

Proposal on

**CONDITIONAL CASH TRANSFER PROGRAMME OF THE  
MISSION CONVERGENCE, GOVERNMENT OF  
NATIONAL CAPITAL TERRITORY OF DELHI**

**August, 2009**

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**MISSION CONVERGENCE**

Govt. Of NCT of Delhi

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New Delhi – 110002

**Proposal of Mission Convergence, Government of Delhi to the United Nations Development Programme, New Delhi for technical and financial support on institutionalizing the Conditional Cash Transfer initiative**

**ABOUT MISSION CONVERGENCE**

The Mission Convergence programme of Government of National Capital Territory of Delhi (GNCTD) is an attempt at wholistic planning for social service delivery. With a view to avoid duplicity of parameters and smoothen the process of implementation across the schemes the GNCTD has initiated a number of steps towards redirecting its governance system so that there is a clear focus on service delivery and enhancing system efficiency.

The most prominent of these steps include a redefinition of the poor into a wholistic category of the vulnerable, a targeted vulnerability survey, introduction of electronic beneficiary card and a unique Public Private Partnership at the community level and setting up of single window facilitation centres called the Gender Resource Centres – Samajik Suvidha Kendras. The latter are to work for both empowerment and survey facilitation.

**MISSION'S LEARNING ABOUT CONDITIONAL CASH TRANSFER**

The Government of Delhi has been involved in an open door learning process on the implementation of this pioneer model of social protection. Its partnership with *Bolsa familia* in Brazil and more recently its interaction with the entire range of Latin American countries is a step in this direction.

At the workshop organized by the World Bank in Washington, DC and meeting held at the Inter American Development Bank Headquarters in Washington, several important lessons of implementation were drawn for the Mission Convergence.

As a result of these interaction and policy recommendations, it is clear to the Mission that enhancing system performance on the following parameters is an imperative, if the objectives of the Mission Convergence are to be achieved:

- Focus on targeting of the vulnerable
- Conversion of multiplicity of schemes into cash transfer
- Enhancing the quality and system performance of Basic Health and Elementary education so that social consumption of human capital increases.

From the outcomes of the workshop it is clear that Conditional Cash Transfer systems in the Latin American countries have been very effective in cutting down the layers of vested interest, and increasing school as well health centre attendance, and providing a vehicle for overall

social protection measures. CCTs have a possibility of both supply side and demand side intervention in social protection.

Delhi government has a plan outlay of Rs. 10,000 crore for social sector expenditure for the year 2009-10 out of which Rs.400 core relates to cash transfer schemes such as old age pension.

The new approach of convergence that the Mission stands for still does not address the issues of high transaction costs at both government and beneficiary levels. Therefore the need for a pilot testing of redesigning the system by the adoption of CCT is being felt.

The objective of the CCT project is to convert as many existing cash transfer schemes and some of the existing kind based schemes into Conditional Cash Transfer schemes.

## THE CONCEPT OF CONDITIONAL CASH TRANSFER

Conditional Cash Transfer (CCT) Schemes are now being increasingly recognized the world over, as policy tools for addressing human poverty in general and target 'vulnerable' groups in particular. The concept of CCT, originated in Latin American Countries led by *Bolsa Familia* Programme of Brazil, is now exemplified for developing countries like India<sup>1</sup>, where numerous welfare programmes (both in forms of cash and kind) are being run with highly compromised degree of transparency and efficiency in delivery system<sup>2</sup>. CCT, in this regard, is considered to be means of enhancing administrative efficiency and cost effectiveness without compromising on the quality of service delivery. It is a demand side intervention by state to raise households' income with the conditions (or obligations) to invest the cash benefits in their children's human capital. The term 'conditional' in CCT basically stands for changing the behaviour of household/individual behaviour in favour of nationally accepted goals. Realising the specific connotation of the word 'conditional', more recent literature on CCT see the programs as a new form of social contract between the state and beneficiaries and use of the term *co-responsibilities* (instead of conditions) (see for example Fiszbein and Schady, 2009)<sup>3</sup>. When conditions are seen as co-responsibilities, they appear to treat the recipient more as an adult capable of agency to resolve his or her own problems and the state is seen as a partner in the process. It is, hence, believed that achieving such social goals is the joint responsibility of both state as well as households/individuals.

