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## REIMAGINING SOCIAL PROTECTION

Issue Editors **Stephen Devereux, Jeremy Lind, Keetie Roelen and Rachel Sabates-Wheeler**



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# Exploring Synergies Between Community Mobilisation and Cash Transfers in Bangladesh<sup>1 2 3</sup>

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**Abstract** This article presents insights from the Child Labour: Action-Research-Innovation in South and South-Eastern Asia (CLARISSA) social protection cash plus intervention in a low-income neighbourhood in Dhaka, Bangladesh. Adopting a novel methodology, we use community mobilisers' monthly narrative reports, so-called 'micronarratives', to understand synergies between implementation and outcomes of community mobilisation activities (the 'plus') and cash transfers. We find that households face many intersecting problems, including health issues, low income, and indebtedness, and community mobilisation lays a foundation for households to be heard and become more resilient in the face of these problems. The introduction of cash transfers facilitated individuals and households to act on the advice and ideas offered by the community mobilisers. Households became more willing to speak with community mobilisers even when they explained that the cash transfer was unconditional on their counselling service. Some households started income-generating activities with their savings.

**Keywords** social protection, cash plus, urban poverty, micronarratives, Bangladesh.

## 1 Introduction

Cash plus interventions have grown increasingly popular as part of the social assistance toolkit. Combining cash transfers with complementary services, they aim to enhance the impact that can be achieved with income support alone (Roelen *et al.* 2017). A wide evidence base points to the positive effects of cash transfers, from poverty reduction and increased school enrolment to improved psychosocial outcomes (Bastagli *et al.* 2019). However, research also suggests limited effects of transfers alone, especially concerning more intractable issues such as

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malnutrition, early marriage, and children's engagement with hazardous work (De Groot *et al.* 2017; Natali, Dake and Peterman 2019; Sabates-Wheeler *et al.* 2023). This has given rise to a wide range of cash plus interventions being trialled and tested in various contexts worldwide (Lind, Sabates-Wheeler and Szyp 2023).

Questions of special concern to the design and implementation of cash plus schemes are: (1) the role of the 'plus' component and the type of complementary services offered as part of this component; and (2) the relationship between cash and complementary services, and the extent to which they offer synergetic support so that the whole becomes bigger than the sum of its parts (Little *et al.* 2021; Sedlmayr, Shah and Sulaiman 2020; Roelen and Devereux 2019). Many evaluations, therefore, assess the value added of combining support over and above the delivery of either cash transfers or services. Evidence to date offers valuable insight into how, for example, behaviour change communication can bolster the impact of cash transfer on nutrition outcomes (Barnett *et al.* 2022; Little *et al.* 2021) or how the provision of a health insurance premium waiver in addition to cash transfers can improve health insurance enrolment (Palermo *et al.* 2019).

Notwithstanding this evidence, various gaps persist. First, research is biased towards assessing potential synergies between cash and complementary services based on survey data on outcome indicators. Far less is known about the mechanisms underpinning such synergies, both in terms of enablers of positive reinforcement or barriers to cash and complementary services working together to enhance outcomes. Second, while qualitative research increasingly considers beneficiaries' perspectives of programme implementation and pathways to impact, views from programme implementers are poorly understood and inadequately represented, despite the fact that they hold a key role in programme success.

In this article, we contribute to the literature on cash plus interventions by exploring potential synergies between community mobilisation and cash transfers as perceived by frontline workers (referred to as community mobilisers). We do so against the backdrop of a cash plus intervention implemented in a low-income neighbourhood in Dhaka, Bangladesh. It combined two years of relational engagement consisting of community mobilisation and individual and family-level case work with seven monthly universal and unconditional cash transfers. The intervention's objective was to support programme participants to build their individual, family, and group capacities to meet their needs and, ultimately, reduce the need for children to work under the worst forms of child labour (WFCL).

