



Approach Paper

Comparative Case Studies:

Review of IDB Support to Conditional Cash Transfers in Three Low Income Countries



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ABBREVIATIONS AND ACRONYMS

CCT	Conditional Cash Transfer
CPE	Country Program Evaluation
CS	Country Strategy
GNI	Gross National Income
M+E	Monitoring and Evaluation Systems
OVE	Office of Evaluation and Oversight
PBL	Policy Based Loan
SG	Sovereign Guarantee
SSN	Social Safety Net
TC	Technical Cooperation
WB	World Bank

I. INTRODUCTION

- 1.1 The IDB has been one of the main supporters of the large expansion of conditional cash transfers (CCTs) in Latin America and the Caribbean over the last 15 years. These programs are designed to tackle poverty by encouraging certain outcomes, such as keeping children in school and attending health checkups, as a requirement for receiving a cash transfer (Levy, 2006; Fiszbein and Schady, 2009). Scholars have recently questioned the institutional design and implementation of CCTs in low income countries, the relevance of their conditions, and their relation to expected outcomes in poor countries (Benhassine, Devoto, Duflo, Dupas, and Pouliquen, 2013).
- 1.2 During 2014 the Office of Evaluation and Oversight (OVE) will conduct a comparative analysis of IDB CCT projects in three lower income countries of the region. The evaluation is expected to provide useful lessons to Bank staff for the design of future operations that involve CCTs in these or similar countries.

II. BACKGROUND

- 2.1 Social safety nets (SSN) are programs designed to protect the poor from shocks that “push them further into poverty” (World Bank, 2011). Among the primary programs included in SSNs are conditional cash transfer programs (CCTs). They were introduced in the 1990s as an instrument to break the intergenerational cycle of poverty by investing in human capital through coordinated actions in education, health and nutrition (Fiszbein and Schady, 2009). These programs are designed to provide monetary incentives for adults to invest in the human capital of their offspring by conditioning transfers on certain behaviors, typically enrolling their children in school and taking them to regular medical check-ups.
- 2.2 CCTs expanded to almost all countries of Latin America and the Caribbean (LAC). *Bolsa Escola* (1995) in Brazil, *Chile Solidario* (1996), and *Progresas* (1997) in Mexico were the first to be implemented (Fiszbein and Schady, 2009). In total CCT cover approximately 129 million beneficiaries (Stampini and Tornarolli, 2012). Medium-low and low income countries implemented and expanded CCTs in the region during the same period. For example, Honduras implemented *Programa de Asignacion Familiar/Bono 10,000* (1998), Bolivia *Bono Juancito Pinto/Juana Arzurduy* (2006), Nicaragua *Red de Proteccion Social* (2001-2006) El Salvador *Red Solidaria* (2005), and Guatemala *Mi Familia Progresas* (2008).
- 2.3 Empirical evidence suggests that CCTs have generally helped improve health coverage, increase school enrollment, increase the bargaining power of women in the household decision-making process, and increase consumption levels among the poor [Adato & Hoddinott (2010); Johannsen, Tejerina & Glassman (2009);

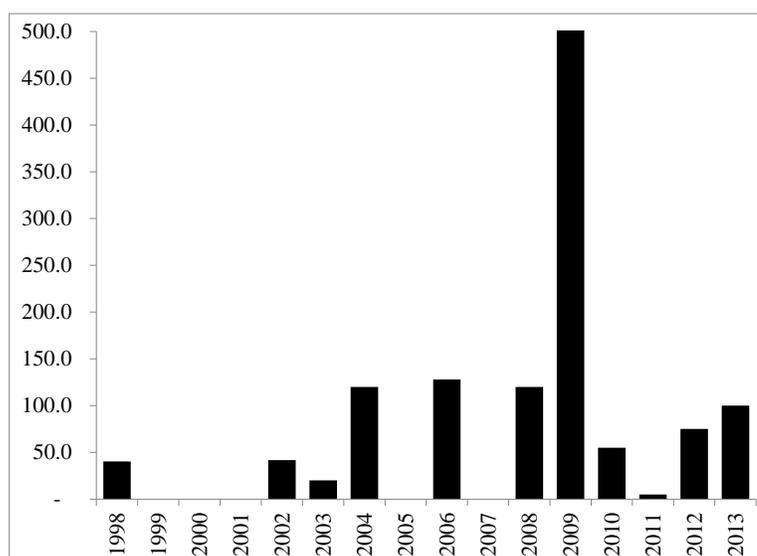
Galasso and Ravallion (2003); Schultz (2004); Behrman et al. (2005)]. Recent studies are emphasizing the need to improve learning achievements and health conditions instead of only increasing coverage [International Initiative for Impact Evaluation (2010); Behrman et al. (2005); Janvry et al. (2006)]. Moreover, CCTs provide a steady stream of income and have helped buffer poor households from the effects of structural poverty and sudden income shocks. These results are observed especially when the cash transfer is well-targeted and structured in a way that does not discourage recipients from taking other actions to escape poverty [Fiszbein and Schady (2009)].