Since CCT schemes are supposed to address poverty alleviation through demand side interventions, *i.e.* by affecting private behaviour in favour of consumption of 'merit goods', these programmes represent a shift in governmental approach from general subsidies to more sharply

<sup>1</sup> For example see Seeta Prabhu, 2009, Conditional Cash Transfer Schemes for Alleviating Human poverty: Relevance for India, Discussion Paper, United Nation Development Programme (UNDP) in India.

<sup>2</sup> As for example, PDS, the largest social security programmes in India has been often cited as one of the most inefficient system because of leakages of resources up to the extent of 70%.

<sup>3</sup> Fiszbein, A. and Schady, N. (2009) Conditional Cash Transfers – Reducing Present and Future Poverty, The World Bank

targeted demand side interventions 'as a measure to ensure a modicum of protection to the formation of human capital/capabilities of poor' (Seeta Prabhu, 2009). Although CCT schemes are supposed to influence consumption behaviour, the success of the programmes critically depends on nature and magnitude of supply-side institutions and delivery of basic goods and services to society in general. In fact, strong supply-side network is a pre-requisite for the success of CCT.

Further, CCT schemes designed to safeguard the entitlement of poor households/individuals can be both 'protective as well as 'promotive'<sup>4</sup>. One of the most popular 'protective' CCT scheme is 'Food for Education' programme' started in 1993 (food grants later converted to cash in 2002), in Bangladesh. Similarly, the most popular 'promotive' CCT scheme has been the school enrolment programme of *Bolsa Familia* in Brazil. Similar programmes have in operation in various other parts of the world to address short-term as well as long-term poverty of different population groups.

With this brief background, the purpose of the present note is not to establish the economic and political rationale of the CCT schemes in general and in India in particular, rather the note focuses on developing an initial framework for introducing a pilot CCT scheme in the state of Delhi.

## PRESENT CASH TRANSFER SCHEMES IN INDIA

In India, both Central as well as state governments have time to time experimented cash transfer schemes in one form or other. In general, a large number of welfare programmes particularly related state's affirmative actions such as provisions of pensions for 'socially vulnerable' groups e.g. old age, widow, physically challenged, unemployed from backward community, scholarship programmes, *Janani Suraksha Yojana*, *Balika Samiridhi yojana*, etc. entails direct cash transfer to the respective groups. However, these programmes do not fall under the CCT category as the cash transfers to the respective groups under the programmes are not conditional. These are basically 'protective social security measures' and do not aim to influence individuals' consumption behaviour. While fairly large number of similar types of other Unconditional Cash Transfer (UCT) have been experimented by various state governments as well, from time to time for different identified 'vulnerable groups', a few social programmes by the National and State governments have also been experimented on the basis of some forms of inbuilt conditionalities. Examples of such programmes are provisions of stipend under National Child Labour Project (NCLP) (payments of stipend linked to the conditions of completing the rehabilitation process by children withdrawn from hazardous occupations) and the '*Janani Suraksha Yojana*' scheme (conditions being institutional delivery in case of girl child). However, these programmes yet do not fully qualify for CCT as the cash transferred

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<sup>4</sup> For details on 'protective' and 'promotive' entitlement see "Ahmad E, Drèze J, Hills J, Sen A K (eds.) 1991. *Social Security in Developing Countries*. Oxford: Clarendon Press".

under these schemes are designated to be utilized for specific purposes, hence, not providing enough freedom to utilize the cash by the beneficiary groups.

