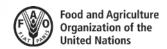


#### From Evidence to Action:

The Story of Cash Transfers and Impact Evaluation in Sub-Saharan Africa







### Outline

- Introduction to *From Evidence to Action*
- II. Results Myths, findings and impacts
- III. What explains differential impacts?
- IV. Evidence to policy ..and back again
- V. What next?







Food and Agriculture Organization of the United Nations









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

- Government run programmes in Ethiopia, Ghana, Kenya, Lesotho, Malawi, South Africa, Zambia and Zimbabwe
- 8 year process of the Transfer Project
- Multi-stakeholder process (government, researchers, UNICEF, FAO, etc)
- 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

# Innovations in the Transfer Project approach

- All government programmes, focus on linking to policy and programme implementation
- Mixed methods
  - Quantitative, qualitative and local economy impacts simulation (LEWIE)
- No one method followed by each country; each approach responded to needs, programme context and budget considerations in each particular country
- Content
  - Poverty, consumption, health, education
  - Youth transitions to adulthood and HIV risk
  - Productive impacts, local economy effects
  - Social networks and informal social protection
  - Political Economy Review



### Programmes evaluated

Red indicates ongoing study

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

### Methods used by the Transfer Project

Country	Quantitative	Qualitative	Qualitative Lewie Other analy			
Ethiopia	Non-experimental	Yes	Yes	Targeting, payment process		
Ghana	Non-experimental	Yes	Yes	Transfer payments		
Kenya	Experimental	Yes	Yes	Operational effectiveness		
Lesotho	Experimental	Yes	Yes Rapid appraisal, targeting, co fiscal sustainability			
Malawi (incl. Mchinji pilot)	Experimental	Yes	Yes	Targeting, operational effectiveness, transfer payments		
South Africa	Non-experimental	Yes	No	Take up rate, targeting		
Zambia (CG & MCTG)	Experimental	CG	CG	Impact comparisons across programme, targeting		
Zimbabwe	Non-experimental	Yes	Yes	Institutional capacity assessment rapid assessment, MIS analysis, process evaluation		

### Results



### Snapshot of results

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

#### Myths vs. Facts

# Myth 1: Cash is 'wasted' on alcohol and tobacco

- 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

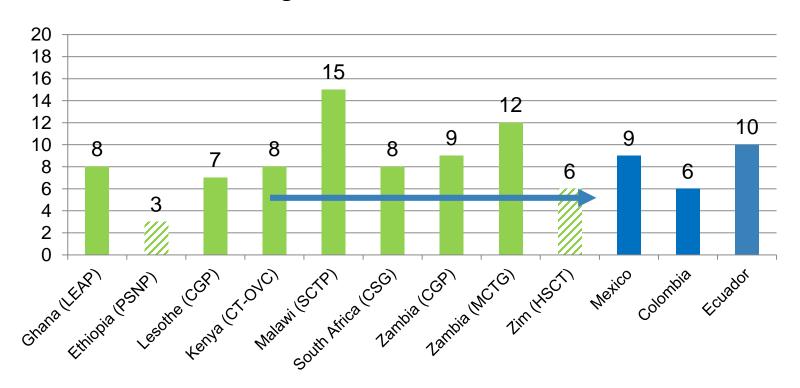
#### Across the board impacts on Food Security

	Ethiopia SCTP	Ghana LEAP	Kenya CT-OVC	Lesotho CGP	Malawi SCTP	Zambia MCTG	Zambia CGP	Zimbabwe HSCT
Spending on food & quantities consumed							-	
Per capita food expenditure	✓	Х	✓	✓	✓	✓	✓	✓
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

Myth 2: Unconditional transfers do not yield impacts on education

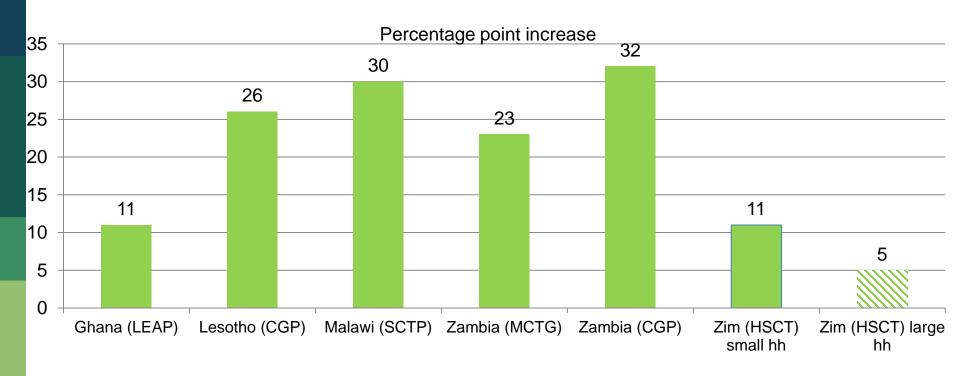
### School enrollment impacts (secondary age children): Same range as those from CCTs in Latin America



