for the SCTPP but not selected and non-eligible households were less likely to be aware of their existence. There is considerable variation in knowledge within Hintalo Wajirat. The qualitative data, however, suggest that these percentages of respondents having knowledge of the CCCs may be underestimates. Both SCTPP participants and nonparticipants indicated knowing about the work done by community members in terms of resource mobilization, awareness raising, and social cooperation. While most are aware that this work is undertaken through a committee, others indicated that they only recognize these as individual efforts by the CCC members themselves.

> *I don't know the CCC as committee but I know them as individuals* [CmM/BT].

When asked about the assistance that the household has received from the SCTPP, most participants referred to support with respect to targeting and follow-up during the payment period. Nonparticipants in both the control and comparison groups referred to the more general tasks of resource mobilization, community mobilization, and social cooperation. Better-off households in the comparison group also indicated having supported the CCCs by contributing money and/or grain.

> *They assisted us during the targeting processes and payment period to receive our payments correctly* [PF/BT].

> *Yes, we are aware of them. They mobilize the community to contribute resources and assist needy households* [CnFM/AA].

> *Yes I am aware of the CCC, they mobilize the whole community for social cooperation. For example, recently they coordinated the whole community to assist two households who had health problems and I supported them with 400 birr and 100 kg grain each* [CmM/S].

Households' experiences with respect to the receipt of services outside of the SCTPP are mixed. Few households, less than 6 percent of the full sample, reported receiving other services from the CCC. In focus group discussions, the majority of SCTPP participants indicated that the support, other than the SCTPP, from the CCC. This support largely consists of providing advice, such as the importance of sending children to school and taking antiretroviral HIV medication. Other participants, however, indicate not having received any support outside of the SCTPP.

> *They are always advising us to send our children to school. My elder son was dropout of school for two weeks and they advised him to return back to school* [PF/BT].

> *They advise the HIV victims to take their medicine properly* [PF/AA].

> *Except in the SCTPP I don't see any kind of assistance from the CCC* [PM/S].

Nonparticipants in both the control and comparison groups indicate that they received similar types of advice, including also awareness on clean sanitation.

> *Yes, they always advise us to send our children to school and to keep sanitation, to use latrines* [CCmF/BT].

> *Yes, the CCC members teach us to send our children to school in public meetings and church ceremony. They also promote sanitation, such as dry latrine construction, clothes washing, etc.* [CmM/S].

In response to the question of whether the implementation of the SCTPP strengthens social cooperation in the community, households provided answers that focused on the role of the SCTPP as well as on the program as a whole. The SCTPP was largely considered to strengthen social cooperation. The influx of extra resources into the community was said to decrease the burden on the community as a whole, thereby strengthening the support that community members are giving to each other.

> *Yes, the social cooperation between households is getting stronger, because the program has solved so many problems and reduced the competition among households for limited resources* [CnFM/AA].

> *Yes, it strengthens the social cooperation among the society, as the program creates confidence in the participants as well as the whole community to borrow money each other* [PF/MN].

The implementation of the SCTPP through the CCCs was also considered to be beneficial to social cooperation within the community. Participants and nonparticipants referred to how the involvement of the CCC and the community as a whole made the targeting process more transparent.

> *Yes, because the involvement of the whole community coordinated by CCC has made the targeting process very transparent, that strengthens the social cooperation between households* [CmM/S].

5.6 Summary

All localities surveyed have Community Care Coalitions. All levels—regional, *woreda*, *tabia,* and the CCCs themselves—have a good understanding of their roles. Their membership reflects what was envisaged in the SCTPP operations manuals. Communities being served by the program have played a role in expanding their membership to include a wider range of community actors. CCCs have been active in mobilizing additional resources for poor people in Abi Adi and Hintalo Wajirat.

All these results suggest that Community Care Coalitions (CCCs) are functioning well. That said, there are indications that participants in the CCCs, particularly by nongovernment actors, may well be close to their limit in terms of how much time they can devote to CCC

activities. In addition, while the level of resource mobilization is impressive, this can have only a limited effect in terms of the numbers of additional poor households that can receive assistance in these poor communities and it cannot be a substitute for interventions such as the SCTPP.

Chapter 6: Payment Processes

6.1 Introduction

Payment processes and payment delivery systems are important components of any cash transfer program. All around the world, experiences with alternative payment delivery mechanisms are expanding rapidly, especially as new technologies allow for a switch from conventional "pull" mechanisms, where beneficiaries queue for their transfers at designated pay points on regular paydays, to "push" mechanisms, where payments are made directly into post offices, bank accounts, or through local cooperatives that beneficiaries can access at their convenience. Evidence suggests that innovative delivery mechanisms such as smart cards or mobile phones can be more efficient and empower beneficiaries, especially if women are the designated recipients and hence control access to household-level cash transfers (Devereux and Vincent 2010). On the other hand, a switch from "pull" to "push" mechanisms can also lead to lost opportunities in terms of social interaction for beneficiaries and the provision of complementary services (Roelen et al. 2011).

The first payments were made in August 2011, with the exception of the newly added Bahri Tseba, where payments started in June 2012, just after the first household survey.[12] The payment process is outsourced to a private microfinance institution, Dedebit Microfinance Institution (DECSI). The SCTPP operates a "pull" delivery mechanism; program participants collect their payments from designated payment points that are operated by DECSI (mostly DECSI offices). There is one payment point in Abi Adi and three in Hintalo Wajirat. Payments are made on the same day every month in the respective *woredas,* according to a fixed schedule. If this day is a Saturday or a Sunday, payments are made the following Monday. Payments are made in public. Although the payment process is outsourced to DECSI, *woreda*- and *tabia*-level program staff and CCC members are present at the pay points to supervise the process and solve potential problems. Payment size is determined by the number of household members and their characteristics. The basic household grant for one or two adults is 155 birr. The household receives 25 birr for each child under the age of 16 plus an additional 10 birr if the child is enrolled in school, for a maximum of four children. Additional payments are made if there is a disabled child younger than 18 (40 birr), a disabled adult (50 birr), or an elderly dependent (60 birr).[13]

In this chapter, we examine beneficiaries' experiences with the payment process. We consider whether payments are made on time and in full. We examine whether participants experience particular difficulties in obtaining payments, such as distance to pay point or timing of payments. Lastly, we report beneficiaries' perceptions of the adequacy of these payments.

---

[12] Payments in Bahri Tseba were backdated to February 2012, so that participants received four months of payments in June 2012.

[13] These payment levels were determined prior to the start of payments, based on household composition at that time. These amounts will not be recalculated following changes in household composition until a retargeting exercise planned for June/July 2013, except in cases of school enrolment and drop-out or death of the beneficiary.

6.2 Households' Experiences with Payment Processes

Beneficiaries were asked a series of questions regarding their experiences with the payment process. We begin with basic information on whether they understood how the program worked, whether payments were received in full and in a timely manner, and whether they were treated courteously by program staff. Results are shown in Tables 6.1–6.3 below.

Table 6.1 Proportion of beneficiaries reporting agreement with statement, "I generally receive my payments on time," by *woreda*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't say
			(percent)			
Abi Adi	35.3	62.4	0.5	0.7	0.5	0.9
Hintalo Wajirat	27.3	66.6	1.7	1.9	1.4	1.1
Total	29.3	65.5	1.4	1.6	1.2	1.0

Notes: Sample sizes are 829 (Hintalo Wajirat) and 599 (Abi Adi). Bahr Tseba is excluded from calculations for Hintalo. Percentages may not sum to 100 due to rounding.

Table 6.2 Proportion of beneficiaries reporting agreement with statement, "I received my payments in full," by *woreda*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't say
			(percent)			
Abi Adi	34.8	60.7	2.9	0.6	0.3	0.7
Hintalo Wajirat	27.6	64.1	3.6	3.1	1.1	0.6
Total	29.4	63.2	3.4	2.5	0.9	0.6

Notes: Sample sizes are 829 (Hintalo Wajirat) and 599 (Abi Adi). Bahr Tseba is excluded from calculations for Hintalo. Percentages may not sum to 100 due to rounding.

Table 6.3 Proportion of beneficiaries reporting agreement with statement, "I was treated courteously by staff," by *woreda*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't say
			(percent)			
Abi Adi	30.3	64.1	3.1	0.6	0.0	1.9
Hintalo Wajirat	19.1	59.5	7.5	11.8	1.0	1.1
Total	21.9	60.7	6.4	9.0	0.7	1.3

Notes: Sample sizes are 829 (Hintalo Wajirat) and 599 (Abi Adi). Bahr Tseba is excluded from calculations for Hintalo. Percentages may not sum to 100 due to rounding.

Across these aspects of program implementation, the SCTPP performs exceptionally well. Virtually all beneficiaries report that they receive their payments on time, more than 90 percent report being paid in full, and 82 percent report that they were treated courteously by program staff. Overall, participants are satisfied with the payment process. The fact that payments are made in public does not appear to be a problem; no-one recommended that payments should be done privately or silently. It was felt that since it is a public program, payments should be made in public and that public payments make the process more transparent.

I believe that the payment is comfortable and transparent. It should continue like this [CPM/BT].

Since it is a support it should be done in public [PM/BT].

Results in Table 6.4 report on the extent to which respondents felt they received all the information the needed to understand how the SCTPP works.

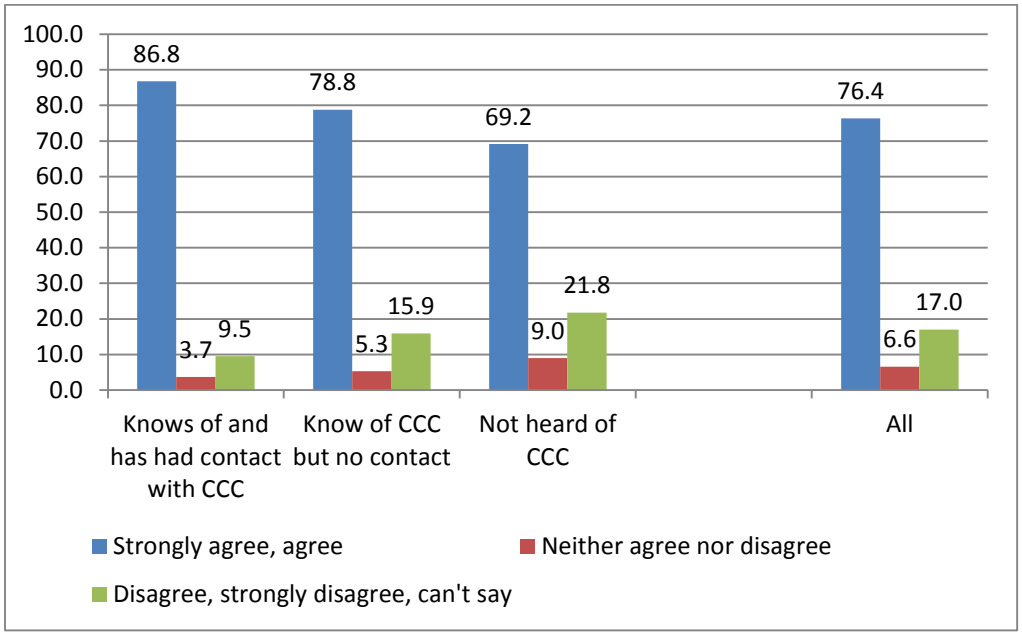
Table 6.4 Proportion of beneficiaries reporting agreement with statement: "I received all information I needed to understand how the program works," by *woreda*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't say
			(percent)			
Abi Adi	19.8	55.7	9.7	6.1	1.5	7.2
Hintalo Wajirat	18.5	62.6	5.3	9.2	0.7	3.8
Total	18.8	60.8	6.4	8.4	0.1	4.5

Notes: Sample sizes are 829 (Hintalo Wajirat) and 599 (Abi Adi). Bahr Tseba is excluded from calculations for Hintalo. Percentages may not sum to 100 percent due to rounding.

