

# Improving Child Outcomes through Social Protection: Evidence from the Transfer Project

Prepared by UNICEF Office of Research-Innocenti  
For the  
AU Expert Consultation on Children and Social Protection  
Systems in Africa  
April 2014



[www.cpc.unc.edu/projects/transfer](http://www.cpc.unc.edu/projects/transfer)





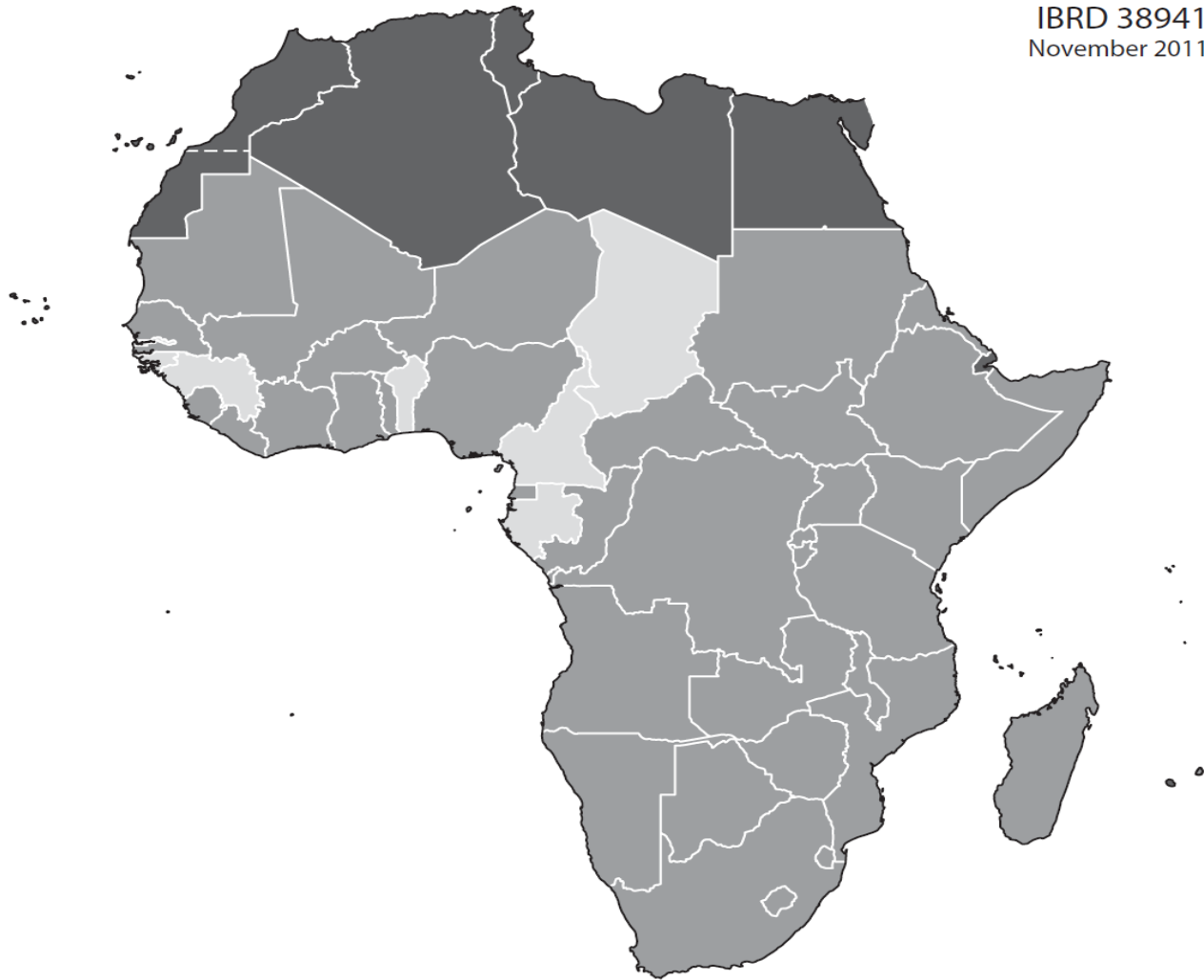
# Social Protection is thriving in Africa