- 2.4 There are three important concerns regarding the future of CCTs. The first arises from the possibility of dependency that they can generate among beneficiaries as they strive to maintain their living standards (Fischer, Gine and Karlan, 2012). The second relates to the long-term effect of the programs and whether the access to basic education and health services is sufficient to increase individual productivity and reduce poverty levels (Adato & Hoddinott, 2010). Several programs are now facing the challenge of “graduate” beneficiaries and help them to find a stable job or start a new business. The third concerns whether conditions in CCT program structures are effectively designed and enforced. This is very relevant in countries with low institutional and administrative capacity [Fiszbein and Schady, (2009); Adato & Hoddinott, (2010)]. The institutional design of the program has implications for political support and the efficient delivery of services. The few studies that have focused on institutional issues and the consequences of specific institutional designs [Adato, Coady and Ruel, (2000); Fox (2008), Paes-Sousa et.al.(2013)], have not addressed the support provided by multilateral institutions.
- 2.5 The successful implementation of CCT programs requires strong implementing institutions and a high degree of alignment among the different actors, typically including the various levels of public administration that must work together to manage services and verify the conditions of the program. Yet available studies and evaluations have focused primarily on the impact of CCTs on health and schooling indicators, and less on understanding institutional issues and how they affect program sustainability and outcomes (Adato & Hoddinott, 2010). The present review is intended to help fill this gap.

III. SCOPE AND OBJECTIVES

- 3.1 The purpose of this evaluation is to analyze the effectiveness of the support provided by the IDB to develop and implement CCT programs in three low income countries. OVE defined two selection criteria to determine the countries included in the analysis: (i) a gross national income (GNI) per capita lower than US \$4,085 in 2012¹ and (ii) support from the IDB on CCT-related loan operations in at least one year between 2008 and 2013. During this period, IDB support of CCT programs for low income countries increased significantly, as shown in Figure 3.1. The details of this portfolio are described in Annex A.

Figure 3.1
Approved amounts for CCT programs in medium-low & low income countries
(Current amount by approval year*. Loans in millions US\$)



*Include current approved amounts of operations with at least one component related to a CCT. Source: OVEDA.

- 3.2 Following these criteria, three CCT programs were selected (Table 3.1): Honduras (PRAF-*Bono 10 Mil*), Guatemala (*Mi Familia Progresiva- Mi Bono Seguro*) and El Salvador (*Comunidades Solidarias*).² The team will analyze both the loans pro-

¹ The definition of medium-low and low income countries, according to the Atlas method, are those with gross national income per capita below US \$4,085. The purpose of the Atlas conversion factor is to “reduce the impact of exchange rate fluctuations in the cross-country comparison of national incomes”. For more details see <http://data.worldbank.org/about/country-classifications/world-bank-atlas-method>.

² In the case of Bolivia the Bank funded the Bono Juana Azurduy in 2009-2010 (BO-L1032). This program is aimed to reduce maternal and infant mortality and chronic malnutrition in children less than two years across the country by providing cash transfer for those mothers.

vided to these countries and the technical cooperation projects directly linked to the loans.

