



Oxford Policy Management

Evaluation of the Uganda Social Assistance Grants For Empowerment (SAGE) Programme

What's going on?

8 February 2012

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The SAGE programme

In July 2010, the Ugandan Cabinet approved the implementation of the **Expanding Social Protection (ESP) programme**. During its initial five years, the programme will be supported by international partners, in particular DFID, Irish Aid and UNICEF. Overall funding of £39 million has been agreed for the programme.

The **goal** of the ESP programme is to “reduce chronic poverty and improve life chances for poor men, women and children in Uganda”.

The **purpose** of the ESP programme is to “embed a national social protection system that benefits the poorest as a core element of Uganda’s national policy, planning and budgeting processes”.

The programme comprises two main components:

- Develop and implement a national social protection vision and framework for Uganda, including strengthening the capacity of the Government of Uganda to deliver this framework.
- Put in place a pilot social transfer programme, known as the **Social Assistance Grants for Empowerment (SAGE)** programme.

The SAGE programme

SAGE is a cash transfer specifically targeted at labour-constrained individuals and households (people with increased vulnerability to poverty due to reduced ability to engage in productive activity).

SAGE to pilot two targeting mechanisms:

- Vulnerable family Support grant (VFSG) – measure of household labour constraint
- Senior Citizens Grant (SCG) – those aged 65 years and above

SAGE pilot covers 14 districts across the four country sub-regions, chosen according to an index based on share of specific demographic groups (children, elderly, OVCs) as well as on health and education criteria