The remaining article is structured as follows. First, we explain the context of the research and both social protection modalities (Sections 2 and 3). This is followed by the empirical sections that present data about the interlinked problems faced by households in the neighbourhood and the synergies and tensions between the two support modalities (Sections 4, 5, 6, and 7). We end with a discussion in Section 8 about the relevance of the support programme and the way that the research used micronarratives as part of the research design.

## 2 The CLARISSA social protection intervention

The CLARISSA social protection component is part of the wider Child Labour: Action–Research–Innovation in South and South–Eastern Asia (CLARISSA) programme, which ran from 2019 to 2024. A consortium of Terre des hommes (Tdh), ChildHope, and the Institute of Development Studies developed innovative and context-appropriate ways to increase options for children to avoid engagement in hazardous, exploitative labour (Apgar and Burns 2021; Burns, Apgar and Raw 2021).

The CLARISSA social protection cash plus intervention was implemented between October 2021 and December 2023 in one low-income neighbourhood in Dhaka, reaching 1,573 households. It included: (1) a 27-month relational component implemented by community mobilisers; and (2) seven cash transfer payments delivered in monthly instalments between January and September 2023. The intervention was unique as it was: (1) universal, meaning that all residents of the neighbourhood were eligible and invited to participate; (2) unconditional, meaning there were no behavioural requirements attached to the receipt of support; and (3) the relational component was substantially longer in duration compared to the cash transfers (see Howard *et al.* 2024 for further details).

The **relational component** involved needs-based community organising (NBCO) with 21 mobilisers who worked in the community between October 2021 and December 2023. They collaborated with community members at individual, family, and group levels to identify needs, mobilise resources, and grow the agency and capacity of the people to improve their livelihoods. They visited each household every two months, providing support as requested and appropriate and collecting data to monitor livelihood strategies and children's education and work. Community mobilisers' caseload was roughly 1:75, in line with many other cash plus or economic inclusion programmes (Sumanthiran and Roelen 2023). Crucially, there was no requirement to participate in any of the services or activities facilitated by the community mobilisers to receive the cash transfer.

Key components underpinning NBCO included trusting relationships, a needs-based approach, and non-violent communication (NVC). Community mobilisers spent considerable

time at the outset of the intervention building rapport and identifying community needs and concerns. Community members' available capabilities and skills to address sudden shocks, stress, or internal conflict were placed front and centre in community mobilisers' NBCO work. The NVC approach (see Rosenberg and Chopra 2015) focuses on active and empathic listening, identifying individuals' needs and strengths, and mediating conflicts in a non-controversial and impartial manner. An additional component of NBCO was to link households to available service providers (such as for government allowances).

The **cash component** included six monthly transfers between January and July 2023 and one smaller investment transfer in September 2023. Transfers consisted of a basic amount for all households (BDT<sup>7</sup> 2,200), topped up for each additional child under 18 years of age (BDT 500), thereby recognising greater levels of vulnerability associated with having more children in the household. The one-off investment transfer consisted of half of the monthly amount, determined by budget constraints. The cash was transferred to a primary recipient, who was selected through conversation with community mobilisers about who would best use the transfer for the whole family's benefit; 56 per cent of the designated recipients were female. Transfers were delivered via mobile payments (through Mobile Financial Service provider Upay).