Table 3.1
CCTs and countries funded by the IDB

Name	2012 GNI pc*	At least one loan operation	Selected
El Salvador	3,590	Y	Y
Guyana	3,410	N	
Paraguay	3,400	N	
Guatemala	3,120	Y	Y
Bolivia	2,220	Y	N
Honduras	2,120	Y	Y
Nicaragua	1,650	N	
Haiti	760	N	

*Source: World Bank. Gross National Income per capita 2012, Atlas method.
<http://data.worldbank.org/data-catalog/GNI-per-capita-Atlas-and-PPP-table>

IV. EVALUATION QUESTIONS

- 4.1 The overarching evaluation question is “*How has the IDB helped three lower income LAC countries to design, implement and supervise CCT programs?*” To answer this question, the team will examine the support provided by the Bank to the selected countries, including the instruments used and the substantive focus of the support. As a broad framework, OVE has identified the following list of components and activities that are needed for CCT programs to function effectively (Table 4.1).³ While the Bank may not have been asked by the borrower to support all of the areas listed in the table, the evaluation will seek to situate the Bank’s support within the broader set of institutional needs listed in the table. This will help to assess to what extent the IDB has helped countries design and manage CCT programs in line with their institutional capacities.

Table 4.1
Selected components and activities to be analyzed

<i>CCT Core Components to be Analyzed</i>
1. Assessment of poverty conditions of the country
2. Targeting of beneficiaries
3. Selection and registry of beneficiaries
4. Definition of the monetary benefits
5. Definition, monitoring and enforcement of conditions
6. Payment method design and administration
7. Design of the agency that coordinates the CCT
8. Re-certification and graduation of beneficiaries
9. Evaluation of results (monitoring and evaluation)
10. Supply of complementary services
<i>Other</i>
11. Coordination with other multilaterals
12. Loan operation design

³ The list is based on the classification of different components included in IDB operations, as described in Annex B. The subsequent questions were developed by the evaluation team based on an extensive literature review. Fiszbein and Schady (2009), and Paes-Sousa, Regalía, and Stampini (2013). These authors mention eight operational functions in the implementation of a CCT program: (1) targeting, or beneficiary selection and registration; (2) monitoring and evaluation; (3) delivery of complementary services (e.g., health and education); (4) customer service (customer care and case management); (5) monitoring beneficiary co-responsibilities; (6) cash transfer payments; (7) auditing (to ensure transparency), and; (8) recertification and “graduation”.

- 4.2 *Assessment of poverty conditions of the country.* For this component, the team will address the following questions:
- To what extent has the Bank supported the client country in its assessment of poverty conditions?
 - What indicators –for example, income, health, education- has the IDB helped to identify?
 - If the Bank has not provided support in this area, has capacity been adequate in the absence of Bank support?
- 4.3 *Targeting of beneficiaries.* Defining a targeting system to identify poor population and potential beneficiaries of the CCT requires the use of available information on poverty conditions in the country. The effectiveness of a program and its cost are sensitive to the refinements in this system, and they need to be continually updated in line with the evolution of poverty conditions.
- To what extent and how effectively has the Bank helped countries develop beneficiary targeting mechanisms?
 - If the Bank has not provided support in this area, has capacity been adequate in the absence of Bank support?
- 4.4 *Selection and registry of beneficiaries.* This component will provide information on the process used to identify and register potential beneficiaries. Often there is a lack of information, and the IDB can support clients in defining the minimum data required for this process.
- To what extent and how effectively has the Bank helped countries establish and maintain beneficiary registration systems?
 - If the Bank has not provided support in this area, has capacity been adequate in the absence of Bank support?
- 4.5 *Definition of monetary benefits.* The definition of the payment amounts and schedule affects the behavior of beneficiaries, including their degree of adherence to the requirements of the CCT program.⁴
- To what extent has the IDB helped design the cash benefit scheme and the duration of monetary benefits?
 - If the Bank has not provided support in these areas, has capacity been adequate in the absence of Bank support?

⁴ See Gneezy and List (2013)

4.6 *Definition, monitoring, and enforcement of conditions.* Similar to monetary benefits, the definition and monitoring of the conditions are key components of a CCT. The current discussion on the effectiveness of conditional versus unconditional programs assumes the enforcement of CCT conditions.⁵

- To what extent and how effectively has the Bank helped countries define country-appropriate conditions for access to CCT benefits?
- What mechanisms are used to coordinate the monitoring and enforcement of conditions?
- To what extent and how effectively has the Bank helped countries establish mechanisms to monitor and enforce conditions?
- If the Bank has not provided support in these areas, has capacity been adequate in the absence of Bank support?

4.7 *Payment method design and administration.* One of the most important components in the design of a CCT is the selection of payment modalities. Transfers need to be paid on time to generate incentives to change beneficiaries' behavior and reduce poverty. New technologies have reduced the cost of providing transfers, but they must be continuously updated.