The SAGE programme – district selection index

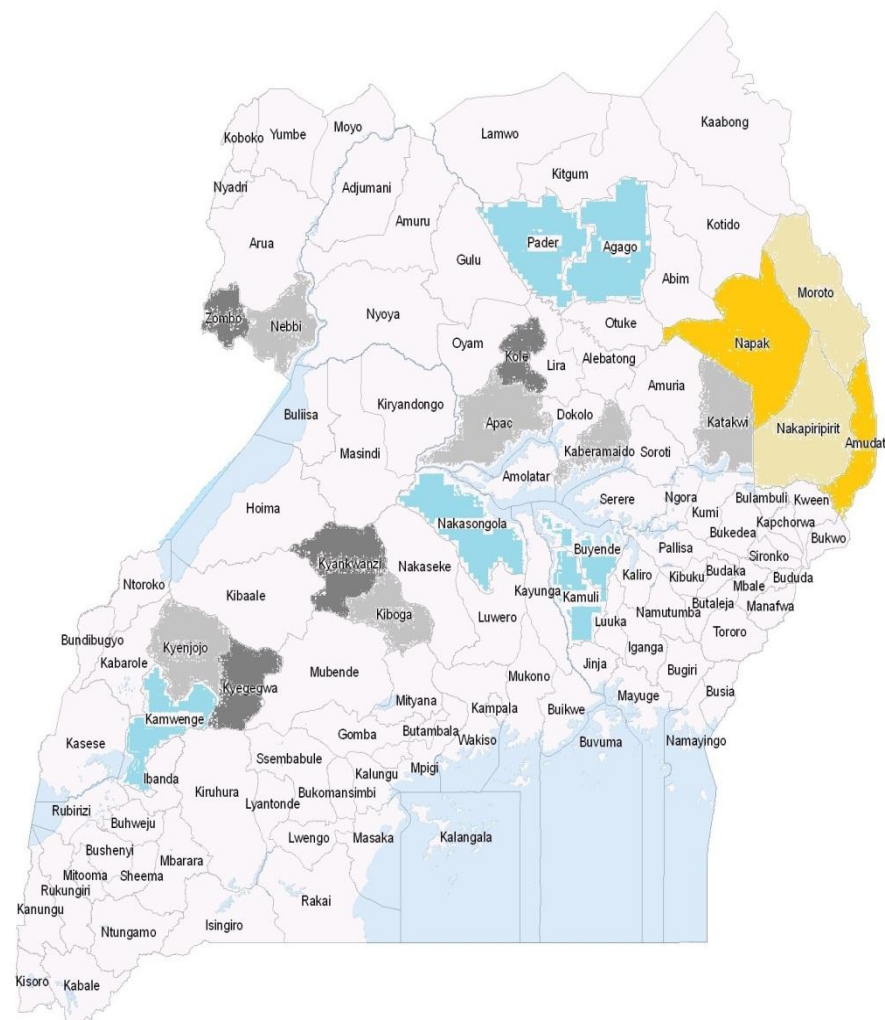
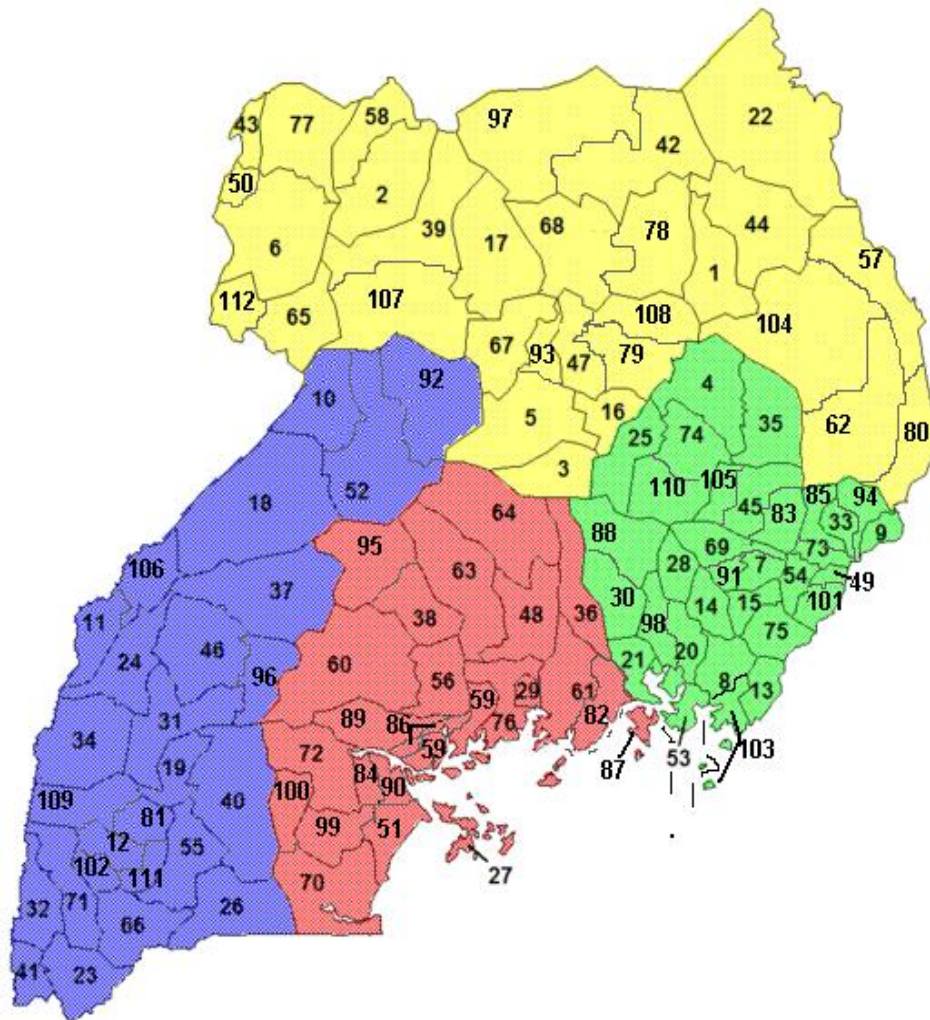
Using data from the 2002 Uganda Population and Housing Census ranked districts according to their share of specific demographic groups as well as on health and education criteria:

1. share of children in the entire population
2. share of elderly persons in the entire population
3. share of orphans and vulnerable children in the child population
4. share of risky births
5. proportion of households living more than 5 km from health facilities
6. share of children (6-12 years) not attending school

Each district was awarded a composite score by summing up the share of children and elderly persons in the entire population; share of orphans and vulnerable children in the children population; share of risky births and proportion of households living more than 5kms from the health facilities; and share of children (6-12 years) not attending school for each district.

The probability of a district being a pilot district increases with score index.

