AFRICA DEVELOPMENT FORUM

Realizing the Full Potential of Social Safety Nets in Africa

Kathleen Beegle, Aline Coudouel,
and Emma Monsalve, Editors

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Contents

Chapter 2

Social Safety Nets Promote Poverty Reduction, Increase Resilience, and Expand Opportunities

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There is growing evidence on the impacts of social safety nets on equity, resilience, and opportunities among the poor and vulnerable in Africa. The depth of recent evidence serves to make a case for investment in social safety nets, for the effective design of programs, and for bringing programs to scale.

The equity objective of social safety nets involves ensuring that the most vulnerable and poorest households reach a minimum level of consumption and are able to cover basic needs. Numerous studies have demonstrated that social safety nets boost consumption and reduce poverty. The vast majority of evidence indicates that households do not use transfers on temptation goods such as alcohol or tobacco. The associated consumption patterns have spillover effects in local economies. Social safety nets have been shown to stimulate the demand for retail, services, and agricultural goods.

Social safety nets also help build household resilience to economic shocks through increased savings and investments in productive assets, especially livestock holdings. They also limit adverse coping strategies among households, including the use of child labor.

Social safety net transfers are not handouts. Instead, they promote longer-term opportunities for productive inclusion. They foster opportunities through investment in human capital: In Africa, programs have been shown to increase school attendance substantially. Their impact on health care is more limited and reflects the demand-side and supply-side constraints to improved health and the speed at which program impacts can be realized. Social safety nets also foster opportunities through investments in productive activities: they lead to the launch or expansion of business activities and more time spent on household farms.

Social safety nets are among the most frequently evaluated social policy interventions in Africa. The depth of evidence has been critical in motivating a a consensus on the need to invest in social safety nets, and the evaluations have informed design. As programs mature and coverage is expanded, the diversity in the evaluations can help gauge the likely impacts of bringing social safety nets to scale.

The impacts of the related programs can be framed around the broad objectives of social safety nets, which are distilled here into a simplified framework that focuses on equity, resilience, and opportunity.[1]

First, the equity objective of social safety nets is often the most central in low-income settings because it involves seeking to ensure that the most vulnerable and poorest households reach a minimum level of consumption and are able to cover basic needs. Typical outcomes of interest include measures of consumption, food security, and poverty among beneficiary households (figure 2.1). In some cases, strong social safety nets can also help remove incumbent redistributive programs that are inefficient and costly, or they can support macroeconomic reforms that boost long-run economic growth by compensating immediate losers (Inchauste and Victor 2017) (see chapters 3 and 5).

Second, the resilience objective is underpinned by the insurance function of well-implemented social safety nets. If poor households can rely on regular support from social safety nets, they can avoid resorting to costly and often irreversible coping strategies, such as selling their most productive assets at deflated prices. From an ex ante perspective, programs can help households diversify into higher-return, but also higher-risk, income activities that may boost households out of poverty.

Third, the opportunity objective of social safety nets aims to allow households to make investments they would otherwise miss. Typically, the outcomes of interest associated with this objective are investments in education, nutrition, and health care among children and in the increased earnings of income providers within the households.

Figure 2.1 **Conceptual Framework for Considering the Impacts of Social Safety Nets**

Equity	Resilience	Opportunity
Consumption	Savings	Human capital investments:
Food security	Private transfers	Education
Poverty	Reduced negative coping mechanism	Health
	Livelihood strenghtening	Nutrition
	Productive assets	Productive inclusion
		Income and earnings potential

Beyond these three objectives of social safety nets, recent discussions have considered the extent to which social safety nets may contribute to economic growth (Alderman and Yemtsov 2013; Barrientos 2012). Channels for growth principally focus on the extent to which social safety nets enable investments and better risk management among beneficiary households and their communities: pathways that are aligned with the resilience and opportunity objectives.

There is an impressive evidence base, including rigorous impact evaluations and a growing literature, much of which is specific to the Africa region.[2] Since 2005, 55 impact evaluations, examining 27 social safety net programs in 14 African countries, have been conducted (annex 2A). These studies cover national flagship social safety net programs in Ethiopia, Ghana, Kenya, Malawi, South Africa, Tanzania, and others. There is also a recent array of literature that aggregates evaluation findings, including systematic reviews of the global evidence on various social safety net programs; systematic reviews of specific interventions, such as cash transfers; systematic reviews of specific outcomes, for example, in education; and comparative country studies (Baird et al. 2013; Bastagli et al. 2016; Davis et al. 2016; Hagen-Zanker, McCord, and Holmes 2011; IEG 2011; Kabeer, Piza, and Taylor 2012; Saavedra and Garcia 2012). One caveat to the recent literature is that Africa-specific findings can be difficult to glean within global studies, and there are no studies that combine comparable cross-country evidence from Africa to develop the average size of effects.

To address these shortcomings, a meta-analysis has been conducted and is presented here. The objective of the meta-analysis is to pool evidence across African studies in a systematic way to facilitate a robust and consistent comparison of impacts on key outcomes. Underpinning the meta-analysis are several important methodological decisions (see annex 2B; Ralston, Andrews, and Hsiao 2017). Conducting a meta-analysis based on a range of impact evaluations necessarily focuses on the outcomes of those studies. Some outcomes of interest that are inherently difficult to measure are not covered, for instance, the incidence of gender-based violence, social cohesion, and political economy indicators such as trust in government and willingness to accept reforms. A second caveat to this approach is that many impact evaluations are done during early phases of program development, rather than when programs are fully mature and at scale. To speak to this second point, the meta-analysis discussion has been extended to explore the potential impact if programs are brought to scale. Simulations are developed for three countries—Ghana, Liberia, and Niger—to show the scope for poverty reduction, consumption increases, human development improvements, and greater investments in productive assets. A general equilibrium analysis has also been carried out to assess the relative value of social safety net interventions done alone versus those done alongside complementary supply-side interventions that may boost aggregate demand.

While the focus of this analysis is an examination of program impacts on socioeconomic well-being, a number of the studies reflected on critical design features to maximize the impact of bringing programs to scale. Four broad lessons emerge. First, the value of a cash transfer is important. Ensuring impacts requires sufficiently large transfers. Benefits need to be updated over time to account for inflation, which reduces purchasing power. Second, the impact of programs relies on predictability. If benefits are not delivered with regularity, households cannot use them as effectively. As programs are brought to scale, fiscal sustainability, that is, regular funding, is needed to ensure that they reach maximum impact (see chapter 5). Third, coordination with complementary programs, such as skills training or other employment schemes, is crucial in maximizing resilience and promoting productive inclusion. As social safety nets grow, there will be a greater need for a sound institutional framework to tie programs together (see chapter 4). Fourth, as programs grow, so will the demand for key public services, such as schools, health care, and agricultural extension. The access to and quality of services can be central factors in maximizing program impacts.

Social Safety Nets Improve Equity

In examining the evidence on equity, the analysis focuses on the impact of social safety net programs on raising household consumption. One of the fundamental purposes of social safety nets is to improve the well-being of the poorest or most vulnerable and lay a foundation for equality of opportunity by allowing families to meet basic needs (World Bank 2012). Household consumption is one of the main channels of the impact of a social safety net intervention because poor households are expected to use the social safety net to satisfy basic household needs, including for food and nonfood staple goods. Hence, in addition to overall household consumption, food consumption is specifically examined as a more immediate indicator of impact because food typically constitutes more than half of household consumption among poorer households. Several studies assess food security measures, although the set of indicators is not sufficiently consistent for the pooled meta-analysis.

The literature provides valuable details on individual programs' impacts on equity. Of 35 cash transfer studies reviewed, including 12 in Africa, 25 (9 in Africa) were found to have a significant impact on raising household consumption (Bastagli et al. 2016). Social safety net programs more generally have also been shown to boost consumption, but also to increase frequency and diversity in consumption patterns (Davis et al. 2016).

For the meta-analysis, results from nine programs in Africa were analyzed for impacts on total household consumption.[3] On average, total consumption

increases by an average $0.74 for each $1.00 transferred, and this result is significant (box 2.1; figure 2.2).[4] In most programs, there is an increase in household consumption. However, there is considerable heterogeneity across countries in the size of impacts and the precision of estimates. Five programs result in significant increases: the Social Cash Transfer Program (SCTP) in Malawi, the Child Grant Program in Zambia, and Kenya's Hunger Safety Net Program (HSNP), Orphans and Vulnerable Children (OVC) Program, and

BOX 2.1

Unpacking the Findings of the Meta-analysis

Figures 2.2–2.7 show the results of the meta-analysis. Each figure is divided into two panels.

The top panel shows the average size of the effect (the orange horizontal line) and individual program impacts (purple horizontal dashes) expressed in percentage change (to facilitate comparability). The shaded grey bars show the 95 percent confidence interval for each estimate. The overall confidence interval is indicated by the yellow shaded area.

The second panel shows the impact of these programs on beneficiaries. The light blue bar reports baseline measures of the outcome in a standardized way, and the dark blue bars show the incremental change that is attributed to the social safety net program. The data presented here reflect more closely what is typically reported in individual evaluations, but the outcome measures have been converted to comparable units, such as monthly household expenditures or net enrollment rates. All dollar amounts report 2011 purchasing power parity (PPP) U.S. dollars, a price-adjusted comparable unit across countries.

By way of an illustrative example, consider the findings presented on Kenya's OVC program (fourth from left) regarding the impacts of total consumption in figure 2.2. The top panel reports that household consumption rose by 80 percent of the value of the transfer (at a confidence interval of 1 percent–160 percent). The second panel reports that the transfer increased total consumption from $346 to $404.

Scanning across programs, as reported in the figure note, one may see that monthly transfers varied between $21 and $79, or 8 percent–50 percent of baseline consumption (panel B), and the impacts on consumption varied between reducing consumption by $0.86 per $1.00 transferred (the Livelihood Empowerment against Poverty Program [LEAP] in Ghana) and increasing it by $1.79 per $1.00 transferred (SCTP in Malawi).

GiveDirectly. Beneficiary households experience the greatest rise in consumption in Malawi with the SCTP, 179 percent of the value of the transfers. The Zambia Child Grant Program also exhibits large positive effects on total consumption and by subcategories of consumption: 76 percent of the transfer is spent on food, followed by health care and hygiene (7 percent), clothing (6 percent), and communication and transportation (6 percent), demonstrating that the transfers are used to meet basic needs. Both the Malawi and Zambia

