

# Impacts of Social Cash Transfers in sub-Saharan Africa: Evidence from the Transfer Project

Prepared by UNICEF Office of Research-Innocenti  
on behalf of the Transfer Project Team

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# Social Protection is thriving in Africa

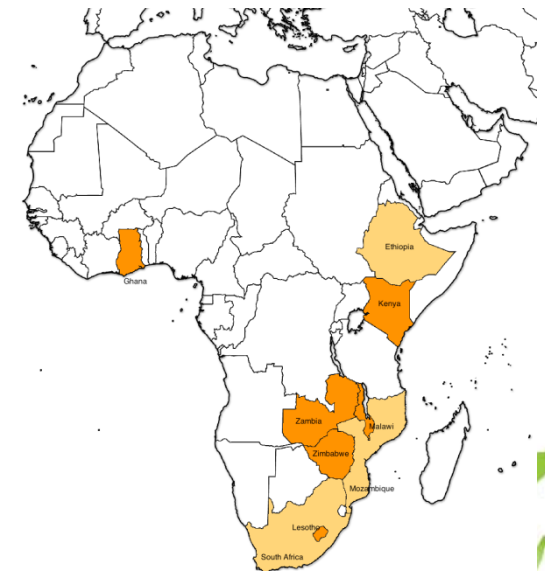
- Focusing on cash transfer programs alone
  - >120 programs across the continent of all kinds
  - ~30 long-term development programs in 20 countries
- Programs are ‘home-grown’
  - Target on poverty and vulnerability; greater role of community
  - Unconditional or ‘soft conditions’
  - Larger evidence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



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

- Malawi SCT
  - Mchinji pilot, 2008-2009
  - Expansion, 2013-2015
- 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
- South Africa CSG
  - Retrospective, 2010
- Burkina Faso
  - Experiment, 2008-2010
- Ethiopia
  - PNSP, 2006-2010
  - Tigray SPP, 2012-2014
- Ghana LEAP
  - 2010-2012
  - 2015-2017
- Lesotho, CGP
  - 2011-2013
- Uganda, SAGE
  - Pilot, 2012-2014
- Zimbabwe, SCT
  - 2013-2015
- Tanzania, TASAF
  - Pilot, 2009-2012
  - Expansion, 2014-
- Liberia
  - 2012-13

Transfer Project: Initiative  
to support rigorous impact  
evaluation of CTs  
[Support to TASAF 2015]



UNICEF, FAO, National Universities, others....

