A Proposal for An Effective Anti-Child Poverty Programme in Vietnam

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Abstract

This paper aims to gain insight into the types of strategies Vietnam can employ to improve its anti-poverty programme on children. Thanks to various economic reforms since the late 1980s, Vietnam has substantially decreased its poverty rates measured at international and national poverty lines. Despite these positive changes through targeted anti-poverty programmes, the child poverty rate in Vietnam remains high, with children of ethnic minority groups and/or from disadvantaged geographic locations disproportionately affected by poverty. Therefore, this paper attempts to explore different strategies applicable to the case of Vietnam to improve the impacts of its anti-child poverty programme. By reviewing relevant theories on anti-poverty policies and examining the impacts of two successful anti-poverty cash transfer programmes – Mexico's Prospera and Brazil's Bolsa Família, the paper argues that only a child-focused and ethnicity-sensitive approach which includes both a demand-side policy and a supply-side policy is effective to tackle child poverty in Vietnam.

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I. Introduction

1.1 Introduction

This paper aims to gain insight into the types of strategies Vietnam can employ to improve its anti-poverty programme on children. Thanks to various economic reforms since the late 1980s, Vietnam has substantially decreased its poverty rates measured at international and national poverty line. Despite these positive changes through targeted anti-poverty programmes, child poverty rate in Vietnam remains high, with children of ethnic minority groups and/or from disadvantaged geographic locations disproportionately affected by poverty.

The main research question of this paper is:

What types of polices should be implemented to create effective anti-child poverty programmes in Vietnam?

Sub-questions are:

- 1. What are the underlying theories for effective anti-child poverty programmes?
- 2. What are the examples of an effective anti-child poverty programme and what can be learned from them?

1.2 Overview of the Poverty Situation in Vietnam

Vietnam's poverty headcount ratio based on the national poverty line dropped significantly from 50.9% in 1993 to just 6.8% in 2018, while that of international poverty line stood at 1.9%.¹ Notably, there has been a disparity in poverty rates across regions and ethnic groups.² As of 2016, the poverty rate in rural areas was nine times higher than that of urban areas; across the country, high poverty rates are witnessed in mountainous and upland areas, in contrast to inland deltas.³ Ethnic minority groups, who predominantly engage in agricultural activities and live in mountainous and remote regions, have a

¹ General Statistics Office [GSO], *Result of the Vietnam Living Standard Survey 2018* (Hanoi: Statistical Publishing House, 2020), <https://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=25509> [Accessed 6 June 2020]; World Bank, 'Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population) – Vietnam', *World Bank*, [n.d.] <https://data.worldbank.org/indicator/SI.POV.DDAY?locations=VN> [Accessed 6 June 2020]; World Bank, *Viet Nam Poverty Assessment and Strategy* (Washington, DC: World Bank, 1995), p. 27 <http://documents.worldbank.org/curated/en/904581468761686067/Viet-Nam-Poverty-assessment-and-strategy> [Accessed 6 June 2020].

² Bob Baulch and others, *Ethnic minority poverty in Vietnam* [online]. Working Paper No. 169 (UK: Chronic Poverty Research Centre, 2010),

<https://assets.publishing.service.gov.uk/media/57a08b0040f0b649740008e0/WP169.pdf> [Accessed 6 June 2020]; Hai-Anh Dang, 'Vietnam: A Widening Poverty Gap for Ethnic Minorities', in *Indigenous Peoples, Poverty and Development*, ed. by Gillette H. Hall and Harry A. Patrinos (Cambridge, UK: Cambridge University Press, 2012), pp. 304-343. Cambridge Core ebook.

³ GSO, *Result of the Vietnam Living Standard Survey 2016* (Hanoi: Statistical Publishing House, 2018), http://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=23627> [Accessed 5 June 2020].

significantly high income poverty rate of 44.6%, over twelve times higher than that of ethnic majorities (Kinh and Chinese groups).⁴

The multidimensional poverty rate (MPR) of children in Vietnam, which is based on seven dimensions of deprivation, follows a similar pattern. Specifically, children from rural areas, mountainous and upland regions, and from ethnic minority households are disproportionately affected by poverty. It is alarming that while one in five children is multidimensionally poor nationally, one in two children of ethnic minority groups lives in multidimensional poverty.⁵

1.3 Why Child Poverty Reduction Matters

It is unequivocally true that children growing up in poverty suffer from detrimental consequences, including lower cognitive ability, lower labour market and academic attainments, higher probability of teen pregnancy and behavioural problems, lower self-esteem and increased risks of mental health and long-term health problems.⁶ Children in poverty also have a higher chance of suffering from abuse, neglect, and abuse-related injuries.⁷ A recent study from Denmark further emphasises one alarming consequence of childhood poverty: higher violent crime rates. Mok and others find strong associations between childhood family income and children's suicidality and violent criminality later in life.⁸ They argue that increased years in poverty also puts great pressure on the economy and society. Griggs and Walkers link childhood poverty to increased healthcare expenditure and lower productivity due to health problems, increased unemployment

⁴ GSO, Result of the Vietnam Living Standard Survey 2016.

⁵ lbid., p. 514.

⁶ Karen Seccombe 'Families in Poverty in the 1990s: Trends, Causes, Consequences, and Lessons Learned', *Journal of Marriage and the Family*, 62 (2000), 1094–1113 https://doi.org/10.1111/j.1741-

^{3737.2000.01094.}x>; Greg J. Duncan, Jeanne Brooks-Gunn and Pamela K. Klebanov 'Economic deprivation and early childhood development', *Child Development*, 65.2 (1994), 296–319

<https://www.jstor.org/stable/1131385>; Greg J. Duncan, and others 'How much does childhood poverty affect the life chances of children?' *American Sociological Review*, 63.3 (1998), 406–423

http://dx.doi.org/10.2307/2657556; Jane D. McLeod and Michael J. Shanahan 'Trajectories of poverty and children's mental health', *Journal of Health and Social Behavior*, 37.3 (1996), 207–220.

<https://www.jstor.org/stable/pdf/2137292.pdf>; Robert Haveman and Barbara Wolfe 'The determinants of children's attainment: A review of methods and findings' *Journal of Economic Literature*, 33 (1995), 1829–1878 <http://www.jstor.com/stable/2729315>; Ruth Cohen and Gil Long 'Children and Anti-Poverty Strategies', *Children & Society*, 12.2 (1998), 73–85. <https://doi.org/10.1111/j.1099-0860.1998.tb00047-t2.x>
⁷ Paul Bywaters and others, *The relationship between poverty, child abuse and neglect: an evidence review* (York: Joseph Rowntree Foundation, 2016).

https://www.jrf.org.uk/file/48920/download?token=w0yw0FgF&filetype=full-report [Accessed 6 June 2020].

⁸ Pearl L. H. Mok and others 'Family income inequalities and trajectories through childhood and self-harm and violence in young adults: a population-based, nested case-control study', *The Lancet Public Health*, 3.10 (2018), e498-e507. https://doi.org/10.1016/S2468-2667(18)30164-6

benefit expenditure due to reduced employment opportunities, and increased defensive expenditure and youth justice system costs that are incurred by poverty-induced crimes.⁹

1.4 The Purpose and Structure of the Paper

Given the high rates of children living in poverty in Vietnam and their consequences, it is essential to review the current practices and make improvements to the country's poverty reduction programme on children. Therefore, this paper attempts to explore different strategies applicable to the case of Vietnam to improve the impacts of its anti-child poverty programme. It seeks to answer the research question by reviewing relevant theories and good examples of anti-poverty policies around the world. Then, it returns to the Vietnam case and examines what changes need to be made to the country's programme to effectively reduce child poverty rates.

The paper consists of five chapters. It begins by reviewing relevant theories on common anti-poverty policies. Next, it examines the impacts of two successful anti-poverty cash transfer programmes – Mexico's Prospera and Brazil's Bolsa Família – to discover how theories examined in the previous section work in practice. It then presents its proposals on effective child poverty reduction programme in Vietnam. Finally, the main points of the paper will be summarised.

1.5 Summary

The Introduction chapter presents the research questions, the background information on Vietnam's child poverty, and the rationale for research on reducing child poverty in Vietnam. It also introduces the structure of the paper and the research materials it will use to explore the question.

⁹ Julia Griggs and Robert Walker, 'The Costs of Child Poverty for Individuals and Society: A Literature Review', (York: Joseph Rowntree Foundation, 2008).

https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/2301-child-poverty-costs.pdf [Accessed 6 June 2020].

II. THEORIES ON CHILD POVERTY INTERVENTIONS

2.1 Introduction

This chapter will review the underlying theories of the most common anti-poverty interventions targeting at children or their families. It consists of four sections, each dedicating to one poverty reduction approach.

2.2 Cash Transfer Programmes for Child Health and Development

Cash transfer (CT) programmes are among the most popular strategies to reduce child poverty and increase child attainments and human capital. Advocates for CT programmes argue that by giving income supplements to parent(s) of children in low-income households, the parents will be empowered to invest resources in their children. This will translate into improvements in their children's health, well-being and increase their chances of escaping poverty in adulthood. Their argument is based primarily on the family investment and family stress model.

According to the family investment model, wealthy parents have more resources in terms of financial, human and social capital to invest in their children's development, including learning materials, access to high-quality daycare, literacy activities and other academic support; while poor parents cannot afford those investments as they have more immediate needs.¹⁰ As a result, poor households who receive extra cash will have greater purchasing power and be protected from economic shocks, they will be able to provide a stimulating learning environment and better educational opportunities for their children.¹¹ Also, parents could spend more time with their children on enriching activities that are important to children's educational success, such as book reading and library visits.¹² In other words, investment in poor parents will trickle down to parent's investments in their children.

https://doi.org/10.1146/annurev.psych.53.100901.135233

¹⁰ Becker, G. S. and Tomes, N., (1986). Human Capital and the Rise and Fall of Families. *Journal of Labor Economics* [online]. 4(3), S1–139. [Viewed 29 June 2020]. Available from:

https://www.jstor.org/stable/2534952; Duncan and others 'How much does childhood poverty affect the life chances of children?' 1998; Haveman and Wolf 'The determinants of children's attainment' 1995; Bradley, R. H. and Corwyn, R. F., (2002). Socioeconomic Status and Child Development. *Annual Review of Psychology* [online]. 53, 371–99. [Viewed 29 June 2020]. Available from:

¹¹ Carneiro, P. M. and Heckman, J. J., (2003). *Human Capital Policy*. Working Paper 9495. Cambridge, MA: National Bureau of Economic Research. [Viewed 29 June 2020]. Available from:

https://www.nber.org/papers/w9495.pdf; Waldfogel, J. and Washbrook, E., (2011). Early years policy. *Child Development Research* [online]. 2011, 1-12. [Viewed 29 June 2020]. Available from: DOI: 10.1155/2011/343016

¹² Price, J., (2010). *The Effect of Parental Time Investments: Evidence from Natural Within-family Variation* [online]. [Viewed 29 June 2020]. Available from:

http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.716.7451&rep=rep1&type=pdf

The family stress model argues that economic hardship negatively affects parent's emotions, mental health, marital relationship and their parenting behaviours, creating adversities in children's lives.¹³ As poverty puts financial pressure on parents, especially mothers, they are likely to get into conflicts and experience psychological distress, which reduce marital warmth, nurturing, parental involvement in children's daily activities and increase harsh disciplinary practices; these negative changes in parenting behaviours adversely affect children's physical health, psychological well-being, academic attainments and social behaviours.¹⁴ Therefore, poor households who receive supplementary income will be released from financial distress, thus improving their parenting practices and encouraging parents to spend quality time with their children. These emotional and time investments, in turn, will positively affect children's cognitive and non-cognitive skills.¹⁵

Researchers of CT programmes also explore whether the identity of the transfer recipient have any impacts on child investments. The collective model of household suggests that the recipient's identity affects how the grant is allocated internally, as cash transfer gives them more bargaining power.¹⁶ It is reported that when mothers are targeted as recipients in CT programmes and thus have control over the resources, it tends to lead to greater investments in children.¹⁷

2.2.1 Unconditional Cash Transfer Programmes

Unconditional cash transfer (UCT) programmes grant income supplements to targeted households whose income falls below a certain threshold (e.g. national poverty line)

¹⁴ Conger and others (1994). Economic Stress, Coercive Family Process, and Developmental Problems Of Adolescents. *Child Development* [online]. 65(2), 541–61. [Viewed 28 June 2020]. Available from: https://www.jstor.org/stable/1131401?seq=4#metadata_info_tab_contents; Brooks-Gunn, J. and Duncan, G.J., (1997). The Effects of Poverty on Children. *The Future of Children* [online]. 7(2), 55–71. [Viewed 15 June 2020]. Available from: DOI: 10.2307/1602387; Guo G. and Harris, K. M., (2000). The Mechanisms Mediating the Effects of Poverty on Children's Intellectual Development. *Demography* [online]. 37(4), 431–47. [Viewed 28 June 2020]. Available from: https://doi.org/10.1353/dem.2000.0005; Shonkoff, J.P. & Phillips, D.A. (2000). From Neurons to Neighborhoods: The Science; Conger, R. D. and Donnellan, M. B., (2007). An Interactionist Perspective on the Socioeconomic Context of Human Development. *Annual Review of Psychology* [online]. 58(1), 175-99. [Viewed 29 June 2020]. Available from: DOI: 10.2107]. Available from: DOI: 10.2107].

¹³ Conger, R. D. and Conger, K. J., (2002). Resilience in Midwestern families: Selected Findings from the First Decade of a Prospective, Longitudinal Study. *Journal of Marriage and Family* [online]. 64(2). 361–73. [Viewed 28 June 2020]. Available from: https://doi.org/10.1111/j.1741-3737.2002.00361.x

¹⁵ Del Boca, D., Flinn C. and Wiswall, M., (2014). Household Choices and Child Development. *The Review of Economic Studies* [online]. 81(1), 137–85. [Viewed 28 June 2020]. Available from: https://doi.org/10.1093/restud/rdt026

¹⁶ Haddad, L., Hoddinott, J. and Alderman, H., (1998). Intrahousehold resource allocation in developing countries: Models, methods, and policies. *Food and Nutrition Bulletin* [online]. 19(1), 71-72. [Viewed 29 June 2020]. Available from: https://doi.org/10.1177/156482659801900111

¹⁷ Haddad, Hoddinott & Alderman 'Intrahousehold resource allocation' 1998; Lundberg, S., Pollak, R. and Wales, T. J., (1997). Do Husbands and Wives Pool Their Resources? Evidence from the United Kingdom Child Benefit. *Journal of Human Resources* [online]. 32(3), 463-480. [Viewed 29 June 2020]. Available from: http://www.jstor.org/stable/pdfplus/146179

without any conditions attached. The theory behind UCT programmes views the poor as rational economic actors who know how to make wise spending choices to lift themselves out of poverty but fail to do so because of income shortages.¹⁸ Poor parents want to invest in their children's development, however, income shortages force them to forgo child long-term investment to meet basic needs such as food and clothing. Therefore, UCT programmes give the poor more agency and empower them to make rational choices to support their children's development.