While about 80 percent agree or strongly agree with the statement that they received all the information they needed to understand how the SCTPP works, 20 percent either had no opinion or disagreed with this statement. This was slightly surprising. To investigate, we divided the sample of beneficiaries into three groups: (1) those that knew of the existence of the CCCs and had contact with them, (2) those that knew of the existence of the CCCs but had had no contact, and (3) beneficiaries who were unaware of the CCC. Given the central role of the CCC in disseminating information about the SCTPP, we expect that beneficiary perceptions about their own understanding of the program would be highest for the group that had had contact with the CCC. Figure 6.1 shows exactly that.

Figure 6.1 Knowledge of program operations, by contact with the CCC



Note: Sample size is 1,513.

6.3 Households' Experiences with Collection of Payments

Program participants can collect the payments themselves or can designate someone else to collect payments on their behalf. In order to collect the payment, the participant or designated person has to bring their SCTPP certificate and proof of identification. Designating someone else is done by adding a second person to the SCTPP certificate. Designation has to be officially approved and signed off by the *tabia* manager. The information on the certificate for both the program participant and designated person includes a photo and requires a stamp from the *tabia* manager (see figure below). The certificate also records each payment received.

In the quantitative household survey, we asked beneficiaries who collected their last payment when someone else went on her behalf. Responses are given in Tables 6.5 and 6.6.

Table 6.5 Who collects payments, by *woreda*

Who collected payment	Abi Adi	Hintalo Wajirat	All respondents
		(percent)	
SCTPP beneficiary	77.5	42.5	51.4
A male household member	4.4	8.5	7.4
A female household member	9.3	13.2	12.2
A relative who is not a household member	6.2	34.6	27.4
A neighbor	2.4	0.8	1.2
A friend	0.0	0.1	0.1
A member of the CCC	0.2	0.1	0.1
A *tabia* official	0.0	0.0	0.0
Other	0.0	0.2	0.1
Observations	104	368	472

Source: Household survey.

In Abi Adi, about three out of four SCTPP beneficiaries collected the payment themselves. By contrast, in Hintalo Wajirat less than half of all beneficiaries collect payments themselves. Payments are collected by relatives who are not a household member for 34 percent of SCTPP beneficiaries, by female household members for 13 percent of beneficiaries, and by male household members for 8 percent of beneficiaries. In Abi Adi, the majority of SCTPP beneficiaries who indicate having designated someone else to collect payments do so due to disability. The most important reason for designation in Hintalo Wajirat is that the pay point is too far to travel for the beneficiary.

Table 6.6 Why the beneficiary sends someone else to collect payments, by *woreda*

Why does someone else go?	Abi Adi	Hintalo Wajirat	All respondents
		(percent)	
Too far for SCTPP beneficiary to travel	11.2	55.2	50.3
SCTPP beneficiary is disabled	67.1	31.0	35.0
SCTPP beneficiary has to look after children	0.9	0.3	0.3
SCTPP beneficiary has to do household tasks	0.0	0.3	0.3
SCTPP beneficiary has to work on farm	0.0	0.5	0.4
SCTPP beneficiary was running own business	0.0	1.4	1.3
SCTPP beneficiary has to do wage work	0.0	0.0	0.0
Other	20.8	11.3	12.3
Observations	104	368	472

Source: Household survey.

Concern was expressed by program staff and participants that the designated person may not be able or willing to collect the payment every month, or might demand payment for collecting the transfer.

> *Some designates fail to collect payments on time because they are prioritizing their own business first. . . . Some designates also didn't properly deliver the money to direct beneficiaries* [WO/MN].

> *We observe some difficulties. For example, there was a woman who had designated one person and she failed to collect her payments for two months. Her designator abused the payment and took it for himself. The CCC has accused him in social court and forced him to pay her* [CCC/AA].

The quantitative data indicated that in 21 percent of cases (approximately 100 observations out of 484) where the beneficiary sent someone else to collect payment, that person was paid to do so. But in these relatively few cases, the amounts paid are considerable. The vast majority of these payments, 94 percent, were greater than 100 birr with two-thirds of these being 155 birr. Out of these 100 observations, 43 were instances where a non-household member collected the payment on behalf of the designated beneficiary and was paid 155 birr for doing so.

Table 6.7 reports the proportions of beneficiaries having collected payments by month.

As Table 6.7 shows, the majority of participants are able to collect their payments on the stipulated day. When we disaggregated by *tabia* within Hintalo Wajirat, we found no major differences with the exception of Sebebera, where the percentage of households reporting receiving their payment lay between 16, and 70 percent between Hamle EC2003 and Tahisas EC2004. Illness is the most important reason for participants or designated persons to miss monthly payments on the stipulated payment day.

> *Yes, I missed the payment for June 2012 because I was sick and I hope I'm going to collect double payment in the July 2012 payment* [CPM/S].

Table 6.7 Percent beneficiaries who report that their payment was collected, by month

	Month									
	EC2004								EC2003	
Woreda	**Miazia**	**Megabit**	**Yekatit**	**Tir**	**Tahisas**	**Hidar**	**Tikamit**	**Meskerem**	**Nehasse**	**Hamle**
Abi Adi	84.3%	98.9%	99.1%	99.1%	99.2%	99.4%	98.9%	98.9%	96.8%	75.1%
Hintalo	95.7	97.7	97.9	98.0	92.3	90.4	89.4	83.5	53.1	27.0

Source: Household survey

The majority of program staff, CCC members and participants agreed that missing a payment is not a major concern and that there are ample possibilities to receive the payment at a later date. In Abi Adi and May Nebri, the *woreda* program staff indicated that the payment can be collected the day after the stipulated payment day. Program staff, CCCs, and program participants in other *tabias* indicated that they are able to collect payments the following month. Even if the participant misses payments for more than one consecutive month, payments are paid in full. Although follow-up by program staff and CCCs occurs when participants miss more than one payment, such as in cases of illness or disability, a response seems slow or not provided.

> *Participants can get double payment if they miss a monthly payment. For example, a man known as Gebru Kidu had missed 4 months payment and we traced that the participant is disabled (blind) and his representative was out of the* tabia*. Then we replaced another designation and gave him 5 months payments at one time* [TO/S].

> *There was an incident that one man didn't collect his money for 4 months, then the CCC traced the reason that the man encountered a car accident and he was in hospital. After 4 months the man has designated and collected five months payment in the fifth month [CCC/MN].*

Most participants walk to the payment point and fewer than 5 percent report spending money on transport or accommodation. There are virtually no reports of beneficiaries being robbed or harassed as they travel to the pay points and back home.

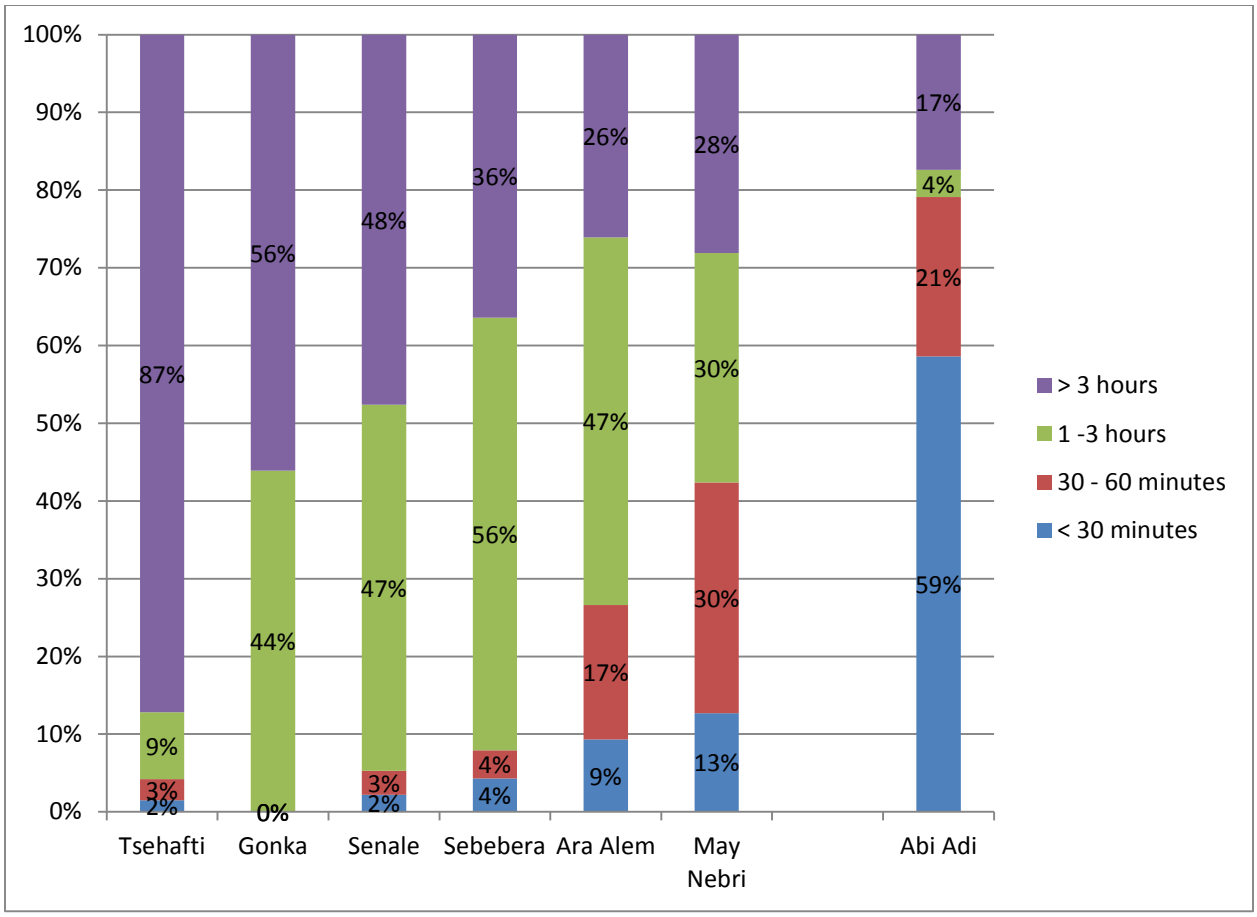
Distance does not appear to be an issue in the urban locality of Abi Adi or in *tabias* where most participants live close to the tarmac road and pay point (see Table 6.8 and Figure 6.2). These show that on average, beneficiaries in Abi Adi travel for about 30 minutes to reach a pay point, with relatively few travelling for more than three hours. Travel times in Hintalo Wajirat are longer, averaging about two hours and 20 minutes. Three out of four beneficiaries in Hintalo report travelling more than one hour to the place where they are paid and 20 percent travel for more than three hours.

Table 6.8 Time needed to reach pay point, by *woreda*

	Mean time	Distribution of travel times (percent)			
Woreda	**Hours**	**0–30 minutes**	**30 min–1 hour**	**1–3 hours**	**> 3 hours**
Abi Adi	0.58	70.8%	24.7%	4.2%	0.3%
Hintalo Wajirat	2.36	8.0	15.9	55.3	20.8

Source: Household survey.