Figure 2.2 Consumption Increases Because of Social Safety Nets

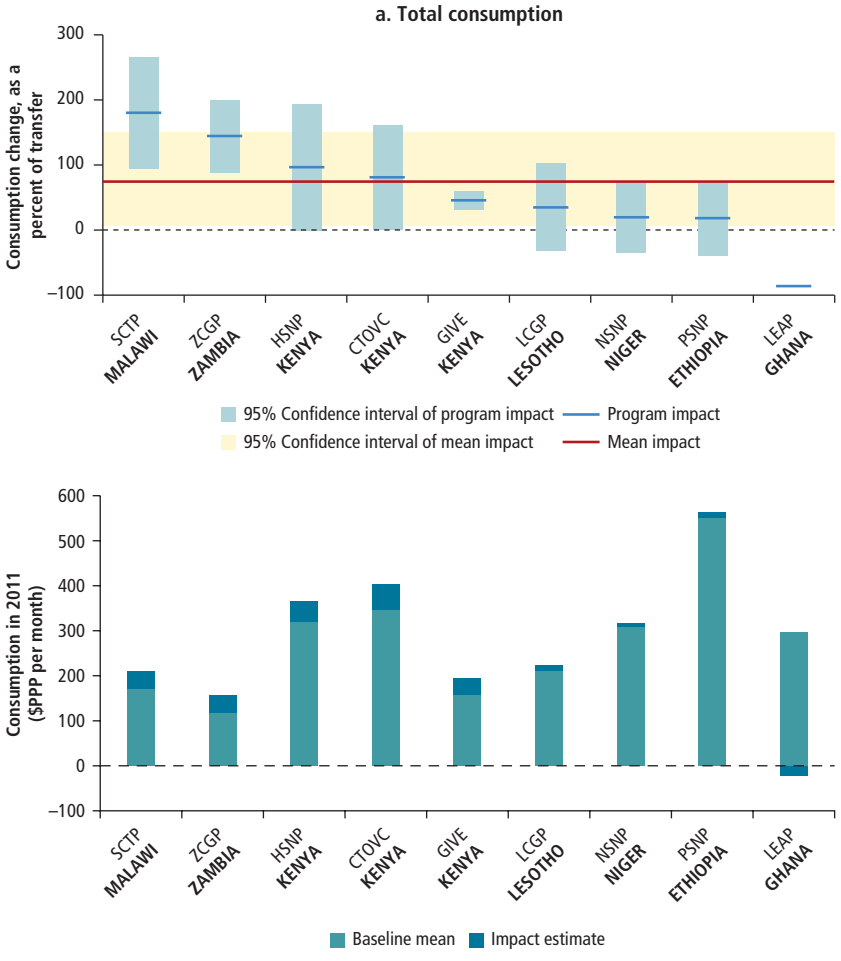

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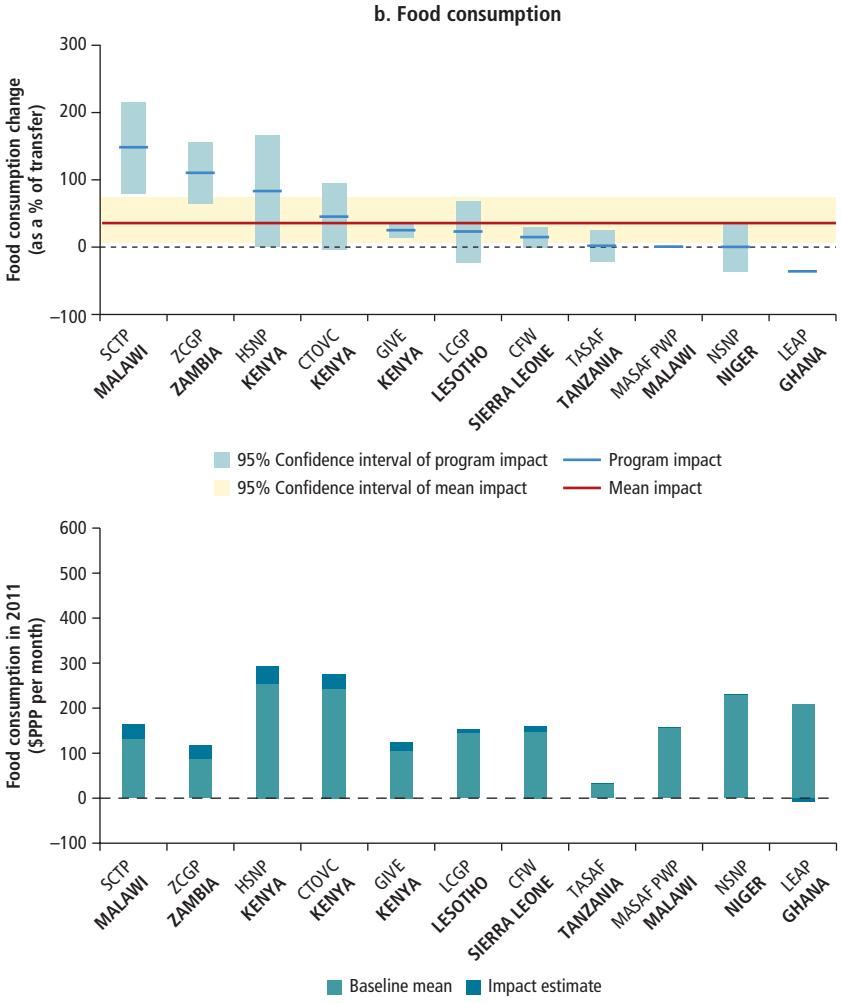
Figure 2.2 Continued



Source: World Bank meta-analysis.
Note: The mean value of the household transfer (in 2011 US$, purchasing power parity) is $65 for Ethiopia PSNP (12 percent of total consumption); $24 for Ghana LEAP (8 percent and 12 percent of total and food consumption); $47 for Kenya HSNP (15 percent and 19 percent of total and food consumption); $71 for Kenya CTOVC (21 percent and 29 percent of total and food consumption); $79 for Kenya GIVE (50 percent and 75 percent of total and food consumption); $34 for Lesotho LCGP (16 percent and 24 percent of total and food consumption); $21 for Malawi SCTP (13 percent and 16 percent of total and food consumption); $44 for Malawi MASAF PWP (28 percent of food consumption); $44 for Niger NSNP (14 percent and 19 percent of total and food consumption); $83 for Sierra Leone CFW (56 percent of food consumption); $48 for Tanzania TASAF (146 percent of total and food consumption); and $27 for Zambia ZCGP (23 percent and 31 percent of total and food consumption).

programs highlight the multiplier potential of social safety nets, given that the resulting increases in consumption exceed the total transfer received. Overall, the impact as a share of household consumption before the intervention ranges between 0 percent and 33 percent, while the value of the transfer varies between 8 percent and 50 percent of the baseline household consumption.

The programs with the largest impact on consumption per dollar targeted poor households on the basis of indicators of household welfare, such as the SCTP in Malawi and the Zambia Child Grant Program. Households in these programs show the lowest levels of baseline consumption, at $172 and $119 per month, respectively (figure 2.2, lower panel of a). The size of these transfers was modest in relative terms (11 percent to 23 percent of baseline consumption) and absolute terms ($21–$27 per month). This finding is quite logical: the poorest live on the tightest household budgets, and the extra dollar is likely to have a greater impact on their standards of living. GiveDirectly in Kenya also targets poor households—those living on $157 per month—and realizes robustly positive consumption gains, although at a slightly lower range: about 45 percent of the transfer is spent on consumption. One explanation is that, because the program has large transfers, ranging from $45 to $160 (a mean of $79) per month, this encouraged greater spending on durable assets (such as roofs), which tend to cost more, rather than daily consumption expenditures. The program also explored delivering transfers as a single lump sum rather than monthly and found that this promoted investment over consumption.

The effects on food consumption were also strong for most programs, with a significant average effect of $0.36 per $1.00 transferred. Of the programs, 10 of the 11 available (in eight countries) were associated with rises in food consumption, among which four were significant. Across the programs, food consumption rose by up to 148 percent of the size of the transfers and up to 34 percent of food consumption prior to the program (baseline food consumption). The small increase found in the Malawi Social Action Fund public works program (MASAF PWP) appears to reflect a blend of poor design (low transfer value, limited days of employment) and weak implementation (irregular project delivery, low asset creation) (Beegle, Galasso, and Goldberg 2015).

The vast majority of the evidence suggests that households do not use the transfers to raise expenditures on temptation goods such as alcohol or tobacco (Evans and Popova 2014; Handa et al. 2017). Even where the findings point to such consumption, it is on a small scale, such as in the Cash for Work Program of the Youth Employment Support Project (CfW) in Sierra Leone (Rosas and Sabarwal 2016).

After household welfare and food consumption, a third category of equity measurement is food security. Several impact evaluations, especially those in which the program transfer is in kind rather than cash, study the impact on

food security either as a complement to or in place of consumption measures. Because of the lack of coverage and consistency in measurement, the meta-analysis does not include food security. In some cases, the evaluations show increases in food security, such as in the Productive Safety Net Program (PSNP) and the Social Cash Transfer Pilot Program in Ethiopia, the Niger Safety Net Project, and the Food and Unconditional Cash Transfer Program and the AIDS Support Organization in Uganda. Yet, they find no significant consumption impacts. Generally, the food security increases are captured through expanded dietary diversity, higher food scores, improved anthropometric measures among children, and a reduction in reported food insecurity. All of which can be consistent with no change in the overall consumption value. Ethiopia's PSNP provides a striking example of the long-term impacts on food security outcomes using the food gap (number of months a household reports food shortages), which represents a broader focus than standardized consumption measures based on shorter recall periods. Between 2006 and 2014, there was substantial improvement in food security, reflected in a fall in the mean food gap from 3.0 months to 1.9 months (Berhane, Hirvonen, and Hoddinott 2015). The improvement was the most substantial among households with greater initial food insecurity. The immediate direct effect of the transfer to rural households through the PSNP in 2011 has been estimated at a 1.6 percentage point reduction in the national poverty rate (World Bank 2015).

Social safety net programs affect not only beneficiary households but, through local economy effects and spillovers, also nonbeneficiary households. Thus, evaluations find sizable consumption effects among nonbeneficiaries. Based on a combination of survey data collected among households and businesses within local communities, projections indicate that, for each $1.00 equivalent transferred to beneficiaries, nonbeneficiaries also see real income increases: $0.26–$0.83 in the Ethiopia Social Cash Transfer Pilot Program, $0.39 in LEAP in Ghana, $0.03–$0.16 in the OVC program in Kenya, $0.33 in the Lesotho Child Grants Program, $0.30 in the Zambia Child Grant Program, and $0.36 in the Zimbabwe Harmonized Social Cash Transfer Program (Taylor, Thome, and Filipski 2014; Taylor et al. 2013, 2014; Thome et al. 2014a, 2014b). These income increases are mainly mediated through greater demand for goods and services in the retail and agriculture sectors of local economies in which other households are also involved. Together with the impacts on beneficiaries, these additional income effects lead to local economy multipliers of 1.08 to 1.84. So, each dollar transferred to a poor household is projected to add more than a dollar to the local economy. These findings are especially relevant in a low-income setting because they highlight the links between social safety nets and the rural economy. However, it is unclear whether these impressive outcomes can be sustained as interventions are implemented at full scale nationally. For example, the models used for the local economy projections assume fixed input

prices for goods produced outside communities; but if programs are brought to scale, these prices may adjust upward in response to greater demand, moderating the multiplier effects.

Building Resilience through Social Safety Nets

Resilience has become a key focus of social safety nets and within the broader development arena. Resilience in this case is "the ability of countries, communities, and households to manage change by maintaining or transforming living standards in the face of shocks or stress" (DFID 2011, 6). Thanks to resilience, shocks or stresses—such as earthquakes, droughts, or violent conflict—can be confronted without compromising long-term prospects (Alfani et al. 2015). Resilience is linked to the concept of consumption smoothing, whereby individuals prefer a stable level of consumption despite variations in income and will therefore borrow or save to preserve continuity in consumption. The focus on resilience stems from the recognition that households in developing countries live in risky environments and that the risk is greatest among the poor (Hallegatte et al. 2016; Hill and Verwimp 2017). The emerging emphasis on resilience is also reflected in attempts to strengthen coordination between social safety nets and humanitarian interventions (Clarke and Dercon 2016; Slater, Bailey, and Harvey 2015; see chapters 3 and 5).

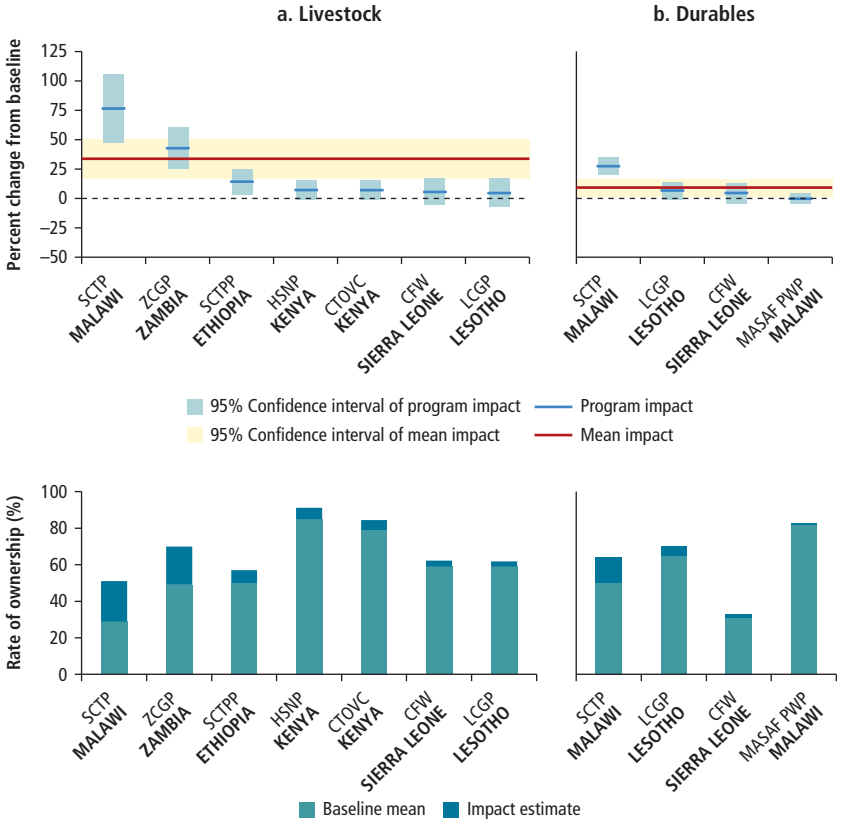
Resilience is analyzed through the lens of livelihood strengthening, improved coping strategies, and risk management. Outcomes include the ownership of productive assets for livelihood strengthening, decreases in informal wage work and child labor as indicators of less harmful coping strategies, and savings and private transfers for risk management. In terms of productive assets, because many studies are conducted in rural areas and because smallholder farming is the main livelihood, assets include those associated with agriculture. These outcomes are interconnected with equity and opportunity: the ability to save can improve the ability to send children to school, and more productive assets may lead to higher incomes and then greater consumption and less poverty. A challenge in the analysis of resilience revolves around the fact that impact evaluations are not usually devised to capture the direct responses of beneficiaries to shocks, given the unexpected time-varying nature of shocks and the lack of high-frequency longitudinal studies. Instead, this study focuses on measurable outcomes hypothesized to improve household resilience.

Encouraging evidence suggests that social safety net transfers can successfully boost investment in productive assets, especially livestock holdings. For most of the poor, livestock holdings, agricultural tools, and other household

assets represent a store of value and a form of savings, besides their effect in strengthening livelihood activities.

