



Food and Agriculture Organization
of the United Nations

Social Protection

From Protection to Production

Social Cash Transfers in sub-Saharan Africa: evidence, myths and policy implications

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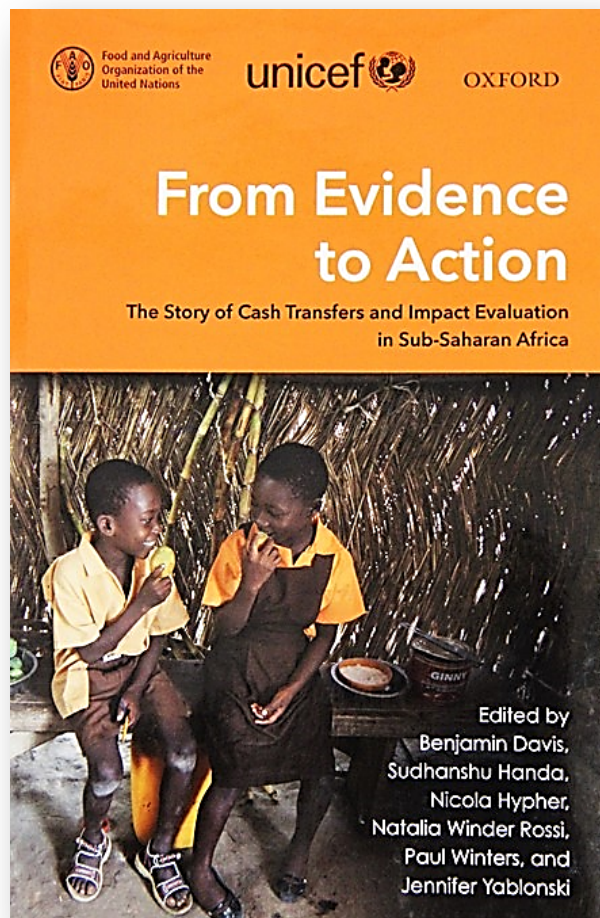
Social protection policies continue to expand across sub-Saharan Africa

- Virtually every nation in sub-Saharan Africa (SSA) has some kind of cash transfer programme
- Designed to address country-specific development needs
- Key mechanism to protect vulnerable individuals and households from poverty and hunger, and to help them build resilience
- African “model”
 - Unconditional (with messaging), targeting on poverty and vulnerability (OVC, elderly), community involvement in targeting

Common perceptions around social cash transfers

1. Spent on alcohol or tobacco
2. Fully consumed, not utilized for productive activity
3. Create dependency
4. Increase fertility
5. Lead to community-level price distortion and inflation
6. Too costly to implement at scale

From Evidence to Action: The Story of Cash Transfers and Impact Evaluation in Sub-Saharan Africa



- 8 years of research in SSA and the broader policy context
- **Who:** Community of research, donor and governments– focus on coordination in efforts and uptake of results
- **Mission:** Provide rigorous evidence on of government-run large-scale (largely unconditional) SCTs
- Little evidence from SSA
- Objectives:
 1. Provide evidence on the effectiveness of SCT
 2. Inform the development & design of SCT
 3. Promote learning

From Evidence to Action showcases evidence on social cash transfers across sub-Saharan Africa

- Ethiopia, Ghana, Kenya, Lesotho, Malawi, South Africa, Zambia and Zimbabwe
- 8 year process of the Transfer Project
- Describes with country case studies how these programmes led to broad range of social and productive impacts on poor families
- Shows how impact evaluations are conducted, the relevance of evidence, and the ways in which evidence informs broader social protection policy and programming processes in each country
- Draws lessons from comparisons of results across countries
- Read!

What is the Transfer Project?

- Multi-country initiative to help governments design and implement impact evaluations of cash transfer programs
- Led by UNICEF, FAO and UNC-CH
- Demand driven and decentralized
 - Countries participate if they want
 - Raise their own money, contract out evaluations
 - UNICEF is typically honest broker on the ground
 - UNC/FAO provide technical advice; in some cases implemented evaluations
 - Rigorous, but no standard approach, design fits context/need

The SSA evidence base (Transfer Project affiliated evaluations only, there are others)