CCT, in contrast, is characterized by 'freedom of choice' to utilize the cash across an array of 'merit goods'. However, the programme "*Apni Beti Apna Dhan*" (Our daughter, Our Wealth) started in Haryana in 1994 is closer to the concept of CCT as the benefit is linked to girls achieving certain stages of education and must not get married till the age 18 years. Very recently Government of India has launched a CCT scheme (*Dhanalakshami*, 2008) on a pilot basis to cover 11 blocks in 7 states. Under this scheme a girl child born on or after the cut off date is entitled to an insurance cover/maturity benefit to the tune of Rs. 100,000 through Life Insurance Corporation. The condition attached to the scheme is that marriage age of the girl must be at least 18 years to avail the insurance benefits. This scheme is supposed to achieve twin objectives of discouraging child (and underage) marriage and sex determined feticide. Along with the stated social objective in general the scheme is also supposed to help out the families with girl children at the time of the marriage of the girl child.

#### **DELHI PLANS FOR CCT**

Presently, Government of NCT of Delhi (GNCTD) spends approximately 52% of its total Plan expenditure of Rs. 10,000 crore on social sectors. Out of this approximately Rs.600 crores are spent on variety of social security schemes. Like in other states, Government of Delhi is also running a large number of cash transfer schemes. All the direct cash transfer schemes of the GNCTD entails annual expenditure to the tune of approximately Rs. 350 to 400 crores. Most of these cash transfer schemes are in UCT mode as these are based on some pre-determined eligibility criteria such as disabled, widow, old age, unemployed etc. However, the '*Ladli*' scheme of the Delhi government which was a precursor of its type and that later influenced the development of *Dhanalakshami* scheme of the Government of India qualifies for CCT as the benefits under the scheme is linked to the conditions similar to those mentioned above for the '*Dhanalakshami*' .

Realising the success of CCT schemes in the areas of education, health and nutrition in other developing countries and its own *Ladli scheme*, GNCTD is working on a model structure and operational plan to introduce CCT schemes to address various dimensions of poverty and vulnerability. As experienced in other developing countries, the GNCTD plans to introduce variety of CCT schemes in education, health and nutrition. To start with the CCT schemes will be introduced in one or two districts, to be selected on the basis of concentration of poor, on a pilot basis.

#### **Objectives**

The overall objective of the CCT schemes in Delhi is to achieve the Millennium Development Goals at a faster rate by alleviating the income deprivation of poor households and breaking the intergenerational transmission of poverty. However, the specific objectives are as follows:

1. To improve school enrolment, attendance, retention and educational performance;
2. To improve the health and nutritional status of all members of poor households especially women and children;
3. To enhance transparency and efficiency in social security programmes.

## **Implementation of Pilot CCT Schemes in Delhi**

### **Thematic areas of intervention**

There may be wide areas of state interventions to achieve the above mentioned objectives. An indicative but not exhaustive list of areas of interventions through CCT schemes is mentioned below:

#### **A. Education**

1. Enhance school enrolment and attendance rates and arrest dropout rates
2. Enhance promotion rates from primary to elementary and secondary education, particularly of girl children;
3. Rehabilitation of working children in general and children working in hazardous occupations in particular;
4. Promote cultural and social activities among school children;
5. Incentivisation of meritorious students in public schools.

#### **B. Health**

1. Full immunizations of children;
2. Five pre-natal check ups for pregnant women;
3. Two health check ups (post partum) in year for lactating mothers;
4. Institutional delivery;
5. Promote use of condoms and other family welfare resources;
6. Register family in government health programmes;
7. Visit to registered health clinics in case of ailment;
8. Influence households' behaviour to maintain safe sanitation and personal hygiene.

#### **C. Food & Nutrition**

1. Promote consumption of nutritious food that is rich in iron, calcium, vitamins and fortified food.

#### **D. Education and awareness**

1. Attendance in education and awareness trainings on health, environmental sanitation, gender equality and other issues of family importance.