The SAGE programme



The SAGE programme

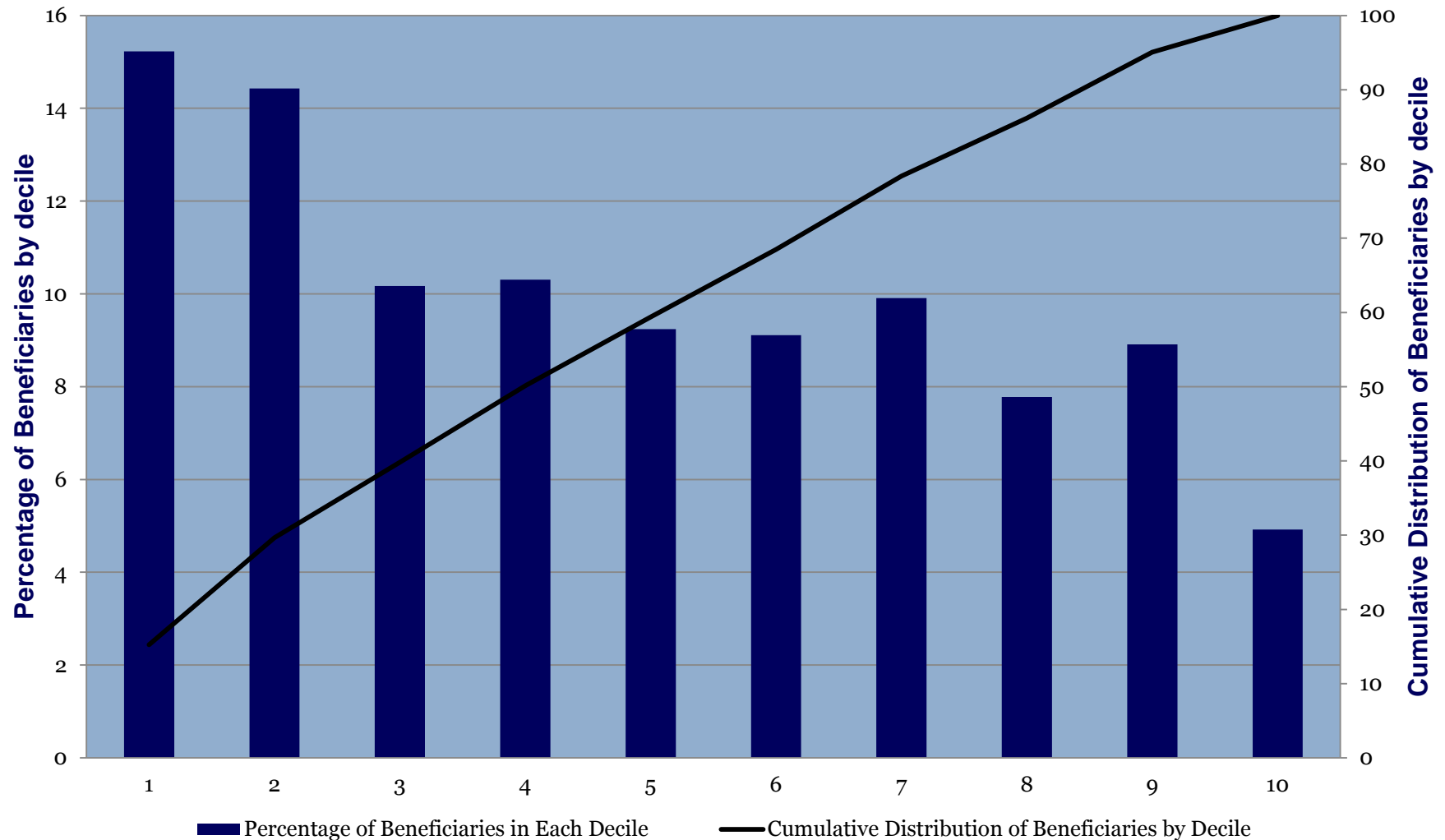
Aims to reach 600,000 people in 95,000 households at pilot (Apr 2011 – Feb 2015). Approximately 15% of households in the pilot districts.

UGX 23,000 per month, linked to inflation and calculated as the amount necessary to increase the consumption expenditure of the average household in the lowest decile to that of the 11th percentile.

Payments will be delivered using Mobile Money and managed by MTN mobile provider.