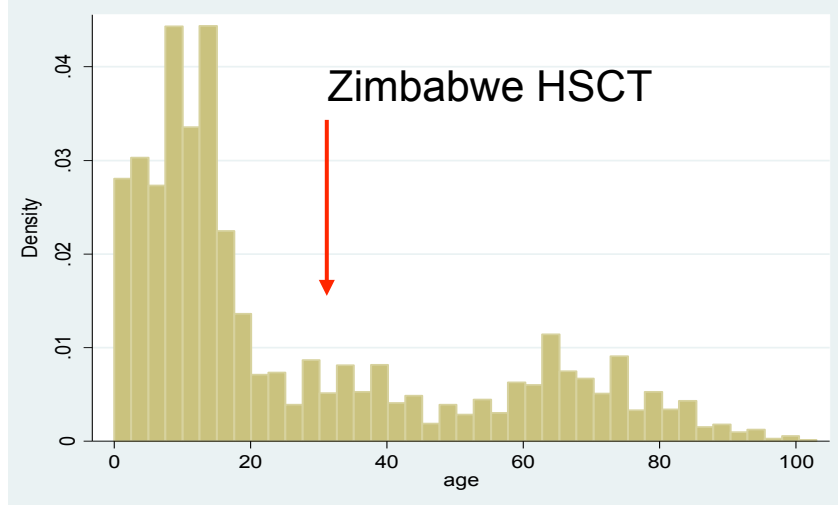
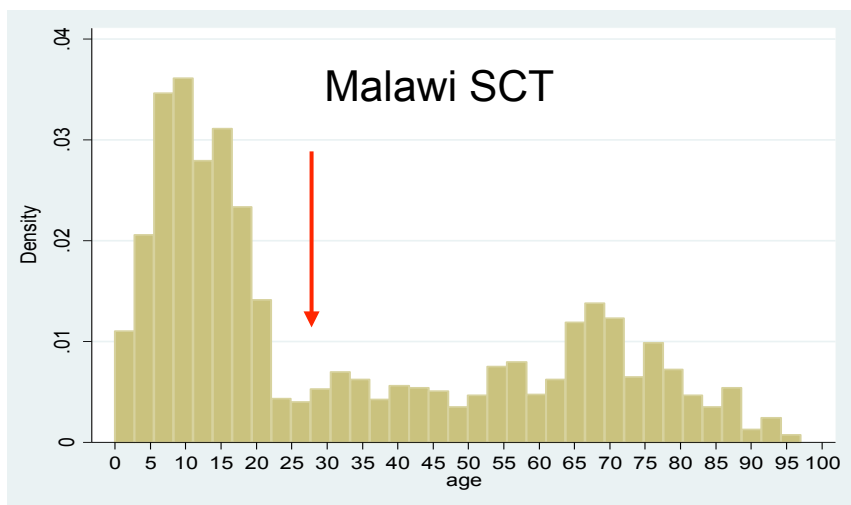
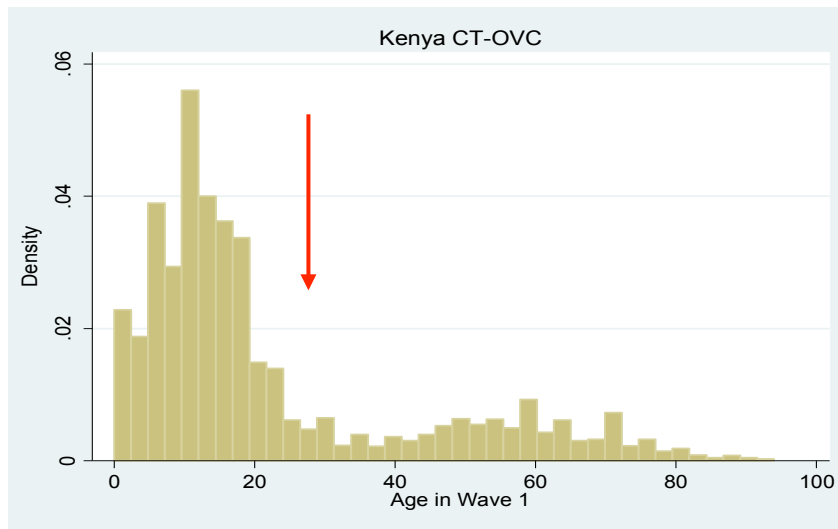
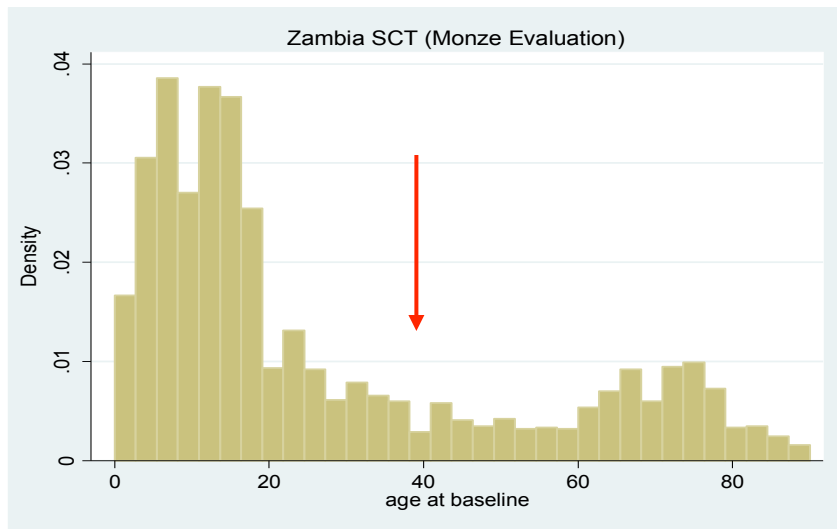
| Country/Program | IE Design | Survey years |
|-------------------------|-----------------------------------|------------------------------|
| Ethiopia Tigray (Bolsa) | RDD | 2012, 2014 |
| Ethiopia Tigray II | RDD | 2016, 2018 |
| Ghana LEAP | Longitudinal PSM | 2010, 2012, 2016 |
| Ghana LEAP Phase 2 | RDD | 2017, 2019 |
| Ghana LEAP 1000 | RDD | 2015, 2017 |
| Kenya CT-OVC | RCT | 2007, 2009, 2011 |
| Lesotho CGP | RCT | 2011, 2013 |
| Malawi SCTP | RCT | 2013, 2014, 2015 |
| South Africa | PSM | 2010 |
| Tanzania PSSN | RCT | 2015, 2017 |
| Zambia CGP | RCT | 2010, 2012, 2013, 2014, 2017 |
| Zambia MCP | RCT | 2011, 2013, 2014 |
| Zimbabwe HSCT | Longitudinal Matched Case-Control | 2013, 2014, 2017 |

