



How do social protection and labour programmes contribute to social inclusion?

Evidence from Afghanistan, Bangladesh, India and Nepal

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Key messages

- Social protection and labour programmes can be designed and implemented to tackle the outcomes and drivers of social exclusion.
- Recognition of context-specific economic, social and institutional factors that drive social exclusion needs to be fed into programme objectives, design and implementation.
- To achieve this, the design of social protection and labour programmes must start with social and institutional analysis that will assess factors affecting people's access to resources, services and social and economic opportunities and thus influence the exclusion/inclusion outcomes. The social exclusion framework can serve as a useful guidance tool for this.
- The specific objectives and nature of social protection and labour instruments may limit their impact potential. Therefore, it is vital to coordinate and link interventions with other policies and initiatives – in the social sectors and beyond - to address drivers of exclusion more effectively.

Preface

This report is part of a wider research project that assessed the effectiveness and relevance of social protection and labour programmes in promoting social inclusion in South Asia. The research was undertaken in collaboration with partner organisations in four countries, examining BRAC's life skills education and livelihoods trainings for young women in Afghanistan, the Chars Livelihoods Programme and the Vulnerable Group Development Programme in Bangladesh, India's National Health Insurance Programme (RSBY) in Maharashtra and Uttar Pradesh and the Child Grant in the Karnali region of Nepal. Reports and briefings for each country and a paper providing cross-country analysis and drawing out lessons of relevance for regional and international policy can be found at: www.odi.org/sp-inclusion.

International policy paper, briefing and background note

- Babajanian, B., Hagen-Zanker, J., and Holmes, R. (2014) How do social protection and labour programmes contribute to social inclusion? Evidence from Afghanistan, Bangladesh, India and Nepal. ODI Report.
- Babajanian, B., Hagen-Zanker, J., and Holmes, R. (2014) Can social protection and labour programmes contribute to social inclusion? Evidence from Afghanistan, Bangladesh, India and Nepal. ODI Briefing No.85.
- Babajanian, B., and Hagen-Zanker, J. (2012) Social protection and social exclusion: an analytical framework to assess the links. ODI Background Note.

Country reports

- Adhikari, T.P., Thapa, F.B., Tamrakar, S., Magar, P.B., Hagen-Zanker, J., and Babajanian, B. (2014) How does social protection contribute to social inclusion in Nepal? Evidence from the Child Grant in the Karnali Region. ODI Report.
- Echavez, C., Babajanian, B., Hagen-Zanker, J., Akter, S., and Bagaporo, J.L. (2014) How do labour programmes contribute to social inclusion in Afghanistan? Evidence from BRAC's life skills education and livelihoods trainings for young women. ODI Report.
- Sabharwal, N.S., Mishra, V.K., Naik, A.K., Holmes, R., and Hagen-Zanker, J. (2014) How does social protection contribute to social inclusion in India? Evidence from the National Health Insurance Programme (RSBY) in Maharashtra and Uttar Pradesh. ODI Report.
- Siddiki, O.F., Holmes, R., Jahan, F., Chowdhury, F.S., and Hagen-Zanker, J. (2014) How do safety nets contribute to social inclusion in Bangladesh? Evidence from the Chars Livelihoods Programme and the Vulnerable Group Development programme. ODI Report.

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- Adhikari, T.P., Hagen-Zanker, J., and Babajanian, B. (2014) The contribution of Nepal's Child Grant to social inclusion in the Karnali region. Country briefing. ODI, London.
- Echavez, C., Babajanian, B., and Hagen-Zanker, J., (2014) The contribution of BRAC's life skills education and livelihoods trainings to social inclusion in Afghanistan. Country Briefing. ODI, London.
- Sabharwal, N.S., Mishra, V.K., Naik, A.K., Holmes, R., and Hagen-Zanker, J. (2014) The contribution of India's National Health Insurance Programme (RSBY) to social inclusion in Maharashtra and Uttar Pradesh. Country Briefing. ODI, London.
- Siddiki, O.F., Holmes, R., Jahan, F., Chowdhury, F.S., and Hagen-Zanker, J. (2014) The contribution of the Chars Livelihoods Programme and the Vulnerable Group Development programme to social inclusion in Bangladesh. Country Briefing. ODI, London.

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Abbreviations

ADB	Asian Development Bank
ARC	Adolescent Reading Centre
BPL	Below the Poverty Line
CHT	Chittagong Hill Tracts
CIDA	Canadian International Development Agency
CLP	Chars Livelihoods Programme
DFID	UK Department for International Development
ERD	European Report on Development
EUI	European University Institute
FGD	Focus Group Discussion
FSVG	Food Security Vulnerable Group Development
GEP	Girls' Education Project
GSDRC	Governance and Social Development Resource Centre
HRW	Human Rights Watch
IDI	In-depth Interview
IRA	Islamic Republic of Afghanistan
KII	Key Informant Interview
IGVGD	Income-generating Vulnerable Group Development
ILO	International Labour Organization
MoE	Ministry of Education
NGO	Non-governmental Organisation
OECD	Organisation for Economic Co-operation and Development
PPP	Purchasing Power Parity
PRA	Participatory Rural Appraisal
PSM	Propensity Score Matching
RSBY	Rashtriya Swasthya Bima Yojana
UK	United Kingdom
UN	United Nations
UNDP	UN Development Programme
UNESCAP	UN Economic and Social Commission for Asia and the Pacific
UNICEF	UN Children's Fund
UNRISD	UN Research Institute for Social Development
VDC	Village Development Committee
VGD	Vulnerable Group Development
WFP	World Food Programme

Executive summary

Discussions around the post-2015 development goals and the proposed ‘leave no-one behind’ principle have revived global interest in inequality and the role of social protection in promoting social inclusion. The growing body of evidence on rising inequality and persistent structural poverty has prompted researchers and development professionals to look for policy measures to address the exclusion of particular groups from development processes as well as broader social and political life.

Recent policy documents suggest social protection and labour programmes can address some of the intersections between poverty and social exclusion, either directly or indirectly (ILO, 2011; UNICEF, 2012a; World Bank, 2012). The sources of social exclusion are often structural in nature: exclusionary behaviours and practices are underpinned by social norms, values and beliefs that produce and reproduce forms of social exclusion at all levels (i.e. intra-household, community, institution and national levels). Such practices are translated into exclusion by formal and informal institutions and policies and upheld by, for example, ideologies and rules (Bordia Das, 2013). There is now a substantial body of evidence about the positive effects of social protection and labour programmes on core dimensions of wellbeing, such as food consumption and access to health and education. Increasingly, attention has also been given to social protection’s wider ‘transformative’ role of contributing to social inclusion and empowerment. Yet we have relatively limited knowledge about the ability of these programmes to tackle the *structural causes of social exclusion* and poverty or to promote sustainable changes in the lives and livelihoods of the poor, as well as limited evidence on the extent to which these structural drivers of poverty affect programme outcomes.

This paper aims to help fill this empirical gap by drawing on the findings from four country case studies that examined the role of social protection and labour programmes in promoting social inclusion: life skills education and livelihoods training (Adolescent Reading Centres (ARCs) for young women in Afghanistan); asset transfers (the Chars Livelihoods Programme (CLP)) in the Chars and a food transfer programme (Vulnerable Group Development (VGD)) in the Chittagong Hill Tracts (CHT) in Bangladesh; the Rashtriya Swasthya Bima Yojana (RSBY) health insurance programme in India; and the Child Grant cash transfer in Karnali region in Nepal.

The research used a social exclusion framework to guide design and analysis. The concept of social exclusion emphasises the multiplicity of dimensions of wellbeing; it also shows the need to understand processes that result in deprivation and marginalisation. Its application to social protection enables the assessment of policy interventions in terms of their effects on both wellbeing *outcomes* and the economic, social and institutional *drivers* that cause social exclusion and poverty. Therefore, it allows us to contextualise the effects of policy interventions and understand the extent to which their effects can be transformative, that is, far-reaching and sustainable.

The study addressed the following research questions:

To what extent do social protection and labour initiatives

1. Improve food security?
2. Improve access to and utilisation of basic services, including health and education?
3. Enhance labour market and economic opportunities?
4. Enhance social relations and individual empowerment?
5. Enhance state–society relations?
6. Change drivers of social exclusion?

As the findings show, *the interventions in the four countries have contributed to wellbeing outcomes*. However, the degree to which they contribute, and the outcomes they contribute to, vary considerably. Key contributions include a reduction of household health expenditure on inpatient health costs (RSBY in India); improved food security and productive capacity (CLP and VGD in Bangladesh); increased knowledge and improved social relations (ARC training in Afghanistan); and a small contribution to household consumption (Child Grant).

The interventions have *had some, albeit small, impact on the drivers of social exclusion*. All programmes target either geographically excluded areas or excluded groups (ethnic minorities, women). All interventions have – to some extent – contributed to strengthening social relations, including social participation and social networks. Furthermore, the RSBY scheme in India has institutionalised *inclusive* health care provision through public health insurance to poor households, where marginalised groups, such as poor lower castes and Muslims, were previously excluded. In Bangladesh, an integrated economic and social approach through CLP has opened up productive opportunities for women and allowed them to diversify their livelihood activities.

However, the findings also show that, on many occasions, the interventions have not delivered transformative changes in the lives and livelihoods of excluded households and individuals. We identified three sets of factors that help explain the limited impact on social inclusion: (i) the combination of economic, social and institutional factors that mediate programme impacts; (ii) financial resources and service delivery capacity that affect implementation processes and programme outcomes; and (iii) the objectives and nature of social protection and labour instruments that may limit their impact potential.

First, the research found that deeply-rooted **economic, social and institutional** drivers of poverty and social exclusion mediate programme impacts. Cultural and social norms that limit women’s access to capital and markets in Afghanistan were not adequately considered in the design of the ARC programme. Even tailoring – which appears to be a feasible and sensible choice as it is culturally acceptable and does not require women to work outside home – requires further input and capital (e.g. to purchase sewing machines), which women largely lack. Focus on improving women’s skills alone may not be sufficient for enabling them to take advantage of economic opportunities. The limited accountability of local authorities in Karnali in Nepal means unpredictable, irregular and partial payment of the grant. Exclusion of the poorest from productive resources, and ethnic and gender discrimination, limits the role of the Bangladesh VGD programme in securing sustainable livelihoods for its beneficiaries. These findings suggest that **context-specific design and delivery is crucial** for enhancing the effects of interventions. Policies and programmes must take into account the complexity of the social, economic, institutional and governance context of local communities.

The research established that **financial resources and service delivery capacity** affected the effectiveness of intervention outcomes. In particular, the interventions in our case studies were not always supported with adequate financial resources and service delivery capacity, as the following examples illustrate. The Child Grant in Nepal offers a too small transfer, which is not sufficient to enhance household food security in a substantial

way, given households in the Karnali region face multiple deprivations. In India, the design and implementation of RSBY is not tailored to address the wider barriers that prevent socially excluded groups accessing and using health care. The RSBY implementation processes do not adequately support outreach and information dissemination among Scheduled caste individuals, who report receiving less information on enrolment and use of hospitals covered in the scheme. The livelihoods training in Afghanistan has not, according to most beneficiaries, been effective in teaching girls the tailoring skills they need to undertake business activities, even if such activities were open to them. This implies that programmes must be supported with **sufficient financial resources and service delivery capacity** to offer adequate benefits and enable effective service delivery to socially excluded groups.