One of the most striking results is the significant rise in livestock ownership, which indicates an average improvement of 34 percent across seven programs relative to baseline levels (figure 2.3). Across programs, four studies report significant impacts. Studies reporting on this outcome typically find investments in small livestock, such as chickens, ducks, and goats. Cattle ownership tends to show smaller increases if they are at all significant. The case of Malawi's SCTP is illustrative; limited cattle ownership is attributed to the large expense of purchasing cattle, the relative rarity of this activity among smallholders, and a perception among beneficiaries that

Figure 2.3 **A Range of Productive Assets Respond to Social Safety Net Transfers**



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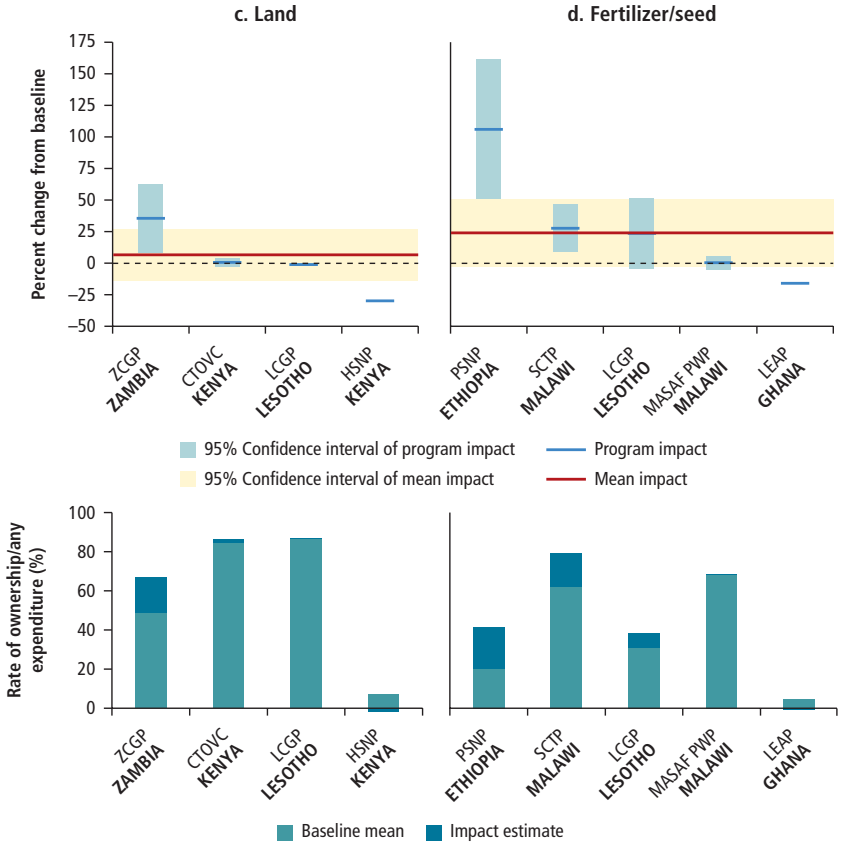


Source: World Bank meta-analysis.
Note: The mean value of the household transfer (in 2011 US$, purchasing power parity) is Malawi SCTP $21, Zambia ZCGP $27, Ethiopia SCTPP $60, Kenya HSNP $47, Kenya CTOVC $71, Sierra Leone CFW $83, Lesotho LCGP $34, Malawi MASAF PWP $44, Ethiopia PSNP $65, and Ghana LEAP $24.

investments in large livestock may compromise their program eligibility (Covarrubias, Davis, and Winters 2012). In Niger, recipients of cash transfers had lasting increases in livestock assets (Stoeffler, Mills, and Premand 2016). Expenditures on durables (tools and other equipment for farms and businesses) exhibited a smaller, but still significant, improvement: a 10 percent increase relative to the baseline. Durables include investments in agricultural tools, as in Ethiopia's Social Cash Transfer Pilot Program, Malawi's SCTP, and Zambia's Child Grant Program (Berhane et al. 2015; Boone et al. 2013; Seidenfeld, Handa, and Tembo 2013).

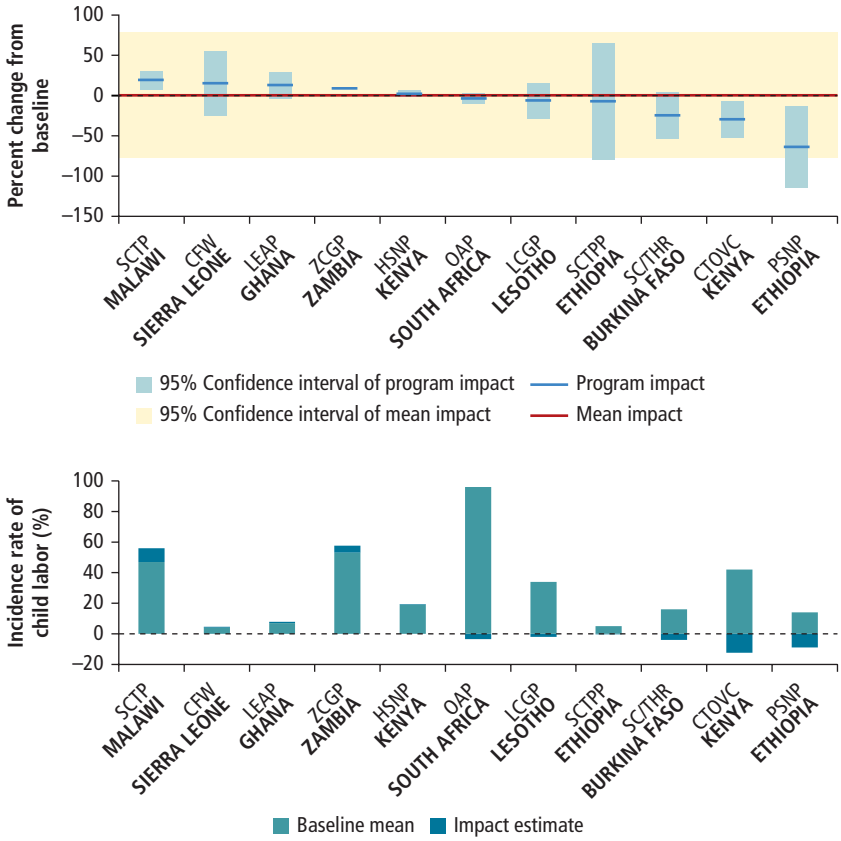
Resilience is partly captured through ownership of certain types of durable goods. Across programs, the definition of durables varies (see Ralston, Andrews, and Hsiao 2017 for details), but they tend to include expenditures for home improvements and sometimes productive tools for farming). We find modest impacts, although in the case of SCTP in Malawi, the definition is any durable good. There is additional evidence of social safety nets leading to increases in expenditures for home improvements specifically, such as on metal or plastic sheeting for roofs and walls in GiveDirectly in Kenya, the Lesotho Child Grants Program, and the CfW in Sierra Leone (Haushofer and Shapiro 2016; Pellerano et al. 2014; Rosas and Sabarwal 2016).

Two programs are associated with an expansion in the application of fertilizers or seeds (as measured by any expenditure on either), and only one program finds an increase in land ownership. Neither outcome is significantly impacted on average across the programs that report on them. Evidence for improved fertilizer and seed use comes from the PSNP in Ethiopia and the SCTP in Malawi, which may demonstrate a shift to higher-risk, higher-return agricultural practices. The Ethiopia findings are important for an understanding of mediating factors because this intervention was coupled with an initiative to support household agricultural productivity, namely, the Household Asset Building Program. Only the Zambia Child Grant Program reports a substantial positive impact on outcomes in land ownership: beneficiaries expanded the area of land they worked by 18 percent (34 percentage points relative to the baseline).

Another indicator of resilience is reduced reliance on child labor as a coping strategy (figure 2.4). Child labor can inhibit school attendance, thereby negatively affecting the future earnings potential of children. Overall, social safety net programs that report on this outcome find no average effect. However, some of the programs specifically targeted at children show a reduction, including the Burkina Faso Take-Home Rations Program among girls, the Kenya OVC program, and the Lesotho Child Grants Program. These programs are associated with strong communication strategies advocating for the rights and well-being of children, such as encouraging school attendance, which may help generate these results because, if children are in school, they also have less time to work. Results of programs in Latin America support these findings. Meta-analyses focusing on the impacts of conditional cash transfer programs in Brazil, Colombia, Mexico, Nicaragua, and Uruguay show promising results, particularly among children with the highest returns to work, such as young adolescent boys (Kabeer, Piza, and Taylor 2012).

Another possible sign of resilience is reduced reliance on wage work. Poor rural households often sell more than the optimal amount of labor off their farms to obtain an immediate income source. In Malawi, this type of work is known as *ganyu*, is generally low-wage and casual, and may lead to poverty traps (Devereux 1997). Along with significant reductions in such informal wage work associated with the SCTP in Malawi, wage work fell substantially among

Figure 2.4 Social Safety Nets May Reduce the Reliance on Child Labor



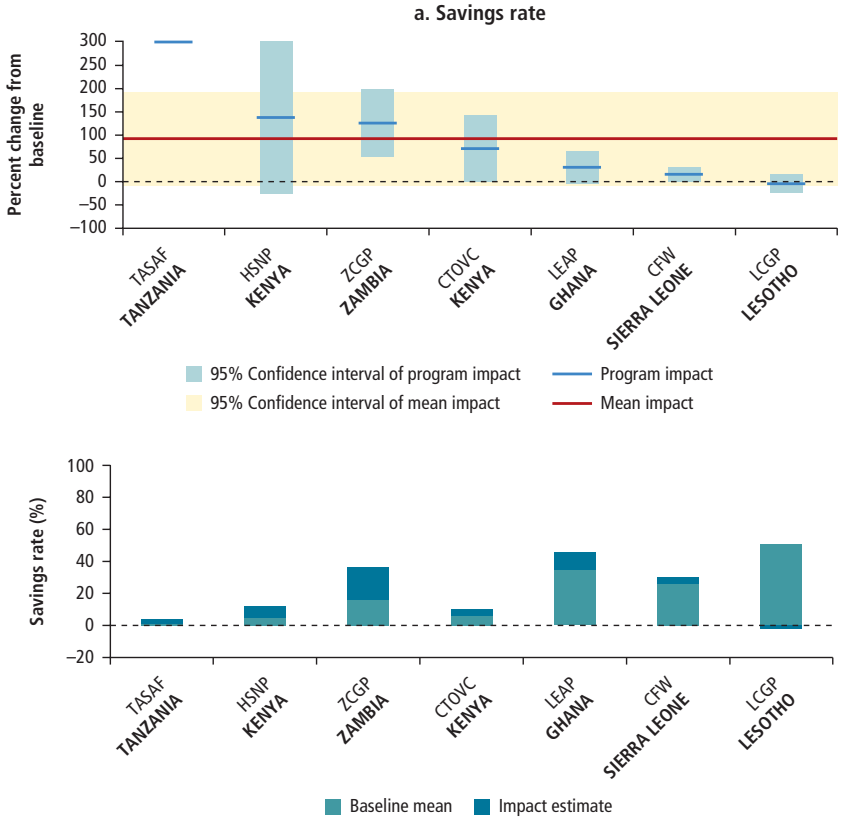
Source: World Bank meta-analysis.
Note: The mean value of the household transfer (in 2011 US$, purchasing power parity) is Sierra Leone CFW $83. Ghana LEAP $24, Zambia ZCGP $27, Kenya HSNP $47, South Africa OAP $100, Lesotho LCGP $34, Ethiopia SCTPP $60, Burkina Faso SC/THR $27, Kenya CTOVC $71, and Ethiopia PSNP $82.

beneficiaries of Ethiopia's Social Cash Transfer Pilot Program and the child grant programs in Lesotho and Zambia.

Social safety net programs can also help improve the ability of households to manage risk through, for example, increased savings. The average increase was 92 percent in the incidence of savings relative to the baseline (figure 2.5). Typically, savings rates are low among populations targeted by social safety net programs because these populations are struggling to cover day-to-day necessities rather than saving to confront adversity. The studies included in the meta-analysis find, for instance, that only 5 percent to 35 percent of beneficiaries were saving previous

to the programs, but, under the programs, are 4 percent to 20 percent more likely than comparable nonbeneficiary households to be saving. The value of savings rose significantly, by, for example, 9 percent in the CfW in Sierra Leone and 92 percent in Kenya's GiveDirectly (Haushofer and Shapiro 2016; Rosas and Sabarwal 2016). Furthermore, most economic models predict that means-tested social safety nets lead to lower precautionary savings if, for instance, beneficiaries expect that social safety nets will respond with higher transfers to unanticipated shocks, thereby reducing the need or even the incentive to self-insure (Aiyagari 1994; Hubbard, Skinner, and Zeldes 1995). However, in the cash transfer pilot implemented by the Tanzania Social Action Fund, the poorest households were most likely to begin saving under the program, although these new savings were quickly exhausted during a subsequent drought. This may be taken as evidence that social safety nets

Figure 2.5 **The Impact of Social Safety Nets on Savings and Private Transfers**



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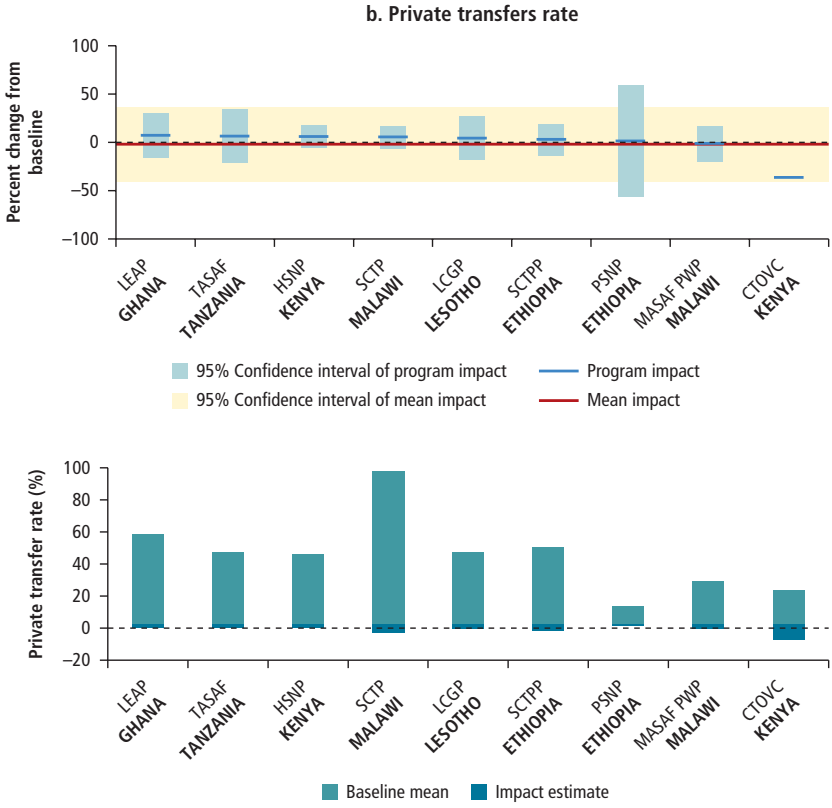

Source: World Bank meta-analysis.
Note: The mean value of the household transfer (in 2011 US$, purchasing power parity) is Tanzania TASAF $48, Kenya HSNP $47, Zambia ZCGP $27, Kenya CTOVC $71, Ghana LEAP $24, Sierra Leone CFW $83, Lesotho LCGP $34, Malawi SCTP $21, Ethiopia SCTP $60, Ethiopia PSNP $65, and Malawi MASAF PWP $44.

are not perceived by individuals as sufficient to reduce exposure to income uncertainty, but rather, through consistent social safety net support, beneficiaries are more able to build up their own precautionary savings.