However, one major concern and probably a disadvantage of UCT programmes is its inability to control what investment choices parents will make for their children upon receiving the transfer. Behavioural economists argue that poor beneficiary parents are likely to fail to make rational investment choices because of financial scarcity and asymmetric information.¹⁹ As a result, they are often strong advocates of in-kind transfer or conditional cash transfer (CCT) programmes. To mediate this potential consequence, the nudge theory, which focuses on changing behaviours through situational factors, could play an important role.²⁰ Relevant information provision, as one intervention of the theory, can be a subtle approach to guide poor parents' investment behaviour towards desired (better) choices.

2.2.2 Conditional Cash Transfer Programmes

CCT programmes distribute cash transfers to poor households with certain conditions attached to them. These conditions are often tied to children's participation in health and education services such as immunisation, clinical visits, school attendance and parent's participation in nutrition classes, prenatal care visits or parenting workshops.²¹ Conditions

from: https://doi.org/10.1111/j.1467-7679.2006.00346.x; Engle and the others (2011). Strategies for Reducing Inequalities and Improving Developmental Outcomes for Young Children in Low- and Middle-Income Countries. *The Lancet* [online]. **378**(9799), 1339–53. [Viewed 1 July 2020]. Available from: https://doi.org/10.1016/S0140-6736(11)60889-1; Arriagada, A., Perry, J., Rawlings, L. B., Trias, J. M. and Zumaeta Aurazo, M., (2018). *Promoting Early Childhood Development through Combining Cash Transfers and Parenting Programs* [online]. Washington, D.C.: World Bank Group. [Viewed 1 July 2020].

¹⁸ Hanlon, J., Barrientos, A. and Hulme, D., (2010). *Just Give Money to the Poor: The Development Revolution from the Global South*. Sterling, VA, USA: Kumarian. Available from:

http://oro.open.ac.uk/id/eprint/20877; Lepenies, R. and Lauer, L., (2015). *The poor have no money – so just give it to them! In favour of inclusive aid and unconditional cash transfers* [online]. [Viewed 30 June 2020]. Available from: 10.2139/ssrn.2570754

¹⁹ Fiszbein, and others (2009). *Conditional Cash Transfers: Reducing Present and Future Poverty* [online]. Washington, DC: World Bank. [Viewed 30 June 2020]. Available from:

http://hdl.handle.net/10986/2597; Mullainathan, S. and Shafir, E., (2013). *Scarcity: Why having too little means so much.* Times Books/Henry Holt and Co.

 ²⁰ Kosters, M. & Van der Heijden, J., (2015). From mechanism to virtue: Evaluating Nudge theory. *Evaluation* [online]. 21(3), 276–291. [Viewed 4 August 2020]. Available from: DOI: 10.1177/1356389015590218
 ²¹ Barrientos, A. and DeJong, J., (2006). Reducing Child Poverty with Cash Transfers: A Sure Thing? *Development Policy Review* [online]. 24(5), 537–52. [Viewed 1 July 2020]. Available

are established to induce behaviours of poor parents and children towards good practices such as investing in the human capital of children to break the intergenerational transmission of poverty.²²

Behavioural economics theory argues that poor parents do not always see the incentives to invest in their children's human capital; they are likely to focus more on short-term needs rather than long-term benefits.²³ This is a dehumanising approach to poverty because it disregards the disadvantaged situations of the poor that lead them to develop certain coping mechanism, behaviours or attitudes (the "culture" of poverty discussed in the next section) that are deemed to be irrational by the non-poor (e.g. the use of alcohol as a form of self-medication).²⁴ Mullainathan and Shafir explain the irrational choices of poor people through the psychological impacts of financial scarcity, which creates an tunnel vision that makes the poor less forward-thinking and compromises their cognitive ability and self-control – two critical resources for the poor to make wise long-term decisions to overcome poverty.²⁵ CCT programmes are believed to address market failures such as information asymmetries which lead to misguided beliefs about the opportunity cost and low rate of returns on human capital investments.²⁶ Therefore, the conditionality of CCT programmes can play important roles in improving the human capital,

Available from: http://documents.worldbank.org/curated/en/827231544474543725/Promoting-Early-Childhood-Development-through-Combining-Cash-Transfers-and-Parenting-Programs

²² Das, J., Do Q-T. and Özler, B., (2005). Reassessing Conditional Cash Transfer Programs. *The World Bank Research Observer* [online]. **20**(1), 57–80. [Viewed 1 July 2020]. Available

from: http://documents.worldbank.org/curated/en/792391468330293246/Reassessing-conditional-cashtransfer-programs; Barrientos & DeJong 'Reducing Child Poverty with Cash Transfers' 2006; Fiszbein and others (2009). Conditional Cash Transfers: Reducing Present and Future Poverty [online]. Washington, DC: World Bank. [Viewed 30 June 2020]. Available from: http://hdl.handle.net/10986/2597; Luca Pellerano and Valentina Barca 'Does one size fit all? The Conditions for Conditionality in Cash Transfers', *Oxford Policy Management* 2014

https://www.researchgate.net/publication/262493675_Does_one_size_fit_all_The_Conditions_for_Condition nality_in_Cash_Transfers>

²³ Das, Do and Ozler 'Reassessing Conditional Cash Transfer Programs' 2005; Fiszbein and the others 'Conditional Cash Transfers' 2009; Davis, E. P. and Sanchez-Martinez, M., (2014). A review of the economic theories of poverty [online]. National Institute of Economic and Social Research (NIESR) Discussion Papers 435. National Institute of Economic and Social Research. [Viewed 2 July 2020]. Available from: https://www.niesr.ac.uk/sites/default/files/publications/dp435_0.pdf

 ²⁴ Rigdon, S. M., (1988). *The Culture Facade: Art, Science and Politics in the Work of Oscar Lewis*.
 Champaign, Illinois: University of Illinois Press; Cerdá M, Diez-Roux AV, Tchetgen ET, Gordon-Larsen P, Kiefe C. The relationship between neighborhood poverty and alcohol use: estimation by marginal structural models. Epidemiology. 2010;21(4):482-489. doi:10.1097/EDE.0b013e3181e13539
 ²⁵ Mullainathan and Shafir '*Scarcity*', 2013.

²⁶ Das, Do and Ozler 'Reassessing Conditional Cash Transfer Programs' 2005; Davis, E. P., (2007). *A confrontation of economic and theological approaches to "ending poverty" in Africa* [online]. Brunel University and London School of Theology. [Viewed 2 July 2020]. Available from:

https://bura.brunel.ac.uk/handle/2438/1036; Fiszbein and the others 'Conditional Cash Transfers' 2009; ; Luca Pellerano and Valentina Barca 'Does one size fit all' 2014;

especially health and educational outcomes of poor children whose parents are less likely to invest.²⁷

CCT programmes remain a top-down approach as the programme design assumes policymakers know what services/investments are best for children and induce poor people towards utilising those services. This view has been contested by proponents of UCT programmes who believe the poor know what they and their children need and how to allocate economic resources internally to escape poverty.²⁸ However, their living circumstances mean they have to prioritise immediate basic needs, so government intervention should be considered as support to help the poor widen their choices, based on the understanding that poor people's choices are heavily restricted by their situation.

2.3 Welfare and Employment Policies

Welfare and employment policies in child poverty reduction refer to policies designed to encourage employment among poor parents by offering incentives such as cash payments or childcare support. These workfare programmes require recipients of time-limited aids to undertake work or participate in job search and job training to demonstrate they are actively trying to find work.²⁹ They stem from the perspectives of classical theorists of poverty who are concerned with welfare dependency, the deserving and undeserving poor (those in work and those not working).³⁰

²⁷ Rawlings, L. B. and Rubio, G. M., (2005). Evaluating the Impact of Conditional Cash Transfer Programs. *World Bank Research Observer* [online]. **20**, 29–55. [Viewed 1 July 2020]. Available from: http://documents1.worldbank.org/curated/en/175211468331772414/pdf/767450JRN0WBRO00Box374387B0 0PUBLIC0.pdf; Akresh, R., de Walque, D. and Kazianga, H., (2013). *Cash Transfers and Child Schooling: Evidence from a Randomized Evaluation of the Role of Conditionality* [online]. Washington, D.C.: World Bank Group. [Viewed 1 July 2020]. Available

from: http://documents1.worldbank.org/curated/en/587731468005971189/pdf/wps6340.pdf; Baird and others (2014). Conditional, Unconditional, and Everything in Between: A Systematic Review of the Effects of Cash Transfer Programmes on Schooling Outcomes. *Journal of Development Effectiveness* [online]. **6**(1), 1–43. [Viewed 1 July 2020]. Available from: https://doi.org/10.1080/19439342.2014.890362

²⁸ Hanlon, J., Barrientos, A. and Hulme, D., (2010). Just Give Money to the Poor;

²⁹ Das, Do and Ozler 'Reassessing Conditional Cash Transfer Programs' 2005; Gregg, P., Harkness, S. and Macmillan, L., (2006). *Welfare to work policies and child poverty A review of issues relating to the labour market and economy* [online]. UK: Joseph Rowntree Foundation. [Viewed 5 July 2020]. Available from: https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/9781859355107.pdf; Huston, A. C., (2011). Children in poverty: Can public policy alleviate the consequences? *Family matters* [online]. 87, 13-26. [Viewed 4 July 2020]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3287293/

³⁰ Gwartney, J. amd McCaleb, T. S., (1985). Have antipoverty programs increased poverty. *Cato Journal* [online]. 5(1), 1-16. [Viewed 5 July 2020]. Available from:

https://heinonline.org/HOL/Page?collection=journals&handle=hein.journals/catoj5&id=16&men_tab=srchresu Its; Alcock, P., (2006). *Understanding Poverty (3rd Edition)*. UK: Macmillan Education; Davis, E. P. and Sanchez-Martinez, M., (2014). *A review of the economic theories of poverty* [online]. National Institute of Economic and Social Research (NIESR) Discussion Papers 435. National Institute of Economic and Social Research. [Viewed 2 July 2020]. Available from:

https://www.niesr.ac.uk/sites/default/files/publications/dp435_0.pdf

Classical behavioural theory attributes poverty to the poor's choices and their characteristics.³¹ It links poverty to individual deficiencies such as the lack of work ethics, low labour market skills and lack of incentives to improve their livelihoods.³² In his research on "sub-culture" of poverty, Lewis finds that the poorest developed particular "negative" behavioural traits and norms to cope with material deficiencies; the subculture's shared values and attitudes render children of poor households from escaping poverty in adulthood.³³ As Lewis puts it, the culture of poverty 'tends to perpetuate itself from generation to generation because of its effect on the children. By the time slum children are age six or seven, they have usually absorbed the basic values and attitudes of their subculture and are not psychologically geared to take full advantage of changing conditions or increased opportunities which may occur in their lifetime'.³⁴

From this perspective, CT programmes will perpetuate poverty as they cause moral corruptions and idleness; they discourage people to accept low-paying jobs and encourage them to depend on welfare programmes.³⁵ This has resulted in the shift in welfare programmes in some countries from alleviation to development policies, from subsidies to work programmes.³⁶ It is argued that the employment approach offers a more long-term and sustainable route to bring families out of poverty and break the

https://lanekenworthy.files.wordpress.com/2017/03/reading-espingandersen1990pp9to78.pdf; Kasarda, J. D. and Ting, K., (1996). Joblessness and poverty in America's central cities: Causes and policy

³¹ Davis, E. P. and Sanchez-Martinez, M., (2014); Bradshaw, T. K., (2007). Theories of Poverty and Anti-Poverty Programs in Community Development. *Community Development* [online]. 38(1), 7-25. [Viewed 3 July 2020]. Available from: https://doi.org/10.1080/15575330709490182; Zinn, M. B., (1989). Family, Race, and Poverty in the Eighties. *Signs* [online]. 14(4), 856-874. [Viewed 4 July 2020]. Available from: www.jstor.org/stable/3174687

³² Rank, M. R., Yoon, H. and Hirschl, T. A., (2003). American poverty as a structural failing: evidence and arguments. *Journal of Sociology and Social Welfare* [online]. 30(4), 3-29. [Viewed 3 July 2020]. Available from: https://scholarworks.wmich.edu/jssw/vol30/iss4/2

³³ Rigdon, S. M., (1988). The Culture Facade

³⁴ Carmon, N., (1985). Poverty and Culture: Empirical Evidence and Implications for Public Policy. *Sociological Perspectives* [online]. 28(4), 403-417, p. 404. [Viewed 4 July 2020]. Available from: doi:10.2307/1389226

³⁵ Esping-Andersen, G., (1990). *The three worlds of welfare capitalism* [online]. Princeton, NJ: Princeton University Press. [Viewed 3 July 2020]. Available from:

prescriptions. *Housing Policy Debate* [online]. 7(2), 387-419. [Viewed 4 July 2020]. Available from: DOI: 10.1080/10511482.1996.9521226; Wearing, M. and Fernandez E., (2015). Why Are Poor Children Always with Us? Theory, Ideology and Policy for Understanding Child Poverty. In: Fernandez E., Zeira A., Vecchiato T., Canali C. (eds) *Theoretical and Empirical Insights into Child and Family Poverty*. Children's Well-Being: Indicators and Research [online]. 10. Springer, Cham. [Viewed 3 July 2020]. Available from: https://doi.org/10.1007/978-3-319-17506-5_5

³⁶ Knijn, T., Martin, C. and Millar, J. (2007). Activation as a framework for social policies towards lone parents: is there a continential specificity? *Social Policy and Administration* [online]. **41**(6), 638-652. [Viewed 4 July 2020]. Available from: https://doi.org/10.1111/j.1467-9515.2007.00576.x;

Wickham, S., Anwar, E. Barr B., Law, C. and Taylor-Robinson, D., (2016). Poverty and child health in the UK: using evidence for action. *Archives of Disease in Childhood* [online]. **101**, 759-766. [Viewed 5 July 2020]. Available from: https://adc.bmj.com/content/101/8/759.citation-tools; Huston, A. C., (2011). Children in poverty

intergenerational cycle. In this sense, they are designed to generate a constructive shift in individual's behaviours and disincentivise the poor to depend on welfare by setting time limits on minimum aids, discourage bad habits and dysfunctional behaviours, and incentivise parents to work.