Red indicates ongoing study

Innovations in the Transfer Project approach

- Mixed methods
 - Quantitative, qualitative and local economy impacts simulation (LEWIE)
- Content
 - Poverty, consumption, health, education
 - Youth transitions to adulthood and HIV risk
 - Productive impacts, local economy effects
 - Social networks and informal social protection
- No one method followed by each country; each approach responded to needs, programme context and budget considerations in each particular country
- By linking of different methods, produced a common story of what was happening and why

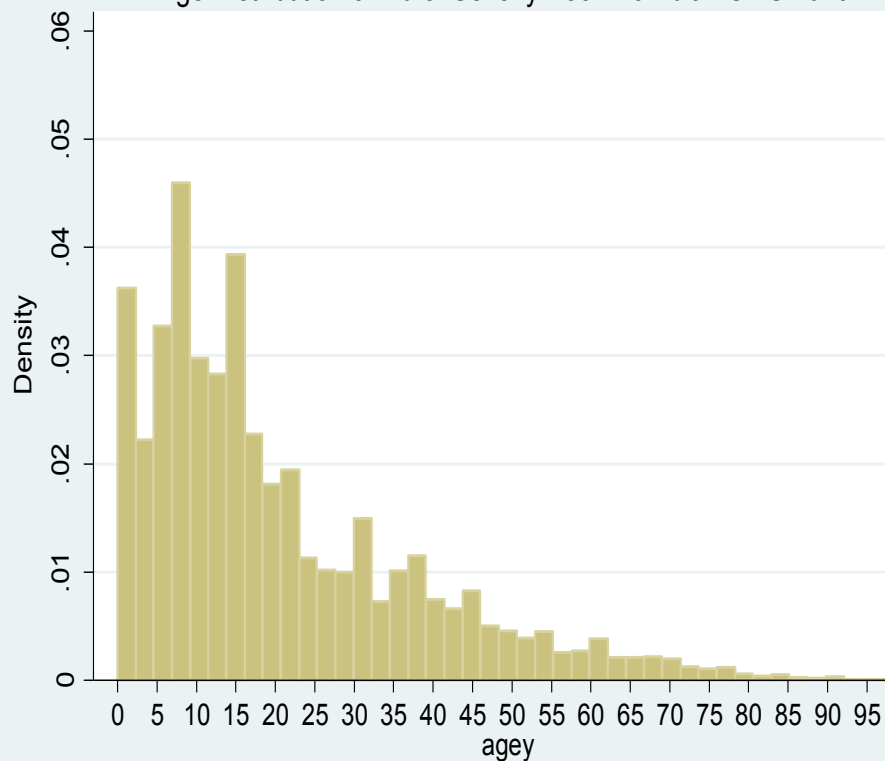
Unique demographic structure of recipient households in OVC and labor-constrained models (missing prime-ages)



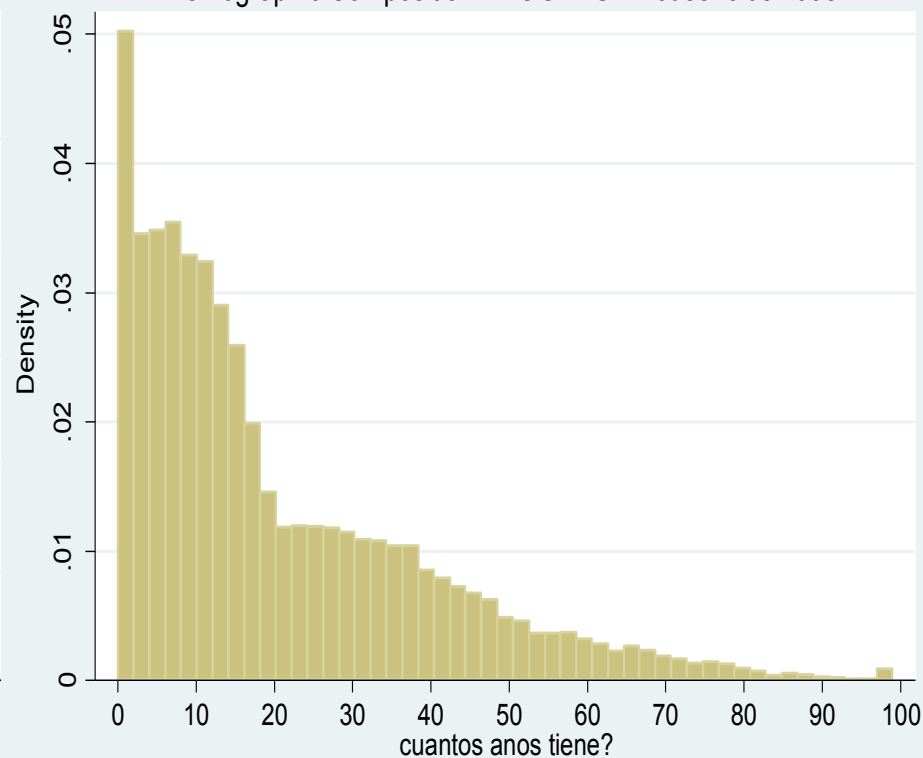
Compare to ultra-poor (Zambia) or typical CCT target families (Progresa)

pre-schoolers and prime-age adults

Age Distribution of Rural Severely Poor: Zambia LCMS 2010



Demographic Composition PROGRESA Households 1998



Who gets the cash? Women! But not necessarily by design

More than two-thirds of beneficiaries are female



And three of five beneficiary HH are female-headed



| Program | Female beneficiaries (%) |
|-----------------|--------------------------|
| Ethiopia SCTPP | 78 |
| Ghana LEAP | 65 |
| Ghana LEAP 1000 | 100 |
| Kenya CT-OVC | 85 |
| Lesotho CGP | 67 |
| Malawi SCTP | 84 |
| Zambia CGP | 99 |
| Zambia MCTTG | 75 |
| Zimbabwe HSCT | 64 |