- Focusing on cash transfer programs alone
  - >120 programs across the continent of all kinds
  - ~30 long-term development programs in 20 countries
- Programs are ‘home-grown’
  - Target on poverty and vulnerability; greater role of community
  - Unconditional
  - Larger evidence base on impacts than any other region: more countries, more topics





IBRD 38941  
November 2011



- countries with no known dialogue surrounding CT programs (8)
- countries in which CT programs have been discussed, planned, or implemented (39)
- countries excluded from study



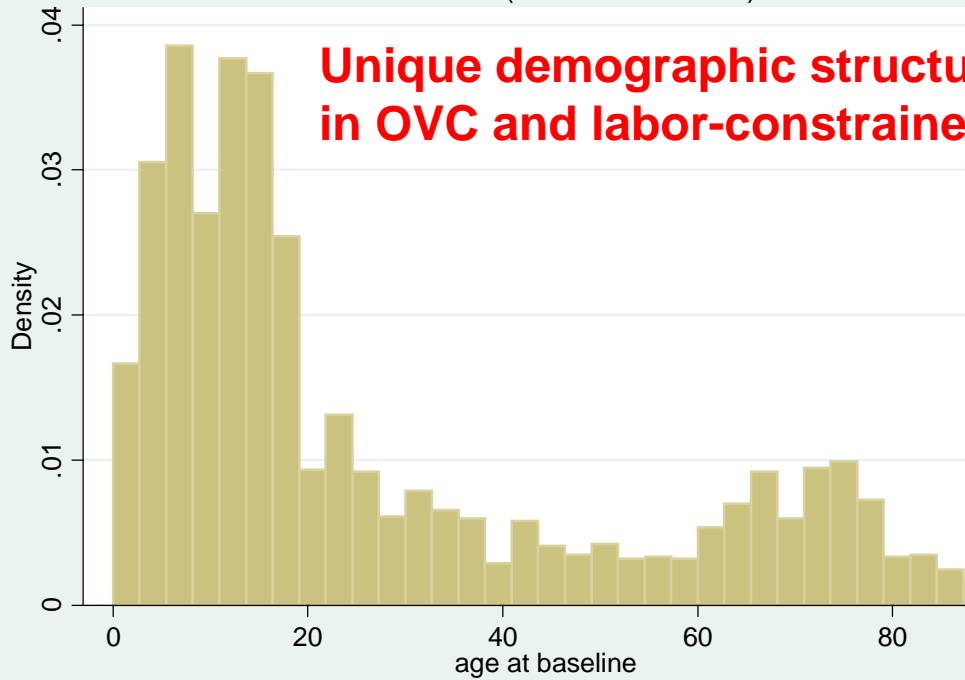
# Variety of Designs

- Universal old age pensions; near universal child grants
  - Primarily (wealthier) Southern African countries
- Targeted programs to specific vulnerabilities (ultra-poor + labor constraints, OVC, disability, etc) \*\*\*
  - Ghana, Kenya, Lesotho, Liberia, Malawi, Zambia, ZIM
- Cash for work for able bodied
  - Ethiopia, Rwanda
- A few conditional programs
  - Burkina Faso, Tanzania, Nigeria
- Cash in emergency settings
  - Niger, Mali, Somalia