The CCT schemes under any of the above mentioned areas may not necessarily intend to replace the existing cash transfer schemes by the state. As mentioned earlier most of the existing cash transfer schemes are of UCT nature and have been targeted to cater to certain specific forms of vulnerability based on pre-defined eligibility criteria. However, as the proposed CCT schemes emerge, some of the existing UCT as well as some other non-cash schemes of the state may be merged with CCT to enhance transparency, effectiveness and targeting.

Exact nature and extent of benefits and the conditionalities under each of the areas mentioned above and any other area of relevance may be detailed out after a wider consultation with experts, NGOs, civil society, government and people's representatives. It is proposed that a series of **Workshops** be organised for each of the thematic areas to finalise the details of the cash benefits to be transferred and the attached conditionalities.

### **Supply side interventions**

As mentioned earlier the success of CCT programmes crucially depends on adequate supply side interventions *i.e.* availability of institutions and facilities to cater the enhanced demand because of the CCT interventions. Although the state of Delhi is little better placed in terms of general infrastructure and health and educational institutional as compared to those in other poorer states, GNCTD is committed to enhance the quantity and quality of the existing institutions in general and the institutions and facilities relevant for poor in targeted regions in particular.

There could be different forms and methods of supply sides interventions in the target regions. State can promote a need assessment project in the region and mobilize resources to cater to the required interventions. State can also promote private sectors to participate in the project. Delhi government's *Bhagidari* programme under the public-private partnership (PPP) is already in place and the same platform can be utilized for the purpose of a number of such supply side interventions. Under the PPP, the Government of Delhi will work out details of terms and conditions of private participation to the project so that welfare of poor is not compromised.

### **Targeting**

As in case of many other pro-poor social security schemes (whether cash or non-cash), targeting of CCT schemes is of crucial importance. An efficient targeting not only reduces leakages but also leads to optimization of resources in favour of poor. In most of the CCT schemes in other countries, targeting has been done mainly on geographical basis. However, in many countries the targeting has been done on household basis by using 'proxy means testing'. Accordingly, the pilot CCT scheme in Delhi may be started by targeting any particular district of the state or so. Many times targeting under different CCT schemes is also done by keeping the amount of cash benefit below a threshold levels of attractiveness for rich. This method is typically known as 'self-targeting' method of a scheme. Although this method has shown successful results across different CCT schemes in different countries, the amount of cash benefits is a highly subjective criterion depending on the nature of scheme. Moreover, keeping in view an immediate objective of CCT schemes as to provide purchasing power to poor

households, a very low amount of cash benefits may also dis-interest large section of poor households. Targeting in Delhi can be done on the basis of twin criteria of 'geographical location' and 'degree of vulnerability' of population groups. While the geographical location will determine the extent of coverage, degree of vulnerability in different regions will set the incidence and intensity of CCT schemes.

### ***Vulnerability survey***

Government of Delhi has already conducted a large scale survey of vulnerable population based on 'location of residence', 'social' and 'occupational' criteria of vulnerability<sup>5</sup>. The survey is a semi-census *i.e.* census of 'potential vulnerable households/individuals', conducted under the Mission Convergence Programme (or *Samajik Suvidha Sangam*) of the GNCTD. So far, survey has been completed in two phases, Phase 1 and Phase 2, covering approximately 9 lakhs households residing in notified and non-notified slums and resettlement colonies falling under 'F', 'G' and 'H' categorization of colonies of the Municipal Corporation of Delhi (MCD). Survey of another 2 to 2.5 lakhs 'potential vulnerable' households residing in other areas (scattered across the city) is underway and likely to be completed by September 2009. Here it is very important to note that unlike a typical household survey, the present 'vulnerability survey', in addition to collecting data at the household and personal levels, enables the planners and policy makers to exactly trace back and identify the vulnerable households/persons. This makes the present 'vulnerability survey' highly relevant for targeting under the proposed CCT schemes.