The crowding out of remittances to households (that is, private transfers from family and friends) is very modest and mostly not statistically significant (see figure 2.5). Moreover, evaluations show that households are using program transfers to reduce borrowing and indebtedness (not measured in the meta-analysis). This is the case of LEAP in Ghana and the Malawi SCTP, in which beneficiaries report less need to make purchases on credit because of the transfers (CPC 2016; Handa et al. 2013). The evidence on credit access is less clear: evaluations reflect on the increased creditworthiness of households

receiving transfers in, for instance, Ghana LEAP and Kenya HSNP, but there is little evidence that more credit has been forthcoming (Handa et al. 2013; Merttens et al. 2013). In the Ghana LEAP and the Zambia Child Grant Program, the social safety nets help beneficiaries realign social networks and, in some cases, improve the bargaining power of women (Handa et al. 2013; Seidenfeld, Handa, and Tembo 2013).

Overall, the policy implication is that social safety nets may have a major impact in boosting savings for improved risk management, but they are not sufficient for households to buffer completely against shocks independently. Nonetheless, social safety net programs are not significantly crowding out private transfers and are not likely to impact adversely or substitute for other risk management strategies.

Increasing Opportunities through Social Safety Nets

Human capital development and productive inclusion are two important dimensions of the effort to foster opportunity. The dimension of human capital development involves the recognition that social safety nets have long been viewed as a tool for promoting investments in education and health care among children. Well-established conditional cash transfer programs in Latin America, such as Bolsa Família in Brazil and Prospera in Mexico, have the core objective of enabling poor families in rural and urban communities to invest in the human capital of their children by improving outcomes in education, health, and nutrition (Fiszbein and Schady 2009). Compelling evidence documents the positive impacts of these programs, including their longer-term effects, which vary from positive to more mixed (Baez and Camacho 2011; Behrman, Parker, and Todd 2011; Gertler, Martinez, and Rubio-Codina 2012). The dimension of productive inclusion revolves around the effectiveness of social safety nets in promoting a sustained exit out of poverty. Such an exit may be fostered by engaging households in more productive activities that lead to higher income trajectories. The previous section touched on this by considering the degree to which social safety nets encourage investments in productive assets. This section investigates whether social safety net programs have led to higher incomes and earning opportunities among beneficiaries.

Social Safety Nets Are Investments in Education

The literature focuses extensively on the impacts of cash transfer programs on education, though largely outside Africa. Evidence on 19 conditional cash transfer programs in 15 developing countries, including one in Africa (Malawi), finds significant impacts on primary-school enrollment and

attendance (Saavedra and Garcia 2012). The increase in enrollment was 5.5 percentage points relative to the mean baseline of 84.0 percent, and the increase in attendance was 2.5 percentage points relative to a baseline of 80.0 percent. Conditional and unconditional cash transfer programs have been shown to improve school enrollment and attendance across 25 countries (five of which are in Africa) (Baird et al. 2013). There is no statistical difference in the impact on enrollment and attendance between conditional and unconditional cash transfer programs. But programs in which the conditionality is explicitly monitored and in which the associated penalties are enforced show substantially larger effects, about a 35 percent improvement in the odds of enrollment relative to programs without any schooling conditions. A review of the impacts on attendance and cognition of 27 cash transfer programs in 20 countries, half of which are in Africa, finds an impact on attendance, but a less clear-cut pattern in learning outcomes (Bastagli et al. 2016). The evidence base is not sufficient to make any generalizations on the impacts of cash transfers on ultimate outcomes such as learning (as measured by test scores) or cognitive development. The policy implications of this work highlight the need to complement cash transfer delivery with a variety of other interventions, such as nutritional support, educational outreach, and supply-side grants.

The impacts in Africa are consistent with the international literature, showing promising potential to realize improvements in short-term outcomes such as attendance and enrollment. Of the 27 programs covered in the meta-analysis, 13 reported on school enrollment rates and 15 reported on school attendance rates. Although the mean effect is not statistically significant (6 percent rise in attendance and 7 percent improvement in enrollment), the impact of programs specifically targeting children as beneficiaries is significant (see the second cluster of results in figure 2.6, which presents the results according to the population targeted by the programs). One of the most striking enrollment results includes Burkina Faso's Nahouri Cash Transfers Pilot Project, which increased enrollment from 49 percent to 57 percent and attendance from 46 percent to 56 percent, which represent 17 percent and 22 percent increases, respectively, relative to the baseline (Akresh, de Walque, and Kazianga 2013).

Improvements in enrollment and school attendance are consistent with other positive impacts detected on educational expenditures on shoes, uniforms, and blankets, the lack of which represent key barriers to enrollment and attendance, especially in secondary school. Education-related expenditures are reported to increase by 16 percent in the Malawi SCTP, 23 percent in Kenya GiveDirectly, and 16 percent in the Lesotho Child Grants Program (CPC 2016; Haushofer and Shapiro 2016; Pellerano et al. 2014). Similarly, in Kenya's Child Sponsorship Program, giving out uniforms

reduced school absenteeism by 6.4 percentage points (43.0 percent) from a base of 15.0 percent (Evans, Kremer, and Ngatia 2009). It is notable that programs targeting poor and vulnerable households more generally appear to be accompanied by greater enrollment rather than attendance outcomes in, for example, the Ghana LEAP, the Malawi SCTP, and the Tanzania TASAF (CPC 2016; Evans et al. 2014; Handa et al. 2013). This may also be tied to the importance of messaging and communications among beneficiaries on the intended goal of a transfer.

Figure 2.6 School Attendance Is Boosted by Social Safety Nets

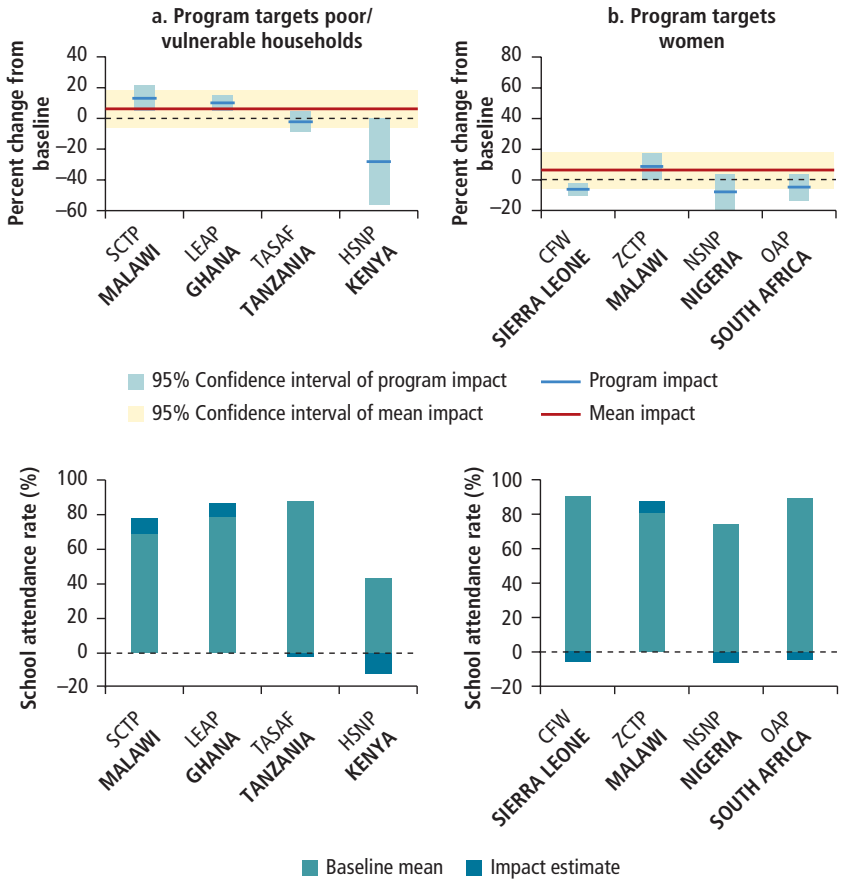

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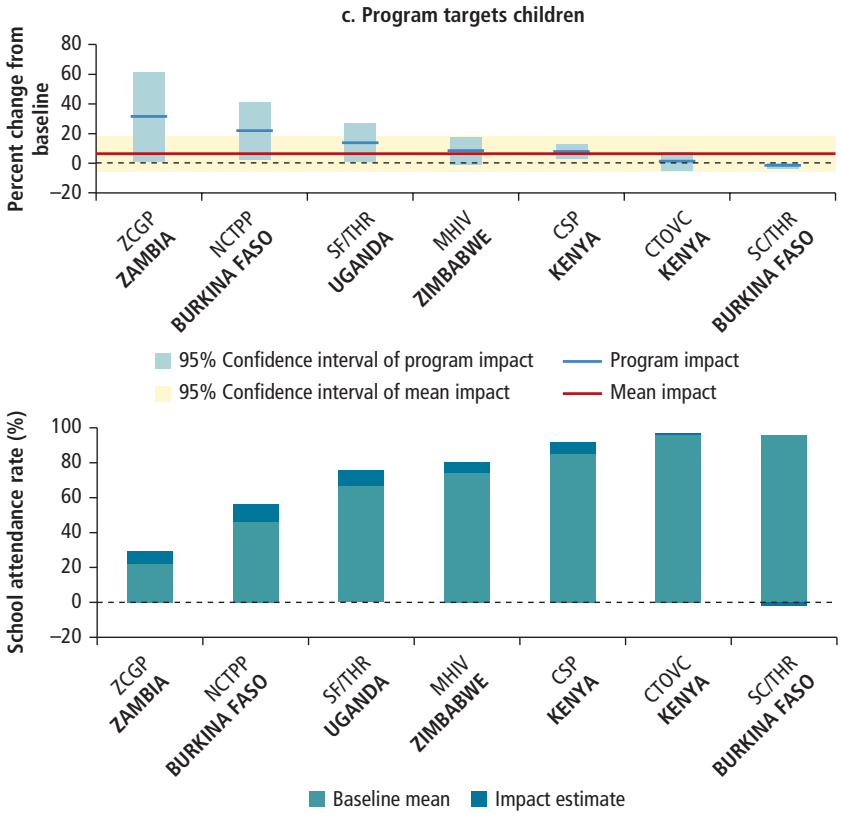
Figure 2.6 Continued



Source: World Bank meta-analysis.
Note: The mean value of the household transfer (in 2011 US$ purchasing power parity) is Malawi SCTP $21, Ghana LEAP $24, Tanzania TASAF $48, Kenya HSNP $47, Zambia ZCGP $27, Burkina Faso NCTPP $14, Uganda SF/THR $65, Zimbabwe MHIV $30, Kenya CSP $37, Kenya CTOVC $71, Burkina Faso SC/THR $27, Sierra Leone CFW $83, Malawi ZCTP $25, Niger NSNP $44, and South Africa OAP $100.

A closer look at individual evaluations indicates that gains in education are especially pronounced in upper-primary and secondary school, where dropout rates rise. Adolescents ages 15–19 were 15 percent more likely to complete higher education in Tanzania, and enrollment rates among children ages 13–17 were 10 percent higher in the Lesotho Child Grants Program (Evans et al. 2014; Pellerano et al. 2014). Many evaluations reporting no impacts among younger children show strong outcomes among older children. For instance, secondary-school enrollment increased by 6 percent to 7 percent in the Kenya HSNP and the OVC program (Ward et al. 2010).

In South Africa, adolescents in households currently receiving the Child Support Grant among younger children in the household were absent from school 2.2 fewer days than adolescents in households receiving no grants (DSD, SASSA, and UNICEF 2012). Nonetheless, poor quality and availability of schools and high financial barriers are considerable constraints on the progression through secondary school, an issue noted even in countries that have achieved positive impacts, such as the Lesotho Child Grants Program (DSD, SASSA, and UNICEF 2012).

