



Community of Practice
Cash Transfers in Africa



WEBINAR:

Government SP Responses to COVID in SSA: *Expansion of cash transfer programs during COVID*

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Country: Malawi

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12:30 pm WAT - 3:30 pm EAT



About the webinar

- ▶ Hosted by the Anglophone and Lusophone Community of Practice of Cash Transfers in Africa
- ▶ Co-hosted today with the World Bank and UNICEF
- ▶ Social Media: socialprotection.org; [Twitter](#); [Facebook](#)

Social Safety Nets system in the country

► Description of the overall system (pre-COVID) :

- Social Protection in Malawi is guided by the National Social Support Policy(NSSP) and implemented through the Malawi National Social Support Programme II (MNSSP II).
- MNSSP II aim at reducing poverty , building resilience and mitigation of impact of shocks on livelihoods.
- MNSSP II is built around the following 3 core pillars:
 - Consumption support
 - Resilient livelihoods
 - Shock-sensitive social protection
- Two additional pillars address the need to improve linkages between programmes within and outside the MNSSP II and to strengthen the overall social protection delivery systems.

The Delivery Chain for the Cash Transfer Programme

1. Phase 1: ASSESSMENT:

- The Malawi Social cash Transfer Programme (MSCTP) is an unconditional programme targeted to ultra-poor, labour-constrained households
- The programme began as a pilot in 1 district in 2006 and has expanded nationwide reaching over 290,129 beneficiary households (hhs) and is predominantly rural based.

Intake or registration

1. Targets 10% of ultra-poor labour constrained hhs.
 - Labour-constrained households are those that have no 'fit-for-work' member - with three or more dependents who is fit for work - unfit for work if they are younger than 18 or older than 64 and/or if they have a disability or suffer from a chronic illness regardless of their age

The Delivery Chain for the Cash Transfer Programme

Assessment of needs and conditions

1. Up until 2012, poverty used to be assessed by Community members on a discretionary basis.
2. Selection involved a combination of community-based and categorical targeting methods.
3. Since 2012, proxy means-testing (PMT) stages was introduced to establish poverty ranking of hhs.
4. With the advent of the Unified Beneficiary Registry (UBR) in 2016 this process has become automated
5. All hhs in the district are visited by enumerators and a PMT is applied based on hhs social economic status to get a ranked list hhs for selection.

The Delivery Chain for the Cash Transfer Programme

1. Phase 2: ENROLLMENT

Eligibility and enrollment decisions

1. Poverty levels are estimated through a PMT, which results in the first ranking of priority eligibility for each geographical area.
2. The automated ranking of eligible households, is validated by community members to correct any eventual inclusion and/or exclusion errors.

Determination of benefits and service package

1. Amount of cash transfer is dependent on hh size and ranges between \$5 to \$10. Additional education bonus are paid for each school going children (\$1 for primary and \$3 for secondary learners).
2. Benefits are reviewed periodically and adjusted upwards using rural inflation rates.

Notification and onboarding

1. The selected households are notified through community meetings where sensitizations and orientation on the programme are conducted before hhs are enrollment on the programmers' Management Information System (MIS).

The Delivery Chain for the Cash Transfer Programme

1. Phase 3: PROVIDE

Provision of benefits and/or services

1. Transfers are paid bi-monthly in districts on manual payment mechanism (system where cash is paid by district councils) and monthly in districts on bank-based e-payment system.
2. Community committee members are responsible for managing beneficiaries and act as a link between the hhs and the programme (mobilization, case management, monitoring etc)
3. The programme MIS manages the payment (generation of payrolls and reconciliation) in addition to being a depository of hhs socio-economic information and tracking of programme indicators.