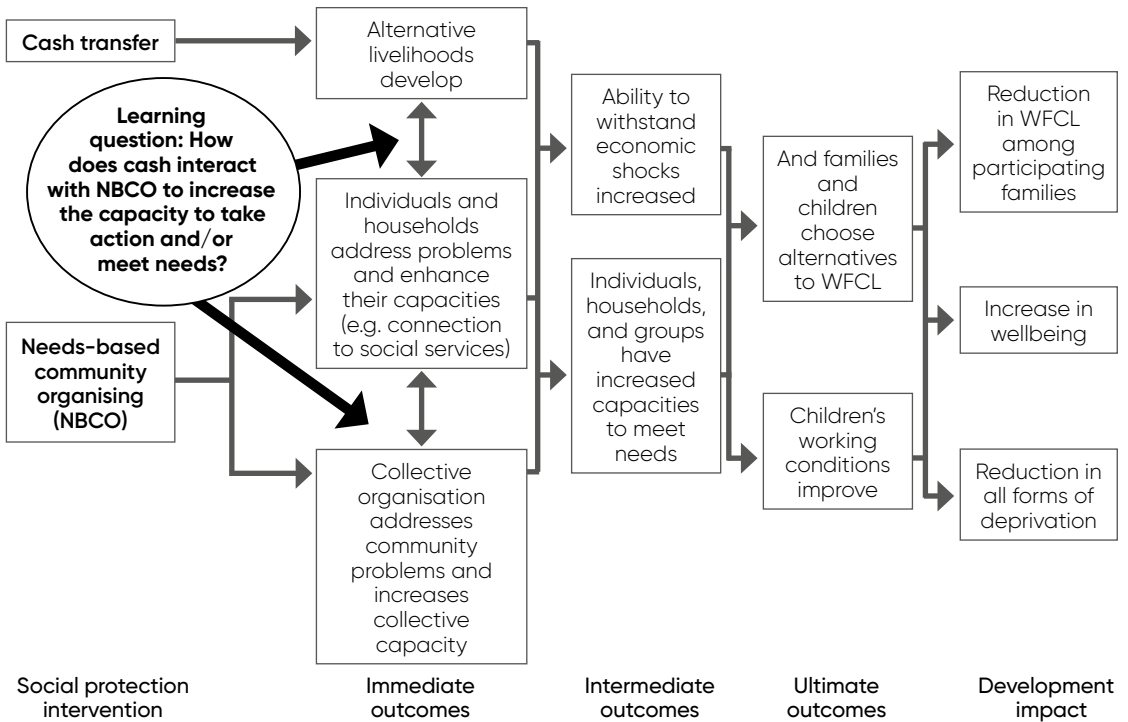
The intervention worked with 1,573 families, out of which 1,205 were nuclear families, 278 were extended families, and 90 were single-person households whose families stayed in the village. Of the total, 1,248 households had at least one child under the age of 18 years. Around a quarter of the families had resided in the area for less than five years. Half of the households had someone with a fixed income, while the other half had irregular income; for example, as a rickshaw puller or fruit seller.

The relational component was implemented by 13 male and eight female community mobilisers. They all had previous social work experience, ranging between 3.5 and 22 years. All female mobilisers had most of their experience in child-related community mobilisation. Male mobilisers' prior experience was less child-related and more focused on household livelihood strategies and income-generating activities.

### **3 Combining community mobilisation and cash transfers**

The logic for combining relational work with cash transfers was that these components are expected to be mutually reinforcing. NBCO can help households consider alternatives that a cash transfer alone would not be able to achieve, such as enhancing capabilities and strengthening motivations towards alternative livelihoods (Roelen *et al.* 2017). In turn, cash gives people resources to take action on issues emerging from community organising, especially at individual and household levels. Cash may free up time for individuals to engage in community organising, and it

Figure 1 Theory of change of the CLARISSA social protection intervention



Source: Ton *et al.* (2022). Copyright © Institute of Development Studies, CC BY 4.0.

may change outcomes of people’s ‘cost-benefit’ analysis when weighing up the advantages and disadvantages of hazardous work (including for children) (Sabates-Wheeler *et al.* 2023). Universal provision of cash may enhance a sense of community (Howard 2022) – ‘we’re all in this together’ – and motivate people to self-select into the NBCO component, providing momentum for community organising.

As such, the NBCO and cash components were expected to trigger behaviour change at the individual, household, and group levels, improving outcomes related to alternative livelihoods and households’ capacities to solve problems, withstand shocks, and meet needs. These intermediate outcomes contribute to the ultimate outcomes of the CLARISSA programme regarding reduced WFCL, improved wellbeing, and reduced deprivation (Ton *et al.* 2022).