Together, these two points lead to a third factor, which is that the specific objectives and nature of social protection and labour instruments may limit their **impact potential**, i.e., the scope of change they can achieve on their own. Thus, while RSBY seeks to address social inequalities by supporting marginalised groups' better access to health care by reducing financial constraints, it *itself* is permeated by existing divides that reinforce institutional discrimination and stigma. The findings from Afghanistan demonstrate that, in order to successfully promote women's involvement in the labour market, micro-level interventions (such as life skills and livelihoods training) must be accompanied by policy interventions that tackle broader conditions and social norms that determine the roles of men and women in their households and communities. Similarly, the CLP programme is unable to achieve transformative structural livelihood changes or opportunities for women, given the broader restrictions women continue to face in leasing land and marketing goods. The evidence from Nepal suggests implementation of the Child Grant is hindered by a weak governance environment – something that cannot be changed through social protection alone, particularly given that the programme's monitoring and supervision mechanisms are also weak. Uprooting corruption, clientelism and mismanagement, and promoting good governance and institutions, requires systematic and long-term policy engagement and structural change.

These findings point to a number of policy implications and recommendations:

- **Design and delivery of programmes must be adequate and appropriate** to achieve the desired programme objectives, given the economic, social and institutional factors that determine the experience of poverty and social exclusion. First of all, recognition of these context-specific factors needs to be fed into programme objectives, design and implementation. This may include tackling gender inequality and promoting women's empowerment, strengthening voice and agency and creating more diversified and sustainable livelihood opportunities. Secondly, adequate financial resources and service delivery capacity are important for maximising the effectiveness of intervention outcomes. Design features, such as the benefit size and regularity of provision, as well as organisational and institutional capacity to formulate and implement programmes, do affect potential contributions to promoting social inclusion. Even with fiscal and capacity constraints, it is possible to design appropriate interventions to tackle dimensions of social exclusion, as long as resources and expectations about the nature and scope of change are aligned.
- **The importance of social and institutional analysis.** Design of policy instruments must start with analysis of the factors that affect people's access to resources, services and social and economic opportunities and thus influence exclusion/inclusion outcomes. Careful assessment and identification of these factors can help inform the theory of change of the intervention and serve as a basis for its conceptual and technical design. It can also help in identifying the strengths and limitations of specific instruments and establishing measures to address factors outside the sectoral reach of social protection. It can help in adjusting expectations about the potential of policy instruments and setting realistic and feasible goals. Finally, it can also help in identifying relevant indicators for capturing social and institutional effects that can be used to measure change and that can also be used in a monitoring and evaluation framework.
- **A social exclusion framework is a useful tool in assessing outcomes and drivers of social exclusion and their intersections with poverty.** First of all, it can be used to understand wellbeing outcomes in terms of different dimensions of social exclusion. More importantly, it can also be used as a magnifying glass to

understand which specific economic, social and institutional factors affect people's lives and livelihoods – the drivers of social exclusion. Doing so allows us to zoom in on both the required areas for policy interventions to improve social inclusion and the potential limits of policy interventions owing to broader societal and structural factors, which drive poverty.

- Given their specific objectives and nature, social protection and labour instruments cannot be expected to tackle the drivers of social exclusion and poverty alone. Rather, they need to be part of a broader framework promoting social inclusion. **Institutionalising policy linkages is therefore crucial to address drivers of exclusion more effectively.** Policy linkages can be promoted in the social sectors, for example between social assistance, social work, social care, health, nutrition and education, to help address poverty and vulnerabilities in a more effective and equitable manner. In addition, crosscutting policies and activities that go beyond the social sectors and address legal, administrative and institutional barriers to services and productive opportunities are crucial in tackling deeply rooted drivers of poverty and social exclusion. Finally, an enabling governance environment is essential for maximising the contribution of development interventions to social inclusion.

1 Introduction

The countries in the South Asian region have seen an impressive reduction in poverty over the past two decades, but face the challenge of promoting inclusive growth and reducing stark economic and social inequalities. In 1990, more than half the population in Asia and the Pacific were living in poverty;¹ by 2008, it was less than one-quarter of the regional population (UNESCAP, 2011). Despite this significant progress, 945 million people remain poor, and income inequality is increasing in a number of countries in the region (Ortiz and Cummins, 2011). Economic growth has not ameliorated existing inequalities – in wealth, incomes, human capital, security, status and power (Walton, 2007). In fact, inequality in Asia is rising, and one of the key priorities of public policies must be how to make growth more inclusive.

Income poverty and inequality are strongly correlated with high levels of economic, social and political exclusion, not only posing a challenge to meeting future poverty reduction goals but also raising serious concerns about security and stability within and between countries. The exclusion of particular groups – such as ethnic minorities, low-caste persons, migrants, women and those living in remote geographical locations – deprives individuals, households and communities of political voice and representation, of equitable access to social services and of access to assets and predictable livelihoods and decent work (Köhler et al., 2009), effectively trapping them in a vicious cycle of poverty.

Recent policy documents suggest social protection and labour programmes can address some of the intersections between poverty and social exclusion, either directly or indirectly (ILO, 2011; UNICEF, 2012a; World Bank, 2012). Social protection policies and programmes for the poor have long been an important strategy to help reduce poverty and vulnerability in South Asia (Köhler et al., 2009), and have largely focused on addressing a narrow set of income poverty-related risks. There is now a substantial body of evidence on the positive effects of social protection and labour programmes on core dimensions of wellbeing, such as food consumption and access to health and education.² Increasingly, however, attention has been given to social protection's wider role in tackling social exclusion.

The 'transformative' perspective advanced in the past decade emphasises the importance of social protection's contribution to structural change. This perspective suggests social protection can not only help people meet their basic needs but also contribute to their long-term wellbeing and broader societal goals of equity, social justice and empowerment (Sabates-Wheeler and Devereux, 2008). It is assumed that social protection and labour programmes can bring about short-term improvements in wellbeing but also address the root causes of poverty and vulnerability, by investing in human capabilities and productive capacity, promoting legal rights and institutionalised access to services and addressing social inequalities through design and implementation (Babajanian and Hagen-Zanker, 2012). International organisations such as the World Bank, the International Labour Organization (ILO), the UN Children's Fund (UNICEF) and the UN Research Institute for Social Development (UNRISD) attribute greater importance to the role of social protection and labour programmes in addressing inequality and building more inclusive societies (EUI, 2010; ILO, 2011; UNICEF, 2012a).

¹ Poverty is defined here as those living on less than \$1.25 purchasing power parity (PPP), constant 2005 prices, per day.

² See DFID (2011); Baird et al. (2013); Gaarder et al. (2010); and Lagarde et al. (2007) for reviews of the evidence.

A growing body of literature argues social protection can also play an important role in strengthening state–citizen relations. There are views about its potential contribution to ‘state building’, that is, strengthening state stability and legitimacy through reducing vulnerability, renewing the social contract with its citizens and thereby strengthening state–citizen relations (e.g. ERD, 2010; McConnell, 2010; OECD, 2009; UNESCAP, 2011). It is assumed that social benefits can generate positive perceptions of and trust in the state and support for public institutions (OECD, 2008).

To date, however, the mechanisms by which these objectives might be achieved through social protection and labour interventions are under-researched. Moreover, while there is a substantial body of evidence on the short-term impacts of social protection, we know relatively little about its contribution to addressing the societal structures and processes that generate poverty and social exclusion.

This paper presents the findings of a three-year research project that assessed the extent to which social protection and labour interventions can tackle social exclusion and contribute to social inclusion in Afghanistan, Bangladesh, India and Nepal. These interventions include life skills education and livelihoods training (Afghanistan), asset transfer (Bangladesh), food transfer and skills training (Bangladesh), health insurance (India) and cash transfer (Nepal) programmes. The individual country studies (Adhikari et al., 2014; Echavez et al., 2014; Sabharwal et al., 2014; Siddiki et al., 2014) present in greater detail the impacts of these interventions on various dimensions of wellbeing. This paper focuses on the interplay between social protection and labour programmes and the broader contextual factors that affect social exclusion in all four countries.

The research applied a social exclusion lens to the analysis of the effects of social protection and labour interventions to assess their potential to promote transformative changes in wellbeing. Social exclusion is a dynamic process that ‘precludes full participation in the normatively prescribed activities of a given society and denies access to information, resources, sociability, recognition, and identity, eroding self-respect and reducing capabilities to achieve personal goals’ (Silver, 2007: 1).

The concept of social exclusion has been used in development literature mainly to assess human development outcomes, contextual conditions and policies, but has rarely been employed to establish the effectiveness of specific policies or programmes in promoting wellbeing. In designing this research, Babajanian and Hagen-Zanker (2012) developed a framework for applying the concept of social exclusion to assessing the effects of social protection and labour interventions.

The social exclusion framework is well suited for the analysis of transformative effects of social protection and labour interventions. The framework emphasises the multiplicity of dimensions of wellbeing; it also underlines the need to understand processes that result in deprivation and marginalisation. Its application to social protection enables the assessment of policy interventions in terms of their effects on both the *outcomes* of wellbeing and the economic, social and institutional *drivers* that cause poverty. Therefore, it allows for ‘contextualising’ the effects of policy interventions and understanding the extent to which they are far-reaching and sustainable. Section 2 presents the social exclusion framework in more detail.

The aim of this paper is to present the effects of the interventions on wellbeing outcomes in various dimensions as set out in our research questions (Box 1). These dimensions include food security; access to and utilisation of health and education; access to labour market and economic opportunities; social relations and individual empowerment; and state–society relations. The core analysis examines the extent to which social protection and labour interventions in the case studies address the underlying drivers of social exclusion and contribute to sustainable changes in people’s wellbeing. Social exclusion drivers here refer to economic, social and institutional factors that affect the main wellbeing outcomes presented above. These drivers were identified through primary research in the study areas and are presented in greater detail in Table 1. This analysis enables

us to make inferences about the potential of the social protection and labour interventions to contribute to ‘transformative’ changes in people’s lives and livelihoods.

Box 1: Research Questions

The following research questions were addressed in this study:

To what extent do social protection and labour initiatives

1. Improve food security?
2. Improve access to and utilisation of basic services, including health and education?
3. Enhance labour market and economic opportunities?
4. Enhance social relations and individual empowerment?
5. Enhance state–society relations?
6. Change drivers of social exclusion?

The country case studies on which this research is based combined quantitative and qualitative primary empirical research conducted in 2012/13. Full reports with individual country studies are available (Adhikari et al., 2014; Echavez et al., 2014; Sabharwal et al., 2014; Siddiki et al., 2014).

The paper is organised as follows. The next section presents the analytical framework guiding the research. Section 3 provides details of the core research methodology used in the country case studies. Section 4 presents the country case studies of Afghanistan, Bangladesh, India and Nepal. It offers a brief overview of the country context and details of the interventions in the four case studies. Section 5 presents the analysis of the key research findings. In particular, it describes the effects of the social protection and labour instruments in the case studies and examines the extent to which these instruments addressed the underlying drivers of social exclusion. Section 6 concludes with policy implications.

2 Analytical framework and research approach

This section describes the social exclusion framework used to frame the research. It then shows the research objectives and the theory of change underpinning the research hypotheses.