However, a work-first approach alone is not as effective as other types of programmes to eliminate child poverty.³⁷ There exist other situational and structural barriers influential to an individual's decision such as market failures, the lack of job opportunities in the labour market and discrimination towards the poor.³⁸

2.4 Early Childhood Intervention Programmes

Early childhood intervention (ECI) programmes refer to the provision of care and services to help disadvantaged children develop cognitive and non-cognitive skills in early childhood years (0-6 years). They are designed to mediate the detrimental impacts of poverty on the physical, mental health and cognitive development of poor children. The support and services in ECI programmes often include home visiting, prenatal and postnatal care, quality childcare, pre-school education, literacy activities, preventive healthcare and parenting education.³⁹

Support for ECI programmes come from the empirical studies on childhood development that find the period from birth to up to year five is critical for child development and growth; subsequently, children from poor families fare worse than those from non-poor families in

³⁸ Davis, E. P. and Sanchez-Martinez, M., (2014). A review of the economic theories of poverty

³⁹ Karoly, L. A., Kilburn, M. R. and Cannon, J. S., (2005). *Early Childhood Interventions: Proven Results, Future Promise* [online]. Santa Monica, CA: RAND Corporation. [Viewed 6 July 2020]. Available from: https://www.jstor.org/stable/10.7249/mg341pnc; Watson, J., White, A., Taplin, S. and Huntsman, L., (2005). *Prevention and Early Intervention: Literature Review* [online]. Sydney: NSW Department of Community Services, Centre for Parenting and Research. [Viewed 7 July 2020]. Available from:

³⁷ Bloom, D. and Michalopoulos, C., (2001). *How welfare and work policies affect employment and income: A synthesis of research* [online]. New York: Manpower Demonstration Research Corporation. [Viewed 5 July 2020]. Available from: https://www.mdrc.org/sites/default/files/full_393.pdf; Murgai, R. and Ravallion, M., (2005). Employment Guarantee in Rural India: What Would It Cost and How Much Would It Reduce Poverty? *Economic and Political Weekly* [online]. **40**(31), 3450-3455. [Viewed 5 July 2020]. Available from: www.jstor.org/stable/4416967; Harker, L., (2006). *Delivering on Child Poverty: what would it take? A report for the Department for Work and Pensions* [online]. [Viewed 5 July 2020]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/272371/6 951.pdf

https://pdfs.semanticscholar.org/1322/235d16f8318af1923d19289926bc73d1a7f7.pdf?_ga=2.13495411.513 832795.1594689337-191032062.1594508463; Cunha, F., Heckman, J. and Lochner, L., (2006). Interpreting the Evidence on Life Cycle Skill Formation. In: F. Cunha, J. Heckman and L. Lochner (eds.). *Handbook of the Economics of Education*. Elsevier. [Viewed 6 July 2020]. Available from:

https://econpapers.repec.org/scripts/showcites.pf?h=repec:eee:educhp:1-12; Engle and the others (2011). Strategies for Reducing Inequalities and Improving Developmental Outcomes.

cognitive and non-cognitive developments due to resource inadequacy.⁴⁰ Those early development lags can have long-term consequences over the course of childhood and into adulthood. Similarly, Lewis's argument arguably supports early childhood intervention as children growing up in poverty become psychologically unprepared to adjust for changes and take up opportunities once they reach the age of six or seven.⁴¹

Provision of high-quality childcare in ECI programmes has positive impacts on the development of children's cognitive and literacy abilities.⁴² Similar to welfare and employment policies, parenting education in ECI programmes is designed to foster parent-child relationship by changing parents' behaviours, including their consumption behaviour on substances such as alcohol, drugs and tobaccos which are harmful to infants' well-being. It relies on the family stress model – a psychological view on poverty – which argues that financial pressure negatively affects parents' mental health and thus, their parenting practices.⁴³

Evaluations of numerous ECI programmes have proven their success in improving poor children's school readiness, increasing academic attainments, high school graduation rates, economic productivity and decreasing behavioural problems in adulthood, by offering pre-school investments that low-income parents otherwise cannot afford.⁴⁴ Given

⁴⁰ Brooks-Gunn, J. and Duncan, G.J., (1997). The Effects of Poverty on Children; Karoly, L. A., Kilburn, M. R. and Cannon, J. S., (2005). *Early Childhood Interventions*; Halle and others (2009). *Disparities in early learning and development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)* [online]. Washington, DC.: Child Trends. [Viewed 5 July 2020]. Available from:

https://www.childtrends.org/wp-content/uploads/2013/05/2009-52DisparitiesELExecSumm.pdf; Duncan, G., Ziol-Guest, K. and Kalil, A., (2010). Early-Childhood Poverty and Adult Attainment, Behavior, and Health. *Child Development* [online]. **81**(1), 306-325. [Viewed 6 July 2020]. Available from:

www.jstor.org/stable/40598980; Allen, G., (2011). Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government [online]. London: The Cabinet Office/HM Government. [Viewed 7 July 2020]. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/e arly-intervention-next-steps2.pdf

 ⁴¹ Carmon, N., (1985). Poverty and Culture: Empirical Evidence and Implications for Public Policy, p. 404.
 ⁴² Waldegrave, H. and Lee, L., (2013). *Quality Childcare Improving early years childcare* [online]. London: Policy Exchange. [Viewed 8 July 2020]. Available from: https://policyexchange.org.uk/wp-content/uploads/2016/09/quality-childcare-2.pdf

⁴³ Conger, R. D. and Conger, K. J., (2002). Resilience in Midwestern families:

⁴⁴ Karoly, L. A., Kilburn, M. R. and Cannon, J. S., (2005). *Early Childhood Interventions;* Heckman, J. J., (2006). Skill Formation and the Economics of Investing in Disadvantaged Children. *Science* [online]. **312** (5782), 1900-1902. [Viewed 6 July 2020]. Available from: DOI: 10.1126/science.1128898; Cunha, F., Heckman, J. and Lochner, L., (2006). Interpreting the Evidence on Life Cycle Skill Formation; Engle, P.L. and Black, M.M., (2008). The effect of poverty on child development and educational outcomes. *Annals of the New York Academy of Sciences [online]*.**1136**, 243-56. [Viewed 7 July 2020]. Available from: https://doi.org/10.1196/annals.1425.023; Engle and others (2011). Strategies for Reducing Inequalities and Improving Developmental Outcomes.

their positive outcomes, ECI programmes are expected to reduce inequalities and break the intergenerational cycle of poverty.⁴⁵

Three types of programmes discussed above have primarily focused on influencing the demand side of services: individuals are encouraged to use health and education services and participate in the labour market and pre-school programmes. The fourth type of programme addresses the supply side of services; it focuses on how to make these services more accessible to the poor.

2.5 Investment in Basic Services and Addressing Structural Barriers 2.5.1 Provision of Basic Services

Investments in the delivery of basic services such as water, energy, health, education and transport are fundamental to the implementation of any programmes discussed above.⁴⁶ For example, CCT programmes conditioning on the use of education services to increase children's school enrolment and attendance cannot produce positive impacts if educational services have poor infrastructure, classes are too small to accommodate drastic demand or schools lack teaching materials and human resources.

Poor infrastructure is common in rural, mountainous or remote areas where the accessibility and construction of basic services are infringed by difficult geographical locations. A geographical theory of poverty places emphasis on 'the fact that people, institutions, and cultures in certain areas lack the objective resources needed to generate well-being and income, and that they lack the power to claim redistribution'.⁴⁷ Indeed, studies across developed and developing countries show a rural-urban difference in poverty, with poverty rates higher in rural areas.⁴⁸ Therefore, investments in physical

⁴⁵ Allen, G., (2011). *Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government* [online]; Nutbrown, C., (2018). Poverty in childhood and the impact of early childhood education and care. In *Early childhood educational research [online]*. London: SAGE Publications Ltd. [Viewed 7 July 2020]. Available from: https://dx.doi.org/10.4135/9781526451811.n6

⁴⁶ Waddington, H., (2004). *Linking economic policy to childhood poverty: a review of the evidence on growth, trade reform and macroeconomic policy* [online]. UK: Childhood Poverty Research and Policy Centre. [Viewed 9 July 2020]. Available from:

https://assets.publishing.service.gov.uk/media/57a08ca8ed915d3cfd00150c/Hugh_final_pdf.pdf; Pellerano & Barca 2014; UNICEF., (2017). *Making Cash Transfers Work For Children And Families* [online]. New York: UNICEF. [Viewed 8 July 2020]. Available from: https://www.unicef.org/lac/sites/unicef.org.lac/files/2019-11/Making%20cash%20transfers%20work%20for%20children%20and%20families.pdf

⁴⁷ Bradshaw, T. K., (2007). Theories of Poverty and Anti-Poverty Programs in Community Development. *Community Development* [online]. **38**(1), p. 17. [Viewed 3 July 2020]. Available from: https://doi.org/10.1080/15575330709490182

⁴⁸ Bird, K., Hulme, D., Moore, K. and Shepherd, A., (2002). *Chronic poverty and remote rural areas* [online]. CPRC Working Paper No. 13. Manchester: Chronic Poverty Research Centre. [Viewed 9 July 2020]. Available from:

https://assets.publishing.service.gov.uk/media/57a08d46e5274a27b200174d/13Bird_et_al.pdf; Weber, B. and Jensen, L., (2004). *Poverty and Place: A Critical Review of Rural Poverty Literature* [online]. Rural

infrastructure and the delivery of basic services in geographically disadvantaged locations are essential to increase the accessibility of the poor to basic services offered by antipoverty programmes and enable their utilisation.

2.5.2 Employment

Welfare and employment policies encourage poor parents to look for work, however, there are high chances that the jobs they engage in are low-paying and offer poor protection net. Therefore, supply-side policies of employment are designed not only to create more jobs but also to ensure those jobs will give individuals enough capacities to escape poverty.

Marxist or radical theorists argue that capitalist economies sustain poverty by keeping the labour costs low through the threat of unemployment. ⁴⁹ There exists a notion of the inwork poor, referring to working people who live in poor households because their jobs are low-paying with few working hours, short-term, seasonal and therefore unstable.⁵⁰ Therefore, scholars of Marxist theories call for state intervention in the labour market by establishing minimum wage, unions or anti-discrimination laws to protect labourer's rights and improve their living conditions.⁵¹ Those measures are believed to increase income of the working poor and gain employment to those who are systematically excluded from the labour market due to discrimination based on socio-economic status, race, gender, religion or ethnicity.

2.5.3 Discrimination

Poor individuals who wish to use services promoted by anti-poverty programmes may be disincentivised to do so because of the stigmatisation or discrimination associated with their socio-economic status, gender, race, ethnicity or distinct culture and norms.⁵² A comprehensive understanding of the characteristics of the targeted population or geographic location is essential to effectively tackle the structural barriers to service usage. For example, a gender-sensitive agenda might be necessary for an anti-child

Poverty Research Center. [Viewed 9 July 2020]. Available from:

https://www.researchgate.net/publication/23514855_Poverty_and_Place_A_Critical_Review_of_Rural_Poverty_Literature

⁴⁹ Bradshaw, T. K., (2007). Theories of Poverty and Anti-Poverty Programs in Community Development; Davis, E. P. and Sanchez-Martinez, M., (2014). *A review of the economic theories of poverty.*

⁵⁰ Jeroen Horemans, 'Chapter 9: Atypical employment and in-work poverty', in *Handbook on In-Work Poverty*, ed. by Henning Lohmann and Ive Marx.. Elgaronline, 2018, pp. 146-170

https://doi.org/10.4337/9781784715632; Lohmann, Henning, 'Chapter 2: The concept and measurement of in-work poverty', in *Handbook on In-Work Poverty*, ed. by Henning Lohmann and Ive Marx.. Elgaronline, 2018, pp. 7-25 https://doi.org/10.4337/9781784715632>

⁵¹ Bradshaw, T. K., (2007). Theories of Poverty and Anti-Poverty Programs in Community Development. ⁵² Waddington, H., (2004). *Linking economic policy to childhood poverty:* Bradshaw, T. K., (2007). Theories of Poverty and Anti-Poverty Programs in Community Development.

poverty programme if women are at disadvantaged positions and lack the capacity to lift themselves out of poverty because of cultural norms.⁵³ On the other hand, poverty reduction programme may place much of its focus on education services to debunk myths and prejudice against certain race/ethnicity if children of certain race/ethnicity are discriminated against by their peers because of their language or race differences.

In sum, there is no one-size-fits-all approach to tackle child poverty. The complexity of child poverty requires a multifaceted approach to tackle its different dimensions.⁵⁴ A combination of policies, or policy mix, is essential to implement an effective child anti-poverty programme. For example, cash transfer and provision of basic services are complementary to influence child's development outcomes.

2.6 Summary

This chapter provides a review of relevant theories underlying four most common approaches to anti-child poverty reduction efforts. The demand-side interventions include CT programmes that focus on providing income supplements and improve children's human capital; workfare programmes that encourage poor parents to work; and ECI programmes that provide services to improve cognitive and non-cognitive abilities of poor children at early years. On the other hand, the supply-side interventions address structural factors keeping the poor in poverty, including the lack of basic services, poor employment opportunities and discrimination. The next chapter will explore two good examples of CCT programmes targeting at poor families and their children.

⁵³ Mestrum, F., (2011). Child Poverty. A Critical Perspective. Social Work and Society *International Online Journal* [online]. 9(1). [Viewed 11 July 2020]. Available from: https://www.socwork.net/sws/article/view/17/52t

⁵⁴ White, H., Leavy, J and Masters, A., (2003). Comparative Perspectives on Child Poverty: A review of poverty measures. *Journal of Human Development* [online]. 4(3), 379-396. [Viewed 11 July 2020]. Available from: DOI: 10.1080/1464988032000125755

III. Cash Transfer Programme Impact Evaluation

3.1 Introduction

This chapter will present the objectives, the programme content, the positive and negative impacts of two well-known CCT programmes in the world: Mexico's Prospera and Brazil's Bolsa Família (BF). It will also present a discussion on the key issues offered by these two programmes that could be useful for developing effective anti-child poverty programmes in Vietnam.

3.2 Mexico's Prospera

3.2.1 Programme's Objectives and Content

Launched in 1997, Prospera was originally targeted at only extremely poor households and their children in rural areas; however, years later, its coverage was expanded to include disadvantaged families in urban and semi urban areas.⁵⁵ Prospera had two major objectives. Its short-term objective was to alleviate extreme poverty by granting income supplements to extremely poor families with children or pregnant women.⁵⁶ Its long-term objective was to break the vicious cycle of intergenerational transmission of poverty by improving health, nutritional and educational status of children in poor households.⁵⁷

To accomplish these ends, Prospera provided cash transfers to poor families contingent on compliance with conditionalities in areas of education, health and nutrition such as regular medical check-ups, nutritional supplement receipt, education workshops for mothers and monthly school attendance rate of 85 per cent and not repeating grade twice for children.⁵⁸ The cash payments were given bimonthly to mothers and could last until the beneficiary children graduate from high school.