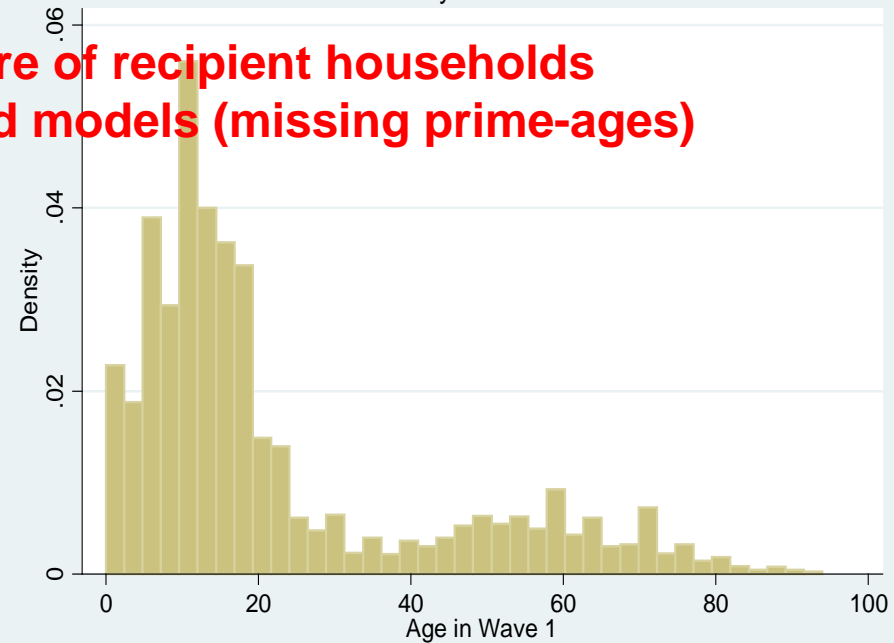


Zambia SCT (Monze Evaluation)