Figure 6.2 Time needed to reach pay point, by *tabia*



Participants in more remote *tabias,* or in remote localities within that *tabia,* however, indicated the distance to be a real challenge in collecting payments. In Tsehafiti, virtually all beneficiaries travel for more than three hours and in Tsehafiti and Adi Keyih, 53 and 34 percent (respectively) of beneficiaries report travelling more than four hours or more to obtain their payments. The issue of travel times also arose in our qualitative fieldwork. Participants in Senale have to collect their payments in Bahri Tseba. Participants indicate having to travel for three to five hours one way, or that they need to spend the night in Bahri Tseba because the trip is too long to do in one day. This problem is particularly pertinent for elderly people.

> *We have problems with the pay point as it is quite far from here and we usually spend two days in Bahri-Tseba to collect our payment* [PM/S].

But even within the *tabia* of Bahri Tseba, participants in distant *kushets* face a long distance to the pay point.

> *Yes, there are kushets far away from the* tabia *center (3-4 hours travelling); elderly people have to travel such a distance to collect their money* [PM/BT].

The problems with distance to the pay point in Senale and remote localities in Bahri Tseba were confirmed by the CCC.

> *From Senale to Bahri Tseba there is not any means of transport and it is three hours travel on foot.*[14] *So, there is a distance problem for the elders* [CCC/S].

The *tabia* social worker in Ara Alemsigeda offered the following perspective on this issue.

> *Distance to pay point is not much of a problem for this* tabia*. Even without transport, they can walk—it is only one hour.*[15] *The main problem is the designation issue—old people or disabled people are allowed to designate another person to collect the money, but they don't do it officially, they just send someone to Adi Gudum, then DECSI cannot pay them and the* tabia *administration can't help them. So we tell them they have to do the designation officially, but we repeatedly face this problem. The other problem with payment is the time—not only the day but also the time is fixed. Payment is at 8 am but sometimes the beneficiaries don't arrive in time and this causes problems because DECSI staff have to get on with their other business* [TSW/PIlot].

6.4 Households' Experiences with Use of Payments

Whether or not participants are asked to make contributions to the CCC or a community fund after receipt of their payments differs by *tabia* and appears to be dependent on the particular CCC. In two out of four *tabias* that were included in the qualitative research, participants were asked to make a contribution after they received SCTPP payments to support those that were excluded from the program. In Abi Adi, participants indicated voluntarily contributing 2 birr per month, as agreed with the local CCC.[16]

> *Yes, we are contributing birr 2 per month voluntarily for the excluded eligible people* [PF/AA].

In Bahri Tseba, participants agreed with the CCC to contribute 10 birr on a monthly basis.

> *Yes, the CCC asked us (the participants) to make a contribution for those eligible households who are not included in the program and we decided on 10 birr* [CPM/BT].

---

[14] In the household survey, 58 percent of respondents in this *tabia* indicated that they took three hours or more to reach the pay point, a figure consistent with that reported by the CCC.

[15] In the household survey, 53 percent of respondents in this *tabia* indicated that they took less than two hours to reach the pay point, a figure consistent with that reported by the *tabia* social worker.

[16] The quantitative household data also show this.

Participants in May Nebri and Senale did not contribute to the CCC or others on a regular basis.

The majority of participants indicate that the level of the payment is not high enough. Although it helps to cover some expenses, it is not enough to pay for rent, food, and other expenses on a monthly basis. Participants point toward the payment for children being too little to cover actual expenses for children, such as exercise books. High inflation rates and the low purchasing power of the birr are mentioned as reasons.

> *Due to the existing inflation in the country, the money is not enough to support our family. Besides, the money allocated for a child is not enough even to purchase school materials, as the price for an exercise book is about 8 birr, so the 35 birr can only buy four exercise books* [PF/MN].

6.5 Summary

We began this chapter by assessing some basic implementation features: whether payments were received in a full and timely manner, whether they were treated courteously by program staff, and whether beneficiaries understood how the program worked. Across these aspects of program implementation, the SCTPP performs exceptionally well. Virtually all beneficiaries report that they receive their payments on time, more than 90 percent report being paid in full, and 82 percent report that they were treated courteously by program staff. Few beneficiaries miss their payments and when this does occur, there are mechanisms in place to address this.

There is, however, one significant cause for concern, distance to pay points in Hintalo Wajirat; both the qualitative and quantitative data corroborate the claims that travel times are long. In this *tabia,* long distances are the primary reason why a designate is used to collect payment. While the decision to ensure that beneficiaries could designate someone else to collect their payments was wise, we suspect that the designers of the SCTPP did not envisage that fewer than half the named beneficiaries in Hintalo would be collecting payments themselves. While the decision to have only three pay points in Hintalo has reduced implementation costs, it means the loss of a full day's work for beneficiaries. Further, the use of payment days as a means of communicating with beneficiaries is undermined when so few can attend in person. Program staff observed that this heavy reliance on designates creates other problems. Where designates are unable or unwilling to collect the payment every month, the objective of ensuring that payments are received monthly is threatened. Some designates demand or receive money for collecting these payments and there are a nontrivial number of cases where the designate has essentially kept the payment.

Chapter 7: Targeting

7.1 Introduction

Targeting refers to mechanisms that identify individuals who are eligible to receive support from a program, and screen out those who are ineligible (HLPE 2012). Targeting, it is often claimed, is needed in order to achieve program objectives: if a cash transfer program aims to reduce poverty, it makes sense to transfer cash only to poor people. Further, given budget constraints, maximizing the impacts of public spending requires targeting limited resources where they are most needed. However, critics of targeting argue that universal or untargeted programs are the only way of guaranteeing that everyone who needs social protection actually receives it. For this reason, universal programs are also favored by a rights-based perspective (HLPE 2012).

The planning document outlining the SCTPP's basic design cites Article 41 of Ethiopia's Constitution:

> Every Ethiopian citizen shall have the right to equal access to social services run with state funds. The State shall allocate progressively increasing funds for the purposes of promoting the people's access to health, education and other social services. The State shall, within the limits permitted by the economic capability of the country, care for and rehabilitate the physically and mentally handicapped, the aged, and children deprived of their parents or guardians (Tigray 2011a 6).

The decision to target transfers made under the SCTPP reflects the tension between the aspirational—the objective as outlined in Article 41 of extending access to all—with the pragmatic—the limits imposed by the availability of financial and human resources. With this in mind, we consider several aspects of the targeting performance of the SCTPP. We examine how targeting procedures were implemented and we assess how closely these followed the guidelines laid out in the SCTPP operational manual (Tigray 2011b). We consider whether this results in program benefits reaching their intended target groups. We assess how participants, nonparticipants, program staff, and other stakeholders perceive these targeting criteria, procedures, and outcomes. Do they see both the process and the outcome of the process as being fair? Lastly, how has participation in the SCTPP been influenced by the presence of the Productive Safety Net Program (PSNP) in Hintalo Wajirat?

7.2 Targeting of the SCTPP: Process and Criteria

The operations manual for the SCTPP emphasizes that the targeting process is to be participatory (Tigray 2011b). It outlines a multistep process. It begins with the CCC and *tabia* authorities listing potential beneficiaries who fulfill the following criteria:

- Are extremely poor. These are households suffering extreme levels of deprivation as measured by hunger (e.g., eating only one meal per day), having no assets, no means of supporting themselves, and receiving no regular assistance from relatives.

and

- Are labor-constrained. A household is considered to be labor-constrained when it has no able-bodied members aged group 19 to 60 who can undertake work or where there is an able-bodied adult who is responsible for more than three dependents (members that are under 19 years of age or over 60 or are unfit for work because they are chronically sick, or disabled, or handicapped, or are in school).

Each listed household is visited by two CCC members to assess their living conditions and the availability of able-bodied members. They then revisit the original list, dropping those households that do not meet these criteria and rank the remainder from most to least neediest. Next, a community meeting is held in each *tabia*. At this meeting, the SCTPP is described and information provided on the eligibility criteria. The list is reviewed for accuracy; new households can be added if there is a consensus that they should be included. CCC members visit these households to check whether they are, in fact, eligible for the program. This information is then passed onto the *woreda* SCT Secretariat. Social workers from the *woreda* then undertake a final verification visit.

The complex process described in the operations manual was, in fact, followed. A *woreda* official described the process that was followed in Abi Adi this way:

> *The targeting came from BOLSA in the form of orientation.* Woreda-*level steering committee was established. Then training was given to the CCC. The CCC also oriented the* ketena[17] *officials about the targeting. Based on the criteria each* ketena *selected eligible households for the program. The CCC compiled a list of households eligible in the* kebele*. Finally, a community meeting was held to endorse the selected households. The final list was sent to WOLSA. WOLSA cross-checked the nominated households by undertaking house-to-house assessments* [WO/AA].[18]

Participants confirmed that this process was followed in all *tabias*.

> *We were selected at the* kushet *level based on the criteria given by the* tabia*. The list of households was sent to the* tabia *and then presented to the community meeting for endorsement. The approved list was sent to the* woreda [PF/S].

[17] A *ketena* in urban areas is equivalent to a *kushet* in rural areas.

[18] Respondent identifiers follow a "who/where" format. So "WO/MN" means "*Woreda* Official" in "May Nebri" *tabia*. A full list of respondent identifier codes is provided in Annex 2.2.

One CCC explained their involvement in the process of selecting eligible households as follows:

> *We have categorized households in three levels and the targeting was made based on these levels. We gave first priority to level 1, then to level 2 and level 3. Level 1 is children who lost both parents, sick and weakened HIV/AIDS patients, very old and disabled who can't work and have no any support. Level 2 is poor households with large family size and who do not have any assets. Level 3 is poor households who have their own house but not regular income* [CCC/AA].

Woreda officials interviewed in the qualitative fieldwork also displayed sound knowledge of the eligibility criteria.

> *Very poor people. The eligibility criteria are: labor-constrained households; female-headed households with three children and above; elderly people who have no support; disabled people who have no support; HIV victims who can't work* [WO/MN].

Officials at *woreda* and *tabia* levels were also asked for their opinion on whether the targeting criteria are appropriate, and how they could be improved. Most agreed that the existing criteria are appropriate but they recommended additional criteria or relaxing some of the thresholds or factors that exclude certain poor people. The effect of adopting these recommendations would be to increase the number of beneficiaries.

> *The criteria are appropriate but it is better to put a minimum threshold for pensioners. For example, in our* kebele *there are disabled persons with a pension of birr 50 but their household size is above 6. With this amount, it is very difficult for them to support their family* [TO/AA].

7.3 Targeting: CCC Perspectives

Participants in the *tabia* surveys were asked, "When deciding who would receive the Social Cash Pilot, what were the three most important criteria that you used." Responses are given in Table 7.1. As these participants included at least two members of the CCC in each *tabia*, we assume they were knowledgeable regarding these criteria.

Given that the respondents for the *tabia* survey are also members of the CCCs, the results are shown in Table 7.1 are slightly surprising. Given the targeting criteria laid down for the SCTPP, we would expect to see a larger number of *tabia* reporting the use of the extreme poor, labor constrained, and no access to external assistance criteria. Combining criteria yields somewhat better results. For example, 7 out of 11 *tabia* report either extreme poverty or absence to external assistance. If we expand the labor constrained category to also include households where someone is disabled or has elderly persons, 8 *tabia* reported using this

broader criterion and all 11 *tabia* use at least one of these broader definitions of extreme poverty and labor constraints as targeting criteria.