⁵⁵ Yaschine, I., (1999). The Changing Anti-Poverty Agenda: What Can the Mexican Case Tell Us? *IDS Bulletin* [online]. 30(2), 47-60. [Viewed 20 July 2020]. Available from: doi:10.1111/j.1759-

^{5436.1999.}mp30002006.x; Molyneux, M. (2007a). *Change and Continuity in Social Protection in Latin America: Mothers at the Service of the State?* [online]. Programme on Gender and Development. Geneva: United Nations Research Institute for Social Development (UNRISD). [Viewed 20 July 2020]. Available from: http://www.unrisd.org/80256B3C005BCCF9/search/BF80E0A84BE41896C12573240033C541 ⁵⁶ Yaschine, I., (1999). The Changing Anti-Poverty Agenda.

⁵⁷ Niño-Zarazúa, M., (2017). Mexico's Progresa-Oportunidades-Prospera and the raise of social assistance in Latin America [online]. *ResearchGate*. [Viewed 20 July 2020]. Available from:

https://www.researchgate.net/publication/320416721_Mexico's_Progresa-Oportunidades-Prospera_and_the_raise_of_social_assistance_in_Latin_America; Yaschine, I., (1999). The Changing Anti-Poverty Agenda.

⁵⁸ Gertler, P., (2000). *The impact of PROGRESA on health* [online]. Washington, DC: International Food Policy Research Institute. [Viewed 20 July 2020]. Available from:

https://www.ifpri.org/cdmref/p15738coll2/id/125436/filename/125437.pdf; Escobar Latapí, A. and González de la Rocha, M., (2009). Girls, mothers and poverty reduction in Mexico: Evaluating Progresa-

Oportunidades. *In Razavi, S. (Ed.), The gendered impacts of liberalization: Towards 'embedded liberalism'*? (pp. 267–289). New York: Routledge. [Viewed 28 July 2020]. Available from:

Prospera achieved many good outcomes in all its three components (health, education and nutrition) and has been replicated in more than 50 countries.⁵⁹ The next section will highlight both the positives and negatives of the Prospera programme in terms of its impacts on beneficiary children, adult members in the households, and poverty and inequality reduction.

3.2.2 Programme Impacts on Children, Adults, and Poverty and Inequality 3.2.2.1 Children

As Prospera placed much focus on improving health, nutrition, and education levels of children, the programme was observed to result in improved health conditions, better nutritional levels and increased school attendance rates among beneficiary children.

In terms of health, Prospera was found to have increased health clinic visits for growth monitoring and preventive care, reduced rates of illness, infant mortality, the probability of having anemia, improved weight for height among beneficiary children; improving their mental health by lowering salivary cortisol levels in children of mothers with high depressive symptomatology.⁶⁰ In addition, Escobar Latapí and González de la Rocha report a reduction in the number of sick days per year by 17 days among beneficiary children.⁶¹

In terms of nutrition, Prospera had significant effects on nutritional status of beneficiary children, including reducing their malnutrition rate and probability of stunting and being

DOI:https://doi.org/10.1016/S0140-6736(08)60382-7; Ulrichs, M. and Roelen, K., (2012). Equal Opportunities for All? – A Critical Analysis of Mexico's Oportunidades. *IDS Working Papers* [online]. 2012(413), 1-23. [Viewed 20 July 2020]. Available from: https://doi.org/10.1111/j.2040-0209.2012.00413.x; Skoufias, E. & Di Maro, V. (2006). *Conditional Cash Transfers, Adult Work Incentives and Current Poverty* [online]. Washington, DC: The World Bank. [Viewed 20 July 2020]. Available from:

https://www.academia.edu/3023316/_Girls_mothers_and_poverty_reduction_in_Mexico_Evaluating_Progres a_Oportunidades_; Fernald, L.C., Gertler, P.J. and Neufeld, L.M., (2008). Role of Cash in Conditional Cash Transfer Programmes for Child Health, Growth, and Development: An Analysis of Mexico's "Oportunidades". *The Lancet* [online]. 371(9615), 828–837. [Viewed 20 July 2020]. Available from:

http://documents.worldbank.org/curated/en/521901468278733450/Conditional-cash-transfers-adult-work-incentives-and-poverty

⁵⁹ Lamanna, F., (2014). A Model from Mexico for the World [online]. *The World Bank*. [Viewed 20 July 2020]. Available from: https://www.worldbank.org/en/news/feature/2014/11/19/un-modelo-de-mexico-para-el-mundo ⁶⁰ Fernald, L.C. and Gunnar, M.R., (2009). Poverty-alleviation program participation and salivary cortisol in very low-income children. *Social science and medicine* [online]. 68(12), 2180–2189. [Viewed 2 August 2020]. Available from: DOI: 10.1016/j.socscimed.2009.03.032; Fiszbein and others (2009). *Conditional Cash Transfers*; Gertler, P., (2000). *The impact of PROGRESA on health*; Gertler, P., (2004). Do Conditional Cash Transfers Improve Child Health? Evidence from PROGRESA's Control Randomized Experiment. *American Economic Review* [online]. 94(2), 336-341. [Viewed 20 July 2020]. Available from:

https://pubs.aeaweb.org/doi/pdfplus/10.1257/0002828041302109; Skoufias, E. and McClafferty, B., (2001). *Is PROGRESA Working? Summary of the Results of an Evaluation by IFPRI* [online]. FCND Discussion Paper No. 118. Washington, DC: Food Consumption and Nutrition Division, International Food Policy Research Institute. [Viewed 20 July 2020]. Available from:

http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.58.3872&rep=rep1&type=pdf⁶¹ Escobar Latapí, A. and González de la Rocha, M., (2009). Girls, mothers and poverty reduction in Mexico

overweight; increasing their height and height-for-age z score.⁶² These improvements in nutritional levels can be explained by the programme's income and food supplement impacts on household food consumption, as Propera beneficiary households were observed to have increased their food, calorie consumption and diversified their diets to contain more fruits, vegetables, meat and animal products.⁶³

In terms of education, Prospera reduced child labour and thus increased enrolment rates for beneficiary children at both primary and secondary school levels, with notable impacts observed among children in rural areas and girls entering secondary school.⁶⁴ In addition, Prospera significantly reduced child labour for indigenous children and increased their school enrolment rates, thus reducing the difference between indigenous and non-indigenous children.⁶⁵ Behrman, Sengupta, and Todd also found that Prospera enrollment rates, and higher school re-entry rates for older dropouts among beneficiary children.⁶⁶ Although Prospera produced positive educational outcomes among its beneficiaries, several factors were pointed out that prevented the programme to reach its full potential, including teacher absenteeism, the increased number of children with less talent, time or interest in school,

⁶² Behrman, J. R. and Hoddinott, J., (2000). *An Evaluation of the Impact of PROGRESA on Preschool Child Height* [online]. Washington, D.C.: International Food Policy Research Institute. [Viewed 20 July 2020]. Available from: http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/125436/filename/125437.pdf;
Fernald, L.C., Gertler, P.J. and Neufeld, L.M., (2008). Role of Cash in Conditional Cash Transfer Programmes; Molyneux, M. (2007a). *Change and Continuity in Social Protection in Latin America;* Skoufias, E., (2005). *Progresa and its Impacts on the Welfare of Rural Households in Mexico. Research Report* [online]. Washington, DC: International Food Policy Research Institute (IFPRI). [Viewed 20 July 2020]. Available from: http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/48024/filename/43482.pdf;
Ordóñez-Barba, G. and Silva-Hernández, A., (2019). Progresa-Oportunidades-Prospera: transformations, reaches and results of a paradigmatic program against poverty. *Papeles de Población* [online]. 25(99), 77-109. [Viewed 20 July 2020]. Available from: DOI: http://dx.doi.org/10.22185/24487147.2019.99.04
⁶³ Behrman, J. R. and Hoddinott, J., (2005). Programme Evaluation with Unobserved Heterogeneity and Selective Implementation: The Mexican PROGRESA Impact on Child Nutrition. *Oxford Bulletin of Economics and Statistics* [online]. 67(4), 547 - 569. [Viewed 20 July 2020]. Available from: https://doi.org/10.1111/j.1468-0084.2005.00131.x; Fernald, L.C., Gertler, P.J. and Neufeld, L.M., (2008).

Role of Cash in Conditional Cash Transfer Programmes; Hoddinott, J., Skoufias, E. and Washburn, R., (2000). *The Impact of PROGRESA on Consumption;* Ramírez-Silva, I., Rivera, J. A., Leroy, J. L. and Neufeld, L. M., (2013). The *Oportunidades* Program's Fortified Food Supplement, but Not Improvements in the Home Diet, Increased the Intake of Key Micronutrients in Rural Mexican Children Aged 12–59 Months. *The Journal of Nutrition* [online]. 143(5), 656–663. [Viewed 20 July 2020]. Available from: https://doi.org/10.3945/jn.112.162792

⁶⁴ Schultz, T. P., (2000). School Subsidies for the Poor: Evaluating a Mexican Strategy for Reducing Poverty; Skoufias, E., (2005). Progresa and its Impacts on the Welfare of Rural Households in Mexico; Molyneux, M. (2007a). Change and Continuity in Social Protection in Latin America: Mothers at the Service of the State? [online]. Programme on Gender and Development. Geneva: United Nations Research Institute for Social Development (UNRISD). [Viewed 20 July 2020]. Available from:

http://www.unrisd.org/80256B3C005BCCF9/search/BF80E0A84BE41896C12573240033C541 ⁶⁵ Bando, R. G., Lopez-Calva, L. F. and Patrinos, H. A., (2005). *Child labor, school attendance, and indigenous households : evidence from Mexico [online]. Washington D.C.: World Bank*. [Viewed 27 July 2020]. Available from: http://documents1.worldbank.org/curated/en/517931468774840353/pdf/wps3487.pdf ⁶⁶ Jere Behrman; Piyali Sengupta and Petra Todd, (2005), Progressing through PROGRESA: An Impact Assessment of a School Subsidy Experiment in Rural Mexico, Economic Development and Cultural Change, 54, (1), 237-75 < http://dx.doi.org/10.1086/431263>

and the disparities in quality of public education between rural-urban and poor and nonpoor areas.

3.2.2.2 Adults

The health component of Propsera with requirements for regular clinic visits resulted in positive effects on beneficiary adult health status, including fewer days of sickness and better health conditions.⁶⁷ By providing adequate information and removing the financial barriers, Prospera also allowed women to get access to better quality prenatal care, leading to higher birth weights and lower incidence of low birth weight.⁶⁸ However, some negative effects of Prospera's cash transfers on adult health are spotted by Fernald, Gertler and Hou.⁶⁹ The authors find a positive association between a doubling of cumulative cash transfers to the household and higher BMI, hypertension, overweight and obesity in beneficiary adults. These negative outcomes could be mediated by other health interventions of the programme such as mandatory health check-ups and health education sessions.

Prospera was also found to have provided a social space for beneficiary women to interact and strengthen their social relationship through education sessions and monthly meetings, increased women's self-confidence and autonomy by giving them more control over household resources and decision-making power (through increased income due to the cash transfers), and reduced the likelihood of men making children-related decisions by themselves.⁷⁰ However, the cash transfers could also have unintended consequences of reinforcing gender stereotypes in the household. Molyneux argued that the cash transfers given directly to women reinforced women's traditional roles and responsibilities in the family, since its conditionalities meant women had to participate in programme activities while taking care of their children and family dependants to maintain the grants⁷¹. The lack of conditionalities imposed on men and no child-care provision meant women's

⁶⁸ Barber, S., L. and Gertler, P.J., (2010). Empowering women: how Mexico's conditional cash transfer program raised prenatal care quality and birth weight. *Journal of development effectiveness* [online]. 2(1), 51–73. [Viewed 1 August 2020]. Available from: https://doi.org/10.1080/19439341003592630ler
 ⁶⁹ Fernald, L.C., Gertler, P.J. and Hou, X., (2008). Cash component of conditional cash transfer program is associated with higher body mass index and blood pressure in adults. *Journal of nutrition* [online]. 138(11), 2250–2257. [Viewed 20 July 2020]. Available from: https://doi.org/10.3945/jn.108.090506

⁶⁷ Gertler, P., (2000). The impact of PROGRESA on health

⁷⁰ Adato, M., de la Brière, B., Mindek, D. and Quisumbing, A., (2000). *Final Report;* Adato, M., de la Brière, B., Mindek, D. and Quisumbing, A., (2000). *Final Report: The Impact of PROGRESA on Women's Status and Intrahousehold Relations* [online]. Washington, D.C.: International Food Policy Research Institute. [Viewed 20 July 2020]. Available from:

https://www.ifpri.org/cdmref/p15738coll2/id/125438/filename/125439.pdf; Escobar Latapí, A. and González de la Rocha, M., (2009). Girls, mothers and poverty reduction in Mexico

⁷¹ Molyneux, M., (2007b). Two Cheers for CCTs. *IDS Bulletin* [online]. 38(3), 69-74. [Viewed 25 July 2020]. Available from: https://core.ac.uk/download/pdf/43539369.pdf

responsibilities as carers in the domestic sphere, as workers in the labour market for some working women, and as beneficiaries in Prospera put strains on their time and further deepened their vulnerability.⁷² Some instances of increased physical and emotional abuse of men towards their wife were also observed because men felt their identity were threatened by their wife's greater income contribution and autonomy.⁷³

3.2.2.3 Poverty and Inequality

Since the end goal of Prospera was to reduce extreme poverty in the short term and eliminate poverty in the long term, some studies looked into whether Prospera actually had an impact on poverty and found positive outcomes on poverty reduction.⁷⁴ For example, Prospera reportedly led to a reduction in Mexico's poverty headcount ratio, poverty gap and squared poverty gap by about 7%, 24% and 29% respectively.⁷⁵ Prospera also effectively lowered poverty increases during crisis or difficult times. Niño-Zarazúa argues that although poverty rates in Mexico increased between 2006-2008, the increases were caused by the rise in international food prices and impacts of the global financial crisis; without Prospera, both poverty rates would have increased higher and more families would fall into poverty.⁷⁶

3.3 Brazil's Bolsa Família

3.3.1 Programme's Objectives and Content

Bolsa Famíia (BF) is a nationwide CCT programme launched by the Brazilian government in 2003 by consolidating major existing CT prorammes, namely Bolsa Escola, Bolsa Alimentação, Fome Zero, Auxílio-Gás, and PETI in 2006.⁷⁷ The objectives of BF are quite similar to those of Prospera. BF aims to reduce current poverty by providing income supplements to extremely poor families, and break the cycle of poverty by helping

⁷² Escobar Latapí, A. and González de la Rocha, M., (2009). Girls, mothers and poverty reduction in Mexico; Molyneux, M., (2007b). Two Cheers for CCTs.