Two widely cited evaluations look at the specific role of school feeding by comparing different modalities of at-school meals versus take-home rations, but do not find consistent effects. In the two main interventions of food for education programs in Uganda, neither intervention had a significant impact on primary enrollments, but both programs showed impacts on attendance and on upper-primary school (grades 6 and 7). The take-home rations intervention showed substantially larger impacts than the in-school feeding intervention (Alderman, Gilligan, and Lehrer 2008). The latter, however, exhibited an impact in cognitive gains among preschool children. In Burkina Faso, the school canteens and take-home rations interventions both raised enrollments among girls by 5 percent, but had variable impacts on attendance depending on the labor constraints within families (Kazianga, de Walque, and Alderman 2009). Absenteeism decreased only among families with a relatively large child labor supply. In addition, take-home rations enhanced anthropometric measures among the younger siblings of beneficiaries (those ages 1–5). Beyond these evaluations, the literature on the impacts of in-kind transfers on education in Africa is thin (for a discussion, including the mixed global evidence see Gentilini 2014).

Globally and within Africa, the evidence suggests that conditions can strengthen the educational impacts of social safety net programs, but that unconditional programs are also effective at improving school attendance and enrollment. Programs in which the conditionality is explicitly monitored and enforced have larger impacts than programs without any schooling conditions, but programs that do not monitor and enforce conditionality perform comparably with those with no conditions (Baird et al. 2013). Within the meta-analysis, 4 programs have conditions associated with schooling; 8 have no conditions; and 3 have both conditional and unconditional components.[5] Conditions associated with schooling seem to result in larger impacts. Of the programs with conditions on schooling, 5 of 7 report significant, impacts on attendance, and 3 of 6 report significant impacts on enrollment. Of the programs without schooling conditions, 7 of 11 report significant impacts on attendance, and 3 of 9 report significant impacts on enrollment. In the Malawi Zomba Cash Transfer Program, the strongly enforced conditional cash transfer arm achieved a large gain in enrollment and a modest, yet significant, advantage

in learning. The Burkina Faso Nahouri Cash Transfers Pilot Project found that conditional cash transfers had a greater impact than unconditional cash transfers in targeting marginal children not already enrolled in school or less likely to enroll and a greater impact on attendance among all children (Akresh, de Walque, and Kazianga 2013; Baird, McIntosh, and Özler 2011). Meanwhile, Zimbabwe's Manicaland HIV/STD Prevention Program found similar positive significant impacts on school attendance associated with both unconditional and conditional cash transfers.

However, even if they might yield larger impacts, conditions may not always be appropriate in programs in Africa, particularly if access to education is limited or if monitoring and enforcement would be inefficiently expensive. In these situations, programs with implicit conditionality may be more suitable (Pellerano et al. 2014; Schüring 2010). There is evidence that perceptions of conditions and encouraging service use and certain behaviors can influence program outcomes (Benhassine et al. 2013; Schady and Araujo 2006; for more mixed results from behavior change in Nigeria, see Premand, Barry, and Smitz 2016 and Barry, Maidoka, and Premand 2017). Evidence from the programs covered in this review appear to strongly support this conclusion. Of 17 programs covered in the meta-analysis, 3 have such implicit (unmonitored/unenforced) conditions related to child schooling that are associated with forceful messaging and social marketing: Lesotho's Child Grants Program, Malawi's SCTP, and Zambia's Child Grant Program. These programs increased enrollment or attendance. Unlike the programs with enforced conditions, each of these programs has advanced toward cash transfers that have been brought to scale nationwide.

Evidence of Health Impacts of Social Safety Nets Is Limited

The evidence on health outcomes in Africa is more limited. The meta-analysis found nine studies that reported on health care expenditures, but the mean impact on monthly spending was not significant (CPC 2016; Evans et al. 2014; Haushofer and Shapiro 2016; Merttens et al. 2013; Pellerano et al. 2014; Premand and del Ninno 2016; Rosas and Sabarwal 2016; Seidenfeld, Handa, and Tembo 2013; Ward et al. 2010). Studies finding positive impacts include those examining Kenya's HSNP and Zambia's Child Grant Program. In Kenya's HSNP, households spent more on health per capita without negative impacts on food consumption or asset retention. In Zambia, approximately 5 percent of transfers were related to health and hygiene, and there is some evidence of impact on young children through improved feeding and reductions in wasting. This evidence suggests that transfers have the potential to improve health outcomes, consistent with the impacts on food security and dietary diversity. However, the meta-analysis shows that the results so far in health expenditures are not statistically significant, and, where positive impacts are obtained, determining why is difficult.

The impact of social safety nets on early childhood development is an emerging area of focus in programs and the accompanying evaluations. The results to date have been mixed, however. In Kenya's HSNP and OVC programs, there is little evidence on child nutritional status, and, in both cases, the outcomes are presented with considerable caution. Anthropometric status reflects multiple complex influences and take time to appear, while other outcomes occur more quickly. The quality of the anthropometric data gathered—which are widely acknowledged to be challenging, time-varying external factors—and the small sample sizes mean that significant effects are difficult to detect (Merttens et al. 2013). Several impact evaluations have not involved the collection of anthropometric information, for example, Tanzania's TASAF (Pellerano et al. 2014).

Despite the challenges and difficulties, recent evaluations and the broader literature show some promising early childhood outcomes. The potential to realize improved childhood outcomes is clear in studies of cash transfer programs in Latin America. Evidence on Nicaragua's Red de Protección Social and Atención a Crisis programs—a conditional cash transfer program—shows improved nutrition and health outcomes for young children (Barham, Macours, and Maluccio 2013; Macours, Schady, and Vakis 2012). While the evidence in Africa is nascent on this theme, some countries point to potential impacts. A long-term evaluation of South Africa's Child Support Grant Program shows that the grant raises the likelihood that the growth of children in recipient households will be monitored and that height-for-age scores will improve (DSD, SASSA, and UNICEF 2012). A recent impact evaluation of the Niger Safety Net Project shows that accompanying measures can lead to changes in nutrition practices related to exclusive breastfeeding and complementary feeding, which contribute to improve food security among children (Premand and del Ninno 2016).

Social Safety Nets Foster Productive Inclusion

Focusing on social safety nets and productive inclusion addresses the critical issue of graduating beneficiaries from poverty. Specifically, it responds to the debate about whether these programs result in investments in productive activities and whether they create work disincentives among beneficiaries. Several influential studies have recently begun to key on the debate. Thus, Blattman, Fiala, and Martinez (2013) conclude that, in Uganda, cash grants targeted on groups of youth can lead to enhanced employment opportunities. Banerjee et al. (2015) find that a multifaceted approach aimed at raising the incomes of the poor can achieve sustainable outcomes cost effectively. Such an approach, adopted in several countries, provides a productive asset grant (often livestock), training and support, life skills coaching, temporary cash support for consumption, and, typically, access to savings accounts and health

information or services, at a total PPP equivalent cost of $437 to $1,228 per household. A similar program in rural Bangladesh has had large and permanent impacts on the occupational choices and earnings of beneficiaries (Bandiera et al. 2013).

Among 10 studies in the meta-analysis that reported on whether the household was operating a nonfarm business (almost always small-scale or microenterprise business activities), six find significant positive impacts (figure 2.7): Ethiopia's PSNP (during the months when no public works activities were carried out), Kenya's HSNP and OVC programs (for woman-headed households), Malawi's SCTP, Sierra Leone's CfW program, and Zambia's Child Grant

Figure 2.7 **Income Opportunities May Respond to Social Safety Nets**

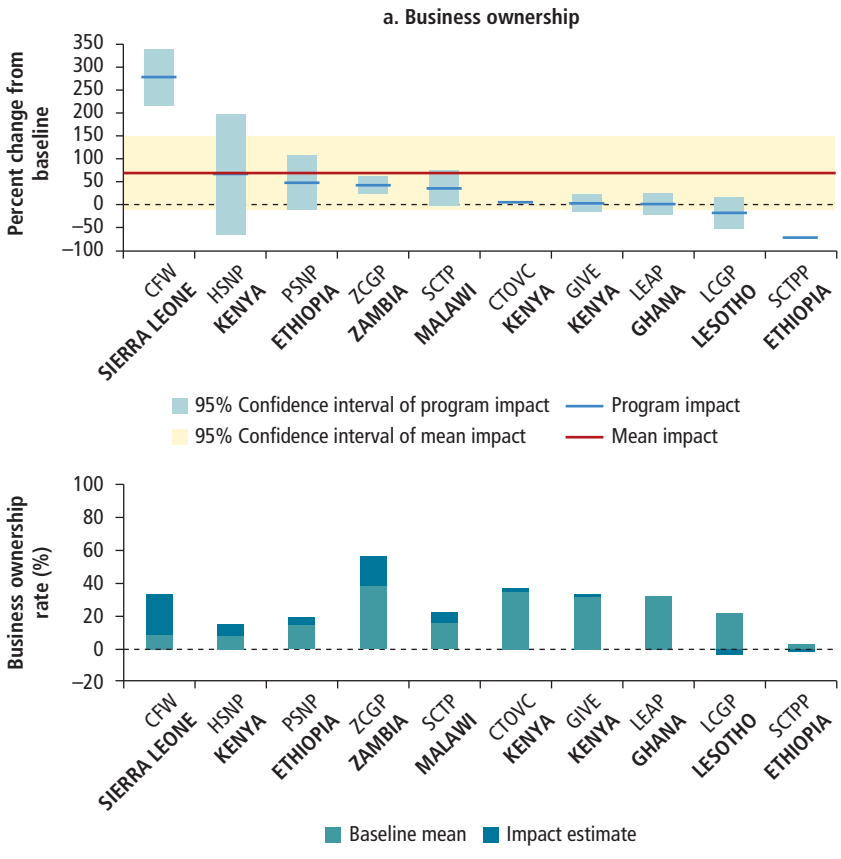


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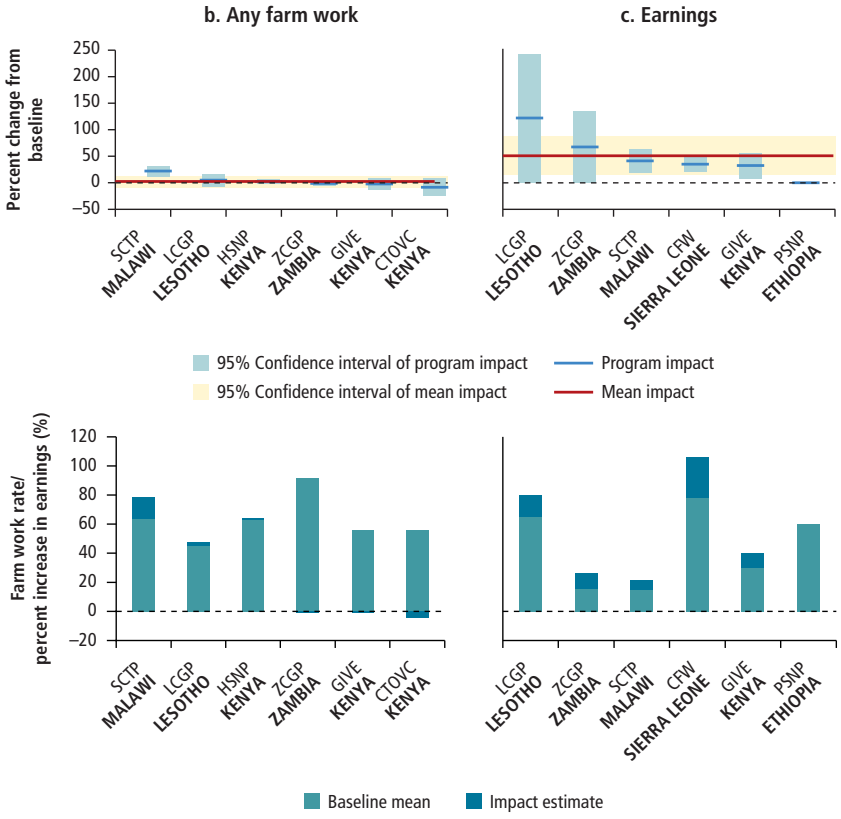
Figure 2.7 Continued



Source: World Bank meta-analysis.
Note: "Business" refers to the household operating a nonfarm business (almost always small-scale or microenterprise business activities). Specific definitions of "Earnings" vary across studies. The mean value of the household transfer (in 2011 US$ purchasing power parity) is Sierra Leone CFW $83, Kenya HSNP $47, Ethiopia PSNP $65, Zambia ZCGP $27, Malawi SCTP $21, Kenya CTOVC $71, Kenya GIVE $79, Ghana LEAP $24, Lesotho LCGP $34, and Ethiopia SCTPP $60.

Program (further studied by Asfaw et al. 2014; CPC 2016; Gilligan et al. 2009; Merttens et al. 2013; Rosas and Sabarwal 2016; and Seidenfeld, Handa, and Tembo 2013).