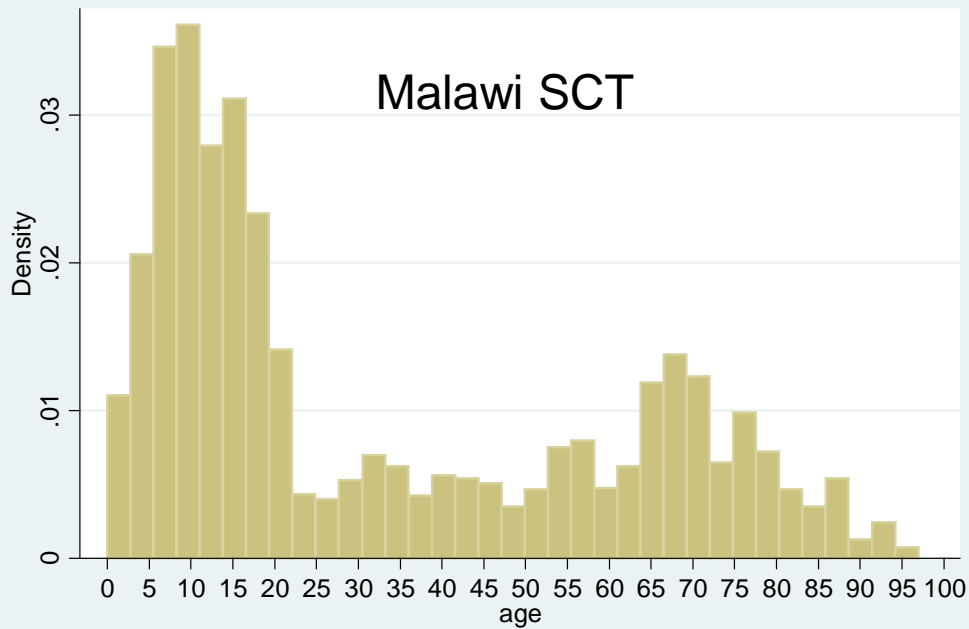


**Unique demographic structure of recipient households in OVC and labor-constrained models (missing prime-ages)**

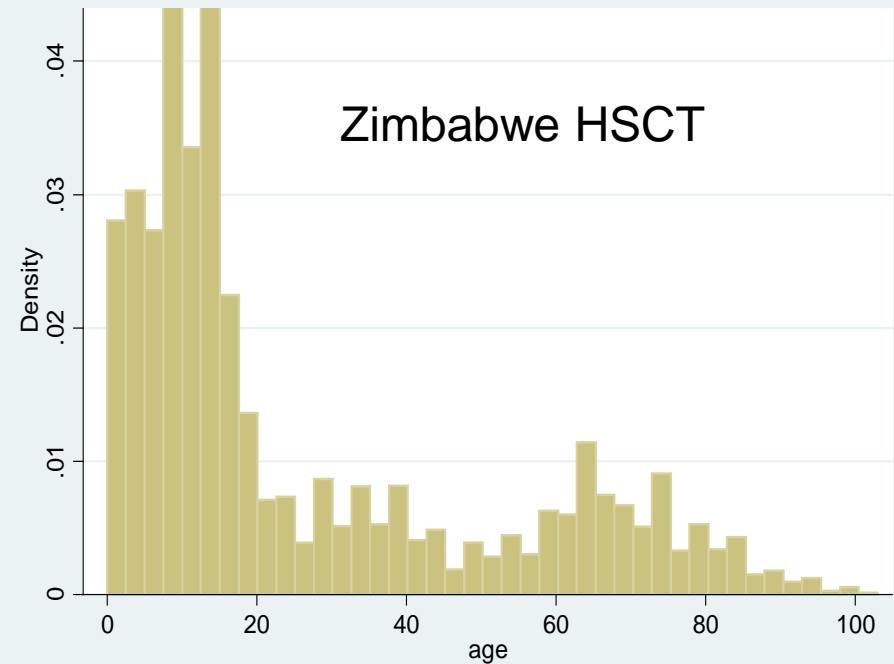
Kenya CT-OVC



Malawi SCT



Zimbabwe HSCT



# Your three tweets from this presentation\*

- Rigorous evidence from Africa is unmatched in any other region
  - No longer must we talk about the LAC experience
- Impacts are ‘impressive’—cash in the hands of poor people is transformative
- Specifics matters: effects depend on implementation, program design and context



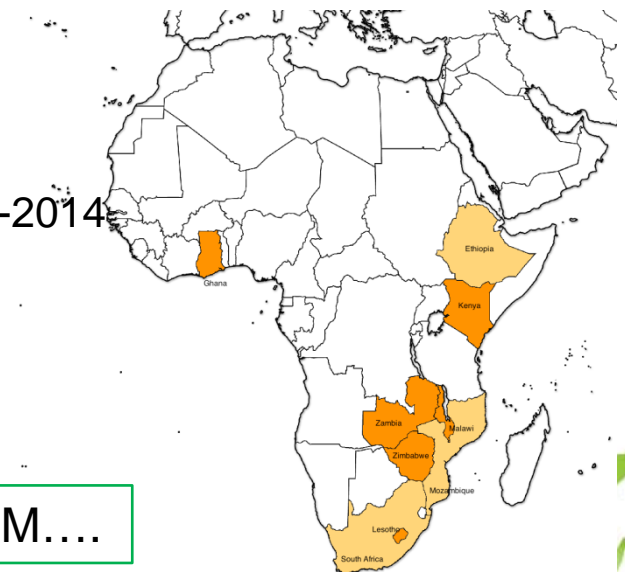
\* @ashudirect



## Deep evidence base on CTs: 19 impact evaluations in 13 countries

- Malawi SCT
  - Mchinji pilot, 2008-2009
  - Expansion, 2013-2014
- Kenya
  - CT OVC, 2007-2011
  - CT OVC, Expansion, 2012-2014
  - HSNP, Pilot 2010-2012
- Mozambique PSA
  - Expansion, 2008-2009
- Zambia
  - Monze pilot, 2007-2010
  - Child Grant, MCP, 2010-2014
  - IE of scale up 2014?
- South Africa CSG
  - Retrospective, 2010
- Burkina Faso
  - Experiment, 2008-2010
- Ethiopia
  - PNSP, 2006-2010
  - Tigray SPP, 2012-2014
- Ghana LEAP
  - 2010-2012
- Lesotho, CGP
  - 2011-2013
- Uganda, SAGE
  - Pilot, 2012-2014
- Zimbabwe, SCT
  - 2013-2015
- Tanzania, TASAF
  - Pilot, 2009-2012
  - Expansion, 2012-2014
- Niger
  - Begins in 2012

Transfer Project: Initiative  
to support rigorous impact  
evaluation of CTs



UNICEF, FAO, National Universities, AIR, OPM....