# 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 \*

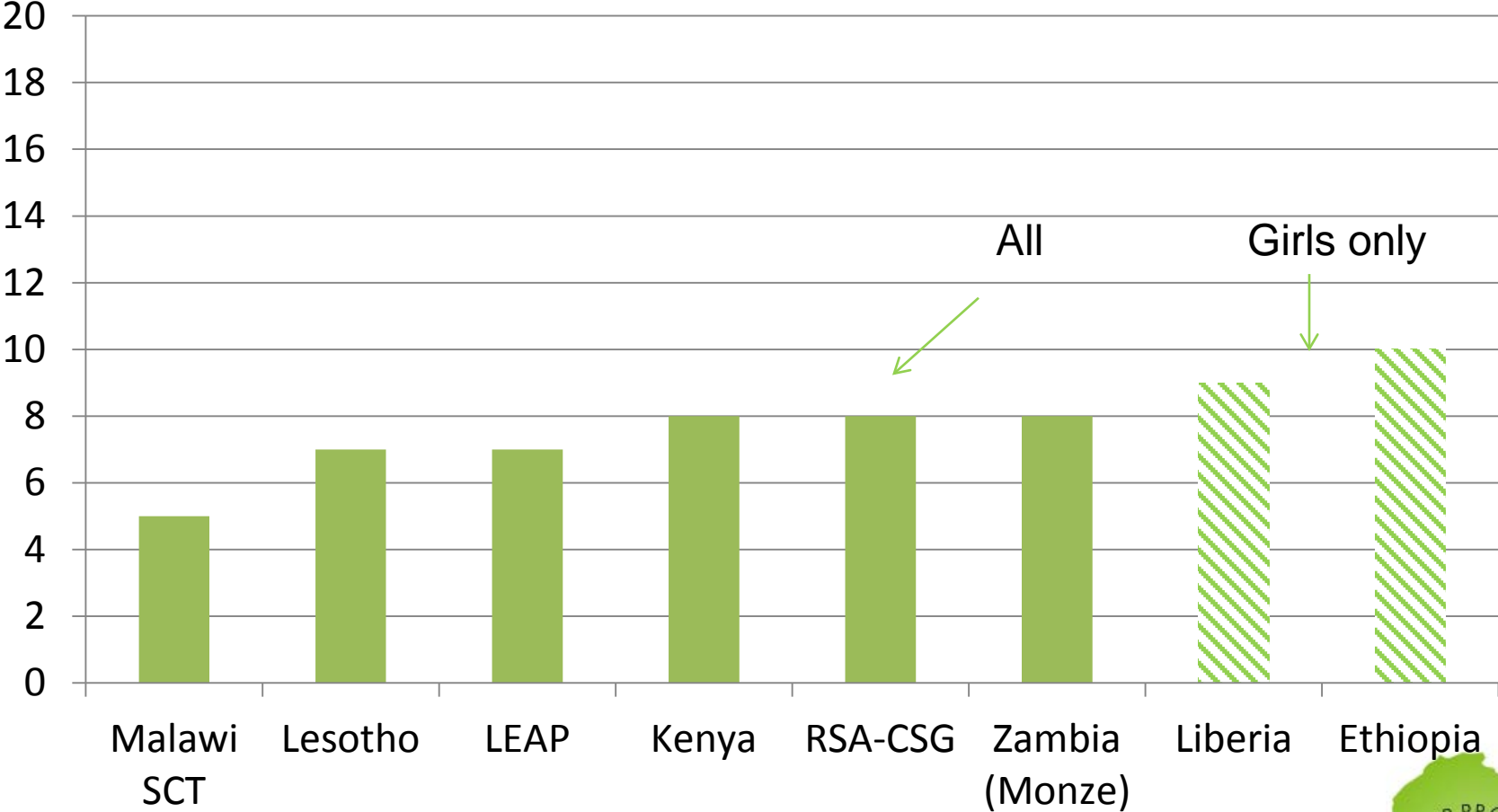


# Big impacts on food security; raising permanent consumption depends on implementation

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, increased health spending, <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>
TASAF	<b>None</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 <b>sexual debut</b> among 15-25 year olds
	5pp reduction in probability of <b>depressive symptoms</b> 15-21 year olds
	6pp reduction in <b>pregnancy</b> among 15-21 year olds
South Africa CSG (Cluver et al)	53% reduction in odds of <b>transactional sex</b> girls 10-18; 63% reduction in <b>age-disparate sex</b> girls 10-18;
South Africa CSG (EPRI)	16pp reduction in <b>sexual debut</b> ; Receiving grant at earlier ages reduces likelihood of <b>alcohol and drug use</b> 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,  
**potentially in Tanzania**



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

	Zambia	Malawi	Kenya	Lesotho	Ghana
Agricultural inputs	+++		---	++	+++
Agricultural tools	+++	+++	NS	NS	NS
Agricultural production	+++		NS	++	NS
Home production of food	NS	+++	+++		NS
Livestock ownership	+++	+++	Small	++	NS
Non farm enterprise (NFE)	+++	NS	+FHH	NS	NS

Stronger impact

Mixed impact

Less impact



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

adults	Zambia	Kenya	Malawi	Lesotho	Ghana
Agricultural/casual wage labor	---	---	---	--	NS
Family farm	+++	+++	+++	NS	+++
Non farm business (NFE)	+++	+++		NS	NS
Non agricultural wage labor	+++	NS	NS	NS	NS
children					
Wage labor	---	NS	---	NS	NS
Family farm	NS	---	+++	NS	NS

No consistent increase in child labor

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



# Improved ability to manage risk

	Zambia	Kenya	Malawi	Ghana	Lesotho
Negative risk coping	---		---		---
Pay off debt	+++			+++	NS
Borrowing	---	NS		---	NS
Savings	+++	+++		+++	
Give informal transfers			NS	+++	+++
Receive informal transfers			---	NS	+++

- Reduction in negative risk coping strategies
- Increase in savings, paying off debt and credit worthiness