2.1 The social exclusion framework

The social exclusion framework is a useful tool for assessing and analysing poverty and vulnerability. Social exclusion has been interpreted and used in different ways in its application to policy and practice (see Box 2), and is considered a powerful alternative to other poverty approaches, including monetary, capability and participatory approaches (Ruggeri Laderchi et al., 2003). Social exclusion in de Haan's categorisation (1999) can be used for describing 'outcomes of deprivation' and 'processes of deprivation'. It simultaneously emphasises multidimensional aspects of deprivation and the processes that lead to these deprivations. Therefore, it can help not only in examining the effects of social protection and labour programmes on different dimensions of deprivation, but also in showing how social protection can potentially tackle broader factors and conditions that produce and reproduce deprivations. In contrast with the 'monetary' poverty approach, social exclusion 'focuses intrinsically, rather than as an add-on, on the processes and dynamics that allow deprivation to arise and persist' (Ruggeri Laderchi et al., 2003: 23).

Box 2: Key Concepts and Definitions

Social exclusion

Social exclusion is often used descriptively (rather than as a conceptual framework), to refer to negative treatment of specific individuals or social groups. Thus, it is often used in a literal sense to denote marginalisation of individuals and groups on the basis of specific social characteristics (e.g. gender or ethnicity). For example, Sabates-Wheeler and Devereux (2008) consider social exclusion a manifestation of vulnerability, alongside discrimination and violation of minority rights.

In its application to social protection, social exclusion/inclusion is often used to denote inclusiveness of social protection programmes, that is, the extent of outreach and coverage, rather than the effects of social protection on programme beneficiaries and their households. In particular, social protection literature of this strand tends to focus on the extent to which poor/eligible households are excluded from social protection programmes (see, e.g., de la Brière and Rawlings, 2006).

In this study, social exclusion is used as a framework for assessing wellbeing as affected by the complex interaction of economic, social and institutional factors. It simultaneously emphasises multidimensional aspects of deprivation and the processes that lead to these deprivations.

Social inclusion

Social inclusion is the process of reducing social exclusion outcomes and tackling drivers of social exclusion.

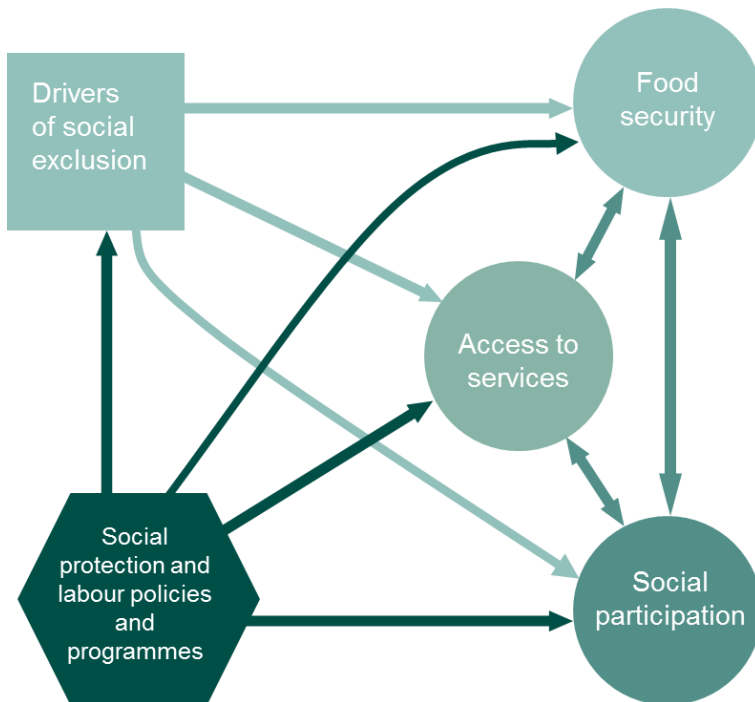
Transformative social protection

This entails social protection policies and programmes that tackle the broader societal goals of equity, social justice and empowerment (Sabates-Wheeler and Devereux, 2008).

Application of the social exclusion framework can help ‘contextualise’ social protection and labour programmes, that is, expose the interplay between policies and programmes and the existing economic, social and institutional forces that shape people’s wellbeing. This can help situate technical analysis of outcomes or impacts of social protection and labour programmes on different aspects of deprivation (e.g. food security, health, education or social participation) within the broader context that affects poor people’s lives and livelihoods. Such analysis can be useful for designing interventions that can tackle deeply rooted structural inequalities and achieve sustainable change in their standard of living.

The social exclusion framework suggests social protection and labour interventions be assessed against their ability to address both *outcomes* and *drivers* of social exclusion (Babajanian and Hagen-Zanker, 2012). *Outcomes* refer to the extent of economic and social exclusion people experience in different wellbeing dimensions and the effect on poverty. *Drivers* of exclusion refer to economic, social and institutional processes that cause deprivations leading to poverty. These drivers may be at the individual level, such as vulnerabilities related to the life course, or at the societal and group level, such as discriminatory norms and practices. Figure 1 illustrates how policy interventions can affect social exclusion outcomes in several dimensions, such as food security, access to services and social participation, and drivers that influence the achievement of wellbeing in these dimensions.

Figure 1: Social protection and potential impacts on social exclusion outcomes and drivers



Source: Babajanian and Hagen-Zanker (2012)

The research assessed the impact of specific social protection interventions on different social exclusion *outcomes*. In particular, these outcomes include food security; access to health and education; ability to take advantage of economic opportunities and generate income; personal confidence and ability to exercise personal agency; and participation in social networks and activities. In addition, the research revealed beneficiary perceptions about the government to establish the extent to which the interventions affect state–society relations. The research also assessed wellbeing in terms of the extent to which interventions enable greater *access* (e.g. to income, health care and education) and *opportunities* (e.g. labour market, social participation). Social exclusion often spans multiple dimensions for individuals or groups, but one would expect social protection and labour interventions to have a positive impact within a few specific sectors/areas, rather than across every dimension.

In order to identify the *drivers* of social exclusion, the research set out to understand the broader environment affecting positions and opportunities of individuals in the study communities. In particular, it established social, economic and institutional factors affecting the specific outcomes of the interventions (Table 1). Depending on their characteristics and manifestation in specific contexts, these factors affect access and opportunities along different wellbeing dimensions. Section 5.2 of this paper introduces the significance of these drivers, followed by a discussion of empirical findings from the research.

Table 1: Social, economic and Institutional drivers of exclusion

Drivers of exclusion	Definition
Economic drivers	
Geographic and economic context	Geographic and climatic conditions that affect productive activities
Human capabilities	Knowledge, skills and capacity to engage in income generation, and awareness of health, nutrition and education issues
Access to productive resources and capital	Ability to access productive assets and capital to engage in the labour market and generate adequate income
Social drivers	
Social capital	Social networks and social relations that offer material and emotional support and that are broad-based and inclusive
Social and gender norms	Norms that prescribe gender roles in the labour market and care economy and affect access to productive resources, mobility and decision-making change
Local power structures	Distribution of power among individuals, or among social groups in local communities, that determines command over resources and decisions
Institutional drivers	
Inclusiveness in service delivery	Institutional arrangements that offer inclusive access to basic services such as education and health
Governance	Transparency and accountability in the distribution of goods and services and relations between residents and local leaders

Summing up, the research sought to assess the *contribution* of social protection and labour programmes to social inclusion, rather than assuming full inclusion can be achieved. The analysis of *outcomes* looks at the extent to which an intervention contributes to enhancing wellbeing within each of these dimensions. The analysis of *drivers* of exclusion identifies how much the intervention tackles the factors that limit individual ability to adequately satisfy needs, such as achieving food security, accessing essential services or taking part in community social life.

2.2 Research questions and hypotheses

In designing the research, the team developed broad research questions and identified working hypotheses to be tested with empirical data (Table 2). These questions and hypotheses were then applied to all four case studies and adjusted to the specific institutional objectives and characteristics of individual programmes.

The research used the *theory of change* approach to develop a solid conceptual and analytical basis for designing the inquiry (White, 2009). This approach suggests that, in order to evaluate a programme, it is necessary to understand the explicit and implicit theories on which the objectives, design and implementation are based. These theories or assumptions can be used as a guide to evaluation. Thus, data are collected to test programme theories and to examine how working assumptions unfolded during the life of a programme.

Following this approach, the hypotheses and corresponding indicators in our research are based on the specific theories or assumptions underpinning the interventions. In particular, to carry out the assessment, the research

team distilled the explicit and implicit theoretical assumptions behind the intervention and defined criteria (or indicators) for assessing how these assumptions were met in real life. The general questions and hypotheses are shown in Table 2; specific questions, hypotheses and indicators are presented in the country case studies (Adhikari et al., 2014; Echavez et al., 2014; Sabharwal et al., 2014; Siddiki et al., 2014).

Table 2: Research questions and hypotheses

Research questions	Hypotheses
<p>Food security To what extent do social protection and labour initiatives improve food security? In what way?</p>	<p>Food transfers directly increase consumption.</p> <p>Increased income (e.g. through cash transfers, income-generating activities or lower levels of indebtedness) as a result of a social protection intervention increases disposable income and improves affordability of food.</p>
<p>Access to and utilisation of health care and education To what extent do social protection and labour initiatives improve access to and utilisation of health and education services? In what way?</p>	<p>Increased income (e.g. through cash transfers, income-generating activities or lower levels of indebtedness) as a result of a social protection intervention increases disposable income and improves affordability and enables people's consumption smoothing and ability to access and utilise health and education services (given that services are available).</p> <p>Health insurance offers a mechanism for improving affordability of poor households and establishing institutional links to facilitate access to health care facilities. This improves access to and utilisation of health care (on the assumption that quality services are available).</p>
<p>Labour market and economic opportunities To what extent do social protection and labour initiatives enhance labour market and economic opportunities? In what way?</p>	<p>Asset transfers increase income-generating opportunities and support changes in livelihood activities.</p> <p>Skills training increases skills, knowledge and awareness and improves access to economic opportunities (such as farming and entrepreneurial activity).</p> <p>Increased income (e.g. through cash transfers, income-generating activities or lower levels of indebtedness) as a result of a social protection intervention increases disposable income and enhances ability to start or expand an existing economic activity.</p>
<p>Social relations and empowerment To what extent do social protection and labour initiatives enhance social relations and individual empowerment? In what way?</p>	<p>An increase in disposable income (as a result of cash transfers/training/income-generating activities) is likely to increase participation in social and community activities, mutual support and group membership.</p> <p>Participation in group activities and contact with programme implementers can increase social networks across and outside social groups.</p> <p>Access to income and engagement in income-generating activities enables women or other marginalised groups greater independence over household/personal income spending, and greater status in the household and community.</p>
<p>State–society relations To what extent do social protection and labour initiatives enhance state–society relations? In what way?</p>	<p>Provision of social protection and labour interventions by the government is likely to contribute to positive perceptions about the role of the state and enhance state legitimacy.</p> <p>The effectiveness and accountability of programme implementation is likely to affect beneficiary perceptions of the local/central government.</p> <p>As recipients of programmes, participants may demand accountability or better service provision.</p>
<p>Drivers of social exclusion To what extent do social protection and labour initiatives affect drivers of social exclusion?</p>	<p>Depending on their design, implementation and institutional characteristics, social protection and labour market interventions may tackle contextual factors that cause social exclusion and poverty.</p>

3 Research methodology

This study was designed to use a mixed-methods approach, combining quantitative and qualitative research tools to undertake the primary empirical research in all four case studies. The quantitative assessment – in addition to soliciting the views and experiences of beneficiaries – used a comparison between the treatment (beneficiary) and control (non-beneficiary) households to establish the impacts of the intervention. This was complemented by the qualitative fieldwork. Here, focus group discussions (FGDs), in-depth interviews (IDIs) and key informant interviews (KIIs) were conducted in order to collect detailed information on the implementation of the programmes and impacts at the household level, as well as broader contextual data.