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

Bars represent percentage point impacts

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

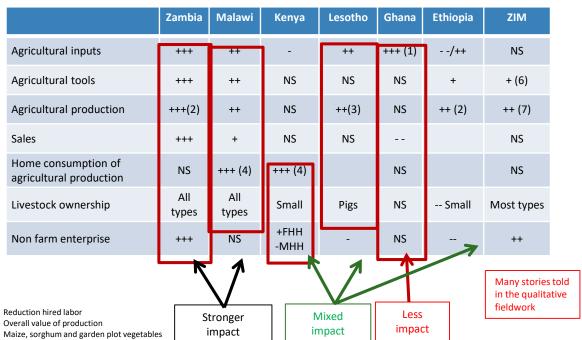


Solid bars represent significant impact, shaded not significant. Lesotho includes shoes and school uniforms only, Ghana is schooling expenditures for ages 13-17. Other countries are shoes, change of clothes, blanket ages 5-17.

Myth 3: Cash creates dependency [AKA: Poor don't have productive capacity, or Cash is just a 'hand out']\*

- Solid evidence on the social impacts of cash transfers
- And—economic case for expansion (productive impacts and impacts at local economy level)
- Poor and vulnerable have economic potential and can contribute to national development
- Evidence counteracts misconceptions around the role of social protection: helps to strengthen the advocacy and "Investment not a cost"

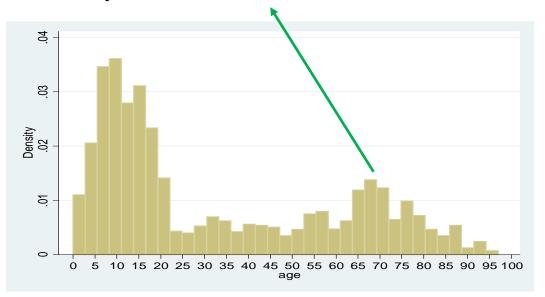
#### Households invest in livelihood activities though impact varies by country



- Animal products
- Male headed households
- Particularly smaller households
- Groundnut and roundnut; reduction finger millet

#### Myth 3: People are lazy; disincentives to labor

"I used to be a slave to ganyu (labour) but now I'm a bit free." -elderly beneficiary, Malawi



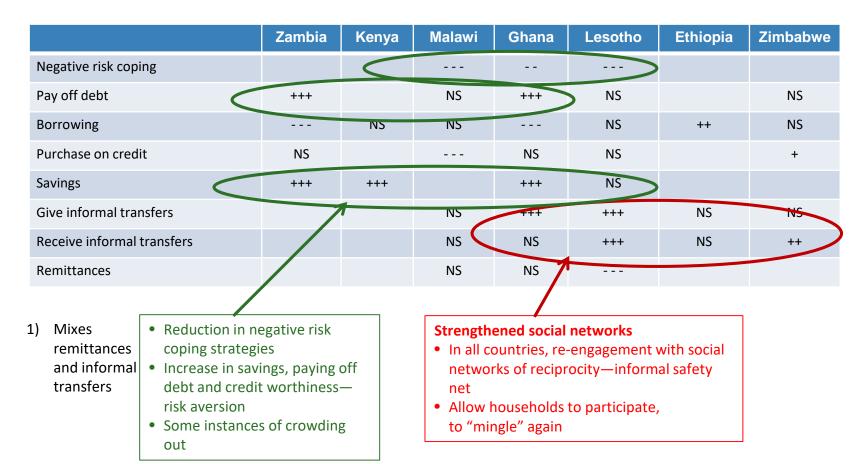
# Shift from casual wage labor to on farm and family productive activities