 ⁷³ Angelucci, M., (2008). Love on the rocks: domestic violence and alcohol abuse in rural Mexico. *The B.E. Journal of Economic Analysis & Policy* [online]. 8(1). [Viewed 28 July 2020]. Available from: doi: https://doi.org/10.2202/1935-1682.1766; Bobonis, G. J., González-Brenes, M. and Castro, R., (2013). Public Transfers and Domestic Violence: The Roles of Private Information and Spousal Control. *American Economic Journal: Economic Policy* [online]. 5(1), 179-205. [Viewed 27 July 2020]. Available from: DOI: 10.1257/pol.5.1.179

⁷⁴ Skoufias, E. & Di Maro, V. (2006). *Conditional Cash Transfers, Adult Work Incentives and Current Poverty*

⁷⁵ Fiszbein and others (2009). Conditional Cash Transfers: Reducing Present and Future Poverty

⁷⁶ Niño-Zarazúa, M., (2017). Mexico's Progresa-Oportunidades-Prospera and the raise of social assistance in Latin America

⁷⁷ Barrientos, A., (2013). The Rise of Social Assistance in Brazil. *Development and Change* [online]. 44(4), 887-910. [Viewed 28 July 2020]. Available from: doi:10.1111/dech.12043; Soares and others (2006). *Cash Transfer Programmes in Brazil: Impacts on Inequality and Poverty* [online]. Brasilia: International Poverty Centre. [Viewed 5 August 2020]. Available from: https://ipcig.org/pub/IPCWorkingPaper21.pdf

beneficiary families accumulating human capital through requirements on the utilization of education, health services and other complementary programmes.⁷⁸

Some conditionalities tied to the cash transfers of BF are similar to Prosperas's. In particular, to maintain the cash benefits, families must maintain a minimum school attendance rate of 85 percent for children up to 15 years old and 75 percent for youths from 16-17, nutrition surveillance and full immunization schedule for children under six, and regular clinic visits for pregnant or lactating women.⁷⁹ There are also other services aiming at beneficiary adults such as enrolment in literacy courses, training and income-generating programmes.⁸⁰

After 17 years and still running, BF has been considered as a successful CCT programme to tackle poverty and become a reference point for more than 20 countries.⁸¹ The next section will focus on how BF has produced positive outcomes on children (health, education, and nutrition), adults and poverty and inequality. The programme's limitations will also be highlighted in some areas.

3.3.2 Programme Impacts on Children, Adults, and Poverty and Inequality 3.3.2.1 Children

In terms of health, beneficiary children of BF have been reported to show substantial improvements in their health status, including reduced under-five child mortality rates and higher birth weight.⁸² The impacts could be attributed to BF's conditionalities on health

⁷⁸ Lindert, and others (2007). The nuts and bolts of Brazil's bolsa familia program : implementing conditional cash transfers in a decentralized context [online]. Washington, D.C.: World Bank Group. [Viewed 20 July 2020]. Available from: http://documents.worldbank.org/curated/en/972261468231296002/The-nuts-and-bolts-of-Brazils-bolsa-familia-program-implementing-conditional-cash-transfers-in-a-decentralized-context ⁷⁹ Barrientos, A., (2013). The Rise of Social Assistance in Brazil; Nery and others (2014). Effect of the Brazilian Conditional Cash Transfer and Primary Health Care Programs on the New Case Detection Rate of Leprosy. *PLOS Neglected Tropical Diseases* [online]. 8(11), e3357 https://doi.org/10.1371/journal.pntd.0003357>

⁸⁰ Paes-Souza, R., Santos, L. M. P. and Miazaki, E. S., (2011). Effects of a conditional cash transfer programme on child nutrition in Brazil. *Bulletin World Health Organization* [online]. 89(7), 496-503. [Viewed 4 August 2020]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3127265/; Soares and others (2006). *Cash Transfer Programmes in Brazil.*

⁸¹ Lorenzo, M. C., (2014). Chapter 25: Challenges For The Dissemination Of The Experience Of The Bolsa Família Through International Cooperation. In: T. Campello, T. and M. C. Neri, eds. *Bolsa Família Program: A decade of social inclusion in Brazil - Executive Summary* [online]. Brazil: Institute for Applied Economic Research. [Viewed 4 August 2020]. Available from:

https://www.ipea.gov.br/portal/images/stories/PDFs/140321_pbf_sumex_ingles.pd; Wetzel, D. and Econômico. V., (2013). Bolsa Família: Brazil's Quiet Revolution [online]. *The World Bank*. [Viewed 1 August 2020]. Available from: https://www.worldbank.org/en/news/opinion/2013/11/04/bolsa-familia-Brazil-quiet-revolution

⁸² Júnior, P. M. M., Jaime, P. C. and de Lima, A. M. C., (2014). Chapter 5: The Role Of The Health Sector In The Bolsa Família Program: History, Results And Challenges For The Unified Health System (Sistema Único De Saúde – Sus). In: T. Campello, T. and M. C. Neri, eds. *Bolsa Família Program: A decade of social inclusion in Brazil - Executive Summary* [online]. Brazil: Institute for Applied Economic Research. [Viewed 4

services that led to increased prenatal care visits among beneficiary mothers and increased vaccination rates and regular clinic visits for growth and nutrition monitoring among children.⁸³ However, some supply-side barriers have been pointed out which could reduce the effectiveness of the programme to produce positive health outcomes, such as the lack of health services in rural areas, low employee turnover, and poor infrastructure.⁸⁴

In terms of nutrition, some studies have confirmed that increases in BF coverage has been associated with improved weight- and height-for age among poor children.⁸⁵ The cash transfers from BF was also found to increase household food consumption (e.g. cereals, processed foods, meat, beans, milk and diary) and food security in Brazilian families.⁸⁶ However, some researches also noticed a consistent trend in low intake of fruits and vegetables that families deemed to be unnecessary for children and an increase in

August 2020]. Available from:

⁸³ Facchini and others (2014). Chapter 17: Performance Of Basic Care Among Bolsa Família Beneficiaries: Contributions To The Reduction Of Health Inequalities. In: T. Campello, T. and M. C. Neri, eds. *Bolsa Família Program: A decade of social inclusion in Brazil - Executive Summary* [online]. Brazil: Institute for Applied Economic Research. [Viewed 4 August 2020]. Available from:

https://www.ipea.gov.br/portal/images/stories/PDFs/140321_pbf_sumex_ingles.pdf; Shei and others (2014). The impact of Brazil's Bolsa Família conditional cash transfer program on children's health care utilization and health outcomes. *BMC International Health and Human Rights* [online]. **14**(10),1-9 . [Viewed 4 August 2020]. Available from: doi: 10.1186/1472-698X-14-10; Jannuzzi, P. M. and Pinto, A. R., (2014). Chapter 10: Bolsa Família And Its Impacts On The Living Conditions Of The Brazilian Population: A Summary Of The Main Findings Of The Ii Impact Assessment Of The Bolsa Família. In: T. Campello, T. and M. C. Neri, eds. *Bolsa Família Program: A decade of social inclusion in Brazil - Executive Summary* [online]. Brazil: Institute for Applied Economic Research. [Viewed 4 August 2020]. Available from:

https://www.ipea.gov.br/portal/images/stories/PDFs/140321_pbf_sumex_ingles.pdf ⁸⁴ Soares, F. V., Ribas, R. P. and Osório, R. G., (2007). *Evaluating the Impact of Brazil's Bolsa Familia: cash transfer programmes in comparative perspective* [online]. Brazil: International Poverty Centre. [Viewed 20 July 2020]. Available from: https://ipcig.org/pub/IPCEvaluationNote1.pdf; Facchini and others (2014). Chapter 17.

⁸⁵ Sperandio, N., Rodrigues, C. T., Franceschini, S. D. C. C. and Priore, S. E., (2017). Impact of Bolsa Família Program on the nutritional status of children and adolescents from two Brazilian regions. *Revista de Nutrição* [online]. **30**(4). [Viewed 4 August 2020]. Available from:

https://www.ipea.gov.br/portal/images/stories/PDFs/140321_pbf_sumex_ingles.pdf; Rasella and others (2013). Effect of a conditional cash transfer programme on childhood mortality: A nationwide analysis of Brazilian municipalities. *Lancet* [online]. **382**(9886), 57-64. [Viewed 1 August 2020]. Available from: DOI: https://doi.org/10.1016/S0140-6736(13)60715-1; Shei, A., (2013). Brazil's Conditional Cash Transfer Program Associated With Declines In Infant Mortality Rates. *Health Affairs* [online]. **32**(7), 1274-1281. [Viewed 4 August 2020]. Available from: https://doi.org/10.1377/hlthaff.2012.0827

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-52732017000400477; Piperata, B. A., Spence, J. E., Da-Gloria, P. and Hubbe, M., (2011b). The nutrition transition in amazonia: Rapid economic change and its impact on growth and development in Ribeirinhos. *American Journal of Physical Anthropology* [online]. **146**(1), 1-13. [Viewed 28 July 2020]. Available from: https://doi.org/10.1002/ajpa.21459

⁸⁶ Coelho, P. L. and Melo, A. S. S. A., (2017). The impact of the "Bolsa Família" Program on household diet quality, Pernambuco State Brazil. *Ciência & Saúde Coletiva* [online]. 22(2). [Viewed 5 August 2020]. Available from: https://doi.org/10.1590/1413-81232017222.13622015; Segall-correa, A. M., Marin-Leon, L., Helito, H., Pérez-Escamilla, R., Santos, L. M. P. and Paes-Sousa, R., (2008). Cash transference and food insecurity in Brazil: analysis of national data. *Revista de Nutrição* [online]. 21, 39s-51s. [Viewed 4 August 2020]. Available from: https://www.scielo.br/scielo.php?pid=S1415-

^{52732008000700005&}amp;script=sci_abstract; Ferrario, M. N., (2014). The impacts on family consumption of the Bolsa Família subsidy programme. *Cepal Review* [online]. **112**, 147-163. [Viewed 4 August 2020]. Available from: https://repositorio.cepal.org/bitstream/handle/11362/37025/1/RVI112NogueiraFerrario_en.pdf

unhealthy food consumption such as sweets, soft drinks and sugar that could lead to overweight and obesity among children.⁸⁷ Therefore, educational activities on nutrition to promote healthy eating habits have been suggested to address the misperception of food nutrition among poor families and further enhance BF's impact.

In terms of education, enrolment in BF has increased poor children's access to education at both primary and secondary school levels, reflected by their higher enrolment rates, higher school attendance and grade progression, lower dropout rates, and increased number of children attending grades corresponding their age range, with more prominent effects observed in girls.⁸⁸ Chitolina, Foguel and Menezes-Filho show BF had the largest impacts on increasing enrolment rates in the Northeast and Southeast, which were also two most deprived regions with highest poverty rates.⁸⁹ The results suggested BF was successful at reaching its education goals as it reduced over 30 percent of the gap in school enrolment rates at age 16 between richest and the poorest groups. However, Soares, Ribas and Osório highlight that beneficiary children are more likely than non-beneficiary children to fall behind academically, which could be attributed to the increased number of under-achieving students in school.⁹⁰ The authors argue that BF as a demand-

⁸⁷ de Bem Lignani, J., Sichieri, R., Burlandy, L. and Salles-Costa, R., (2011). Changes in food consumption among the Programa Bolsa Familia participant families in Brazil. *Public Health Nutrition* [online].**14**(5), 785–792. [Viewed 6 August 2020]. Available from: DOI: https://doi.org/10.1017/S136898001000279X; Mourão, L. and de Jesus, A. C., (2011). Bolsa Família (Family Grant) Programme: an analysis of Brazilian income transfer programme. *Field Actions Science Reports* [online]. Special Issue 3. [Viewed 7 August 2020]. Available from: https://journals.openedition.org/factsreports/1314#tocto1n3; Cotta, R. M. M. and Machado, J. C., (2013). The Bolsa Família cash transfer program and food and nutrition security in Brazil: A critical review of the literature. *Rev Panam Salud Publica* [online]. **33**(1), 54-60. [Viewed 4 August 2020]. Available from: https://pubmed.ncbi.nlm.nih.gov/23440158/

⁸⁸ Brauw, A., Gilligan, O. D., Hoddinott, J. and Roy, S., (2015). The Impact of Bolsa Família on Schooling. *World Development* [online]. **70**, 303–316. [Viewed 4 August 2020]. Available from:

https://doi.org/10.1016/j.worlddev.2015.02.001; De Janvry, A., Finan, F. and Sadoulet, E., (2007). *Local governance and efficiency of conditional cash transfer programs: Bolsa Escola in Brazil* [online]. Department of Agricultural and Resource Economics. [Viewed 7 August 2020]. Available from:

https://pdfs.semanticscholar.org/8700/76da21f930821cb358ec7ab277996b2ee52e.pdf?_ga=2.130791175.9 07524064.1596895093-1944840924.1595777536; Craveiro, C. B. A. and Ximenes, D. A., (2014). Chapter 6: Ten Years Of The Bolsa Família Program: Challenges And Prospects For The Universalization Of Basic Education In Brazil. In: T. Campello, T. and M. C. Neri, eds. *Bolsa Família Program: A decade of social inclusion in Brazil - Executive Summary* [online]. Brazil: Institute for Applied Economic Research. [Viewed 4 August 2020]. Available from:

https://www.ipea.gov.br/portal/images/stories/PDFs/140321_pbf_sumex_ingles.pdf; Glewwe, P. and Kassouf, A. L., (2012). The impact of the Bolsa Escola/Família conditional cash transfer program on enrollment, dropout rates, and grade promotion in Brazil. *Journal of Development Economics* [online]. **97**,505-517. [Viewed 1 August 2020]. Available from:

https://pdfs.semanticscholar.org/5c3b/bfefce6407337a66a5d7498caafb2f4b4c10.pdf; Jannuzzi, P. M. and Pinto, A. R., (2014). Chapter 10; Wetzel, D. and Econômico. V., (2013). Bolsa Família.

 ⁸⁹ Chitolina, L., Foguel, M. N. and Menezes-Filho, N. A., (2016). The Impact of the Expansion of the Bolsa Família Program on the Time Allocation of Youths and Their Parents. *Revista Brasileira de Economia* [online]. **70**(2). [Viewed 4 August 2020]. Available from: https://doi.org/10.5935/0034-7140.20160009
 ⁹⁰ Soares, F. V., Ribas, R. P. and Osório, R. G., (2007). *Evaluating the Impact of Brazil's Bolsa Familia*

side intervention was not sufficient to deliver meaningful impacts on disadvantaged children; it needs to include components on improving the educational quality and giving special attention to underachievers.

3.3.2.2 Adults

For adults, participation in BF has led to improvements in household nutrition and dietary intake. Employing weighed-inventory method and economic interviews, Piperata and others found that families participating in BF increased their protein intake and adequacy.⁹¹ In particular, the authors noted a desire among beneficiary women to include purchased meat in their daily meal, which are considered as highly valued meats and an actual increase in purchased meat among participants, including frozen chicken, fresh beef and preserved meets; while consumption of local food through fishing and hunting decreased.