# Consistent positive impacts on subjective well-being of main respondent

Ghana LEAP	16pp increase in proportion reporting 'yes' to "Are you happy with your life?"
Malawi SCT	20pp increase in proportion 'very satisfied' with their life
Kenya CT-OVC*	6% increase in Quality of Life score
Zambia CGP	45% increase in proportion who believe 'they are better off than 12 months ago'
Zambia Monze*	10pp increase in proportion who feel 'their life will be better in 2 years'"

All impact estimates use 'difference in differences' between treatment and comparison group except those with \*







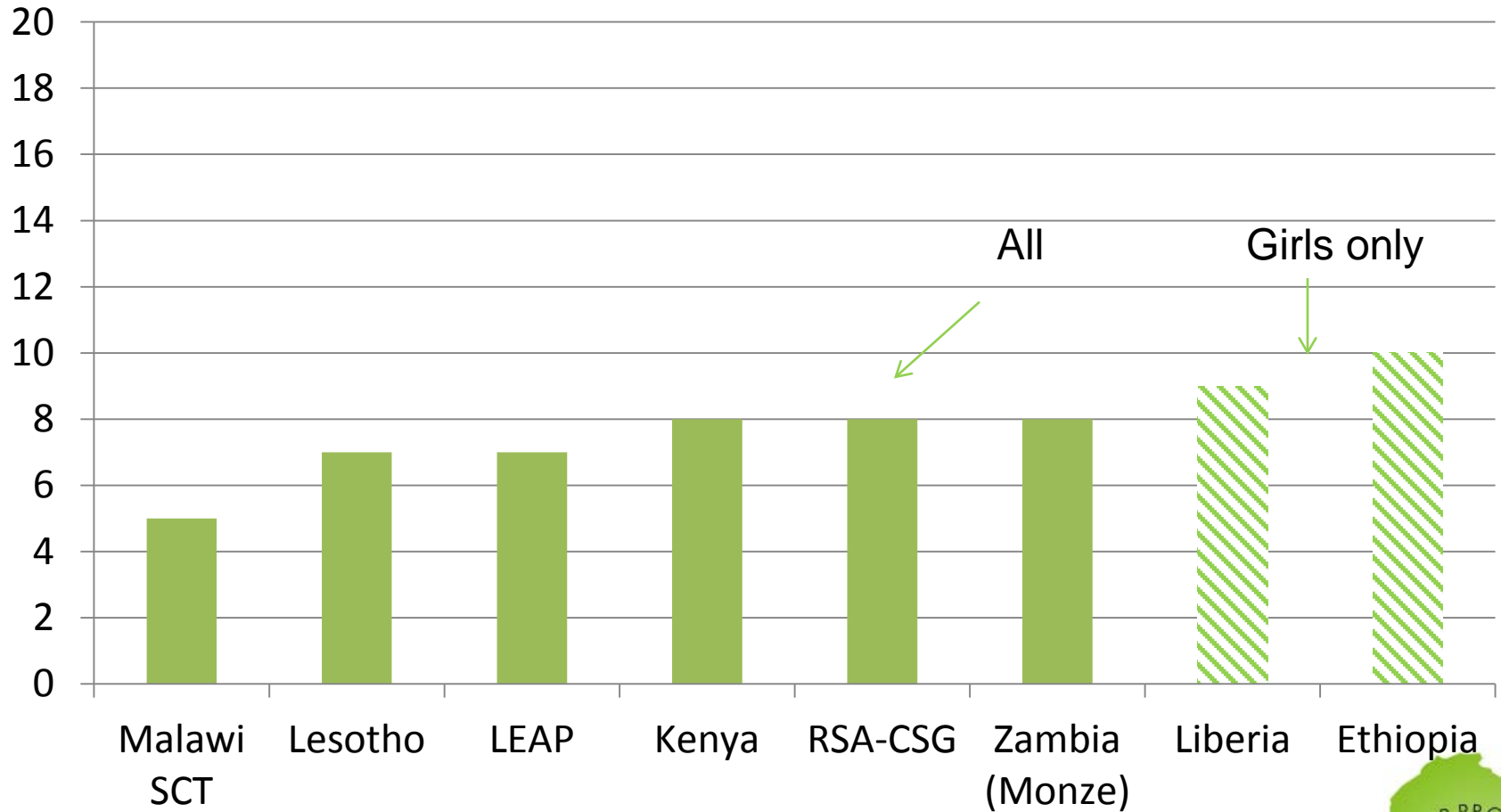
# Big impacts on food security; raising permanent consumption depends on implementation