A careful sampling approach was carried out that included purposely selecting research locations, inclusion of an appropriate control group and random selection of respondents in the research location in order to employ a quasi-experimental assessment of impact. In line with our research objectives, research locations were purposely selected to cover the programme target areas and to include places with high levels of social exclusion and high shares of excluded groups. The number of sampling locations ranged from 13 in Afghanistan to 34 in Nepal. In order to assess impact, in all countries appropriate control groups were included, ranging from households with slightly older, non-eligible children in Nepal to eligible households without a Rashtriya Swasthya Bima Yojana (RSBY) health insurance card in India. The total sample size ranged from 364 households in Afghanistan to 2,040 households in Nepal (see Table 3).

A core research methodology was developed across the country case studies, and then adapted at the country level to capture local context specificities. The survey instruments were piloted for all case studies. The quantitative data were used to create descriptive statistics on the perception and experience of the interventions by beneficiaries and to measure differences between the groups. A propensity score matching (PSM) analysis was then conducted to assess the impacts of the programmes.

Beneficiary households need to be as similar as possible to control households so any differences in outcomes found owe to the former having received the intervention (also called the treatment), and not to other differences. If there are other differences between the types of households, results are ‘biased’. Since none of the transfers is randomly allocated, and it was not possible to collect panel data, the research made use of quasi-experimental techniques in the quantitative impact analysis. For each country, a control group was carefully selected that was as similar to the treatment group as possible in order to eliminate some of the bias between the control and the treatment group. Samples were also randomly selected for both groups. PSM was used for the quantitative analysis. The PSM approach (Rosenbaum and Rubin, 1983; Rubin, 1974) tries to eliminate the measurable bias by comparing each beneficiary household with a similar non-beneficiary counterpart based on characteristics that do not influence the outcome variable – called pre-treatment factors. Essentially, similar beneficiary and non-beneficiary households are ‘matched’ and their outcomes compared. The difference in outcomes can then be attributed to the intervention. The PSM analysis was deemed appropriate for the cases studies selected (see the country reports: Adhikari et al., 2014; Echavez et al., 2014; Sabharwal et al., 2014; Siddiki et al., 2014).

The qualitative fieldwork collected detailed information on programme implementation, as well as on impacts at the household level and on context. Qualitative instruments included FGDs and IDIs with beneficiaries and non-

beneficiaries (men and women), and, in some countries, life histories. Respondents were purposively selected from the survey sample to be interviewed in the qualitative discussions. KIIs with policymakers, programme implementers, local leaders and people of importance were also conducted. Table 3 gives an overview of the qualitative interviews conducted in each country.

Table 3: Methodology in case study countries

Case study	Sampling strategy	Quantitative survey	Qualitative survey	Sampling locations
Afghanistan: ARC	Purposive selection of localities. Then, sampling of all young women who underwent both life skills and livelihood trainings from 2007 to 2011. Control sample randomly selected from mapping in each locality.	Total households surveyed: 364 Treatment group: 182 Control group: 182	69 KIIs 30 FGDs	Kabul province (5) Parwan province (8) 13 sampling locations in total
Bangladesh: CLP (asset transfer)	Purposive selection of sampling locations. Beneficiaries randomly selected from beneficiary list. Control households using fixed-interval selection of households.	Total households surveyed: 1,200 Treatment group: 600 Control group: 600	18 IDIs with individuals 18 FGDs with beneficiaries 12 KIIs with programme officials and stakeholders	Gaibandha and Kurigram districts 3 <i>upazilas</i> from each district 1 or 2 unions from each <i>upazila</i> (7 in total)
Bangladesh: VGD (food transfer)	Purposive selection of sampling locations. Household list created using participatory rural appraisal (PRA) method, then random selection of control households.	Total households surveyed: 800 Treatment group: 400 Control group: 400	12 IDIs with individuals 12 FGDs with beneficiaries 8 KIIs with programme officials and stakeholders	Rangamati and Bandarban districts 2 <i>upazilas</i> from each district 2 unions from each <i>upazila</i> (8 in total)
India: RSBY	Purposive sampling of households below the poverty line (BPL) in rural locations and locations with high shares of socially excluded groups (Scheduled Caste and Muslim). District sub-divisions (blocks) with proportions of Scheduled Caste and Muslim populations equal to the district average were selected. Villages with mixed social group populations were also selected. Beneficiary and treatment households randomly selected from BPL list (those enrolled in RSBY and those not yet enrolled).	Total households surveyed: 1,500, 750 from each district Treatment group: 1,050 (70%) Control group: 450 (30%)	Village survey 20 KIIs with RSBY and government officials, non-governmental organisations (NGOs) and civil society (per state) 25 FGDs (per state) IDIs	Moradabad (Uttar Pradesh) Aurangabad (Maharashtra) 30 villages (14 in Moradabad and 16 Aurangabad)
Nepal: Child Protection Grant	Purposively selected Karnali region. Number of village development committees (VDCs)/districts selected in proportion to population size. Random selection of 34 VDCs and 3 wards in each VDC, Random selection of households using household listings.	Total households surveyed: 2,040 Treatment group: 1,694 Control group: 364	24 KIIs with officials 24 FGDs with beneficiaries 24 IDIs with beneficiaries Further validation fieldwork conducted in 2013	5 districts in Karnali region 102 sampling locations

4 Background and country case studies

This section gives a brief overview of the country context and details of the interventions in the four case studies. Full details can be found in the country reports (Adhikari et al., 2014; Echavez et al., 2014; Sabharwal et al., 2014; Siddiki et al., 2014).

4.1 Afghanistan: ARC training for young women

Years of war, insecurity and instability in Afghanistan have left the country with minimum infrastructure and serious economic, social and political challenges. Women have tended to endure particular hardship owing to increased violence, denial of their rights and lack of opportunities (Moradian, 2013), and experience intersecting exclusions. Gender is a key factor affecting access to resources, services and opportunities and thus mediating access to employment. Gender relations in Afghanistan (Azarbaijani-Moghaddam, 2010; Kabeer et al., 2011; Petesch, 2013) have been characterised as being of highly unequal interdependence.

Women are more disadvantaged than men in terms of their ability to receive skills and education, access productive resources and assets and work outside their homes. Women's literacy is one of the lowest among developing countries (IRA, 2010). The 2008 estimated national adult literacy rate (15 and above age-group) was 18% for women and 50% for men (MoE, 2012). In rural areas, where more than 70% of the population resides, an estimated 90% of women and 63% of men are illiterate. This gender disparity in literacy is linked to unequal educational opportunities and attainment, leaving women ill equipped to participate in the labour market and capitalise on economic opportunities.

Serious inequalities remain between men and women in accessing the labour market and income-generating opportunities. Women's share of wage employment in the non-agriculture sector is only 8% – significantly below the average for South Asia, which is already the region with the lowest share globally of employment for women (IRA, 2010). According to the ILO, the female (above age 15) labour force participation rate in 2011 (the latest date for which information was available) was 15.7% compared with 77.2% for men.³

Women have not only limited ability to receive education but also restricted access to capital and markets (Ganesh et al., 2013). Women are often the first targets for threats and violence in times of conflict and insurgency (HRW, 2010), which, along with existing gender norms and practices, constrains their mobility, with impacts on their access to education, health care and employment.

The Afghanistan case study examined the impacts of BRAC's training initiative in Kabul and Parwan provinces. BRAC implemented the training as part of its Girls' Education Project (GEP) between 2007 and 2011, with financial support from the Canadian International Development Agency (CIDA). The project established adolescent reading centres (ARCs) for females aged 15-20 years and who had primary-level education but could not continue with this. The ARC programme ran in Kabul communities from March to June 2011 and in Parwan

³ <http://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS>

from June to August 2011. The research covered all women who undertook life skills education training and livelihoods training in both provinces.

ARC participants had the opportunity to receive two types of training, on life skills and on livelihoods. The life skills education training was a five-day course discussing general and reproductive health and children's and women's rights. The livelihoods training was taught for three months and offered skills intended to allow the participants to undertake income-generating activities and become economically reliant.

The research set out to establish the extent to which provision of the ARC training to young women enabled them to engage in the labour market and earn an income. It also examined whether the intervention generated other effects, more specifically whether it promoted empowerment as well as enhancing social relations and interaction with authorities.

4.2 Bangladesh: CLP and VGD

In Bangladesh, the Chars and the Chittagong Hill Tracts (CHT) areas have higher levels of poverty than the national average (Barkat et al., 2007; World Bank, 2013),⁴ and poor households in these areas are subject to economic, social and political marginalisation and exclusion that contribute to these high rates of poverty (GSDRC, 2008; Sen and Hulme, 2004). In both the Chars and CHT, poor households are extremely vulnerable to seasonality (bringing uncertainty with respect to production and climate), food insecurity and natural disasters. Poor men and women are mainly daily wage labourers in agriculture or domestic work, receiving low wages and unpredictable employment. Women receive lower wages than men, and have fewer livelihood options, as sociocultural norms and mobility constraints restrict their opportunities to migrate and access land, other productive assets and markets (ADB, 2010a; OECD, 2012).

Households in the Chars⁵ are geographically remote, with limited communication or economic opportunities linking them to the mainland (World Bank, 2013). Similar marginalisation and exclusion is experienced in CHT, where a large proportion of the country's ethnic minority groups are concentrated (Sen and Hulme, 2004). Differences in ethnicity, language and culture are key contributing factors to the economic, social and political inequality found in the region, which also has a history of suppression, tensions and violence. State service delivery remains extremely poor for the ethnic minorities. In both the Chars and CHT, poor households have very few opportunities to actively participate or voice their opinions in community forums or decision making that affects their lives (Aminuzzaman, 2007; Badiuzzaman et al., 2013). Their opportunities to influence or hold the government accountable for service delivery are also limited, particularly so for women.

This case study looks at the effect of two social protection programmes on reducing deprivation and promoting social inclusion: the donor-funded Chars Livelihoods Programme (CLP) – an asset transfer programme targeted at poor women that combines an integrated economic and social empowerment approach; and in CHT the Vulnerable Group Development (VGD) programme, run by the government and the World Food Programme (WFP), which provides a food transfer coupled with economic and social development training to poor women. CLP in the Chars and the VGD programme have similar objectives but different approaches; this study did not aim to compare them, but rather looked at each programme's contribution to reducing social exclusion.

CLP was initiated in 1999, funded by the UK Department for International Development (DFID), to halve extreme poverty in the Chars by 2015. The programme was designed to target up to 2 million of the poorest Char dwellers. It takes an integrated approach to address the multidimensionality of poverty and vulnerability

⁴ <http://www.chtdf.org/index.php/cht-issues/cht-situation>

⁵ The Chars are inhabited sandbanks in the Brahmaputra River. These islands are unstable and often become immersed back in the river after a few monsoons, at which point their inhabitants settle on another island.

the population faces. Targeted at women, it provides assets (usually livestock to the value of Tk 16,000, or approximately €150) to improve livelihood opportunities. This transfer is supplemented with a monthly household cash stipend for 18 months to support household consumption and the cost of undertaking an income-generating activity. Participating households are further supported with a range of complementary interventions, including employment opportunities for up to 50 days on public works during the seasonal unemployment and food insecurity period, as well as cash safety nets, access to village savings and loans groups, free health care during programme participation and group learning on both economic activities and wider social and wellbeing issues. As shown in the methodology, the beneficiaries in this study were all former CLP beneficiaries, and all respondents were women.