Table 7.1 CCC perspectives on SCTPP targeting criteria

Criteria: Household…	Most important criterion	Second most important criterion	Third most important criterion
is extremely poor	3	1	2
is labor constrained	0	5	0
has no access to external assistance	2	4	1
has orphans	3	0	4
has person who is disabled	2	1	0
has person with HIV/AIDS	0	0	4
has elderly persons	1	0	0

Source: *Tabia* survey.

As part of the *tabia* survey, we provided respondents with vignettes, descriptions of fictional households, and asked, based on what they had been told, whether the household should receive (1) the Social Cash Transfer Pilot Project payments; (2) Direct Support payments from the Productive Safety Net Program (PSNP) (these payments do not have a work requirement or other conditionalities attached to them); (3) be paid for doing public works for the PSNP; or (4) receive nothing unless there was a need brought about by a severe drought or other emergency.[19] Results by *tabia* are shown in Table 7.2.

The first vignette—the elderly widow—describes a household that clearly meets the SCTPP criteria for inclusion. Eight out of 11 respondents to the *tabia* survey indicated that they would include it with the remaining 3 stating that she should receive Direct Support payments from the PSNP. The second vignette describes a household that meets the labor-constrained criterion. But while it is clearly poor, it is ambiguous whether it is extremely poor. Nine indicated that this household should receive either SCTPP payments or receive Direct Support from the PSNP. The third and fourth vignettes are households that are not labor-constrained and thus should not be eligible for the SCTPP. Correctly, no *tabia* stated that these households should receive SCTPP payments; instead, most correctly indicated that the food-insecure household should be able to receive employment under the Public Works component of the PSNP while the food-secure household was only eligible for emergency assistance. These results give credence to the view that the criteria for targeting are well understood at the level at which they were to be implemented.

[19] Strictly speaking, the PSNP is not available in Abi Adi, although it is available in the surrounding *woredas*. Respondents in Abi Adi were asked to assume that the PSNP was available in urban areas when answering these questions.

Table 7.2 Responses to targeting vignettes

		Vignette			
		1	2	3	4
		Household consists of:			
Woreda	***Tabia***	**An elderly widow with no children to help her. She is not able to farm for herself**	**An elderly man, his wife and a grand-daughter. They can farm one *timad* of land but do not grow enough food to feed themselves.**	**A man and woman and three school-age children. Both are able-bodied. However they only grow enough food to feed themselves for 10 months of the year.**	**A man and woman and three school-age children. They own an ox. Each year, they have a small surplus of food production that they sell in the market.**
Hintalo-Wajirat	Tsehafti	SCTPP	PSNP-PW	PSNP-PW	Emergency aid only
	Adi Keyih	SCTPP	SCTPP	PSNP-DS	PSNP-PW
	May Nebri	PSNP-DS	PSNP-PW	Emergency aid only	Emergency aid only
	Gonka	SCTPP	SCTPP	PSNP-PW	Emergency aid only
	Sebebera	SCTPP	PSNP-DS	PSNP-PW	Emergency aid only
	Ara-Alem	PSNP-DS	SCTPP	PSNP-PW	Emergency aid only
	Bahr Tseba	SCTPP	PSNP-DS	PSNP-PW	Emergency aid only
	Senale	SCTPP	SCTPP	PSNP-DS	Emergency aid only
Abi Adi	Kebele 1	PSNP-DS	SCTPP	Emergency aid only	Emergency aid only
	Kebele 2	SCTPP	PSNP-DS	Emergency aid only	Emergency aid only
	Kebele 3	SCTPP	SCTPP	PSNP-PW	Emergency aid only
Number of *tabias* reporting	SCTPP	8	6	0	0
	PSNP-DS	3	3	2	0
	PSNP-PW	0	2	6	1
	Emergency aid	0	0	3	10

Source: *Tabia* survey.

When asked, "Are there any SCTPP participants who also receive PSNP support?," *woreda* and *tabia* officials demonstrated good awareness that households should not be registered for both SCTPP and PSNP.

> *No, because people couldn't be benefiting from two different programs* [WO/MN].

> *At this time there is no any household who participates in PSNP. In fact, during the initial time, they were participating in both programs, but their participation was interrupted, based on the directive given from BOLSA* [TO/S].

The large majority of SCTPP households are eligible for both PSNP and SCTPP, because the eligibility criteria overlap, but to prevent "double dipping," most households were transferred from PSNP to SCTPP.

> *The beneficiaries of the 7 tabias excluding Bahr Tseba are 2,618, of which 2,063 are directly transferred from PSNP. The transfer was decided through the discussion made between the CCCs and the beneficiary households* [WO/MN].

According to officials and the CCCs, PSNP participants chose to switch to SCTPP after the advantages of doing so were explained to them.

All households were transferred from the PSNP direct support. There was a discussion with the households to choose between PSNP and SCTPP and all households have chosen SCTPP [CCC/S].

This was confirmed by SCTPP participants.

There is no one who participates in the PSNP after we joined the SCTPP. Before the SCTPP we used to participate in PSNP direct support, but it was stopped right after we joined the program [PM/MN].

I used to participate in the PSNP direct support since 2008. But I stopped to participate in PSNP after I joined the SCTPP. The tabia *administration has decided to transfer us from PSNP to SCTPP and I also agreed* [CPM/S].

7.4 Targeting: Household Perspectives

Households were asked to list up to three criteria that they believed were used to select beneficiaries for the SCTPP. Responses are shown in Table 7.3. More than half of all survey respondents gave as their first response that having elderly persons in the household was a targeting criterion and more than 70 percent listed this as a criterion. Being poor or among the poorest were most frequently listed as the second response. Across all responses, poverty was mentioned by 75 percent of respondents. A further 36 percent described targeting criteria in terms of beneficiaries being unable to work or having no way of supporting themselves, terms which explicitly appear as targeting criteria. Encouragingly, few respondents perceived that favoritism influenced who was selected, nor did they provide answers (such as randomly or quota-driven) suggesting that they thought that selection was essentially arbitrary. However, a surprising number of respondents indicated that they could not describe the criteria used to choose beneficiaries.

We disaggregate these data on perceived criteria in two ways, by *woreda* and whether the respondent had attended the *tabia* meeting where selection into the SCTPP was discussed (Table 7.4). Among those who attended these meetings, understanding of targeting criteria was high: in both Hintalo Wajirat and Abi Adi, more than 90 percent of respondents indicated that being poor or among the poorest was a targeting criterion and between 40 and 45 percent reported that being unable to work or having no way of supporting themselves were also targeting criterion. There are few differences across *woredas* in the criteria reported by respondents. Among those that did not attend these meetings, 30 percent of respondents in Hintalo and 18 percent in Abi Adi could not list any targeting criteria, indicating that these meetings were effective in communicating how beneficiaries were being selected.

Table 7.3 Criteria for selection into the SCTPP as reported at household level

Perceived criteria	Mentioned by respondent	Criterion listed as		
		Criterion 1	Criterion 2	Criterion 3
Measures of poverty				
People who are poor	50.15	7.24	28.04	14.87
People who are the poorest in this locality	27.55	3.62	13.18	10.75
People who have no way of supporting themselves	19.19	2.72	5.06	11.41
Households where all adults are unable to work	17.15	2.50	9.31	5.34
People who have been badly affected by drought	5.15	0.19	1.01	3.95
People with small or no landholdings	2.43	0.30	0.63	1.50
People with few or no cattle/oxen	1.91	0.14	0.38	1.39
Demographic characteristics				
Old people	71.20	55.54	10.35	5.31
Orphans	10.89	1.28	2.04	7.57
Households with many children	5.83	0.74	2.07	3.02
War veterans	4.00	0.46	1.09	2.45
Favoritism				
Payments given to family and friends of the CCC	0.68	0.08	0.27	0.33
Payments given to family and friends of village leadership	0.65	0.11	0.16	0.38
Certain religious groups receive preference	0.13	0.05	0.03	0.05
Allocations are arbitrary				
Randomly	1.72	0.90	0.38	0.44
Quota for each *kebele*, *tabia*, or *kushet*	5.28	2.45	1.09	1.74
Other reasons	5.50	1.03	1.39	3.08
State that they cannot give a reason	14.70	14.70		
Do not answer	–	5.94	23.52	26.44

Source: Household survey.

The qualitative fieldwork revealed that most SCTPP participants, control group, and comparison group households participated in the targeting process, unless they could not attend the community meetings due to illness or disability.

> *Yes we were involved in the targeting process, finally in the public meeting, while the selected households were approved* [PM/S].

> *Yes, we participated in the final targeting process in the public meeting. The* tabia *officials read the list of participants to the people in the meeting and we approved the selection one by one* [CnF/BT].

> *Yes, I was involved through the community meeting* [CmF/S].

Table 7.4 Criteria for selection into the SCTPP as reported at household level, disaggregated by *woredas* and attendance at selection meetings

	Hintalo-Wajirat		Abi Adi	
	Attended meeting where selection was discussed		Attended meeting where selection was discussed	
Perceived criteria	**Yes**	**No**	**Yes**	**No**
Measures of poverty				
People who are poor	62.0	43.3	54.3	49.3
People who are the poorest in this locality	28.8	21.0	36.8	31.9
People who have no way of supporting themselves	21.5	14.5	29.8	19.1
Households where all adults are unable to work	19.0	15.0	16.8	22.2
People who have been badly affected by drought	9.5	4.8	5.7	2.3
People with small or no landholdings	3.5	2.3	2.6	1.5
People with few or no cattle/oxen	2.8	2.6	0.9	0.6
Demographic characteristics				
Old people	85.0	62.0	80.4	68.8
Households with many children	10.5	5.4	5.4	5.0
Orphans	9.5	7.0	22.7	9.9
War veterans	3.0	0.9	10.2	6.7
Favoritism				
Certain religious groups receive preference	0.8	0.1	0.1	0.0
Payments given to family and friends of the CCC	0.5	0.9	0.1	0.4
Payments given to family and friends of village leadership	1.8	0.7	0.1	0.4
Allocations are arbitrary				
Randomly	3.0	2.0	0.7	1.0
Quota for each *kebele*, *tabia*, or *kushet*	5.3	4.8	6.7	3.1
Other reasons	3.5	2.5	7.6	3.8
Do not know	1.8	30.1	2.4	18.2

Source: Household survey.

Focus group discussions revealed that most program participants and nonparticipants (control and comparison groups) share a common understanding of SCTPP eligibility criteria, which they expressed mainly in terms of standard "vulnerable groups." Old age and poverty are also among the most frequent responses in the household survey; however, the most common response in the qualitative fieldwork—illness, especially HIV and AIDS—does not feature directly in the survey responses, nor does disability.

> **Illness** [16]: *"sick people, especially HIV/AIDS victims"; "sick persons who can't work"; "HIV victims who can't work"; "people who live with HIV/AIDS"*
>
> **Elderly** [15]: *"elders who have no support"; "old people"; "elderly people"*
>
> **Poverty** [11]: *"poor people who have no means to live"; "poor people who can't work"; "destituteness"; "extremely poor households"; "poor people"*
>
> **Disability** [10]: *"disabled people"*
>
> **Orphans** [10]: *"orphans"; "orphan children"; "double orphan"; "orphan-headed households"; "double orphan children (children who lost both of their parents)"*

As an indicative "validation" test of the targeting, the qualitative fieldwork included a participatory poverty profile in one locality within each of Abi Adi, Bahr Tseba, May Nebri, and Senale, against which SCTPP participating and nonparticipating households were assessed. Focus groups were first asked to describe the characteristics of poor, medium, and rich households in their community. Then they were asked to list all households in the locality, and to assign each household to one of the three wealth categories. Next, they identified which households on the list are benefiting from the SCTPP. Finally, focus groups were asked to discuss any households that have been classified as "Rich" or "Medium" and do benefit from SCTPP, and any households that have been classified as "Poor" but do not benefit from SCTPP.