Summary of evidence across domains and countries

| Domain of impact | Evidence |
|--|----------|
| Food security | Green |
| Alcohol & tobacco | Red |
| Subjective well-being | Green |
| Productive activity | Green |
| Secondary school enrollment | Green |
| Spending on school inputs (uniforms, shoes, clothes) | Green |
| Health, reduced morbidity | Green |
| Health, seeking care | Yellow |
| Spending on health | Yellow |
| Nutritional status | Red |
| Increased fertility | Red |

Across-the-board impacts on food security

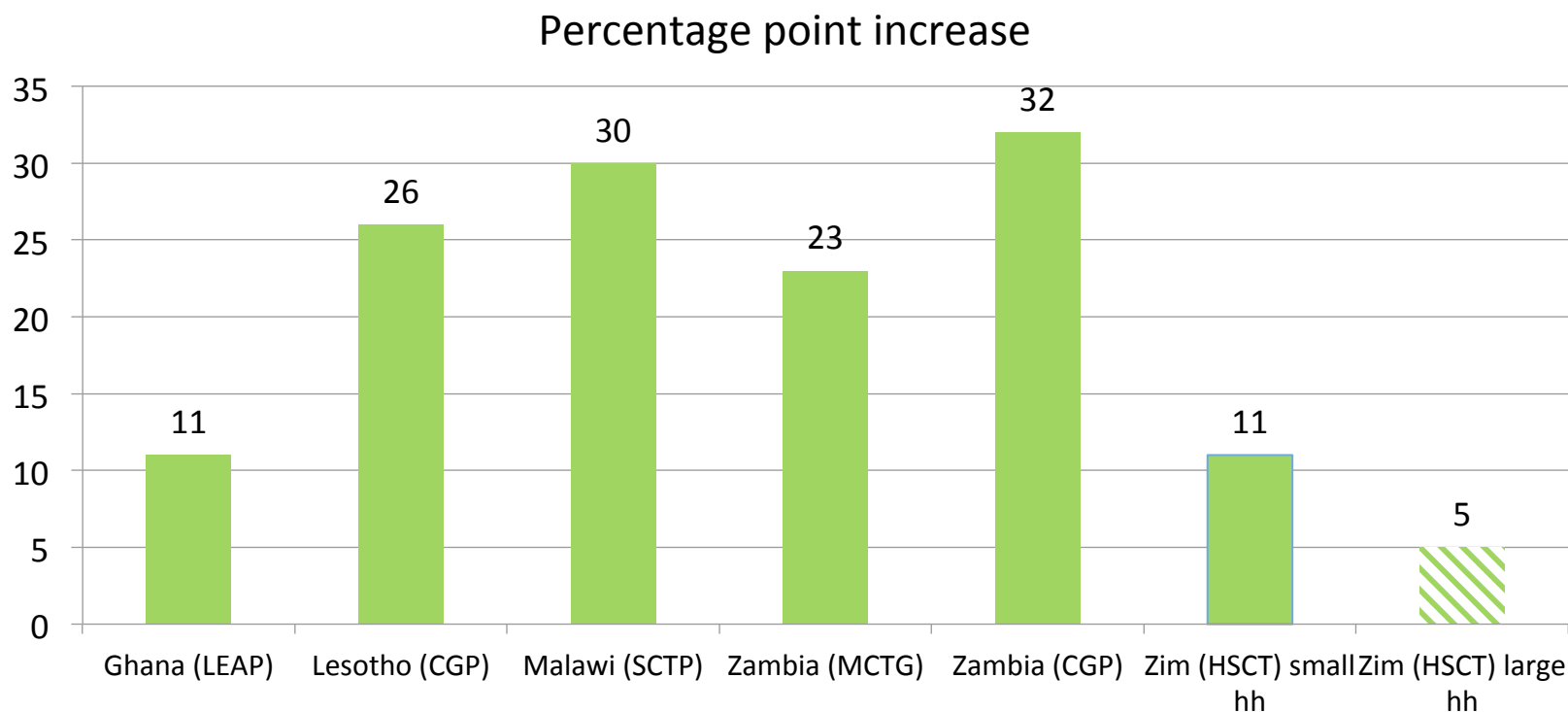
| | Ethiopia | Ghana | Kenya | Lesotho | Malawi | Zambia | Zambia | Zimbabwe |
|--|----------|-------|--------|---------|--------|--------|--------|----------|
| | SCTP | LEAP | CT-OVC | CGP | SCTP | MCTG | CGP | HSCT |
| Spending on food & quantities consumed | | | | | | | | |
| Per capita food expenditure | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Per capita expenditure, food items | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kilocalories per capita | ✓ | | | ✓ | ✓ | | ✓ | ✓ |
| Frequency & diversity of food consumption | | | | | | | | |
| Number of meals per day | | | | | ✓ | ✓ | ✓ | |
| Dietary diversity/nutrient rich food | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Food consumption behaviors | | | | | | | | |
| Coping strategies adults/children | ✓ | ✓ | | ✓ | ✓ | | | |
| Food insecurity access scale | | | | | | ✓ | ✓ | ✓ |