In this article, we address the learning question underpinning the evaluation research, namely: **How does cash interact with NBCO to increase the capacity to take action and meet needs?** (see Figure 1).

#### 4 Data and methods

This article draws from a distinct method of qualitative research, which we termed 'micronarratives'. Part of a larger mixed-method research design to answer the learning question (Ton *et al.* 2022: 30–4), they are short reports written by each of the community mobilisers on a monthly basis in which they highlighted significant experiences in their work. There were no strict guidelines; community mobilisers could choose which experiences to recount and reflect on and how they would do so. Micronarratives were written in Bangla, translated into English using Google Translate, and cross-checked by a senior staff member. After anonymisation, leaving the household ID only, micronarratives were uploaded into the Dedoose<sup>8</sup> application for qualitative data analysis (Dedoose 2021). Two research officers subsequently coded them using a predefined code set with 25 themes. The overview of themes was exported to Excel, linked to the characteristics of each community mobiliser, and analysed statistically to check whether the households referred to in the micronarratives could be considered representative. As expected, community mobilisers reported on those households that faced more disadvantaged situations when compared with the average household. They were slightly more food insecure (51 per cent vs 45 per cent), had more children that dropped out of school (22 per cent vs 15 per cent), and more of them had loans to pay off (64 per cent vs 55 per cent).

For this article, we primarily relied on the coded text segments that point to the synergy or challenges of the combination of community mobilising and cash transfers. Ethical approval for the research was granted under number RE/PT/19008.

#### 5 Context of intervention area

The intervention was implemented in the densely populated area of North Gojmohol, in the territory of Dhaka South City Corporation. The selection of this area was based on a mapping of low-income neighbourhoods in Dhaka conducted by the Grambangla Unnayan Committee with ChildHope in January 2019 (Maksud, Reaz Hossain and Arulanantham 2022). Selection criteria included the proportion of children engaged in WFCL and, more practically, neighbourhood size. The cash transfer had to cover all households in the selected sites to avoid the ethical and social problems associated with exclusion (Howard 2022).

North Gojmohol has long been the hub of leather-processing processes in Dhaka, and most residents were involved in various stages of these. In 2017, many leather factories moved from the Gojmohol area to Savar (25km from Dhaka), where a separate industrial zone for the leather industry was created. As a result, the remaining leather industry in Gojmohol is largely informal, with production intended for the internal market, where hazardous and harmful working conditions are prevalent. Gojmohol has always attracted people from different remote areas of Bangladesh in search of employment and to improve their families' lives.



Over the years, this area has gradually become overpopulated and overcrowded.

### 6 Intersecting problems

Challenges that households face are multiple and intersecting, and the intervention's NBCO component allowed for those complex needs to surface. First, job opportunities are limited, having reduced significantly due to the relocation of tanneries and leather factories from Gojmohol to Savar. Community mobilisers reported a widespread sense of deprivation, with earning instability being one of the major concerns. Following the prolonged Covid-19 pandemic in 2020–21, many lost their jobs and were in arrears on their rent. When mobilisers entered the community, they were asked to provide economic support (although no such support was announced or promised at that time).

*A person came to me and asked me, 'Brother can you take my name, then please take my name? My condition is so bad that I could even commit suicide if suicide were not a great sin...!' After getting into his room, I see that they have no furniture. They spend the night with just a blanket. His wife is now pregnant, and they have a disabled son living in the village house due to lack of money. Earlier... [he] started to make shoes. [However,] he has now lack of capital... The whole time, we used the non-violent communication technique while listening to him and asked him to take pauses for healing. We realised that he felt a little lighter when he was able to tell us his words. (Community mobiliser reflecting on anonymous household, micronarrative 024)*