Expanding income opportunities compliments resilience. Many of the programs associated with more business activities are also associated with household investments in productive assets, as shown in figure 2.3. In some instances, the increase in incidence of having a household business is accompanied by a decrease in off-farm wage work. The Zambia Child Grant Program reduced the share of households in which an adult member is engaged in wage labor by 9 percentage points, an impact that is stronger among working-age women,

while the share of beneficiary households operating an enterprise increased by 17 percentage points (Seidenfeld, Handa, and Tembo 2013). Another resilience-related finding is that, under the Old-Age Pension scheme in South Africa, pension-recipient households were more likely to include prime-age adult members who had migrated from the household and were working (Ardington, Case, and Hosegood 2009). Social safety nets have been shown in some programs to facilitate out-migration, in the Sierra Leone CfW and in the Concern International program in the Democratic Republic of Congo, that may generate important new sources of income for households in the form of remittances (Aker 2013; Rosas and Sabarwal 2016).

Turing to work on household farms, these programs generally do not increase or decrease the likelihood of working on the household farm (figure 2.7b). The one exception is the SCTP in Malawi, which raised the probability of working on the farm. This is not to say that these programs do not increase the intensity of farming, as shown by the increase in inputs resulting from some programs (in figure 2.3). These programs do not create dependency in terms of beneficiaries stopping their work activities once they get social safety net benefits.

Finally, the meta-analysis examines the impact of these programs on household earnings, with the caveat that the specific definition of earnings (in terms of what it covers) varies across studies (see details in Ralston, Andrews, and Hsiao 2017). Household income earnings increase as a result of program participation. This reflects the combination of an increase in households having a business as well as greater farm productivity or participation. Among the six studies with an earnings outcome, the meta-analysis finds a significant positive impact, with a 51 percent rise in monthly earnings. The Lesotho Child Grants Program found higher earnings consistent with increased use of purchased seeds and fertilizers reported earlier. Increases in agricultural harvest yields and the value of sales were found in the Ethiopia Social Cash Transfer Pilot Program, the Malawi SCTP, and the Zambia Child Grant Program (Berhane et al. 2015; CPC 2016; Seidenfeld, Handa, and Tembo 2013).

Bringing Social Safety Nets to Scale

At the time of their evaluation, most of the programs captured in the review were operating at a scale that is too small to cover all poor households in a population. A logical next question is therefore focused on the impacts that might be realized if the programs were brought to scale to cover all poor households. From a general equilibrium perspective, bringing programs to scale would not only reduce poverty but might also produce economy-wide impacts (box 2.2).

BOX 2.2

Measuring Spillover and Feedback Effects: The Ghana Case Study

If they are brought to scale, social safety nets have the potential to affect the overall macroeconomy. The relevant spillover effects have been explored through a computable general equilibrium model. Taking Ghana as a case study, the impact of expanding LEAP to cover all extremely poor households in the country (as defined by the national extreme poverty line)—about 400,000 rural and 43,000 urban households— is modeled with the generous assumption of perfect targeting.[a] The LEAP transfers vary by household size and represent 12 percent of the extreme poverty line or 36 percent of mean consumption among the extremely poor.[b] Administrative costs are assumed to be add 25 percent to transfer costs. The total cost of the increase is thus 0.6 percent of the 2013 gross domestic product. The model examines outcomes when the program is funded through either a foreign aid grant or domestic tax revenues.

Expanding at current transfer values would reduce the extreme poverty rate in Ghana from 8.2 percent to an estimated 4.2 percent. Agriculture and manufacturing would experience a rise in demand for domestically produced staples and finished products as a result of the LEAP being brought to scale. This would lead to modest output increases in these sectors. This is also likely to generate higher incomes among beneficiaries and other rural households dependent on agriculture, which is labor intensive and is a substantial employer, especially among the poorest households. However, given that the program is small relative to the size of the economy, the percent changes in total consumption or output would be small from the perspective of the national economy. Likewise, the employment expansion would be small.

The source of program financing—grant aid (externally financed) or taxes—has a notable effect on program impacts, including on income distribution and the exchange rate. The source of funding has some effect on the distributional impacts of the program. If the program is externally financed, nonbeneficiary households would be expected to experience modest consumption gains, on the order of 0.1 percent to 0.2 percent, through the spillover effects of the greater demand and the positive impact of real exchange rate appreciation. In the internally financed program simulations, there are modest consumption losses for nonbeneficiaries, on the order of 0.2 percent to 1.0 percent, reflecting the net redistribution effect of tax-funded programs that, in this context, outweighs any consumption spillover effects. The wealthiest households in the economy would experience the largest consumption losses. In total, this leads to about a 0.8 percent rise in private consumption in the externally financed scenario and a 0.1 percent decline in the internally financed scenario. However, there are other implications to consider in comparing these two financing scenarios. For example, if the program is financed through foreign aid, there would be an influx of foreign currency into the country, which would lead to real exchange rate appreciation, and this would have a negative impact on exports, namely, the cocoa and mining sectors, which would experience respective projected output declines of 1.5 percent and

(continued next page)

Box 2.2 (continued)

0.4 percent, with labor moving to other, expanding sectors and the combination of less exports and more imports leading to higher consumption at home. These effects would not arise in the tax financing scenario.

Additional aggregate output and consumption gains are possible if the social safety net programs are coupled with complementary sectorwide investment projects. Under the complementary scenarios, aggregate output would expand more, reaching around 0.1 percent of gross domestic product.

Source: Levy and Lofgren 2017; annex 2C.

a. This leads to an overestimation of the poverty reduction impact because perfect targeting has not been achieved.

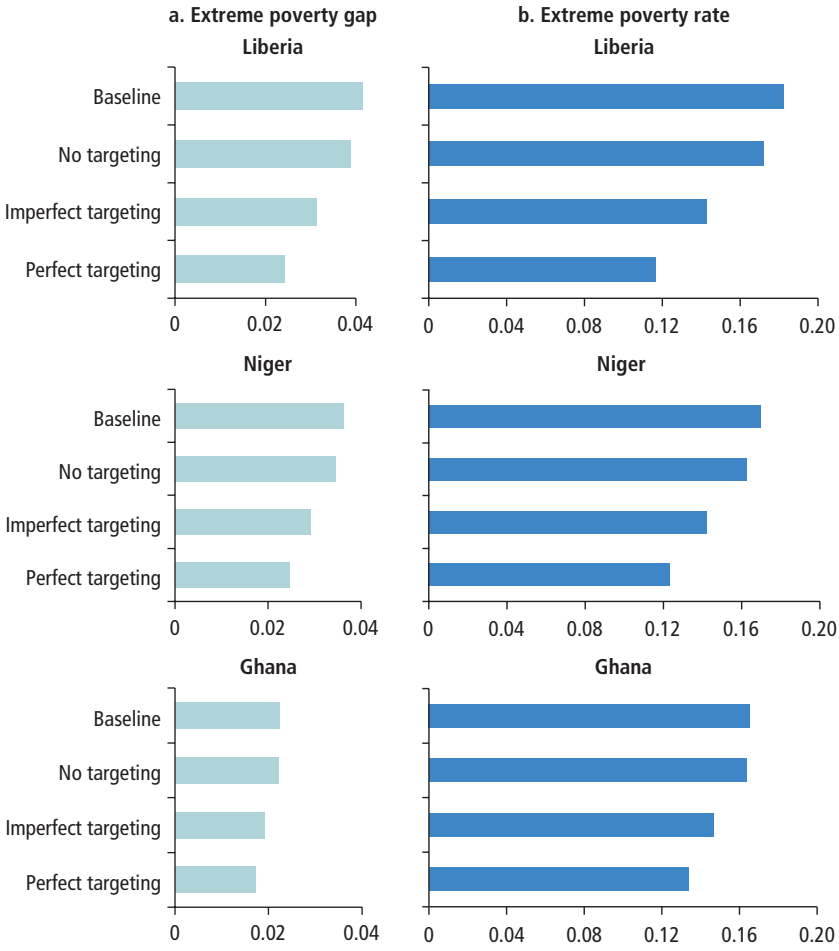
b. The LEAP transfer is approximately twice the transfer explored in the partial equilibrium simulations.

The partial equilibrium impacts of expanding programs are explored through simulations for three countries—Ghana, Liberia, and Niger—based on data available from household surveys, alongside the meta-analysis results (see annex 2C). These countries offer contrasting starting points in terms of social safety net coverage and show diversity in size, the sources of fragility, livelihood vulnerability, sectoral composition, and level of economic development.[6] To ensure comparability, the simulations have been conducted based on assumed monthly transfers to households of $50 (at 2011 PPP prices), equivalent to the median amount transferred in programs included in the meta-analysis. Recognizing that perfect targeting may not be achieved, the simulations assume perfect targeting, imperfect targeting (60 percent inclusion accuracy), and no targeting, whereby all households have an equal chance of being covered regardless of their poverty level.

Even relatively modest transfers would have a sizable impact on consumption. If transfers were perfectly targeted, consumption among the extremely poor would increase in the range of 12 percent to 17 percent. Under imperfect targeting, the consumption gains would be 7 percent to 10 percent. With no targeting, the gains would be between 0.0 percent and 2.7 percent.

These consumption gains would generate a decline in extreme poverty rates by as much as 40 percent (figure 2.8). The most substantial impacts on the extreme poverty rate would be realized with perfect targeting: from 8.2 percent to 6.7 percent in Ghana, from 18.2 to 11.6 percent in Liberia, and from 17.0 percent to 12.3 percent in Niger. The extreme poverty gap—the mean relative distance of extremely poor households to the extreme poverty line—would fall from 2.2 percent to 1.7 percent in Ghana, from 4.2 percent to

Figure 2.8 **Bringing Programs to Scale May Reduce Poverty**



Source: Calculations drawing on household surveys in Ghana 2012/13, Liberia 2014, and Niger 2014.
Note: Shows estimated impact of $50 transfer per month (in 2011 purchasing poverty parity terms).

2.4 percent in Liberia, and from 3.6 percent to 2.5 percent in Niger, highlighting the extent of the reduction in extreme poverty achieved through well-designed, successfully implemented social safety nets. With imperfect targeting, the declines in extreme poverty would be less by about a third. These reductions in poverty represent one way to characterize the gains to society from expanding social safety nets, but other approaches may also be considered (box 2.3).

BOX 2.3

How Does Society Gain When a Poor Household Gains?

An underlying premise of studies on the impact of the provision of support to poor households is that society also gains if poor households experience welfare gains. This is consistent with the assignment of greater weight to the incomes of the poor over the incomes of the wealthy, which is an altruistic approach as well as a utilitarian approach: the notion that the value of an extra dollar of income is relatively higher for a poor household than for a wealthy household (Chenery et al. 1974). A third approach models the trade-off between more or fewer social safety nets for the poor based on assumptions about the extent to which people have an aversion to inequality (Eden 2017). This aversion may arise because people worry about the downside risk of their own future income status—they want to know a program exists in the event they become poor themselves—or because they value less inequality for other personal reasons. Incorporating an inequality risk aversion approach is another way to assess the social welfare gains of social safety nets. It incorporates the administrative costs and other economic costs of programs, such as the distortionary effects of taxation (including labor-supply effects) if programs are financed through additional taxation.

Under even highly conservative assumptions, there are social welfare gains from social safety nets that are financed through a uniform increase in taxes on labor incomes (Eden 2017). A greater degree of targeting enhances the estimates of this gain in social welfare. This research is extended to compare these gains with the gains one might obtain through alternative government spending (such as building a road). Here, the evidence is more mixed and sensitive to the assumed parameter values. The optimality of diverting funds from government investment projects to redistributive programs such as social safety nets depends on the rate of return to other government investments, the administrative cost of transfers, the elasticity of labor supply to taxation, and the social aversion to inequality.

Agriculture is prevalent in the livelihoods of the extremely poor, and many of the poor already own agricultural assets. Assuming effective targeting, simulations find that programs could expand the ownership of mid- and large-size quantities of livestock among the extremely poor to 51 percent–62 percent in Ghana and to 22 percent–28 percent in Liberia (table 2.1). Similarly, poultry ownership, often the first type of livestock acquired by the extremely poor, would increase to 57 percent–69 percent in Ghana and to 53 percent–67 percent in Liberia. Likewise, well-targeted programs may raise land ownership to 89 percent–92 percent in Ghana and to 100 percent in Niger.

Although social safety net programs are important in helping younger children living in extremely poor households catch up in schooling, the initial

Table 2.1 Bringing Social Safety Nets to Scale Can Have Large Impacts on Well-Being
Percent

Simulated outcome measures	Liberia	Niger	Ghana
Extreme poverty rate	8.2–18.1	9.0–16.8	5.7–8.2
Incidence of livestock ownership among the extremely poor	20.4–28.1	—	—
Incidence of land ownership among the extremely poor	—	98.1–100.0	85.7–92.3
School enrollment rate, 5- to 11-year-olds	97.1–99.0	95.9–96.2	—
School enrollment rate, 12- to 18-year-olds	22.3–22.8	18.3–18.7	—

Source: Calculations drawing on household surveys in Ghana 2012/13, Liberia 2014, and Niger 2014.
Note: Estimates for the impacts of well-targeted, imperfectly targeted, and nontargeted programs. — = not available.

enrollment rates in primary education are already high. In Liberia and Niger, enrollment rates among 5- to 11-year-olds at the baseline stood at 96.2 percent and 95.5 percent, respectively. Simulations suggest that enrollment rates may rise to between 97.1 percent and 99.0 percent and to between 95.9 percent and 96.2 percent in Liberia and Niger, respectively. Among older children (12- to 18-year-olds), simulations suggest similar patterns, though at a much lower magnitude, given the low baseline enrollment rates (22.2 percent in Liberia and 18.2 percent in Niger), particularly among children living in extreme poverty (8.5 percent in Liberia and 16.8 percent in Niger). Even if social safety net programs achieve sustained and accumulated impacts on education among 12- to 18-year-olds, it would be many years before substantial improvements in enrollment rates would appear, given the low starting points; and such improvements would be conditional on significant enhancements on the supply side.