Enrolment in BF has also reportedly reduced social isolation of women as they leave home and interact with other beneficiary women when they receive the transfer, increased women's autonomy and decision-making power on buying food and clothes.⁹² Women have also increased exercising their decision-making power on other areas, including contraception use, children's school attendance, health expenditure and household durable goods purchases.⁹³ The impact of BF's empowerment on women has also been suggested in Rêgo and Pinzani's qualitative study, who report the changing life effect of BF on poor women, specifically through granting them the means to plan their life and overcome the common idea of surrendering to death by hunger and diseases.⁹⁴

⁹¹ Piperata, B. A., Ivanova, S. A., Da-gloria, P., Veiga, G., Polsky, A., Spence, J. E. and Murrieta, R. S., (2011a). Nutrition in transition: Dietary patterns of rural Amazonian women during a period of economic change. *American Journal of Human Biology* [online]. **23**(4), 458-69. [Viewed 5 August 2020]. Available from: https://doi.org/10.1002/ajhb.21147

⁹² Soares, S., (2012). *Bolsa Família, Its Design, Its Impacts and Possibilities for the Future* [online]. Brazil: International Policy Centre for Inclusive Growth. [Viewed 8 August 2020]. Available from: https://ipcig.org/pub/IPCWorkingPaper89.pdf

⁹³ Bastagli, F., Hagen-Zanker, J., Harman, L., Sturge, G., Barca, V., Schmidt, T. and Pellerano, L., (2016). *Cash transfers: What does the evidence say? A rigorous review of the impacts of cash transfers and the role of design and implementation features* [online]. London: Overseas Development Institute. [Viewed 20 July 2020]. Available from: https://www.odi.org/sites/odi.org.uk/files/resource-documents/11465.pdf; Brauw and the others (2012). The impact of Bolsa Família on women's decision-making power; Campello, T., (2014). Chapter 1: A Decade Debunking Myths And Exceeding Expectations. In: T. Campello, T. and M. C. Neri, eds. *Bolsa Família Program: A decade of social inclusion in Brazil - Executive Summary* [online]. Brazil: Institute for Applied Economic Research. [Viewed 4 August 2020]. Available from:

https://www.ipea.gov.br/portal/images/stories/PDFs/140321_pbf_sumex_ingles.pdf; Jannuzzi, P. M. and Pinto, A. R., (2014). Chapter 10.

⁹⁴ Rêgo, W. F. L. and Pinzani, A., (2014). Chapter 23: Freedom, Money And Autonomy: The Case Of Bolsa Família. In: T. Campello, T. and M. C. Neri, eds. *Bolsa Família Program: A decade of social inclusion in Brazil - Executive Summary* [online]. Brazil: Institute for Applied Economic Research. [Viewed 4 August 2020]. Available from: https://www.ipea.gov.br/portal/images/stories/PDFs/140321_pbf_sumex_ingles.pdf

3.3.2.3 Poverty and Inequality

In addition to producing positive outcomes in beneficiaries' health, nutrition and education, the BF programme has contributed substantially to poverty and inequality reduction since its inception in 2003.⁹⁵ Between 2003 and 2015, the programme transfers were responsible for 36 million people climbing out of extreme poverty.⁹⁶ Its impact on reducing income inequality has been significant, responsible for 12 to 21 percent of the decline in poverty gap and severity of poverty measures between 1995 and 2015.⁹⁷

3.4 Key Issues

This section will discuss in more details the conditionalities and the structural factors that beneficiaries of both programmes have been facing. These two issues are important because they are considered in the next chapter on proposals for devising an effective anti-child poverty in Vietnam.

The conditions of Prospera were considered to be punitive and sometimes used as threats or led to abusive practices towards non-compliant beneficiaries, as they would have their benefits withdrawn after 4 times of failure to meet the programme's requirements.⁹⁸ In contrast, BF's conditions are deemed to be soft and play a diagnostic role: additional interventions from the authorities are prioritized when a family fails to comply with conditions.⁹⁹ Rather than a signal for punishment, non-compliance is considered as a "red flag" to the authorities, signalling that the family may be at risk and needs additional care.¹⁰⁰ In other words, BF conditions are not punitive and seen as a tool to ensure

⁹⁵ Fiszbein and others (2009). Conditional Cash Transfers: Reducing Present and Future Poverty; Neto, R. M. S. and Azzoni, C. R., (2014). Chapter 13: Social Programs And The Recent Decline In Regional Income Inequality In Brazil. In: T. Campello, T. and M. C. Neri, eds. *Bolsa Família Program: A decade of social inclusion in Brazil - Executive Summary* [online]. Brazil: Institute for Applied Economic Research. [Viewed 4 August 2020]. Available from:

https://www.ipea.gov.br/portal/images/stories/PDFs/140321_pbf_sumex_ingles.pdf; Soares and others (2006). *Cash Transfer Programmes in Brazil;* Soares and others (2006). *Cash Transfer Programmes in Brazil;* Wetzel, D. and Econômico. V., (2013). Bolsa Família.

⁹⁶ ILO Social Protection., (2015). Bolsa Família: An international example of social inclusion. An interview with Helmut Schwarzer [online]. *YouTube*. [Viewed 5 August 2020]. Available from: https://www.youtube.com/watch?v=PR99vaxbnuo

⁹⁷ Soares and others (2006). Cash Transfer Programmes in Brazil; Zepeda, E., (2006). Do CCTs Reduce Poverty? [online]. Brazil: International Poverty Centre. [Viewed 5 August 2020]. Available from: https://ipcig.org/pub/IPCOnePager21.pdf; Hoffmann, R., (2014). Chapter 12: Social Cash Transfers And Inequality In Brazil (1995-2011). In: T. Campello, T. and M. C. Neri, eds. Bolsa Família Program: A decade of social inclusion in Brazil - Executive Summary [online]. Brazil: Institute for Applied Economic Research. [Viewed 4 August 2020]. Available from:

https://www.ipea.gov.br/portal/images/stories/PDFs/140321_pbf_sumex_ingles.pdf.

⁹⁸ Abarbanell, L., (2020). Mexico's Prospera Program and Indigenous Women's Reproductive Rights. *Qualitative Health Research* [online]. **30**(5), 745–759. [Viewed 20 July 2020]. Available from: doi: 10.1177/1049732319882674;

⁹⁹ Barrientos, A., (2013). The Rise of Social Assistance in Brazil.

¹⁰⁰ Lindert and the others (2007). The nuts and bolts of Brazil's bolsa familia program.

citizens can exercise their citizenship rights to basic services.¹⁰¹ Also, conditionalities that are widely publicised, clearly explained and distributed to each beneficiary family, as in the case of Brazil, could be influential to promote acceptance and compliance with the requirements.¹⁰²

Because both Prospera and BF are demand-side interventions, they focus on addressing demand-side obstacles to the poor's access to existing social services and fail to tackle the structural barriers the poor are facing.¹⁰³ These supply-side obstacles have undermined the effectiveness of both programmes on improvements in health, education and nutrition of children and their families.¹⁰⁴ The obstacles identified include the lack of or insufficient number of clinics and schools in remote rural areas, lack of access to clean water and sanitation, the poor quality of social services, poor infrastructure, and the language barriers hindering their communications to health workers and at schools.¹⁰⁵ The impacts were most severe for indigenous groups, also the poorest beneficiary groups of both programmes, as they tend to live in remote marginalised areas and thus were more likely to be excluded from the programme due to the lack of health and education services.¹⁰⁶

3.5 Summary

This chapter provides ample evidence to show the CCT programmes of Mexico and Brazil have produced meaningful impacts in improving educational, health and nutritional status of beneficiary children and their families, reducing poverty rates and poverty gap,

¹⁰¹ Mourão, L. and de Jesus, A. C., (2011). Bolsa Família (Family Grant) Programme; Hunter, W. and Sugiyama, N. B., (2014). Transforming Subjects into Citizens: Insights from Brazil's Bolsa Família. *Perspectives on Politics* [online]. **12**(4), 829-844. [Viewed 5 August 2020]. Available from: http://www.jstor.com/stable/43280035

 ¹⁰² Lindert and the others (2007). *The nuts and bolts of Brazil's bolsa familia program* ¹⁰³ Yaschine, I., (1999). The Changing Anti-Poverty Agenda; Skoufias, E. and McClafferty, B., (2001). *Is PROGRESA Working?*;

¹⁰⁴ Behrman, J. R. and Hoddinott, J., (2005). Programme Evaluation with Unobserved Heterogeneity and Selective Implementation: The Mexican PROGRESA Impact on Child Nutrition. *Oxford Bulletin of Economics and Statistics* [online]. **67**(4), 547 - 569. [Viewed 20 July 2020]. Available from:

https://doi.org/10.1111/j.1468-0084.2005.00131.x; Escobar Latapí, A. and González de la Rocha, M., (2009). Girls, mothers and poverty reduction in Mexico.

¹⁰⁵ Gaarder, M., Glassman, A., & Todd, J. (2010). Conditional Cash Transfers and Health: Unpacking the Causal Chain. *Journal of Development Effectiveness* [online]. **2**(1), 6–50. [Viewed 20 July 2020]. Available from: https://doi.org/10.1080/19439341003646188; Yaschine, I., (1999). The Changing Anti-Poverty Agenda; Mourão, L. and de Jesus, A. C., (2011). Bolsa Família (Family Grant) Programme; Ulrichs, M. and Roelen, K., (2012). Equal Opportunities for All?

¹⁰⁶ Fiszbein and the others (2009). *Conditional Cash Transfers;* Ulrichs, M. and Roelen, K., (2012). Equal Opportunities for All?; Servan-Mori, E., Torres-Pereda, P., Orozco, E. and Sosa-Rubí, S. G., (2014). An explanatory analysis of economic and health inequality changes among Mexican indigenous people, 2000-2010. International journal for equity in health [online]. **13**(21). [Viewed 4 August 2020]. Available from: doi:10.1186/1475-9276-13-21

increasing autonomy in women. The chapter also points out the supply-side obstacles both programmes fail to address for being demand-side interventions and differences in the beneficiaries' perception of conditionalities. These two issues are incorporated in the next chapter to create effective anti-child poverty programmes in Vietnam.

IV. Proposals for Anti-Child Poverty Programmes in Vietnam

4.1 Introduction

This chapter will first review the current poverty reduction initiatives targeted at children in Vietnam. Then, it will progress to lay out a proposal for anti-child poverty programmes in Vietnam. This proposal will address both the demand-side and the supply-side approaches to ensure the programmes are progressive and address the large geographical and ethnic disparities in Vietnam's child poverty situation.

4.2 Current Anti-Child Poverty Initiatives

Vietnam has not had a nationwide child-focused anti-poverty programme. Instead, it has implemented various targeted initiatives aiming at reducing poverty among the general poor population, most often through the provision of in-kind transfers and subsidies, with a relatively small share of benefits in cash form.

Implemented in 1998, Hunger Eradication and Poverty Reduction programme (HEPR) is perhaps one of the most comprehensive national targeted programmes in Vietnam. HEPR targets poor households who fall below the household income poverty line defined by the Ministry of Labour, Invalids and Social Affairs.¹⁰⁷ The programme provides beneficiaries with free health insurance, tuition fee exemptions from primary school to university, housing support, guidance on business, free access to vocational education, resettlement and subsidised credit.¹⁰⁸

Although the programme has produced some modest positive impacts, it has suffered from a major targeting inadequacy and unintentionally widened the educational gap between children in urban and rural areas. Evidence shows that not all poor families benefit from the programme. In fact, "less than 6% of total poor households have access to subsidized credit, less than 10% to free health care insurance, and more than 20% to tuition fee waivers".¹⁰⁹ Bertoni, Huynh and Rocco find that between 2002 and 2016, HEPR increased school enrolment rate for eight-year-old children by nine per cent, the impact is more substantial for poor urban children and persists until age 15.¹¹⁰ However, it reduced the enrolment rate of fifteen-year-old children in rural areas and increased their labour market

¹⁰⁷ ADB., (2006). *Vie: Poverty Assessment* [online]. Vietnam: Asian Development Bank. [Viewed 3 August 2020]. Available from: https://www.adb.org/sites/default/files/institutional-document/32249/poverty-assessment-vie.pdf

¹⁰⁸ ADB., (2006). *Vie: Poverty Assessment*, Bertoni, M., Huynh, Q. and Rocco, L., (2019). *The Effects of the Vietnam Hunger Eradication and Poverty Reduction Program on Schooling* [online]. Germany: Institute of Labor Economics. [Viewed 1 August 2020]. Available from: http://ftp.iza.org/dp12747.pdf ¹⁰⁹ ADB., (2006). *Vie: Poverty Assessment*, p. 15.

¹¹⁰ Bertoni, M., Huynh, Q. and Rocco, L., (2019). *The Effects of the Vietnam Hunger Eradication*.

participation rate. These negative impacts are attributed to the long distance to schools, lower teaching quality, limited studying materials and the attractiveness of vocational programmes which offer higher returns (short-time training and employment support) than formal schooling.

More specific child-targeted policies have been introduced and achieved some positive results. For example, a project funded by the World Bank was launched in 2013 to promote school readiness among five-year-old children, especially those of disadvantaged and ethnic minority groups, through the provision of pre-primary school education.¹¹¹ In the school year 2016-2017, approximately 98.9% of children aged 5 were enrolled in the project, exceeding its enrolment target of 97.5. However, teacher shortages and poor infrastructure remain challenges to the project's implementation. As these limitations are profound in rural and remote areas where ethnic groups predominantly reside, there must be policies focusing on addressing the infrastructural and structural barriers that contribute to inequality across ethnicities.

As ethnic minorities are disproportionately more likely to be poor, there have been various national targeted programmes (NTP) aiming at improving their socio-economic conditions (Ha 2009). The most prominent among them all is Programme 135, launched in 1998 to target ethnic minorities and vulnerable communes in Vietnam.¹¹² The programme activities include support for production development such as agriculture, forestry and fishery extension; infrastructure development at the commune and inter-commune levels; training of local cadres and livelihood improvement support.¹¹³ By 2008, more than 6,000 vulnerable communes nationwide.¹¹⁴ Nevertheless, the programme is criticised for its equal budget sharing across all beneficiary communes, ignoring the fact that because some communes are far more remote and impoverished than others, they require larger budgets for support

http://www.un.org/esa/socdev/egms/docs/2009/Ghana/Quan.pdf

¹¹¹ World Bank., (2017). *Implementation Completion And Results Report IDA-52070* [online]. Washington D.C: World Bank. [Viewed 2 August 2020]. Available from:

http://documents1.worldbank.org/curated/en/360901514912748005/pdf/ICR00004231-12282017.pdf ¹¹² Nguyen, T. and Nguyen, T. T. H., (2018). *Leaving no one behind in a growing Vietnam: The story from Young Lives* [online]. UK: Young Lives. [Viewed 4 August 2020]. Available from:

https://www.younglives.org.uk/sites/www.younglives.org.uk/files/YLVietnam_SummativeCountryReport.pdf ¹¹³ ADB., (2006). *Vie: Poverty Assessment*; Ha, V.Q., (2009). *Program 135 – Sharing Lessons on Poverty Reduction and Development Schemes for Ethnic Minorities in Vietnam* [online]. Washington, DC: World Bank. [Viewed 3 August 2020]. Available from:

¹¹⁴ Ha, V.Q., (2009). Program 135.

activities and infrastructure development.¹¹⁵ The programme also appears to have very little focus on tacking poverty among ethnic minority children and its direct drivers.