Ghana*	10pp reduction in proportion of children missing a meal for an entire day ; <b>no permanent increase in consumption</b>
Lesotho	11pp reduction in proportion of children who had to eat fewer meals because of food shortage; <b>no permanent increase in consumption</b>
Malawi	30% increase in consumption; 60pp increase in proportion of households eating meat or fish (diet diversity)
Kenya	10% increase in consumption (and improved diet diversity)
Zambia CGP	30% increase in consumption (and improved diet diversity)





# School enrollment impacts among secondary age children strong, equal to those from CCTs in Latin America



Primary enrollment already high, impacts at secondary level



# Regular impacts on morbidity, but less consistency on care seeking

Ghana LEAP	20pp increases in health insurance coverage but <b>not on care-seeking</b>
Lesotho CGP	15pp decrease in illness among children 0-59 months <b>but not care-seeking</b>
Liberia SCT	20pp increase in curative care seeking
Kenya CT-OVC	12pp increase in well-baby clinic attendance only after 4 years; 25% increase in health spending
Malawi SCT	12pp decrease in illness among children, increase in care-seeking
South Africa CSG	9 pp decrease in illness (boys only)
Zambia CSG	5pp reduction in diarrhea among kids 0-59 months <b>but not care-seeking</b>

Supply of services typically much lower than for education sector;  
More consistent impacts on health expenditure (increases);



# Impacts on nutritional status depend on other factors

Ghana LEAP	Not measured
Lesotho CGP	Not measured
Kenya CT-OVC	None
Malawi SCT	11pp reduction in underweight
South Africa CSG	0.19 STD increase in height z-score <b>if mother has more than grade 8</b>
Zambia CSG	5pp increase in IYCF (6-24 months); Reduction in stunting <b>if mother has higher education or if protected water source in home</b>

Very few kids 0-59 months in OVC or labor-constrained programs;  
Determinants of nutrition are complex, complementary inputs more important;



# Emerging evidence that transfers enable safe-transition of adolescents into adulthood

Kenya CT-OVC	8pp reduction in sexual debut among 15-25 year olds
	5pp reduction in probability of depressive symptoms 15-21 year olds
	6pp reduction in pregnancy among 15-21 year olds
South Africa CSG (Cluver et al)	53% reduction in odds of transactional sex girls 10-18; 63% reduction in age-disparate sex girls 10-18;
South Africa CSG (EPRI)	16pp reduction in sexual debut; Receiving grant at earlier ages reduces likelihood of alcohol and drug use in teenage years;

Spillover or 'bonus' effects of social cash transfers; on HIV prevention  
Illustrates the transformative potential of social protection--exciting;  
Similar research ongoing in Malawi, Zambia and Zimbabwe



# Some details: What determines type and size of impacts?

- **Predictability** of transfers
  - Allows planning, consumption smoothing
- **Size of transfer** and protection from inflation
  - Rule of thumb of 20 percent of mean consumption of target population
- **Context**
  - supply of health and education, user fees
- **Who** you target
  - Labor-constrained; households with more adolescents/OVC



# The three tweets again....\*

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Reports are available at  
[www.cpc.unc.edu/projects/transfer](http://www.cpc.unc.edu/projects/transfer)  
Ngiyabonga, Dankie, Thank you!