The VGD programme, a national programme implemented across the country, provides food support and training targeted at poor women. The development package includes life skills and income-generating skills training as well as a personal savings programme and access to microcredit/NGO membership. There are two different forms of VGD: Income-generating Vulnerable Group Development (IGVGD) and Food Security Vulnerable Group Development (FSVGD). The FSVGD participants (the subject of our study) are provided with cash support of Tk 100 (€0.95) along with the food transfer. A complementary package of development services was introduced in 1988, including health and nutrition education, literacy training, savings and support in launching income-earning activities.

The long-term objective of VGD is to develop the socioeconomic condition of poor women in rural areas, with a specific objective of supporting them to overcome food insecurity, malnutrition and financial poverty, as well as to promote 'social dignity' (Ministry of Finance, 2013). It is a large and established programme in the country, and was identified as a high priority sector in the recent government budget statement (*ibid.*).

4.3 India: RSBY health insurance

While the overall rate of poverty in India has been declining over the past few decades, it remains a highly unequal country. A total of 29.8% of the population is below the national poverty line and 53.7% experience multidimensional poverty (UN, 2012; UNDP, 2013). Out-of-pocket health expenditure in India is a key driver of poverty. Millions of households are being pushed into, or deeper into, poverty as a result of catastrophic health expenditure,⁶ which often has long-term implications, especially when poor households with few available coping strategies resort to selling assets or borrowing at high interest rates to meet inpatient health expenses (Planning Commission of India, 2011).

In India, access to health care and health outcomes is highly unequal: marginalised households, such as Scheduled Castes, Scheduled Tribes and Muslims, experience poorer health outcomes and face specific barriers in accessing and utilising services. Sociocultural discriminatory practices as well as weaknesses in the health system in the policy and institutional environment, including variable quality of care in both the public and private sectors, a lack of accountability and corruption, are key factors with a bearing on equitable access to health services (Baru et al., 2010). A recent government initiative, Rashtriya Swasthya Bima Yojana (RSBY), aims to overcome some of these challenges by providing social health insurance at a subsidised rate to BPL households.

The Ministry of Labour and Employment initiated RSBY in 2008. The main objective of the scheme is protecting poor households from major health shocks that push them into poverty and indebtedness. Beneficiary households can take advantage of inpatient treatment up to Rs 30,000 (approximately €352) per year for five

⁶ Catastrophic health expenditure is high payments on health, accounting for a substantial part of or exceeding the household budget.

members (e.g. head of the household, spouse and maximum three dependants) by paying Rs 30 (approximately €0.35) as an annual registration fee.

Central government (75% in most states) and state government (25%) fund the scheme. Implementation is based on a public–private partnership model: central and state governments provide funds while private health insurance companies implement the scheme at district level. The state agency is responsible for this implementation.

The list of eligible beneficiaries in each village is posted on the village notice board a few days before the date of enrolment and the health insurance company sets up enrolment camps in villages. A biometric smart card is given to each household after payment of the registration fee; households have to renew their smart cards every year. During enrolment, the insurance company also provides a list of empanelled hospitals⁷ to each beneficiary household from where they can obtain health care facilities under the scheme. Payment for health care is cashless: it is done through the smart card then reimbursed to the empanelled hospitals by the insurance company. Beneficiaries are provided inpatient treatment for around 700 types of health problems. Pre-existing health conditions and pre- and post-hospitalisation expenses are also covered. Households are also entitled to reimbursement of travel costs up to Rs 100 (approximately €1.20) per visit (a maximum of Rs 1,000 per year) to the empanelled hospitals.

4.4 Nepal: the Child Grant

Poverty in Nepal is widespread and multidimensional. Social exclusion is particularly prevalent in remote regions, where social identity plays a larger role in determining economic status than it does in urban areas (DFID, 2013). Exclusion results in lower survival rates, worse health and limited educational and economic opportunities (ADB, 2010b). Further, excluded groups have less access to ownership, poorer mobility and less social status (*ibid.*). Karnali region has particularly high levels of deprivation, with geography being a major driver of exclusion (Bennett, 2005; Gurung and Kollmair, 2005). Further, given Karnali's location, tradition and custom based on the caste system still dominate everyday life and (IOD Parc et al., 2013; UNDP, 2009; World Bank, 2006). The region has large numbers of excluded groups; for example, Kalikot district has the largest Dalit population in Nepal. Households in Karnali show worse outcomes on most socioeconomic indicators and worse access to services than the rest of the country. Economic activity is limited in part because of poor – and nationally the lowest – access to fertilisers and infrastructure such as roads and irrigation systems (ADB, 2009).

Social protection has become an increasingly prominent public policy tool in Nepal over the past two decades and has a wide range of objectives, from increasing income and food security to overcoming social exclusion and assisting with the process of political healing (Koehler, 2011). The Nepal case study considered the Child Grant – launched by the government of Nepal in 2009. The Child Grant is a cash transfer for mothers with children under the age of five, aimed at improving the nutrition of children. It is universal in Karnali and targeted at Dalit households in the rest of the country. In 2012/13, it covered 551,916 children in Nepal (approximately 21.5% of the population of children aged less than five), with 90,349 of these being from Karnali.

A cash amount of NRs 200 (€1.50) per child is distributed per month to up to two children under the age of five from the same mother. This means that at the most a household will receive NRs 4,800 (€35) annually. The transfer is unconditional. The grant is funded by central government but implemented by local government.

⁷ Empanelled hospitals are those hospitals that have met the eligibility requirement of the government. They can be either private or public.

5 Research findings: to what extent do social protection and labour programmes contribute to social inclusion?

Drawing on the evidence from the four country case studies above, this section examines the extent to which social protection and labour programmes have contributed to social inclusion. More specifically, it identifies some of the key context-related drivers that affect wellbeing in the case study areas (listed in Table 1), and discusses the extent to which the interventions addressed them.

We begin by synthesising the findings on how social protection and labour interventions tackle the outcomes of social exclusion, as set out by the research questions and hypotheses (Table 3). Full details of outcomes are presented in the country case studies (Adhikari et al., 2014; Echavez et al., 2014; Sabharwal et al., 2014; Siddiki et al., 2014).

5.1 Tackling outcomes of social exclusion

As shown Table 3, this study considered five specific social exclusion outcomes: food security, access to and utilisation of services, economic and labour market opportunities, personal empowerment and social relations and state–society relations.

In terms of **food security**, the interventions showed some small positive impacts, particularly in terms of dietary diversity. The Child Grant in Nepal has enabled some beneficiaries to buy manufactured food and also more nutritious food. However, this has not changed the overall level of food security in terms of quantity of food consumed. The low transfer amount and implementation challenges are key factors explaining this limited impact, as discussed in more detail below. For the other interventions, we see some more encouraging impacts: evidence from VGD shows treated households are 16% more likely than control households to have had enough to eat in the month preceding the survey. Qualitative research from the VGD case study also shows women report being able to eat more regularly and consume nutritious food while participating in the programme. However, while beneficiaries receive a food transfer (boiled rice), the benefits gained from the programme are largely a result of indirect effects of the transfer. Women report selling the rice, as boiled rice is not consumed locally; their increased income is spent on food consumption. For CLP in Bangladesh, we also observe a positive impact in terms of greater dietary diversity and more regular food consumption, especially during times of recurrent seasonal food insecurity. Importantly, these impacts on food security are reportedly not a result of increased income from the programme, but because of the two-pronged approach of increasing women's agricultural productivity activities *and* improving women's economic skills and knowledge on nutrition.

For **access to and utilisation of services**, we see only very small impacts in Nepal. While a number of beneficiaries in Nepal said they spent the Child Grant on minor health treatment and medicines or small

education expenses, it had no significant impact on access to and utilisation of either health or education services.

In India, one would expect substantial impacts on health access and utilisation, given the objectives of the RSBY intervention in providing free inpatient hospital treatment. Indeed, there is an important impact on inpatient expenditure: the average cost of inpatient healthcare is significantly lower for treated households. This is an important finding, given the often catastrophic effect of inpatient out-of-pocket health expenditure and the long-term implications of financing this expenditure through short-term negative coping strategies.

Moving on to **economic and labour market opportunities**, we see that in Afghanistan only a small share of ARC beneficiaries (13%) reported being able to utilise their skills in starting a business. Most beneficiary accounts suggest the ARC training has not enabled them to acquire sufficient tailoring skills to make clothes for money. The impact analysis shows no significant impact in terms of engaging in business. While ARC appears to have had a positive impact on likelihood of working and on household income, these differences are very small and do not demonstrate substantial change in overall livelihood activities. In the case of CLP in Bangladesh, the integrated approach, with its focus on increasing women's access to productive assets, income, knowledge and social networks, has enabled livelihood diversification in agriculture and a greater income for beneficiaries from agricultural sources. In the case of VGD, however, we see little benefit of the training activities on the ability of women to engage in productive activities. Women said the skills training provided was not appropriate; training is given on homestead gardening, for example, but few beneficiaries have land on which to grow produce.

In terms of **personal empowerment** effects, the qualitative data suggest some small positive effects from across the range of programmes, but the quantitative impact analysis mostly finds no impacts. Nearly a third of beneficiaries of the ARC training reported being able to influence household income, but ARC has no significant impact on decision making. Slight changes are also found for CLP and VGD in Bangladesh in women's confidence to interact with community members and local government officials. The qualitative research revealed that women's confidence in these interactions was partly to do with their increased economic/income-generating activities as well as the connections to programme officials as a result of the training programme.

In terms of **social relations**, the research examined the pattern and nature of interactions between residents, participation in social and community activities and group membership. According to the qualitative interviews, the ARC in Afghanistan has mostly had a positive effect on social relations, including on relationships with family and community members. It has also enhanced social networks and the social interaction of beneficiaries. At the same time, some respondents reported increased tension and a negative attitude in their communities. In India, RSBY membership appears to have strengthened household network support. The PSM analysis finds that treated households are slightly more likely to receive support from villagers and neighbours and to receive money for healthcare expenses from their community (villagers). In Nepal and Bangladesh, the interventions are found to increase participation in social events and festivities. In Bangladesh, both VGD and CLP are also shown to support women to have stronger social networks. These are important findings, given women in Bangladesh face sociocultural mobility constraints and limited opportunities for interaction beyond the local community. Moreover, the findings suggest women feel they have increased capacity to join in family celebrations, can go on more social visits and can join community-wide traditional or ceremonial events and religious celebrations more fully. However, similar to the finding from Afghanistan, the research on CLP also indicates an increased perception of the likelihood of conflict – in this case over land and resources.

Finally, coming to **state–society relations**, we see mixed impacts. On the one hand, beneficiaries emphasise that they are grateful to government, as in the case of the Child Grant and RSBY. We even see some positive perceptions of governance for those programmes not run by the government. For instance, evidence from the

CLP shows that treated households are 25% more likely to think the central government has attempted to address their needs in recent years. A possible explanation for this is that, although CLP is funded by an international donor and implemented through NGOs, receiving social protection, no matter who provides it, contributes to a more positive attitude towards government among poor citizens. On the other hand, perceptions are not always positive, particularly towards the local level of government. Qualitative interviews suggest the Child Grant has undermined state–society relations, given unpredictable, irregular and partial payment by VDC secretaries. Across the programmes, we see little impact in terms of participation in decision-making or using avenues to hold the government accountable with only VGD and RSBY showing some positive, but small, impacts.