Red check (cross) marks represent positive (negative) significant impact, black are insignificant and empty is indicator not collected

Cash will not be wasted on alcohol and other “bads”

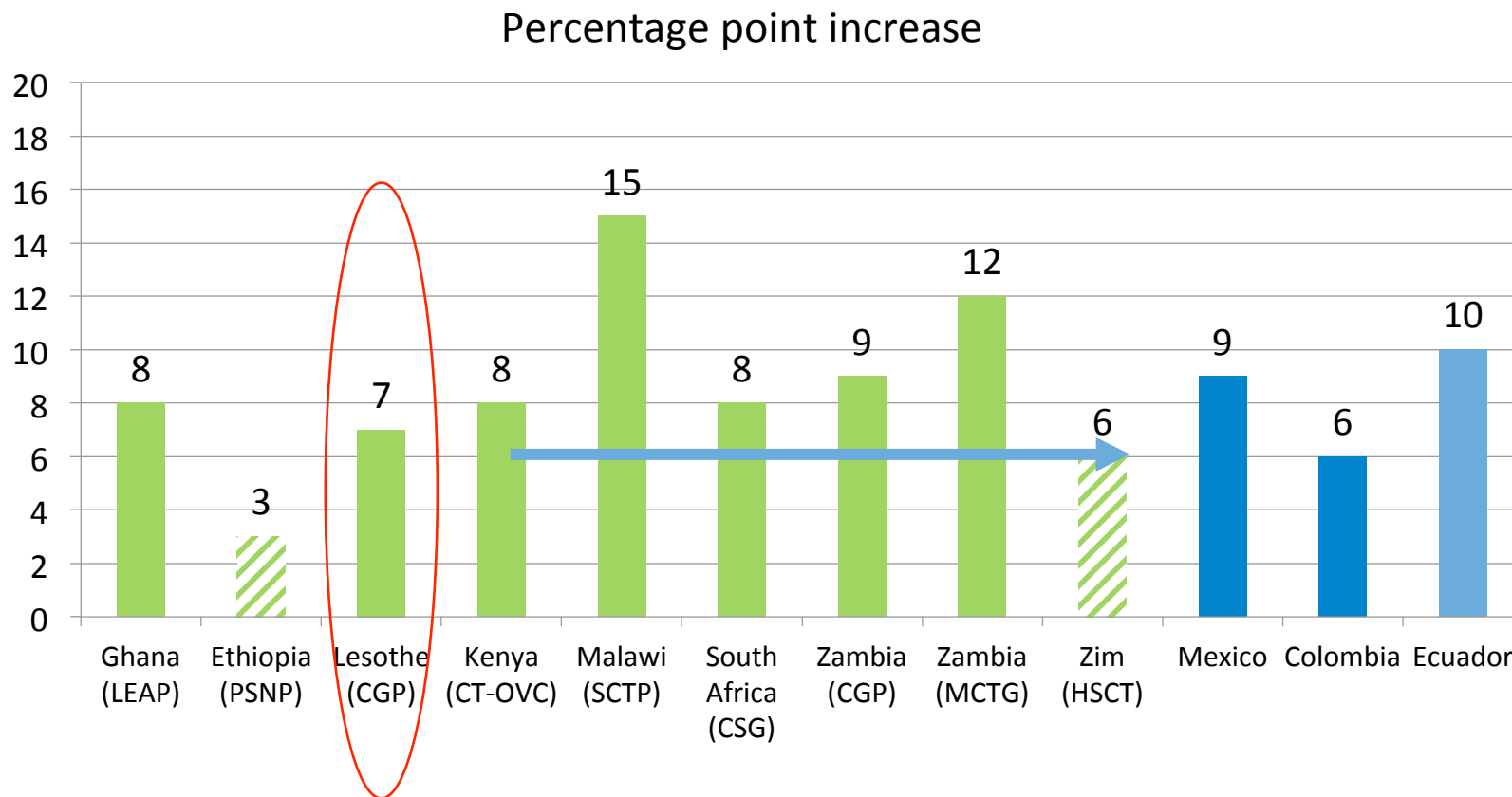
- Alcohol & tobacco represent 1 percent of budget share
- Across seven countries, no positive impacts observed on alcohol and tobacco
 - Data comes from detailed consumption modules covering over 250 individual items
- Alternative measurement approaches yield same result
 - “Has alcohol consumption increased in this community over the last year?”
 - “Is alcohol consumption a problem in your community?”
- Consistent with meta-analysis by Evans & Popova (2016) on cash transfers and temptation goods

Significant increase in share of households who spend on school-age children's uniforms, shoes and other clothing