Rural communities define wealth in terms of assets owned—labor, land, and livestock (Table 7.5). Urban households define wealth differently, including dependency ratio, housing, income from business, salaried employment or renting out property, and ownership of a grinding mill or vehicle (Table 7.6).

Table 7.5 Local wealth criteria, rural Tigray (Bahr Tseba, May Nebri, and Senale)

Criteria	Rich	Medium	Poor
Labor	2 or more able persons	1 able persons	0 able persons
Farmland	At least 1 hectare	0.5 hectare	Sharecropping
Irrigable land	0.5 hectare	0.25 hectare	0
Livestock			
Oxen	2 or more	1	0
Cattle	4 or more	2	0
Shoat	10 or more	5	2
Donkey	2	1	0
Chicken	2	10 or more	5
Beehive	4 or more	0-2	0

Source: Qualitative fieldwork.

Table 7.6 Local wealth criteria, urban Tigray (Abi Adi)

Criteria	Rich	Medium	Poor
Labor	>3 able persons	1-2 able persons	1 person who supports for >3 persons
Residence house	>3 rooms	2 rooms	1 room
Income from business (birr/month)	>2,000	1,000	<500
Salary (birr/month)	>3,000	1,500–2,200	<1,500
House rent income (birr/month)	>3,000	1,500	500
Grinding mill	1	0	0
Vehicle	1	0	0

Source: Qualitative fieldwork.

In the three rural communities, 42 percent of households were classified as poor and 58 percent as nonpoor. All the nonpoor households were correctly excluded from the program, so inclusion error was zero. Among the poor households, over half are SCTPP participants (62 percent) but more than one-third (38 percent) are not. This might appear to be a high exclusion error, but the explanations given for excluding each household are in line with the targeting criteria. Reasons include: *"She is a pensioner and receives 37 birr per month"; "He receives remittances from a daughter in Saudi Arabia"; "She has sons to look after her and her farmland*

is cultivated by her sons"; "He is young and is involved in casual work"; "He is participating in PSNP."

In two cases the community agreed that the person is eligible and should be participating in the SCTPP. *"She is eligible, but due to the imposed quota, she is not participating."* In these examples, this amounts to an exclusion error of 2/37, or 5 percent.

Table 7.7 SCTPP participation, by wealth classification, rural communities

Bahr Tseba + May Nebri + Senale	Participant	Nonparticipant	Total
Poor	23 (26%)	14 (16%)	37 (42%)
Not poor	0 (0%)	52 (58%)	52 (58%)
Total	23 (26%)	66 (74%)	89 (100%)

Source: Qualitative fieldwork.

In the urban community, 83 percent of households were classified as poor and 17 percent as nonpoor (Table 7.8). Again, all nonpoor households were excluded from the SCTPP, so inclusion error was zero. However, 80 percent of households classified as poor were not SCTPP participants. Again, the explanations given for exclusion mostly seem defensible: *"She is a pensioner earning 75 birr a month"; "She is involved in selling local drink"; "He is not eligible because is he is 40 years old and can work to support his family."*

On the other hand, several reasons given for "poor" households being excluded seem to indicate that the household is relatively well off: *"He has rental houses"; "He has two dairy cows and he is selling dairy products"; "He works as a guard and is earning birr 470 per month"; "He has a salary of birr 300 from the church."* In these cases the exclusion of 80 percent of households classified as poor from the SCTPP does not seem like exclusion error, but incorrect classification of households that are not poor at all.

Table 7.8 SCTPP participation, by wealth classification, urban community

Abi Adi	Participant	Nonparticipant	Total
Poor	5 (17%)	20 (67%)	25 (83%)
Not poor	0 (0%)	5 (17%)	5 (17%)
Total	5 (17%)	25 (83%)	30 (100%)

Source: Qualitative fieldwork.

What is most encouraging about this informal "validation" exercise is that not a single case of incorrect inclusion on the SCTPP was recorded.

7.5 Perceptions of Inclusion, Exclusion, and Fairness

Officials and CCCs were asked if there were any <u>inclusion errors</u> in the selection process *("Are there any people who have been included in the SCTPP but are not eligible?")*. The consensus was that the targeting had been well done, leaving little possibility of inclusion errors.

> *No, because the targeting process was very tight and transparent, but minor errors could happen as the targeting was implemented by people* [WO/MN].

No, because there were various stages of the targeting process and people were dropped at various stages if they are not eligible [TO/BT].

No, because the selection was carried out based on the prioritized problems that the poorest came first [CCC/BT].

On the other hand, substantial exclusion errors, or undercoverage, were reported *("Are there any people who are eligible but excluded from the SCTPP?")*.

Yes. Because there are more poor people in the woreda *than the quota given by the region. The participants were prioritized based on their poverty level that the poorest were ranked first* [WO/MN].

Yes. Because of the quota. The total number of eligible persons in the woreda *is 1,200 but the participants are 749. So 451 persons are excluded because of the quota. Prioritized based on their means to support their households* [WO/AA].

Yes, in this tabia *there are 2,525 households, of which 915 households are eligible to participate in SCTPP, but due to the quota imposed, only 465 households are participating and 450 households are excluded* [CCC/S].

The imposition of the quota was the source of many complaints to *tabia* officials, mainly from households that were excluded despite being eligible.

We had challenges in understanding the eligibility criteria. We had also challenges especially with excluded eligible households. During the initial time there were a number of complaints for not participating in SCTPP. But through time the grievances decreased as people understand the quota issue [TO/BT].

After the targeting was completed, the complaints switched, from households resenting being excluded to those included, feeling that individuals should have been targeted rather than households.

Households with disabled person are complaining because the program takes into account the entire household, not individuals. Children above 18 years of age are not included, while in PSNP they are included. The level of payment is not enough as compared to the living expense of the area. The payment for a couple and single households is the same, but it shouldn't be. The payment didn't consider children's food consumption but only education materials, which is not enough even to cover the education expenses [WO/MN].

Households were asked if they felt the targeting process was fair and transparent. Selected households generally believed it was.

Yes, it is fair, because the targeting has started at grassroots level, where everybody knows each other's problems and potentials [PF/BT].

The majority of households in our community were not considered in the targeting because they are capable of helping themselves, and the targeting was focused on livelihood status [PM/S].

Many nonparticipants agreed that the targeting process was fair and transparent.

Yes, because those included in the program are poorer than us [CnF/S].

Some nonparticipants revealed how it was explained to them why they were excluded. Most accepted the reasons for their exclusion.

I know that why I am not participating in the program is because the quota given to our tabia *is not enough to cover all needy households* [CnF/BT].

I know that I am poor; I only receive 70 birr pension every month, which is not enough to cover minor expenses, but the tabia *officials told me that any pensioner is not eligible to participate in the program. The current participants are poor and they are not pensioned like me, so I feel that the targeting is fair* [CnFM/AA].

Because I have enough income—long life to my children—I have regular remittance [CCmF/AA].

I made complaints several times to the grievances hearing committee and tabia *administration, but they told me that only orphans who lost both parents are eligible* [CCnF/AA].

But some nonparticipants either did not understand why they were excluded or disagreed with their exclusion from the program.

No, I have no idea. I repeatedly asked the Tabia *Administrators and no one has gave me a convincing answer. They are biased* [CCnF/MN].

At the beginning, the criteria were not clear. Because of my age, I was selected to the program but later when the criteria were clear, I was excluded and I didn't make any complaint [CmFM/AA].

I believe that I'm eligible for the SCTPP because I'm poor and I have four orphan children [CCnF/AA].

People who are better off are not considered, but due to the imposed quota, there are eligible people who didn't participate in the program [CmM/BT].

It is not fair and transparent, because people who are wealthier than me are participating in the program [CnF/MN].

Given this last set of quotes, Table 7.9 is instructive. It shows the percentage of respondents in the household survey who perceived that the selection process was fair, disaggregated by treatment status and location. We also disaggregate by whether the respondent knew about the existence of the CCC.

Table 7.9 Perceptions of fairness of the selection process, by location, beneficiary status, and contact with the CCC

	SCTPP beneficiary	On initial list but not selected for inclusion	Random sample (never on list)
		(percent)	
Abi Adi			
Perceived selection was fair	83.6	42.0	56.1
Knew about the CCC and perceived selection was fair	86.5	50.2	71.2
Hintalo Wajirat (including Bahr Tseba)			
Perceived selection was fair	74.8	35.0	44.9
Knew about the CCC and perceived selection was fair	83.9	50.5	67.9

Source: Household survey.

Consistent with the qualitative data, the selection process is widely regarded as fair. While those on the initial list but ultimately not selected, and those never on the list were less likely to see the targeting process as being fair, the subset of these households that knew about the CCCs, and thus were more likely to be well-informed about the selection process, were much more likely to see selection as fair. This points to the vital role played by the CCC in disseminating information during the roll out of the SCTPP.

7.6 Who Receives the SCTP? Results from the Household Survey

In this section, we complement insights from the qualitative data collection with information drawn from the quantitative household survey fielded in May and June 2012. We are particularly interested in the following: how closely do household characteristics of those selected for the SCTPP match the characteristics outlined in the operations manual; do beneficiaries' characteristics match what respondents say were the criteria applied; to what extent are there errors of inclusion; and are there errors of exclusion. When examining data on these questions, several limitations of our data should be noted. First, with the exception of Bahr Tseba, the targeting of households occurred approximately one year before the survey took place. For some characteristics, the time lag between the targeting and the survey is relatively unimportant. More than 98 percent of individuals observed in our sample in 2012 were residing in the same household at the time the targeting took place and fewer than five percent made investments in their housing stock. But while these are relatively unchanged over time, we do not know about household income generation or support from other households that may have existed at the time targeting took place. Second, errors of inclusion and exclusion are usually calculated with reference to a single criterion for program participation. The SCTPP uses multiple criteria for inclusion. Consequently, we should interpret errors of inclusion and exclusion with caution. A household could appear to be erroneously excluded based on the characteristics we observe, but this is not necessarily an error if there is some

other characteristic that we do not observe that affects selection. So, for example, we might observe a household with no able-bodied members that is not included in the SCTPP, but it could have been receiving support from other households (something we do not observe) at the time targeting took place.

Mindful of these caveats, results from the household survey are presented in Table 7.10. Household demographic characteristics play a prominent role in selection criteria. We begin with labor constraints. Recall that a household is considered to be labor-constrained when it has no able-bodied members in the age-group 19 to 60 who can undertake work. Additionally, it is considered to be labor-constrained if the household has an able-bodied adult but also more than three dependents. The proportion of households with these characteristics is found in the first two rows of each table. In addition, we also report the proportion of households with any disabled persons, households consisting only of persons 60 or older and the mean number of persons 60 or older, and the number of able-bodied persons so as to capture demographic criteria mentioned by respondents in focus groups and in the household survey. We also include mean household size and the proportion of households with more than three household members.

