

'Cash Plus': Linking Cash Transfers to Services and Sectors

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BACKGROUND

Cash transfers have been successful in reducing food insecurity, increasing consumption, building resiliency against economic shocks, improving productivity and increasing school enrolment^{1,2}. In recognition of this evidence on their widespread positive impacts on children's and families' well-being, and their cost-effective and expandable design, programmes have grown in popularity among governments, NGOs, and more recently among development actors in humanitarian settings. Despite the many successes of cash transfer programmes, they can also fall short in achieving longer-term and second-order impacts related to nutrition³, learning⁴ and health outcomes. A recent [study](#)⁵ highlights that so-called 'Cash Plus' programmes, which offer additional components or linkages to existing services *on top of* regular cash payments, may help address such shortcomings.

Impacts of cash transfers are limited in the face of supply-side constraints, such as quality and availability of health and education services, access to clean water, or access to markets. Additionally, behavioural factors, such as lack of caregivers' knowledge of infant feeding, hygiene or sanitation practices, and psychosocial factors, such as limited efficacy to undertake new activities, can mediate how successful the programme is in improving some outcomes, such as children's nutrition and morbidity.

In recognition of the limitations of cash alone, governments (sometimes in partnership with other actors) have introduced 'Cash Plus' initiatives, which provide regular cash transfers plus additional support or linkages to services in a bid to extend and maximize positive impacts. The recent study on 'Cash Plus' programmes provides a conceptual framework to clarify the 'Cash Plus' approach and inform the design and study of such initiatives.

'Cash Plus' programmes can be defined as follows:

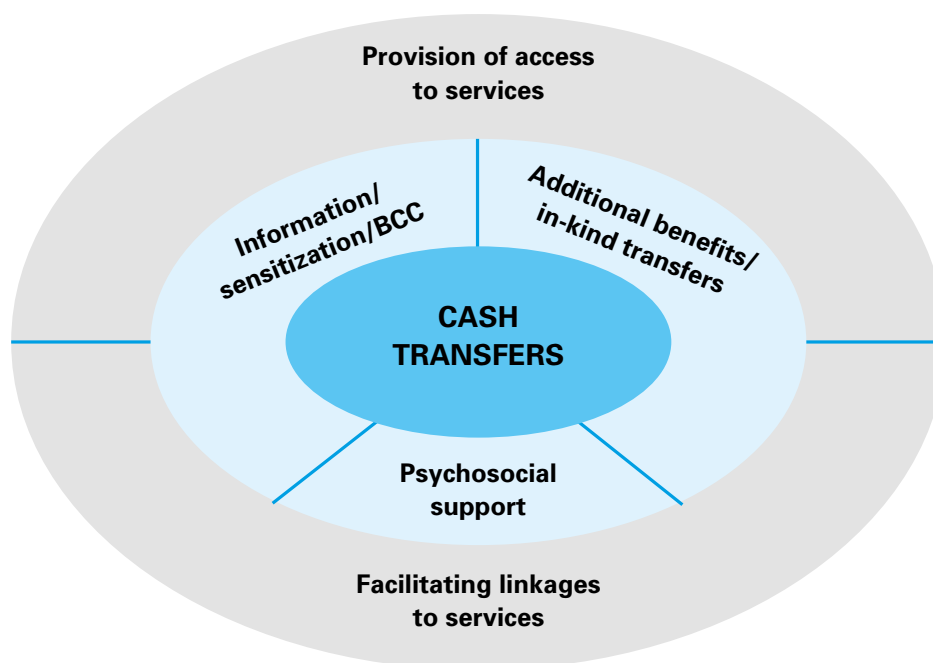
'Cash plus' interventions combine cash transfers with one or more types of complementary support. Types of complementary support can consist of (i) components that are provided as integral elements of the cash transfer intervention, such as through the provision of additional benefits or in-kind transfers, information or behaviour change communication (BCC), or psychosocial support, and (ii) components that are external to the intervention but offer explicit linkages into services provided by other sectors, such as through direct provision of access to services, or facilitating linkages to services.

- 1 Handa, S., Daidone, S., Peterman, A., et al. [Myth busting? Confronting Six Common Perceptions about Unconditional Cash Transfers as a Poverty Reduction Strategy in Africa](#). UNICEF Office of Research – Innocenti Working Paper, WP-2017-11. Florence, Italy.
- 2 Bastagli, F., Hagen-Zanker, J., Harman, L., et al, (2016). Cash transfers: what does the evidence say? A rigorous review of impacts and the role of design and implementation features. Overseas Development Institute, London
- 3 Manley, J., Gitter, S., and Slavchevska, V. (2013). How effective are cash transfers at improving nutritional status?. *World Development*, 48, pp. 133-155.
- 4 Baird, S., Ferreira, F. H., Özler, B., et al, (2013). Relative effectiveness of conditional and unconditional cash transfers for schooling outcomes in developing countries: a systematic review. *Campbell systematic reviews*, 9(8).
- 5 Roelen, K., Devereux, S., Abdulai, A.G., et al. How to make 'cash plus' work in social protection: linking services and sectors. UNICEF Office of Research – Innocenti Working Paper WP-2017-10. Florence, Italy. <https://www.unicef-irc.org/publications/915/>

'Cash Plus' programmes can therefore take many different forms with any given combination of integral and external components, depending on context, programme objectives and pragmatic considerations.