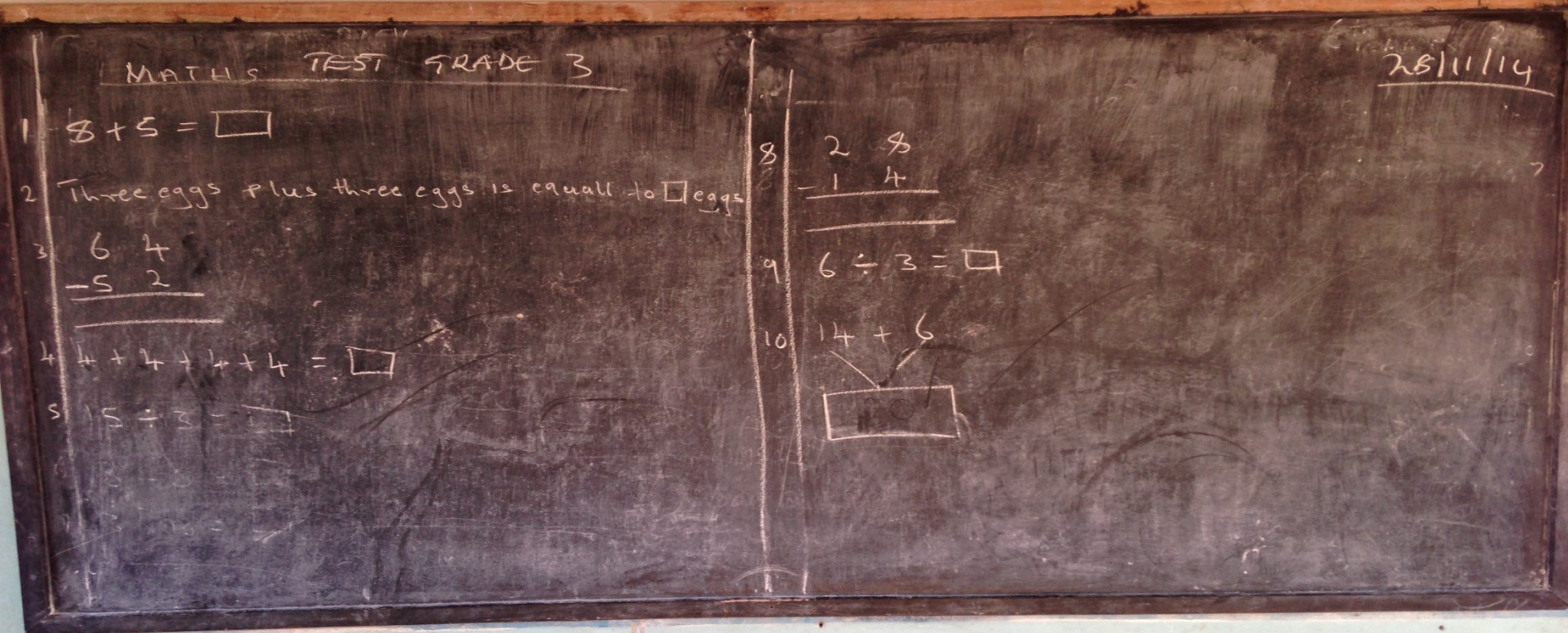
Solid bars represent significant impact, shaded not significant. Lesotho includes shoes and school uniforms only, Ghana is schooling expenditures for ages 13-17. Other countries are shoes, change of clothes, blanket ages 5-17.

School enrollment impacts (secondary age children): Same range as those from CCTs in Latin America



Primary enrollment already high, impacts at secondary level. Ethiopia is all children age 6-16.