	Zambia	Kenya	Malaw i	Lesotho	Ghana	Ethiopi a	ZIM
Agricultural/casual wage labor		(1,2)		(2)	NS		NS
Family farm	+ (2)	++ (2)	++	++ (2)	+++		-
Non farm business	+++	NS	NS	+	NS		NS
Non agricultural wage labor	+++	NS	++	NS	NS		NS

- 1) Positive farther away
- 2) Varies by age, gender

Shift from casual wage labour to family business—consistently reported in qualitative fieldwork

### Improved ability to manage risks

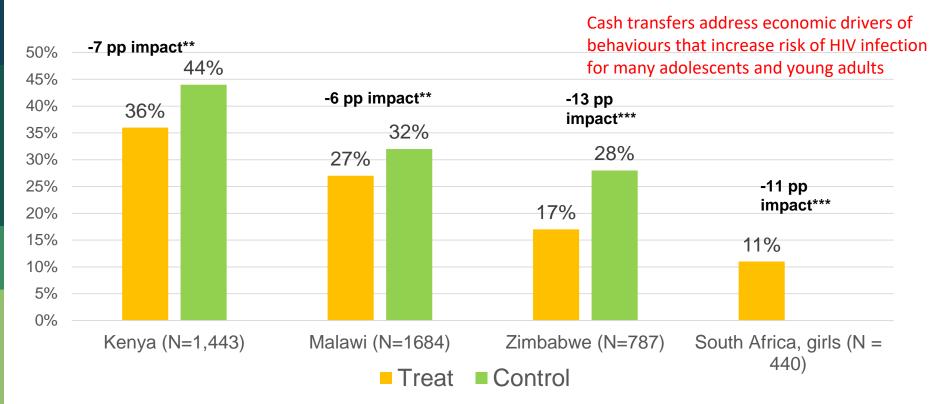


# Myth 4: Cash to households with children increases fertility

- Zambia Child Grant Programme
  - No impacts on total fertility or whether currently pregnant
    - Palermo et al <u>J of PopEconomics</u> (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 <u>Soc Sci & Medicine</u> (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



# Emerging evidence that transfers enable safe-transition of adolescents into adulthood: Impacts on sexual debut among youth



Kenya and Zimbabwe impacts driven by girls, Malawi driven by boys. Zambia no impacts.

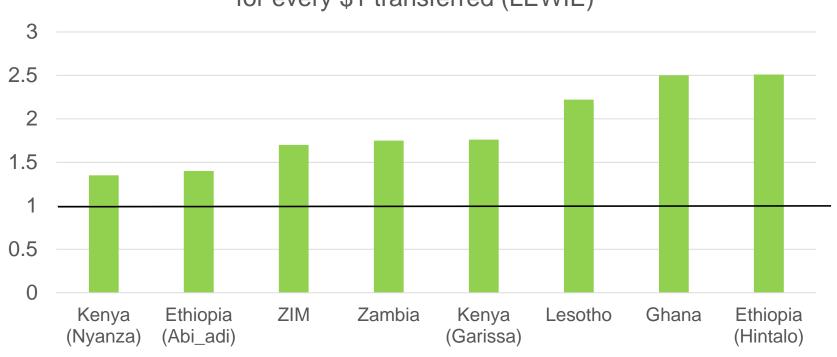
#### Myth 5: Cash leads to inflation

- In six countries, tested for inflation in intervention versus control communities using basket of ten goods
  - No inflationary effects found
- Why not?
  - •Enough supply to match increased demand: beneficiaries are relatively small part of population, and given the transfer amount, not enough to cause inflation.



### Actually, positive multiplier effects on the local economy



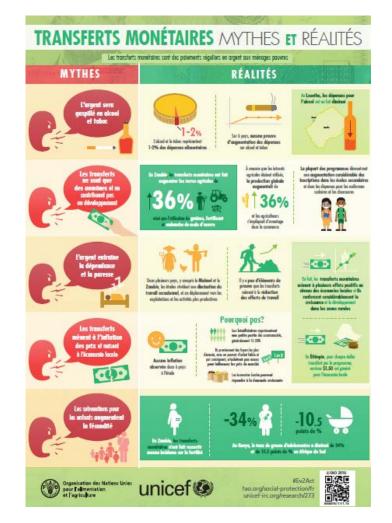


# Where is evidence the weakest in terms of impact?

- 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
  - Why? Determinants of nutrition complex, involve care, sanitation, water, disease environment and food; poor supply of health services in rural sector