Annex 2A: Programs Included in the Meta-analysis

Table 2A.1 Evaluation Studies Included in the Meta-analysis

Country	Program	Reference	Program end year	Target group	Benefit type	Evaluation method	Exposure, years
Burkina Faso	School Canteens and Take-Home Rations Program	Kazianga, de Walque, and Alderman 2009	2007	Poor rural households with children ages 7–15	Food	E	1
Burkina Faso	Nahouri Cash Transfers Pilot Project	Akresh, de Walque, and Kazianga 2012	2010	Poor rural households with children ages < 16	Cash	E	2
Burkina Faso	School Canteens and Take-Home Rations Program	Kazianga, de Walque, and Alderman 2014	2007	Poor rural households with children ages 7–15	Food	E	1
Burkina Faso	Nahouri Cash Transfers Pilot Project	Akresh, de Walque, and Kazianga 2013	2010	Poor rural households with children ages 7–15	Cash	E	2
Ethiopia	Productive Safety Net Program	Gilligan, Hoddinott, and Taffesse 2008	Ongoing	Able-bodied individuals, labor-constrained households	Cash, food, training	QE	1
Ethiopia	Productive Safety Net Program	Andersson, Mekonnen, and Stage 2011	Ongoing	Able-bodied individuals, labor-constrained households	Cash, food, training	QE	2.5
Ethiopia	Productive Safety Net Program	Gilligan et al. 2009	Ongoing	Able-bodied individuals, labor-constrained households	Cash, food, training	QE	2
Ethiopia	Productive Safety Net Program	Sabates-Wheeler and Devereux 2010	Ongoing	Able-bodied individuals, labor-constrained households	Cash, food, training	QE	2
Ethiopia	Productive Safety Net Program	Berhane et al. 2011	Ongoing	Able-bodied individuals, labor-constrained households	Cash, food, training	QE	4
Ethiopia	Productive Safety Net Program	Rodrigo 2012	Ongoing	Able-bodied individuals, labor-constrained households	Cash, food, training	QE	5
Ethiopia	Productive Safety Net Program	Hoddinott et al. 2012	Ongoing	Able-bodied individuals, labor-constrained households	Cash, food, training	QE	5
Ethiopia	Productive Safety Net Program	Weldegebriel and Prowse 2013	Ongoing	Able-bodied individuals, labor-constrained households	Cash, food, training	QE	Not reported

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Table 2A.1 Continued

Country	Program	Reference	Program end year	Target group	Benefit type	Evaluation method	Exposure, years
Ethiopia	Social Cash Transfer Pilot Program	Kagin et al. 2014	2014	Able-bodied individuals, labor-constrained households	Cash	QE	2
Ethiopia	Social Cash Transfer Pilot Program	Berhane et al. 2015	2014	Able-bodied individuals, labor-constrained households	Cash	QE	2
Ghana	Livelihood Empowerment against Poverty Program	Handa et al. 2013	Ongoing	Poverty and demographic status	Cash	QE	2.5
Ghana	Livelihood Empowerment against Poverty Program	Thome et al. 2014b	Ongoing	Poverty and demographic status	Cash	QE	2.5
Kenya	Child Sponsorship Program	Evans, Kremer, and Ngatia 2009	Ongoing	Schoolchildren ages 5–14	In kind	E	2.5
Kenya	Cash Transfer for Orphans and Vulnerable Children	Ward et al. 2010	Ongoing	Ultrapoor rural households with orphans and vulnerable children ages 0–17	Cash	E	2
Kenya	Cash Transfer for Orphans and Vulnerable Children	Taylor et al. 2013	Ongoing	Ultrapoor labor-constrained households with children	Cash	QE	2
Kenya	Hunger Social Safety Net Program	Merttens et al. 2013	Ongoing	Income poor	Cash	E	2
Kenya	GiveDirectly	Haushofer and Shapiro 2016	Ongoing	Poor households	Cash	E	1
Kenya	Cash Transfer for Orphans and Vulnerable Children	Asfaw et al. 2014	Ongoing	Ultrapoor rural households with orphans and vulnerable children ages 0–17	Cash	E	4
Kenya, Malawi	Cash Transfer for Orphans and Vulnerable Children, Social Cash Transfer Program	Zezza, de la Brière, and Davis 2010	Ongoing	Orphans, ultrapoor	Cash	QE	KEN: 2, MWI: 1

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Table 2A.1 Continued

Country	Program	Reference	Program end year	Target group	Benefit type	Evaluation method	Exposure, years
Lesotho	Lesotho Child Grants Program	Pellerano et al. 2014	Ongoing	Poorest households with child	Cash	E	2
Lesotho	Lesotho Child Grants Program	Taylor, Thome, and Filipski 2014	Ongoing	Poorest households with child	Cash	QE	—
Lesotho	Lesotho Child Grants Program	Daidone et al. 2014	Ongoing	Poorest households with child	Cash	E	2
Malawi	Zomba Cash Transfer Program	Baird et al. 2013	2009	Poorest households with one child	Cash	E	2
Malawi	Zomba Cash Transfer Program	Baird et al. 2012	2009	Women who have never married ages 13–22 and in school at baseline	Cash	E	1.5
Malawi	Social Cash Transfer Program	Covarrubias, Davis, and Winters 2012	Ongoing	Ultrapoor labor-constrained households	Cash	E	1
Malawi	Social Cash Transfer Program	Boone et al. 2013	Ongoing	Ultrapoor labor-constrained households	Cash	E	1
Malawi	Malawi Social Action Fund public works program	Beegle, Galasso, and Goldberg 2015	Ongoing	Able-bodied poor	Cash	E	0.13
Malawi	Zomba Cash Transfer Program	Baird et al. 2015	2009	Women who have never married, ages 13–22 and in school at baseline	Cash	E	4
Malawi	Social Cash Transfer Program	CPC 2015	Ongoing	Ultrapoor labor-constrained households	Cash	E	1
Malawi	Zomba Cash Transfer Program	Baird, McIntosh, and Özler 2009	2009	Women who have never married, ages 13–22 and in school at baseline	Cash	E	1

(continued next page)

Table 2A.1 Continued

Country	Program	Reference	Program end year	Target group	Benefit type	Evaluation method	Exposure, years
Malawi	Zomba Cash Transfer Program	Baird, McIntosh, and Özler 2009	2009	Women who have never married, ages 13–22 and in school at baseline	Cash	E	1
Malawi	Zomba Cash Transfer Program	Baird, McIntosh, and Özler 2011	2009	Women who have never married, ages 13–22 and in school at baseline	Cash	E	2
Niger	Niger Social Safety Net Project	Premand and del Ninno 2016	Ongoing	Extremely poor women in chronically poor households	Cash	E	3
Sierra Leone	Cash for Work Program	Rosas and Sabarwal 2016	2015	Young people ages 15–35 in poor communities	Cash	E	0.33
South Africa	Old-Age Pension	Hamoudi and Thomas 2005	Ongoing	Elderly people	Cash	QE	Not discussed
South Africa	Old-Age Pension	Edmonds 2006	Ongoing	Elderly people	Cash	QE	1
South Africa	Child Support Grant Program	Agüero, Carter, and Woolard 2007	Ongoing	Women with children	Cash	QE	1.2
South Africa	Old-Age Pension	Ardington, Case, and Hosegood 2009	Ongoing	Elderly people	Cash	QE	2.5
South Africa	Chile Support Grant Program	DSD, SASSA, and UNICEF 2012	Ongoing	Women with children	Cash	QE	?
Tanzania	RESPECT	Packel et al. 2012	2010	Demographic, 18–30 years	Cash; health services	E	1
Tanzania	RESPECT	Akresh, de Walque, and Kazianga 2012	2010	Demographic, 18–30 years	Cash; health services	E	1
Tanzania	Pilot cash transfer program implemented by the Tanzania Social Action Fund	Evans et al. 2014	2012	Poor vulnerable households	Cash	E	2.7
Uganda	School Feeding Program and Take-Home Rations Program	Alderman, Gilligan, and Lehrer 2008	2007	Children ages 6–17 enrolled in primary school	Food	E	0.8

(continued next page)

Table 2A.1 Continued

Country	Program	Reference	Program end year	Target group	Benefit type	Evaluation method	Exposure, years
Uganda	School Feeding Program and Take-Home Rations Program	Alderman, Gilligan, and Lehrer 2008	2007	Children ages 6–17 enrolled in primary school	Food	E	0.8
Uganda	School Feeding Program and Take-Home Rations Program	Alderman, Gilligan, and Lehrer 2008	2007	Children ages 6–17 enrolled in primary school	Food	E	0.8
Uganda	Youth Opportunities Program	Blattman, Fiala, and Martinez 2012	Ongoing	Youth groups, roughly ages 16–35	Cash	E	2.25
Uganda	AIDS Support Organization and World Food Programme	Rawat et al. 2014	Ongoing	Registered HIV-positive AIDS Support Organization clients	Food	QE	1
Uganda	Food and Unconditional Cash Transfer Program in Uganda	Gilligan and Roy 2016	2012	Households with a child ages 3–5 at an early childhood development center	Cash, in kind	E	1
Zambia	Zambia Child Grant Program	Thome et al. 2014a	Ongoing	Households with children under age 5 living in program districts	Cash	QE	3
Zambia	Zambia Child Grant Program	AIR 2014	Ongoing	Households with children under age 5 living in program districts	Cash	E	2
Zambia	Zambia Child Grant Program	Seidenfeld, Handa, and Tembo 2013	Ongoing	Households with children under age 5 living in program districts	Cash	E	2
Zimbabwe	Manicaland HIV/Sexually Transmitted Disease Prevention Project	Robertson et al. 2013	2011	Poor households with children	Cash	E	1
Zimbabwe	Harmonized Social Cash Transfer Program	Taylor et al. 2014	Ongoing	Poor labor-constrained households	Cash	QE	Maximum of 2

Note: Evaluation Method is either a quantitative impact evaluation (E) or a qualitative evaluation (QE). — = not available.

Table 2A.2 Program Acronyms

Country	Acronym	Program
Burkina Faso	NCTPP	Nahouri Cash Transfers Pilot Project
Burkina Faso	SC/THR	School Canteens and Take-Home Rations
Ethiopia	PSNP	Productive Safety Net Program
Ethiopia	SCTPP	Social Cash Transfer Pilot Program
Ghana	LEAP	Livelihood Empowerment against Poverty Program
Kenya	CSP	Child Sponsorship Program
Kenya	OVC program	Cash Transfer for Orphans and Vulnerable Children
Kenya	HSNP	Hunger Safety Net Program
Kenya	GIVE	GiveDirectly
Lesotho	LCGP	Lesotho Child Grants Program
Malawi	ZCTP	Zomba Cash Transfer Program
Malawi	MASAF PWP	Malawi Social Action Fund Public Works Program
Malawi	SCTP	Social Cash Transfer Program
Niger	NSNP	Niger Safety Net Project
Sierra Leone	CfW	Cash for Work Program of the Youth Employment Support Project
South Africa	CSG	Child Support Grant
South Africa	OAP	Old-Age Pension
Tanzania	TASAF	Pilot cash transfer program implemented through the Tanzania Social Action Fund
Tanzania	RESPECT	Rewarding Sexually Transmitted Infection Prevention and Control in Tanzania
Uganda	SF and THR	School Feeding Program and Take-Home Rations Program: food for education programs
Uganda	FUU	Food and Unconditional Cash Transfer in Uganda
Zambia	ZCGP	Zambia Child Grant Program
Zimbabwe	HSCTP	Harmonized Social Cash Transfer Program
Zimbabwe	MHIV	Manicaland HIV/STD Prevention Program

Annex 2B: Meta-analysis Methodology

This annex provides technical details on the methodology of the meta-analysis. (Additional information is available in Ralston, Andrews, and Hsiao 2017.) The meta-analysis draws estimates from 55 studies of 27 social safety net programs in 14 countries. The final data presented in this chapter draw on 35 studies to generate 199 estimates of impacts across 16 outcomes. We focus on outcomes reported in studies of at least two programs. For each estimated impact, data are extracted on point estimates, standard errors, baseline means of the outcome, transfer sizes, and numbers of observations in the study. The approach builds on the methodology of the Independent Evaluation Group (IEG 2011).

Selection of Impact Evaluations to Be Included in the Meta-Analysis

Social safety net evaluations have been surveyed in the World Bank's impact evaluation databases, academic journals, and institutions involved directly in impact evaluations. The databases of the Africa Impact Evaluation Initiative, Development Impact Evaluation, Spanish Impact Evaluation Fund, and Social Protection Publication Database have been covered.[7] The institutions surveyed include the Abdul Latif Jameel Poverty Action Lab, the Innovations for Poverty Action Lab, and the International Initiative for Impact Evaluation.[8] The process of updating the sample for more recent evaluations also involved cross-checks with more recent reviews, including Bastagli et al. (2016) and Davis et al. (2016).