### ***Family Development/Vulnerability Index (FDI/FVI)***

Mission Convergence is also presently working on developing a 'Family Development/Vulnerability Index' (FDI/FVI), which will help in classifying the vulnerable population on the basis of level/degree of vulnerability. The construction of FDI/FVI is likely to be based on a large number of indicators both at household as well as individual levels covering different dimensions of vulnerability. The FDI/FVI will also help the government in identifying nature of vulnerability at household levels across the city and addressing/targeting them with resource prioritization under the proposed CCT schemes.

Since the proposed FDI/FVI will be developed at regional as well as household levels, the twin criteria of geographical location and degree of vulnerability may be used for the purpose of targeting under different CCT schemes. A full concept note on FDI/FVI is available separately.

The construction of FVI has also proposed a detailed 'benchmark survey' covering a large number of socio-economic indicators of households. The 'benchmark survey' will help in understanding nature and dimensions of poverty/vulnerability across different regions and population groups on the one hand and impact assessment of any programmatic intervention by the GNCTD.

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<sup>5</sup> For details on the vulnerability criteria adopted by the GNCTD see Annexure I.



## **Monitoring and Impact Assessment**

Monitoring and impact assessment are the integral part of any successful programme. In case of CCT schemes, different countries have evolved different strategies to monitor the process and progress on implementation and also of evaluation of impacts. Learning from experiences of different countries, the Core Group of CCTU in consultation with the Advisory Committee will develop tools and mechanism of the same.

The proposed 'benchmark survey' to be conducted before the implementation of the programme will serve as baseline for impact evaluation.

## **Challenges and Concerns**

- Quality of survey data to be used for targeting;
- Validation and legality of the survey data;
- Training and capacity building of GRC-SK workers;
- Short-term and seasonal migration;
- Political interference at local levels;
- The concept of CCT in general has evolved also as a response to correct the market failure to distribute justice. It is in this context that a high level of private and market participation even on the supply side may go in conflict with the very concept of CCT.

## **THE PROPOSED DISTRICTS OF DELHI FOR PILOT TESTING OF CCT**

The pilot CCT programme is proposed to be implemented in one district of Delhi that has an average supply side and outcome indicators. On the basis of initial analysis of secondary data and the 'vulnerability survey' of the Mission Convergence the 'East' district of the Delhi has been tentatively finalized for intervention. The extent of vulnerable population as covered so far in the 'vulnerability survey' in the East district *vis-à-vis* other districts is presented in Annexure II.

## **PROPOSED ACTIVITIES OF THE CCT PROGRAMME**

### **Stage 1:**

Quick assessments of the capacity of the Delhi government to go for CCT project. The activities under this would consist of the following:

- i. Undertaking a review of the targeting efficiency of the schemes / interventions brought under Mission Convergence
- ii. Identifying, from the vulnerability record of Mission Convergence, the potential beneficiaries for CCT schemes. This will be coupled with an examination of the scope for further rationalization of schemes (e.g. integrating 2 or more cash assistance schemes into one, converting individual entitlements to family entitlements and conversion of in-kind assistance schemes into cash assistance schemes). The process would involve systematic classification of schemes according to the nature and mode of benefits, those that can be immediately converted to cash and those for which a long term road map is to be drawn.
- iii. Assessing transparency of the implementation mechanism and audit systems currently in use with a view to suggest specific measures for improvement.
- iv. Development of a framework for grievance redressal.
- v. Undertaking a Public expenditure review (PER) with special focus on review of current social development expenditure leading to projection of financial resources in the short (2 years) and medium (5 years) term.
- vi. Undertaking an assessment of supply side. This will involve assessment of quality of the products and services being offered; assessment of functioning of service delivery institutions such District Resource Centres, Gender Resource Centres, government departments, private institutions, etc. The assessment should lead to providing recommendations on improving quality of services and initiating any administrative reform that may be required.