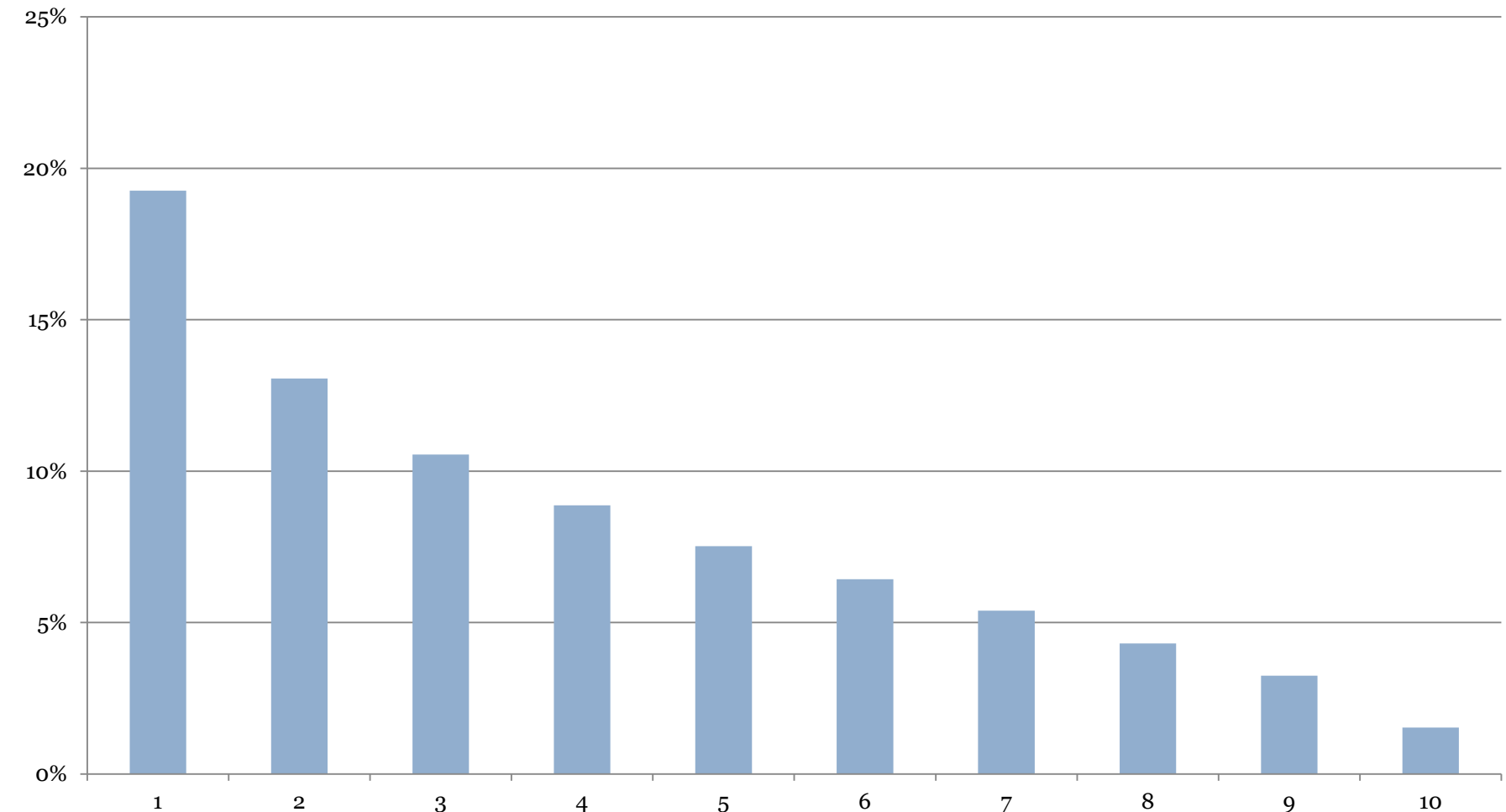
SAGE is led by the Ministry of Gender Labour and Social Development. It reports to a multi-institutional Steering committee comprising the ministries of Finance, Local Government, Health, Education, the Office of the Prime Minister, the National Planning Authority and development partners.