## Summary: Debunking myths on cash transfers

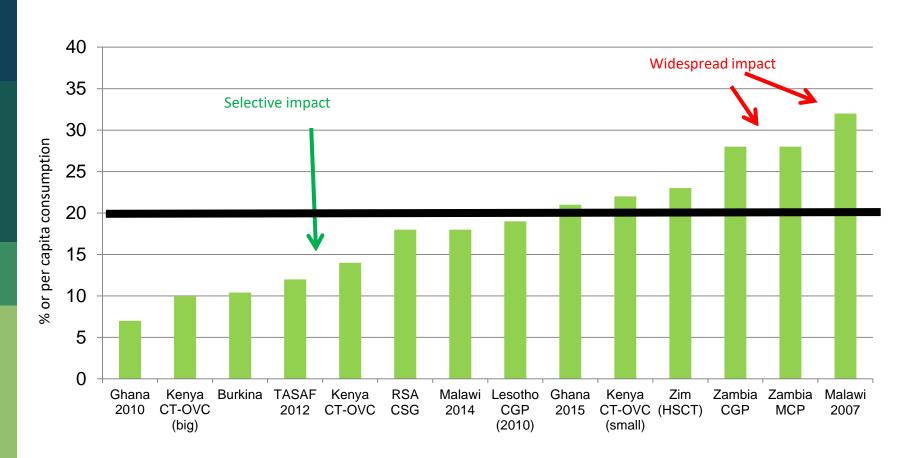
- Cash will not be wasted; it is *not* spent on alcohol and other bads
- Cash is *not* a hand-out or cause dependency and laziness; it is invested for development in children and productive activities
- Cash does not lead to inflation or disrupt the local economy; spending on local goods and services leads to large local economic multipliers
- Cash does not increase fertility
- Cash does *not* displace local social networks of reciprocity; they are strengthened



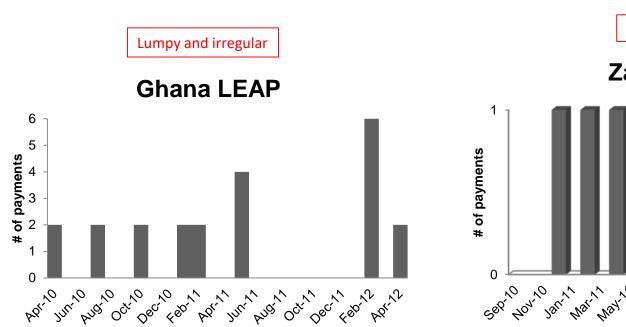
What explains differential impacts across countries?

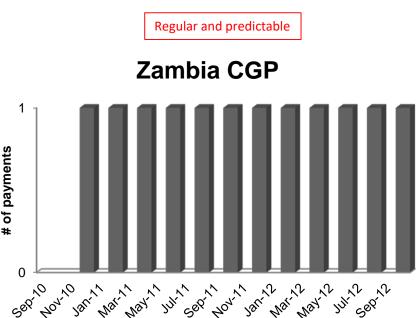


### Sufficiently large transfer size



### Regular and predictable transfers





Regular and predictable transfers facilitate planning, consumption smoothing and investment

#### Design matters

- Supply side matters to maximize impact (supply of health and education, user fees)
- Targeting (young children 0-2 missing proportionally)
- Political commitment and domestic resource mobilization critical to sustain programmes
- Cash is important, but not sufficient: moving from cash to cash+ and establish systematic linkages with services
- Research is important, but implementation matters more: systematically take forward findings of research and scale up!

# Evidence to policy ... and back again



# Impact of Transfer Project: country level

# Results from impact evaluations influenced design of programs <u>and</u> contributed to strategic policy decisions

- Influenced changes in programme design and implementation
  - Targeting, transfer size, role of complementary interventions (nutrition, agriculture and HIV/AIDS)
- Evidence was not major driver of government decisions, but contributed to strengthen the case for scale-up and expansion
  - Shifted the narrative—from cost to investment and contribution to inclusive growth
  - Addressed concerns regarding dependency
  - Expanded audience for social protection (ministries of agriculture and finance)
  - Strengthened credibility of cash transfer programs, and confidence with which policymakers decide scale up

# What were the key factors for success of the Transfer Project?

- Evidence generation imbedded in national policy processes, involving government, national researchers, and development partners
- Rigorous impact evaluation credibility of results
- Timing: evidence (impact evaluation, targeting analysis and other) available at critical moments of policy-making
- Learning agenda more than just impact evaluation; use of data for other critical analysis (financing, targeting, etc)
- Broad scope of the evaluation enhanced understanding and appreciation of cash transfers among a traditionally sceptical audience: *social and economic*
- Government champions, political commitment and influence