Extreme poverty is another criterion used to select beneficiaries. The operations manual describes extremely poor households as those suffering extreme levels of deprivation as measured by hunger, having no assets, no means of supporting themselves, and receiving no regular assistance from relatives. Some of these characteristics—hunger and support from relatives at the time of the targeting exercise—are not observable. Labor constraints and the presence of disabled persons captures some aspect of not being able to support oneself. With this in mind, Table 7.10 focuses on assets beginning with two dimensions of housing stock: whether the dwelling is in a state of disrepair and whether the dwelling consists of only a single room (recall that this was mentioned by focus group respondents in Abi Adi). In addition, we construct a wealth index based on ownership of 25 different consumer durables. The wealth index is constructed using principal components analysis and an index is constructed separately for each *tabia*. The values of the index itself are not especially informative; what is helpful is that the index ranks households from those owning the fewest durables to those owning the most. We take the index and divide it by quintiles. Households in the poorest quintile are those with the fewest assets within their *tabia*.

Lastly, we consider three joint demographic and wealth characteristics. These are: households in the poorest quintile that are also labor-constrained; households in the poorest quintile with only elderly persons in their household; and households in the richest quintile that have able-bodied labor.

We compare these criteria across four groups: (1) the “initially eligible” are all households that appeared on the initial list prepared by the CCC; (2) “beneficiary” includes households that were selected for program inclusion after a home visit by the CCC and the public meeting; (3) “initial eligible, non-beneficiaries” are households that appeared on the initial list but were dropped either after the home visit or after the public meeting; and (4) the

random sample are data taken from a random sample of households that were not placed on the initial list.

We begin with the results of the full sample, Table 7.10. The number 0.43 in column (1) tells us that 43 percent[20] of households on the initial list were labor constrained in that they had no able-bodied members aged 19 to 60 who could work. By contrast, only 7 percent of households in the random sample (i.e., households that did not make the initial list) were labor-constrained. The t-test reported in the column (1) = (4) tells us that we can reject, at the 95 percent confidence interval, that these two percentages are equal. The fact that the percentage is relatively high for those households found on the initial list, and that there are few labor-constrained households not on the initial list provides, along with the qualitative data, strong evidence that this criterion was, in fact, used by CCCs. Among those households on the initial list, a greater percentage of those ultimately selected (52 percent) were labor-constrained compared to those on the list who were not selected (24 percent). This difference is also statistically significant. Finally, a comparison of columns (2) and (4) shows that on average, those selected were more likely to be labor-constrained than a random sample of households that were never considered for the SCTPP.

A second demographic criterion was the presence of an able-bodied person in a household with more than three dependents. Table 7.10 shows that for the full sample, it appears that this criterion was <u>not</u> used. In fact, households with more than three dependents were less likely to appear on the initial list than a random sample of households that were not listed. Among those selected, they were less likely to be retained.

One clue as to why we observe this pattern is found in the remaining demographic characteristics. Households with a disabled person were more likely to be listed and more likely to be included in the SCTPP if listed, but the presence of a disabled person does not guarantee selection; this is consistent with the complaint recorded in the qualitative survey work that because inclusion criteria were household, not individual based, some households with disabled persons were excluded. Most striking is the proportion of households containing only persons who are elderly (60 years or older). Among those on the initial list, 22 percent have only elderly persons compared with only 3 percent of a random sample of non-beneficiaries. It appears that virtually all households with only old people were included in the initial listing. This is consistent with what households in the quantitative survey perceived to be an important selection criterion. Households that appeared on the initial list and households that were selected for the PSNP have fewer able-bodied persons. By contrast, households selected for the SCTPP are much smaller than households that are not included in the program; they have, on average, only half the number of members (2.42) compared to a household that was never listed (4.73).

[20] We get the percent figure by multiplying the proportion by 100.

Table 7.10 Household characteristics, by beneficiary status, full sample

			Initial eligible			T test on difference between		
		All initial eligibles (1)	Beneficiary (2)	Non-beneficiary (3)	Random sample (4)	All initial eligibles and random sample (1) = (4)	Beneficiary and eligible non-beneficiary (2) = (3)	Beneficiary and random sample (2) = (4)
Demographic characteristics								
Labor constrained	Proportion	0.43	0.52	0.24	0.07	15.88**	9.13**	17.91**
More than three dependents	Proportion	0.14	0.10	0.21	0.37	9.22**	6.07**	10.50**
Any disabled person	Proportion	0.33	0.37	0.25	0.10	11.30**	5.40**	13.53**
Only persons 60 or older	Proportion	0.22	0.29	0.09	0.03	11.69**	9.54**	12.78**
Number of persons 60 or older	Mean	0.61	0.68	0.47	0.22	11.32**	4.75**	12.08**
Number able-bodied persons	Mean	0.84	0.66	1.20	1.76	15.02**	9.66**	18.98**
Household size	Mean	2.79	2.42	3.55	4.73	12.61**	9.42**	15.52**
More than three members	Proportion	0.29	0.19	0.47	0.67	12.54**	11.83**	16.71**
Wealth								
Dwelling structure has cracks, leaks, is dilapidated or falling apart	Proportion	0.28	0.33	0.20	0.11	7.51**	5.54**	7.74**
Dwelling consists of a single room	Proportion	0.77	0.82	0.69	0.51	7.86**	4.69**	7.93**
In poorest quintile of wealth index in their *tabia*	Proportion	0.30	0.36	0.19	0.09	9.21**	5.69**	9.13**
In richest quintile of wealth index in their *tabia*	Proportion	0.15	0.12	0.21	0.41	6.61**	3.41**	6.55**
Joint demographic and wealth characteristics								
Poorest quintile AND labor constrained	Proportion	0.18	0.24	0.08	0.01	11.23**	7.18**	10.75**
Poorest quintile AND only old people	Proportion	0.11	0.15	0.03	0.002	9.47**	6.65**	8.81**
Richest quintile AND able-bodied person	Proportion	0.12	0.09	0.16	0.39	7.36**	3.25**	7.39**

Source: Household survey.

Notes: *, significant at the 10 percent level; **, significant at the 5 percent level.

The four wealth indicators shown in Table 7.10 all suggest a well-targeted intervention. Households listed and those selected have poorer housing stock as measured by the state of the dwelling and the number of rooms it contains. As measured by the wealth index, households in the poorest quintile within their *tabia* were more likely to be on the initial list of potential beneficiaries and within this list, were more likely to be selected for program inclusion. By contrast, relatively few households in the richest quintile appear on the initial listing and these were least likely to be included in the SCTPP.

It is important to remember that the targeting of the SCTPP was based on both demographic and poverty characteristics. With this in mind, consider the last set of results in Table 7.10. The first two rows combine households in the poorest wealth quintile with being labor-constrained and comprising of only elderly people. Strikingly, there are essentially no poor labor-constrained or elderly households in the random sample, meaning that all such households were at least considered for inclusion. Approximately 8 percent of households listed but not included were poor and labor constrained. Some of this may reflect budget constraints. By this criterion, this figure represents an upper limit of exclusion error; it is an upper limit given that—as we have seen with the qualitative data—there may have been other characteristics that rendered some of these households ineligible. The final row can be seen as a crude proxy for inclusion error—wealthy households with able-bodied members should be excluded. Approximately 9 percent of SCTPP beneficiaries are in this group. But this, too, should be considered an upper estimate, as there may be other factors that resulted in some of these households being included.

Tables 7.11a, 7.11b, and 7.11c give results separately for Abi Adi, Hintalo Wajirat (excluding Bahr Tseba), and Bahr Tseba. There do not appear to be major differences across these locations in the use of these criteria.[21]

7.7 The SCTPP and the PSNP

Ethiopia's flagship social transfer program, the Productive Safety Net Programme (PSNP), has operated in rural areas of Tigray, including Hintalo Wajirat, since 2005.[22] It does not operate in urban areas such as Abi Adi. The PSNP consists of two components. The larger component is Public Works (PW), which is targeted toward food-insecure households with able-bodied adults. Public Works activities focus largely on infrastructure improvements and natural resource management and largely occur during the nonagricultural season. In addition, some PSNP beneficiaries—those households that are food-insecure but lacking labor power—receive unconditional payments called Direct Support (DS). In this section, we examine two questions: (1) the extent to which SCTPP beneficiaries also receive payments from the PSNP; and (2) how the introduction of the SCTPP affected households who had previously been PSNP beneficiaries.

[21] In future work, it would be interesting to see whether correlation between attending meeting and being part of treatment rather than control group is positive and significant—some of the responses in the qualitative work seemed to suggest that those who did not attend the meeting are more likely to be excluded, despite being eligible. A probit based on those listed and those selected could uncover this.

[22] We omit Bahr Tseba in the results presented in this section.

Table 7.11a Household characteristics, by beneficiary status, Abi Adi

			Initial eligible			T test on difference between		
		All initial eligibles (1)	Beneficiary (2)	Non-beneficiary (3)	Random sample (4)	All initial eligibles and random sample (1) = (4)	Beneficiary and eligible non-beneficiary (2) = (3)	Beneficiary and random sample (2) = (4)
Demographic characteristics								
Labor constrained	Proportion	0.33	0.44	0.18	0.07	6.80**	7.67**	9.16**
More than three dependents	Proportion	0.13	0.09	0.18	0.30	3.66**	3.13**	4.53**
Any disabled person	Proportion	0.31	0.40	0.20	0.14	4.11**	7.94**	6.75**
Only persons 60 or older	Proportion	0.17	0.24	0.08	0.01	6.43**	4.73**	6.83**
Number of persons 60 or older	Mean	0.40	0.49	0.27	0.21	2.86**	5.03**	3.78**
Number able-bodied persons	Mean	0.92	0.73	1.17	1.62	7.67**	6.17**	10.39**
Household size	Mean	2.87	2.45	3.41	4.35	5.90**	6.52**	7.61**
More than three members	Proportion	0.33	0.21	0.47	0.65	5.54**	7.76**	7.64**
Wealth								
Dwelling structure has cracks, leaks, is dilapidated or falling apart	Proportion	0.26	0.31	0.19	0.08	4.47**	3.10**	4.61**
Dwelling consists of a single room	Proportion	0.80	0.83	0.75	0.43	9.06**	2.55**	8.65**
In poorest quintile of wealth index in their *tabia*	Proportion	0.23	0.32	0.12	0.02	8.99**	7.58**	13.03**
In richest quintile of wealth index in their *tabia*	Proportion	0.15	0.10	0.22	0.60	8.00**	2.77**	7.43**
Joint demographic and wealth characteristics								
Poorest quintile AND labor constrained	Proportion	0.13	0.20	0.03	0.007	6.02**	8.01**	9.43**
Poorest quintile AND only old people	Proportion	0.08	0.12	0.02	0.00	5.61**	4.88**	6.03**
Richest quintile AND able-bodied person	Proportion	0.12	0.09	0.17	0.57	9.15**	2.48**	8.50**

Source: Household survey.

Notes: *, significant at the 10 percent level; **, significant at the 5 percent level.