More kids in school but school quality still a challenge



Grade 3 math test – Serenje District, Zambia

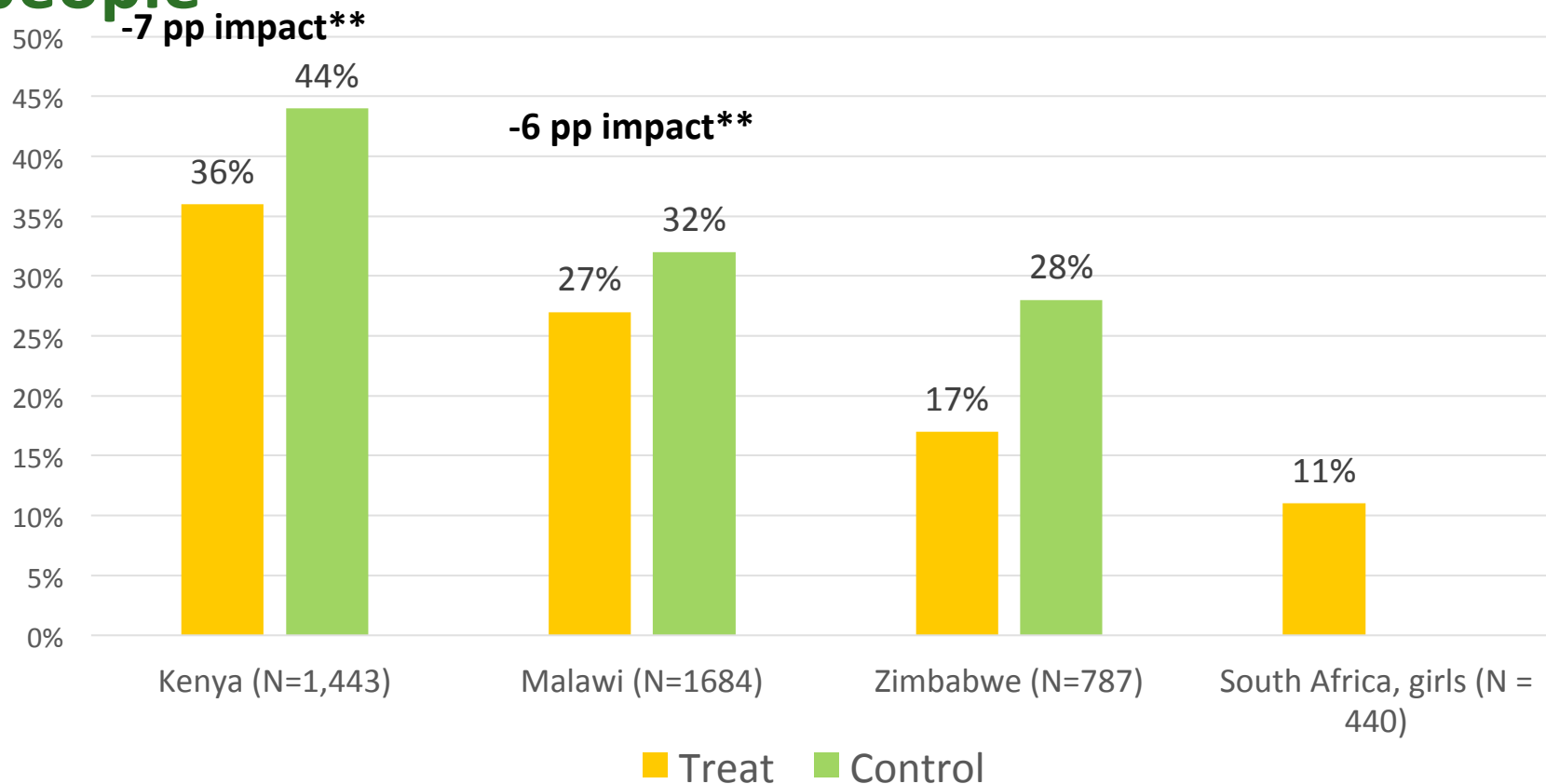
Cash does not lead to inflation

- In six countries, tested for inflation in intervention versus control communities using basket of ten goods
 - No inflationary effects found
- Why not?
 - Beneficiaries small share of community, typically 15-20 percent
 - Poorest households, low purchasing power, don't buy enough to affect market prices
 - Demand does increase on pay-day, supply response appears to be adequate

Cash does not increase fertility

- Zambia Child Grant Programme
 - No impacts on total fertility or whether currently pregnant
 - Palermo et al J of PopEconomics (2016)
 - Some indication of improved birth outcomes (fewer pregnancy complications)
- Kenya Cash Transfer for Orphans & Vulnerable Children
 - Reduction in early pregnancy among women 15-24 by 6 pp
 - Handa et al Soc Sci & Medicine (2015)
 - No increase in number of children living in household
- South Africa Child Support Grant (Heinrich et al)
 - Reduction in early pregnancy by 11 pp

Transfers delay sexual debut among young people



- Kenya and Zimbabwe impacts driven by girls, Malawi driven by boys. Zambia no impacts.
- Kenya results in Handa et al [PLOS One](#) (2014)

Where is evidence the weakest in terms of impact?

- Young child health and morbidity
 - Positive impacts on reducing morbidity and expenditures, but less on care seeking
 - Why? Supply of services typically much lower than for education sector
- Few impacts on young child nutritional status (anthropometry)
 - Kenya CT-OVC, South Africa CSG, Zambia CGP, Malawi SCTP, Zimbabwe HSCT
 - In RSA, Zambia, positive impacts when mother has completed primary school or has protected water source
 - Why? Determinants of nutrition complex, involve care, sanitation, water, disease environment and food
 - Why? Poor supply of health services in rural sector

Health Facilities Survey Zambia CGP – Poorly Stocked!

| X.3: Drugs | | Carry | In Stock |
|-------------------------------------|----------|-------------|-------------|
| VARIABLES | (1) N | (2) mean | (2) mean |
| Insecticide treated mosquito nets | 31 | 0.774 | 0.452 |
| Meningitis vaccines | 31 | 0.0968 | 0.0323 |
| Polio vaccines | 31 | 0.419 | 0.290 |
| Measles vaccines | 31 | 0.419 | 0.355 |
| Tetanus vaccines | 31 | 0.419 | 0.355 |
| DPT vaccines | 31 | 0.387 | 0.323 |
| BCG vaccines | 31 | 0.419 | 0.258 |
| Antiretrovirals | 31 | 0.258 | 0.226 |
| Cotrimoxazole | 31 | 0.387 | 0.226 |
| Penicillin injection/tablets | 31 | 0.258 | 0.194 |
| Folic acid tablets | 31 | 0.581 | 0.452 |
| Fansidar | 31 | 0.613 | 0.387 |
| Coartem | 31 | 0.516 | 0.258 |
| Oral rehydration salts | 31 | 0.677 | 0.452 |
| Aspirin | 31 | 0.742 | 0.355 |
| Paracetamol/Panadol | 31 | 0.774 | 0.355 |
| Intrauterine devices | 31 | 0.258 | 0.161 |
| Contraceptive pills | 31 | 0.581 | 0.452 |
| Spermicide | 31 | 0.129 | 0.0645 |
| Condoms | 31 | 0.806 | 0.548 |
| Total number of supplies/medication | 31 | 9.516 | 6.194 |

Impacts on productive activities and labor supply

- Households invest in productive activities: impact varies by country, transfer size, target group
- Cash transfers do not lead to dependency
- Actually they have the potential to lead to multiplier effects in local economy!