#### Disseminating the evidence

- Book launches:
  - Critical Thinking Forum-Mail and Guardian Event, Johannesburg
  - Lesotho country launch, hosted by H.E. Queen of Lesotho
  - Presentation at the SPIAC-B, New York
  - Presentation at the EU Info Point, Brussels
  - Presentation at World Bank, Washington DC
  - Presentation to SIDA, Stockholm
  - Social media: Facebook, Linkedin, Tweeter: #Ev2Act

## SOCIAL PROTECTION

Cash grants help Lesotho's poorest

Orphaned and poor children are getting registered and into



sub-Saharan Africa has some kind of cash transfer programme. These

hunger. Designed to reflect regional haracteristics, they emphasis

ion and health benefits to over 36

-almost 20% of the population — of the first possibility for the rollout of a careful j whom 120 000 are considered to be undersalle, and many of whom are the grogramme in 2013.

The grants vary in size between System of caref for by older siblings or alling \$60 and 780 Maket (1 Lot = 1 Rand), has been



grandparents.

The COP is run by the ministry of social development, with financial es a fraction of each family's needs, helped to support from the European Union but it does help to cover the hidden efficiaries, and powers, and her situation is by no (EU) and technical support from the united Nations Children's Fund commons unique. However, the receives the United Nations Children's Fund (UNICEF) which a measure of stability to those The EU in the United Nations Children's Fund from the United to who distributes for the children became with the grant system in 2007. Before on or below the nowers line of 2015 of

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Cash transfers key to fight



tection policies. Across sub-Saharan

amone rowernments, clyff society and contributors and editors present t ous, timely evidence demonstrating Food and Agriculture Organisation the impact of these transfers on the the UN (FAO) and The UN Childre communities. The evidence points Children, the University of Nor to positive impacts in areas such as Carolina at Chapel Hill, and nation school enrolment, health, food security and aericultural investment. It tions in each country also shows that eash transfers can also shows that eash transfers can the Transfer Project has penerate multiplier effects bolstering ticipated in national evaluation

social cash transfer programmer Against this backdrop, From Ethiopia, Ghana, Kenya, Lesoth



on each transfers in the region at

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adistantially documented until recently.

The book. From Evidence to Action: The Story of Cash Transfers and Impact Evaluation in Sub-Saharan Africa, Nightights the Joint UNICEF-FAO partnership on developing rigorous impact avaluations of national cach transfer programmes in 8 African countries - Kenya, Ghana. Ethopola Legetho, Malayet, South Africa, Zambia and Zmilabase a and the impact of the work on national scale-up and policy processes. From Evidence to Action (2008) Davis, Handa, Hugher et al. (eds.)

InfoPoint Lunchtime conference: From Evidence to Action

countries and have expanded dramatically in the last two decades.

Housever, the Impacts of cash transfers programmes have not been

FOR THE WEB-STREAMING PLEASE GO TO THE POLLOWING LINK!

LIVE STREAMING



#### What's next



#### Emerging research areas

- "Cash +" Can we better support individuals and households by linking cash to other programmes/services? Does it improve outcomes?
  - Started in 2016 workshop; Sessions 5, 7, 10,
- Shock-responsive social protection and evaluation in fragile and humanitarian contexts (including cash in emergencies)
  - Sessions 10, 7b
- Psychological and cognitive impacts of poverty and scarcity > implications for programme design?
  - Session 12,



#### Opportunities & gaps/challenges

- Interest from new countries and regions
  - But currently gaps from African sub-regions
- In the process of making all of the data available to the public
  - Kenya is already out! (<a href="https://www.unicef-irc.org/article/1548/">https://www.unicef-irc.org/article/1548/</a>)
- How to best continue to contribute to broader social protection agenda
- Communication & relevance
  - Ensuring evidence is known and useful to policy and programming



#### It's about you!

Part of the Transfer Project's key added value – iterative process between policy/programming and research

→ Need to collectively identify areas where we need new (or ongoing) evidence to support programming, scaleup and policy

### THANK YOU!

Website: <a href="https://www.cpc.unc.edu/projects/transfer">www.cpc.unc.edu/projects/transfer</a>

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