These extensive poverty reduction interventions have not been able to reduce child poverty rate and bridge the gap in poverty rates among socio-economic regions, between urban-rural areas, and ethnic majority and minority groups. As of 2016, child multidimensional poverty rate was nearly four times higher than the national income poverty rate and more than double the expenditure-based poverty rate.¹¹⁶ Among the seven dimension indicators, deprivation rates for leisure (65.9%), health (45.3%) and water and sanitation (36.6%) are the highest, reflecting the lack of access to entertainment, healthcare and hygiene among poor Vietnamese children¹¹⁷. Also, the benefits of economic growth have not been shared equally among all segments of the population. In the past ten years, child poverty incidence has been declining slowly at an average of 10% annually, against more than 20% for the national poverty incidence. Children from rural areas are nearly four times more likely than those from urban areas to grow up in poverty. Ethic minority children are among the most disadvantaged groups because of their extremely high poverty rate. The poverty rate for children of ethnic minority groups is 52.4%, while that of Kinh and Chinese children is only 14.1%.¹¹⁸ Here, the statistics effectively highlight the intersecting inequalities ethnic children experience as their ethnicity intersects with their age, socio-economic backgrounds and living locations to deepen their marginalisation.

Given these characteristics of poor children, a child-focused and ethnicity-sensitive approach, which reflects the intersecting inequalities they are facing, must be taken to design effective anti-child poverty programmes in Vietnam. Support for health, nutrition and education must be provided to low-income families through a demand-side policy that promotes and eases access to available health and education services. The demand-side policy must go hand in hand with a supply-side policy which addresses the structural factors that keep poor families and their children from escaping poverty, such as poor physical infrastructure, poor service quality, language barriers and discrimination. There cannot be a one-size-fit-all anti-poverty policy in Vietnam. An ethnicity-sensitive approach

¹¹⁵ Tran and the others (2003). *Young Lives Preliminary Country Report: Vietnam* [online]. UK: Young Lives. [Viewed 5 August 2020]. Available from: https://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-CR1-Vietnam-2003.pdf

¹¹⁶ GSO 2018. Result of the Vietnam Living Standard Survey 2016.

¹¹⁷ bid. p. 511

¹¹⁸ Ibid. p. 514

is needed to tackle challenges of poor ethnic minority groups which are largely different from that of poor majority groups.

4.3 Proposals for Anti-Child Poverty Programmes in Vietnam

From my analysis of child poverty in Vietnam, it is clear that child poverty can only be accurately reviewed by an intersection of different dimensions (i.e. age, ethnicity and geographic location) and from both the demand- and supply-side. Therefore, only a multidimensional approach which is child-focused and ethnicity-sensitive is effective to tackle child poverty in Vietnam. The approach would include a demand-side policy that empowers poor households and their children to escape poverty by removing the financial barriers to gain access to basic services. It would also include a supply-side policy that addresses structural barriers widening the gaps between poor and non-poor children. A political willingness and a demand for change must be fostered and maintained by both the government and the Vietnamese population to recognise the importance of tackling child poverty and institutionalising anti-child poverty programmes for long-term implementation.

4.3.1 A Demand-side Policy: A Cash Transfer Programme Targeting at Children

The impact evaluation in Chapter 3 shows that the CCT programmes of Mexico and Brazil offer the most promising examples of an innovative CT programme that could be effective in tackling child poverty in Vietnam. Most of the poverty reduction interventions so far have focused on in-kind transfers with little or no impact on reducing poverty gaps between children in rural-urban areas and of ethnic minority-majority groups. Since 2010, the incidence of child poverty in rural areas and of ethnic minority groups have remained three to four times higher than those in urban areas and of ethnic majority groups.¹¹⁹ These persistent gaps demonstrate that universal in-kind transfer is not an effective approach to reduce childhood poverty, and a different approach – a CT programme – must be taken.

Data from the 2016 Vietnam Household Living Standards Survey show that rural residents and ethnic minority groups have substantially lower living standards than urban residents and ethnic majority groups.¹²⁰ The cash component of a child-targeted CT programme in Vietnam would give poor households greater purchasing power and ease their financial burden to invest in their children's education and nutrition. Improvement in household

¹¹⁹ GSO 2018. Result of the Vietnam Living Standard Survey 2016, p. 514

¹²⁰ GSO 2018. Result of the Vietnam Living Standard Survey 2016.

expenditures has been demonstrated to be closely associated with a reduction in child labour and an increase in children's educational attainment, closing the education gaps between children from small and large ethnic groups.¹²¹ Also, the evidence suggests that the cash transfer should be given to mothers, as they tend to invest more in their children once they have control of the resources.¹²²

An appropriate CT programme would include three main components that are essential to child development needs: health, nutrition and education - three critical areas to build human capital and break the intergenerational transmission of poverty. As Vietnam has various single-focus national targeted programmes such as Programme 139, which provides better access to healthcare for the poor, the CT programme could incorporate and unify these NTPs to become a more comprehensive and multidimensional anti-poverty strategy.¹²³ If the programme is conditional upon the use of these healthcare and education services, it could apply Brazil's Bolsa Família model, in which the conditions are considered as soft and less punitive; non-compliance would be considered as a signal indicating a family is at risk and in need of additional care from the authority, not leading to immediate punishments.¹²⁴ This is because the majority of the Vietnamese poor, who are predominantly ethnic minorities, lives in marginalised areas with poor infrastructure and poor basic services so they are likely unable to meet the conditions strictly. Also, the conditions could be described as beneficiaries' rights to public services and commitments from both the government and beneficiaries. They must be sensitive enough to consider the remoteness and differential access to services of the rural and mountainous poor. especially of ethnic minority groups. If no conditions are attached to the cash transfer (unconditional CT programme), then an information campaign could be launched alongside to ensure families and children know about the available support and services and to "nudge" their behaviours towards utilising those services.

¹²¹ Arouri, M.,, Ben-Youssef, A. and Nguyen, C., (2019). Ethnic and Racial Disparities in Children's Education: Comparative Evidence from Ethiopia, India, Peru, and Viet Nam. *Children and Youth Services Review* [online]. **100**, 503-514. [Viewed 5 August 2020]. Available from:

https://doi.org/10.1016/j.childyouth.2019.03.031; Edmonds, E. and Turk, C., (2002). *Child Labour in Transition in Vietnam* [online]. Washington D.C.: World Bank Group. [Viewed 6 August 2020]. Available from: http://documents.worldbank.org/curated/en/368411468760825811/Child-labor-in-transition-in-Vietnam¹²² Haddad, L., Hoddinott, J. and Alderman, H., (1998). Intrahousehold resource allocation in developing countries: Models, methods, and policies. *Food and Nutrition Bulletin* [online]. **19**(1), 71-72. [Viewed 29 June 2020]. Available from: https://doi.org/10.1177/156482659801900111; Lundberg, S., Pollak, R. and Wales, T. J., (1997). Do Husbands and Wives Pool Their Resources? Evidence from the United Kingdom Child Benefit. *Journal of Human Resources* [online]. **32**(3), 463-480. [Viewed 29 June 2020]. Available from: http://www.jstor.org/stable/pdfplus/146179

¹²³ ADB., (2006). Vie: Poverty Assessment

¹²⁴ Barrientos, A., (2013). The Rise of Social Assistance in Brazil; Craveiro, C. B. A. and Ximenes, D. A., (2014). Chapter 6: Ten Years Of The Bolsa Família Program; Lindert and the others (2007) *The nuts and bolts of Brazil's bolsa familia program*

4.3.1.1 Support in Access to Health Services

The health component is highly important for poor Vietnamese children's human capital development because many are born without the assistance of healthcare professionals. Tran and others find one in five children was delivered outside of health facilities without medical attendance, most of whom were from poor households in rural areas¹²⁵. The authors also show that poor mothers are less likely to visit healthcare facilities than non-poor mothers during pregnancy. Without adequate medical care, a high infant mortality rate (IMR) has been observed among poor families, the extent of which is even more pronounced among the ethnic minority poor who live in remote mountainous areas with a limited number of healthcare facilities available.¹²⁶ High medical costs were also among cited factors that push children out of school and family into poverty.¹²⁷ As a result, the health component must provide easier and better access to health services among poor families, especially the rural and ethnic minority poor. Medical costs could be waived among the poor and vaccination schedules could be established for poor children. In addition, provision of nutrition supplements similar to Mexico's Prospera could also be introduced to provide children with adequate nutrients.

4.3.1.2 Support in Access to Education Services

In terms of education, school enrolment rates (at pre-school, primary and secondary levels) are much lower among the poorer and the rural areas.¹²⁸ The low pre-primary enrolment rate is highly alarming as a lack of pre-school education affects a child's ability to learn sufficient Vietnamese to meet the demands of primary school programmes. The negative impact is stronger among ethnic minority children who speak a different language (an ethnic minority language) at home and are unable to familiarise themselves with Vietnamese at an early age due to pre-school education costs and accessibility.¹²⁹ The lack of strong Vietnamese ability among ethnic minority children, in turn, leads to their lagging performance in schools, reflected in having lower mathematics and reading test

¹²⁵ Tran and the others (2003). Young Lives Preliminary Country Report

 ¹²⁶ World Bank and Ministry of Planning and Investment of Vietnam., (2016). *Vietnam 2035: Toward Prosperity, Creativity, Equity, and Democracy* [online]. Washington DC: World Bank Group. [Viewed 4 August 2020]. Available from: https://openknowledge.worldbank.org/handle/10986/23724
 ¹²⁷ Tran and the others (2003). *Young Lives Preliminary Country Report*

 ¹²⁸ Baulch, B., Truong, T. K. C., Haughton, D. and Haughton, J., (2008). Ethnic Minority Development in Vietnam. *Journal of Development Studies* [online]. **43**(7), 1151-1176. [Viewed 5 August 2020]. Available from: https://doi.org/10.1080/02673030701526278; General Statistics Office., (2019). *Preliminary result of Vietnam population and housing census 2019* [online]. Hanoi: Central Population and Housing Census Steering Committee, General Statistics Office. [Viewed 3 August 2020]. Available from: https://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=24503

¹²⁹ Tran and the others (2003). Young Lives Preliminary Country Report

scores than ethnic-majority children.¹³⁰ In addition, the enrolment gap between urban and rural children widens as children progress from primary to secondary school and from secondary to upper secondary level.¹³¹ A World Bank study finds that the drop-out rate for non-Kinh children is double that for the Kinh, and they are five times more likely to start school later than their Kinh peers. Common cited drop-out causes among the rural poor and ethnic groups include the physical distance, quality of education facilities, language barriers, tuition fee costs and low returns to education. Lower education attainments will result in lower labour opportunities in adulthood and increase the likelihood of falling into poverty. As a result, the education intervention of the demand-side policy must facilitate poor families in rural areas and from ethnic minority groups to keep their children in school, through a wide range of activities including tuition fee exemptions.

4.3.1.3 Prenatal and Postnatal Care for Mothers

Attention to mother's health is also a high priority because it is closely related with children's health and nutrition during pregnancy. High rates of malnutrition have persisted among the rural poor and ethnic minority children.¹³² The two most important causes are the lack of knowledge about appropriate complementary feeding practices in addition to breastmilk and the lack of mother's time for childcare and antenatal care.¹³³ Therefore, the CT programme could remove the financial costs to health care visits for pregnant and lactating mothers so they could get access to better health services without financial worries. More importantly, the programme could emphasise the necessity of joint childcare responsibility among parents to ease the workload of mothers who are likely to have a triple burden: childcare, domestic, and market work. The programme could be designed to

¹³⁰ Glewwe, P., Chen, Q. and Katare, B., (2015). What Determines Learning among Kinh and Ethnic Minority Students in Vietnam? An Analysis of the Round 2 Young Lives Data. *Asia & the Pacific Policy Studies* [online]. 2(3), 494–516. [Viewed 4 August 2020]. Available from: doi:10.1002/app5.102; Glewwe, P., Chen, Q. and Katare, B., (2015). What Determines Learning among Kinh and Ethnic Minority Students in Vietnam? An Analysis of the Round 2 Young Lives Data. *Asia & the Pacific Policy Studies* [online]. 2(3), 494–516. [Viewed 4 August 2020]. Available from: doi:10.1002/app5.102; Nguyen, T. and Nguyen, T. T. H., (2018). [Viewed 4 August 2020]. Available from: doi:10.1002/app5.102.; Nguyen, T. and Nguyen, T. T. H., (2018). *Leaving no one behind in a growing Vietnam: The story from Young Lives*; Nguyen, H. T. M., (2019). *Ethnic gaps in child education outcomes in Vietnam: an investigation using Young Lives data. Education Economics* [online]. 27(1), 93-111. [Viewed 5 August 2020]. Available from: DOI: 10.1080/09645292.2018.1444147
¹³¹ General Statistics Office., (2019). *Preliminary result of Vietnam population and housing census 2019* [online]. Hanoi: Central Population and Housing Census Steering Committee, General Statistics Office. [Viewed 3 August 2020]. Available from:

https://www.gso.gov.vn/Modules/Doc_Download.aspx?DocID=24503

¹³² Tran and the others (2003). Young Lives Preliminary Country Report. World Bank and Ministry of Planning and Investment of Vietnam., (2016). Vietnam 2035,

¹³³ World Bank and Ministry of Planning and Investment of Vietnam., (2016). Vietnam 2035.

avoid adding more pressures on women and reinforcing gender stereotypes within families, as the opposite was observed in the Prospera programme.¹³⁴

Although each of these component interventions is not a new initiative, there has not been a child-targeted programme that provides income supplements to poor families and simultaneously focuses on health, nutrition and education developments of children. Nevertheless, these components of the CT programme can only address some household characteristics aspects that prevent families and their children from escaping poverty. External determinants such as the remoteness and low quality of public services, lack of personnel, language barriers and discrimination are important challenges poor children face that a demand-side policy cannot sufficiently resolve. Thus, a supply-side policy is needed.

4.3.2 A Supply-side Policy: Infrastructure Building and Structural Barrier Removal

A supply-side policy to go side by side with the CT programme would focus on addressing structural factors that hinder poor children from access to healthcare and education services. With a child-focused and ethnicity-sensitive approach, the policy would be designed to build local infrastructure, promote regional investments, provide support to upland families, improve quality in health and education facilities, remove language barriers for ethnic minority children and eradicate ethnic discrimination.