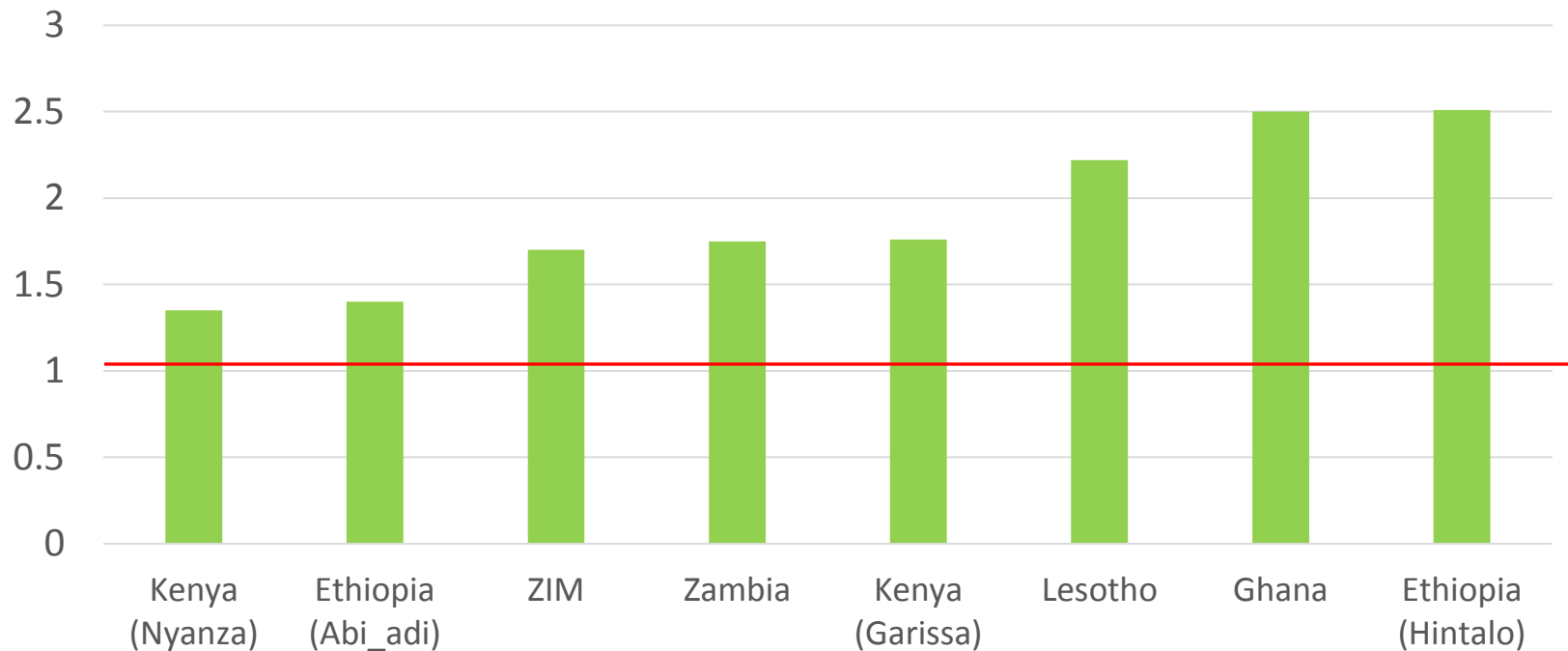
## Strengthened social networks

- In all countries, re-engagement with social networks of reciprocity—informal safety net
- Allow households to participate to “mingle” again