Second, domestic violence is widespread. Women are able to get divorced without their husband's agreement but are left without any support from the father of their children. Community mobilisers reported they sometimes had to mediate in response to intrahousehold violence, and that NVC skills helped them in doing so. A community mobiliser reported that,

*While talking to the child during the collection of [monitoring data by the] child form, the child said, 'I like it very much now I can go to school... I had forgotten these joys I always missed after leaving my studies and going to work.' At one stage of talking, suddenly, the child's father wakes up and gets angry... The child's father wanted to beat the child and was making a very nasty joke with her. The situation became very bad. Then, I somehow managed the situation and left. Then [later] I talked to the child separately and came to know that... apart from eating, her father never provides expenses for any other necessities. And [when] any family member says something, the father beats them. She said, 'I don't want to be here.' Then I tried to convince her using some of the NVC tools I have*

*learned, such as listening empathically and using conflict management skills.*

(Community mobiliser reflecting on participant NG-B-13832-03, micronarrative 397)

Third, due to shocks, such as joblessness, people get trapped in debt, with formal and informal lenders charging high interest rates. To be able to pay the loan instalments, children become engaged in work and contribute to household income. Mobilisers surfaced the complexities faced by families in dealing with these situations, reporting the following:

*I have two sons [12 years and 14 years] and two daughters [16 years and eight years]. All but one of them work. Due to a lack of money, they left school and started to work... Last month, one of my sons was very sick. Because of the financial crisis, I could not get him proper treatment. I have not been able to educate my children even though I want to. I drive a rickshaw and other family members work in the leather sector... There was no work during the coronavirus pandemic period. Then, several months of house rent was due. Now, I am slowly paying the rent that is due. I am running a family with a lot of difficulties. God knows how to proceed.*

(Community mobiliser reflecting on participant NG-C-0089, micronarrative 176)

Fourth, the cost of schooling often presents a dilemma to parents and an insurmountable barrier for children to participate in education, even vocational training-based education. Some parents expect their children, especially boys, to start earning income for the family's financial affairs. And for their daughters, parents sometimes choose a child marriage to resolve the pressures on the household budget. Community mobilisers reported finding it difficult to hear these problems and being unable to resolve them.

*He told me, 'I cannot do any work because of asthma. I don't know how to run the family. Now my ten-year-old son has to be given some kind of work. He won't be able to read. What can I do if I'm not lucky?' I asked him to think of some other ways for the son to continue his studies. Again, I asked him to be patient. After hearing all these incidents and regrets, I am also very sad. I feel helpless.*

(Community mobiliser reflecting on his work, micronarrative 152)

Lack of stable income is a prime driver of many of the prevailing and intersecting challenges. Therefore, community mobilisers considered the cash transfer a valuable component of the social protection intervention:

*Many people [households] come to work in this area and talk about their family problems and sorrows, but at the root of*

*all problems are financial problems. [Until now,] we could not provide any kind of financial assistance to solve their problems. Now I have a lot of peace in thinking of myself as helping them financially, and maybe I will get satisfaction when I can do the job successfully.*

(Community mobiliser reflecting on her work, micronarrative 227)

Thematic analysis of the micronarratives revealed that health and employment are mentioned most (respectively 209 and 266 times out of 556 micronarratives) and often co-occurred in the same micronarratives (149 times). Likewise, employment and income issues often co-occurred with child education issues (98 times). While child labour was coded only 41 times as a theme in the micronarratives, it is worth highlighting that in 24 of these micronarratives, the health issues of the family were also raised, suggesting a causal link between them.