## **Stage 2:**

Development of roadmap for moving from Unconditional Cash Transfer to Conditional Cash Transfer mode: This would include the following planning steps:

- (i) Resource mapping – health, education, food etc.

Keeping in mind the complexities of the food component, special thought would be given as to which of the following approaches may be followed for converting existing grain scheme (subsidized food grains through Fair Price Shops established under the PDS) into cash:

- a. Food component always on Unconditional Cash Transfer mode
- b. Food component having a combination of UCT and CCT modes
- c. Food component following either a uniform UCT or a uniform CCT.

- (ii) Assessment of Public – Private – Partnership for strengthening the supply side, particularly health and education sectors
- (iii) Development of tracking indicators which may be used for the proposed CCT
- (iv) Development /design of results based monitoring and evaluation system.
- (v) Conditionality planning which has a vision of social protection
- (vi) Designing systems for capacity building of the target communities and skills development of the target households/individuals with a view to bring them out of poverty cycle.
- (vii) Development of an Exit policy

### **Stage 3:**

Developing a roll out plan for implementation of CCT schemes. It is foreseen that a review of implementation status of the recommendations emerging from Stages 1 and 2, workshops for sharing the draft roll out plan etc. would be a part of the roll out plan.

### **INSTITUTIONAL ARRANGEMENT FOR IMPLEMENTATION**

The pilot CCT scheme(s) will be implemented through the Mission Convergence Programme of the Government of National Capital Territory of Delhi (GNCTD) in collaboration with different line departments of the GNCTD. A dedicated Conditional Cash Transfer Unit (CCTU) will be established under the Mission Convergence Programme to look after the work related to the CCT scheme. The CCTU will have two sub-units – a. Working Group and b. Secretariat. The Working Group will consist of some part time consultants and senior officials from different line departments to facilitate the day to day work of the Unit. The Secretariat will consist of full time technical experts and support staff.

An Advisory Board is also proposed to be set up to guide the CCTU in developing its work plan and related technical matters. The members of the Advisory Committee shall be drawn from the Government as well experts from outside the Government. The CCTU will take care of designing of the CCT schemes for different thematic areas. It will work in close coordination with an Advisory Board and will also be responsible for developing implementation and monitoring frameworks (in form of manuals) for grounding the schemes.

The members of the Advisory Board, the Working Group and the Secretariat will simultaneously contribute to the development of Family Development/Vulnerability Index (FDI/FVI) the use of which will refine the strategic planning and implementation of the CCT programme.

A tentative list of members to be included in the advisory and the working group is found in Annexure III.

## **TIME FRAME**

The deadline for implementing pilot CCT schemes may be set as 3 to 4 months after constituting the CCT Unit. The deadline for starting the pilot CCT schemes is tentatively set as 31<sup>st</sup> December 2009. After learning from the experiences of the pilot a comprehensive plan will be worked out to implement CCT schemes on a long term basis.

## **BUDGET HEADS OF EXPENDITURE FOR THE CCT UNIT**

1. Office space and other infrastructure
2. Honorarium to Members of the Advisory Board and the Working Group
3. Salary of the technical experts and the support staff at the Secretariat of CCT Unit
4. Expenses on Meetings of the Advisory Board and the Working Group
5. Other meetings
6. Outsourcing of research and assessment studies
7. Stationary
8. Communications

## **SUPPORT REQUESTED FROM UNDP**

UNDP's support is requested for an initial period of two years after which the needs and orientation of the CCT Unit will be reassessed for further support. The present indicative support areas are:

- Operational costs of the CCTU, including salaries of full time technical experts and support staff
- Recruitment of technical experts and support staff
- Payment of honoraria and other support for the working of the members of the Advisory Board and the Working Group.
- Costs related to workshops, conferences, and trainings
- Technical advise
- Support on external linkages of the Mission

## **Annexure I**

### **Existing Definition of 'Vulnerability' by the Mission Convergence**

1. The first level of Identification is based on the location of residence of the individuals/families. People living in the following places can belong to the two groups.