The criteria for including an impact evaluation follows the approach of the Independent Evaluation Group (IEG 2011). Four filters have been applied, as follows:

- *Development focus:* The evaluated programs have been implemented in developing or transition countries and explicitly evaluated the social safety net component.
- *Use of objective methods:* Evaluations construct a counterfactual and use standard statistical methods to estimate impact.
- *Robustness of findings:* Studies address plausible sources of bias and show that results are convincingly robust to a variety of confounding factors. The final studies have been published.
- *Final inspection:* Only studies that demonstrate relevance, technical rigor, and robust findings are included in the sample. To avoid duplication, only the most recent versions of evaluations are retained.

There are limitations inherent in the search criteria applied to select impact evaluations to include in the meta-analysis. First, the inclusion of published rather than unpublished impact evaluations may bias the sample toward more positive results. Second, the analysis focuses only on impact evaluation studies and may not fully capture information covered through routine monitoring and process evaluation assessments. This information can provide valuable details on program implementation. Third, the approach does not focus on comparing or rating the quality of individual methodological approaches.

The dataset is generated from the final set of 55 selected impact evaluations of 27 social safety net programs in 14 countries in Africa. These evaluations were published between 2005 and 2016. Some outcome impacts are estimated multiple times for the same program. In these cases, the estimate generated under the most credible identification strategy is chosen. For example, among the two child labor estimates for the Lesotho Child Grants Program, the estimate that is calculated with control variables is retained. Multiple estimates for

an outcome from a given paper are recorded only in cases where there are multiple treatment arms (for example, if treatment is conditional or unconditional or involves vouchers versus cash). In the statistical analysis, these arms are averaged to obtain a single point estimate and confidence band per outcome in a given paper.

In the case of household consumption, the households in the studies benefited from the programs for between four months and three years. Eight impact evaluations cover an exposure period of two or more years; two evaluations cover one year; and three cover shorter seasonal interventions (Kenya GiveDirectly, the Malawi MASAF PWP, and the CfW in Sierra Leone). The meta-analysis requires that estimates cover outcomes across at least two programs. Several well-known results in the impact evaluation literature are omitted from the meta-analysis because of this requirement. The meta-analysis also requires that raw estimates be sufficiently comparable to allow for comparison across studies. Specifically, the meta-analysis requires consistency in how outcomes are defined. It is not appropriate to combine estimates that test fundamentally different outcomes. For example, the food consumption meta-analysis focuses on food expenditures; estimates for food security—on which indicators are constructed differently across studies—and caloric intake are omitted.

Standardization across Studies

Converting social safety net transfers into monthly household transfers in 2011 PPP U.S. dollars. The size of the social safety net program transfer is recorded in local currency units whenever it is reported in this way in the original evaluations. Otherwise, it is reported in U.S. dollars. First, these figures are converted into monthly household transfers. Reported annual transfers are divided by 12, and reported workday transfers are multiplied by 20. Reported per capita transfers are multiplied by the average household size. Second, exchange rates are applied so that all transfers are measured in local currency units in the baseline year. If a given evaluation reports the size of the transfer in both local currency units and U.S. dollars, the local currency units are used, and an exchange-rate conversion does not need to be carried out in this case. Third, country- and year-specific inflation rates are applied to convert the size of all transfers into 2011 terms. Fourth, PPP U.S. dollar conversion factors are applied to convert the size of all transfers to 2011 PPP U.S. dollars. Exchange rates, inflation rates, and PPP U.S. dollar conversion factors are all taken from World Development Indicators data.[9]

Standardization of baseline means, impact estimates, and standard errors. For the conversion of baseline means, impact estimates, and impact standard errors into comparable units, a similar methodology is applied. The harmonization is required for outcomes measured in monetary terms (consumption, food consumption, and earnings). Per capita, annual, and daily measures are converted

to monthly household measures, and the necessary exchange, inflation, and PPP adjustments are applied.

Assumptions. A linear-scaling assumption underlies the aforementioned conversions. The time-period and household-size conversions applied to transfer sizes assume that transfer sizes scale linearly. The same assumption underlies the conversions of baseline means, impact estimates, and standard errors. This assumption is likely to be the least robust in the case of impact estimates. Thus, it is conceivable that a transfer of $10 for two weeks of work is worth half as much as a transfer of $20 for one month of work, but it is less certain that a household spending $10 over two weeks in response to treatment is equally likely to spend $20 over one month in response to a treatment that is twice as large. One might conclude that the household will focus the additional treatment funds on other areas of spending.

Reporting the Impacts on Outcomes

For consumption and food consumption, the household propensity to consume the amount of the social safety net transfer is reported. This is calculated simply by dividing the impact estimates by the transfer sizes. For other outcomes, percentage point increases are calculated relative to baseline means of the outcome by dividing the impact estimates by baseline means. The meta-analysis involves plotting these quantities for each outcome and calculating an aggregate mean effect. The aggregate effect weights each estimate by the number of observations used to generate the estimate.

Annex 2C: Partial and General Equilibrium Methodology

Partial and general equilibrium analyses were undertaken to explore the potential impact of programs if they are brought to scale. This is a relatively nascent area of analysis for social safety nets in Africa, despite the numerous impact evaluation studies available.

The partial equilibrium approach presented measures the aggregate impact on poverty rates, school enrollment rates, and household investment if the most successful interventions are brought to scale and their impacts, as measured in the meta-analysis, are experienced among a larger population of vulnerable households. This takes into account only direct effects, and it is considered a partial equilibrium approach because it does not attempt to capture feedback or spillover effects that program expansion might entail. Baseline details and parameters are shown in table 2C.1.

The simulations allow for a 10 percent to 40 percent increase in the incidence of livestock ownership and a 5 percent to 10 percent increase in the incidence of land ownership; the meta-evaluation revealed average increases of 34 percent

Table 2C.1 Country Information and Simulation Parameters

Indicator	Liberia	Niger	Ghana
Transfer information			
Monthly transfer (2011 PPP U.S. dollars)	50	50	50
Value of transfer per household per year (2016 U.S. dollars)	360	307	332
Value of transfer (% of national extreme poverty line)	8.0	7.6	6.2
Value of transfer (% of mean consumption of the extremely poor)	18.3	14.9	14.2
Number of households covered at baseline	4,000	37,000	70,000
Number of extremely poor households	87,000	322,000	215,000
Total cost of transfers per year (2016 U.S. dollars, millions)	31.3	98.8	71.4
Baseline outcome measures			
Baseline extreme poverty rate (%)	18.2	16.9	8.3
Baseline incidence of livestock ownership of extremely poor (%)	20.0	—	46.8
Baseline incidence of land ownership of extremely poor (%)	—	97.5	85.5
Baseline school enrollment rate, 5- to 11-year-olds (%)	96.2	95.5	—
Baseline school enrollment rate, 12- to 18-year-olds (%)	22.2	18.2	—
Simulation parameters			
Propensity to consume (consumption per dollar transferred)		0.74	
Impact on livestock ownership		10%–40% increase	
Impact on land ownership		5%–10% increase	
Impact on school enrollment		5%–15% increase	

Source: Calculations drawing on household surveys in Ghana 2012/13, Liberia 2014, and Niger 2014.
Note: — = not available.

and 8 percent, respectively. On school enrollments, the simulations allowed for a 5 percent to 15 percent rise in enrollment among beneficiary populations. This reflects the positive results seen in the most successful programs (such as the Burkina Faso Nahouri Cash Transfers Pilot Project and the Malawi SCTP), but also the more modest results achieved in many programs. For example, the meta-analysis found mean increases of 7 percent in school enrollments (95 percent confidence interval: –2 percent to 16 percent).

The general equilibrium modeling presented in box 2.2 takes into account the indirect effects of expanding social safety net programs; the details are described in Levy and Lofgren (2017). This approach accounts for spillovers and feedback effects; these are indirect or second-order outcomes that may arise as programs expand and reach their full scale. They are specifically considered in terms of the net total consumption and incomes of beneficiaries and nonbeneficiaries, prices, and labor participation. Macroeconomic indicators include total

domestic demand, exports, imports, gross domestic product, and production in aggregate sectors. There is a related literature that focuses on the impacts on local economies, but not the effects of expansions (see Taylor, Thome, and Filipski 2014; Taylor et al. 2013, 2014; Thome et al. 2014b).

The general equilibrium modeling is done using a computable general equilibrium model that sets out a fully articulated system of demand and supply functions for each sector of an economy. Such a model also facilitates an analysis of the impacts of alternative policy packages (such as complementary interventions that may be designed to raise productivity) and the consequences of various avenues of program funding (such as bilateral aid versus domestic tax revenues). While computable general equilibrium models allow greater modeling detail and can capture more effectively the short-run spillover and feedback effects, they are also static and are not well suited to modeling the intergenerational impacts of investments in the human capital of children that may arise if beneficiaries are covered by social safety net programs.

These two approaches—the partial equilibrium approach and the general equilibrium approach—have advantages and disadvantages. The partial equilibrium estimates translate impact evaluation findings into an aggregate impact of bringing programs to scale and is considered the immediate impact of programs prior to household and producer responses (Caldés, Coady, and Maluccio 2006). Its appeal is that it is a fairly simple and straightforward calculation. However, if the scale of the program is sufficiently large, the effects of the program cannot be fully understood without considering the impact on and the feedback from the broader economy. On the other hand, the general equilibrium approach relies on a complex set of equations and assumptions about macroeconomic responses, which often are simplifications of how the real world works.

Notes

1. For further discussion of frameworks for the study of social safety nets, see Bastagli et al. (2016); Devereux and Sebastes-Wheeler (2004); Grosh et al. (2008); Tirivayi, Knowles, and Davis (2013); and World Bank (2012).
2. Impact evaluations are defined as studies that derive the impact of a social safety net program by using robust counterfactual data. They include randomized controlled trials, as well as difference-in-differences and regression discontinuity methods.
3. Consumption refers to food and a wide range of recurrent nonfood expenditures, but excludes consumer durables (such as a new roof or a car), productive investments (such as farming equipment), or annual expenditure items.
4. The two extreme outliers—the Livelihood Empowerment against Poverty Program (LEAP) in Ghana and the Social Cash Transfer Program (SCTP) in Malawi—have

been dropped from the meta-estimate of $0.74 per $1.00 equivalent transferred. Including them would increase the meta-estimate to $0.92.

5. Programs with conditions are the food-for-education programs (the School Canteens Program and the Take-Home Rations Program) in Burkina Faso, the OVC program in Kenya, the Tanzania TASAF, and the food for education programs (the School Feeding Program and the Take-Hone Rations Program) in Uganda. Unconditional programs are LEAP in Ghana, the Child Sponsorship Program and the HSNP in Kenya, the Lesotho Child Grants Program, the Niger Safety Net Project, the CfW in Sierra Leone, the Old-Age Pension in South Africa, and the Zambia Child Grant Program. Programs with components with and without conditions are the Nahouri Cash Transfers Pilot Project in Burkina Faso, the Malawi SCTP, and the Manicaland HIV/STD Prevention Program in Zimbabwe.
6. The baseline coverage used in these simulations matches the level of coverage of social safety net programs at the time of the most recent household survey. Since then, the size of social safety nets has grown in Ghana and Niger.
7. See AIM (Africa Impact Evaluation Initiative) (database), Africa Region, World Bank, Washington, DC, http://go.worldbank.org/E70Y4QHZW0; DIME (Development Impact Evaluation) (database), World Bank, Washington, DC, http://www.worldbank.org/en/research/dime; SIEF (Spanish Impact Evaluation Fund) (database), World Bank, Washington, DC, http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/ORGANIZATION/EXTHDNETWORK/EXTHDOFFICE/0,,contentMDK:23150708~menuPK:8535092~pagePK:64168445~piPK:64168309~theSitePK:5485727,00.html; Social Development Publications Database, World Bank, Washington, DC, http://www-esd.worldbank.org/sdvpubs/.
8. See J-PAL (Abdul Latif Jameel Poverty Action Lab), Massachusetts Institute of Technology, Cambridge, MA, https://www.povertyactionlab.org/; IPA (Innovations for Poverty Action), New Haven, CT, https://www.poverty-action.org/; 3ie (International Initiative for Impact Evaluation), New Delhi, http://www.3ieimpact.org/en/.
9. See WDI (World Development Indicators) (database), World Bank, Washington, DC, http://data.worldbank.org/products/wdi.

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Poverty has been declining in Sub-Saharan Africa, but millions are still poor or vulnerable. To address this ongoing and complex problem, all countries in the region have now deployed social safety net programs as part of their core development plans. The number of programs has skyrocketed since the mid-2000s, although many interventions are still modest in size. This notable shift in social policy reflects an embrace of the role that social safety nets can play in the fight against poverty and vulnerability, and more generally in building human capital and spurring economic growth. *Realizing the Full Potential of Social Safety Nets in Africa* provides evidence that positive impacts on equity, resilience, and opportunity are growing, and it is clear that these programs can be good investments.

For the potential of social safety nets to be realized, however, they need to expand with smart technical and design choices. Beyond technical considerations, and at least as important, this book argues that a series of decisive shifts needs to occur in three critical spheres: political, institutional, and financial:

First, to recognize the role of politics in offering opportunities for expansion and in guiding design and program choice;

Second, to anchor safety net programs in strong institutional arrangements that facilitate their expansion and sustainability;

And third, to build sustainable financing through greater efficiency, more varied and predictable resources, and shock-responsive resources.

Ignoring these spheres may lead to technically sound, but practically impossible, choices and designs. A deliberate focus on these areas is essential if social safety nets are to be brought to scale and sustained at scale. Only then will their full potential and their contribution to the fight against poverty and vulnerability be realized.

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