We will talk about these impacts more extensively in next presentation

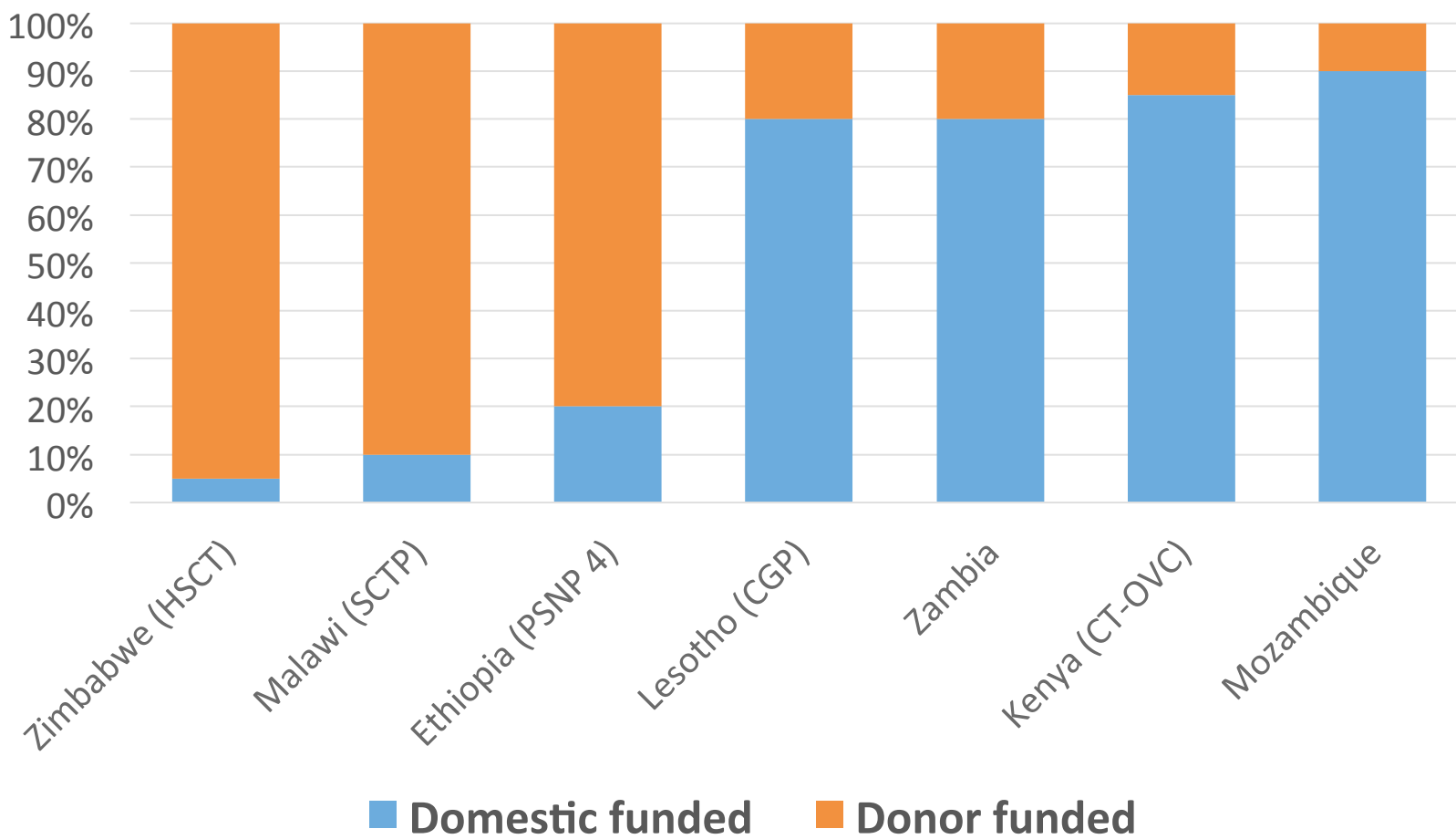
Building comprehensive social protection systems

- Typical for a cash transfer to roll out first, policy comes later
 - Overwhelms weak Ministry
 - Few links to other key services (health insurance, school fee waivers) or agricultural extension
 - Program convergence seen as ‘double-dipping’
- Single registry a step in this direction
 - Need practical guidance on the ground for social workers, nurses, teachers

Lesson learned: what makes social protection programmes effective?

- **Supply side matters to maximize impact** (supply of health and education)
- **Targeting** (young children 0-2 missing proportionally)
- **Research is important, but implementation matters more** : systematically take forward findings of research and scale up!
- **Political commitment and domestic resource mobilization** critical to sustain programmes

Funding of cash transfer programs in 2015



Policy and programme impact at country level —but not necessarily due to rigorous experimental design

- Being embedded in national policy processes
- Not just impacts—but systematic approach to analyzing generated confidence and enhanced reputation
- Continuous generation of information at key moments in policy cycle
 - Intermediate products such as LEWIE and qualitative
- Multi-disciplinary teams and strong relationships with government counterparts
 - Proximity and interdependence of evaluators, government team and partner agencies
- Broad-based learning agenda beyond impacts
- Messaging, packaging and timing of results
- Regional learning agenda (community of practice)

Impact of Transfer Project: regional level

- Strong evidence base on impact of cash transfers now available in SSA; no need to go to other regions for models
- Context-specific design and implementation (home grown models, community participation, unconditional transfers, etc)
- Strengthen evidence base to feed to important regional processes (AU commitments, etc)
- Contribution to changing the discourse: SP as an investment, not a cost

Impact of Transfer Project: Global level

- Generation of evidence on the broad range impacts of social cash transfers—poverty, social, economic and social determinants of HIV risk, economic and productive impacts at household and local level
- SSA is now a global leader in the production of evidence and regional learning on cash transfers, including cutting edge research
- Contribution to evidence on unconditional transfers: impacts on outcomes comparable to conditional transfers



Acknowledgements

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<https://transfer.cpc.unc.edu/>
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Thanks!