Table 7.11b Household characteristics, by beneficiary status, Hintalo Wajirat (excluding Bahr Tseba)

			Initial eligible			T test on difference between		
		All initial eligibles (1)	Beneficiary (2)	Non-beneficiary (3)	Random sample (4)	All initial eligibles and random sample (1) = (4)	Beneficiary and eligible non-beneficiary (2) = (3)	Beneficiary and random sample (2) = (4)
Demographic characteristics								
Labor constrained	Proportion	0.45	0.52	0.26	0.06	14.11**	6.22**	14.45**
More than three dependents	Proportion	0.15	0.11	0.25	0.42	9.02**	5.93**	10.51**
Any disabled person	Proportion	0.33	0.35	0.27	0.08	11.72**	2.37**	12.10**
Only persons 60 or older	Proportion	0.24	0.30	0.09	0.02	11.29**	7.39**	10.98**
Number of persons 60 or older	Mean	0.68	0.72	0.57	0.20	12.46**	2.80**	11.60**
Number able-bodied persons	Mean	0.83	0.66	1.28	1.47	14.12**	6.90**	17.32**
Household size	Mean	2.82	2.45	3.77	5.07	13.05**	7.48**	16.92**
More than three members	Proportion	0.28	0.20	0.49	0.70	11.78**	8.13**	15.15**
Wealth								
Dwelling structure has cracks, leaks, is dilapidated or falling apart	Proportion	0.29	0.32	0.22	0.11	5.29**	3.21**	5.29**
Dwelling consists of a single room	Proportion	0.78	0.82	0.67	0.60	3.87**	3.42**	4.06**
In poorest quintile of wealth index in their *tabia*	Proportion	0.35	0.38	0.25	0.13	6.52**	3.51**	6.25**
In richest quintile of wealth index in their *tabia*	Proportion	0.15	0.13	0.21	0.32	3.43**	1.93*	3.52**
Joint demographic and wealth characteristics								
Poorest quintile AND labor constrained	Proportion	0.22	0.26	0.10	0.02	8.99**	5.19**	8.25**
Poorest quintile AND only old people	Proportion	0.13	0.17	0.04	0.003	7.70**	5.05**	7.12**
Richest quintile AND able-bodied person	Proportion	0.12	0.10	0.16	0.30	4.10**	1.89*	4.17**

Source: Household survey.

Notes: *, significant at the 10 percent level; **, significant at the 5 percent level.

Table 7.11c Household characteristics, by beneficiary status, Bahr Tseba

			Initial eligible			T test on difference between		
		All initial eligibles (1)	Beneficiary (2)	Non-beneficiary (3)	Random sample (4)	All initial eligibles and random sample (1) = (4)	Beneficiary and eligible non-beneficiary (2) = (3)	Beneficiary and random sample (2) = (4)
Demographic characteristics								
Labor constrained	Proportion	0.52	0.62	0.37	0.15	7.71**	4.42**	7.45**
More than three dependents	Proportion	0.10	0.07	0.13	0.25	2.39**	1.89*	2.88**
Any disabled person	Proportion	0.36	0.40	0.20	0.10	4.59**	2.48**	5.06**
Only persons 60 or older	Proportion	0.23	0.30	0.12	0.10	2.00*	3.75**	2.84**
Number of persons 60 or older	Mean	0.72	0.82	0.46	0.35	4.71**	2.34**	6.15**
Number able-bodied persons	Mean	0.68	0.47	1.02	1.52	4.84**	7.81**	6.40**
Household size	Mean	2.54	2.19	3.12	3.92	3.34**	4.23**	3.93**
More than three members	Proportion	0.23	0.12	0.40	0.56	3.00**	6.41**	4.23**
Wealth								
Dwelling structure has cracks, leaks, is dilapidated or falling apart	Proportion	0.29	0.38	0.14	0.13	3.60**	3.21**	3.34**
Dwelling consists of a single room	Proportion	0.71	0.77	0.61	0.27	4.31**	2.44**	4.32**
In poorest quintile of wealth index in their *tabia*	Proportion	0.23	0.27	0.15	0.09	3.12**	1.52	2.43**
In richest quintile of wealth index in their *tabia*	Proportion	0.15	0.09	0.24	0.45	2.72**	2.12*	2.51**
Joint demographic and wealth characteristics								
Poorest quintile AND labor constrained	Proportion	0.16	0.20	0.10	0.00	4.73**	1.67	3.69**
Poorest quintile AND only old people	Proportion	0.08	0.11	0.03	0.00	3.06**	1.64	2.37**
Richest quintile AND able-bodied person	Proportion	0.10	0.06	0.18	0.38	3.14**	2.42**	3.12**

Source: Household survey.

Notes: *, significant at the 10 percent level; **, significant at the 5 percent level.

The survey instrument asked households if they were currently participating in the PSNP, either as Public Works or Direct Support beneficiaries. Information was collected on days worked and payments in the four months prior to the SCTPP survey[23]; that is, we have information on PSNP participation for the months of Tir, Yekatit, Megabit, and Miazia. These are the four months that the PSNP was operating in 2012.

Table 7.12 provides some basic descriptives on access to the PSNP by three groups: SCTPP beneficiaries; households that were on the initial list but were not selected for inclusion into the SCTPP; and households in the random sample. Based on these household self-reports, there are few SCTPP beneficiaries who also participate in the PSNP, either receiving payments for public works (5.2 percent) or DS transfers (6.5 percent). However, this finding is somewhat different from the CCC perspectives on targeting reported in Section 7.3, which suggested that there were no cases of "double dipping." Many of those households on the initial list but not selected for the SCTPP do receive PSNP benefits, 35 percent undertaking public works and 24 percent receiving DS. Few households, less than 4 percent, in the random sample obtained DS payments. This is not surprising, given that there are similarities in the targeting criteria used for both PSNP-DS and the SCTPP. Public Works beneficiaries averaged 280 and 358 birr per payment but were paid only twice during the four-month period prior to the quantitative household survey. Direct Support recipients received 158 to 261 birr per payment but also were paid only twice in four months. One implication of this is that while the comparison group for our study (households that were on the initial list but were not selected for inclusion into the SCTPP) receive transfers outside of the SCTPP, they receive smaller amounts and receive these irregularly.

Table 7.12 Current participation in the PSNP, by program component and SCTPP beneficiary status

	SCTPP beneficiary	On initial list but not selected for SCTPP	Random sample
PSNP public works			
Percent receiving any payment in 2012	5.2	35.6	32.0
Mean amount received per payment (birr)	280	301	358
Mean number of payments	1.9	1.9	1.8
Number of public works beneficiaries	41	294	85
PSNP direct support			
Percent receiving direct support in 2012	6.5	24.1	3.8
Mean amount received per payment (birr)	158	200	261
Mean number of payments	2.4	2.1	1.4
Number of direct support beneficiaries	49	199	10

Source: Household survey.

We also assess the extent to which households that had been enrolled in the PSNP were moved to the SCTPP. Results are shown in Table 7.13.

[23] In Hintalo Wajirat, nearly all PSNP payments are made in cash.

Table 7.13 Movement of households from the PSNP to the SCTPP

	SCTPP beneficiary	On initial list but not selected for SCTPP	Random sample
Undertook PSNP-PW but has now stopped	15.3	9.7	3.0
Participation stopped because household was moved to SCTPP	90.7	-	-
Started receiving PSNP PW payments after 2012	2.5	2.7	6.0
Received DS in the past but has now stopped	34.2	2.9	2.3
Participation stopped because household was moved to SCTPP	98.0	-	-
Started receiving DS payments after 2012	15.0	9.2	10.0

Source: Household survey.

Approximately half of all SCTPP beneficiaries in Hintalo Wajirat are former PSNP participants, with the majority of these being households that previously received Direct Support. Virtually all of these former participants stated that their participation in the PSNP stopped because they were moved to the SCTPP. This is consistent with what we found in the qualitative fieldwork. We wondered if, given the presence of the SCTPP, non-SCTPP households would gain access to the PSNP. This does not seem to be the case, as relatively few households either on the initial list but not selected for the SCTPP or drawn from the random sample enter the PSNP after the SCTPP starts.

7.8 Summary

The SCTPP targets households that are extremely poor and labor-constrained, as identified by CCC members and *tabia* officials and verified by local communities in public meetings. Almost all *woreda* and *tabia* officials, CCC members, and SCTPP participants interviewed for this study demonstrated sound knowledge of the eligibility criteria and confirmed that the targeting procedures had been correctly applied in all communities surveyed.

There is very little evidence of inclusion error; the qualitative and quantitative data concur that virtually all households selected for the SCTPP meet the eligibility criteria. However, there is substantial exclusion error, or undercoverage. Many households that do satisfy the eligibility criteria were excluded from the SCTPP because a budget constraint meant a quota had to be applied. Although there was broad acceptance of the eligibility criteria and the targeting decisions, these households that were initially selected, but later cut, were most likely to perceive the targeting process as unfair. The CCCs played an important role in explaining the eligibility criteria and increasing acceptance of the quota among nonselected households.

Many SCTPP beneficiaries, especially in rural Hintalo Wajirat, were formerly PSNP participants, mainly on Direct Support rather than Public Works, since they lack labor capacity. To avoid double-dipping, most of these households were transferred to the SCTPP. Given that the eligibility criteria are similar, it is not surprising that many households initially selected for the SCTPP but not registered because of the quota continue to participate in the PSNP.

Chapter 8: Grievance Procedures

8.1 Introduction

Grievance mechanisms or complaints procedures are gradually being introduced to cash transfer programs in Africa. These innovations are important because they empower beneficiaries and "introduce principles of rights and responsibilities to the design and delivery of the program" (Devereux and White 2010 72). In this chapter we examine the SCTPP's appeals and grievance procedures. We consider the following questions:

- Have grievance procedures been established? How do they work?
- Are participants aware of grievance procedures? Are they used?
- Can people successfully appeal?

8.2 Understanding of Grievance Procedures

Officials and respondents demonstrated good awareness of the existence of a grievance procedure and of how it works. Asked *"Does the SCTPP have a grievance procedure? How does it work?" woreda* officials, CCC members, and social workers all gave similar explanations.

> *First, the grievance goes to the CCC. In each* kebele *a committee with six members from the community was established to solve the complaints. If the complainant is not satisfied with committee's answer, then the complaint can be presented to CCC and then to WOLSA. WOLSA discusses the issue with the respective household. If the complainant is still not satisfied, the case is forwarded to the* woreda *grievance hearing committee and will be solved* [WO/AA].
>
> *Usually the grievance is presented to the* tabia *manager, who is also the secretary of SCTPP, and he tries to respond by explaining the procedures, but if they aren't satisfied, he presents to the CCC meeting for decision* [CCC/BT].
>
> *First complaints are presented to the* Tabia *manager and the manager presents the complaint to the CCC. The CCC discusses on the issue; if the complainant is not satisfied by the response given, he can make an appeal to the* woreda *WOLSA* [TSW/B].

SCTPP participants are also aware of the grievance procedure, whether they have used it or not.

> *I didn't make any complaint, but I know people are making complaints to the* tabia *administration* [CPF/BT].
>
> *Yes, we know we can make complaints to the* tabia *officials* [PF/S].

8.3 Nature of Complaints

According to officials and CCC members, most complaints made were from people who were excluded from the SCTPP despite being eligible, or believing they were eligible. Often these complaints were justified, in the sense that eligible people were excluded because of the quota. Some complaints challenged the eligibility criteria, which many people felt were too narrow. Other complaints concerned who has control over SCTPP cash when a couple separates or divorces, and about the payment being limited to four children.

> *Due to the misunderstanding of the SCTPP targeting criteria at the initial stage, there were so many complaints raised. The CCC therefore remained under pressure to settle these all grievances and a grievances hearing committee was established from the community with the majority of knowledgeable members to mediate the differences. This committee has played a vital role in solving the complaints and narrowing the gap from 1,513 to 749—the final participants* [WSW/AA].

> *Complaints are made by eligible people who are not included due to the quota. All people who live with HIV/AIDS, regardless of their physical and livelihood status, are entitled to participate in SCTPP, and they made several complaints. Many households with better livelihoods considered the SCTPP as a citizen's right and made complaints* [CCC/AA].

> *When there is divorce, complaints are about the sharing of money. Other complaints are about the payment when the household has more than four children* [CCC/MN].

> *Households who earn a small amount of pension, like pensioners who get birr 25 per month, are excluded from the program. This amount cannot support their family. Such households are making complaints but the criteria don't allow them to participate* [TSW/BT].