5.2 Tackling social, economic and institutional drivers of exclusion

Review of the evidence across the case studies has resulted in evidence on the drivers of social exclusion on three levels. First, evidence on those drivers the programmes *intended* to address. For example, the ARC programme assumed skills training could enhance women’s skills and knowledge and thus strengthen human capabilities. CLP in Bangladesh envisaged enhancing productive capacity through the asset transfer, training and income support for excluded groups. Second, evidence on impacts on drivers that were *indirect* outcomes of the interventions. For example, while the programmes did not explicitly seek to influence social capital, they nevertheless enhanced social relations and social participation. Finally, other drivers of social exclusion on the interplay between the interventions and the local context became evident. These factors mediated the impacts of social protection and labour programmes. In particular, broader sociocultural norms and institutional and governance bottlenecks played a key role in terms of restricting the effectiveness of programmes for target groups in some cases.

This section discusses the extent to which the interventions in the case studies address the key economic, social and institutional drivers of social exclusion (Table 1), including geographic and economic context; human capabilities; access to productive resources and capital; inclusiveness in service delivery; social capital; informal social and gender norms and practices; and governance.

5.2.1 Geographic and economic context

Geographic, climatic and economic context are important factors affecting vulnerability and social exclusion. Patterns of regional development outcomes within countries vary depending on the conditions. As a result, regions often tend to exhibit variable social and economic indicators of wellbeing. For example, Karnali in Nepal and the Chars and CHT in Bangladesh are remote areas with few economic opportunities and poor infrastructure and market access. Poverty is strongly correlated with exclusion in these areas.

Development interventions often target specific vulnerable regions as a way of promoting greater economic and social development. For instance, the government of Nepal has been consistent in its policy to support specific socially excluded groups (e.g. low-caste and tribal people) as well as less developed regions. In particular, it provides the Child Grant universally to all households with children in the remote Karnali region. However, the overall geographic and economic context of Karnali severely limits potential employment and investment opportunities. This means supporting people through cash transfers may offer improvements in their wellbeing but will not be sufficient to address existing drivers of deprivation and vulnerability. Similar constraints are apparent in the Chars and CHT in Bangladesh. The Chars are geographically remote and physically distinct from the mainland, with limited communication and market linkages. CLP has tried to overcome these constraints by providing viable livelihood opportunities within the Chars for women and their households. In CHT, short-term food transfer programming cannot overcome persistent challenges and exclusion of the indigenous population from income-generating opportunities and businesses dominated by the majority Bengali settlers.

Promoting long-term changes in the lives of people requires investments in economic infrastructure development and initiatives to stimulate access to productive resources and inputs beyond the direct economic sphere. Supporting households through social protection interventions is not sufficient to address the geographic and economic drivers of exclusion.

5.2.2 Human capabilities

Human capabilities such as education and health tend to stimulate greater productivity and ability to generate an adequate income. Amartya Sen (1985) advanced the importance of human capabilities as a key prerequisite to achieving wellbeing.

Low skills and knowledge in particular are key factors contributing to trapping and keeping the poor in poverty, constraining them from taking advantage of economic opportunities. Knowledge and awareness, on issues such as food and nutrition, personal hygiene and seeking medical assistance, also affect behavioural patterns. Investments in education and skills development can thus help address a key driver of social exclusion and enable people to advance economic, physical and social wellbeing.

In each of the four countries, education levels for the poorest and most marginalised are lower than the national average. Education levels for women also continue to be even lower than those for men. Three programmes (the ARC, CLP and VGD programmes) aimed to address this gap, with varying results.

In all three cases – Afghanistan’s life skills education and livelihoods training programmes and the two cases in Bangladesh (CLP and VGD) – women were specifically targeted as recipients of economic training interventions on the understanding that a lack of skills and knowledge prevented them from engaging in labour market and income-generating opportunities, as well as of broader social development awareness training, with a focus on health, nutrition and rights.

Positive effects are particularly notable in the CLP training, which has seen a shift in the types of livelihood opportunities households are engaged in and greater income-generating from agricultural activities, as well as improved diversification of diet and consumption smoothing across seasons. Enhanced skills and knowledge as a result of CLP training – and as part of a broader integrated intervention that includes start-up capital and longer-term support – were reported to be a key factor contributing to these positive results.

Positive effects were also found in the ARC training in Afghanistan, which has contributed to knowledge on health, literacy skills and rights awareness among beneficiary women. Some of the young women have applied their new knowledge in their daily lives, by going to doctors, improving personal/household hygiene practices and helping children in the household with homework. However, the training has not improved skills and technical knowledge for the majority of beneficiaries to enable them to engage in business and generate an income.

One of the key challenges identified relates to the appropriateness of the training. In Afghanistan, the content and delivery of the livelihoods training were not appropriate to enable women to undertake income-generating activities after programme participation. Most beneficiaries reported that their skills were not adequate for making clothes for money; those few women who could do so appeared to have already had basic tailoring skills prior to the training. A similar constraint was found in VGD: while women are engaging in economic activities at the time of the programme and generating income from this, training was said to be insufficient and inappropriate to the livelihood opportunities in the area and is not addressing the key constraints women face. For instance, the training focuses on homestead gardening but women reported not having land to translate the training into practice.

5.2.3 Access to productive assets and capital

Limited or lack of access to productive physical assets and financial capital are key drivers of deprivation, and are mediated not only by lack of income but also by sociocultural norms, policies and institutions. Investments in productive capacity can help address the drivers of social exclusion conditioned by the limited asset base of many poor individuals, particularly when they are designed as part of broader institutional arrangements and embedded in the understanding of the specific economic, social and institutional factors that affect people's ability to advance their livelihoods (Banks and Moser, 2011; Moser, 2008).

Only one of the programmes examined in this research seeks to directly increase access to productive assets, through a direct transfer to programme participants. The CLP programme offers assets and supports women and their households to generate an income through agriculture and to reduce their dependence on daily wage labouring. Its asset transfer component is coupled with income support, knowledge and social networks and has had a positive effect in terms of enabling livelihood diversification and smoothing seasonal consumption.

Some programmes demonstrate important indirect effects in terms of strengthening beneficiaries' access to credit during programme participation. Access to regular cash income, for example, can be crucial for improving the creditworthiness of poor people and facilitate their access to informal credit. In Nepal, a number of beneficiaries emphasised that having access to the Child Grant had enabled them to access informal loans or credit. This seems to be particularly the case for women, who often have no other forms of cash income coming in that can be used as collateral for a loan. The asset transfer in CLP is also seen to have helped overcome credit constraints: participants are 13% more likely to have applied for credit. In a remote society where formal institutions like banks are found only in district headquarters, informal sources of finance are particularly important.

Evidence from Afghanistan, however, highlights the limitations of measures that aim to enhance productive capacities when only a narrow approach is taken. For instance, most beneficiaries said limited access to credit coupled with restrictions facing women in education and mobility seriously constrains their ability to work and earn an income. This suggests promoting female labour market participation requires not only skills improvements in general but also greater ability of women to access productive assets and rights to mobility. The section on informal social and gender norms discusses these constraints in more detail.

These sociocultural constraints are also evident in the Bangladesh context: despite the positive effects of the programme, a key consideration is how far CLP can achieve real livelihood changes or opportunities for women, given the restrictions they continue to face in leasing land or marketing goods.

5.2.4 Structural bottlenecks in service delivery

There are two ways in which policy interventions can improve access to health care, education and other important services. First, they can increase individual income and, in turn, enhance people's ability to bear the costs required to access services, for example ability to pay user fees, informal charges and other costs, such as transportation, medicines, food, school stationery and uniforms. A large body of evidence demonstrates that increasing household income through social protection programmes increases household expenditure on basic goods and services, including education and health.

Second, access to and utilisation of health care and education must be facilitated not only by improving individual affordability but also by addressing inclusiveness in the design and implementation of public services through institutionalising access. Governments can put in place systems and measures to offer affordable services and institutionalise inclusive and equitable access. For example, social health protection – tax-financed or insurance-based public and private schemes – is an important social protection instrument promoting access to affordable health care.

The RSBY scheme in India seeks to institutionalise and improve access to health care. It pursues this objective by developing an inclusive service delivery system rather than by focusing solely on improving individual affordability. In particular, it specifically targets poor and marginalised households and facilitates access to subsidised health through its insurance mechanism. The research shows the scheme has reduced household expenditure on inpatient treatment, contributing to a reduction of ‘catastrophic’ health expenditure for the poor.

Yet several bottlenecks restrict the effectiveness of the scheme in promoting social inclusion. Marginalised groups face greater barriers to accessing the scheme (e.g. information about enrolment is not always provided in Scheduled Caste localities), and marginalised groups incur higher out-of-pocket expenditure than other social groups using the scheme as a result of lack of knowledge about what beneficiaries are entitled to, as well as unequal repayment of transportation costs. This suggests sociocultural discrimination of marginalised groups is reinforced within the health care system rather than overcome, and continues to perpetuate social exclusion.

Access to health and education alone is not sufficient to improve human capabilities and increase economic and social opportunities. Another crucial factor is the ability to receive services of adequate quality. For instance, poor individuals in Nepal cannot afford to go to health facilities that provide better services, which are most often located in regional centres, with substantial fees required for services and transportation. As a result, poor, marginalised and remote groups tend to rely on substandard-quality health care.

Similarly, Nepal has a two-tier education system: a public system for the poor and a private one for those who can afford it. The research in Karnali shows that irregular opening hours, poor infrastructure, lack of textbooks and limited staff preparedness, motivation and incentives constrain the quality of public schools. Quality also affects access: many beneficiaries suggested that, because of poor quality, they were not motivated to send their children to school. This implies policies and programmes cannot tackle social exclusion effectively by focusing only on affordability (and access); it is crucial also to address factors that affect quality of services and reinforce social exclusion.

5.2.5 Social capital

Social capital commonly refers to norms and networks that facilitate collective action (Woolcock and Narayan, 2000) and is one of the drivers affecting exclusion/inclusion outcomes. In assessing the impacts on social capital, the research explored social relations, including the pattern and nature of interactions between residents, participation in social and community activities and group membership.

Social relations and social networks have been recognised as a ‘resource’ and ‘capital’ (or social capital) that facilitate wellbeing (Coleman, 2000). Social capital enables people to share resources and engage in common activities and thus binds people together. Social ties exist within narrow, kinship- or ethnic-based groups; they also function across diverse social groups. Linkages within and across groups tend to contribute to social cohesion as well as psychological and material wellbeing. Conversely, limited social ties can engender economic insecurity, social tensions and conflict.

Provision of income support through social protection is assumed to enable marginalised people to participate in social events and strengthen social networks. Inadequate income can affect social participation. In particular, it can restrict people’s ability to maintain social networks and take part in traditional celebrations and ceremonial activities. Improved economic status can result in a better ability to participate in the social activities deemed important in a given society. Active social participation in turn can help foster and strengthen social capital, that is, the relations of trust and reciprocity that bind different individuals in a society.