- Shelterless and precariously housed
- Residents of Notified Slums
- Residents of Non-Notified Slums
- Residents of Resettlement Colonies of F, G and H categories

*In case of respect of other category colonies, the identification of the urban vulnerable would be done on a case to case basis.*

2. The second step in Identifying Vulnerability is to classify people into ***Socially Deprived*** and ***Occupationally Vulnerable groups***.

**2a. Socially Deprived Groups:** Socially deprived groups are made up of households that include:

- Households with old people either living alone or as dependents with their children or others (Above the age of 60).
- Households with disabled people.
- Households with people who suffer from debilitating and stigmatized ailments (HIV/ AIDS, TB, and Leprosy).
- Single women (including widows, unmarried and separated and deserted women,) living in household(s) as dependents, or alone, or as heads of households.
- Single unprotected children, and
- Child headed households.

**2b. Occupationally Vulnerable Groups:** Households which are primarily dependent on earnings from occupations and forms of employment or self-employment which are casual, low-end, with low and uncertain wages and irregular employment, unsanitary, unhealthy and hazardous work conditions, and bonded, semi-bonded or other undignified and oppressive conditions of employment.

An illustrative, but not exhaustive list of such occupations is as follows:

- Rag-picking
- Unskilled Construction workers
- Porters and *hamaals*
- Casual Daily Wage Labour
- Street vendors / Hawkers
- Casual domestic workers
- Cycle rickshaw drivers
- Unskilled workers in small Household enterprises
- Unskilled workers in Household industries

**Most vulnerable category** comprises of all shelterless and precariously housed people based on residence category. Similarly all the socially deprived categories (as mentioned in 2a above), resident in the areas mentioned in (1) above also belong to the category.

**Vulnerable category** comprises of all occupational deprived categories, resident in the areas mentioned in (1) above.

**Annexure II**

**Assessment of Vulnerable households in Districts of Delhi**

|               | Total number of Households*      |                        |                |              |                         |                            |
|---------------|----------------------------------|------------------------|----------------|--------------|-------------------------|----------------------------|
|               | with senior citizen (> 60 years) | with differently abled | single women** | Women headed | Child headed (<=17 Yrs) | Total number of households |
| North         | 8651                             | 1836                   | 320            | 4475         | 51                      | 63884                      |
| Central       | 5546                             | 1174                   | 547            | 3999         | 6                       | 26078                      |
| East          | 17439                            | 3046                   | 800            | 10124        | 151                     | 105556                     |
| West          | 22802                            | 3118                   | 635            | 12540        | 82                      | 115973                     |
| South         | 15873                            | 5555                   | 606            | 9801         | 98                      | 135100                     |
| New Delhi     | 352                              | 66                     | 29             | 322          | 4                       | 3318                       |
| North East    | 25928                            | 6146                   | 925            | 15053        | 60                      | 127774                     |
| North West    | 32299                            | 7706                   | 1054           | 20930        | 194                     | 195544                     |
| South West    | 10887                            | 4275                   | 233            | 5305         | 69                      | 77675                      |
| All districts | 139777                           | 32922                  | 5149           | 82549        | 715                     | 850902                     |

Notes: \* The groups are not mutually exclusive; \*\* include all 'widow', 'separated' and 'unmarried over age 30 years'

Source: Vulnerability Survey of Mission Convergence, Government of Delhi.