The SAGE programme



The SAGE programme

Transfer as % of household consumption expenditure



Objectives of the evaluation



Objectives of the evaluation

Responding to the ToR our tender originally proposed:

- Impact evaluation
- Targeting analysis
- Process and systems evaluation
- Costing study
- Communications component

What was eventually agreed:

- Impact evaluation
- Operational effectiveness analysis to feed into internal M&E process

Objectives of the evaluation

So why this scale back?

- Terms of MSP contract meant we're only contracted for baseline at this stage
- Evaluation budget and programmes evolving internal systems
 - Process and systems evaluation became operational effectiveness analysis
 - Communications component axed
 - Qualitative research component reduced at baseline and reconfigured
- Targeting dropped
 - Discourse around the programme changed – focus on 'vulnerability' as opposed to poverty (what does 'chronic' poor mean? What about those 'vulnerable to poverty' etc.?)
 - Chosen targeting mechanisms known not to be well targeted to poor

Evaluation methodology

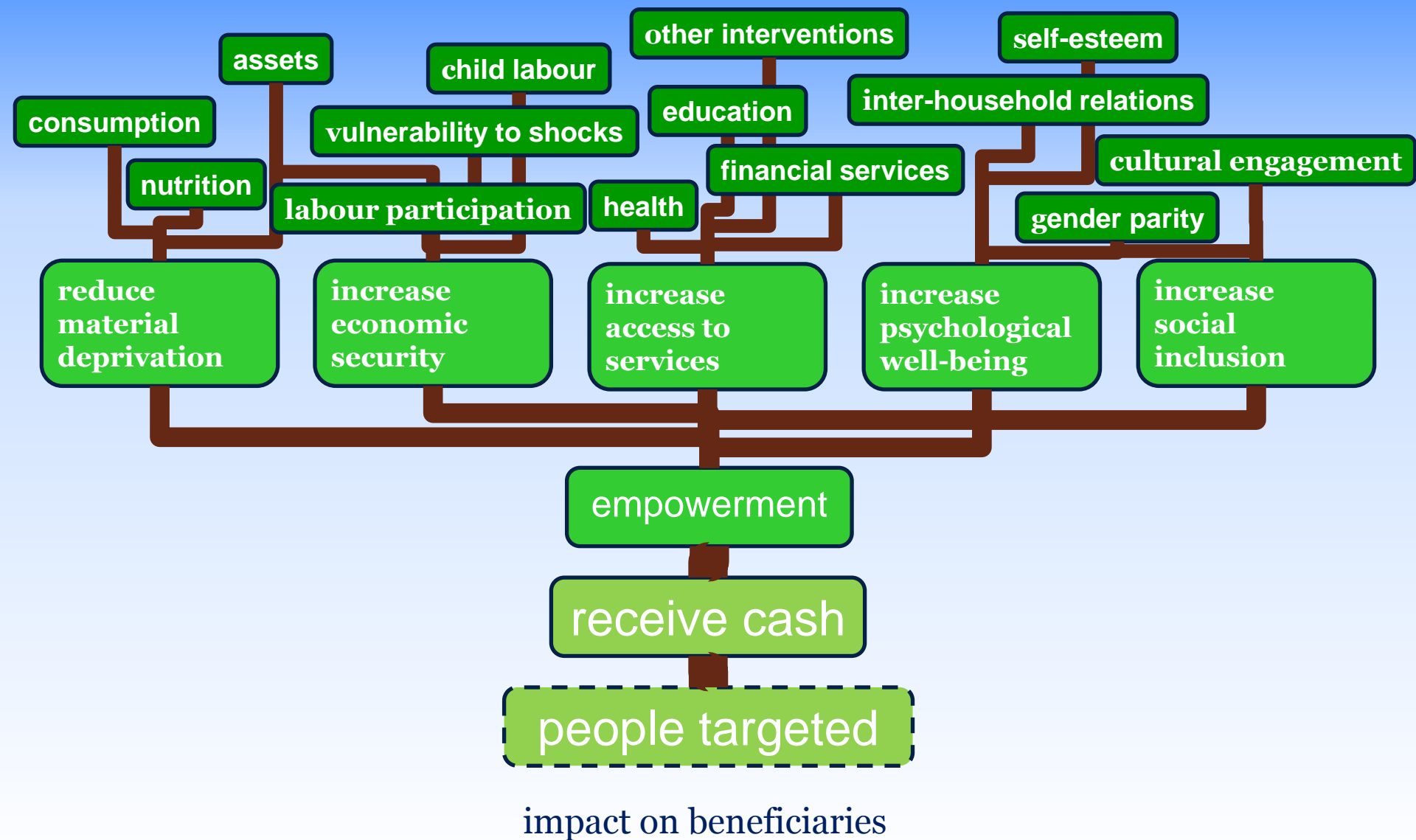


Evaluation methodology

Mixed methods approach combining quantitative and qualitative research to gather data on impact and operational effectiveness