4.3.2.1 Local Infrastructure Development

Many poor children in rural and mountainous areas cannot get access to healthcare and education services because of the long physical distance to these services. Many have to walk a long distance through narrow mountain paths and cross raging rivers through bamboo-made bridges to get to schools.¹³⁵ Thus, to make its child poverty interventions more effective, the government would invest in local infrastructure development projects in remote rural and mountainous regions to facilitate traffic within and between communes. Good infrastructure would remove the barriers to gaining access to health and education services that children would otherwise miss out.

¹³⁴ Latapí, A. E. and Rocha, M. G., (2009). Girls, mothers and poverty reduction in Mexico: Evaluating Progresa-Oportunidades; Molyneux, M., (2007b). Two Cheers for CCTs. *IDS Bulletin*

¹³⁵ Vu, L., (2018). Điện Biên: Vẫn còn cảnh học sinh chui túi nilon vượt suối lũ tới trường [Dien Bien: Situation of children crossing raging rivers in plastic bags to go to school remains]. *Vov* [online]. 5 September. [Viewed 3 August 2020]. Available from: https://vov.vn/tin-24h/dien-bien-van-con-canh-hoc-sinhchui-tui-nilon-vuot-suoi-lu-toi-truong-808770.vov

Support programmes for households living in remote mountainous areas often include a settlement component of poor families to new economic zones. The reallocation of ethnic minorities to low-land areas of the HEPR has not produced positive impacts, with nearly 75% of the people surveyed stating the reallocation had no significant impact on their well-being.¹³⁶ Instead of resettlement, the government would focus on attracting investments in rural areas to generate income for local communities.

Investments in water supply and sanitation services are also among priorities. Although the water and sanitation deprivation rate for children was 36.6% nationally in 2014, the rates for children of Northern midlands and mountain areas and Central Highlands were nearly double that, standing at 68.3% and 60.1% respectively.¹³⁷ Extremely high rates of families using water from hand-dug wells as their main source of drinking water were observed in Central Highlands (50.1%), North Central area and Central coastal area (26.8%) and Northern midlands and mountain areas (26.4%), against a national average of 4.9%.¹³⁸ Children in these areas suffer from waterborne diseases because water from these wells is often of poor quality due to its poor construction and unhygienic methods to collect water.¹³⁹ Nevertheless, they are not aware of the poor quality of their drinking water source.¹⁴⁰ As a result, investments in water and sanitation services, as well as information awareness campaigns on environmental hazards, would be promoted among children in remote rural areas.

4.3.2.2 Agricultural Support for Upland Families

The poorest families and ethnic minority groups often rely on one economic activity or unreliable low-yielding crops for income.¹⁴¹ Ethnic minority families tend to have a larger quantity of land than the ethnic majorities. However, while the Kinh and Chinese groups tend to have high-value lands (lowland) and can diversify their crops to focus on industrial crops, ethnic minorities' uplands are often unirrigated and of lower quality (forests and

¹³⁶ ADB., (2006). Vie: Poverty Assessment.

¹³⁷ General Statistics Office., (2018). Result of the Vietnam Living Standard Survey 2016.

¹³⁸ General Statistics Office., (2018). *Result of the Vietnam Living Standard Survey 2016*.

¹³⁹ Godfrey, S. and Reed, B., (2013). *Technical Notes On Drinking-water, Sanitation And Hygiene In*

Emergencies: Cleaning hand-dug wells [online]. Switzerland: World Health Organization. [Viewed 4 August 2020]. Available from:

 $https://www.who.int/water_sanitation_health/emergencies/WHO_TN_01_Cleaning_and_disinfecting_wells.pdf?ua=1$

¹⁴⁰ Harpham, T. and Nguyen, T. H., Tran, T. L. and Tran, T., (2005). Participatory Child Poverty Assessment in Rural Vietnam. *Children & Society* [online]. **19**, 27–41. [Viewed 3 August 2020]. Available from: DOI: 10.1002/CHI.825

¹⁴¹ Baulch, B., Truong, T. K. C., Haughton, D. and Haughton, J., (2008). Ethnic Minority Development in Vietnam. *Journal of Development Studies* [online]. **43**(7), 1151-1176. [Viewed 5 August 2020]. Available from: https://doi.org/10.1080/02673030701526278; Schultz, T. P., (2000). *School Subsidies for the Poor*

forestry land).¹⁴² Their low education levels also prevent them from getting access to information to cultivate high-yielding crops.¹⁴³ And although agricultural extension services are available to help poor families generate better income, they have yet to yield substantial impacts as the services are designed for lowland cultivation (for the ethnic majority groups), and the extension worker does not speak ethnic minority languages.¹⁴⁴ Hence, an income generation programme specifically targeting disadvantaged ethnic minority groups in mountainous areas would be established to help diversify their agricultural activities, make better use of their upland areas and gain better crop yields.

4.3.2.3 Improvement in Quality of Healthcare

The government would focus on improving the quality and increasing the number of healthcare facilities in rural and mountainous areas to allow poor families and their children to benefit from the CT programme. Local health workers working in areas with high ethnic minority populations would be able to speak their language to overcome the literacy barrier that likely prevents them from seeking formal healthcare support. Establishing an ethnicityfriendly environment is important to cultivate trust between health workers and ethnic minority patients, particularly when the former's practices are likely to cause tensions with the latter's cultural beliefs and norms. Research on the interaction between the indigenous population and Mexico's Prospera offer important lessons. Ulrichs and Roelen argue that the universal application of Prospera failed to help indigenous people, the poorest group of beneficiaries, to escape poverty.¹⁴⁵ The authors pointed out that, due to the remoteness of the indigenous communities and deficient health and education infrastructure, indigenous people were not able to adhere to the programme's conditions and be eligible for the cash transfer. Also, Abarbanell uncovered how the health and human rights of indigenous beneficiary women were violated by the local health workers through different practices, from using threats to make women comply to the programme to public shaming their fertility and reproductive choices.146

¹⁴² World Bank., (2009). *Country Social Analysis: Ethnicity and Development in Vietnam* [online]. Washington, DC: World Bank. [Viewed 3 August 2020]. Available from:

http://documents1.worldbank.org/curated/en/331741468124474580/pdf/499760ESW0Whit1C10VietnamSum mary1LR.pdf; World Bank and Ministry of Planning and Investment of Vietnam., (2016). *Vietnam 2035* ¹⁴³ Baulch, B., Truong, T. K. C., Haughton, D. and Haughton, J., (2008). Ethnic Minority Development in Vietnam

 ¹⁴⁴ Baulch, B., Truong, T. K. C., Haughton, D. and Haughton, J., (2008). Ethnic Minority Development in Vietnam; World Bank and Ministry of Planning and Investment of Vietnam., (2016). *Vietnam 2035.* ¹⁴⁵ Ulrichs, M. and Roelen, K., (2012). Equal Opportunities for All?

¹⁴⁶ Abarbanell, L., (2020). Mexico's Prospera Program and Indigenous Women's Reproductive Rights

4.3.2.4 Breaking the Language Barriers for Ethnic Minority Children

Remoteness is not only a geographic concept but also a social concept.¹⁴⁷ Lack of proficiency in Vietnamese among the ethnic minority poor has resulted in their lack of confidence to go to markets and interact with the ethnic majority people.¹⁴⁸ This, in turn, limits their access to information and reinforces their low confidence. Children of ethnic minority families suffer the same fate. Lack of access to pre-school education prevented them from gaining sufficient Vietnamese to prepare for primary schools. Consequently, due to low literacy skills, they fare worse in school performance and are more likely to drop out of schools than their majority peers.¹⁴⁹ Therefore, in addition to improving the quality and increasing the number of education facilities in remote areas, especially at pre-school level, it is fundamental to remove the language barrier through bilingual education to equalise education access and performance across ethnic groups.

Bilingual education has been studied as a solution to help indigenous children learn a national language which is different from their spoken language at home.¹⁵⁰ Save the Children launched a project focusing on providing bilingual education in pre-schools for ethnic minority children in three rural villages in Vietnam so they could learn lessons in their mother tongue and the national language (Vietnamese).¹⁵¹ The provision of bilingual education helped ethnic children follow lessons easier and improved their Vietnamese proficiency. For such a bilingual education programme to produce positive impacts, there must be a sufficient number of bilingual teachers. However, ironically, minority areas suffer from a severe shortage of ethnic minority teachers. World Bank reported that in Vietnam, only eight per cent of teachers nationwide are from ethnic minority groups.¹⁵² Even so, their skills are perceived as insufficient and not as qualified as a Kinh teacher. Therefore, bilingual education for ethnic children of an early age and training activities for bilingual

https://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-

WP102_Le%20Thuc%20Duc_why%20do%20children%20leave%20school%20early.pdf ¹⁵⁰ Lan, P. T., Jones, N., Thuy, T. T. and Lyytikainen, M., (2007). *Education For All in Vietnam: high enrolment, but problems of quality remain* [online]. UK: Young Lives. [Viewed 3 August 2020]. Available from: https://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-PB4-Education-For-All-In-Vietnam.pdf; Pinnock, H., (2009). *Steps Towards Learning: A guide to overcoming language barriers in children's education* [online]. UK: Save the Children. [Viewed 5 August 2020]. Available from: https://www.savethechildren.org.uk/content/dam/global/reports/steps-towards-learning-Ir.pdf; World Bank., (2009). *Country Social Analysis: Ethnicity and Development in Vietnam.*

¹⁴⁷ Baulch, B., Truong, T. K. C., Haughton, D. and Haughton, J., (2008). Ethnic Minority Development in Vietnam

¹⁴⁸ World Bank., (2009). Country Social Analysis: Ethnicity and Development in Vietnam

¹⁴⁹ Le, T. D. & Tran, N. M. T. (2013). *Why Children in Vietnam Drop out of School and What They Do After That* [online]. London: Young Lives. [Viewed 2 August 2020]. Available from

¹⁵¹ Pinnock, H., (2009). Steps Towards Learning: A guide to overcoming language barriers in children's education.

¹⁵² World Bank., (2009). Country Social Analysis: Ethnicity and Development in Vietnam

teachers must be encouraged to remove the language barrier for ethnic children and give them better preparation for primary education. A child-friendly and ethnicity-sensitive learning environment must be fostered to reduce the education gaps among ethnic groups.

4.3.2.5 Eradicating Ethnicity-Based Discrimination

The lack of sufficient Vietnamese language skills often places ethnic children in vulnerable positions where they are subject to discrimination and even physical abuse.¹⁵³ A qualitative survey of the Young Lives study among children age between 10 and 17 showed that many ethnic minority children and their family saw low returns to education.¹⁵⁴ Secondary schooling seemed unnecessary when children would engage in their family's agricultural work upon secondary school completion, and their employment opportunities are much worse than the Kinh and Chinese groups because they are often seen as less qualified than a Kinh or Chinese candidate. This ethnic discrimination must be eradicated. Article 5 of Vietnam's Constitution emphasises clearly the equal status of all 54 ethnicities in Vietnam, asserts the right of any ethnic group to use their own language and forbids any act of national discrimination or division based on ethnicity.¹⁵⁵ Thus, the diversity of Vietnam's ethnicities and cultures must be appreciated and respected by the government and the Vietnamese society through a variety of interventions. Lessons aimed at tackling prejudice, stereotypes and discrimination against ethnicity could be included in formal school curricula. The government could introduce employment legislature to ensure equal employment opportunities for ethnic minorities by, for instance, introducing employment guotas. The government could also aim to magnify ethnic voices through mass media and include them in development programmes targeting at ethnic minorities. Inputs and society knowledge of minority groups are important to design effective ethnicity-sensitive poverty reduction programmes. Also, the Vietnamese society must not tolerate any forms of discrimination against any ethnic groups.

4.4 Summary

This chapter has reviewed the current anti-child poverty initiatives in Vietnam to point out a lack of a large-scale anti-child poverty programme in the country. It then proposes a child-focused ethnicity-sensitive approach to tackle child poverty in Vietnam. The approach includes a demand-side policy and a supply-side policy to effectively address both the

¹⁵³ Le, T. D. & Tran, N. M. T. (2013). *Why Children in Vietnam Drop out of School and What They Do After That* ¹⁵⁴ Ibid.

¹⁵⁵ International IDEA., (2013). *Final Constitution of the Republic of Vietnam* [online]. International Labour Organization. [Viewed 3 August 2020]. Available from:

https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/94490/114946/F114201808/VNM94490%20Eng.pdf

financial and structural barriers that prevent poor children and their family from escaping poverty. The demand-side policy includes a CT programme that focuses on improving household economy, children's education, health, nutrition status, and mother's health through income supplements and fee exemptions. The supply-side policy includes a variety of interventions that aim at developing local infrastructure, offering agricultural support for upland families, improving quality in healthcare, breaking the language barriers for ethnic minority children and eradicate ethnicity-based discrimination.

V. Conclusion

This chapter concludes the paper. The purpose of the paper is to gain insight into the types of strategies Vietnam can employ to improve its anti-poverty programme on children. The main research question of this paper is as follows:

What types of polices should be implemented to create an effective anti-child poverty programme in Vietnam?

Sub-questions are as follows:

- 1. What are the underlying theories for effective anti-child poverty programmes?
- 2. What are the examples of an effective anti-child poverty programme and what can be learned from them?

Over the past twenty years, poverty rates in Vietnam have reduced substantially thanks to various economic reforms and target national poverty reduction programmes. However, child multidimensional poverty rate has been declining at a much slower rate than the national poverty rate, standing at 21% in 2014.¹⁵⁶ It is alarming that children from rural areas and ethnic minority households are disproportionately affected by poverty. Given the detrimental impacts of poverty on children, it is imperative to devise effective anti-child poverty programmes for the Vietnamese children.

The paper explores the research question by reviewing relevant theories of four most common anti-child poverty interventions: CT programmes for child health and development, workfare policies, ECI programmes, and investment in basic services and addressing structural barriers. Next, the paper examines Mexico's Prospera and Brazil's BF as two successful CCT programmes targeting at poor households and their children. It concludes that both programmes have produced positive impacts on beneficiaries' health, educational and nutritional status and reduce poverty; however, they have failed to address the structural barriers preventing the poor accessing the services offered by the programmes.

Learning from Prosgresa and BF, the paper presents a child-focus ethnicity-sensitive approach which includes a demand-side policy to empower poor households to invest in their children's human capital a supply-side policy to address the structural factors. It is clear that for the CT programme to work effectively, there need to be rounds of experimentation and evaluation to estimate its impacts and adjust accordingly. During that

¹⁵⁶ GSO, (2018). *Result of the Vietnam Living Standard Survey 2016.*

time, the supply-side policy should be implemented to provide a strong foundation of infrastructure for the CT programme to work among the poor families and their children.

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