The Delivery Chain for the Cash Transfer Programme

1. Phase 4: MANAGEMENT

1. SCTP uses both manual payments by District Councils and Mobile Banking model.
2. The program has a robust case management for beneficiary updating, and grievances redress
 1. Updating is a continuous process to ensure that the beneficiaries information and records are up to date
 2. It captures recent information about household members to serve as basis for calculating transfer
 3. Aids the program to make exit decisions
3. Recertification of SCTP hhs is done after every four(4) years to assess and determine their eligibility for the programme.

The COVID-19 situation in the Country

The COVID-19 situation in the Country at the time of the implementation

- ▶ Co-19 was declared a national disaster on 20th March 2020.
- ▶ Malawi confirmed first three cases reported on 02nd April 2020
- ▶ The number of cases has increased to 5948 with 5,399 recoveries and 185 death as at November 13.

Impact on policy implementation and measures to contain COVID-19

- ▶ Slow economic activities due to closure of schools, colleges, universities, borders, and suspension of non-essential services including all public sector meetings and restricted numbers in social gatherings like weddings and funerals etc
- ▶ Development of the National Response Plan (NRP) ,task force and related thematic areas that included the social support and protection cluster.
- ▶ The Social support sub-cluster mandated to respond through cash based interventions within the NRP

The COVID-19 situation in the Country

The top responses and recovery activities include the following:

Covid -19 Urban Cash Intervention (CUCI)

- ▶ The objective was to cushion the vulnerable from malnutrition , negative coping mechanism , promote health seeking behavior and support livelihoods among urban population.

MSCTP Vertical Expansion(VE) - Scalable SP

- ▶ Objective is to smoothen consumption, improve nutrition and education outcomes among children living in these ultra-poor and labour constrained households
- ▶ Delivery of the top up will follow the regular MSCTP protocols. Each hhs will receive a top up of \$26 covering 3 months from November 2020.
- ▶ 10 bars of soap will be distributed to all MSCTP beneficiaries hhs.
- ▶ All hhs sensitized on co-19 preventative measures and payments will be done under strict observance of co-19 preventative protocols

The COVID-19 Delivery Chain

Phase 1: Registration

- Utilize existing social protection registration system i.e. the Social Registry (Unified Beneficiary Registry-UBR).
- The CUCI used geographical targeting where vulnerable areas known as “hot spots” where most of the urban poor reside and were predefined based on secondary data analysis.
- The hot spots were then ranked based on city councils’ social economic profiles
- satellite data will also be explored in order to strengthen impartiality and transparency of the identification and ranking of the hotspots.
- All hhs in the hotspot were registered
- Data was collected through household surveys based on a rapid Assessment Tool (RAT) and uploaded into the single registry known as Unified Beneficiary Registry (UBR)

The COVID-19 Delivery Chain

Phase 2: Enrollment

- The newly developed CUCI MIS will import data from UBR for selection of participants.
- The eligibility criteria will be based on three parameters;
 - Source of livelihood
 - Economic activity score
 - Structural vulnerability score

The COVID-19 situation in the Country

Phase 3: Provision

- ▶ The intervention will be delivered using Mobile Money platform.
- ▶ The transfer value is based on a household regardless of size.
- ▶ Each selected participant will receive K35,000 (\$47) equivalent to minimum wage for 3 months.
- ▶ All hhs will use their existing wallets /numbers to receive their transfers.
- ▶ All hhs without phone numbers will be provided with a free SIM card and a handset on terms(3 months repayment).
- ▶ The MoGCDSW will generate a detailed payroll from the CUCI-MIS and submit securely to the MNOs who will blast into individual beneficiary mobile wallets.

The COVID-19 situation in the Country

Phase 4: Management

- The programme has community based Grievance Redress Mechanism (GRMs) committees that act as the first contact for complaints , claims and access to information.
- The programme has a dedicated call centre for GRMs and as an avenue for monitoring and learning.
- The MNOs have dedicated 24/7 toll-freeline to support resolution of payment and non-payment related GRMs.
- All hhs mobile wallets numbers are linked to the National Registration and Identification System (NRIS) for authentication of KYC documents (ID card).
- The CUCI MIS will have an interface with the MNOs platform to facilitate payment , support programme monitoring and reconciliation of payments.