- Quantitative panel survey 3,600 households covering 8 of the 14 pilot districts
 - Core impact areas:
 - ✦ Reduced material deprivation
 - ✦ Increased economic security
 - ✦ Reduced social exclusion
 - ✦ Increased access to access to services
 - Operational effectiveness
 - ✦ Generate data on operational effectiveness
 - ✦ Report data from SAGE internal Operational Monitoring
 - ✦ Feed into SAGE Learning Framework

Assessing programme impact



Evaluation methodology

- Qualitative research component (4 districts at baseline; 8 at follow-up)
 - Provide some qualitative information on quantitative indicators in areas of Impact and Operational effectiveness
 - Capture impacts and contextual information that is less easily quantifiable
 - Probe particular areas in depth:
 - ✦ Empowerment
 - ✦ Social cohesion and exclusion, including perceptions of the social contact
 - ✦ Formal and informal institutional context
 - Feed into the design of the quantitative survey

Evaluation methodology

- Programme commitments and constraints set parameters for design
 - Political
 - ✦ Pledged to reach all communities in pilot districts
 - ✦ Pledged to deliver payments by certain dates
 - Operational
 - ✦ Births registration process (listing) huge operation (driving programme roll-out schedule)
 - ✦ Could only function at unit of the sub-county
 - Financial
 - ✦ Limited resources for both programme and evaluation

Evaluation methodology

- Discussion with programme over study design where we presented various options:
 - Randomised Controlled Trial (gold standard)
 - Community matching
 - Regression Discontinuity Design (RDD)
- Aim was to present the options and their implications
 - Political / operational / financial etc.
 - Evaluation results

Different design options matrix

	Design option	What SAGE does	What Evaluation Team does	Date of 1 st payment in Evaluation areas	Complete listing in evaluation areas	Date of baseline fieldwork	Delivery baseline results	Considerations for SAGE	Date of follow-up surveys	
Control areas in programme districts	Option 1: List 66 evaluation SCs by agreed date with static baseline and no payments in c.22 control SCs for 2-3 yrs	Receive a list of 66 evaluation SCs from ET to list by agreed date (e.g. end Mar 2012) Payments to all bens in 44 treatment SCs in Jul 2012 after baseline survey in May-Jun 2012 No payments in control SCs for 2-3 yrs	Provide sample of 66 SCs to SAGE asap (mid Aug 2011) ET receives complete listing data for all evaluation areas (treatment and control) by (e.g.) mid Apr 2012 ET conducts BL survey May-Jun 2012	Jul 2011	End 2012	Mar	May-Jun 2012	Dec 2012	List whole SCs according to given (realistic) timeframe SAGE dictates listing Can't make payments in control parishes for 2-3 yrs Evaluation results delayed by number of months compared to original timeframe Set same date for first payments to all evaluation SCs Only c.2 non-evaluation SCs	Follow-up 1: May-Jun 2013 Follow-up 2: May-Jun 2014
	Option 1b: List 66 evaluation SCs by agreed date with rolling baseline and no payments in c.22 control SCs for 2-3 yrs	Receive a list of 66 evaluation SCs from ET to list by agreed date (e.g. end Mar 2012) Lists simultaneously in two treatment type areas and control areas (i.e. requires 3 listing teams working concurrently) according to ET listing plan Payments to bens in each treatment SC as soon as baseline survey conducted in that SC immediately after listing (but not before Nov 2011) No payments in control SCs for 2-3 yrs	Provides sample of 66 SCs to SAGE asap (mid Aug 2011) ET provides listing plan to SAGE ET receives listing data for each evaluation area as soon as listing complete in that area ET conducts BL survey in each evaluation area immediately after listing complete	Nov 2011	End 2012	Mar	Nov 2011- Apr 2012	Oct 2012	List whole SCs according to given (realistic) timeframe ET dictates listing Can't make payments in control parishes for 2-3 yrs List in three areas simultaneously Evaluation results delayed by number of months compared to original timeframe Earliest possible payments in evaluation areas Only c.2 non-evaluation SCs Tight coordination between SAGE & ET	Follow-up 1: Nov 2012- Apr 2013 Follow-up 2: Nov 2013- Apr 2014