> *Households are complaining about their eligibility without knowing the objective and criteria of eligibility to participate in the program. For example, households with a disabled person but having the capacity to support him are complaining for not considering the individual in the program* [WO/MN].

8.4 Resolution of Grievances

In the quantitative household survey, respondents were asked if they lodged a complaint, appeal, or grievance, because they felt that they had been unfairly excluded from the SCTPP. Results are shown in Table 8.1.

Table 8.1 Use of appeals process

	Abi Adi	Hintalo Wajirat[a]	Bahr Tseba
% who perceive selection was unfair	26.4	21.6	21.5
. . . of whom			
% appealing because they thought selection was unfair	44.3	17.3	6.2
. . . of whom			
% reported that their appeal was heard	66.6	56.6	59.6
% reported that their appeal was successful	8.6	8.4	4.0

Source: Household survey.
Notes: Sample sizes are 1,276 for Abi Adi, 1,913 for Hintalo, and 462 for Bahr Tseba.
[a] Data for Hintalo Wajirat excludes Bahr Tseba.

There is little variation across the sample in the percentage of households who perceived that selection into the SCTPP was unfair. There are large differences in the likelihood that, given this perception the household appeals; 44 percent of households in Abi Adi who perceived the selection to be unfair made an appeal compared to 17 percent in Hintalo and 6 percent in Bahr Tseba. One possible explanation for this divergence is that Abi Adi is a relatively small, compact locality, so that the time cost to the household of searching out and finding someone to appeal to is much lower than it is in Hintalo. However, the qualitative research found a high level of awareness of the appeals procedures, so lack of awareness is probably less of a factor than the inconvenience involved in lodging complaints in larger, dispersed *tabias*.

In the majority of cases, but not all, households reported that someone responded to their complaint. The qualitative data indicate that most cases where complaints were made were resolved by intervention from officials who explained why the complainant was not, in fact, eligible, or that they were eligible, but had been excluded due to the quota. This is in line with findings from the quantitative survey confirming that only a minority of those having made an appeal reported that their appeal was successful. Complainants appeared to accept these explanations.

The following case studies suggest that officials and CCCs had good case management and even conflict resolution skills, handling even complex complaints appropriately and sensitively.

> *There was a divorce among a couple. The man who is the head of the household assumes the money belongs only to him, because other single-headed households get the same amount of money. Then the CCC told him the money is not only for himself but for both of the couple, and he finally agreed to divide between him and his ex-wife* [CCC/MN].

> *Complaints are resolved through discussion with complainants about the targeting criteria. In one* kebele*, a couple who live together made a complaint as if they are divorced and presented a false report aimed at gaining double payments, as the basic support for single people and couples is the same.*

Finally, the grievances hearing committee has investigated and found that this couple are not divorced and settled the grievance by discussing with both of them [WSW/AA].

There was an elderly woman; she is very old and single; she doesn't have any assistance except the 17 birr retirement fund. She strongly complained and even suggested to leave the pension; she was crying and even insulting us. We know that she is correct, but we left her out because of the criteria. Then the CCC explained the targeting criteria to her and finally convinced her [CCC/BT].

There was one orphan who designated her relative. The designated person gave her only 35 birr out of the 155 birr. Then she made a complaint and the Tabia *administration changed the designate and now she is receiving her full entitlement* [TSW/S].

There was a case in one tabia *where a household has adopted an orphan but unfortunately the boy was not selected in the program. Then the household head complained that if this child did not participate in the program, he would be forced to kick him out of his house. Finally we had a discussion with the household head and reached an agreement to retain the child in the house* [WO/MN].

Households that laid complaints testified that their case had been considered and, invariably, expressed their satisfaction with the outcome, even when their complaint failed.

I made complaints several times to the grievances hearing committee and tabia *administration and they responded to me that I am excluded because I am young; I can work and feed my children* [CCnF/AA].

My wife made complaints several times to the tabia *administration and they responded to her that they will consider us if the quota improved* [CCnM/BT].

I made a complaint to the tabia *administration and they told me that I was excluded because I am better off than the participants. I am fully convinced by their response* [CCnM/S].

I made a grievance, but they told me that I have a pension. I don't want to drop the pension, because it is my beloved son's blood. I can't replace it with any other benefits, despite that the payment is very low, only 25 birr per month [CnF/BT].

I made a complaint because my child is not included in the program. The response was that he is not eligible as his age is above 18 [PM/BT].

In rare cases a person who had been excluded initially was included in the SCTPP after laying a complaint.

At first I was excluded from the program because the ketena *people believed that I had remittances. Then I made complaints to the* kebele *officials about my exclusion. The* kebele *officials through the community meeting confirmed that I didn't get any remittances. As a result I was included in the program* [CPM/AA].

The rarity of appeals being successful is corroborated by the household quantitative survey. Less than 9 percent of appeals based on exclusion were successful.

8.5 Correlates of Appeals

It is possible to use our quantitative data to get a sense as to who is likely to use these appeals mechanisms. Specifically we create a variable that equals one if, conditional on perceiving that the selection process was unfair, the household appealed. We estimate a probit model where the correlates of appeals are household demographic characteristics—age, sex, schooling of the household head, whether the household has at least one disabled person, and household size—as well as measures of exposure to the implementation of the SCTPP—whether the household knew of the existence of the CCC, whether it had a relative on the CCC, and whether it attended the meeting where selection of SCTPP participants was discussed. We estimate this model separately for Abi Adi and Hintalo Wajirat, excluding Bahr Tseba, as payments had not yet started there at the time of the survey. In the results for Hintalo, we include variables denoting the *tabia* that the household lives in with a relatively accessible *tabia*, Adi Keyih, serving as the reference location. Results are reported in Table 8.2.

Table 8.2 Correlates of likelihood of appealing conditional on perceiving selection process was unfair, by *woreda*

	Abi Adi		Hintalo Wajirat	
	Marginal effect	Z statistic (absolute value)	Marginal effect	Z statistic (absolute value)
Head is male	0.13	2.28**	-0.02	0.53
Head is 61 or older	-0.12	2.27**	-0.01	0.16
Head has attended school	0.05	0.86	0.03	0.43
Household contains person who is disabled	-0.01	0.28	0.07	2.24**
Household size	0.03	1.74*	0.01	1.17
Household is aware of CCC	0.10	1.93*	-0.01	0.13
Household has relative on CCC	0.16	0.95	-0.12	3.43
Household attended meeting where selection was discussed	0.26	5.76**	0.15	2.30**
Household resides in:				
Ara Alemsigeda			-0.13	4.79**
Gonka			-0.06	2.45**
May Nebri			0.03	0.47
Sebebera			-0.16	7.40**
Senale			-0.09	2.84**
Tsehafti			-0.08	2.07**

Notes: Sample sizes are 455 (Abi Adi) and 742 (Hintalo). *, **, and ***, are significant at the 10, 5, and 1 percent levels, respectively.

We can interpret the correlations found in Table 8.2 in the following way. Take the number 0.26 found in the row marked "Household attended meeting where selection was discussed" and the column, "Abi Adi, Marginal Effect." This means that in Abi Adi, among households that thought the selection process was unfair, households that had attended a meeting where selection was discussed were 26 percentage points more likely to appeal than a similar household that had not attended the selection meeting.

Attendance at a selection meeting has the largest effect on increasing the likelihood that a household will appeal, raising this probability by 26 percentage points in Abi Adi and 15 percentage points in Hintalo. In Abi Adi, being aware that a CCC exists increases the likelihood of appeal by 10 percentage points. Also in Abi Adi, and unlike Hintalo, demographic characteristics play a role: male-headed households are more likely to have appealed and households headed by older people less likely to do so. The magnitudes are large. A household that is headed by a man who is younger than 61 years is 25 percentage points more likely to appeal if they feel they have been unfairly excluded than a household headed by a woman 61 years or older. In Hintalo, accessibility affects the likelihood of appeals, with households in Ara Alemsigeda, Gonka, Serebera, Senale and Tsehafti all being less likely to appeal than households in the more accessible *tabia*, Adi Keyih.[24]

8.6 Summary

Grievance procedures exist; program officials, local government workers, beneficiary and non-beneficiary respondents are aware that they exist; and generally all have a good understanding of how the process operates. The majority of grievance cases concerns exclusion of individuals who perceive that they are eligible for the SCTPP. In some cases, this arose out of misunderstandings of inclusion criteria. There were also issues associated with whether elderly households receiving small pensions from other sources were to be included or not. The ability of CCCs to address these concerns, as evidenced by the detail they were able to provide during focus group discussions and the satisfaction expressed by respondents with decisions made, even when their complaint failed, is impressive and strongly suggests that the grievance process is taken seriously and is implemented fairly.

However, there is room for improvement. In Abi Adi, while many households used the grievance process, it does not appear to be accessible to older households headed by women. In Hintalo, relatively few households who feel they were unfairly excluded actually appealed. It is likely that this is a consequence of the small size and relative remoteness of the *tabias* served by the SCTPP, which makes appealing a costly exercise, in terms of the amount of time needed to travel and search out the *tabia* manager or members of the grievance committee. Finally, while the process generally works well, the existence of the quota and the clearly specified rules of eligibility and payments mean that few appeals succeed.

[24] These may underestimate the effects of remoteness, as three *kushet* within Senale, Gonka, and Tsehafti were excluded from the survey because we could not deploy survey teams to those localities.

References

Berhane, G., S. Devereux, J. Hoddinott, F. Nega Tegebu, K. Roelen, B. Schwab, and A. Seyoum Taffesse. 2012. "Evaluation of the Social Cash Transfers Pilot Programme, Tigray region, Ethiopia." Inception report, mimeo, International Food Policy Research Institute, Washington, DC.

Beusenberg, M., and J. Orley. 1994. *A User's Guide to the Self Reporting Questionnaire (SRQ)*. Geneva: World Health Organization.

Devereux, S., and K. Vincent. 2010. "Using Technology to Deliver Social Protection: Exploring Opportunities and Risks." *Development in Practice* 20 (3): 367–379.

Devereux, S., and P. White. 2010. "Social Protection in Africa: Evidence, Politics, and Rights." *Poverty and Public Policy* 2 (3): 53–77.

Ethiopian Central Statistics Agency. 2011. "Ethiopia Demographic and Health Survey 2011: Preliminary Report." Preliminary report. Central Statistics Agency, Government of Ethiopia, Addis Ababa.

HLPE (High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security). 2012. *Social Protection for Food Security*. Report. Rome: Committee on Food Security.

Roelen, K., J. Edstrom, R. Sabates-Wheeler, and M. Davies. 2011. Child and HIV-sensitive Social Protection in Eastern and Southern Africa: Lessons from the Children and AIDS-Regional Initiative (CARI). Nairobi: United Nations Children's Fund East and Southern Africa Regional Office.

Tigray, Government of the Regional National State of. 2011a. "Design, Budget, and Logical Framework of the Tigray Social Cash Transfer Pilot Program." Tigray Bureau of Labour and Social Affairs, Mekelle, Ethiopia.

———. 2011b. "Manual of Operations for the Tigray Social Cash Transfer Pilot Program." Tigray Bureau of Labour and Social Affairs, Mekelle, Ethiopia.

Youngmann, R., N. Zilber, F. Workneh, and R. Giel. 2008. "Adapting the SRQ for Ethiopian Populations: A Culturally-Sensitive Psychiatric Screening Instrument." *Transcultural Psychiatry* 45 (4): 566–589.