- To what extent and how effectively has the Bank helped countries set up appropriate benefits payment systems?
- What has the Bank done to help the countries design (or improve) the delivery schemes for their cash transfers?
- Has this assistance contributed to effective implementation and supervision systems for payments?
- If the Bank has not provided support in these areas, has capacity been adequate in the absence of Bank support?
- What mechanisms are used to coordinate payment methods?

4.8 *Design of the agency that coordinates the CCT.* CCT programs generally require the involvement and participation of several ministries and public agencies. The coordination of the actions of each participant is critical for the proper functioning of the program.⁶

- Has the IDB assisted with the institutional design and functioning of the CCT regulatory agency (i.e. board or ministry of poverty alleviation)?
- Were institutional alternatives analyzed?

⁵ See Ozler (2013). Similar discussions are discussed by Araujo and Schady (2008), Osterbeek; Ponce, and Schady (2008); and Edmonds and Schady (2012).

⁶ Fiszbein and Schady, (2009); Adato & Hoddinott, (2010).

- To what extent and how effectively has the Bank helped countries develop program oversight systems?
- If the Bank has not provided support in these areas, has capacity been adequate in the absence of Bank support?

4.9 *Re-certification and graduation of beneficiaries.* The evolution of CCT programs requires voluntary or involuntary “exit” policies. In the first case, beneficiaries do not need the income support and “graduate” from it. In the second, beneficiaries do not meet the selection criteria or fail to comply with the conditions. Both types of “exit” policies require a verification mechanism.

- To what extent has the IDB helped define and implement re-certification and/or reapplication rules/system?
- How accurate are these systems?
- If the Bank has not provided support in this area, has capacity been adequate in the absence of Bank support?

4.10 *Evaluation of results.* CCT programs require strong monitoring and evaluation systems (M+E). The information provided is critical to provide the proper incentives to beneficiaries and to keep the program from effectively becoming an unconditional cash transfer.⁷ This evaluation will analyze the monitoring and evaluation systems supported by the IDB:

- To what extent and how effectively has the Bank helped countries develop and implement M+E systems?
- Has the Bank helped clients define clear agendas to evaluate the implementation aspects and impact of CCT programs?
- Has this translated into well-defined evaluation mechanisms with specific objectives, time frames, and budget allocations?
- Has the Bank supported specific control functions, formal audits, and/or expenditure reports?
- If the Bank has not provided support in these areas, has capacity been adequate in the absence of Bank support?

4.11 *Supply of complementary services.* CCT programs can inform authorities about the education and health needs for target populations, where there is generally weak initial supply in low-income countries.⁸

- Has the IDB helped assess the initial supply of basic services required in the CCT (i.e. schools, health centers)?

⁷ See Ozler (2013).

⁸ Maluccio, et. al. (2010).

- Has the assistance translated into a clearly-defined set of conditions tailored to the country's service delivery capacity?
- If the Bank has not provided support in this area, has capacity been adequate in the absence of Bank support?

4.12 *Coordination with other multilaterals.* The coordination of CCT assistance of several multilateral agencies may be important to generate synergies and avoid duplication and unnecessary costs in implementing the program.

- Has the Bank effectively coordinated its support with other donors involved in supporting the CCT programs?

4.13 *Loan operation design.* The extensive IDB support to CCT programs in the LAC region suggest there is significant accumulated experience on the design of loans and instruments.

- Have IDB loans been structured appropriately to provide the means and incentives to effectively advance the strengthening of the CCT system?

V. PRODUCT, METHODOLOGY AND SOURCES OF INFORMATION

- 5.1 The final product will be a report on IDB support to the selected low income countries for each of the components described in the previous section. The report will be based on the evidence collected for each of the selected case studies
- 5.2 The team will answer the evaluation questions based on desk review of available documents (program government, national sectorial plans, and other relevant studies, carried out by the government, the Bank or other institutions) and interviews with relevant stakeholders involved in the design and implementation of the operations funded by the bank, both at strategic and operational levels. These include Bank staff, authorities responsible for sectorial policies -current or previous administrations-, officials of other multilateral and bilateral agencies present in the country, other sectorial experts, and experts from academia or think tanks. Table 1 information sources and type of analysis to be employed for the different parts of the evaluation.