Different design options to give a robust control group

- **Randomised Control Trial with difference-in-difference:**
 - **treatment** and **control sub-counties** chosen randomly from **within programme districts**
 - random allocation of sub-counties between the two treatment types and control ensures impact estimates will be robust
 - **Assumption:** randomisation ensures similarity
- **Community Matching with difference-in-difference:**
 - **treatment sub-counties** are chosen from **within programme districts**. Parishes within these treatment sub-counties are matched to **control parishes in non-programme districts**
 - control parishes are chosen to be **as similar as possible** to treatment parishes, hence impact estimates will be robust
 - **Assumption:** matching parishes ensures similarity
- **Regression Discontinuity Design:**
 - **evaluation communities** are randomly chosen from within **programme districts**. Control households are chosen by selecting households **very close to the threshold** for VFSG and SCG, but who are not actually eligible for the programme
 - assuming control households similar to treatment households, impact estimates will be robust
 - **Assumption:** households in neighbourhood of threshold ensures similarity

At the steering committee

- Over the past few months Oxford Policy Management in conjunction with the programme and supported by the Peer Review Group have been discussing various impact evaluation design options
- The final design option must be
 - **ROBUST:** to provide estimates of impact that are unbiased and cannot be refuted at a later stage
 - **FEASIBLE:** should not put undue stress upon the SAGE programme who must perform certain tasks to support the evaluation
 - **COST EFFECTIVE:** to provide robust results, whilst still providing value for money
 - **EASY TO UNDERSTAND:** should provide robust results that can be easily understood by the target audience of the evaluation so that results can be used to inform policy

How are these design options implemented?

		STATIC OR ROLLING BASELINE	
		Static Baseline	Rolling Baseline
LOCATION OF CONTROL COMMUNITIES	Within Programme Districts	Option 1.a) Randomised Control Trial with Static Baseline	Option 1.b) Randomised Control Trial with Rolling Baseline
	Outside of Programme Districts	Option 2.a) Community Matching with Static Baseline	Option 2.b) Community Matching with Rolling Baseline

Options shortlisted

		STATIC OR ROLLING BASELINE		
		Static Baseline	Rolling Baseline	
LOCATION OF CONTROL COMMUNITIES	Within Programme Districts	Option 1.a) <ul style="list-style-type: none"> Control parishes in programme districts cannot be paid until end of evaluation 	Option 1.b) <ul style="list-style-type: none"> Control parishes in programme districts also not paid Complicated planning – simultaneous listing of treatment and control 	Option 3. Regression Discontinuity Design <ul style="list-style-type: none"> Control Households in Programme Communities
	Outside of Programme Districts	Option 2.a) <ul style="list-style-type: none"> SAGE must list outside programme districts 	Option 2.b) <ul style="list-style-type: none"> SAGE must list outside programme districts Complicated planning – simultaneous listing of treatment and control 	

Timeline for the SAGE programme

Option 2.a) Community Matching Static Baseline

- SAGE to receive list of selected treatment and control parishes

August 2011

- SAGE to complete listing process in all evaluation areas (48 **treatment sub-counties** and 48 **control parishes**)

May 2012

- Oxford Policy Management to complete baseline impact evaluation survey

August 2012

- SAGE can make first payments to beneficiaries

September 2012

- Final baseline survey results delivered by Oxford Policy Management

February 2013

Option 2.a) Regression Discontinuity Design

- SAGE to receive list of selected parishes in programme districts

August 2011

- SAGE to complete listing process in all evaluation areas (48 **treatment sub-counties**)