The research findings largely support the assertion that social protection can enhance social participation. Income-generating support in CLP and VGD has contributed to increased participation in community activities, such as social visits and community-wide traditional or ceremonial events and religious celebrations as well as

group membership. These effects have been realised as a result of increased financial capacity among beneficiaries and their households, which has enabled them to buy gifts and have better clothing. A small number of beneficiaries have used the Child Grant to directly finance ceremonial activities; in the majority of cases, it has contributed to overall household consumption, including spending on social activities.

In India, household network support is strengthened through RSBY membership, as beneficiaries are slightly more likely to receive support from villagers and neighbours and to receive money for treatment from their community. RSBY beneficiaries are also more likely to be members of a group, suggesting they are more likely to join informal savings groups or self-help groups.

The interventions have enhanced interaction among programme beneficiaries not only as a result of delivering specific benefits but also through the actual processes of benefit delivery. In Nepal, the process of applying for and collecting the transfer has facilitated interaction and dialogue between different community members, mostly women. In Afghanistan, beneficiaries reported enlarging their circle of friends and acquaintances as a result of participation in common activities.

Policy interventions can affect social attitudes and relationships both positively and negatively as a result of a change in the social and economic status of beneficiaries. One should expect some tensions if implementing programmes that challenge sociocultural norms. For example, in Afghanistan, the majority of ARC training participants felt other family and community members treated them with greater respect and appreciation. Yet a small group of women felt their experience had prompted tension in the community. In some cases, this was thought to be driven by jealousy among girls ineligible to enrol on the course; in others, it was thought to be a result of conservative attitudes among community members, who disapproved of the course content. In Bangladesh, CLP participants reported perceptions of increased conflict over land and resources, highlighting heightened social tensions over increased pressure on land.

These findings suggest social protection can support individual and household wellbeing not only in terms of food and access to essential services but also to influence social relations. This implies social protection interventions – especially if they offer generous income support or allow significant income generation – may serve as vehicles for strengthening social capital. This in turn can enhance the quality of life of marginalised people and strengthen informal social safety nets that can support them more effectively during crisis.

While strengthening already existing social networks within groups serves the important function of improving the resilience and cohesion of marginalised people, addressing social links across groups remains an important policy challenge. Our findings show positive results in relation to social participation and social interactions, mostly within narrow groups. Yet the interventions have not addressed existing divisions that perpetuate social discrimination, vulnerability and powerlessness. The distribution of power among individuals or among social groups in local communities determines command over resources and decisions and degrees of inequality. Altering the existing structure that excludes poor people from access to opportunities, voice and decision making is key to promoting their inclusion.

The evidence shows some interventions have contributed to increased confidence in dealing with community members outside their ethnicity/religion and interacting with local officials. For example, 74% of VGD female beneficiaries in Bangladesh felt their confidence had increased in dealing with community members of another ethnicity/religion; 68% reported increased confidence in talking to local government officials.

There is little evidence, however, to suggest programme participation results in enhanced influence or breaking down power structures that exclude the poor from important community decision-making processes. While social protection and labour programmes can strengthen social relations, the research does not reveal any

significant changes in people's participation or voice in community decision making. In fact, evidence from Bangladesh indicates participation and influence in local decision making remain mediated by the elite.

5.2.6 Informal social and gender norms and practices

Informal social norms and practices tend to determine the position of individuals in their households and communities. They affect the extent to which individuals can have access to resources, decision making and social and political participation, depending on social and personal characteristics – for example gender, race, religion, ethnicity, age and sexuality.

The research shows the interventions have not addressed existing social and gender norms that translate into discriminatory behaviour and unequal relations between social groups. In fact, these norms have often negatively affected the outcomes of the interventions.

Discrimination between social groups in financing health care and access to and utilisation of the RSBY scheme and hospitals is evident. For instance, social discrimination in India has contributed to limited awareness of rights and of the ability to claim them among some groups. Beneficiaries from marginalised groups reported facing specific difficulties in enrolling for RSBY, including a lack of information on the date and place of enrolment, with some respondents noting that sometimes announcements were not made in Scheduled Caste localities. A significantly higher proportion of Dalit and Muslim survey respondents reported not being aware they were eligible for free transport under RSBY; even those beneficiaries who are aware they are eligible do not always get their transport costs reimbursed.

Perceived discrimination is also apparent in service delivery. Dalits and Muslims are more likely to face discriminatory behaviour during their treatment through RSBY. For instance, only half of Scheduled Caste beneficiaries who have had treatment in a RSBY hospital said the service provider gave sufficient attention to them, compared with 65% of Muslim beneficiaries and 85% of upper castes.

The findings from Afghanistan show women's involvement in the labour market is restricted by social norms that prescribe gender roles for men and women in their households and communities. Thus, existing social norms consider men the principle breadwinners, with women confined to the domestic sphere, with restrictions on working outside the house. Furthermore, women are restricted in their opportunities to receive education, to access capital and markets and to take part in decision making to promote their ability to work and earn an income. A focus on improving women's skills alone may not be sufficient to enable them to take advantage of economic opportunities.

5.2.7 Governance

The governance environment is crucial to establishing and maintaining the rule of law, accountability and transparency of public institutions and to ensuring citizens have access to societal resources and entitlements to government interventions. The research assessed whether social protection interventions had contributed to any changes in existing governance practices, such as greater local participation in decision making and ability to convey voice.

The findings from Bangladesh and India strongly suggest exclusion based on gender, caste and poverty is the main barrier, and elites, or the well connected, continue to make decisions, for instance on the division of resources within the community. There is some very limited evidence that receiving social protection interventions makes a slight difference to beneficiaries' participation in community decision making or holding government/service providers accountable. For example, the India case study shows receipt of support can increase interaction with individuals in public institutions and a small proportion of treated households are more likely to take part in village decision making. However, across the case studies there is little evidence that

treatment households are any more likely than control households to raise issues and problems before the local government authority.

There is also evidence that receipt of social protection may actually weaken people's ability to express their voice and ask for the local government's assistance in solving their problems. CLP participants felt the local union council largely ignored them and did not provide any social support to them because it considered participants had already been supported by an NGO.

Findings from Nepal suggest weak institutional capacity of the public sector and poor governance practices can affect delivery of social protection programmes and thus undermine their effectiveness. Beneficiaries in Karnali often receive partial amounts on an irregular basis. This not only affects their ability to address consumption needs but also engenders negative perceptions of VDC leaders involved in benefit delivery. Similarly, VGD participants in Bangladesh revealed implementation problems, which negatively affected their perceptions of the local government. This suggests social protection transfers may not fully achieve their intended objectives and may even harm state–society relations in the absence of an enabling environment that upholds citizens' right and promotes accountability and transparency of local leaders.

The research findings indicate social protection can contribute to a favourable view of the central government. Evidence shows beneficiaries in India, Bangladesh (CLP) and Nepal have positive attitudes towards central government. They feel social protection support is an indication government cares about their socioeconomic situation. For instance, 70% of RSBY beneficiaries said introduction of RSBY had improved their perception regarding the government of India. Similarly, 93% of beneficiaries in Nepal feel introduction of the Child Grant is an indication the government cares about their socioeconomic situation.

Interestingly, negative experiences of benefits receipt at the local level in Nepal do not affect perceptions of central government. In particular, respondents did not criticise the central government for limited monitoring and enforcement of programme rules at the local level. Another interesting finding is that, although CLP is funded by an international donor and implemented through NGOs, receiving social protection, no matter who provides it, contributes to a more positive attitude towards government among poor citizens.

6 Conclusion and policy implications

The evidence presented in this paper has important implications for policy and practice. As the previous section discussed, it has enabled a discussion on the contribution of different social protection and labour instruments to social inclusion. This includes assessing the extent to which these programmes have improved wellbeing as well as contributed to transformative change in terms of tackling drivers of exclusion.

6.1 The contribution of social protection and labour programmes to social inclusion

As the previous section shows, **the interventions in all four countries have contributed to wellbeing outcomes to various extents**. The main contributions include reduction of household health expenditures in India (RSBY); improved food security and productive capacity (CLP in Bangladesh); increased knowledge and improved social relations (ARC training in Afghanistan); and a small contribution to household consumption (Child Grant in Nepal).

The interventions in the case studies have contributed to addressing some of the drivers of social exclusion. The RSBY scheme in India has institutionalised **inclusive health care** provision through the provision of public health insurance. This arrangement seeks to change the structural foundation for health provision for the poor and marginalised. The extent of its contribution to people's wellbeing will depend on the generosity of the health insurance and the extent to which it will relieve the direct cost on beneficiaries. In Bangladesh, asset transfers through the CLP programme can potentially promote more sustainable change by stimulating **productive capacity in the agricultural sector, especially for women**.

All interventions in our case studies enhance **social capital**, that is, social participation and social interactions along social group lines among beneficiaries. This is an important achievement considering the social fabric of societies is a crucial resource people use in accessing resources and security. This confirms the assumptions often made with regard to the potential of cash transfers and other social protection programmes to contribute to social capital. It is interesting that contribution to social capital is not an explicit direct goal in any of the programmes, but that these are effects beneficiaries value. In Afghanistan, socialisation at ARC centres was included in the programme design but the scheme did not explicitly envisage social capital effects from the ARC training. However, changes in social relations have occurred within narrow groups of beneficiaries and not across different social groups. Thus, the interventions have not affected existing social divides and inequalities.

However, the findings also show that, on many occasions, the interventions did not deliver transformative changes in the lives and livelihoods of excluded households and individuals. We **identified three sets of factors that help explain the limited impact on social inclusion**:

- Economic, social and institutional factors that mediate programme impacts;
- Financial resources and service delivery capacity that affect implementation processes and programme outcomes;
- The objectives and nature of social protection and labour instruments that may limit their impact potential.

The remainder of this section discusses the effects of the interventions in conjunction with these factors. This analysis suggests careful design and delivery and appropriate resource inputs and capacity can enhance the outcomes of interventions, but that there are limits to what social protection can achieve in terms of promoting social inclusion.

6.1.1 Contextual factors that mediate impacts

The research identified the broader social, economic, institutional and governance context of communities with a bearing on implementation processes and outcomes. The research shows that **context-specific design/delivery is crucial for enhancing the effects of interventions**. For example, the design and implementation of the RSBY scheme do not take into account that even within the programme itself discrimination and social marginalisation of Dalits and other historically excluded groups may hamper the effectiveness and equity of its outcomes.

The ARC programme in Afghanistan assumed that skills transfer alone was adequate to enable women to undertake labour market activities. The programme did not consider structural barriers that limit women's ability to generate income. Even tailoring – which appears to be a feasible and sensible choice as it is culturally acceptable and does not require women to work outside home – requires further input and capital (e.g. to purchase sewing machines), which women largely lack. Expanding a tailoring business will require the ability to sell clothes at markets, which are typically dominated by men. This can be difficult as women often face restrictions on working outside home and may not be able to secure support of a male relative to accompany them or to sell merchandise on their behalf.

The Child Grant did not consider that limited local accountability might lead to unpredictable, irregular and partial payment of the grant by VDC secretaries in Karnali in Nepal. The programme could have reduced the likelihood of mismanagement by incorporating and effectively enforcing institutional arrangements for monitoring and supervision of programme implementation at the local level as well as rules and procedures for applying sanctions for violating programme rules or citizens' rights.

Exclusion of the poorest from productive resources, and ethnic and gender discrimination, limits the role of the Bangladesh VGD programme in securing sustainable livelihoods for its beneficiaries. While VGD has a positive impact on household income, female beneficiaries reported that its skills training in agriculture does not tally with their livelihood opportunities because of limited start-up capital or agricultural land. Unless these challenges are tackled, skills training will have limited impact.