Table 5.1

Selected components, Sources of Information and Type of Analysis

<i>CCT Core Components to be Analyzed</i>	<i>Type of analysis</i>	<i>Sources of information</i>
1. Assessment of poverty conditions of the country	Review of available poverty measures (income, expenditure, multidimensional)	Program of the government, national sectorial plans, diagnostic studies, technical notes (when available), interviews with IDB specialists and clients
2. Targeting of beneficiaries	Review of the mechanism designed to target beneficiaries (geographic, categorical, means testing, community validation)	Documents to identify the targeting mechanism and their sources of information (Program of the government, national sectorial plans, diagnostic studies, technical notes, census or surveys (National Census Data and income-expenditure surveys), interviews with IDB specialists and clients
3. Selection and registry of beneficiaries	Analysis of existing databases/list of beneficiaries	Program of the government, national sectorial plans, diagnostic studies, technical notes (when available), National Census Data and income-expenditure surveys, evaluations, interviews with IDB specialists and clients
4. Definition of the monetary benefits	Review of the cost-benefit analysis used to define the benefits	Technical notes used to determine the value of the transfer according to the poverty measurement, national sectorial plans, diagnostic studies, technical notes (when available), interviews with IDB specialists and clients
5. Definition, monitoring and enforcement of conditions	Analysis of the rules used to coordinate agencies that participate in the program and the	National sectorial plans, diagnostic studies, technical notes, manual of operation of the CCT (when available)

Table 5.1

Selected components, Sources of Information and Type of Analysis

<i>CCT Core Components to be Analyzed</i>	<i>Type of analysis</i>	<i>Sources of information</i>
6. Payment method design and administration	Analysis of the cost and mechanism of provision of the transfers	National sectorial plans, diagnostic studies, technical notes, manual of operation of the CCT, qualitative evaluations (when available), interviews with IDB specialists and clients
7. Design of the agency that coordinates the CCT	SWOT analysis (review)	National plans and presidential notes, presidential decrees (when available), interviews with IDB specialists and clients
8. Re-certification and graduation of beneficiaries	Analysis of the existence and use of databases of beneficiaries	National sectorial plans, diagnostic studies, technical notes, manual of operation of the CCT, databases of beneficiaries (when available), interviews with IDB specialists and clients
9. Evaluation of results (monitoring and evaluation)	Review of existing databases and evaluations	National sectorial plans, technical notes, qualitative and quantitative evaluations, research papers (when available)
10. Supply of complementary services	Review of the provision and expansion plans of the education and health sectors	National sectorial plans, diagnostic studies, technical notes, manual of operation of the CCT, evaluations (when available), interviews with IDB specialists and clients
<i>Other</i>		
Coordination with other multilaterals	Desk review and interviews	Sector Strategies, studies and reports (when available), interviews with IDB specialists and clients
Loan operation design	Desk review and interviews	Country strategies, programming documents, loan documents, TC profiles, interviews with IDB specialists and clients

VI. TIMELINE

6.1 The evaluation will be carried out by Oliver Azuara (team leader) and Odette Maciel with inputs from Benjamin Roseth. The planned timeline is described in Table 6.1.

**Table 6.1
Calendar of activities**

Activity	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Approach paper														
Literature review														
Documentation analysis														
Interviews at HQ														
Visits to projects														
<i>Honduras</i>														
<i>El Salvador</i>														
<i>Guatemala</i>														
Case Studies														
Full draft: First version														
Review Process														
Final Draft														
Final Draft to Board														

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Stampini, Marco and Tornarolli, Leopoldo (2012) “The Growth of Conditional Cash Transfers in Latin America and the Caribbean: Did They Go Too Far?”. Inter-American Development Bank. Social Protection and Health Division SCL/SPH. Washington, D.C.: IADB.

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ANNEX A PORTFOLIO DESCRIPTION OF CCTs IN SELECTED IDB CLIENT COUNTRIES

The selection of countries of this evaluation is based on gross national income (GNI) per capita in U.S. dollars adjusted by the Atlas conversion factor. This method is used to reduce the impact of exchange rate fluctuations. According to the World Bank, medium-low and low income countries in 2012 were those with GNI per capita lower than US \$4,085. Latin American and the Caribbean countries included in this classification are the following (from lowest to highest): Haiti (\$760), Nicaragua (\$1,650), Honduras (\$2,120), Bolivia (\$2,220), Guatemala (\$3,120), Paraguay (\$3,400), Guyana (\$3,410), and El Salvador (\$3,590).¹

The IDB started CCT operations for this group of countries in 1998 with a project in Honduras of US \$40 million. Between 2000 and the economic crisis of 2008-2009, the average annual amount of approved operations to support CCTs in this group of countries was US \$40 million. After the crisis, the IDB support has considerably increased, and the average annual amount of approved operations has been US \$142 million, as described in Figure 1. These amounts include investment loans, policy based loans (PBLs) and technical cooperation (TC) operations.