May 2012

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February 2013

Risks associated with Community Matching

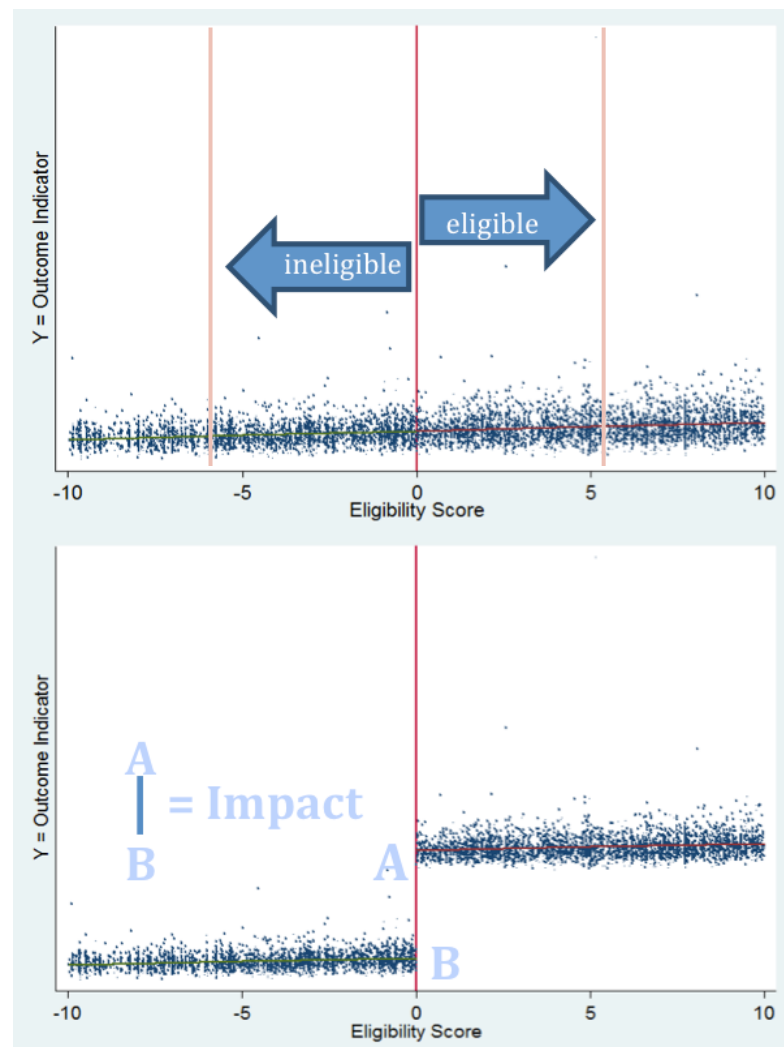
- **Suitability of control group**
 - despite community matching treatment and control groups may still not be similar
- **External Validity**
 - evaluation areas are not representative of the entire country, only representative of a defined study population
- **Systematic differences in time variant factors between treatment and control**
 - even if control group similar at baseline could be differentially affected by external factors over time (e.g. other interventions in control groups only)

Risks associated with Regression Discontinuity Design

- **Spillover effects**
 - if non-beneficiaries in programme communities also receive a benefit by being in proximity to beneficiaries, impact estimates will be confounded
- **Suitability of control group**
 - assumes that eventual treatment and control groups in the neighbourhood of the threshold are similar
- **External validity**
 - regression discontinuity design provides **local impact estimates** for households around the threshold – therefore results not necessarily valid for all potential beneficiaries
- **Assumptions underpinning RDD do not hold**
- **Other sensitivities**
 - having **births and registration process appear to be intimately tied to the SAGE** programme – could lead to misreporting (gaming). Having control households outside of programme districts reduces this risk

Evaluation methodology – external validity

- Households sampled from narrow bandwidth around eligibility threshold
- Sample not representative of entire eligible or ineligible populations
- If programme was targeting large percentage of the population there would be concerns, for example impact on 50th percentile is unlikely to be representative of impact on 5th percentile
- Likely that impact of a programme on 10th-15th percentile relatively close to impact on 5th percentile



Evaluation methodology

- Programme stakeholders opted for RDD for mix of political, operational and financial reasons
- This choice has some implications for the evaluation:
 - No community-level effects
 - ✦ Supplementary design modality identifying control communities using matching techniques and gathering community-level information there
 - Spill-over risks underestimating impact
 - Questions of external validity





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Thank you