Looking at the six most mentioned themes in the micronarratives, we found a statistically significantly different pattern when comparing male and female community mobilisers ( $F[548,6]=3.77$ ;  $p=.001$ ). Male community mobilisers were more likely to mention health issues compared to female mobilisers (41 per cent vs 33 per cent). Female mobilisers were more likely to reflect on issues related to children's education (35 per cent vs 24 per cent) and family conflict (25 per cent vs 15 per cent). Women likely had more trust in the female community mobilisers when, for example, raising domestic violence issues. A community mobiliser reported that,

*The wife of the household's head held my hand one day and said, 'Apa [sister], you might not have given us money, but the support you provided for my family is a lot to us... I can't talk about the pain to everyone. During any dispute or danger, my husband mistreats me. I feel good sharing my sad stories with you as I cannot share them with anyone. I know you will keep it secret. So, I have shared all my family matters with you.'*

(Community mobiliser reflecting on participant NG-A-0342, micronarrative 102)

### **7 Synergies between community mobilisation and cash transfers**

The cash transfers were introduced after a year of NBCO and altered how households perceived the community mobilisers. The promise of economic support made them more willing to speak with community mobilisers. Notably, there was also an incorrect impression that mobilisers made decisions about who was included or excluded from the list.

*'I can't believe that you gave money to so many people at once... This money is a blessing from Allah the Almighty... If you [the community mobiliser] had wanted, you could have cut our*

*name from your list.' As she spoke, he held my [the community mobiliser's] hand and broke down in tears.*  
(Community mobiliser reflecting on participant NG-B-2194, micronarrative 287)

*He greets me with a smile and gives me a tool to sit down. He said to me, 'Brother, may Allah bless you... After getting your money, I admitted my daughter to school, saw a doctor myself and bought medicines'. He wiped away tears of joy. I was overwhelmed to see the impression of joy on his face and in his eyes.*  
(Community mobiliser reflecting on participant NG-C-2300, micronarrative 312)

The trust and respect that had been established in the year preceding the cash transfers allowed community mobilisers to resolve issues associated with the cash transfer; for example, when the recipient did not pass money to other entitled household members. In such cases, the community mobilisers employed their conflict mediation skills to ease tensions and propose a solution (for example, NG-B-1455, micronarrative 554).

Community mobilisers felt very happy about announcing the cash transfers to the community. After a year of trying to resolve issues with limited means, they were aware of the power of NBCO in helping households build their capacity and resilience but also its limitations in this highly resource-constrained context.

*On the 19th, I had a wonderful feeling because I found out... we can transfer cash to the community. I can't even express what a good news this is for the community. We have been going to the community for two years now and have not been able to provide any visible support [to them]... Every month, after hearing about their life's sufferings, it is beyond words how helpless we feel. Now, it feels good to know that we can be there for them with some help.*  
(Community mobiliser reflecting on her work, micronarrative 253)

The cash transfers allowed households to act upon advice provided by the community mobilisers, reflected in the take-up of services, such as education for their children or health care for those with medical conditions. Household members raised these concerns with community mobilisers, who in turn provided suggestions on how to access services. Nevertheless, financial barriers were often too high to follow up on those suggestions until the cash transfer was introduced.

*Then I told him to go to the doctor instead of taking random over-the-counter medicines for high blood pressure... She understood my point and said, 'Apa, I cannot save money at the end of the day. My son-in-law is also ill... I spend all the*

*money that you give on my daughter's education. Since you are saying, I will try to visit the doctor with this month's cash transfer money'.*

(Community mobiliser reflecting on participant NG-B-0679, micronarrative 383)

Aware that cash support was time-bound, households started requesting support to set up income-generating activities. Community mobilisers responded to this request by offering advice on how to save up their cash transfer or use it to access loans to allow for the purchase of necessary assets.

*After the first cash transfer, a female cash recipient expressed that she would start sewing clothes at home as an income-earning activity. She said, 'I cannot deliver clothes on time because I do not have this machine.' After the sixth cash transfer, I noted that the female had bought an overlock sewing machine and started sewing clothes, as well as earning money from there on.*

(Community mobiliser reflecting on participant NG-A-0099, micronarrative 455)

*I learned that he purchased a rickshaw in three monthly instalments. He said, 'The money that I am getting from you helped me a lot. That's why I got the courage to buy a rickshaw'.*

(Community mobiliser reflecting on participant NG-A-2389, micronarrative 387)

Some households, however, could not maintain their improved livelihoods after the cash transfer finished, and health emergencies continued to affect them.