**Annexure III****Tentative List of Experts for the Advisory Board, Working Group and the Secretariat.**

| S. N.  | Name   | Address   | Telephone/<br>e-mail  |
|--|--|---|---|
| <b>ADVISORY BODY (UNDP will support the working of this group and will help in organizing workshops, meetings etc)</b> |  |   |   |
| 1  | Representative from the Planning Commission of India |   |   |
| 2  | Dr. Seeta Prabhu                                     | United Nations Development Programme  | Tel: 022 - 28470435   |
| 3  | Professor Amitabh Kundu,                             | Centre for the Study of Regional Development,<br>School of Social Sciences,<br>Jawaharlal Nehru University, Delhi,<br>India | <a href="mailto:amit0304@mail.jnu.ac.in">amit0304@mail.jnu.ac.in</a><br>Tel: 26742684 |
| 4  | Dr. A.K. Shiv Kumar                                  | Consultant, UNICEF<br>73 Lodhi Estate,<br>New Delhi-110003  | <a href="mailto:akshivakumar@gmail.com">akshivakumar@gmail.com</a>                    |
| 5  | Mr. N.C. Saxena                                      | Commissioner, Right to Food Campaign of Supreme Court of India  |   |
| 6  | Mr. Harsh Mandar                                     | B-68, 2 <sup>nd</sup> Floor,<br>Sarvodaya Enclave,<br>New Delhi- 110017   | <a href="mailto:mandarharsh@gmail.com">mandarharsh@gmail.com</a><br>Tel: 9810523018   |
| 7  | Representative from the World Bank                   |   |   |
| 8  | Representative from UNDP                             |   |   |
| 9  | Representative from Ford Foundation                  |   |   |



|  |   |   |   |
|--|---|---|---|
| 10   | Representative from World food Programme (WFP)              |   |   |
| 11   | Representative from International Finance Corporation (IFC) |   |   |
| 12   | Representative from World Health Organisation (WHO)         |   |   |
| <b>WORKING GROUP (UNDP will support the payment of consultancy fees, honorarium etc)</b> |   |   |   |
| 1  | Ms. Rashmi Singh  | Member Secretary & the Mission Director, Samajik Suvidha Sangam (Mission Convergence)<br><br>Room No. - 403 & 404, 'B'-wing, 4th Level, Delhi Secretariat, I.P. Estate, New Delhi – 110002, | Phone: 011-23392398,<br>Telefax: 011-23392408<br><br>E-mail:<br>samajik.suvidha.sangam@gmail.com                        |
| 2  | Ms. Manisha Priyam  | Advisor – International Collaboration, Mission Convergence  | <a href="mailto:M.Priyam@lse.ac.uk">M.Priyam@lse.ac.uk</a>  |
| 3  | Mr. J.P. Mishra   | Principal Specialist<br><br>Health Sector Support Programme<br><br>German Technical Cooperation, B-5/1, Safdarjung Enclave (3rd Floor), New Delhi - 110 029, India                          | Tel: +91 11 4603 6693 (direct)<br><br>Fax: +91 11 4603 6688<br><br><a href="mailto:jp.misra@gtz.de">jp.misra@gtz.de</a> |
| 4  | Dr. Partha Mukhopadhyay                                     | Centre for Policy Research<br>Dharam Marg, Chanakyapuri<br>New Delhi – 110021   | <a href="mailto:partha@cprindia.org">partha@cprindia.org</a><br><br>Tel: 91-11-26115273-76 (4 Lines)                    |
| 5  | Ms. Rukmini Banerji   | Pratham   |   |
| 6  | Food & Civil Supplies Deptt., Govt. of Delhi                |   |   |

|  |  |  |  |
|--|--|--|--|
| 7  | Deptt. of Health, Govt. of Delhi                   |  |  |
| 8  | Other Departments of Govt. of Delhi, on need basis |  |  |
| <b>SECRETARIAT (UNDP will support the recruitment and salary of the staff for the Secretariat)</b> |  |  |  |
| 1  | Programme Manager – One                            |  |  |
| 2  | Economist – One                                    |  |  |
| 3  | Sociologist – One                                  |  |  |
| 4  | Statistician – One                                 |  |  |
| 5  | Monitoring, Evaluation & Reporting Officer         |  |  |
| 6  | Data Analyst – One                                 |  |  |
| 7  | Programme Coordinator - One                        |  |  |
| 8  | Support Staff - Two                                |  |  |

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