Integral and external components are not mutually exclusive and can be combined simultaneously, as shown in *Figure 1*.

Figure1 - Menu of 'cash plus' components (Roelen et al., 2017)



Integral components can take the form of:

- Additional benefits or in-kind transfers (e.g. nutritional supplements);
- Information, sensitization or behaviour change communication (e.g. cooking demonstrations); and
- Psychosocial support (e.g. home visits by social workers).

External components include linkages to external support in the following ways:

- Providing access to services (e.g. provision of health insurance); and
- Facilitating linkages to services (e.g. referral by community case workers).

'Cash Plus' in action

Examples of government 'Cash Plus' initiatives include Livelihoods Empowerment Against Poverty (LEAP)^a programme in Ghana, the *Chile Solidario*^b scheme in Chile, and the Integrated Nutrition Social Cash Transfer (IN-SCT) pilot project in Ethiopia within the government's Productive Safety Net Programme (PSNP)^c. These examples include a mix of integral and external components, as highlighted in Table 1.

a <http://leap.gov.gh/>

b <http://www.ips.gob.cl/servlet/internet/content/1421810829144/chile-solidario>

c <http://socialprotection.org/programme/productive-safety-net-programme-psnp>

Table 1 - Examples of 'Cash Plus' interventions

Programme	Targeting	Components
Ghana LEAP (2008-present)	Extremely poor households where at least one member is over the age of 65 years, or has a disability and is unable to work, or who is an orphan or vulnerable child, or is a pregnant woman, or who is a child under the age of one year.	Bi-monthly cash transfer plus <i>providing access to services</i> , namely free enrolment into National Health Insurance Scheme (NHIS).
<i>Chile Solidario</i> (2002-2012)	Households deemed poor around dimensions of education, income, health and housing.	Monthly cash transfer plus <i>psycho-social support</i> (<i>Puente</i> programme) and <i>linkages to social services</i> , with compulsory conditions defined by households and social workers to fit their respective situations.
Ethiopia IN-SCT (2015-present) as part of the Productive Safety Net Programme (PSNP; 2005-present)	Chronically food insecure households.	Public works for households with labour capacity and unconditional food or cash transfers for households with no labour capacity plus <i>behaviour change communication</i> for improved nutrition and <i>case management</i> to set up linkages between services for beneficiaries, with co-responsibilities including take-up of health and education services.

A review of challenges and successes of implementation of the integral and external 'plus' components of the afore-mentioned programmes led to the identification of 'lessons learned' on how to make 'Cash Plus' work. These include:

- **Politics matter:** Operationalizing linkages between programmes and services requires political commitment to establish relationships between implementing ministries and institutions. Continued engagement across sectors is crucial.
- **Formal agreements are a necessary foundation:** Operationalizing cross-sectoral linkages is facilitated through cross-institutional agreements and legislative frameworks, which also mandate action and foster accountability.
- **Awareness and engagement of all stakeholders is imperative for coordination:** For linkages to be successful, staff at all levels should have a thorough understanding of and commitment to the 'plus' components, with in-depth knowledge of their own role in the process of implementation.
- **Personalized approaches require a skilled workforce and 'the right person in the right place':** A tailored response to the needs of beneficiaries and their households can contribute to the success of these programmes, but this also implies investment in human resources to put in place a skilled and qualified cadre of social service workers.
- **Establishment of linkages to services across sectors requires case management:** The establishment of linkages to services requires mechanisms to oversee referral to services, monitoring, and follow-up in cases of non-take-up.
- **Greater ambitions need to be matched with greater resources:** 'Plus' components can be expensive, especially those which aim to link beneficiaries to services and provide follow-up support, and require a resource base to match greater ambitions.
- **Demand-side interventions need to be matched with supply-side investments:** Accessible, quality services (such as provided by health facilities and schools) need to be in place for 'cash plus' programmes to create expected benefits.
- **'Cash Plus' components need to be fit-for-purpose:** Interventions should be tailored to the unique needs of each context, with an elaborated theory of change that is realistic about what 'Cash Plus' can and cannot achieve.

CONCLUSION

In sum, cash can have broad, positive impacts on the lives of children and their families, and a more holistic approach to social protection may achieve even greater impacts. However, cash alone is not enough. 'Cash plus' initiatives aim to address the shortcomings of cash alone by engaging with behavioural and psychosocial factors and (to some degree) supply-side constraints. Their design and implementation should consider the lessons learned above in a bid to foster effectiveness and sustainability. At the same time, more research is needed to understand impacts of these initiatives on the second-order outcomes, as well as to gain a better understanding of the processes and stakeholder engagement that lead to success.

For more information, please see the full study:

Roelen, K., Devereux, S., Abdulai, A. G., Martorano, B., Palermo, T., Ragno, L. P. (2017). [How to Make 'Cash Plus' Work: Linking Cash Transfers to Services and Sectors](#). Office of Research – Innocenti Working Paper. WP-2017-10.