Challenges

- ▶ Main challenges:

 - Design*

 - ▶ The widespread poverty and periodic shocks means more illegible hhs than what the programme can accommodate.
 - ▶ The geographical demarcation or boundaries in some areas were non-existence and / or not known.

 - Targeting*

 - ▶ The UBR remain limited in coverage and will need significant updating as soon as possible to respond to shocks or a pandemic like COVID-19
 - ▶ MNSSP beneficiary selection processes are mainly based on the combination of poverty status and labour capacity, which creates challenges around targeting accuracy, community understanding of eligibility criteria, and overall sector coherence.

Challenges

▶ Main challenges:

Outreach

- ▶ Coverage is low, Government financial contribution is very low and stagnant across all MNSSP programmes,
- ▶ Hence will continue to need external technical and financial support in the foreseeable future due to its narrow resource base. This is exacerbated by frequent climate-related shocks that have become frequent and almost predictable

Implementation

- ▶ programmes work in relative isolation, with often ineffective coordination structures and limited systematically implemented linkages between programmes
- ▶ the MNSSP however has the potential to provide for a more harmonized implementation of social protection in Malawi, as a number of objectives are shared by MNSSP programmes

Social protection system | Pre and post COVID-19

Lesson learnt:

- ▶ Need for a comprehensive shock-sensitive social support system designed to respond rapidly in the spirit of leaving no one behind.
- ▶ Go beyond the current ultra-poverty and social welfare thinking, but instead, use both poverty and vulnerability as risk factors (scalable social protection)
- ▶ Develop and enhance the functionality of the UBR . For instance registering beneficiary ‘livelihood’ to support targeting of a particular support when need arises.(workers , small scale business etc)
- ▶ Government leadership is key for coherent , effective and harmonized approach.
- ▶ Stakeholders consultation is paramount - ensure all stakeholders are on the table and that decision should be objective , and evidence based.
- ▶ The SP delivery systems have to be strengthened and work effectively for them to be leveraged in times of shocks.

Mid-term and long-term prospects

- ▶ Key points:
 - ▶ Policy review on Social Protection coverage including inclusion of urban based social safety net
 - ▶ Review the SCTP targeting approach
 - ▶ Increased linkage and collaboration with the humanitarian, other resilience interventions including shock sensitive social protection
 - ▶ Use the CUCI learn lessons to further strengthen regular social protection delivery chains (single registry ,e-payment systems and harmonized GRMs)
 - ▶ Win the political will to increase government contributions towards SP

Summary:

- ▶ Key points:
 - ▶ Effective social protection systems are crucial to safeguarding the poor and vulnerable when crisis hits
 - ▶ Scale up social protection systems to ensure preparedness for future crises
 - ▶ Thus, once the pandemic disappears, governments should waste no time in enhancing existing social safety net systems to make them more responsive to shocks in the future
 - ▶ This means improving delivery systems so that social protection programs can reach the vulnerable more quickly, efficiently, and transparently, with the ability to scale up in times of crisis.
 - ▶ It also means focusing on building resilience through economic inclusion programs

Summary:

- ▶ Key points:
 - ▶ There are good social support plans in the National COVID-19 Preparedness and Response Plan.
 - ▶ However, months after the development of the plans there has been no cash transfers to the affected because of long processes and bureaucracies.
 - ▶ Any meaningful social support system would therefore need to accommodate all hhs that may be affected by any covariate shock.
 - ▶ MSCTP design does not include the expectation for beneficiaries to graduate within a specific timeframe. The focus at the moment lies on protecting the most vulnerable from ultra-poverty
 - ▶ Strengthen the capacity of Government to effectively led , coordinate and implement the MNSSP II.



Thank you!

Any questions?