The CCT portfolio for medium-low and low income countries includes 13 investment loans, seven PBLs and 14 TC operations in seven countries. The total amount of all operations is US \$1,238 million, of which El Salvador, Honduras and Guatemala have received 40, 27, and 24 percent, respectively. Table A.1 describes the distribution of operations and amounts.

Table A.1
Distribution of approved amounts on CCTs by country (1998-2013)

Country	Investment Loan		PBLs		Non-Reimbursable TC		Portfolio Total	
	Num.	Mill. US\$	Num.	Mill. US\$	Num.	Mill. US\$	Num.	Mill. US\$
ES	2	-	3	500.0	4	1.0	9	501.0
BO	2	25.0		-		-	2	25.0
PR*	1	22.3	1	20.0	2	0.3	4	42.6
HO	6	310.3	1	27.9	4	1.4	11	339.6
NI	2	28.3		-	1	0.1	3	28.4
GU		-	2	300.0	2	1.1	4	301.1
HA		-		-	1	0.1	1	0.1
Total	13	385.9	7	847.9	14	4.0	34	1,238.2

Source: OVE using OVEDA data. * Project preparation facility projects are not showed in the table.

¹ See <http://data.worldbank.org/about/country-classifications/country-and-lending-groups>

The Bank approved almost US\$ 521 million in 2009 in medium-low and low income countries as a response to the economic crisis. This amount represented 23% of the total approvals for CCT programs of the Bank. The next table describes only the operations to be analyzed in the report.

Table A.2
Portfolio under Analysis for the Selected Countries

Operation Number	Operation Name	Operation Group Type	Fund Type	Approval Year	Sector SubSector	Current Approved Amount	Disbursed Amount	Operation Status
ES-L1002	Support for the Solidarity Network Program	INVESTMENT LOAN	FOB	2005	IS-POV	-	-	CANCELLED
ES-T1022	RED SOLIDARIA Evaluation	NRTC	FOB	2005	IS	143,528	143,528	COMPLETED
ES0140	Social Policy Support Program	PBLS/PBP/EME/LOAN	FOB	2006	IS	100,000,000	100,000,000	COMPLETED
ES-T1063	Support for Red Solidaria Program's Research and Social Evaluation	NRTC	FOB	2007	IS-POV	142,474	142,474	COMPLETED
ES-L1030	Reformulation of the Social Policy Support Program	PBLS/PBP/EME/LOAN	FOB	2008	IS	100,000,000	100,000,000	COMPLETED
ES-T1090	Support for the Social Agenda	NRTC	FOB	2008	IS-POV	539,000	539,000	COMPLETED
ES-L1040	Reformulation of the Social Policy Support Program	PBLS/PBP/EME/LOAN	FOB	2009	IS	300,000,000	300,000,000	COMPLETED
ES-T1133	Support to the development of the Universal Social Protection System	NRTC	FOB	2009	IS	147,527	147,527	COMPLETED
ES-L1044	Strengt. Health, Early Childhood Devel. and Violence Preventing Serv. in Urb Com	INVESTMENT LOAN	FOB	2010	IS-POV	-	-	CANCELLED
GU0175	Social Expenditure Quality Improvement	PBLS/PBP/EME/LOAN	FOB	2004	IS	100,000,000	100,000,000	COMPLETED
GU-L1017	Human Capital Investment Program	PBLS/PBP/EME/LOAN	FOB	2009	IS	200,000,000	200,000,000	COMPLETED
GU-T1089	Impact Evaluation of Mi Familia Progresá	NRTC	FOB	2009	IS-ECD	981,666	981,666	COMPLETED
GU-T1138	Support to MiFaPro's Communications Strategy	NRTC	FOB	2009	IS-ECD	116,858	116,858	COMPLETED
HO0132	Family Assignment Program Stage II	INVESTMENT LOAN	FOB	1998	IS	40,251,657	40,251,657	COMPLETED
HO0222	Social Protection Program	INVESTMENT LOAN	FOB	2004	IS-ECD	20,000,000	20,000,000	COMPLETED
HO-T1059	Support for the Strategic Planning and Results Based Social Protection	NRTC	FOB	2006	IS-POV	143,456	143,456	COMPLETED
HO-L1009	Sectorial-Social Program Associated to the ERP	PBLS/PBP/EME/LOAN	FOB	2006	IS	27,900,000	27,900,000	COMPLETED
HO-T1099	Program for Support the Preparation of the Integ. Social Safety Network Program	NRTC	FOB	2008	IS-ECD	148,499	148,499	COMPLETED
HO-L1032	Integrated Support for the Social Safety Net Program	INVESTMENT LOAN	FOB	2008	IS-ECD	20,000,000	20,000,000	COMPLETED
HO-L1042	Second Operation for the Integrated Support for the Social Safety Net Program	INVESTMENT LOAN	FOB	2010	IS-ECD	55,000,000	55,000,000	COMPLETED
HO-T1120	Support for Comprehensive Program Evaluation of Social Protection - Bono 10,000	NRTC	FOB	2010	IS	994,361	994,361	COMPLETED
HO-L1071	Support to the Social Protection Network Program	INVESTMENT LOAN	FOB	2012	IS-ECD	75,000,000	67,351,990	ACTIVE
HO-T1170	Support to the Bono 10 Mil in urban areas with emphasis in promoting labor	NRTC	FUA	2012	IS-POV	150,000	43,022	ACTIVE
HO-L1087	Social Safety Net Support Program II	INVESTMENT LOAN	FOB	2013	IS-ECD	100,000,000	25,000,000	ACTIVE