The research has also identified successful practices. In particular, the design of CLP in Bangladesh takes account of the contextual drivers of social exclusion and acknowledges the cultural and social barriers women face. Both design and delivery recognise lack of knowledge and awareness as one of the key drivers of food insecurity. Moreover, the programme integrates economic and social skills training with the asset transfer. By identifying and helping address sociocultural barriers, it has resulted in more successful wellbeing outcomes.

The findings show design and implementation of the interventions need **to be context-specific** to achieve the desired programme objectives, given the existing structural factors that determine people's experience of poverty and social exclusion. Policies and programmes must take into account the complexity of the social, economic, institutional and governance context of local communities.

6.1.2 Financial resources and service delivery capacity

The research established that financial **resources and service delivery capacity** affected the effectiveness of intervention outcomes. In particular, the interventions in our case studies were not always supported with adequate financial resources and service delivery capacity, as the following examples illustrate. The Child Grant in Nepal, for example, is too small (equivalent to 13% of the poverty line or the cost of one chicken) to enhance household food security in any substantial way, given the multiple deprivations faced by households in the Karnali region. In India, the design and implementation of RSBY is not tailored to address the wider barriers that stop socially excluded groups accessing and using health care. The RSBY implementation processes do not adequately support outreach and information dissemination among Scheduled Caste individuals, who report receiving less information on enrolment and use of hospitals covered in the scheme. The livelihoods training in Afghanistan has not, according to most beneficiaries, been effective in teaching girls the tailoring skills they need to undertake business activities, even if such activities were open to them. This implies that programmes must be supported with **sufficient financial resources and service delivery capacity** to offer adequate benefits and enable effective service delivery to socially excluded groups.

6.1.3 The objectives and nature of social protection and labour instruments

Together, these two points lead to a third factor, which is that the specific objectives and nature of social protection and labour instruments may limit their **impact potential**, i.e., the scope of change they can achieve on their own. Social protection and labour interventions alone may not be able to tackle specific drivers of deprivation and vulnerability. It is important to recognise different policy instruments have specific objectives and intrinsic institutional properties that determine the extent of their impact potential. For example, the main objective that determines key institutional properties of cash transfers is to offer income support, whilst that of labour market training is to promote skills and knowledge. These interventions can enhance individual wellbeing, but may not necessarily address structural bottlenecks. For instance, altering drivers of social divisions and gender inequalities requires a long and consistent approach. It is contingent on different interconnected policies and programmes that can, for example, support girls and women's education, tackle discriminatory behaviour and practices and uphold women's and minority rights. The research evidence points out the **limits of social protection and labour interventions** in tackling specific drivers of poverty and exclusion.

For instance, the evidence from Nepal suggests implementation of the Child Grant is hindered by a weak governance environment – something that cannot be changed through social protection alone, particularly given that the programme's monitoring and supervision mechanisms are also weak. Uprooting corruption, clientelism and mismanagement, and promoting good governance and institutions, requires systematic and long-term policy engagement and structural change.

Meanwhile, although RSBY seeks to address social inequalities by supporting marginalised groups, it *itself* is permeated by existing divides that reinforce institutional **discrimination and stigma**. Discrimination restricts the ability of Dalits and Muslims to access their choice of empanelled hospitals and also affects the quality of service they receive. These deeply rooted behaviours and practices may be challenging to tackle within the scope of single specific programmes, but must be addressed through other interventions, such as sector reforms to promote incentives of service providers and quality assurance standards. Initiatives to strengthen political capital and participation (e.g. through forming user associations) can enable people to share information, mobilise and claim their rights.

Likewise, the findings from Afghanistan demonstrate that, in order to successfully promote **women's involvement in the labour market**, micro-level interventions (such as skills training) must be accompanied by policy interventions that tackle broader conditions and social norms that determine the roles of men and women in their households and communities. Thus, policies to support girls and women's access to education are crucial. Policy efforts at the macroeconomic level must address gendered barriers in the labour market, especially women's ability to access productive assets, credit and business registration. Furthermore, policies must promote movements and organisations that can mobilise women's efforts to drive social change and claim rights. Similarly, in Bangladesh, the CLP programme is unable to achieve transformative structural livelihood changes or opportunities for women, given the restrictions they continue to face in leasing land and marketing goods.

Similar limitations apply in promoting people's **participation in local decision making and local political processes**. While there is some indication of changes in beneficiaries' confidence in interacting with other community members and officials, there is little evidence that social protection and labour interventions can reverse existing power structures and enable marginalised people greater voice and influence.

This requires policies to promote bottom-up accountability in combination with state-centred attempts to foster the rule of law and democratic participation and accountability (Babajanian, 2014). Evidence suggests empowering the poor can be successful when service delivery arrangements explicitly incorporate grievance redress mechanisms and participatory procedures that can actively promote people's voice, strengthen their personal agency and create spaces for engagement with government officials and service delivery agencies (ibid.). At the same time, it requires establishing institutional checks and balances within the public sector to enforce accountability and responsiveness.

Ultimately, it is the **combination of careful context-specific design and delivery, adequate financial resources and service delivery capacity and adoption and enforcement of broader policies and inter-sectoral linkages** that determines interventions' development effectiveness.

6.2 Designing and delivering effective social protection and labour interventions to support social inclusion

The analysis of the effectiveness of social protection and labour instruments in these case studies suggests **context-appropriate institutional design and implementation** can promote transformative change and maximise the effectiveness of interventions. Recognition of context-specific factors needs to be fed into programme objectives, design and implementation. This may include tackling gender inequality and promoting women's empowerment, strengthening voice and agency and creating more diversified and sustainable livelihood opportunities. Even with fiscal and capacity constraints it is possible to design appropriate interventions to tackle dimensions of social exclusion, as long as resources and expectations about the nature and scope of change are aligned.

This research corroborates key lessons from other social protection and labour interventions about the importance of **adequate financial resources and service delivery capacity** for maximising the effectiveness of intervention outcomes. Design features, such as the benefit size and regularity of provision, as well as organisational and institutional capacity to formulate and implement programmes, do affect potential contributions to promoting social inclusion.

A number of activities can contribute to effective design (Box 3).

Box 3: Designing effective social protection and labour programmes

- Understand the existing multiple dimensions of poverty and social exclusion
- Identify drivers of deprivation and vulnerability
- Determine impact potential of intervention
- Set out realistic objectives
- Develop theory of change
- Allocate sufficient resources and inputs for achieving objectives
- Address contextual opportunities and bottlenecks in design and delivery
- Establish policy and programming linkages to tackle contextual factors outside the scope of intervention

6.2.1 Social and institutional analysis

Design of policy instruments must start with analysis of factors that affect people's access to resources, services and social and economic opportunities and thus influence exclusion/inclusion outcomes. Careful assessment and identification of these factors can help inform the theory of change of the intervention and serve as a basis for its conceptual and technical design. It can also help in identifying the strengths and limitations of specific instruments and establishing measures to address factors outside the sectoral reach of social protection. It can help in adjusting expectations about the potential of policy instruments and setting realistic and feasible goals. Finally, it can also help in identifying relevant indicators for capturing social and institutional effects that can be used to measure change and that can also be used in a monitoring and evaluation framework.

6.2.2 Social exclusion framework

The social exclusion framework is a useful tool in assessing outcomes and drivers of social exclusion and their intersections with poverty. First of all, it can be used to understand wellbeing outcomes in terms of different dimensions of social exclusion. More importantly, it can also be used as a magnifying glass to understand which specific economic, social and institutional factors affect people's lives and livelihoods – the drivers of social exclusion. Doing so allows us to zoom in on both the required areas for policy interventions to improve social inclusion and the potential limits of policy interventions, owing to broader societal and structural factors, which drive poverty.

The social exclusion framework can also be used to assess the effectiveness of existing interventions and to generate information and analysis to inform adjustments in programme design and implementation. More specifically, it can help in designing impact evaluation or assessments that pay specific attentions to contextual factors. Social protection and labour programmes are usually evaluated by using programme or impact evaluations. These seek to measure the impact of a policy or programme on defined outcome indicators, that is, factors the programme is expected to affect. For example, they are used to assess the impact of cash transfers on food security or access to health and education. However, they rarely seek to establish explicitly broader contextual factors that affect programme outcomes. The social exclusion lens can help in designing quantitative and qualitative tools for measuring programme effects in relation to contextual factors and understanding programme effects within the complexity of economic, social and institutional realities.

6.2.3 Financial resources and service delivery capacity

Minimum income standards and associated benefit levels must be set in relation to the extent of poverty as expressed in a scientifically derived poverty line (Veit-Wilson, 1998). Further, benefit levels must take into account demographic (e.g. size and composition of household) and social vulnerabilities. In designing interventions, it is important to assess existing service delivery capacity in relation to the requirements of the proposed activities. The World Bank's Institutional Analysis Toolkit for social protection interventions (Mathauer, 2004) provides useful guidance for evaluating the organisational and institutional dimensions of service delivery capacity (Box 4).

Box 4: Service delivery capacity in social protection

The World Bank's Institutional Analysis Toolkit (Mathauer, 2004) distinguishes between organisational and institutional capacity as follows:

Organisational capacity:

- Human resources – the mix, type and amount of human resources with adequate qualifications and skills
- Financial and technical resources – the mix and amount of resources to finance staff salaries, maintenance and administrative costs, equipment and technology and other needs
- Leadership

Institutional capacity:

- Formal and informal norms, work practices, rules of behaviour and regulations that determine organisational roles and responsibilities and affect service delivery outcomes. These norms and practices among other things must generate and guarantee accountability, financial responsibility, compliance and cooperation

Social protection and labour programmes can adopt an incremental approach, by introducing changes on a limited scale and gradually expanding the scope of reforms as a government's institutional capacity improves. Policy experience from social pension schemes in Nepal, Thailand and Viet Nam shows social protection interventions need not necessarily be designed so as to immediately provide generous benefits or broad coverage (Babajanian, 2012). By establishing modest schemes with small amounts of benefit, policymakers can build an institutional foundation that can be used for subsequent expansion and the strengthening of existing schemes. At the same time, a careful assessment of existing fiscal and capacity constraints is crucial for setting realistic expectations about the nature and scope of changes that interventions can promote.

6.2.4 Institutionalising policy linkages

Given their specific objectives and nature, social protection and labour instruments cannot be expected to tackle the drivers of social exclusion and poverty alone. Rather, they need to be part of a broader framework promoting social inclusion. **Institutionalising policy linkages is therefore crucial to address the drivers of exclusion more effectively.**

Policy linkages can be promoted on two levels (Babajanian and Holmes, 2012). First, strengthening linkages in the social sectors, for example between social assistance, social work, social care, health, nutrition and education, can help in addressing poverty and vulnerabilities in a more effective and equitable manner. Second, crosscutting policies and activities that go beyond the social sectors and address legal, administrative and

institutional barriers to services and productive opportunities are crucial for tackling deeply rooted drivers of poverty and social exclusion.

Finally, an enabling governance environment is essential for maximising the contribution of development interventions to social inclusion. Government agencies and service providers must proactively support marginalised citizens through effective outreach, information dissemination, and social mobilization. Programmes must contain in-built mechanism and procedures for promoting citizen participation and grievance redress. Efforts should include strengthening the ability of public institutions to enforce the rule of law and tackle discriminatory practices and behaviour.

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