*She badly injured her leg in a bus accident in 2019. In this situation, her husband left her and married again... As per my motivation, she started her small business (tea, drink, cigarettes) in May 2023... But in July 2023, the woman's eldest daughter had a miscarriage... Then, in August 2023, she [herself] got sick... As a result, she spent the capital required for the business and started begging again with her youngest daughter.*

(Community mobiliser reflecting on participant NG-A-1900, micronarrative 525)

Reflections towards the end of the programme in December 2023 provide testimony to the strong relationships that community mobilisers had developed with some households, as well as anguish with those coming to an end:

*When I left... they realised that they might not see me again from next month on and became very emotional... 'You can come to visit us whenever you want. You are like one of our*

*family. Many people in this area have benefited from you. I want more people like me to benefit from you.'*

(Community mobiliser reflecting on participant NG-B-0930, micronarrative 533)

## 8 Discussion

This article offers insight into the complex and intersecting challenges experienced by community members in a high-density and low-income neighbourhood in Dhaka, Bangladesh, and the role of a cash plus intervention in addressing these. The combination of universal and unconditional relational NBCO support and cash transfers offered a unique approach to identifying and responding to individual and household needs, grounded in principles of NVC with deep listening, conflict resolution, and tailored support at its core.

Many of the needs identified by community mobilisers were related to lack of income, such as access to affordable medical care, debt repayment, the costs of children's schooling, and establishment of new businesses. In the micronarratives, female community mobilisers reflected more on educational issues and cases of domestic violence than the males, while the males reflected more on households with health issues.

The micronarratives provided vivid descriptions of the complex intersecting problems experienced at individual and household levels. Community mobilisers listened to their challenges with patience and empathy, thereby building a trustworthy relationship with community members. Responses were developed accordingly, such as training on how to start income-generating activities and address social norms regarding child marriage.

In resource-constrained settings, the role of NBCO in resolving these problems is inevitably limited, mainly by linking households with existing social protection services (e.g. disability payments). Both community mobilisers and community members welcomed the introduction of cash transfers, as it facilitated individuals and households to act on the advice and ideas offered by the community mobilisers through NBCO. The end of cash transfers and the programme as a whole was met with anguish among community members.

In terms of methods, the micronarratives offered a nuanced insight into the implications of combining community mobilisation and cash. Having micronarratives as a research component in a mixed-methods design proved highly valuable for gaining insights into real-world conditions and dynamics that surveys or focus group discussions could not provide. We argue that inviting implementers to write short texts about their most significant work experiences will enhance the depth and nuance of mixed-method research and evaluations.

## Notes

- 1 The contributions to this *IDS Bulletin* emerged from an international conference on 'Reimagining Social Protection in a Time of Global Uncertainty', organised by the Centre for Social Protection and hosted by the Institute of Development Studies in September 2023. The conference was generously funded by UK aid from the UK government through the Better Assistance in Crises (BASIC) Research programme, and by aid from the Irish government (Irish Aid). Publication of this *IDS Bulletin* was funded by the National Research Foundation of South Africa (grant number 98411).
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- 5 Keetie Roelen, Senior Research Fellow and CLARISSA Social Protection Design Co-Lead, Centre for the Study of Global Development, Open University, UK.
- 6 Giel Ton, Research Fellow and CLARISSA Social Protection Evaluation Lead, Institute of Development Studies, UK. Corresponding author ([g.ton@ids.ac.uk](mailto:g.ton@ids.ac.uk)). Authors are in alphabetical order and contributed equally to this work.
- 7 Bangladeshi taka: 1,000 BDT=7.50 GBP (31 January 2023).
- 8 See [www.dedoose.com](https://www.dedoose.com).

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