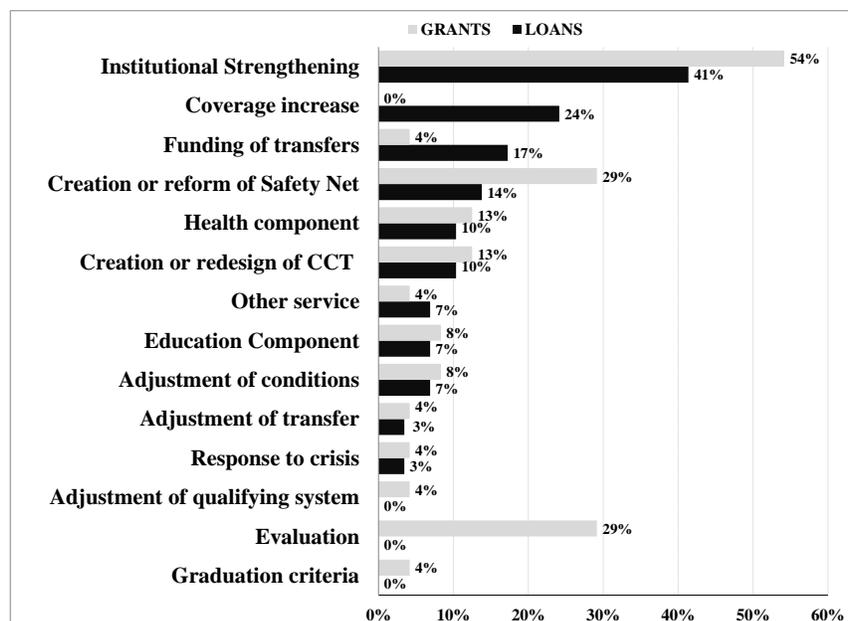
ANNEX B COMPONENTS OF PROJECTS

The team reviewed all loan proposals and technical cooperation profiles and defined the following types of components in CCT operations:

- a. Institutional strengthening
- b. Funding of transfers
- c. Coverage increase
- d. Education component
- e. Health component
- f. Creation or reform of safety net
- g. Creation or redesign of CCT
- h. Evaluation
- i. Adjustment of qualifying system
- j. Adjustment of conditions
- k. Response to crisis
- l. Adjustment of the amount of the transfer
- m. Graduation criteria

The distribution of these characteristics is described in Figure B.1. The category “Institutional strengthening” appears in the majority of the operations.

Figure B.1
% of projects with at least ONE CCT component
(69 loans and 45 grants in 20 countries)



Source: Authors' estimation using official documents.