# Cash transfers lead to income multipliers across the region

Multiplier: Amount generated in local economy by every \$1 transferred



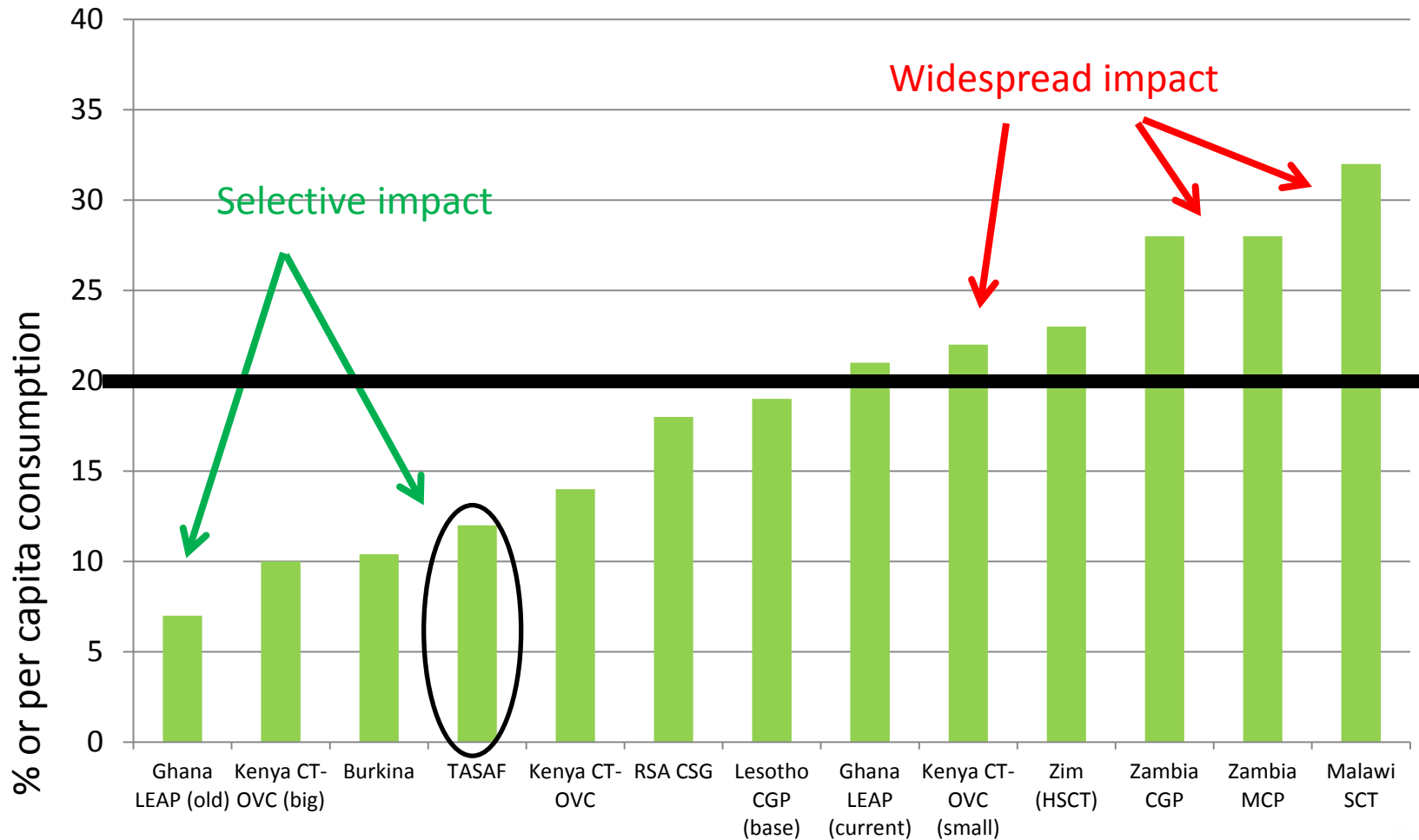
# Summary impacts from TASAF Pilot evaluation (World Bank)

Consumption	No permanent increase in consumption
Health	11pp decrease in illness 0-59 months, increase in health spending but <b>no increase in care seeking</b>
Nutrition	None
Schooling	No impact on enrollment, large impacts on STD XII completion among older kids
Livestock	Impacts on number of goats and chicken owned
Savings	Among small households only

Pattern of stronger effects among poorer households – transfer size issue?



# Among other things, impact depends on transfer size



# Three tweets from this presentation...

- Rigorous evidence from SSA is unmatched in any other region
  - No longer must we talk about the LAC experience
- Impacts from SSA are ‘impressive’—cash in the hands of poor people is transformative
  - Food security, **human capital**, **economic activity**, **risk-coping** AND **safe transition to adulthood**
- Specifics matters: effects depend on program design (transfer size, implementation and context)



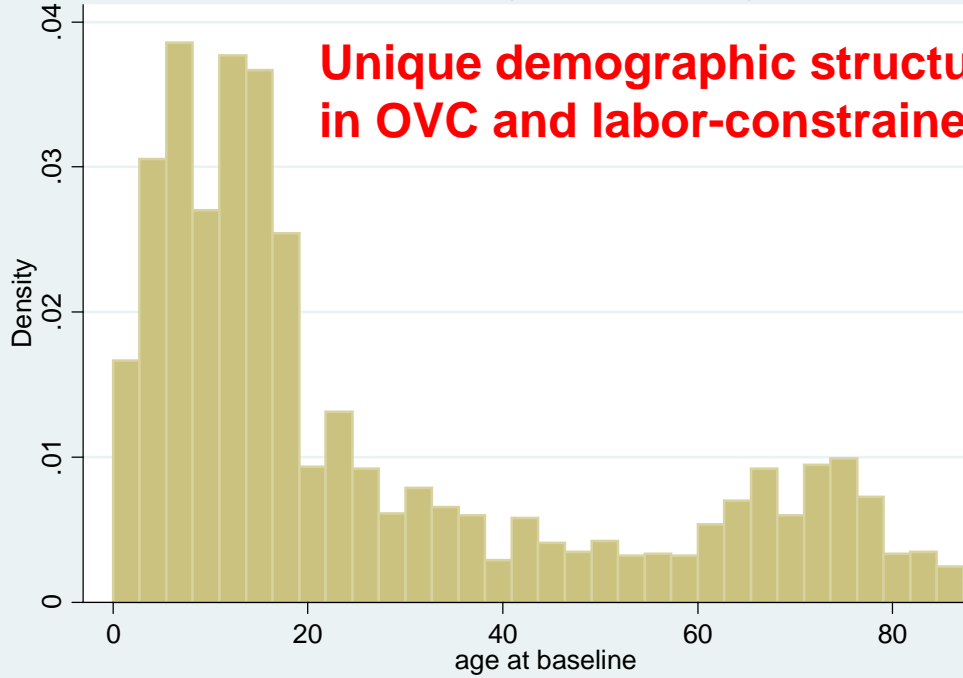
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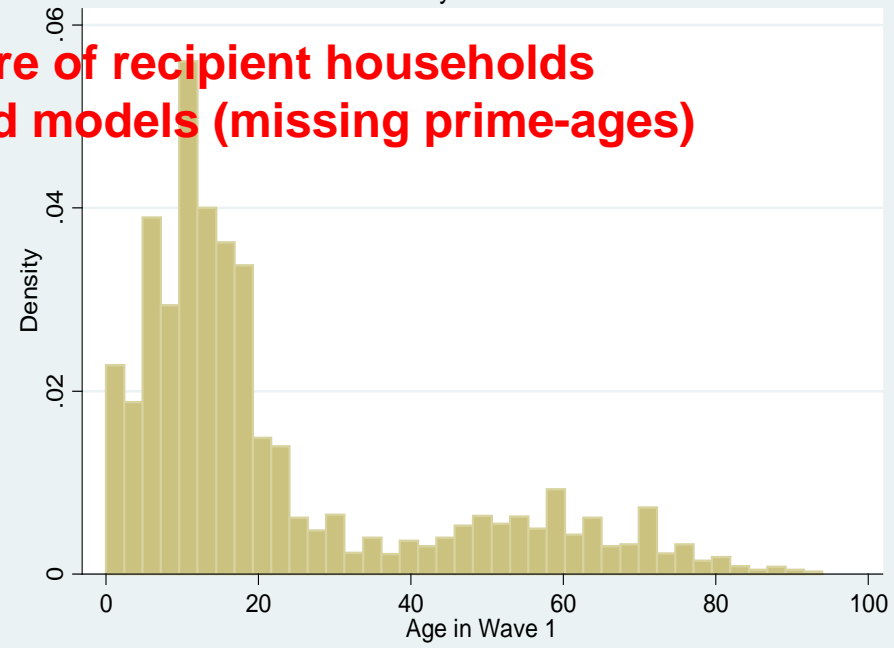




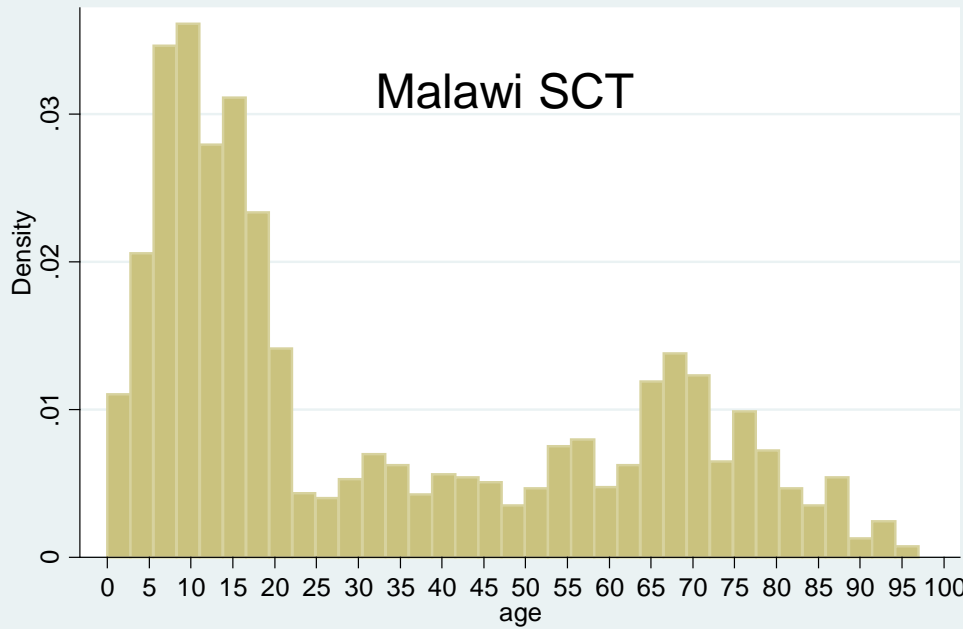
Zambia SCT (Monze Evaluation)



Kenya CT-OVC



Malawi SCT



Zimbabwe HSCT

